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# Three Mistakes in the Moral Reasoning About the Covid-19 Pandemic

The response to the Covid-19 pandemic, and the public discourse about the pandemic, can be used to illustrate three common mistakes in moral reasoning. The first of these mistakes involves a failure to realize that trade-offs are unavoidable when it comes to public decision. The second of these is a failure by public officials to weigh different interests against each other in a democratically legitimate way. The third is a mistaken application of the notorious "precautionary principle". I suggest that these three mistakes have a common source, namely, a failure to engage in holistic (all-things-considered) reasoning.

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Soon after the Covid-19 outbreak it became apparent that the health systems in many countries around the world were ill-equipped to deal with a pandemic of this sort. Even the health services in industrialized countries, like the United States, have not been able to deal with the volume of patients and the coordination needed to deal with a pandemic of this scale.[2] This lack of preparedness has already at the time of writing—in March 2020—been much discussed; in fact, the Swedish media, for instance, have some weeks discussed little else.[3]

The aim of this article is to discuss another way in which most[4] countries seem to have been ill-prepared for this pandemic, namely, they were ill-prepared for the moral reasoning about trade-offs and risk that the pandemic has made unavoidable. I identify what look like[5] three mistakes in moral reasoning in which this lack of preparedness has resulted. And I conclude by explaining that these mistakes all have a common source, namely, a failure to engage in holistic reasoning, where the all-things-considered effects of interventions are considered, as opposed to fragmented reasoning, where only, say, the health or economic effects of an intervention are considered in isolation.

## Background: A virus Grinds the World Economy to a Halt

At the time of writing (March 23, 2020), almost 340,000 Coronavirus cases have been reported globally and the WHO's most recent estimate of the virus' fatality rate is 3,4%.[6] Thus while the death rate is considerably higher than that of the seasonal flue—which "generally kills far fewer than 1% of those affected", according to WHO's Director-General[7]—the total number infected is considerably less. For instance, according to the Center for Decease Control and Prevention, in the United States alone, up to 31 million people have caught the seasonal flu this season, with up to 370,000 people hospitalized as a

[2] See e.g. https://hbr.org/2020/03/coronavirus-is-exposing-deficiencies-in-u-s-health-care.

[3] Just to take two examples: https://www.dagenssamhalle.se/blogg/2020/02/svensk-vard-kan-varda-100-corona-fall-sedan-tar-det-stopp-31588, https://www.dn.se/nyheter/sverige/skyddsmaterial-och-antibiotika-racker-inte-at-alla-hemligt-hur-stor-bristen-ar/.

[4] The examples that I take are all from Europe or the United States, and so is most of the statistic that I discuss. Some may find this unfortunate, since the pandemic has for instance hit Asia severely, and the virus may have had its origin in China. However, the types of policies that I shall discuss have been implemented around the world, and the type of conversations that I cite seem universal. Hence, the lessons of this article extend beyond Europe and America.

[5] The caveat "look like" is to acknowledge that I do not know for sure how, say, governments have reasoned—and issue I shall briefly come back to at the end of the next section.

[6] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020.

[7] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---3-march-2020.

result.[8] Moreover, a recent study estimated that in the years 2002-2011, the average annual number of global fatalities from the seasonal flu was close to 400,000.[9]

The economic consequences, by contrast, have, even at this (presumably) relatively early stage of the Covid-19 pandemic, been more or less unprecedented in industrialized countries in modern times. For instance, on March 12 the Dow Jones index, which lists the stock performance of some of the biggest companies in the US, fell by almost 10%—the sharpest fall in one day since the so-called "Black Monday" of 1987;[10] moreover, at the time of writing, the Dow Jones index has in one month fallen by more than 31%.

