

# PANDEMICS AND THE FUTURE OF ETHICS IN DEMOCRACIES

Columbus N. OGBUJAH Ph.D. & Nympha U. NKAMA

## Abstract

*The declaration of a disease as a pandemic not only shows the explosive magnitude of its geographic spread, but the intensity of its impact on human lives arising from its high attack rate. The impacts of the current COVID-19 (coronavirus SARS-CoV-2) disease is but a reminder of the life-threatening power of all pandemics, as well as their negative influence, especially within the economic and health sectors of the world. Besides human suffering and death induced directly by epidemics or indirectly by attendant economic strangulation, there is the issue of government mitigation efforts and control. At some point, measures of containment seem to fail the ethical tests of: respect for autonomy, the principle of beneficence, the principle of non-maleficence, and the principle of justice, thereby imperiling the democratic gains of societies. In this article, we discussed the impactful influence of pandemics on individual and social lives; we highlighted some well-intentioned but unethical interventions of governments to combat this menace. Following the hermeneutic and analytic methods, we conclusively argued that the intrusive nature of some government interventions stifle liberal principles, and imperil much of the gains of developing democracies.*

## Introduction

For the most part, scholars have identified people's choices for varying forms of governments across the ages. Plato, for instance, frequently iterated his five-fold categories of government, arising from one ruler (royalty and tyranny), few rulers (aristocracy and oligarchy), and many rulers (democracy) (Plato's *Statesman* 302c-d). While he regards constitutional monarchy as the best of all (*Statesman* 302e), he considers democracy as the worst, for “the government of the multitude is weak in all respects and able to do nothing great, either good or bad, when compared with the other forms of government” (*Statesman* 303a). Aristotle adapted these in his three-fold categories with corresponding correct and deviant forms: if sovereignty resides in one person, it is Royalty. Its perverted form is Tyranny. If sovereignty resides in a small set of the population, it is Aristocracy. If this small set uses the sovereignty for its own selfish interests, it is Oligarchy. If the sovereign power resides in a large proportion of the population, it is polity or constitutional government. Its perverted form is Democracy (*Politics* III.7. 1279b). Thus, in both Plato and Aristotle, democracy, as propelled by the peculiar interests of the needy, is a perverse form of government.

In political history, the ancient Greece was the first to create a democracy. As arising from the concepts *demos* (people) and *kratos* (rule), democracy encapsulates the idea that the ordinary people should take active roles in the governance of their land, either directly or indirectly through elected representatives. In whichever form it is practiced, the overriding core lies in the idea that people have a voice; a say in the determination of their fortunes—good or bad. The Athenian direct democracy which developed around the 5<sup>th</sup> century BCE is different from its present-day practice not only because of its directness (which allows every citizen to vote on every law), but because of its segregatory system of delineating citizenship: only free men were considered citizens in Athens. Women, children, slaves, peasants and foreigners were not considered citizens and therefore could not participate in the democratic process (Aristotle, *Politics*, VII. 8 & 9, 1328-1329).

At different times, there have arisen leading socio-political structures with varying ethical implications on the citizen. In the Hellenistic world, the rule of the Divine King helped the flourishing of aristocracy up to the time of the Roman Empire and beyond. This was overtly a divisive and oppressive structure which was open to frequent abuses, since the people's fortune depended on the whims of the monarch. But a turning point came with the intellectual evolution of the Enlightenment, when individual efforts coalesced into powerful revolutionary movements that in time dismantled various forms of monarchical establishments. Prior to, and serving as a catalyst to the enlightenment was the 1688 Glorious Revolution in England which, by limiting the constitutional power of the monarch and establishing the principle of 'consent of the governed', among other things, laid the foundation for the rise of modern liberal democracy (Ogbujah, 2020). This goaded the 1776 formation of the New World on liberal principles, and the French Revolution of 1789 which completely *overthrew hereditary aristocracy. Although challenged by different competing ideologies over the centuries, liberal inclusive principles have continued to expand the frontiers of social harmony, democracy and growth.*

*As the world was hit by the scourge of COVID-19 pandemic, there seems to be, even among developed democracies, a rollback of some key democratic principles, such as the prioritization of 'the consent of the governed', inclusivity in decision making and implementation of containment measures, equal opportunity within the law, and the limiting of the constitutional powers of heads of governments. Rather than uplifting these key liberal ingredients, various heads of governments, by likening pandemics to war situations, have activated emergency rules, rolling out oppressive and divisive guidelines reminiscent of aristocratic era. Some have, like medieval monarchs, locked down whole cities without palliatives, leading to untold sufferings and deaths; others utilized the opportunity to fleece the common wealth with bogus intervention claims. At other times, and because of paucity of medical supplies, health workers have sat in judgment regarding who lives and who dies. Given experts' prediction regarding the mutation of this virus, and the possibility of the recurrence of pandemics in the near future, it has become essential to pause awhile to examine our responses so far. This, perhaps, might be the starting point to saving world*

*democracies from profligacy of political elites, and from sliding back to discredited authoritarian regimes. In the following paragraphs, we shall underline how some governments' intrusive interventions fail basic ethical tests for legitimacy, stifle liberal principles, imperil democratic gains of developing nations, and portend danger to the future of ethics in world democracies.*

### **Meaning and Manifestations of Pandemics**

Along historical lines, there seems to have emerged a pluriformity of ideas regarding the meaning of pandemic and how to identify it when it occurs. This reality was not helped by the sudden emergence of the novel H1N1 (Hemagglutinin Neuraminidase) disease, and the World Health Organisation (WHO)'s policy documents over the years. In his incisive article – “The elusive definition of pandemic influenza,” Peter Doshi (2011) uses the WHO pandemic influenza guidelines, 1999–2009 to buttress his thesis, claiming that, at best, what the world body bequeaths to us is a *descriptive-definition*. For him, the WHO has inexplicably refrained from offering a formal quotable definition of pandemic influenza. What its recurrent pandemic preparedness guidelines do is to provide insights into what could be classified as “pandemic phase” definitions (p. 533). But in contrast to, and much direct response to Doshi, Kelly admits of the existence of a generally acceptable definition of pandemic. In the article, “The classical definition of a pandemic is not elusive,” he accuses Doshi of sidestepping the classical epidemiological definition of a pandemic in arriving at his conclusions (2011, p. 540). Citing Last (2000), Kelly admits that a pandemic is classically defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.” While this definition includes nothing about population immunity, virology or disease severity, it emphasizes the factor of “simultaneous worldwide transmission.” For Kelly, the capacity for 'simultaneous worldwide transmission' of an influenza is sufficient to define it as a pandemic, although there exists the possibility to further amplify its potential range in terms of transmissibility and disease severity.

