

Inaugural Lecture Bioethics Faculty, Anahuac University Mexico

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Global bioethics: perspectives and challenges in the post- pandemic era

Henk ten Have PhD

Covid-19 pandemic as a global phenomenon

- *worldwide*: affecting the entire planet
- *broad*: not only medical and virological but social, economic, political and philosophical

same characteristics as global bioethics

planetary
scope

encompassing
framework

Global bioethics: perspectives and challenges in the post-pandemic era

1. Surge of ethical research and publications
2. The pandemic experience
 - connectedness
 - differential vulnerability
 - unexpectedness and unpreparedness
3. Framing ethical discourse
 - exceptionality
 - controllability
 - binarity
4. The framework of global bioethics
 - relationality
 - individual versus common interests
 - solidarity
 - global bioethics is social ethics
5. Conclusion

Boom of ethics publications (PubMed search July 1, 2021)

'ethics & Covid-19'	2019	3
	2020	2,525
	2021 first half	1,729

'Covid-19 & global bioethics'	2020	63
	2021	60

Critical reflection on bioethics in the pandemic

Chadwick, R. 2020. Covid-19 and the possibility of solidarity. *Bioethics* 34 (7): 637.

Cohen, J. 2020. Individual freedom or public health? A false choice in the Covid era. *The Hastings Center*, June 9

Fins, J. J. 2020. Covid-19 makes clear that bioethics must confront health disparities. *The Hastings Center*, July 9

Gostin, L. O., S. Moon, and B. M. Meier. 2020. Reimagining global health governance in the age of Covid-19. *American Journal of Public Health* 110 (11): 1615-1619.

Heilinger, J-C., S. Venkatapuram, M. Voss, and V. Wild. 2020. Bringing ethics into the global coronavirus response. *The Hastings Center*, June 22

Ho, A., and I. Dascalu. 2020. Global disparity and solidarity in a pandemic. *Hastings Center Report* 50 (3): 65-67.

Klugman, C. 2020. The cult of autonomy and why bioethics needs to become more communal. *Bioethics.net*, September 24

Martins, A. A. 2021. Global bioethics in a pandemic: A dialogical approach. *Health Care Ethics USA*

Ravitsky, V. 2020. Post-Covid bioethics. *The Hastings Center*, May 20;

Venkatapuram, S. 2020. Covid-19 and the global ethics freefall. *The Hastings Center*, March 19

Dissatisfaction with mainstream bioethics

- narrow focus on individual autonomy rather than community, common good, solidarity, fairness, and vulnerability
- dominance of technocratic approach and utilitarian calculation (neglect of care)
- assumption that major conflict is between individual freedom and public health
- not inclusive and broad (neglect of inequities)

The pandemic experience

Connectedness

- Globalization: not primarily economic reality but a concrete and real-time experience
- Worldwide scope: everybody affected

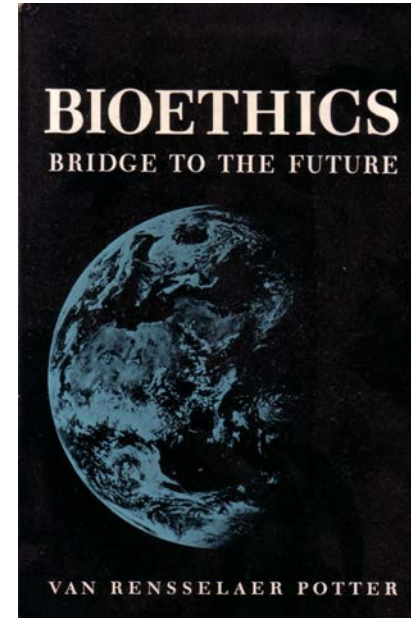
The image of **globe**: no longer external and abstract



Better: image of **sphere**

- humans embedded in ‘environing conditions’
- environment is not external setting but part of human lifeworld

atmosphere, biosphere, ecosphere, virosphere



Different experience of 'connectedness'

Images of 'globe' versus 'sphere'

World as new 'environment'
but abstract;

Humanity not integrated into
the world but separated

World as object of
contemplation and reflection
from outside

Looking (visualization)