The pandemic's impact on employment has been no less drastic. For instance, during the week ending March 14, several US states reported around *ten times* as many people applying for unemployment benefits compared to the week before;[11] and both the US treasury secretary Steven T. Mnuchin and the investment bank JPMorgan Chase warned that the unemployment rate could rise to 20%, compared to 3.5% the month before.[12,13] In Sweden, things are looking similarly grim for jobseekers. In the week March 16 to 22, almost 14,000 people were given redundancy notice which compares to just above 3,000 for the whole month of March 2019, according to statistics from the Swedish Public Employment Service.[14]

Although the virus itself is without a doubt to blame for some of these economic consequences, commentators seem to agree that much of the effect is due to the policy reaction to the pandemic.[15] Countries around the world have either encouraged or forced citizens to stay home from work; in many countries people have been encouraged not to go to restaurants and cafés; in other countries restaurants, cafés and other small service business have been ordered to shut, such as in France, where curfew has even been imposed in some cities; and most countries have more or less closed their borders. All of these policies of course cause a reduction in production, consumption and trade—a recipe for economic depression, as many commentators have warned (see e.g. last footnote).

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[8] https://www.health.com/condition/cold-flu-sinus/how-many-people-die-of-the-flu-every-year.

[9] Paget et al. (2019), "Global mortality associated with seasonal influenza epidemics: New burden estimates and predictors from the GLaMOR Project", Journal of global health, 9(2): 020421.

[10] The OMX index in Stockholm similarly fell by 11.1% on March 12, which was even sharper than it had fallen on the Black Monday of 1987.

[11] https://www.politico.com/news/2020/03/19/coronavirus-drives-up-unemployment-claims-137067.

[12] https://www.latimes.com/politics/story/2020-03-19/jobless-claims-economy-coronavirus.

[13] https://www.washingtonpost.com/business/2020/03/20/us-economy-deteriorating-faster-than-anticipated-80-million-americans-forced-stay-home/.

[14] Press release on March 23, 2020:
https://arbetsformedlingen.se/om-oss/press/pressmeddelanden?id=DFFA70092F51C02A.

[15] A number of Sweden's top economists said as much in Svenska Dagbladet on March 22:
https://www.svd.se/ekonomerna-slar-larm--varnar-for-en-depression.

So why did countries respond so drastically to a virus that may turn out to have a total death toll comparable to the seasonal flue?[16] In the next three sections, I shall suggest that this extreme reaction may at least partly have been due to what can be seen as three related failings in moral reasoning: First, a failure to realize that trade-offs are unavoidable when it comes to public decisions; second, a failure by public officials to weigh individual interests; third, a mistaken application of the notorious "precautionary principle". Moreover, as I further discuss in the concluding section, all three failures have a common source, namely, the lack of holistic (or all-things-considered) reasoning.

It might be worth emphasizing from the start that my claim is not that government *responses* to the pandemic have been mistaken. I shall set aside the question whether the responses themselves have been appropriate. Rather, my claim is just that the reasoning on which the decisions in question are based seem to have been lacking in moral and philosophical sophistication. I also acknowledge that I cannot be sure what reasons actually grounded governments' reactions to the pandemic. All I observe are the measures that have been taken and the reasons that have been offered. And it is of course possible that the decisions where actually based on reasons that have not been publicly given. So, this article can be read as a caution against making certain (easy-to-commit) fallacies, rather than a criticism of fallacies that have been committed.

## First Mistake: The Illusion that we can Avoid Trade-offs

The stated reasons behind many countries' decision to almost completely shut down their economies and force people to stay indoors, was not so much that they thought this would reduce the number of people who will eventually get the coronavirus. Rather, the typical reason given is that governments hoped to spread the infections sufficiently out over time such that the health-care systems would not at any point in time get a higher number of patients than they could treat.[17]

Although the halting of economic activity and isolating individuals may have been the right decision given one objective, namely, that of spreading out the burden on the health-care system over time, this may not have been the right decision *all-things-considered*. I shall get back to that issue in the next two sections. In this section, I however want to discuss a commonly stated reason for *why* we should spread out the burden on the health-care system over time, namely, that it would allow us to avoid making hard trade-offs.

It is not difficult to understand reason why spreading out the burden on the health-care system has been thought to help us avoid trade-offs. During any particular month, say, there is a limit to how many people that are seriously ill with Covid-19 can be treated in any

[16] At least that was on March 19 the judgement of Johan Giesecke, an advisor to the World Health Organization (https://www.svt.se/nyheter/inte-varre-an-en-svar-influensasasong).

