

Separation of power and expertise: Evidence of the tyranny of experts in Sweden's COVID-19 responses

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Abstract

Whereas most countries in the COVID-19 pandemic imposed shutdowns and curfews to mitigate the contagion, Sweden uniquely pursued a more voluntarist approach. In this article, our interest is primarily on how and why Sweden's approach to the pandemic was so unique. There are two parts to this research question: (1) why did virtually all other nations follow a radical lockdown protocol despite limited evidence to its effectiveness and (2) why did Sweden not follow this same protocol despite strong political pressures? The answers to these questions lie within typical government technocracy versus Sweden's constitutional separation of government and technocracy. We review the history of the responses to the pandemic and show how the "tyranny of experts" was severe within the typical technocratic policy response, and attenuated in Sweden's. Thus, the recent pandemic offers empirical evidence and insights regarding the role of Hayekian knowledge problems in engendering a technocratic "tyranny of experts" and how such effects can be structurally mitigated.

KEYWORDS

COVID-19, pandemic, policy responses, Sweden, tyranny of experts

1 | INTRODUCTION

Among the policy responses to the 2020 SARS-CoV-2 pandemic's first wave, which in most cases include one or a combination of lockdowns, curfews, and the closing of “nonessential” business (Choutagunta *et al.*, 2021; Jiang, 2020), Sweden's COVID-19 policy stands out. In stark contrast to the policy template that nearly all other political bodies adopted, that is, the strong imposition of rules and regulations to enact and enforce behavioral practices of hand washing, social distancing, and mask-wearing to slow the infection rate, Sweden relied upon individual responsibility and information sharing. This unique approach has been both held up as a good example (e.g., Karlson *et al.*, 2020) and a bad one (e.g., McGann and Reynolds, 2020).

In this article, our intended aim is not directed specifically at the nature or outcomes of Sweden's policy measures (or lack thereof), although these are relevant to our inquiry (see, e.g., Herby, 2020; Klein *et al.*, 2020; Salo, 2020; Baral *et al.*, 2021). Instead, we are primarily interested in the processes and the institutional structure by and through which Sweden's distinct policy response was engendered. Specifically, we use Sweden's pandemic response to shed light on and analyze the implications of concentrated versus dispersed specialized information, with particular focus on the role, use, and influence of experts and expertise in government (Easterly, 2014; Koppl, 2018). The structure of Sweden's government is well-suited for this type of analysis because it is not based on a separation of powers, with the purpose of limiting state power, but rather on the separation of government *polity* from the application and implementation of public policy by experts and officials employed within government agencies (Lundquist, 1998). The agencies provide political decision-makers with information and issue recommendations and are also tasked with applying policies by making decisions on cases as directed by law, but the ministers of government polity are explicitly prohibited from influencing their operations and decisions. Agencies thereby operate largely independently, without direct political interference (Jonung, 2020). In short, the elected parliament enacts law and decides on the budget, the Prime Minister's administration (ministers) is tasked with formulating specific policy within the scope of the law, and agencies are tasked with providing the administration with specialty expertise and policy recommendations as well as applying the administration's policy by making decisions on cases. Sweden is therefore an interesting case to study, and the pandemic constitutes a natural experiment allowing us to study the implications of institutional knowledge structure.

In what follows, we first discuss the “tyranny of experts” (Easterly, 2014) and its basis in a Hayekian knowledge problem (Butos and McQuade, 2013; Kirzner, 1984; Storr *et al.*, 2021; Hayek, 1937, 1945). We then use this framework to illustrate the course of the COVID-19 pandemic with a focus on the common policy measures taken. Thereafter, we move to explain Sweden's unique response with the institutional structure of the Swedish government, which is strongly and explicitly technocratic. This is then used to uncover the role of the Folkhälsomyndigheten's (translated as the Public Health Agency of Sweden, henceforth PHAS) expertise in shaping Sweden's pandemic response. Finally, we use the knowledge problem and “tyranny of experts” conceptualizations to shed additional light on the strengths and weaknesses of Sweden's approach, especially in comparison with and as contrast to the policies enacted by other countries. Our conclusion is that Sweden's pandemic response, while relying on more tempered and science-based measures, still suffered a “tyranny of experts” in their COVID-19 pandemic response policy, albeit to a lesser extent than did other nations as a result of innate knowledge problems. Finally, we briefly discuss how the Swedish pandemic response in fall 2020 changed in light of our “tyranny of experts” conceptualization.

2 | THE “TYRANNY OF EXPERTS”

The acquisition of knowledge—especially advanced and specialized knowledge—is not costless and, as a result, such knowledge tends to become unevenly distributed (von Hayek, 1937, 1945). “The division of labor creates a division of knowledge, which entails specialized knowledge” (Koppl, 2015, p. 343). This knowledge specialization and, often, concentration, in turn, makes modern society conducive to a “rule of experts” because those who do not possess specific knowledge can only defer judgment to those who do when such knowledge is required.

Worse, when political power coalesces around particular expertise, the concentration of specific knowledge in relatively small groups of experts causes *de facto* “epistemic monopolies” (Koppl *et al.*, 2012)—“this sort of dependency on expertise is intimately connected with the idea of monopoly” (Horwitz, 2012, p. 62). Although most social and scientific knowledge is heterogeneous, causally ambiguous, and thus widely disagreed or disputed, such disagreements are obscured by the fact that only a select few are the socially “recognized” or “appointed” experts and, thus, the only whose opinions are taken into account in policy decisions. Any heterogeneity among expert views, therefore, may be unrecognized by nonexperts.