Generally, the WHO declares an influenza pandemic if it meets 'hard to bend', clearly defined virological and epidemiological criteria. From its descriptive retinue, it is clear there is always a mixture of different criteria, ranging from wider global dissemination, to disease severity and to novelty. This trivet-like structure has somewhat conditioned most modern understandings of pandemics. Etymologically coined from the Greek *pándēmos*—*pan* (all) and *demos* (the people), pandemic is commonly used to refer to a widespread epidemic of contagious disease throughout the whole of a country or one or more continents at the same time (Honigsbaum, 2009). It is an outbreak of disease that becomes widespread as a result of the spread of human-to-human infection. In simple terms, an epidemic is declared a pandemic if its occurrence is worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people (Last, 2000).

Up from the 17<sup>th</sup> century, the terms pandemic and epidemic have been used interchangeably within social and medical cycles. Morens, Folkers and Fauci (2009)

allude that the first identified use of the term 'pandemic' was in Harvey's 1666 reference to "a *Pandemick, or Endemick, or rather a Vernacular Disease (a disease always reigning in a Countrey).*" This equiparation subsisted along the centuries, and was accentuated by Noah Webster's recognition of their synonymous structure in his 1828 first edition of Webster's Dictionary. Although Webster witnessed the 1789 – 1790 influenza pandemic, he listed it in his dictionary merely as an epidemic. Thus, the 19<sup>th</sup> and early 20<sup>th</sup> centuries were bequeathed with the use of the term epidemic as representing both epidemic and pandemic. But with increase in migration induced by industrial revolution, and the attendant increasing spread of diseases, there was a proportional increase in scientific understanding of the pattern of disease' spread. The 1831 – 1832 cholera pandemic was the first to be witnessed globally (from Asia through to Europe) for more than a year. This experience restructured people's understanding of epidemic, such that when the 1889 influenza pandemic occurred, the idea of what a pandemic meant was already latent. By 1918, the term had entered into general use.

Although the 1889 and 1918 influenza pandemics inspired much of the current usage of the term, they also opened the way to a more loosely use of the concept to commonly denote large-scale occurrences of non-influenza infections—chronic and lifestyle associated diseases. In this sense, its meaning falls back to the general understanding of almost anything that increased in and appeared to spread within or among groups of people, such as smoking, traffic accidents, factory closings and even fear (Morens et al. 2009, p. 1019). At some point, it became fashionable to speak of "smoking pandemic", or "narcotics pandemic", etc. Indeed, as an adjective, *pandemic* means something "general" and "universal," but often with a negative connotation. Its adjectival usage lends credence to the seeming universality of pandemics in contradistinction to epidemics. Although seasonal epidemics can affect large number of people across national borders, they are not classified as pandemics. Pandemic is an "extensive epidemic" — *epidemic over a very wide area and usually affecting a large proportion of the population and distributed and occurring widely throughout a region, country, continentally, or globally (Morens, et al., 2009).*

*Following a thematized structure in response to the question: what is a pandemic?, it becomes clear that for any disease to be classified as such, it must share some key features, namely: wide geographical extension (trans-regional or global); disease movement (spread); high attack rates and explosiveness (active multiple cases appearing within a short time); minimal population immunity (most people are susceptible), novelty (often associated with new diseases or at least novel variants of old ones), infectious / contagious (easily spread from person or vector to person); and severe (disease severity is often measured by the ratio of fatalities) (Morens, et al., 2009). The notion of pandemic as thus, elucidated, is a spectacle that has historically applied to the outbreak of diseases of very different etiologies that exhibit a variety of epidemiological features. But following the 2009 stipulations of WHO's pandemic preparedness plan, it is not difficult to situate a pandemic agent within the class of epidemics sharing these common denominators: highly infectious, must be new, must spread easily, and must cause serious illness (World Health Organization, 2009).*

*Besides other variables, these epidemiologic features have largely delineated the manifestation of pandemics down the centuries.*

*This descriptive analysis makes it possible, in spite of the daunting challenge of structuring a widely acceptable definition of pandemic, to categorise a disease as pandemic based on a spectrum of etiologies, mechanisms of spread, and breadth or coverage. Such diseases include the Acute Hemorrhagic Conjunctivitis (AHC), Acquired Immune Deficiency Syndrome (AIDS), Cholera, Dengue, Influenza, Plague, Severe Acute Respiratory Syndrome (SARS), Scabies, West Nile Diseases, Tuberculosis, Spanish flu, Hong Kong flu, H7N9, Ebola and Zika (Morens, et al., 2009; Rewar, et al., 2015). The nouveau Corona Virus (COVID-19) pandemic is currently ravaging the world. As at July 16, 2021, 07:21 GMT, there are **4,083,260** deaths out of the 189,750,213 confirmed cases across 220 countries and territories worldwide (Worldometer, 2021). As fatality rate increases by the seconds, people are becoming apprehensive, hoping for not a repeat of the “Spanish flu” catastrophe.*

*In the main, since the 1500s, it does seem pandemics have struck at least three times in every century. In the 20<sup>th</sup> century, the three major influenza pandemics—“Spanish flu” (1918 – 1919); “Asian flu” (1957 – 1958); and “Hong Kong flu” (1968 – 1969) inflicted a lot of harm on human life and economic development. Of late, Gostin and research associates (2016) identified Hantavirus Pulmonary Syndrome; Severe Acute Respiratory Syndrome (SARS); H5N1 Influenza; H1N1 Influenza; Middle East Respiratory Syndrome (MERS); and Ebola Virus Disease as six large scale outbreaks of influenza pandemics in recent years. The spread and impact of the current COVID-19 seems to dwarf the sway of these six, even though since 2016, Zika Virus has continued to threaten the health of people in 34 countries (Troncoso, 2016).*

### **Impactful Influence of Pandemics on Individual and Social Lives**

It is often impossible to fully quantify the wreck of highly pathogenic infectious disease pandemic on social life. Besides inducing sickness and sometimes massive fatality for those directly affected, and perhaps, beyond the overall strain on the global socioeconomic and political wellbeing, it is essential to pay attention to ethical issues arising from the implementation of containment processes. Pandemics, in general, pose major health, social, and economic risks to several countries of the world, and in consequence, threaten the stability of civilized life.