[17] See e.g. https://www.livescience.com/coronavirus-flatten-the-curve.html.

particular country, as for instance illustrated by the lack of respirators and medical ventilators that have been reported over the past weeks.[18] So, if we can expect some country to have to deal with a fixed total number of people who are seriously ill due to Covid-19, then the more that these cases are spread out in time, the fewer decisions will have to be made as to who amongst this patient population should receive the needed care. If the ill are sufficiently spread out, then perhaps all can get the treatment they need. In contrast, if everyone needs assistance during the same month, say, then many hard decisions will have to be made about whom to save. In other words, one life will then have to be weighed against another, when deciding how to use limited health resources.

However, the mistakes in the reasoning on which the aforementioned decisions are claimed to be based, are, first, the thought that we can somehow *avoid* making hard trade-offs between lives by spreading out the infections over time; and, second, the thought that the trade-offs that we will have to make if the severely ill are concentrated in time are *harder* than the trade-offs we make pretty much anytime we make a public decision.

As an example of the first mistake, in a context of discussing what would happen if hospitals' capacity were outstripped, a reporter for the Swedish public radio on March 21 asked Nils-Erik Sahlin, a member of the Swedish National Council on Medical Ethics: "Is it possible that we will be faced with ethical dilemmas where we will have to make choices about whom to save and whom not to save?"[19] The question contained an assumption that seems common during the Covid-19 pandemic, both amongst journalists and policy-makers: If we manage to slow down the spread of the coronavirus, then we can avoid making hard trade-offs between lives, such as decisions about whom to save.[20]

On reflection, everyone of course realizes that we constantly make trade-offs between lives, including decisions about whom to save. Any government budget, for instance, implicitly trades one life against another. Given a fixed budget, one part of which goes to the national health care while another part goes to foreign aid, say, trade-offs between the lives of different groups are always made; spending more on domestic health-care and less on foreign aid corresponds to fewer lives saved abroad and more at home.

Perhaps slightly less obviously, the decision to slow down the spread of corona infections by for instance voluntary "social distancing" as the UK government have encouraged or by

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[18] See e.g. https://www.theguardian.com/politics/2020/mar/15/coronavirus-uk-manufacturers-urged-to-consider-switching-to-making-ventilators. In the US, there have been estimated to be 160,000 medical ventilators: https://www.huffpost.com/entry/coronavirus-outbreak-hospital-icu-masks-shortages_n_5e6521f9c5b6670e72f9b902.

[19] https://sverigesradio.se/sida/avsnitt/1482328?programid=5081.

[20] Similarly, in an editorial in the daily newspaper Dagens Nyheter, the editor-in-chief, Peter Wolodarski, wrote that "if we take seriously the idea of each person's equal worth, then we cannot consciously choose to sacrifice people's lives on a massive scale" (https://www.dn.se/ledare/peter-wolodarski-inget-modernt-samhalle-kan-tolerera-massdod/). The context of his argument was that economists had started to warn that governments' responses to the pandemic were starting to have catastrophic economic consequences.

shutting down restaurants and cafés France has done, involves trade-offs between lives; on the one hand, the lives of those who will or might be saved by slowing down the spread of the virus, on the other hand the lives of those who will be affected by the economic depression that the measures to slow the spread of the virus are already starting to cause.[21]

Importantly, the trade-off discussed in the last paragraph is not just one between economic well-being and health. With a severe economic depression, we will simply not be able to afford the ever-expansive healthcare system of developed countries.[22] In addition, there is a well-documented correlation between suicide rates and the performance of the economy. For instance, one study estimated that the financial crisis of 2007-2008 resulted in "10,000 additional economic suicides" in North America and the European Union during the years 2008 to 2010.[23] So, while there is some evidence that an economic recession can have positive short-term health effects,[24] the measures to contain the spread of the coronavirus inevitably involves some trade-offs between the lives of different people.

Moreover, since the economic impact of even unemployment is known to be long-lasting and intergenerational, we can expect that some people who will be affected by the current economic slowdown are not yet born. For instance, a Canadian study that followed more than 39,000 father-son pairs from 1978 to 1999 found that those whose fathers were displaced had annual earnings about 9% lower than those with similar skills but whose fathers were not displaced, and were also more likely to themselves be unemployed.[25] Thus, we can expect the long-lasting effect of unemployment to mean that, say, the yet unborn children of a Parisian waiter who loses their job because of the decision to shut restaurants will suffer as a result. So, the Covid-19 responses involve trade-offs between current and future generations.