Environment is lifeworld; concrete
and practical

Human beings embedded and
dependent on surrounding world

World as lived experience,
perceived from inside

Listening; 'musique of the
spheres'

The pandemic experience

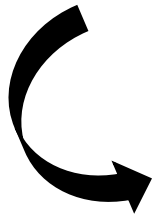
Differential vulnerability

- Covid-19 does not affect everybody in the same manner and with the same severity
 - older people
 - people with underlying health conditions and disabilities
 - racial and ethnic minorities
 - poor and disadvantaged populations

The pandemic experience

Differential vulnerability

- Public health measures have unequal effects
 - neglect of elderly and nursing homes
 - many people not able to comply
 - older and disadvantaged populations doubly affected by treatment triage schedules



pandemic exacerbates existing inequalities in health and society

people made vulnerable to xenophobia, stigmatization and discrimination

little attention to vulnerability, solidarity and equity

The pandemic experience

Differential vulnerability

Example: global vaccine gap

Covid-19: relatively worst affected continent is Latin America

- 8% of the world population
- 20% of all global coronavirus cases
- 32% of all global deaths

Only 10% of population is fully vaccinated

July 2021: rapid rise of cases, almost all due to Lambda variant of virus

Most used vaccine is China's Corona Vac with poor efficacy

The pandemic experience

Unexpectedness and unpreparedness

In most countries the threat of Covid-19 came as a surprise

- previous lethal pandemics regarded as history
- idea that infectious diseases are conquered or can be controlled

Cultural bias: populations in less developed countries continuously threatened by infectious diseases

- In 2019, just before the Covid-19 pandemic, 409,000 people died from malaria and 1.4 million from tuberculosis
- In 2019, more people infected by malaria (229 million mostly in Africa) and 390 million by dengue (mostly in Asia) than by Covid-19 thus far (30 August 2021: 214.636 cases)

The surprise of Covid-19

Early 2019: WHO list of ten threats to global health

1. air pollution and climate change
2. noncommunicable diseases
3. global influenza pandemic
4. fragile and vulnerable settings
5. antimicrobial resistance
6. Ebola and other high-threat pathogens
7. weak primary healthcare
8. vaccine hesitancy
9. dengue
10. HIV

Ten threats in 2018

1. Pandemic influenza
2. Health in conflict
3. Cholera
4. Diphtheria
5. Malaria
6. Natural disasters
7. Meningitis
8. Yellow fever
9. Malnutrition
10. Food poisoning

The pandemic experience

The experience with the coronavirus pandemic brought humanity back to its condition of connectedness

Many differences between past and present, but **two basic realities** are the same

- *Microorganisms*

 - virosphere that surrounds humans and is within them

 - human beings cannot survive without viruses

- *Human beings*

 - humans have more knowledge but their behavior facing pandemics is the same

 - policies only work when they are implemented by human beings

- Knowledge of pathogens and the etiology of diseases are not sufficient to control an epidemic
- A pandemic is not only a virological and medical event but a behavioral, social, and political one

Framing ethical discourse

Exceptionality

Intrinsic

- some countries consider themselves ‘special’: well prepared; efficient policy approaches; excellent vaccination strategies
- some professions asking priority in treatment and vaccination



April 2020:
Fauci said: we
should stop
handshaking

Framing ethical discourse

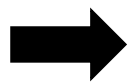
Exceptionality

Extrinsic

Emergency situations create special conditions in which the usual standards and practices no longer apply

→ ethical perspective should change, justifying actions that normally would not be acceptable

- confining citizens to their homes
- mandating testing
- crisis standards of care
- expediting scientific research
- deprioritizing older patients for mechanical ventilation
- speedy approval of vaccines



- Shifting the ethical debate from individual interests (mainstream bioethical emphasis on autonomy) to public interests
- Emphasis on efficiency: dominance of utilitarian framework

minor attention to
vulnerability, justice, human
dignity and human rights

Framing ethical discourse

Controllability

Predominance of war metaphor



“We are at war”



The fight against the virus

Framing ethical discourse

Controllability

Hartmut Rosa (2020): Modern social existence is characterized by an “incessant desire to make the world engineerable, predictable, available, accessible, disposable (i.e. *verfügbar*) in all its aspects.”
We encounter the world as a “point of aggression.”