In the area of health, pathogenic pandemics have infected hundreds of millions of people causing severe ailments and deaths. For instance, in the 14<sup>th</sup> century, the 'black death' (bubonic plague pandemic) — the most fatal pandemic recorded in human history, is estimated to have killed about half of European population, and a third of the entire world population (Aberth, 2010; Howard, 2020). The next in causing fatality is perhaps, the Smallpox. Although famed to have originated in the 3<sup>rd</sup> century BCE, its manifestation in the 18<sup>th</sup> century Europe caused a lot of death. Those who survived had extensive skin scars or were left blind (Hays, 2005; CDC, 2016). On the whole,

Smallpox caused about 300 million fatalities in the 20<sup>th</sup> century (Henderson, 2011). This was followed in magnitude by the 1918-1920 Spanish flu which is estimated to have killed between 20 and 50 million people across the globe (Ghosh et al., 2010). In the course of research, scholars have identified that much of the viruses that circulated and ravaged human population throughout the 20<sup>th</sup> century had the same strain with the Spanish flu. Its contribution to seasonal epidemics and influenza afterwards perhaps, explains why Taubenberger and Morens (2006) named it the 'Mother of All Pandemics.' This was followed by epidemics of Asian flu (caused by the H2N2 virus) in 1957, Hong Kong flu (H3N2) in 1968, Russian flu in 1977, and the HIV/AIDS Pandemic that was first reported in 1981, each with random and severe attacks on human populations (Ghosh, et al., 2010).

Although the Severe Acute Respiratory Syndrome (SARS) coronavirus — part of a family of viruses that commonly cause respiratory symptoms, was first identified in late 2002, the Influenza H1N1 2009 virus (A/2009/H1N1) is regarded as the first pandemic influenza of the 21<sup>st</sup> century (Luan-Yin et al., 2009). Its rapid spread and severity led the Centers for Disease Control and Prevention (CDC) call it the “first global flu pandemic in forty years.” At its behest, an estimated 151,700 - 575,400 people died worldwide. The Middle East Respiratory Syndrome (MERS) was discovered in 2012; the Ebola of 2014 killed more than 11,000 people (Maurice, 2016); the Zika virus of 2015-2016, and most recent of all—the *nouveau* coronavirus (COVID-19) that is ravaging the world. Currently, COVID-19 has killed over four (4) million people out of the over one hundred and ninety (190) million already infected (Worldometer, July 16, 2021). Within enlightened populace, there is palpable apprehension whether this will be a repeat of the devastation of the 1918-1920 Spanish flu.

Besides the sheer 'strangulation' of its victims leading to massive fatalities, pandemics have indirectly caused unimaginable deaths by their negative impacts on economic and social life. Much like wars, those who are not directly killed by the virus might be maimed by its scars; and those not directly maimed would not escape grave financial and social burdens. During pandemics, there is huge decline in productivity and tax revenues due to shortage of labour arising from illness or rise in mortality, or curfews and quarantines which disrupt transportation, close down borders and workplaces, and restrict trade and travel. Thus, beyond premature deaths, the long-term health impairments and mental health injuries, pandemics elicit colossal loss in Gross Domestic Products (GDP). Several scholars like Shang, Li, and Zhang (2021), Cutler and Summers (2020), Maurice (2016), Verikios and research associates (2015), and a host of others, have presented mind-blowing estimates of costs of pandemics. In recent past, Ebola cost the world more than USD\$2 billion according to World Bank calculations (Maurice, 2016). Amongst the various Commission's reports following the wake of Ebola crisis, it was only the Global Health Risk Framework for the Future (GHRF) that puts a price tag on its recommendations. The world, it estimates, loses an average of \$60 billion every year from pandemics and epidemics (Maurice, 2016).

The task of bandying price tags to pandemics is enormous not only because one must account for resource allocations that directly relate to lifesaving patient care

*(including manpower resource, isolation facilities, equipment and supplies) testing/screening procedures, and contact tracing, but because it must also include the costs in terms of man-hour loss due to containment measures. This is in addition to the long-term harm to earnings from those who died or are permanently impaired. The latter category, which relates to immeasurable costs, includes everything that causes a decrease in GDP or loss in economic output, and is always exorbitant. For instance, the negative impacts of SARS led the 2003 Chinese annual GDP to shrink by 1%, and that of the entire Southeast Asia by 0.5%. Perhaps, this accounts for the seemingly high estimations from McKibbin and Sidorenko (2006) that puts the range of economic costs of an influenza pandemic globally from \$US330 billion (0.8% of GDP) for a mild pandemic, to \$US4.4 trillion for a severe one.*

*But all these pale when compared to the financial losses that have trailed the **nouveau** coronavirus (COVID-19) pandemic. In the US alone, the Congressional Budget Office has projected a total of \$7.6 trillion in loss of production in the next decade (Congressional Budget Office, 2020). In their incisive analyses which took a cue from 'environmental and health policy' for assessing the value of a statistical life, Cutler and Summers (2020), using relevant metrics, arrived at a cumulative estimate of over \$16 trillion as financial costs of the COVID-19 pandemic to the US alone. This amounts to approximately 90% of the US annual gross domestic product. The figures would be quite scary if statistics from other nations are bandied.*

*Allied to this in enormity is the social dimension of pandemics impacts. Due to government shutdowns, movements and travels are restricted. Schools and markets are closed, while venues for sporting and all forms of recreational activities are shut. Tested and infected persons are either isolated in their homes or quarantined at centers for treatment. As social beings, the longer the isolation lasts, and people are restricted to the confines of their limited spaces, the more they are prone to loneliness. Cutler and Summers (2020) are apt in recognizing that the loss of life among friends and loved ones, the fear of contracting the virus, the concern about economic security, and the effects of isolation and loneliness have the potential to disrupt the mental health of the population. According to the CDC, since April 2020, the ratio of US adults who report symptoms of depression or anxiety has averaged approximately 40%, as against the comparable figure of 11.0% in early 2019.*

