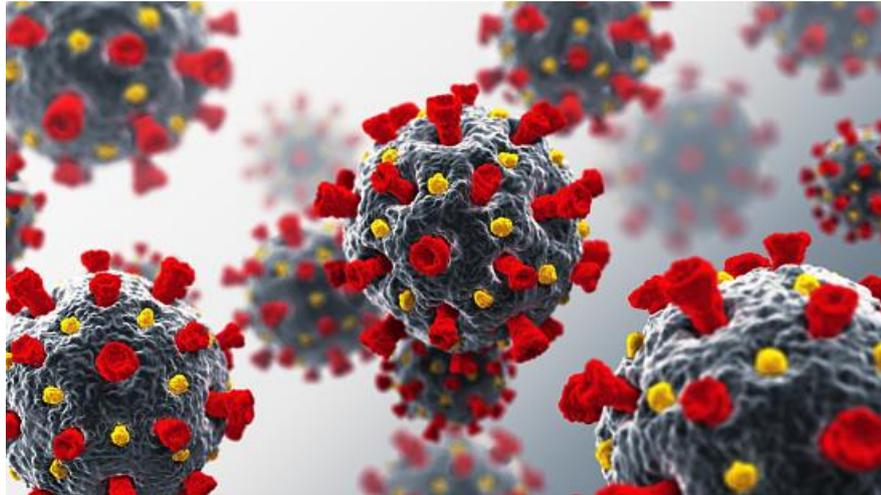


THE CHALLENGE OF COVID-19 TO SOCIAL ETHICS AS WE KNOW THEM



The Impact of COVID-19 on the Way We Think about Ethics

COVID-19 has turned the world upside down and the impact upon the way we reason ethically has been immeasurable. There were the portentous signs in the first wave of infection of 2019-2020, especially in Italy, as clinical practice was tested as never before. I recall the Italian peak body for anaesthetics and critical care issuing a divisive guideline about the allocation of intensive care resources, suggesting an upper age limit for ventilator eligibility, the implicit condoning of ventilator withdrawal if necessary, and a ‘pragmatic’ focus upon maximizing clinical outcomes. It could be said that there was little new in this. After all, much of it had been anticipated in longstanding clinical policy about the allocation of scarce healthcare resources, in what was known as the “fair innings” argument. The point, however, was not the clinical theory *per se*, but rather the shock of having to actually put such theory into practice on a wide scale. Another clinical issue, as the virus spread across the world, was the relationship between patients and healthcare providers. Hospitals cancelled elective surgery to save on PPE supplies, beds, and human resources. Access to ICU level care was restricted and strict infection prevention controls were also put into place with many patients facing prolonged precautionary isolation without the reprieve of visits from friends or family.

As if these challenges to clinical ethical practice, were not enough, Covid has also tested public health policy. As governments implemented biosecurity powers to ensure compliance with business closures and social distancing measures, available technologies were deployed to ensure adherence to new laws and contact tracing of those who contracted COVID-19. The use of phone metadata to locate and track individuals, occurred even in liberal democracies, as the seriousness of the pandemic intensified. Phone applications were also introduced by governments in several countries to communicate with surrounding phones through Bluetooth, so as to record those with whom a person had been in close contact. In some cases, GPS tracking was also utilized: something generally restricted to police functions.¹ The public health emergency powers enacted in liberal democracies during the COVID-19 crisis have permitted to some extent a power imbalance between governments and citizens. Moreover, and

most importantly, the framing of public health as a security issue, continues to allow exceptional actions to be taken, beyond what would be normally politically acceptable.ⁱⁱ

The Church's Conundrum: Inclusion and Safety

While COVID-19 has 'set the cat among the pigeons' in the ethics of clinical practice and public health policy, the impact continues, raising new issues and challenges for many institutions, not least the church. Most recently, as countries open-up, and governments set policies which distinguish between the vaccinated and unvaccinated, denominations have made their own responses. Catholic and Anglican leaders of Sydney have been quite clear about their reservations in following public policy. The Archbishop of Sydney, Anthony Fisher OP in his message of September 9th, declared, "I would insist that 'Jesus is Lord of all, and his gospel is a gospel for all. A 'No Entry' sign at the door of the church is wholly inconsistent with the Gospel preached inside.' Race, gender, ethnicity, age, education, wealth or health status (including vaccination) must not be points of division within the Christian community or barriers to communion with Christ Jesus." The motivation for this stance, is the high view that Catholicism harbours of the Church and the centrality of the Mass as the fundamental liturgical expression of being church. Moreover, speaking broadly, as evidenced in recent statements of 'push-back' from the Polish Catholic Bishops' Conference, the Catholic Church is wary of the extension of state powers as a weakening of democracy and a slide into authoritarianism. Something we have seen as not entirely without foundation.ⁱⁱⁱ