Four dimensions of controllability:

- Making the threat *visible*: identification of the virus and quantify its impact
- Making the threat *accessible*: diagnostic tests to follow how the virus spreads
- Making the threat *manageable*: public health measures and vaccines
- Making control *efficient*: digital surveillance, remote work and education, economic restructuring

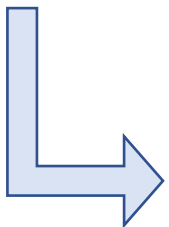
Framing ethical discourse

Controllability

Problem:

desire for control is intimately connected to uncontrollability

- * reliance on science but human behavior is not fully predictable and manageable
- * vaccines are quickly available but problems with production, distribution and deployment



Discourse of war and quest for control difficult to criticize without a broader ethical discourse

Framing ethical discourse

Binarity

Covid-19 has aggravated existing dichotomies and disparities: not everybody “in the same boat”

- health inequalities: socio-economic determinants of health accentuated
- treatment versus care
- intergenerational tensions
 - use of age as criterion for treatment and vaccination
 - policies of herd immunity
 - crude argument that older people are expendable for the greater good (mostly economic productivity)
 - argument of ‘fair innings’
 - ‘the elderly’ regarded as homogenous and abstract group (frail, dependent, weak)
 - explicit age discrimination and ageism



Utilitarian focus on efficiency

- lack of personal care
- diminished concerns for equity, vulnerability and human dignity

The framework of global bioethics

Need of a broader, more inclusive and encompassing ethical perspective with larger set of ethical principles

Relationality

Human beings embedded within communities and dependent on other beings and the environing world.

- Autonomy as relational concept
- Authentic human being is being-together

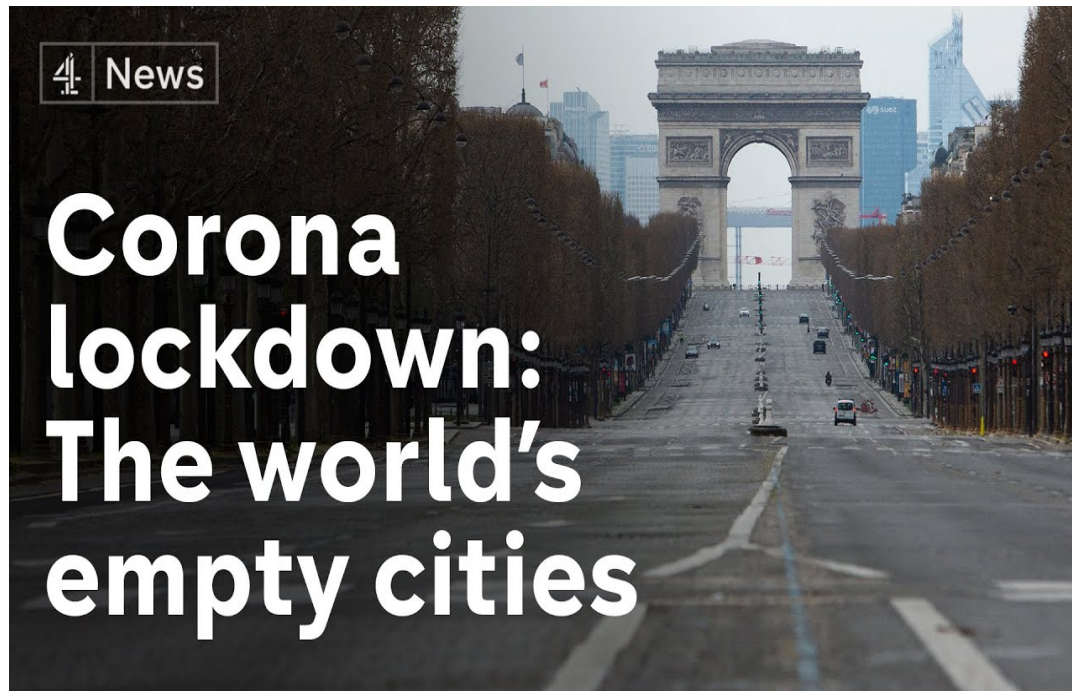
Gabriel Marcel: being human is being present and available to others