*Besides morbidity and mortality, pandemics have seriously threatened economic stability of the world, and as such is a security threat. Their effects traverse from health care systems to animal health; education to agriculture, transportation, criminality, tourism and to the financial sectors. At the moment, many colleges in Nigeria and other parts of Africa have either lost an academic session or have had their programmes seriously truncated. The closure of many companies and downsizing of surviving ones have skyrocketed the already humongous unemployment levels, thereby deepening poverty and making it impossible for many parents / guardians to meet up with the financial obligations of their wards. As a result, many children have joined the league of school drop-outs. But most disheartening is that some government officials and their cronies are feeding-off the misery of the common people. Investigations reveal*

*how the monies meant to shore up the Small and Medium-sized Enterprises (SMEs), as well as overall palliatives to the people were hijacked by politician. In his fact-checks of government claims against available data and realities, Taiwo Alimi (2021) exposes a coordinated scam by government agencies in the disbursement of relief packages. Using data provided by the World Bank and the National Bureau of Statistics (NBS), he uncovers the near-zero impact of the purportedly spent N288 Billion COVID-19 intervention fund, even as more and more people slipped below the poverty line.*

*This, perhaps, is not peculiar to Nigeria. In the US, for instance, investigators are still uncovering how billions in pandemic aid was swindled by con artists and crime syndicates. While it is sad reality that government aid programmes have long been fertile ground for scammers, the scale of the fraud in the unemployment programme created by the CARES Act has reached a staggering level. Preliminary investigations estimate that at least \$63 billion of the \$630 billion in disbursements has been misspent, and that the full scope of the loss in taxpayer funds is likely to soar well beyond \$100 billion (Ramgopal, et al., 2021). No doubt the ripple effect of these is obvious—an upsurge in violent crimes in both countries. Pandemic's scourge bites harder than most other disasters because its impacts are all-embracive, leading to a decline in global standard of living. It has its full wrath on all aspects of the economic and social fabrics of human society (Drake, Cholabi, & Coker, 2012).*

### **Government's Responses and their Ethical Implications to Democracy**

One key feature that distinguishes human rationality from those of higher mammals like Chimps or Dolphins is introspection. By this, we are able to navigate the vast complexity of our past experiences in order to secure our future. Ordinarily, the variety of havoccausing infectious disease outbreaks with pandemic potential should have put various strata of world leadership on constant red alert. But the lack of preparedness displayed in the kneejerk responses of even high income nations at the wake of COVID-19 pandemic, shows we have either refused to learn from history, or are too absorbed in smugness. Despite human and material resources committed to pandemic preparatory strategies by global bodies, most regions of the world are oft overwhelmed by any serious outbreak. This, perhaps, accounts for the uncoordinated, staccato-like mitigation and containment efforts of various governments.

At the discovery of an outbreak of a pathogen with pandemic potential, the first instinct that kicks in is to shut down and isolate the source. Medical sciences' rule of thumb suggests immediate isolation, for if the virus vector is effectively sequestered, it will run its course and die off, without the capacity to harm the larger population. Guided by this, many world leaders, at the macro level, close their international borders at the onset of pandemics. For instance, at the inception of this COVID-19 pandemic, although initially criticized by political opponents, President Trump began the closure of the US borders first to China on the 31<sup>st</sup> of January 2020, and subsequently to foreigners coming to the US from other nations. Afterwards, virtually all countries of the world followed suit. Belatedly on March 18, 2020, the Nigerian government announced its restriction of entry to travelers from some places it classified as high risk countries. In the main, to

contain a pathogenic influenza with pandemic potential, countries of the world adopt increasingly drastic measures, beginning with imposing travel restrictions, to airports' shutdowns, and border closures.

Closely subsequent to international travel restrictions and shutdown of airports is the full-scale lockdown of cities, regions, or entire nations. Consistent with recommendations by the WHO (2020) and Centers for Disease Control and Prevention (2020) to socially distance in order to prevent the spread of COVID-19, most states in the United States, Nigeria, and other countries of the world issue stay-at-home orders at the wake of pandemics (Chenneville and Schwartz-Mette, 2020). In Nigeria, for instance, the military and paramilitary were drafted to enforce the lockdown order in major cities at the break of COVID-19 pandemic. In some other countries like the United Kingdom, the social distancing protocol is constantly reviewed in line with infection rates, leading to, at some point, government's prohibition of meeting of two household members (Joint Committee on Human Rights, 2020). Those who travel for any exigencies, are forced to undergo testing and quarantine for a specified period, while in some countries like Israel, Iran, and South Korea, governments are tapping into their population's phone location data to detect persons in close contact with COVID-19 cases as well as to monitor their compliance to imposed quarantine measures (Xafis et al., 2020).

Contact tracing is identified as an effective protocol for curtailing the spread of a pandemic. This entails tracing and isolating all the primary and secondary contacts of an index case. To be able to do this, governments and companies have developed tracing applications that use Global Positioning System (GPS) or Bluetooth technology to trace people's movements. This application is automatically installed in people's phones, and has the capacity to identify anyone in close contact with an infected person (Isfeedvajani1 et al. 2020). **The downside to this is that it has the capacity to expose an individual's private information to the public. Being invasive, unscrupulous personnel have no qualms utilizing it in spying the activities of politicians, clergy, or any 'person of interest', intruding into their inner privacy. Without proper legislation and enforcement, pandemic contact-tracing strategy can be weaponized in much similar way as did the Communist surveillance systems. The forceful retirement of Monsignor Jeffrey Burrill from leadership roles at the US Conference of Catholic Bishops in July 2021, highlights the potential danger of location tracking and data harvesting.**

The rapid spread of pandemics often overwhelms even otherwise efficient healthcare systems in many countries, and, in particular, their critical care units (Grasselli et al. 2020). This has led to the intervention of political leaders in discussions relating to prioritization of the allocation of scarce medical resources such as Ventilators, Personal Protective Equipment (PPE), and medical personnel. In this scenario, unanticipated questions such as which hospital should get what Ventilators, or to which location should more medical personal be deployed, are rife. Caregivers battle with deciding who, amongst the many critically ill, should be admitted to the Intensive Care Unit (ICU); which patient should be intubated and need to be mechanically

ventilated; and whose ventilation should be plugged off to save those with more prospects of survival (Singh and Moodley, 2020). Thus, besides scarce resources and crisis capacity (Kavanagh et al. 2020), the practice of healthcare rationing or triage, which could lead to avoidable fatalities, is emblematic of governments' poor planning and execution; it is symptomatic of leadership failures.