When combined with institutional or political influence, errors made by the experts can cause vast harm to those who are powerless to avoid it (Koppl, 2018). Such failure is not purely random, however. Easterly (2014) warns against a form of “tyranny” that arises when experts treat a social problem, such as poverty, as a purely technical problem to be solved, ignoring the rights of those whom would be “helped.” A top-down approach to aid, for example, asserts a “technocratic illusion” that feeds into and augments a “rule of experts,” which may harm more than it helps for two main reasons.

First, it is a moral tragedy as it treats people differently and even creates a clear status distinction between them. Those of higher knowledge, status, or authority—experts—take it upon themselves, justified by their epistemic monopoly, to both define and solve the problem for nonexperts. The expert–nonexpert distinction, then, is further stratified into “helpers” and the “helped,” where the latter typically have little or no say in the matter, but are expected to only accept what the former have chosen on their behalf—after all, beggars cannot be choosers. The result is a social stratification imposed by the “experts” and fueled by their specific expertise that, despite good intentions, denigrates and dehumanizes those of lesser means. The “helped” are demoralized and often, by the nature of the experts’ solution, grow more, and not less, dependent over time.

Second, it is a pragmatic tragedy because the means chosen rarely bring about the end(s) sought: an expert failure (Koppl, 2018). This mismatch between means and ends can be explained, partly, by the “helpers” unwillingness or inability to place themselves in the “helped’s” shoes or to properly understand their situation. Their generally acknowledged position as experts, looking at the problem from their purview of epistemic monopoly, gives them the prerogative of drafting a solution that must, by virtue of their superior knowledge and the supposed vantage of science’s “all-seeing eye” (Koenderink, 2014), be better than what nonexperts could envisage. As a result, bottom-up solutions are disregarded by the expert class and the need for experiential grounding is underestimated or overlooked entirely. The production of a solutionary blueprint is undertaken without recognizing existing and adaptive behaviors and processes.

While Easterly (2014) discusses this “tyranny of experts” primarily in terms of international aid, it applies equally to domestic government operations and, in fact, to any situation where there are experts, real or imagined (Koppl, 2018). Centralized governments, and even the

processes of centralization that occur within government bodies, tend to be more “technocratic” (or expert-led) and rely on bureaucratic management (Mises, 1944). For example, the shifting of powers within the European Union typically occurs through specially instituted agencies with specific expertise (Habermas, 2015). Tasked with effecting a common framework and, therefore, the harmonization of policies between member countries, these agencies are initially granted limited powers, specific for that purpose, that are later expanded in order to deal with issues that arise from regional and national differences (Radaelli, 2017).

2.1 | Technocracy as self-defeating policy

While the use of experts in public administration are intended to curtail arbitrary political decision-making and bring about an administrative rationality, these experts also pose a democratic problem due to a lack of accountability (Ostrom, 2008), which arises from the fact that their expertise and decision-making appear above reproach. They also create an institutional logic that may be harmful (Centeno, 1993), which Easterly (2014) also points to. Technocratic agencies are incentivized to expand the scope of their missions and authority in order to gain influence and increase their budget, resulting in “mission creep” (Adams and Murray, 2014). This expanding influence is not always driven by the technocrats themselves but is often supported by political decision-makers who benefit from the legitimacy offered by the expertise of technocratic bureaucracies (e.g., Koh, 1997).

Similar in purpose to technocratic bureaucracies in government, economic regulations attempt to shape production or consumption behaviors in society. In both the government's structure and operations and its measures to shape the economy, the “tyranny of experts” is visible: centralization divides people into “helpers” and “helped,” and the measures tend to cause new (or amplify the existing) problems requiring fixing. The division thus becomes self-reinforcing with the “helpers” group becoming, from both the experts' and the “helped's” perspective, ever more necessary. Due to power dynamics, the “helpers” group becomes increasingly hierarchical and exclusive, their epistemic monopoly in practice strengthened, as those within that group are incentivized to expand their influence. As a result, the “helpers” social status increasingly diverges from those “helped” and the expanding policies become decreasingly effective or increasingly destructive from the perspective of the original aim. The chances for expert failure increase as a result (Koppl, 2018). Mises therefore referred to such technocracy as “self-defeating”:

Economic interventionism is a self-defeating policy. The individual measures that it applies do not achieve the results sought. They bring about a state of affairs, which—from the viewpoint of its advocates themselves—is much more undesirable than the previous state they intended to alter. (Mises, 1944, p. 144)

2.2 | Rules and responsibility

The professionalization of and reliance upon technocracy produce hierarchies with an internal logic of nonaccountability. In a corporate setting, for example, Cohan (2002) finds that managerial supervision is undermined by information concealment and groupthink incentivized by expert managers' egoism. This behavior is exacerbated within government bureaucracies

because there is no bottom line akin to corporations' profit motive and, so, no unambiguous measure of the success of a government bureaucracy (Carter *et al.*, 1995; cf., Mises, 1935; Bylund, 2018). Instead, the “need” for an agency is expressed in terms of its ability to justify itself to the public (or to public officials). Economic motives, such as an ability to stay within budget, are wholly absent—in fact, those sufficiently justified public agencies with “insufficient” funding are often “rewarded” by relative budget increases (Niskanen, 1971; Schneider and Volkert, 1999). Sustainability within this bureaucratic domain is not dependent on (and, thus, disciplined by) profits, as with business experts, but instead bureaucratic experts maintain their positions of authority insofar as they can continue to justify and legitimize their positions while, at the same time, shirking responsibility for errors (Mises, 1944).

