

## THE MORAL CONTEXT OF THE SARS-COV-2 VIRUS PANDEMIC

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DISCUSSION

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**Abstract:** This text is an attempt to reflect on some of the morally relevant issues raised by the current pandemic crisis. The specificity of this situation is also defined by comparison with the AIDS pandemic. The topicality of the current crisis is an obstacle to a more systematic analysis and formulation of more coherent conclusions. This is the reason why the text outlines those aspects that can now be formulated as possible starting points for discourse on the moral dimension of the pandemic. These mainly include the problem of responsibility (individual, social and professional) at a time of escalating risk situation. Other problems are briefly outlined according to the basic areas of bioethics – human bioethics, environmental ethics, and animal ethics.

**Keywords:** COVID; AIDS; pandemic; crisis; ethics; bioethics; moral problems

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### Introduction

For more than a year now we have been facing a truly global problem as regards its scope, reach, effects, and the synergism of its consequences. If we want to formulate any summary characteristics or conclusions regarding the broad impact this situation has had on various aspects of our lives and the working of society, we run up against difficulties posed by the fact that we are irrevocably involved in this situation; the pandemic is present all around us, right at this moment. It is therefore essential to bear in mind that any efforts to assess the crisis are hindered by our lack of detachment and overall perspective. Attempts will therefore remain fragmentary, selectively reduced to reflections on experience of similar situations, and thus difficult to verify.

In the meantime, everything serves as an interim commentary in a rapidly and randomly evolving situation, which includes not only the remarkably fast development of a vaccine, but also the surprisingly seductive appeal of conspiracy theories concerning the origin and abuse of the virus itself and the ideologization of this global state of emergency. (Přibáň 2021, 15)

This is also evident by the current form of published comments. Since the beginning of the pandemic, a large number of texts have been published, but they mainly analyse limited areas of specific experience from medical or nursing practice in the fight against this disease or focus on specific issues (e.g., the environmental impacts of the pandemic very often represent air quality issues).

The form of ethical discourse isn't fundamentally different, either. Again, this is primarily a response to the concrete implementation form of the strategy against the further spread of the disease.

## Ethical reflection and the problem of a lack of distance

An exception can be considered, for example, B. Bramble's attempt to complete a summary of the ethical dimensions of the pandemic. Bramble offers a list of eight questions that, according to the author, represent the main ethical problems of the actual pandemic:

1. *Lockdown*. Should we stay locked down and wait for a vaccine, cure, or treatment, or open up in the hopes of achieving herd immunity without a vaccine?
2. *Blame*. Who is morally to blame for COVID-19 (both its genesis and its spread)?
3. *Immunity Passports*. Should we allow people who are immune to the virus to leave lockdown?
4. *Masks*. How should we respond to shortages of facemasks and other PPE?
5. *Duties to Assist*. What positive moral duties do various parties have in the pandemic?
6. *Vaccine Trials*. Should we allow people to volunteer to be exposed to SARS-CoV-2 in order to speed up the development of a safe and effective vaccine?
7. *Triage*. When hospitals run out of life-saving resources (e.g., ventilators, ICU beds, dialysis machines, etc.), who should get their use?
8. *Onlookers*. How should those who are neither medically nor economically harmed by the pandemic live and feel in these times?" (Bramble 2020, 3–4)

Let us note that the text has a popular awareness form and is based on the initial experience with the beginning of the pandemic. It is clear from this demonstration how difficult it is to formulate a generalizing definition of the most significant ethical problems without some temporal distance.<sup>1</sup>

Even so, the existence of this crisis, which affects everyone and everything in the present and thus also in our future, seems to be an issue that constitutes a meaningful topic for philosophy and ethics. At the very least, as a self-reflexive confrontation with the question of the real influence of theory (ethics) on morality and of morality on ethics.<sup>2</sup> Also because *talking* about ethics and morality was and still is a certain more general and lasting characteristic of the present day (including the time prior to the pandemic).