A psychologically important but (I contend) morally irrelevant difference between, on the one hand, the trade-offs that hospitals will have to make if the capacity for treating corona infected patients outstrips the need for care, and, on the other hand, the trade-offs

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[21] On March 19 the Bank of America for instance "officially declared" that the economy had fallen into depression (https://www.cnbc.com/2020/03/19/bank-of-america-says-the-recession-is-already-here-jobs-will-be-lost-wealth-will-be-destroyed.html).

[22] To take an example, in the United States, total national health expenditure as a percentage of GDP grew from 6.9% in 1970 to 17.7% in 2018 (https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/).

[23] Reeves, McKee, and Stuckler (2014), "Economic suicides in the Great Recession in Europe and North America", British Journal of Psychiatry, 205(3): 246-247.

[24] Toffolutti et al. (2014), "Assessing the short term health impact of the Great Recession in the European Union: A cross-country panel analysis", *Preventive Medicine* 64: 54-62.

[25] Oreopoulos, Stevens and Page (2008), "The Intergenerational Effects of Worker Displacement", Journal of Labor Economics 26: 455-483. Another study found that "workers displaced from their stable jobs during mass-layoffs in 1982 recession in Germany suffered permanent earnings losses of 10-15% lasting at least 15 years". Schmieder, Wachter, and Bender (2009), "The Long-Term Impact of Job Displacement in Germany During the 1982 Recession on Earnings, Income, And Employment", Columbia University's Department of Economics Discussion Papers, 0910-07.

involved in any government budged and any policy reaction to Covid-19, is that the hospitals might have to make trade-offs between *known* patients whereas policy-makers make trade-offs between more-or-less *unknown* individuals in known groups. So, when e.g. health-care workers worry about the trade-offs that will have to be made if the spread does not slow down, it seems that they are *not* worrying about the need to make trade-offs *per se*. Instead, they seem to be worrying about having to make trade-offs *where they know who the 'winners' and 'losers' are*. That is, they are worried about having to make a decision that an identifiable patient dies so that another identifiable patient may live.

But while it is undoubtedly *psychologically* harder to make a life-or-death decision about identifiable patients, it is unclear why it should be *morally or socially worse* to have to make trade-offs between identifiable patients than between non-identifiable people. In general, it should make no moral difference, all else being equal, whether a person is identifiable or not.[26] Therefore, all else being equal, is not morally worse to have to make life-and-death trade-offs between known patients than between, say, today's corona patients and those needing medial resources in the future.

It is also worth having in mind that the trade-offs that we might have to make between identifiable victims of the coronavirus should be easier to *get right* than the trade-offs we have to make between, say, those who might become ill from the coronavirus versus those whose livelihood will be destroyed by the economic consequences of the reaction to the pandemic. Although not uncontroversial, we have well-worked out frameworks for allocating scarce health-care treatments when we know the expected outcome for patients, for instance, so-called *Quality Adjusted Life Years*. In contrast, it is much harder to know how to make trade-offs between, say, on the one hand, those seriously ill from the coronavirus today, and, on the other hand, those who will face a life of unemployment due to the economic depression brought about by governments' reactions to the pandemic.

So, in that sense, the trade-offs that we will have to make if the infections are concentrated in time are *easier*, not harder, than the trade-offs we implicitly make when we decide to slow down the spread of the virus by halting economic activity.

## Second Mistake: "Leave it to the "Experts"

In this section I shall argue that since decisions between different responses to the coronavirus invariably involve trade-offs between different lives, such decisions should not be made by any single expert group. To recap from the last section: The decision to halt economic activity in order to slow down the spread of the virus will probably save the lives

[26] For a discussion in the context of medical decisions, see Tony Hope (2001), "Rationing and life-saving treatments: should identifiable patients have higher priority?" *Journal of Medical Ethics* 27: 179-185.

of some people who are either already infected or will soon become affected, at the expense of the well-being of a much greater number of people, some of whom may not even be born.