In line with this responsibility avoidance motive, technocrats tend to create rules and formalized processes to regulate their actions. These rules are often introduced with the stated purpose of improving decision-making by establishing foreseeability and increasing transparency. Yet, simultaneously, they serve the purpose of protecting the decision-maker from responsibility. As long as the rules are followed, or precedence upheld, the decision-maker can pass blame on. In contrast, and also resultant from the existence of rules and procedures, making independent decisions would leave them vulnerable to blame and criticism. Thus,

[the technocrat's] main concern is to comply with the rules and regulations, no matter whether they are reasonable or contrary to what was intended. The first virtue of an administrator is to abide by the codes and decrees. (Mises, 1944, p. 41)

Consequently, the “rule of experts” in government tends to strengthen the experts' epistemological monopoly while, at the same time, create structures that shield them from responsibility.

2.3 | The knowledge problem of centralization

Both of Easterly's emphasized tragedies emanate from a disregard for the local and dispersed nature of specific knowledge on which the effectiveness of any attempted solution will depend. “Knowledge” should be distinguished from “information,” which refers to contextualized and explicit facts. Knowledge, in contrast, references understanding and interpretation, and includes personal experiences, skills, and other highly personal and individualized familiarities that no other possesses (Polanyi, 1958). Such “knowledge of the particular circumstances of time and place” (Hayek, 1945, p. 521) is neither easily aggregated nor transmitted to centralized decision-makers. It is thus different from the expertise of experts, which typically is in the form of general theory that is applied on aggregated data. The nature of aggregation means that nuances and local variation are lost in order to provide an image of the totality. The purpose of dealing with aggregates is, after all, to simplify and produce averages of the data collected, which apply to the set of data but not necessarily to the data points (Spadaro, 1956).

Such local knowledge may also not be properly understood by anyone but the holder of the knowledge because it is “tacit.” As Polanyi (1958) noted, much knowledge is of the nature that we can know it but not necessarily communicate it to others. It is lived and experiential knowledge, not learned theory. This causes misunderstanding of both the causes of the problem and the processes that may solve it, and the complexity is greatly simplified when relying solely on what can be directly observed or aggregated as data.

The result of this challenge, as many have noted (e.g., Hayek, 1937, 1945; Mises, 1935), is a knowledge divide that centralized decision-makers are both generally unaware of and ill-equipped to account for. In other words, because individual actors vary uniquely in their circumstantial needs, central planners are necessarily highly constricted in their knowledge of the various problems within a society. They only have a highly abstracted idea of some generalized “societal problem.” Further, as experts enjoy the status of leaders and guardians of their epistemological monopoly and, therefore, consider their knowledge superior to nonexperts’, it appears to them unnecessary if not counterproductive to involve the “helped” in the process or to consider their views on the matter. The ill-nuanced nature of this abstracted and generalized problem facilitates a solution of similar nature. The result is a solution that fails to address the underlying variance and nuance of individual problems, often causing more difficulty and harm for those individual actors, particularly for those whose station is different from the “typical” or “average” person in need. Thus, even despite the noblest of intentions, this knowledge problem necessarily produces a tyranny of experts when the solution is not voluntarily adopted (as in a market).

3 | THE RULE OF EXPERTS IN THE PANDEMIC

This “tyranny of experts,” and the knowledge problem from which it arises, has been in full exhibit amid this pandemic (Candela and Geloso, 2021; Coyne *et al.*, 2021; Storr *et al.*, 2021). A problem to be solved, with the avoidance of death as the top and, in fact, only political priority in most cases, politicians turned to expert immunologists and epidemiologists, the World Health Organization (WHO), and other public health experts for guidance. Unfortunately, these experts were faced with making policy recommendations based on very little data and scientific knowledge about the virus, its spread, or the illness that it causes. Originating in the People's Republic of China (PRC), what information they did have initially available was almost exclusively provided by the Chinese regime, a notoriously unreliable source of information (Babbin, 2020; Kuo, 2020; Rosenberger, 2020; Wadhams and Jacobs, 2020; Wong *et al.*, 2020). The PRC initially repressed information about the virus, keeping the WHO, other experts, and governments in the dark, to avoid global condemnation (Kennedy, 2020). However, the virus quickly spread (Sample, 2020), necessitating measures to limit the spread and, if possible, contain it. As the number of reported deaths increased, president Xi Jinping warned that “it's ‘extremely crucial’ to take every possible measure to combat the illness” and that “[t]he recent outbreak of novel coronavirus pneumonia in Wuhan and other places must be taken seriously” (Wood, 2020). On January 23, PRC's central government imposed “extreme measures” (Kretschmeier, 2020) using its unrestrained powers to restrict transportation into the Hubei province, then shut down nonessential businesses in the province on February 13.

Despite these measures, the virus soon spread through China and internationally (Gan, 2020), which urged policymakers in the West to take control of the situation. Experts were tasked with simulating the spread, which London Imperial College's MRC Centre for Global Infectious Disease Analysis estimated to 1,723 cases in Wuhan City by January 12 (Wood, 2020). Furthermore, the information that was collected and assessed pertained narrowly to the disease and its effects, and not to other health or socioeconomic variables.

The scientific ambiguity in the early weeks resulted in a brief stalemate, as decision-makers waited for someone else to make a decision. The extreme measures taken in the PRC, including lockdown of “tens of millions of people” (Hjelmgaard *et al.*, 2020), were claimed a success by Chinese authorities, an assessment supported by a propaganda campaign (Molter and

DiResta, 2020). The approach was initially lauded by the WHO (Crossley, 2020), thereby creating doubts on previous best practice. This set a precedent for handling outbreaks in Europe, first in Italy and then in Spain. The Italian government quarantined 11 municipalities from February 22 (Repubblica, 2020) and imposed “draconian rules” in the Lombardy region on February 23 (Giuffrida and Cochrane, 2020). On March 14, Spain imposed a two-week nationwide lockdown to limit the viral spread (Jones, 2020). Other countries soon followed.

