

The perils and possibilities of a pandemic

If one member suffers, all suffer (1 Corinthians 12, 26)

The World Health Organization declared on March 11 that the coronavirus, known as COVID-19, had spread to the level of a pandemic.

The outbreak of COVID-19 had already become the focus of the world's attention in January. And since then it has come to dominate every aspect of life – including weddings, family reunions and care of the sick and dying.

It has also had a dominant effect on the way we organize educational, cultural and political events, as well as international finance.

The spread of the virus has adversely affected cherished religious practices, leading to restrictions on receiving the Eucharist, changing or eliminating the sign of peace and even cancelling the celebration of Mass.

The situation reflects a universal experience of embodied vulnerability because we are aware that all our sophisticated medical technologies cannot remove our risk. We are vulnerable also because this is a new virus bringing uncertainty regarding its rapid spread, uncertain duration and the reality that there is no effective treatment yet.

We share a new and visceral awareness that "no man (or woman) is an island". We are all embedded in global systems and practices. Our presumed protective 'bubble' of affluence and social advantage has been shattered as even luxury cruise ship passengers are infected.

Clearly, infection can directly imperil life and health. Fear, uncertainty and the reality of personal risk can also lead to self-centeredness, evidenced by stockpiling food and other products or by discriminating against others.

The "social distancing" that is necessary for infection control also carries the risk of emotional and spiritual distancing at a time when human connection is crucial.

As with all crises, there are also unique possibilities for good in our responses to COVID-19.

Pandemic plans attentive to the ethical and moral challenges can be instruments for building trust and solidarity in a deeply fractured world. We finally learn the crucial importance of public health for health equity and the common good at all times, not just in crisis.

Windows of opportunity come rarely in the public policy world. This may be a test for humanity of our physical and spiritual interdependence and need for solidarity.

Lessons from the 2003 SARS epidemic

During the near SARS epidemic in 2003, I was privileged to work with my Canadian colleagues in the fields of public healthcare, medicine, philosophy, feminist ethics and theology.

We explored the ethical and moral issues connected to the way we were facing the near pandemic of SARS in Toronto.

We looked at some of the following:

- The need to balance individual liberty, freedom and privacy with protection of the common good and public health. This raised issues related to quarantine, appropriate care for the sick, minimizing costs with special funds and insurance, and avoidance of discrimination.
- Conflicts between the duty to care for the sick and protect personal and family safety. This raised issues of reciprocity in supporting those who bear a disproportionate burden and the limits of professional duties.
- Accepting economic losses in the need to control deadly disease and the impact this can have on other patients in treatment. This raised issue of support for the seriously ill and restrictions on hospital visitors, which demands attention to justice in the long term.

We concluded that renewing public health in order to meet modern challenges required deeper reflection on the very nature of public health itself.

The Promise of Public Health

The foundation of *public* health is grounded in preventing illness and promoting health, building physically and socially healthy communities and eliminating health inequities.

The 'heroic age' of public healthcare was in the 19th and early 20th centuries. It made a powerful impact on the health and wellbeing of communities by providing the full spectrum of public health.

It addressed issues of poverty, sanitation, pollution, epidemic disease, bioterrorism and global warming through the activities of health protection, health surveillance, disease and injury prevention, population health assessment, health promotion and, more recently, disaster response.

Over the last fifty years major scientific and technological advances in medicine gradually displaced this focus on individuals and have led to a rapacious commercialization and commodification of healthcare.

Pandemic experience calls for renewed interest in a robust, coherent and meaningful ethic of public health distinct from the ethics of clinical care and research where bioethics rooted in liberal individualism with its treatment of persons as self-contained and self-directing.

Care ethics, feminist ethics and communitarian approaches have tried to move bioethics to a communal origin with little effect.

Hope for the Renewal of Public Health and Social Solidarity

I live in the hope that we can learn from the experience of COVID-19 and accept our human interdependence and need for solidarity. My hope is supported by two seemingly incompatible sources: secular feminist ethics' relational account of public health ethics and my faith, particularly in Catholic social teaching.

Relational autonomy embraces the fact that persons are inherently social, political and economic beings. It is more concerned with social justice than distributive justice. This requires exploration of political and social structure for patterns of systemic injustice.

Solidarity in the relational understanding promotes a shared interest in survival, safety and security that requires the cooperation of all. We pull together or we fall further apart.

For the Christian, solidarity is not an option. Rather, it is the inevitable consequence of being members of the Body of Christ, children of God, brothers and sisters, neighbors to one another.

The Church also teaches that humanity is inherently social and that each person, by nature, requires a community of other persons to fulfill his or her personhood (CCC #1878-1880).

Catholic teaching supports the possibility of public health's contribution to a transformation of society ordered to the common good, which is "the sum total of all those conditions of social life which enable individual, families, and organizations to achieve complete and effective fulfillment".

Pope Francis captures the challenge well in his encyclical, *Laudato si'*.

"Interdependence obliges us to think of *one world with a common plan*," he writes.

"Yet the same ingenuity which has brought about enormous technological progress has so far proved incapable of finding effective ways of dealing with grave environmental and social problems worldwide," the pope continues.

"A global consensus is essential for confronting the deeper problems, which cannot be resolved by unilateral actions on the part of individual countries" (LS, 164).

May this consensus emerge from our shared risk of COVID-19.

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