Most people presumably agree that it would be unacceptable to leave completely to experts decisions about how the health and welfare of the current generation are traded against the health and welfare of future generations. To be legitimate, such decisions should at the very least be grounded in "public reason", that is, they should be justifiable to those whom the decisions affect.[27] And ideally, such decisions should be democratic, in the minimal sense that those bound by the decision—at least those born and above some particular age—should have some influence over it.

In addition to risking not being grounded in public reason, let alone being democratic, expert decisions about responses to Covid-19 bring with them a particular risk that is illustrated by a currently ongoing debate about the Public Health Agency of Sweden, which has had very strong influence on the country's handling of the pandemic (at least up until the time when this is written). Faced with criticism from parts of the medical community for not having recommended as extreme measures as some other countries had at that time taken, the state epidemiologist, Anders Tegnell, responded in Swedish state television by categorically denying that the Public Health Agency factored any economic considerations into their decisions and recommendations.[28]

Already a few days later, much of the public discourse had changed; rather than media being dominated by criticism of the Public Health Agency for not doing enough to slow down the spread of the virus, now the media was dominated by economic commentators who criticized the Public Health Agency for having done *too much*, and in particular for not having taken economic considerations into account.[29]

It is not my intention to try to adjudicate on this disagreement between the medical community and the economic commentators. Instead, I want to suggest that the general issue that this debate illustrates is that different expert groups can be expected to fundamentally disagree on how to respond to a crisis such as the Covid-19 pandemic. It is to be expected, and perhaps even to be desired, that public health agencies, and the medical community more generally, primarily focus on containing the spread of the virus and pay less attention to the economic consequences. Similarly, it is to be expected, and perhaps to be desired, that the economic commentators first and foremost focus on the economic consequences.

Now, as previously mentioned, economic consequences can be expected to have health consequences. So, even focusing on the long-term health consequences, it may well be that

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[27] See e.g. Rawls (1996), *Political Liberalism*, New York: Columbia University Press, and Habermas (1996), *Between Facts and Norms: Contributions to a Discourse Theory of Law and Democracy*, W. Rehg (trans.), Cambridge: MA, MIT Press.

[28] https://www.svt.se/nyheter/inrikes/experter-kritiserar-anders-tegnell-i-intern-mejltrad-blodigt-allvar.

[29] See e.g. https://www.svd.se/ekonomerna-slar-larm--varnar-for-en-depression.

the economic commentators are right in the aforementioned debate. Nevertheless, the point that I take this debate to illustrate is that the experts who typically are called upon when it comes to policy choice in general, and responses to crises in particular, are not necessarily experts in making *all-things-considered* judgements about the relative desirability of available options.

If the experts are not to dictate our response to Covid-19 and other crises, then who should decide? The perhaps unsurprising answer is that democratically elected officials should ultimately decide, based on a foregone inclusive public discourse. After all, the decisions in question concern how to trade one person's life and well-being against another's, as discussed in the last section; and no expert group should have the power to make such trade-offs. However, since philosophers have a particularly relevant training and experience in reasoning about such trade-offs, they should have a prominent role in any public deliberation about such trade-offs. So, philosophers have, I contend, an important role to play in ensuring that we will be better prepared for the next pandemic or similar crisis.

## Third Mistake: Ignoring Symmetric Catastrophic Risk

A final mistake in moral reasoning that I want to discuss, and which the reactions to the corona pandemic can be used to illustrate, concerns an incoherent application of the so-called *precautionary principle*. The precautionary principle has been widely adopted in domestic and international environmental law, as well as in health policy and medical ethics.[30] Different version of the principle differ significantly in strength and scope, but they all imply that if the effect of some activity or event on health or the environment could be catastrophic, then precautionary measures should be taken or the relevant activity should be banned.[31] But the principle, when uncarefully applied, leads to a much discussed problem—sometimes called the "precautionary paradox"[32]—in that precautionary measures designed to avoid one catastrophe lead to another catastrophe.

As an illustration of the precautionary paradox, consider climate change. We now know that the emission of greenhouse gasses might result in truly catastrophic climate change. So, one might think that the precautionary principle would recommend a complete ban on the

[30] For two relatively recent book-length discussions of the philosophy of the precautionary principle, see Munthe (2011), *The Price of Precaution in the Ethics of Risk*, Dordrecht: Springer, and Steel (2015), *Philosophy and the Precautionary Principle*, Cambridge: Cambridge University Press.