Sebhatu *et al.* (2020) explain how the nonpharmaceutical interventions such as lockdown were adopted by governments to deal with the pandemic due to the precedence of such measures. In line with the blame-avoidance aspect of the tyranny of experts, they summarize their finding saying that “in times of severe crisis, governments follow the lead of others and base their decisions on what other countries do” (abstract). This suggests a path dependence in policy adoption during the 2020 pandemic, starting with China’s use of until-then considered extreme lockdown measures, in which the policy’s expected effectiveness may have been only a minor concern. McCannon and Hall (2021) show that, in the U.S., more authoritarian states were quick to use precedence as justification in following suit, while those states with a greater cultural “respect for liberty” delayed or completely avoided infringing upon its citizens’ freedoms.

In Europe, only Iceland, the United Kingdom (UK), and Sweden resisted following the Chinese precedent by locking down their societies (Booth, 2020), instead focusing on building healthcare capacity and slowing the spread per the WHO’s 2019 pandemic guidelines (WHO, 2019). However, two of them would soon fall in line. Iceland imposed a nationwide 14-day quarantine for arrivals to the country in mid-April (Tómas, 2020). Then, after an Imperial College report (Ferguson *et al.*, 2020), presented on March 16, based on simulation modeling predicting up to 2.2 million deaths in the United States and 500,000 deaths in the UK due to the virus unless strict measures were taken (Fink, 2020; Lerner, 2020), the UK national government relented. They ordered schools, colleges, and nurseries to close after March 20 (Walker and Adams, 2020) and issued stay-at-home orders beginning March 23 (Picheta, 2020). Only Sweden remained with a no-lockdown policy.

As Easterly (2014) warned, and as Ioannidis (2020) has observed, human rights were ignored altogether as the virus became a technocratic problem to solve. Outcry from those whose rights were violated were actively hushed by the political class and its sympathizers who claimed that this was a problem that required extreme measures and the cooperation of all. The swiftness in enacting such measures may also have played an important role, as populations have been found to be initially more willing to trade off civil liberties for improved public health conditions, a willingness that then gradually declines (Alsan *et al.*, 2020).

While the effects of the virus and the various responses to it are still unfolding, it has become increasingly clear in the months of continued lockdown that the harsh lockdown response was more reactive than scientific (Catron, 2020; Sebhatu *et al.*, 2020; Unsigned, 2020b)—a fear that the virus might be much worse than it turned out to be. However, with the precedent set, the lockdowns which, had we known then what we know now, very likely would never have happened, persist. Confirming the “tyranny of experts,” human rights continue to be sacrificed at the altar of public safety, despite the benefits of these violations being small and ambiguous.

4 | EXPLAINING SWEDEN’S PANDEMIC RESPONSE AND OUTCOME

Sweden’s abnormal response illustrates the importance of value judgments and tradeoffs in policy discussions and the role of property and human rights in such discussions (Boettke and

Powell, 2021). But also, and more to the point, it illustrates an important case difference in *how* policy decisions are made in severe uncertainty and policy ambiguity. In other words, whereas all other nations, like lemmings (Sebhatu *et al.*, 2020), established their own policies by mimicking the policy decisions of other nations (e.g., India; Choutagunta *et al.*, 2021), Sweden was unique in its decision to forge its own path according to its own experts' assessments of the risks and tradeoffs, even in the face of contemptuous jeers and objections from political insiders and outsiders. Unpacking *how* and *why* Sweden deviated informs a much larger question about political structure and its role in protection human rights. We find much of these answers in Sweden's political structure, reviewed next.

4.1 | Sweden's structure of government

While Sweden remains a constitutional monarchy, the monarch's role as head of state has long been significantly circumscribed. As regulated in Sweden's constitution, it is a symbolic rather than a substantial position, all but devoid of political power. The duties of the head of state, per the Royal Court, are “primarily ceremonial and representative” (Royal Court, 2020). Sweden's constitution states,

All public power in Sweden proceeds from the people. Swedish democracy is founded on the free formation of opinion and on universal and equal suffrage. It is realized through a representative and parliamentary form of government and through local self-government.

Public power is exercised under the law (Ch. 1, Art. 1).

Laws are passed by the parliament—the Riksdag (Ch. 1, Art. 4)—and are executed and implemented by the parliament-appointed Prime Minister and their administration (Ch. 1, Art. 6) within the confines of the budget established by the parliament. In addition to the national government, there are two levels of local authorities—regions and municipalities—with specific responsibilities as regulated in national law (Ch. 1, Art. 7). Regions oversee public healthcare, public transport, and culture, whereas municipalities are tasked with, among other things, elderly care, daycare, and schools. Both levels may levy income taxes.

Importantly, public authorities have no influence over the decision-making of administrative authorities. This includes the Riksdag, local authorities, and ministers of government (except for determining decisions in their respective departments). The Prime Minister's administration *as a whole* (i.e., all the ministers jointly) can determine decisions for administrative agencies if the decision is properly prepared and investigated. This is the only exception to Ch. 12, Art. 2, which states that no public authority “may determine how an administrative authority shall decide in a particular case relating to the exercise of public authority vis-à-vis an individual or a local authority, or relating to the application of law.” The administrative authorities are thereby granted extensive independence with respect to their specific expertise within government (Jonung, 2020; Jonung and Hanke, 2020).

The PHAS is one such administrative authority, which “has a national responsibility for public health issues and ... works to ensure that the population is protected against communicable diseases and other health threats” (PHAS, 2020b). Consequently, it retained the expertise within the Swedish government to deal with the coronavirus pandemic of 2020, and its independence as an administrative authority is important for understanding Sweden's policy response.