At the same time, however, we should also bear in mind that the "agora" of public discussion is a very significant aspect of this special "demi-disciplinary" nature of contemporary bioethics (Jonsen 1998, 346). And, most of all, public opinion has a considerable (although not always fortunate) influence on practical (i.e., ultimately political) decision-making (preventive restrictions and reactions in the form of resistance, the easing of measures, etc.). These practical activities (from the individual level through to political decisions taken at the international level) may to a greater or lesser extent contradict the more general idea about a rational approach to the solution:

COVID19 should be the final reason for the global community to strengthen the global and national pandemic preparedness and response systems, to increase resources for their

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<sup>1</sup> A much wider scope and a deeper theoretical foundation is promised by a work which is yet to be published in the autumn of this year - Hussain, CH. M. – Da Costa, G. M. (eds.): *Living with Covid-19. Economics, Ethics and Environmental Issues*. Jenny Stanford Publishing.

<sup>2</sup> There is no doubt about the importance and influence of science in this situation, although it must be admitted that this issue has been perceived in some very dubious lights in the discourse as a whole (including obvious conspiracy theories about an accident or plan in the performance of the original research and also in subsequent efforts to find a quick solution to the calamity).

implementation and for establishing well-functioning monitoring, evaluating and accountability mechanisms [...] The COVID19 pandemic has clearly shown again that the world has not been sufficiently prepared for preventing, detecting, and responding to disease outbreaks. WHO, the international system as a whole, and many countries in all world regions and independent of their wealth, have been seriously affected by the direct and indirect impacts of SARS-CoV2, because of a lack of preparedness, including a lack of implementation of and adherence to the International Health Regulations (2005) despite these being a binding instrument of international law. (The Independent Panel... 2021, 5, 7)

The crisis as a whole is in no way altered by the fact that in a certain sense this is not a completely new situation. Here we can look back on our historical experience of epidemics in the more distant past<sup>3</sup> (“plague”, smallpox, polio), in relatively recent times (Spanish flu)<sup>4</sup> and contemporary ones (AIDS, Ebola, bird flu):

In hindsight, humanity has had many close calls in recent years. The Ebola scare of 2014, the Middle East respiratory syndrome (MERS) that hit Saudi Arabia and the Koreans in 2012, and the 2003 outbreak of the severe acute respiratory syndrome (SARS) that struck large parts of Hong Kong and Toronto should all be reminders of how quickly a pandemic can spread. (Palmer 2020, 1)

We should also note that, from the dehumanized perspective of statistics and hard data, HIV still seems to be the most serious problem. In this case, however, we encounter certain specifics that to some extent dull the perception of its severity. Most of all, there is that fact that this virus has been around for a relatively long time, meaning that society has become somewhat accustomed to it and come to see it as less worthy of attention. In addition, the syndrome itself is fairly long-lasting (thanks to relatively successful therapy that delays death). This is also associated with another aspect – the fact that it is hidden away, as it were (HIV sufferers tend to live in seclusion, do not die suddenly and “demonstratively,” and do not overcrowd hospitals). A significant role in this “reconciliation” to the presence of HIV in our world is also played by the fact that the true focal points of the acute spread of this virus are situated in certain “third world” countries – i.e., again beyond our usual scope of perception. And, finally, the view of this illness within Euro-American civilization is also adversely affected by its association with certain social groups which some parts of society refuse to accept, for religious or moral reasons, for example. “The unreasonable behaviour that leads to AIDS is seen as something worse than mere weak will. It is hedonism, criminality, addiction to illegal drugs and the pursuit of perverse sex.” (Sontagová 1997, 105) It may also be formulated by claiming that certain people consider this illness to be, in its own way, a just punishment for alleged moral lapses and sins against the established order, nature, or God. “...AIDS, far more than syphilis before it, is seen as a disease that affects those who are already stigmatized” (Sontagová 1997, 107).

In comparison with the perception of the HIV risk, the current COVID threat represents a fundamental difference to the standpoint of “it doesn’t affect us (i.e., so-called decent people)” – which in essence is a potential cause for concern. This is understandably exacerbated by the intensity of attention we are confronted with daily.<sup>5</sup> At the same time, however, it is also evident that these concerns do not manifest themselves more distinctly in the behaviour of much of the population. The moral problem can also be considered that many people do not take the

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<sup>3</sup> One current hypothesis, for example, substantiated by current evolutionary genomic research, is that there was a massive epidemic of a similar type of virus in East Asia in prehistoric times (Souilmi et al. 2021).