- Being situated in the world implies vulnerability; we cannot make ourselves immune to the world



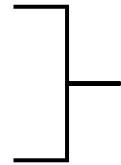
Covid-19 has made relationships and relatedness problematic

The framework of global bioethics



The framework of global bioethics

Public health measures
prevent human
connections



- other people presented as threat
- relations and interactions may be lethal

But: human relationality cannot be annulled

- Physical problems
- Mental problems



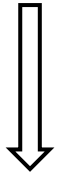
- Physical distancing is not ‘social’ distancing
- Emergence of ‘bubbles’
- Many other ways of communication and interaction

The framework of global bioethics

Individual versus common interests

Ideology of *individualism*:

- human beings are independent and self-reliant
- they choose their own values
- respect for autonomy means non-interference
(negative freedom)



individual interests opposed to
common interests

Public health measures should
appeal to individual
responsibility; interference with
personal liberty is problematic.



The framework of global bioethics

Individual versus common interests



Global bioethics perspective: false opposition

- personal autonomy is relational notion; not abstract and decontextualized
- values and beliefs not merely individual but conditioned by the social context
- human agents are socially entangled; their conduct cannot be explained by self-regarding rationality but by social rationality (*homo economicus* is a fiction)
- autonomy intrinsically connected to social responsibility

The framework of global bioethics

Individual versus common interests

Covid illustrates that individual behavior affects well-being of the community

- masking: self-protection but also protection of other people against infection
- testing: identification of infected person but also warning sign to others
- vaccination: not only protection of individuals but society as a whole

Appeals to self-interest cannot be separated from concerns with the interests of others

Individual responsibility

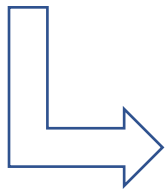
- is connected to social responsibility
- demands creating the social, political and economic conditions for the exercise of responsible autonomy

The framework of global bioethics

Solidarity

- WHO: solidarity is first ethical principle (Covax; Solidarity Trial)
- UNESCO: “ethical duty to build solidarity and cooperation”
- European Group on Ethics in Science and New Technologies: solidarity as “social vaccine” against indifference and exclusion

Solidarity explained with the same arguments as relationality (all humans share the same needs, same destiny and same vulnerability)



but not only theoretical notion: practical implications; translation into public action

The framework of global bioethics

The problem with solidarity

many manifestations at interpersonal and institutional levels
but absence at global level

- scarcity of PPE and tests
- vaccine nationalism
- limited sharing of vaccines



—————→ Conditions for solidarity eroded in the past decades

- Global policies focused on economic interests (e.g. EU: no priority for health)
- Global institutions (WHO) systematically weakened (budget cuts; delegitimizing their work)
- Public health infrastructures reduced (health as primarily individual responsibility)
- International cooperation driven by neoliberal ideology of the free market (competition and commercialization)

The framework of global bioethics

Global bioethics is social ethics

Primary moral question is not: What should *I* do, but: What should *we* do?

1. Contemporary ethical problems have a global character: they are manifested at individual level but ethical discourse cannot be restricted to individual cases
2. Global bioethical problems are not addressable by individuals; they require cooperation and solidarity
3. Need for global governance demand search for and development of common perspectives as a basis for practical actions
4. Common perspectives require the articulation of ethical principles that transcend the point of view of individual moral agents
5. The sources and roots of global problems are specific processes of globalization that increase social inequalities and that favor competition rather than cooperation

Covid-19 and global bioethics - Conclusions

1. Pandemic as opportunity to rethink globalization, global governance, public health and healthcare
 - new appreciation of the common good
 - new appreciation of the role of governments in protecting citizens (rebalancing market thinking)
2. Expanding the scope of moral concern by applying the broader framework of global bioethics, attending especially to human dignity, vulnerability, equity, and solidarity