There is no doubt the severity of pandemics panics even the usually unruffled, leading to sometimes irascible and uncalculated harmful decisions in forms of containment responses. But to stave off anarchy and protect our democracies from sliding into authoritarianism, there is need to strike a balance between emergency rules and the healthcare of the people; between governments' intrusive activities and individual liberties. This is the sense of Aristotle's insistence that *virtu in medio stat*—virtue lies in the middle. There is, perhaps, no better way to apprise the eccentricity or otherwise of governments' containment programmes than by juxtaposing them with established liberal ethical principles. Following Beauchamp and Childress' (2013) four basic principles of healthcare ethics—the principle of respect for autonomy, the principle of beneficence, the principle of non-maleficence, and the principle of justice, it appears easy to ethically appraise disease control efforts, especially in the light of the emergence of the *nouveau* coronavirus (COVID-19) pandemic.

The principle of autonomy relates to the right for an individual to make his or her own choices. In developmental psychology as well as in moral, political and bioethical philosophy, autonomy is the capacity to make an informed, uncoerced decision, especially in matters of private concern. Autonomous organizations or institutions are independent or self-governing. This autonomy could not be more eroded when, for instance, governments order for mandatory immunity or vaccine passports. Ordinarily, the vaccine passport is a supposed sign of one's protection from whatever pandemic outbreak, as well as a signal that one doesn't constitute a danger to public health. But the ethical dilemma regarding the use of extracted fetal tissues from aborted babies in vaccine production, has kept many prolife activists out of vaccine use. To directly call for universal vaccine mandate, or surreptitiously implement this through a proxy in the pandemic vaccine passport, not only engenders discriminatory attitude in social relationships, but surely detracts from an individual's capacity to make informed decisions for oneself. The situation is worse, if one considers, as in this COVID-19 pandemic vaccine, that the long-term adverse effects are unknown, or that the full shots of the jab doesn't even prevent one from catching or transmitting the disease.

The second—principle of beneficence, promotes the maximization of possible benefits while minimizing any potential harm on others; that is, it supports acting with the best interest of the other in mind. But given that every health intervention has potential to harm the recipients, special efforts must be made to conduct cost-benefit analysis so as to properly judge the beneficence or acceptability of certain interventions. While it could be said that governments' containment efforts through lockdowns and novel forms of therapies are generally expedient in times of pandemics, their forms, durations and specific implementation mechanisms can be faulted on many ethical fronts. Following Jeremy Bentham's utilitarian principle, administrators of common

wealth should be impelled to always act for the best interests and wellbeing of the greatest number in society.

In Nigeria, for instance, the reverse is often the case: governments at various strata commonly act for the benefit of their cronies. It took the #ENDSARS demonstrations in October 2020 to uncover and break into hordes of warehouses stashed with government palliatives, while the masses were dying in hunger due to lockdowns. The ones that were actually released on time were mostly usurped by government officials and their associates. Alimi (2021) underscores how politicians, community leaders and their cohorts hijacked the system, leaving the most vulnerable empty handed. For him, it is not surprising that, despite government's claim of releasing N288 Billion COVID-19 intervention fund, more and more people have slipped below the poverty line. The reason is simple: the palliatives never got to the most vulnerable target beneficiaries, while government sleepily looks away.

The third—*non-maleficence*, is somewhat related to the second. As deriving from the ancient Latin cliché—*primum non nocere* (first, do no harm), this is a bioethical precept that reminds administrators and healthcare personnel to consider the possible harm that any intervention might do. Its underlying tenet could be rephrased as “given an existing problem, it may be better not to do something, or even to do nothing, than to risk causing more harm than good.” As a social animal, man survives and thrives only in the midst of others. For this reason, all strategies of isolation in pandemic periods must be properly weighed because they have the potential to negatively affect the health and wellbeing of individuals.

In the wake of COVID-19 pandemic, the lockdown regulations have been anything but humane across the world. While the media reportage of people chained to woods for flouting the rules were recurrent in some places, others were made to pay heavy fines. At some point, the British Health Secretary referred to these rules as 'Napoleonic', while Hikenbottom (2020) described them as “possibly the most restrictive regime on the public life of persons and businesses ever.” In Nigeria, the military and police were drafted into cities to enforce compliance. And within the first two months of enforcement, the security agents had shot and killed more people than the pandemic itself. In some other countries, the lockdown severely restricted social interactions even among family members. According to the British Joint Committee on Human Rights, “it is difficult to imagine, save for imprisonment, a more stringent limit on family and private life than preventing gatherings of 2 or more people in private dwellings and public places” (2020, p. 16).

Although well intentioned, the lockdown strategy has led to permanent closure of some businesses, massive loss of jobs, increase in financial burdens, surge in social isolation and feeling of loneliness, decrease in access to support networks, upsurge in mental health disorders and suicide rates (Isfeedvajani et al. 2020). As we observed earlier, the CDC reports that the percentage of US adults who were diagnosed of depression or anxiety shot up to 40% in 2020, as against the 11.0% in the previous year. In some other instances, there have been increase in the risk of domestic violence, physical inactivity, internet and gaming addiction, and alcohol / drug use. Currently in

Nigeria, the cumulative effects of these are more damning than the fatalities from COVID-19 which, according to the Nigeria Centre for Disease Control's (NCDC) July 31, 2021 records, stands at 2,149. Government's inability to weigh into the pros and cons of isolation strategies, and so properly deploy their use seriously impugns on non-maleficence principle.

Finally, there is the justice principle which proposes that people receive what they deserve. Although the question of what constitutes “deserving” has been subject of controversy from antiquity, justice, in its broadest sense, encapsulates the notion of moral rectitude grounded on law, equity and fairness (Ogbujah, 2014). It is clear that the lockdown regulations provide for restrictions on movements and gatherings, and requirements as to the closure of businesses and premises during the 'emergency period'. Its selective application, however, not only hinders collective efforts in staving off the tide of pandemics, but largely highlights an underlying justice problem. Why might hordes of individuals who eke out their living daily be locked down for months without palliatives? Why might a pub or superstore be allowed to operate at 50% capacity while worship centers are closed, or allowed 2% capacity? Does the civic / secular space, let alone parade or demonstration grounds, provide immunity from pathogens more than religious grounds?