<sup>4</sup> Regarding the question of past flu pandemics, see e.g. (Regan – Fowler, 2002), and more recently (Flahault – Zylberman 2010).

<sup>5</sup> Here, for instance, we can see attempts to compare the course and health risks of COVID with those of normal influenza after less than a year from the start of the COVID pandemic: (Piroth et al. 2020).

infection seriously and behave selfishly and irresponsibly as a result. It might even be appropriate to start distinguishing between the so-called “auto-risk” and “hetero-risk” groups. The health and lives of members of the first group are primarily at risk (sick people, senior citizens); this group is limited as a source of the spread of the infection. The “hetero-risk” group includes those who engage in socially risky behaviour. However, the threat to their own health and lives is relatively small, as these are generally young, healthy, and active people – and *egoistic*. However, this group is one of the main sources of the spread of the infection (also partly because many of its members are opposed to vaccination and other measures).

### **The pandemic as a crisis**

The current pandemic situation may be a source of paralysing panic and chaos, accompanied by the conspiratorial rejection of the threat as alleged ideological manipulation. Yet this is undoubtedly a global problem, one that may be described as a crisis – with the need to consider the negative and positive aspects of what that entails.

We generally use the term crisis to refer to a dangerous or problematic situation. It is also a crossroads on the trajectory of development (it will lead towards either the stabilisation of the situation or towards a catastrophic collapse). However, another significant characteristic of a crisis is that it reveals problems that previously lay hidden. This escalation into visible form is the primary prerequisite for finding a way out of the crisis.

In the case of the current pandemic, we can justifiably speak of the crisis as a situation that differs in qualitative terms from similar situations we have experienced in the past. However, this characteristic always applies, as the specific constellation of conditions is always unrepeatable and thus hampers any reductive mechanical transmission of experience. This novelty can be seen particularly in the synergism and accumulation of adverse impacts in the supralocal sense and in the imaginable long run. It undoubtedly involves the concomitant manifestation of globalisation trends, which help the actual spread of the infection, yet do not achieve a similar synergy in the efforts to suppress it. This also reveals in a real light one of the limits of the market economy system. However, it also highlights the need to revive discussion of health not only as a value in the individual dimension, but also as a fundamentally public value, as defined by the WHO: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (Constitution ...1948, 1).

This qualitative difference inherent to the current crisis and our perception of it is also highly likely to bring about another significant change. We may assume that it will take up a more distinctive place in the subsequent historiographical evaluation of the era in which we are now living. The traditional view usually sees history primarily as the result of human actions, decision-making and aspirations. History is thus interpreted as a string of battles, revolutions, the rise and fall of states and institutions, as the chronicle of statesmen and military leaders. And this “anthropic constant” is also the backdrop to the no less traditional efforts of philosophers to seek motivating ideas and moral dimension in history.<sup>6</sup>

Now, however, it is apparent that a forceful and fast-acting natural factor has come into play. Moreover (in comparison with the usual view of natural disasters as manifestations of the planet’s massive geological and climatic forces), this factor is sub-microscopic, yet one that successfully defies the results of modern science and technology. “Nature's fury has made him realize that, in front of the nature, all his self-proclaimed superiority has absolutely no meaning

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<sup>6</sup> The latest critical view of the ideological motives of civilizational expansion in the context of the current pandemic can be found in the work of the French sociologist B. Latour. It also contains a certain vision of a way out, which is somewhat similar to the stimuli of deep ecology (Latour 2021).

and also that, he is helpless in the front of Nature. World order has changed forever” (Pai 2020, xi).

In its new form nature is shown as more than merely the backdrop to the grand theatre of humanity; it is not the undifferentiated *background* of human activities or an *object* of manipulation, transformation, and conquest on the path towards the realisation of ideas, plans and projects. It is now obvious that in the interpretation of history it will no longer be sufficient to use a single sentence or paragraph like those employed in the traditional historiography to “convey” such events, along the lines of “... the waves of plague in 14th-century Europe, the extinction of the American or Australian natives after the arrival of the Europeans, or the Spanish flue at the end of World War One” (Barša 2021, 15).