There have also been evangelical responses, such as the "Ezekiel Declaration" recently published by three pastors from Queensland, directed to the Prime Minister Scott Morrison, which states concern for those suffering mental and emotional stress from lockdowns, and which appeals to Morrison to resist the policy of vaccination passports on the basis that such a practice "risks creating an unethical two-tiered society". In spirit and mood, the declaration reflects not a high view of the Church in the Catholic sense, but a libertarian ethos with a strong inclination toward a priority for individual freedoms. More disturbingly, the document raises questions of soundness as it slides into a barely concealed 'anti-vaxxer ethos', and mistakenly implies that vaccination will be made mandatory. The declaration appears to be primarily ideological.^{iv}



For the Uniting Church in Australia, thinking our way through the current challenge of the conundrum of the 'vaccinated-unvaccinated' as we prepare to 'open up' is confronting. Rather than seeing the issue in the singular terms of inclusion, for us, there is also the issue of safety. Robert McFarlane has succinctly explained it, "The first principle of safety for the most vulnerable implies that people

who are not fully vaccinated may need to be excluded for the safety of the vulnerable. The second principle of inclusion implies that we can't turn anyone away".^v Turning to an article by John Squires, 'On Vaccinations, Restrictions and Fundamentalism'^{vi}, there is a strong defence of the priority of vaccination, and by extension mandatory vaccination, plus the need for that priority to be exercised in deciding who attends worship and who does not. Of course, within the opinion piece, the author accepts that there may be good reasons for people not

being vaccinated, especially underlying health issues. He also argues for the continuation of on-line worship to serve the unvaccinated from the safety of their homes, so that the principle of inclusion can still be maintained in unison with that of safety. He concludes, “So, at the moment, I will advocate for complete adherence to government restrictions. My faith calls me to work for the common good, to care for the vulnerable, to love my neighbours, both near and far. Minimising risk of transmission as we gather is our first duty. Ministry takes place in many ways other than sitting in an enclosed space for an hour once a week!”

Considering the Problem through the Lens of our Ethical Traditions

Given the various Christian responses, which range from a priority for unrestrained inclusion of all comers to a physical place of worship, to a priority for safety, limiting physical presence at worship to the vaccinated alone, at least until the danger of COVID subsides, I think we need some help. My suggestion is to appeal to and examine the three major ethical traditions which have shaped and continue to shape the way we moderns think about ethics. My question is simply this: what would each have to say to us about this problem?

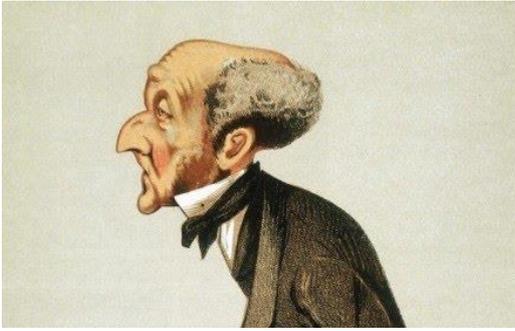
There are three traditions that I shall briefly examine: the Ethics of Duty, the Ethics of Consequence, and the Ethics of Virtue.



Ethics of Duty

The ethics of duty are not concerned with the consequences or results of actions, but rather their inherent rightness. The point is do the right thing, do it because it is the right thing to do, irrespective of the results; after all results or consequences cannot be entirely foreseen or controlled. The father of the ethics of duty was Immanuel Kant, whose august figure you can see to the left. Within the ethics of duty there are what are called categorical imperatives, one of which you would already know: “act so as to treat people never only as a means, but always as an end”. There is another categorical imperative which you may not know. In it, Kant points out that you should not do something if it cannot be done by everybody. Put another way, “you ought not act according to any principle that cannot be universalized”. A simple example has to do with cheating. What a cheat wants is not that everyone else should do what they do, but that an exception should be made in their case.

Turning to the issue of the vaccinated and unvaccinated, of course people have a right to remain unvaccinated as a question of individual conscience, but it does not end there. The question must be, what if everyone were to do the same, to remain unvaccinated? Clearly the results would be catastrophic, with immeasurably more sickness, substantially more deaths, the collapse of medical systems and glaring economic damage. Moreover, communities and organizations have the duty to protect people from such a scenario. Short of mandating vaccination, the ethics of duty would tell us that it is both reasonable and necessary that a community differentiate between the vaccinated and those who choose in conscience to remain unvaccinated; and this for reasons of the community’s wellbeing and safety. That said, such measures should always be taken treating people, all people – to quote Kant – as ends not just means.

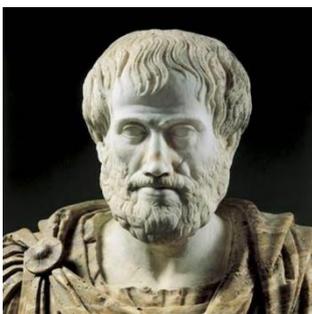


Ethics of Consequence

The ethics of consequence think about ethical issues, as the name suggests, from the perspective of what results from an action. Utilitarianism, a school established and shaped by Jeremy Bentham and John Stuart Mill, the latter caricatured here, embrace this idea. Central to its understanding is that good ethical policy should seek to maximize the good or utility in a society. Bentham and Mill explained that good as “happiness”. In other words, the broader and greater the happiness, the better. This ethics that focuses upon results, correlates closely to the way Christianity thinks about ethical issues: for example, the Golden Rule – “do to others what you want them to do to you” (Matt 7:12, Luke 6:31).