[31] See for instance The Wingspread Consensus Statement on the Precautionary Principle (https://www.sehn.org/sehn/wingspread-conference-on-the-precautionary-principle) and the United Nation's Rio Declaration on Environment and Development, Principle 15 (https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_CONF.151_26_Vol.I_Declaration.pdf).

[32] Harris and Holm (2002), "Extending human lifespan and the precautionary paradox", Journal of Medicine and Philosophy, 27(3), 355–368.

emission of greenhouse gasses. But a complete ban on greenhouse gas emission would (at the current stage of technological development) result in a total economic collapse—potentially even a collapse of modern civilization. In other words, precautionary measures taken to prevent a climate change catastrophe would then result in another and potentially much more severe catastrophe.

The current reaction to the Covid-19 pandemic may be a practical illustration of the precautionary paradox. For instance, in an interview on Swedish state television on March 19, Johan Giesecke, an advisor to the World Health Organization and expert on the spread of viral disease, said that although he believed that Covid-19 would turn out to be comparable to the seasonal flu, he nevertheless did not think that governments had overreacted:[33]

> One should always factor in the possibility that it could be much worse than what one actually thinks. I think we have a duty to do so … It is better to be able to say afterwards that we maybe overdid it a bit.

Although Giesecke does not explicitly mention the precautionary principle, it is clear that his reasoning, if not directly inspired by the principle, is at least very much in the spirit of the principle. But while he is of course right in that one "should always factor in the possibility that it could be much worse than what one actually thinks", it does *not* follow that governments did not overreact. For in addition to factoring the catastrophic risk posed by the virus into their decisions, governments should of course also take into account the catastrophic (e.g. economic) risk imposed by their reaction. And as discussed above, it is not unreasonable to think that the actions already taken by governments around the world to slow down the spread of the virus will have catastrophic economic consequences—in fact, we are already seeing some such consequences, as detailed above. Thus, the precautionary measures that governments have taken to try to prevent catastrophic impacts of the coronavirus may have caused another catastrophe—a clear illustration of the "precautionary paradox".

## Conclusion: How to be Better Prepared Next Time

Several technical and systemic changes will undoubtedly be made in response to the Covid-19 pandemic, which will hopefully make the world better prepared next time it faces a pandemic or another crisis of a similar sort. But steps should also be taken to prevent failures like those discussed in this paper. For starters, we need to recognize that trade-offs always have to be made when it comes to public health decisions. Moreover, we need a proper

[33] https://www.svt.se/nyheter/inte-varre-an-en-svar-influensasasong

discussion of *how* to make some very hard trade-offs, for instance, how to trade-off lives of the already old and ill against livelihoods of current and future generations. In addition, we need to be mindful of the fact that precaution in one domain can be catastrophic in another domain, so that we won't be tempted by drastic precautionary measures to prevent one catastrophe without considerations of the other catastrophes that the very same measures might cause.

Do the failures in moral reasoning that I have discussed have anything in common? And more importantly, is there any single general lesson that we can take away from them? I believe there is. These mistakes illustrate the limits of *fragmented* reasoning, where the focus is on just one aspect of a problem, rather than the problem as a whole. Such fragmented reasoning can of course be very fruitful. In fact, it could be seen as an instance of the type of division of labor on which much of the economic and scientific progress of the previous centuries has been based.

When it comes to evaluating a policy, however, fragmented reasoning has its limits. As previously discussed, it is often both unavoidable and desirable that different experts analyze different narrow aspects of some policy, and thus that different experts engage in fragmented reasoning. But ultimately, the decision has to be made by someone who, ideally, aggregates the opinions of these different experts. For such a decision to be based on the expected all-things-considered effects of the relevant policies, different interests need to be been weighed against each other. In the case of responding to Covid-19, for instance, the interests of the currently old and ill have to be weighed against the interests of the currently young and healthy. For such a weighing to be legitimate, it should be grounded in a democratic process and preceded by a proper public deliberation. Due to their training and experience, philosophers have an important role to play in such a deliberation.