In order to further clarify this note, we must admit that the view of the link between man and the world in somewhat different contexts has been changing for some time now, accompanied by some bringing with it some remarkable manifestations and changes in policy. The issue of the environment is no longer the exclusive domain of “green” parties, movements and activists, but has a significant impact on the entire political scene. However, the current pandemic crisis again radicalises this transformation and also more intensely expands the discourse to include other bioethical topics. The “Janus-faced” nature of this discourse means that those other topics also bring back into play a conservative form of ideology, on based on irrationalism and naturalizing references to alleged "human nature," traditional values, and nationalism. As though we were again hearing, albeit in new forms, Berdyaev’s call for a new Middle Ages, but also a patriarchal interpretation of interpersonal relations and racist-nationalist selfishness. Nevertheless, the irrationalism of references to “common sense” also plays a crucial role in the context of efforts to overcome the pandemic.

### **The confrontational nature of seeking a solution as a moral problem**

In our opinion, one certain positive springboard for subsequent consideration is the view that expresses the conviction that humans do have the power to find a solution to the current global pandemic (Sirleaf – Clark 2021).

The problem, of course, is how perspective a way to achieve such a solution (in the longer term) we are able to choose in the given context (the geopolitical situation, the level of scientific knowledge and technological capability, the projection of group political or economic interests, etc.). In an incorrectly polarised formulation, it could be a matter of deciding between finding a way to prevent the virus from spreading or seeking a drug to effectively treat the disease caused by the virus. Both of these lines should obviously be developed in parallel, as this is the only hope for lasting success.

From past experience with other types of infectious diseases we may infer that vaccination is the only effective way to prevent the virus from spreading. Covid-19 vaccines is a classic example of a *collective good*: vaccines will prove to be essential in combating this global pandemic. Vaccination is a long-term process and especially one that calls for systematicness and a considerable amount of investment. It is also essential to take account of the fact that, as the so-called alternative lifestyle has become more fashionable, there are now more and more people who are opposed to vaccination, including that for this infection, and also against efforts to trace infected individuals through testing. One of the manifestations of this lifestyle in the field of human health is the involvement of the activities of dubiously qualified “professionals.” These are made up of various advisors, consultants and practising graduates of more or less questionable requalification courses, although also in some cases doctors wanting to profit by offering so-called alternative methods. In real terms, their activities, which are generally motivated by personal gain, are mixing with the growing confidence of amateur decision-

making (regarding vaccination, for instance) on the basis of the superficial perusal of information. This is a definite conflict between the aforementioned “common sense” and theoretically substantiated (albeit unpopular) knowledge. The ethical assessment sees it as the concretization of the so-called stowaway problem (originally, for example, in the case of routine child vaccinations).

Moreover, now, based on “life with coronavirus”<sup>7</sup> experienced thus far, we may note that attempts to create a barrier to prevent the spread of the virus (isolationism) are evidently highly problematic at the individual and superindividual implementation level (the method used, the economic and “moral” impacts, etc.). The life of society cannot be halted for any length of time through any means other than violence, in essence through the imposition of totalitarian practices. *Martial law*, however, is an expression of helplessness in the face of factitious *consensual opposition* to inadequately justified preventive measures. A state of isolation is also not sustainable in the long term due to external (e.g., the collapse of international trade) and internal (growing frustration and resistance on the part of the population) reasons.

In any case, several ethically relevant questions arise here that cannot be simply trivialised or rejected as the expression of an immoral attitude. The initially unequivocal decision concerning the conflict between human freedom and the threat to fundamental values – health and life – is no longer unanimously accepted. This is also exacerbated by the specific form of protective measures, which led to the question, for example, of whether the right direction to take is to protect the minority by isolating the majority.