4.2 | Sweden's pandemic and policy response

Sweden's first confirmed case of COVID-19 was reported on January 31, 2020 (Rolander and Wilen, 2020). The infected person had returned from travels to Wuhan in China and was, thus, not indicative of a virus outbreak in Sweden. The next day, on February 1, the Swedish Prime Minister's Office stated that COVID-19, with an epidemic underway in China, was "a disease that constitutes a danger to society, opening the possibility of extraordinary communicable disease control measures" (Government of Sweden, 2020b). A strategy was formulated in which "[t]he overall objective of the Government's efforts is to reduce the pace of the COVID-19 virus's spread." This effort aimed to, in order of priority,

1. Limit the spread of infection in the country
2. Ensure that health and medical care resources are available
3. Limit the impact on critical services
4. Alleviate the impact on people and business
5. Ease concern
6. Implement the right measures at the right time

In short, the strategy sought to "flatten the curve" of infection rates by, per the first two points, slowing the spread and economizing on healthcare capacity, thereby limiting the virus' impact on society. Notably, however, none of these aims include specific measures to be taken but are, instead, the administration's general directives for the current situation. As regulated in the Swedish constitution, the Prime Minister and the administration do not have the authority to introduce specific measures without explicit legal authority. Instead, the strategy advises administrative authorities about the government's priorities. Additional targeted funding may then be offered to authorities for taking specific measures. For example, the regional authority in Stockholm, which oversees healthcare, collaborated with the Armed Forces, which had the manpower, equipment, and specific expertise, to set up a temporary hospital in Älvsjö (a district in Stockholm) with 50 Intensive Care Units, which was ready to be used in early April (Langert, 2020).¹

A major limitation to what measures can be adopted in response to a disease threat is Sweden's laws on communicable diseases (*Smittskyddslagen*), which require that all measures taken be based on science and proven experience. Hence, this comment by Sweden's State Epidemiologist, Anders Tegnell, in *Nature* magazine:

"It is difficult to talk about the scientific basis of a strategy with these types of disease, because we do not know much about it and we are learning as we are doing, day by day. Closedown, lockdown, closing borders—*nothing has a historical scientific basis, in my view*. We have looked at a number of European Union countries to see whether they have published any analysis of the effects of these measures before they were started and we saw almost none." (Anders Tegnell, quoted in Paterlini, 2020, emphasis added)

But even if PHAS had found sufficient scientific support for recommending lockdown, Smittskyddslagen's section 9 limits the extent of quarantine to a specific building, part thereof,

¹The hospital was on alert for 2 months before it was discontinued. It was never put in use. (Clason and Emanuelsson, 2020).

or a “small area.” Further, Sweden’s constitution prohibits placing restrictions on the freedom of movement unless otherwise specified by law (Winberg, 2020), and no such law was in place at the beginning of the pandemic. As a result, Sweden’s pandemic response could only legally consist primarily of recommendations to the public issued by the PHAS and alignment of government operations with the aforementioned aims. In addition to such measures, laws must be enacted to provide government with specific powers.

The Swedish government passed a law on March 11, following the recommendation of PHAS, banning gatherings of more than 500 people (SVT, 2020), which on March 27 was updated to 50 people (Frejdeman, 2020). On March 16, PHAS recommended that employers allow their employees to work remotely and that people over 70 should limit close contact with other people (PHAS, 2020c). On March 18, PHAS advised against domestic travel (PHAS, 2020d). On March 24, the government introduced restrictions to bars and restaurants requiring table service (Larsson, 2020), the recommendation to be enforced by municipal health inspectors. A new law (Government of Sweden, 2020a), effective July 1 through December 31, made municipalities the sole regulatory body for restaurants and bars, allowing for nimble, local decision-making. From April 1, all visits to nursing homes were prohibited nationally, a policy that had already been in effect in several municipalities (Lidköpingsnytt, 2020).

The outbreak in Sweden started after the first spring break (*Sportlov*) February 24–28, when people returned from vacationing in the Alps and, notably, Northern Italy, where the outbreak had then just started. Returning vacationers brought the virus primarily to the capital Stockholm, where Sweden’s most severe outbreak took place. With the virus spreading, primarily in the Stockholm region, the Riksdag approved a temporary law (Tronarp, 2020), *Krislagen* (the crisis law), to be effective April 18, after the second spring break (*Påsklov*), through June 30, providing government with the authority to place temporary restrictions on gatherings, close shopping malls, restaurants, etc. and limit travel and transportation.

Overall, the pandemic hit Sweden hard and fast. Weekly COVID-19 deaths² increased quickly and peaked at 2554 in week 15 (early April), the highest weekly fatality thus far in the 21st century (Garp, 2020). Deaths remained in excess of the average of 2015–2019 weeks 13–27, after which weekly deaths have been at or below previous years (Hjalmarsson, 2020). These deaths are predominantly in the older population, with approximately 90% of fatalities being 70 years or older (Hedström *et al.*, 2020) and many of them with co-morbidities (Rickard Andersson *et al.*, 2020). By the end of April, PHAS and the National Board of Health and Welfare (Socialstyrelsen) reported that 50% of all COVID-19 recorded deaths in the age group 70+ years were residents in nursing homes, while another 26% lived at home with special home care services (Thomsen, 2020). This was a clear indication of failure to protect the elderly, as had been an explicit aim of PHAS since early March (Sjögren, 2020).

As has been reported widely, Sweden was hit harder than its Nordic neighbors (Goodman, 2020; Leatherby and McMann, 2020). While these reports tend to point to the Swedish pandemic response, specifically its refusal to use the now-common lockdown measure, other reports suggest lockdowns always were a “risky experiment” (Tierney, 2020) and could have worse outcomes than the pandemic itself (Miller, 2020).