As an ethics for maximizing happiness, the ethics of consequence is particularly important for thought and decision making about public welfare and social reform: pensions, benefits, health, education; fundamental dimensions of what we refer to as the common good. This idea of maximizing happiness through welfare, was significant in the post-World War II reconstruction of many societies, including the establishment of the welfare state.

In broad terms, the ethics of consequence which focus upon the welfare of a community, would support the comprehensive vaccination of a society as a means of protection for its members. On the other hand, it does not do especially well when considering the rights of minorities, simply because they are minorities. Because it focuses upon the bigger picture of collective gain, particular heed needs to be paid to what it is prone to ignore: as J.S. Mill put it “the rights of freedom of expression”. This deficit serves as a warning in our current circumstances, to understand that ethical policy and practice – to be ethical – requires a committed balancing of majority rights with those of a dissenting minority. In this sense, any church practice that brusquely favours safety over inclusion, meaning the ‘exclusion’ of the unvaccinated, needs to be rebalanced.



Ethics of Virtue

Virtue ethics is quite different to the ethics of duty or consequence in that they focus upon the individual character with the question, “what and who ought I be?” Going back to even before Aristotle – the gentleman we see to the left – virtue ethics dominated ethical thought for centuries. Thomas Aquinas was particularly important in developing a Christian ethics of virtue, in the light of his theology built upon the shoulders of Aristotelian thought.

In recent times there has been a return to virtue ethics as a way of completing the more modern approaches of rules-based ethics of duty and situational ethics of consequence. In a sense virtue ethics offers depth in that ethics are understood as *a way of life*.

Virtue ethics address two very human issues: the first, the emotions and the second, wisdom. In developing the virtues, the emotions are trained to serve the virtues, not undermine them. Likewise, in developing the virtues, practical wisdom (*phronēsis*) is cultivated, meaning that it is not sufficient to only do what a just person does, but to do it in a way that a just person does it. In other words, the emphasis lies with *the how* as much as *the what*.

Moreover, the content of the virtues changes depending upon the purpose (*telos*) that a person lives for. For the Christian, the primary virtues have been considered to be charity, patience and humility as pathways to living out the kingdom of God. For Aquinas, charity reigned supreme: “Charity is the form of all virtues”.

Finally, conscience constitutes a significant aspect of virtue and the moral knowledge entailed in living virtuously. That said, the virtue tradition insists that conscience can never be lazy, for we are bound to subject our conscientiously held views to rigorous analysis.

As we consider the question of how to proceed with the challenge of giving expression to the values of inclusion and safety in our services and liturgies, the ethics of virtue would counsel us to do so aware of the priority of charity and the need for an informed conscience.

Conclusions

What is it that these ethical traditions offer to us as we find ourselves on the horns of a dilemma, caught between two noble and necessary practices: inclusivity and safety? All suggest, either explicitly or implicitly, that a good decision will likely need to include a balance of each. Unconstrained inclusivity alone, will open congregations to the possibility of infection. Safety alone, will open congregations to excluding those for whom they love and care. After all what good is safety if it cuts us off from each other? Additionally, for those who refuse vaccination in conscience, the challenge is to ensure that their conscience is well informed, not determined by ideological bias or irrational partisanship.

Of course, there are multiple ways to balance these requirements, while also being acutely mindful of the legal constructs that the state lays down. Each congregation, presbytery and synod will need to do just that, accessing and utilizing the knowledge of their specific contexts and the technologies to which they have access, keeping in mind that how we do things is every bit as critical as what we do.

Rev. Dr. Geoff Dornan, October 3rd, 2021

ⁱ In March 2020, the government of Singapore, launched a smartphone application to assist in monitoring COVID-19 by enabling public health authorities to investigate infections and limit further transmission. In May 2020 the Australian government announced it would implement similar technology.

ⁱⁱ Kamradt-Scott, A., & McInnes C. (2012), *The Securitization of Pandemic Influenza: Framing Security and Public Policy*. *Global Public Health*, 7, 95-110, 106.

ⁱⁱⁱ Jonathon Luxmoore, *Polish Archbishop criticizes anti-church Covid measures*, *The Tablet*, August 11th, 2021.

^{iv} Timothy Grant, Matthew Littlefield, Warren McKenzie, The Ezekiel Declaration,
<https://caldronpool.com/ezeieldeclaration/>

^v McFarlane, R. Vaccination, Inclusion and Exclusion: The Ethics of Regathering for Worship in a Part Vaccinated World, Insights Magazine, September 17th, 2021.

^{vi} John T. Squires, On Vaccinations, Restrictions and Fundamentalism, [file:///D:/Covid/download%20\(1\)%20-%20John%20Squires.html](file:///D:/Covid/download%20(1)%20-%20John%20Squires.html)