These questions and these dilemmas are permanently debated in discussion “agora”, at demonstrations held by opponents of restrictive and preventive measures and in specialist deliberations on this or that topic. They are also the subject of indiscriminate political rivalry, characterised by contention between populism and the reality of the risk. They are the subject of economic speculations, as it is also possible to get rich off the pandemic. Projections of all these aspects then include, for instance, persistent national and transnational complications with the vaccination process, which disparage the original strongly optimistic ideas and again add strength to the voices of opponents.

One partial conclusion to be drawn is therefore the opinion that we evidently cannot expect to halt the spread of the virus effectively and completely within an acceptable time frame.

### **The question of competence**

If we take a look at the ongoing multifaceted discourse on the pandemic through the prism of competence, it is clearly evident that this question is also the subject of wide-ranging debate, including wild conspiracy “theories” (e. g., the idea of the secret chipping of the population or the intentional spread of other parasites during testing or vaccination). What they have in common is the idea of a conspiracy aimed at achieving dominion over society (in extreme cases, dominion over individuals). The alleged instigators of this conspiracy include politicians, IT specialists, large pharmaceutical corporations, public figures, and the manufacturers of respirators, testing kits and the vaccine itself. And of course, doctors – this is a modern-day version of the idea of *iatrocracy*.

Naturally, in a less sensational form the question of competence is fully justified, given the ambitions we are actually seeing and the specific solutions we have already witnessed at the political level. It must be emphasised here that our particular situation and experience are

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<sup>7</sup> Here it is worth mentioning the prominent sociological project *Life during the Pandemic*, which may be considered a relevant permanently updated source of hard data on important aspects of the impacts of the pandemic and how they are perceived by the population of the Czech Republic: <https://zivotbehempandemie.cz/projekt>.

merely specific variations on more universal general problems that thus manifest themselves in a diversity of ways. A generally accepted point of view is, however, very difficult to achieve during the ongoing crisis – including with regard to specific personal experience.

We could, for example, formulate this question of competence in more general terms, such as whether epidemiologists are a competent expert group for handling the comprehensive and continuous management of a solution to the situation. The answer seems obvious, yet even so we can also raise several points that are worthy of attention.

Most of all it is essential to consider that (in our country), for historical reasons, these experts are to a great extent (with all due respect) primarily theorists with no practical experience with an epidemic crisis in the field that extends beyond the local focal point of the infection (e.g., the recurring hepatitis epidemics in certain regions). If our epidemiologists do have greater field experience,<sup>8</sup> that experience was gained in completely different social and civilizational conditions (from a fatal lack of medical material through to the lack of the basic necessities of life in general, wartime conflicts, etc.). In such conditions the only option is to apply relatively simple drastic “military-style” solutions.

In the diametrically different conditions of Euro-American civilization, however, such a process is almost unimaginable and is rejected on grounds that include human rights and dignity. The question, however, remains as to how to determine the limit of the risk that would forcefully lead to this solution, so reminiscent of war. One possible criterion could be the availability of acute medical care – although here there remains a certain degree of freedom, such as the operation (or legislative treatment) of profit-based medical facilities. The problem of the inadequate capacity of medical facilities also entails other serious practical consequences with their inherent significant moral issues (e.g., non-admittance to hospital even in cases where lives are acutely at risk, early discharge from care, postponement of surgery, spending of medical staff, fears of hospitalisation as a reason to postpone it – including subsequent complications, clientelism etc).

Therefore, for the aforementioned reason, the question of *practical* competence is also aimed at highlighting the key importance of another group of experts. By this we mean representatives conducting properly targeted research (virologists, immunologists, etc.), who are focused primarily on the specific nature of viral infections and thus play a decisive role in the design of vaccines and antivirals. At the same time, however, they can also contribute a great deal to the implementation phase of prevention – owing to their greater knowledge of the specifics of the structure of viruses.

We could perhaps explain this banal note by pointing out the different nature of the roles. The epidemiologist (in collaboration with the hygienist) is the organiser of corrective and preventive measures. Yet the principles of these measures must be based on a deeper knowledge of the essence of the problem (not on mere phenomena). Research is such an intensive activity, while protection is more extensive by nature. One kind of metaphor could be the difference in the role of a black sheriff (protecting against apparent criminal activity) and that of a criminologist (shedding light on the essence of a crime).