²A death occurring within 30 days of a positive COVID-19 PCR test is reported as a COVID-19 death whether or not the disease was the cause, contributed, or was independent of the cause of death. A report from the Östergötland Region found that in 15% of reported deaths COVID-19 was the dominant cause, in 70% it was contributing alongside co-morbidities, and in 15% it was unrelated (Christer Andersson and Sjö Dahl, 2020).

Preliminary research on Sweden's death rate find support for what has been called the "dry tinder" hypothesis or a "harvesting" effect. Compared to its neighboring countries, Sweden experienced a very mild flu season in the prior year (2018–2019) causing the country to have "exceptionally many vulnerable" in the population at the start of the pandemic (Herby, 2020). In line with this hypothesis, Stern and Klein (2020) find that those who died in Stockholm's nursing homes had only an estimated 5–9 months remaining to live. Klein *et al.* (2020) similarly suggest 16 possible explanations, including "dry tinder," for Sweden's unique experience among the Nordic countries. It should also be noted that Sweden, compared to its Nordic neighbors, has a higher population density and a very large portion of the population are from other parts of the world.³

4.3 | Extralegal reasons for Sweden's policy response

The foregoing review outlines the formal, legal reasons for Sweden's pandemic response. But desperate times call for desperate measures, and extreme measures were taken elsewhere despite questionable legality (Morris, 2020; Oprysko, 2020; Richmond, 2020). What kept Sweden's government squarely within the boundaries of the law, where virtually the rest of the globe could not be? We find three important reasons contributing to this state of affairs: the technocratic structure of government, the high level of trust in Swedish society, and minority government.

First, due to the technocratic structure of Sweden's government, there was an existing administrative authority, well known to the public, with specialized expertise as well as widely recognized legal authority in public health. Had the Prime Minister's administration gone beyond what the law authorizes in this area, any such measure would necessarily have trespassed on the PHAS's turf. Similarly, measures in healthcare or elderly care would imply assuming authority that legally belongs to regional and local authorities. Such top-down measures would therefore likely be noticed and vocally opposed by the affected authorities whose legal authority would have been compromised.

Second, Sweden is a very high-trust society, as indicated by consistently high scores in both the *World Values Survey* and the *General Social Survey* measures on trust. Swedes also have very high trust in state institutions (Rothstein, 2001). A recent poll of Swedes' confidence in PHAS found that 65% of Swedes had high or very high confidence in mid-March (Falkirk, 2020), a figure that increased to 71% over the following month (Stähle, 2020) despite extensive media reporting on the spread of the virus and the many deaths with COVID-19 during this period (Edgren *et al.*, 2020).

Third, the current Prime Minister's administration is a two-party constellation of the Social democratic and Green parties with only minority support in the Riksdag. The two parties have 116 of the parliament's total 349 and gained power only with the active support of two center-right parties (with 31 and 19 members of parliament, respectively) and the passive support of the Left (former communist) party (27). In order to gain the former's support, the PM agreed to implement 73 reforms from the center-right parties' platform. This agreement, the so-called "January Deal" (*januariöverenskommelsen*), also states that the Left Party (Vänsterpartiet) is not to have any influence over policy (yet they still chose, albeit under protest, to passively support the administration). Were any of these three parties, the two center-right or the Left

³Per the CIA World Factbook, 19.1% of the Swedish population in 2018 was born outside of the country.

parties, to support the opposing side in a vote of no confidence, the Prime Minister would be forced to resign. Consequently, the administration was in no position to attempt extraordinary policymaking.

4.4 | Sweden's pandemic response by fall 2020

In the Fall of 2020, much of the world was experiencing a resurgence, typically understood as a “second wave” (Mackenzie and Shumaker, 2020) of the pandemic, although some believe it to be an elongation of the first wave (Rahhal, 2020). As a result, many countries have again opted for the same approach used in the spring and summer: mandated lockdowns.

Sweden too has experienced a resurgence, with the virus spreading quickly in several parts of the country and deaths again increasing (Edgren *et al.*, 2020). This caused Sweden's government to change its policy, beginning in October 2020, although the Prime Minister maintains that “basically it is exactly the same” (Nilsson, 2020). Yet we note that, rather than, as before, formulating national recommendations and suggesting legal changes to the administration, the PHAS has adopted a more localized approach to address local outbreaks and virus hotspots. In a first move, PHAS removed the national ban on visitors to nursing homes starting October 1, despite increased spread of the virus (Albertsson, 2020). Second, later in the month, the specific recommendations for elderly (age 70+) and other high-risk groups to limit physical contact and avoid public transport, stores, and spaces where people congregate, which had been in force since April 1, were also lifted (Olsson *et al.*, 2020). From this point, the same general recommendations apply equally for everyone in Sweden, which simplifies communication and the agency's and government's ability to emphasize common responsibility.

These decisions were based on two empirical observations. First was the increasingly poor health of the elderly in nursing homes as well as those choosing to self-isolate to avoid infection. As noted above, the PHAS is tasked with overseeing and recommending policy that considers all aspects of public health, and they are therefore prohibited from focusing on a single threat. As Johan Carlson, Director-General of PHAS, noted, the “psychological and physical consequences are significant for those who have remained isolated” (Horvatovic, 2020). Weighing the harm to this group from the stricter recommendations and the risk from attracting the disease, the PHAS determined that isolation was too severe a measure.