Even though some perceived discriminatory application of the rules with secularist bias have been challenged in some jurisdictions, their lawfulness and proportionality, to a large extent, depend on local interpretation of positive laws by jurists (Hill, 2020a). Each nation does have its own means for the exercise of emergency powers, but there is a threshold beyond which governmental actions are considered an overreach. The prevalence of such overreach has prompted an avalanche of suits, activism, and guidelines for the protection of liberal values and world democracies. For instance, in October 2020, the Diocese of Brooklyn and a Jewish group (Agudath Israel of America) filed a lawsuit in federal court against Governor Cuomo's new “discriminatory” COVID restrictions. The case went through appellate procedures and was later discharged by the U.S. Supreme Court, temporarily barring New York State from enforcing such a rule, as it was considered an overreach (Diaz and Totenberg, 2020). In a similar case brought for adjudication, the High Court of Malawi ruled that an impugned lockdown essentially restricts the right to life, to equality and recognition before the law, and to freedom of conscience, belief, and worship (Kathumba v President of Malawi, 2020). It surprised, perhaps, only a few, that a UK retired Supreme Court Justice—Lord Sumption, regularly criticises the authoritarian approach of the British government with regard to COVID-19 rules, and has publicly encouraged non-compliance with such rules (Hill, 2020a).

The Council of Europe, for fear of loss of democratic values pursuant to the avalanche of emergency rules and arbitrary guidelines of state actors purportedly to contain the spread of COVI-19 pandemic, issued a Toolkit for Member States in April 2020 on the need to respect democracy, rule of law and human rights. Citing relevant articles in the Convention that embody rights and freedoms as benchmarks of modern democratic societies, the Council cautions that any restriction that touches on any of the

rights must comply with extant laws and be proportionate to the aim it pursues (2020). Sequel to this, the United Nations (in its COVID-19 pandemic advisory) acknowledges the exacerbation of vulnerability of the least protected in society during pandemic crisis, and consequently harps on the need for world leaders to work to preserve our common humanity and dignity in protection strategies, thus:

This is not a time to neglect human rights; it is a time when, more than ever, human rights are needed to navigate this crisis in a way that will allow us, as soon as possible, to focus again on achieving equitable sustainable development and sustaining peace (2020, p. 3).

The UN understands that every protection measure not in consonant with the overall promotion of human rights would be detrimental to the democratic course of societies, in the long run. This comes on the heels of complaints of human rights abuses from across the world.

In Nigeria, for instance, people have been literally assaulted and humiliated for daring to seek for basic needs like food, water and diesel (to power generators), during the lockdowns. One particular Governor was widely called an “Emperor” for his arbitrariness in instituting obnoxious rules, and revelry with enforcing stringent lockdown measures. There is no doubt the advent of COVID-19 pandemic, like other pandemics, has led to a resurgence of authoritarianism in many democracies. It is indeed, resulting to a human rights' crisis. With severe limitations on personal and associational autonomy, it will be interesting to see how the democratic landscape will have changed at the end of the current public health emergency (Hill, 2020b).

## **Conclusion**

In the preceding paragraphs, we explained the qualities that make an influenza to be classified as a pandemic; we saw the historical manifestation of various sorts of pandemics and their impacts on individual and social lives; and we highlighted governments' mitigation programmes and their actual and potential adverse effects to liberal values. For causing devastations to human lives and means of livelihood much as do wars, the outbreak of pandemics, no doubt, poses security threat. Hence, its prevention and containment should be treated, as Kern (2016) has opined, not just as a matter of health emergency, but within the gambit of national and global security. This ideation seems to underscore much of the reactive strategies that have trailed the current COVID19 pandemic.

War, by hindsight, has the potential to wreak havoc in a society, but its outcome could be more or less catastrophic depending on its management, its handling. A proper handling of war or pandemic will undoubtedly save a lot of human and material resources from avoidable loss. The lack or near absence of pandemic-preparedness plans is largely responsible for governments' kneejerk approach to pandemic outbreak. In order to cover their lapses, and perhaps, consolidate grip on power, many world leaders hide under 'national security' to unleash draconian control measures on the people. Although, for common good, individual choices and freedoms are curtailed during

pandemics, this has to be done within the ambit of the law, and in promotion of human dignity. Delivering judgment in the case between the Diocese of Brooklyn and Governor Andrew Cuomo of New York [case 592 U. S. \_\_\_\_ (2020)], the US Supreme Court Justices upturned the Governor's overtly restrictive rule on church attendance, noting that “even in a pandemic, the Constitution cannot be put away and forgotten” (2020, p. 5). This is what it means to allow ethics and law to interlace with everyday governance. Irrespective of the speed with which decisions are made, a government that shuns the cardinal healthcare ethical principles of autonomy, beneficence, non-maleficence and justice slides into authoritarianism. Pandemic responses must be done with justice, equity and fairness (Jegede et al. 2020); their application must be proportional and honest in order to enhance trust between the people and their government (United Nations, 2020). Anything short of these is intrusive and has the potential to imperil the democratic gains of societies.

### References

Aberth, J. (2010). *From the Brink of the Apocalypse: Confronting Famine, War, Plague and*

*Death in the later Middle Ages (2<sup>nd</sup> ed.)*. Routledge, pp. 9-13.

Alimi, T. (20 June 2021). “N288b COVID-19 Relief Fund: How govt, MDAs scammed us, by SME owners,” *THE NATION*. [https://thenationonline.net/n288b-covid-19-relief-fund-how-govt-mdas-scammed-us-by-sme-owners/?utm\\_term=OZY&utm\\_campaign=dailydose&utm\\_content=Monday\\_07.19.21&utm\\_source=Campaigner&utm\\_medium=email](https://thenationonline.net/n288b-covid-19-relief-fund-how-govt-mdas-scammed-us-by-sme-owners/?utm_term=OZY&utm_campaign=dailydose&utm_content=Monday_07.19.21&utm_source=Campaigner&utm_medium=email)

Aristotle. ([-350] 2000). *Politics*. Dover Publications.

Beauchamp, T.L. & Childress J.F. (2013). *Principles of Biomedical Ethics, 7th Ed.* Oxford

University Press.