## **Virus and chaos**

Let us deliberately leave aside the specific nature of the situation in the Czech Republic, as most countries are undoubtedly having to deal with permutations of similar difficulties. In general terms we may conclude that one of the most problematic universal features of society’s

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<sup>8</sup> See <https://www.lekari-bez-hranic.cz/>.

reaction to the spread of the virus is chaos. It is chaos that strongly drives the rise in general frustration, disgust, resistance, fatigue, and resignation. If proposed and adopted measures are changed at such a rapid pace that simply determining whether they are current requires considerable effort, this necessarily leads to a situation in which the declared measures are not followed, nor is there any insistence that they be followed. The retroactive application of legal purism reinforces this trend and moves it to the boundaries of absurdity. The effect is twofold – passivity or resistance. By this we mean that a person who lacks information becomes resigned to many activities. He is unsure of the conditions and prefers not to go anywhere. The second response is to adopt the stance of a “rebel”, who engages in illegal and highly inconsiderate risky activities.

In any case, mistrust continues to be rife in society: the mistrust of institutions towards citizens,<sup>9</sup> and understandably the mistrust of citizens in institutions.<sup>10</sup>

The chaos resulting from the constantly changing rules is one form. Another is the inability to unify, within an acceptable time frame, the approach to resolving specific questions on an international scale (the rules for travelling, recognising prototype vaccines, etc.). The situation is complicated, and each country is faced with an entire array of problems. Even so, however, establishing intensive cooperation is clearly a more promising way to go than populist efforts centred around “state egoism” and isolationism. The inability or unwillingness to reach a consensus on certain matters results in a diversity of solutions at the level of individual countries. This plurality of different rules and regulations subsequently poses significant obstacles to the restoration of standard relations.

We could perhaps note that it is very difficult for *order* to rise from the *chaos* of the pandemic (the mixing of particular interests, incompetence, the sincere effort to reach a utilitarian solution to the emergency). We should rather bear in mind that it could open the way to a catastrophic outcome of an acute crisis.

### **The bioethical perspective of future critical reflection**

If we base our arguments on the usual breakdown of bioethics, we may conclude by presenting several generalised notes which could perhaps be considered as a kind of source set of topics for future (by then with the necessary detachment) bioethical analysis.

Given the nature of the illness and the form of its broader impact, the first area we will mention is the anthropic pillar of bioethics. Human life as a value, the topic of dying and death, human health (prevention, care, responsibility), the availability of medical care (directly or indirectly related to infection), but also human freedom and responsibility<sup>11</sup> – these are now all highly topical issues and comprise the bulk of the ongoing discourse about the pandemic. In a certain sense, these problems are also “ordered” by their level of severity and the need for a quick solution, which results in the deferment of what were formerly standard aspects of this particular area of problems (e.g. the deferral of so-called non-acute medical procedures can

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<sup>9</sup> Here we may mention the widely held opinion of politicians or members of the business community that citizens will abuse this or that form of aid (e.g., sickness benefits).

<sup>10</sup> This is also exacerbated by the alienated and dehumanised form of logistical support for measures (e.g., the administration and records of vaccinations are, owing to the use of modern technologies, very difficult for certain sizable groups of the population – e.g., senior citizens). Electronic records are not set up to help people but act more as a means of testing their abilities (in the event of an error the system has the tendency to exclude, rather than help the applicant).

<sup>11</sup> From standard preventive care for one’s own health – including overall lifestyle through to the willingness to comply with protective rules aimed at prevention, while faced with the discussion on the legitimacy or problematic nature of criticism of prevention as discrimination.



cause them to build up in the long term, meaning there will be a real shortfall in the standard of care provided after we have overcome the pandemic). One example of another such complex of issues and problems in a more specific area of professional ethics is, on the one hand, emergency staffing measures (the deployment of soldiers, fire-fighters, medical students and of course volunteers), and, on the other, certain doctors' direct reluctance to assist in the fight against infection, which may be true professional failure.