The second observation was that the spread of the virus was occurring in “pockets” rather than uniformly in the country or regions. Thus, while the general recommendations for social distancing and viral hygiene remain in force and now apply equally to all, PHAS opted to issue and support the issuance of specific recommendations by local authorities for targeted locations. First among those was the Uppsala region, just north of the capital, where an outbreak occurred in late October. PHAS issued recommendations for this region to avoid public transport and physical contact from October 20 to November 3 (PHAS, 2020a). These were later extended until December 13, after which they were replaced by national recommendations (Unsigned, 2020a).

This new targeted approach also opens for local decision-making, with the PHAS's general recommendations serving as a minimum recommended level but with local authorities expected to respond to the specifics of their local situation (Jonung, 2020). As a result, municipalities and regions responded by implementing a number of different local policies (Kinnander, 2020; Laurell and Carlsson, 2020).

4.5 | The tyranny of experts in Sweden

We should observe that Sweden's unique response does not provide a solution to the knowledge problem. Rather, the specific structure of Sweden's government means it is addressed in a very different way. Jonung (Jonung and Nergelius, 2020) argues that the hierarchical structure of government powers, pointing primarily to the powers reserved to local governments, made the country's pandemic response difficult to implement. But, as we have argued here, this particular structure of government also explains why Sweden did not fall victim to the blame avoidance logic that explains, at least in part (Sebhatu *et al.*, 2020), the almost universal implementation of lockdown measures. The unique institutional structure of Sweden's government resulted in its "tyranny of experts" problem also being very different.

In essence, Sweden's refusal to lockdown authoritatively and to, instead, merely issue behavioral recommendations to its citizens based on disparate risk levels broached the apparent knowledge problem of the pandemic. Dispersed knowledge of unique, individual-level problem situations is employed best by those closest to and aware of that individual situation—the individuals themselves. The aim of PHAS, then, without the legal authority to impose enforceable restrictions, was to inform individual citizens of the best and most up-to-date information to facilitate better judgment by those individuals. While specific recommendations were issued, referred to but not enforced (or enforceable) as "restrictions," individuals were entrusted and empowered to determine when and to what extent those recommendations should be followed, given their own individual situation, risk factors, and preferences. As authorities generally lacked the power of enforcement and, therefore, needed to rely on individuals taking responsibility, the problems of centralized decision-making—what Coyne *et al.* (2021) refer to as the "public health brain"—were greatly circumscribed. As a result, Sweden's pandemic response makes use of local and tacit knowledge—the "knowledge of the particular circumstances of time and place" (Hayek, 1945, p. 521)—to a much greater extent than any conceivable lockdown policy, which must be imposed from the top down. This is especially true when compared to greatly centralized decision-making such as the PRC's pandemic response in the Hubei province.

However, this is no solution to the tyranny of experts. Sweden's governmental structure is designed to facilitate technocracy and, *thereby*, limit the influence of "arbitrary" political decision-making. As we saw above, and as emphasized by Jonung and colleagues (Jonung and Hanke, 2020; Jonung and Nergelius, 2020), Sweden's constitution prohibits political attempts to limit the freedom of public authorities such as PHAS. Sweden's pandemic response was therefore in the hands of policy experts, which should give rise to a tyranny and expose Sweden to expert failure (Easterly, 2014; Koppl, 2018). In addition, the Prime Minister's administration is limited to general policy-making under the law and, similarly conscribed, the parliament has only the power to legislate. Legislation is in Sweden already a slow process that typically includes appointing a commission of inquiry to produce a report that is then referred for consideration to the relevant bodies in government and society, after which feedback is evaluated and a legislative proposal formulated (Government of Sweden, 2020c).

Thus, there was still a clear expert class that made vital policy decisions, both regarding enforceable and recommendatory restrictions. To make matters worse, those decisions were, at least early on, made in the form of general, nation-wide recommendations that disregarded regional, local, and individual information and its interpretation. There were many that disagreed with those policy decisions. The recommendations were also, especially in the

beginning, ill fit for the whole country, with the Stockholm region⁴ experiencing widespread infections while the rest of the country was still largely unaffected. Yet, we can clearly observe that this tyranny of experts problem was significantly attenuated by a decentralized policy approach, leaving individual rights intact while facilitating informed judgment.

5 | CONCLUSIONS

The ongoing coronavirus pandemic proffers an interesting application and case study of Easterly's (2014) hypothesis regarding the "tyranny of experts" and Koppl's (2018) arguments regarding "expert failure." These hypotheses state, in brief, that technocratic problem solving tends to be untethered from the true nature of the problems faced by those who are the target of the policy. As a result, expert solutions can become "tyrannical" and impose unforeseen costs on those being "helped." Furthermore, this technocratic approach to social problems creates or widens a social stratification between the affluent "experts" and those who they "help." This stratification, we argue, creates an internal logic within the "helpers" group that serves the insiders, expands their power, and produces rules and formal procedures that shield them from responsibility of exercising their power. In addition, owing to the impossibility of proper assessment due to a lack of an unambiguous bottom line, technocrats tend to be blamed for unwanted outcomes more than they are rewarded for taking balanced action, thereby incentivizing overshooting, adopting exaggerated measures, and using precedent from other contexts to shed responsibility (Sebhatu *et al.*, 2020). The result is that their actions become ever more distant from and incapable with attaining the expressed aim.

The COVID-19 pandemic has been a devastating illustration of this tyranny of experts. The Hayekian knowledge problem caused by the virus generated severe policy ambiguity that experts could not clearly navigate. This situation uniquely illustrates the myopia of policy experts' technocratic approach to problem solving, where experts—in their self-interested desire to shield themselves from culpability—relied heavily on precedent and the fear of being blamed for doing "too little" rather than on the current scientific knowledge and a proper balancing of costs and benefits. Bolstered by simulations showing the potential for disaster, such as the Imperial College report (Ferguson *et al.*, 2020), experts and other decision-makers were prompted to act decisively. The result has been nefarious and often illegal regulatory impositions and rights violations that have had suspect effects in mitigating the feared effects. This process strongly supports Easterly's hypotheses. The preliminary results have been staggering, and we suspect these consequences may grow only more consequential and dire as time progresses.