CDC – Centers for Disease Control and Prevention. (7 June 2016). What is Smallpox? <https://www.cdc.gov/smallpox/about/index.html>

Centers for Disease Control and Prevention. (2020). Mental health: Household Pulse Survey.

<https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>

Centers for Disease Control and Prevention. (2020). *Coronavirus disease 2019 (COVID19):*

*Preventing getting sick.* <https://www.cdc.gov/coronavirus/2019-ncov/preventgetting-sick/index.html>

Chenneville, T., & Schwartz-Mette, R. (2020). “Ethical considerations for psychologists in the time of COVID-19.” *American Psychologist*, 75(5), 644-654.

- Congressional Budget Office. (2020). *An Update to the Economic Outlook: 2020 to 2030*. Congressional Budget Office.
- Council of Europe. Information Documents SG/Inf (2020)11. (7 April 2020). *Respecting democracy, rule of law and human rights in the framework of the COVID-19 sanitary crisis*. <https://rm.coe.int/sg-inf-2020-11-respecting-democracy-rule-of-law-andhuman-rights-in-th/16809e1f40>
- Cutler, D.M. & Summers, L. H. (2020). “**The COVID-19 Pandemic and the \$16 Trillion Virus.**” *JAMA*, 324(15):1495-1496. doi:10.1001/jama.2020.19759
- Diaz, J. & Totenberg, N. (2020). *Supreme Court Says New York Can't Limit Attendance In Houses of Worship Due To COVID. Connecticut Public*. <https://www.ctpublic.org/national/2020-11-26/supreme-court-says-new-york-cantlimit-attendance-in-houses-of-worship-due-to-covid>
- Doshi, P. (2011). “The elusive definition of pandemic influenza.” *Bull World Health Organ* 89:532–538
- Drake, T.L., Chilabi, Z., & Coker, R. (2012). “Cost-effectiveness analysis of pandemic influenza preparedness: What's missing?” *Bull World Health Organ*. 90(12), 940941.
- Ghosh, A., Nandy, A. & Nandy, P. (2010). “Computational analysis and determination of a highly conserved surface exposed segment in H5N1 avian flu and H1N1 swine flu neuraminidase.” *BMC Struct Biol* 10, 6
- Gostin, L.O., & Friedman, E.A. (2015). “A retrospective and prospective analysis of the West African Ebola virus disease epidemic: Robust national health system at the foundation and an empowered WHO at the apex.” *The Lancet*, 385(9980), 1902-1909. Gostin, L.O., Tomori, O., & Wibulpolpresert, S. (2016). “Toward a common secure Future: Four global commissions in the wake of Ebola.” *PLoS Med*, 13(5), e10002042.
- Grasselli, G., Pesenti, A. & Cecconi, M. (2020). “Critical care utilization for the COVID-19 outbreak in Lombardy, Italy: early experience and forecast during an emergency response.” *JAMA* 323 (16): 1545–1546.
- Harvey, G. (1666). *Morbus Anglicus*. Nathaniel Brook.
- Hays, JN (2005). *Epidemics and Pandemics: Their Impacts on Human History*. ABCCLIO.

Henderson, DA (December 2011). "The eradication of smallpox – an overview of the past, present, and future". *Vaccine*. 29 Suppl 4: D7–9.

Hill, M. (2020a). "Coronavirus and the Curtailment of Religious Liberty." *Laws*, 9(27): 119

Hill, M. (2020b). "Locating the right to freedom of religion or belief across time and territory," in Ferrari et al. (Eds.). *The Routledge Handbook on Freedom of Religion of Belief*, (pp.2-7). Routledge.

Hikenbottom, L.J. (2020). *Dolan, Monks and AB v Secretary of State for Health: Reasons for*

Grant of Permission to Appeal, EWHC 1786. Cited in M. Hill (2020a). "Coronavirus and the Curtailment of Religious Liberty." *Laws*, 9(27): 1-19.

Honigsbaum, M. (2009). "Historical keyword pandemic." *The Lancet*, 373 (9679):1939.  
Howard, J. (6 July 2020). "Plague was one of history's deadliest diseases—then we found a

cure." *National Geographic*, <https://www.nationalgeographic.co.uk/history-and-civilisation/2020/07/plague-was-one-of-historys-deadliest-diseases-then-wefound-a-cure>

**Isfeedvajani1, M.S., Fares, F. & Moqaddam, Z.I.S. (2020). "Ethical Issues in COVID-19**

**Pandemic." *Hospital Practices and Research*, 5(4):126-133**

**Jegede, A., Ajayi, I., Akintola, S. et al. (2020). "Ethical issues in the COVID-19 pandemic control preparedness in a developing economy." *Pan Africa Medical Journal*. 35(2): 95**

Joint Committee on Human Rights. (21 September 2020). "The Government's response to

COVID-19: human rights implications." <https://committees.parliament.uk/publications/2649/documents/26914/default/>

Kathumba v President of Malawi, (2020). (paragraph 7.8.). In M. Hill, "Coronavirus and the

Curtailment of Religious Liberty." *Laws*, 9(27): 1-19

Kavanagh, M.M., Erondu, N.A., Tomori, O., et al. (2020). "Access to lifesaving medical resources for African countries: COVID-19 testing and response, ethics, and politics."

*Lancet*, 395(10238):1735- 1738.

Kelly, H. (2011). "The classical definition of a pandemic is not elusive." *Bull World Health*

*Organ* 89:539–540.

Kern, M.J. (2016). "Global Epidemics, Pandemics, Terrorism: Risk Assessment and

European Responses.” *Institute for Strategic, Political, Security and Economic Consultancy (ISPSW)*, Issue No. 421.

Last, J.M. (Ed.). (2000). *A dictionary of epidemiology*, (4th ed.), Oxford University Press. Luan-Yin, C., Shin-Ru, S., Pei-Lan, S., Daniel, T. H. & Li-Min, H. (2009).

“Novel Swine-origin Influenza Virus A (H1N1): The First Pandemic of the 21st Century.” *Journal of the Formosan Medical Association*, 108(7), 526-532.

Maurice, J. (Jan 23, 2016). “Cost of protection against pandemics is small.” *The Lancet*, 387

(10016), e12.