In this context we should also mention the ethics of scientific work. There are again a whole range of questions raised here – from the potentially problematic issue of protecting research activities in the event of emergency situations through to the concealment or misrepresentation of facts about the dangers or concessions on established standards (the development and testing of drugs), justified by the urgency of the situation. One particular problem is the situation whereby decision-making bodies are faced by unwillingness or inability to provide information in a due and standard manner about the characteristics of vaccines or drugs being tested. (Bucci 2021) One specific aspect of this comprises openly fraudulent actions in an attempt to get rich (fake test or vaccination documents, fake vaccines and test kits, fraud involving reporting testing as a source of laboratory revenue). We may also raise the question of the extent to which speculative trade in protective equipment or patients' clinical data (including at the state level) can or cannot be considered to fall within the framework of moral conduct.

It must be pointed out that in very specific terms the crisis is also reflected in the remaining areas of bioethics. From an environmental perspective, ethical reflection should pay attention to the new combination of the decline in certain impact of human activities on the environment (e.g., air transport) and the rise in others. Examples of these include the vast amounts of medical material as waste that will burden the environment in the long run,<sup>12</sup> the increase in demand for certain potentially environmentally harmful commodities (e.g., computer technology, electrical energy, packaging materials), and the steep rise in the preference for certain forms of goods transport (e.g., food deliveries). All of these will have a massive impact on the environment in a relatively short time frame. At the same time, we are again confronted by a characteristic calamitous situation, where solutions to what are currently more pressing problems are prioritised, while the task of dealing with other problems is put off to some unspecified later time.

One very significant area relating to the environment is concretization, involving the more frequent direct interconnection<sup>13</sup> of the reflection of changes in environmental parameters with the impact on human health.

A summary (including the outlook for the future) can be found here, for example:

In the future, some further works, and possible directions are of worth to be explored. First, the healthcare–energy–environment nexus deserves more in-depth investigation in striking the right balance between the welfare of human beings (healthcare and energy) and planet (the environment), in other words, planetary health. Second, more quantitative assessments are also needed for the cross-sections of the three sectors, such as the energy footprints in the healthcare sector and the quantitative assessment of GHG emissions under the nexus thinking for healthcare, energy, and environment. Third, multiple sectors, e.g., economy and ecology, might be incorporated into the current healthcare–energy–environment nexus

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<sup>12</sup> A less recent example with the Ebola infection: “Officials at the Virginia hospitals say that each of their Ebola patients generated about 1,000 pounds of waste per day.” (Palmer 2020, 3).

<sup>13</sup> This interest is very often focused on the issue of air quality – see e.g. (Coccia 2020), (Lipfert – Wyzga 2021), (Gupta, Tomar – Kumar 2020).

to provide more insights. Fourth, COVID-19 has created many opportunities regarding large-scale natural or behavioural experiments for research. (Jiang et al. 2021, 15)

And finally, we may (without any unacceptable abstraction) also draw attention to how this is projected into the moral dimension of our relationship to animals.<sup>14</sup> The very beginning of the current crisis is generally thought to be the direct consequence of a certain culture's greatly problematic relationship towards animals (Mallapaty 2020). The trapping and consumption of wild animals is considered to be a direct source of the current viral pandemic and the rapid spread of such. The traditional treatment of living creatures thus became a specific trigger for the crisis, which spread with unimaginable speed beyond the local framework and became a global crisis. The question is thus whether and how to deal with the legitimacy of the moral criticism of cultural traditions.

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To conclude, we once again note that the above series of questions, problems and the diversity of reflections comprise a mere glimpse of the ever-changing horizon of the pandemic. In each case, the main morally relevant issue remains the updating and concretisation of the ratio between human freedom and human responsibility – below the point of view of recognition of human life and health as the highest values. A deeper analysis and critical assessment (including an axiological and ethical view) will come. This is unlikely to be completely “COVID-free” at any time soon, but we do have good reasons to be optimistic that the infection can be kept in a manageable form. Defeatism would result in an inconceivable reversal of civilization.

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<sup>14</sup> For the topic of animal welfare, see e.g., <https://www.four-paws.us/campaigns-topics/topics/animal-welfare-and-covid-19>.

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