The current crisis also grants us a unique alternative case—the case of Sweden. Our analysis holds that Sweden's unique governmental structure—where policy agencies are legally separated from the government's political bodies—limited the impact of technocracy, but was unable to fully escape the tyranny of experts. We show that this outcome is innately tied to Hayekian knowledge problems insofar as, in the face of such problem, solutions are generated by policy experts. This was the case in Sweden, where policy recommendations were issued generally and applied nationally rather than locally. In this sense, the result has also been a tyranny of sorts.

⁴Approximately 25% of Sweden's population live in the Stockholm region, which makes up only 1.5% of the country's total area.

Interestingly, the Swedish structure of government, which *embraces* technocracy by legally separating the realm of politics from that of experts, thus shielding the experts and giving them free range within legally established boundaries, seems to have limited the severity of pandemic responses. Counterintuitively, our analysis suggests that it was the formalization of technocratic fiefdoms in largely independent government agencies, tasked with providing expertise through independent policy recommendations, that circumscribed the tyranny of experts somewhat and limited the effects of expert failure in Sweden's pandemic response. Future research should investigate the scope and limits to this effect, and how it might be used in other legal contexts—both in other governments and in corporations and other organizations.

We should grant that Swedish law proscribes the use of outright lockdown (Jonung, 2020). But even without this legal proscription, the experts in PHAS are obligated to follow and rely only on the scientific evidence in their policy proposals and recommendations. They were, therefore, not authorized to propose measures beyond what is explicitly supported in the scholarly literature. As a result, Sweden's technocracy produced a pandemic response that was, from the point of view of epidemiology, pragmatic and tempered. Thus, the seeming “let-go” approach of Sweden finds an institutional explanation: the outcome is per institutional design of the government. This highly technocratic design was reinforced during the pandemic by the high level of trust in Swedish society and the Prime Minister's weak support in parliament.

But we also observe that Sweden's consequences, both in terms of managing the pandemic and in terms of socio-economic effects, have been greatly attenuated by the legal restrictions on what measures may be taken. With more restrictive approaches explicitly prohibited by law, primarily by the *Smittskyddslagen*, the authorities—both political and administrative—had no choice but to focus on offering the citizenry recommendations. PHAS had no legal authority to go beyond the previously standard scientific approach to a viral epidemic. Thus, the actual measures taken were focused on, following the government's policy, limiting rather than avoiding the impact by assuring sufficient healthcare capacity and, at the same time, protecting the more vulnerable.

Per Sweden's structure of government, PHAS was limited to offering guidance and recommendations to other decision-makers in government. Thus, while the national government legislated to restrict large gatherings and decided to increase healthcare capacity, the latter are the competence of and must so be implemented by the regional authorities. Also, and strikingly, elderly care, where Sweden suffered a large fraction of its deaths with COVID-19 (Drefahl *et al.*, 2020), is the responsibility of local authorities, which were poorly prepared for and imperfectly implemented the recommendations from PHAS. For example, personal protection equipment (PPE) was not readily available, and procedures and routines were imperfect (Kirvesmäki, 2020). As a result, and despite the PHAS's recommended routines and protective actions, the virus early found its way into nursing homes through staff improperly supported and informed in this new situation. In an ironic twist, the centralized management of nursing homes in municipal boards confirmed the “tyranny of experts” by poor communication or contradictory messaging from municipal decision-makers to those working in the homes (Hjerström, 2020), causing harm to the populations in local nursing homes despite specific national recommendations.

However, as information was garnered, that information was freely and honestly (apolitically) shared by PHAS with Sweden's populace so that its citizens could make informed decisions for their own best interests. While there has been a social stratification problem of sorts, the restriction of political will and the decentralization of decision authority has empowered individuals to pursue their own aims, mitigating to a large extent the “tyranny of experts” that

we observed in other nations. This fact, and the example of Sweden, raises important questions regarding the role of experts in government vis-à-vis elected decision-makers. Sweden's government, legally tied to technocracy, were able (or, rather, had no choice but) to resist implementing the radical lockdown protocol. In contrast, other governments, with more fluid boundaries between expert officials and elected politicians, could not.

In conclusion, this pandemic has revealed important empirical evidence of weaknesses in typical political structures and the technocracies that they engender. Government-funded technocrats, as public choice theory has long observed, are selfishly motivated and, lacking the disciplinary risks of market failure, poorly incentivized in the tasks they are assigned. The result is a “tyranny of experts” that tends toward increasing technocratic power while failing or even perpetuating the problem that the technocrats oversee. This empirical exemplar also provides us an outlier, Sweden, which constitutionally separates technocracy from the political bodies. Sweden's process and results amid this pandemic suggest that such technocratic separation may be preferable in such instances, by reducing the incentive misalignment of strong polity-policy overlap. While the tyranny of experts may only be eradicated via radical political decentralization, if the goal is to mitigate the tyranny of experts while yet allowing such experts to have strong influence over policy decisions, Sweden's structure is an example worth study and consideration.

ACKNOWLEDGMENTS

The authors have benefited from comments and feedback from the editors of the symposium, two anonymous reviewers, Joakim Book, Benjamin Juhlin, Nils Karlson, and Karl Wennberg.

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How to cite this article: Bylund PL, Packard MD. Separation of power and expertise: Evidence of the tyranny of experts in Sweden's COVID-19 responses. *South Econ J*. 2021; 87:1300–1319. <https://doi.org/10.1002/soej.12493>