McKibbin, W. & Sidorenko, A. (2006). “Global Macroeconomic Consequences of Pandemic

Influenza.” *CAMA Working Papers, Centre for Applied Macroeconomic Analysis, Crawford School of Public Policy, The Australian National University.*

<https://cama.crawford.anu.edu.au/pdf/working-papers/2006/262006.pdf>

Morens, D.M., Folkers, G.K., & Fauci, A.S. (2009). “What is a pandemic?” *The Journal of*

*Infectious Diseases*, 200(7), 1018–1021.

Nigeria Centre for Disease Control (NCDC). (31 Jul 2021). **COVID-19 NIGERIA** <https://covid19.ncdc.gov.ng/>, accessed July 31, 2021.

Ogbujah, C.N. (2020). “Ethics of exclusion and its impacts on Nigeria's trudge to democracy,” *Journal of African studies and sustainable development*, 3(6), 75-88.

Ogbujah, C.N. (2014). “Ethics, Law and Justice in Achebe's *Things Fall Apart*.” *IOSR Journal of Humanities and Social Science* 19, Issue 12(1): 42-29.

Plato. (1921). *Plato in Twelve Volumes, Vol. 12* trans. H. N. Fowler. Harvard University

Press.

Ramgopal, K., Blankstein, A., & Winter, T. (2021). “How billions in pandemic aid was swindled by con artists and crime syndicates.” *NBC NEWS*.

[https://www.nbcnews.com/news/us-news/how-billions-pandemic-aid-wasswindled-con-](https://www.nbcnews.com/news/us-news/how-billions-pandemic-aid-wasswindled-con-artists-crime-syndicates-n1257766?utm_term=OZY&utm_campaign=daily-dose&utm_content=Monday_07.19.21&utm_source=Campaigner&utm_medium=email)

[artists-crime-syndicates-n1257766?utm\\_term=OZY&utm\\_campaign=daily-](https://www.nbcnews.com/news/us-news/how-billions-pandemic-aid-wasswindled-con-artists-crime-syndicates-n1257766?utm_term=OZY&utm_campaign=daily-dose&utm_content=Monday_07.19.21&utm_source=Campaigner&utm_medium=email)

[dose&utm\\_content=Monday\\_07.19.21&utm\\_source=Campaigner&utm\\_medium=ema](https://www.nbcnews.com/news/us-news/how-billions-pandemic-aid-wasswindled-con-artists-crime-syndicates-n1257766?utm_term=OZY&utm_campaign=daily-dose&utm_content=Monday_07.19.21&utm_source=Campaigner&utm_medium=email)

[il](https://www.nbcnews.com/news/us-news/how-billions-pandemic-aid-wasswindled-con-artists-crime-syndicates-n1257766?utm_term=OZY&utm_campaign=daily-dose&utm_content=Monday_07.19.21&utm_source=Campaigner&utm_medium=email)  
Rewar, S., Mirdha, D., & Rewar, P. (2015). “Treatment and prevention of pandemic H1N1

influenza.” *Annals of Global Health*, 81(5), 645–653.

Shang, Y., Li, H. & Zhang, R. (2021) “Effects of Pandemic Outbreak on Economies: Evidence from Business History Context.” *Front. Public Health* 9:632043. doi: 10.3389/fpubh.2021.632043

Singh, J.A., & Moodley, K. (2020). "Critical care triaging in the shadow of COVID19: ethics considerations." *South African Medical Journal* 2020;110(5):355-359.

Supreme Court of the United States. *20A87 Roman Catholic Diocese of Brooklyn v. Cuomo*.

592 U. S. \_\_\_\_ (2020).

[https://www.supremecourt.gov/opinions/20pdf/20a87\\_4g15.pdf](https://www.supremecourt.gov/opinions/20pdf/20a87_4g15.pdf),

Taubenberger, J. K., & Morens, D. M. (2006). "1918 Influenza: The Mother of All Pandemics." *Emerging Infectious Diseases*, 12(1), 15-22.

Taubenberger, K., & Morens, D.M. (2009). "Pandemic influenza including a risk assessment of H5N1." *Revue Scientifique Et Technique*, 28(1), 187-202.

Troncoso, A. (2016). "Zika threatens to become a huge worldwide pandemic." *Asian Pacific*

*Journal of tropical biomedicine*, DOI: 1016/J.APJT.B.

United Nations. (April 2020). *COVID-19 and Human Rights: We are all in this together*.

[https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un\\_-\\_human\\_rights\\_and\\_covid\\_april\\_2020.pdf](https://www.un.org/victimsofterrorism/sites/www.un.org.victimsofterrorism/files/un_-_human_rights_and_covid_april_2020.pdf)

Verikios, G., Sullivan, M., Stojanovski, P., Giesecke, J., & Woo, G. (2015). "Assessing regional risks from pandemic influenza: A scenario analysis." *The world economy*, 39(8), 1225-1255.

Webster, N. (1828). *An American dictionary of the English language*. S. Converse.

World Health Organization. (2009). *Pandemic Influenza Preparedness and Response*. [http://apps.who.int/iris/bitstream/handle/10665/44123/9789241547680\\_eng.pdf;jsessionid=7C8A32941D1FE71FF35AB5D32FE39CF4?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/44123/9789241547680_eng.pdf;jsessionid=7C8A32941D1FE71FF35AB5D32FE39CF4?sequence=1)

World Health Organization. Avian influenza frequently asked questions. Available at: [http://www.who.int/csr/disease/avian\\_influenza/avian\\_faqs/en/](http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/). Accessed 24 August 2009

World Health Organization. (2020). *Coronavirus disease 2019 (COVID-19) situation report*

- 84. [https://www.who.int/docs/default-source/coronaviruse/situationreports/20200413-sitrep-84-covid-19.pdf?sfvrsn=44f511ab\\_2](https://www.who.int/docs/default-source/coronaviruse/situationreports/20200413-sitrep-84-covid-19.pdf?sfvrsn=44f511ab_2)

Worldometer. (July 16, 2021). *Coronavirus Death Toll*. <https://www.worldometers.info/coronavirus/coronavirus-death-toll/>

Xafis, V., Schaefer, G., Labude, M. *et al.* (2020). “The Perfect Moral Storm: Diverse Ethical Considerations in the COVID-19 Pandemic.” *Asian Bioethics Review* **12**, 65–83

