

Pandemics Remind Us of Our Responsibility to Ourselves, Others and Future Generations: A Time for Intergenerational Justice?

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ABSTRACT

Over the past year, the world has experienced colliding pandemics of viral outbreaks and injustice - social and health inequities, gender-based violence, marginalisation of immigrant populations, racial discrimination. All of this was superimposed on an ever - worsening climate crisis. This is not the first viral pandemic neither will it be the last. The collective moral injury experienced by the global community requires recalibrating for life in an interpandemic world, moving beyond self-interest and building trust as an ethical imperative. Central to this recalibration is assumption of responsibility to future generations - intergenerational justice. Not only does such an ethics of responsibility enhance mutuality and reciprocity, it is also synchronous with African philosophical thinking, which supports interdependence in this world and is firmly rooted in ancestral worlds and future worlds.

Keywords: COVID-19; Responsibility; Intergenerational justice; Ethics

INTRODUCTION

We are all casualties of this historic and swiftly accelerating pandemic, a pandemic that is replete with familiar and unfamiliar challenges. Many people feel as if they have been trapped in a time warp, in a redefined version of what suspended animation could be like. Unsurprisingly, the global human community rapidly became enveloped in a haze of uncertainty. The tangible experience of this global tragedy has left many people deeply traumatized by bereavement over physical, emotional and economic losses of varying magnitudes and degrees of complexity. The tragedy of the first wave of infections was magnified during the second wave in South Africa, in particular, and in other regions, like the United Kingdom and Brazil, where viral variants have been emerging. As many people recuperate and recover from the biological vulnerability caused by COVID-19 infection and the physical fatigue that lingers after COVID-19, deep-seated psychological vulnerability and fragility are

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exposed. For those who remain uninfected, there are mixed emotions of gratitude and survivor guilt. The impact of this outbreak will be felt for many months or even years to come. This piece will provide a glimpse into the complex social impact of the pandemic, intersecting injustices and potential approaches to a reimagined future.

COLLIDING PANDEMICS OF INJUSTICE

At the onset of the outbreak of COVID-19, the emotional discomfort that was just superimposed on existing concerns in the pre-COVID world began to worsen as the passage of time unmasked deep-seated social and health inequities baked into our human existence over centuries. The people who were the most severely impacted by this new disease were invariably those who were negatively impacted by multiple social determinants of health, most notably access to healthcare, nutrition, potable water, housing and sanitation. This manifested in disproportionate deaths in marginalized, poor, voiceless communities who, in many countries, also were people of colour. Many prioritisation frameworks aimed at guiding access to limited resources, developed by bioethicists in the Global North and based on elaborate scoring systems and the principle of utility (Emanuel et al, 2020; White & Lo, 2020), doubly disadvantaged the poor, the disabled, the elderly and the sick. The need for social justice in the Global South and other disadvantaged communities in high-income countries needed to be considered, too (Moodley et al., 2020).

Soon, it became apparent that we were dealing with multiple colliding pandemics – the first being a public health pandemic based on an infectious agent that was either incompatible with life or with a healthy life and the second being a pandemic of mistrust in global health governance. The World Health Organization (WHO), founded in 1948 to promote and achieve the highest possible level of health, despite having achieved laudable successes with smallpox and other infectious diseases, started to show fault lines. These fault lines manifested in monumental failures, starting with the WHO's delay in declaring the coronavirus outbreak a Public Health Emergency of International Concern (Durrheim et al., 2020). Moreover, at the start of the outbreak of COVID-19, which is a potentially fatal disease transmitted by droplets via the respiratory route, the WHO advised against the wearing of masks by all. Furthermore, a global health governance body ought to have no conflicts of interest where science, funding, economics and politics intersect. Even though the WHO claims to be globally representative, it often lacks inclusivity and diversity in its organisational structures and working groups. The overrepresentation of the Global North shapes guidelines, which become irrelevant in low- and middle-

income settings of the Global South because they fail to take context into account. Consequently, at the worst possible time in the history of global health governance, the credibility of WHO was seriously undermined.

Almost as if the public health crisis in and of itself was insufficient, other equally important pandemics emerged based on anger, fear, intolerance and the sheer inhumanity related to both ethnic and gender discrimination. The most profound global uprising in response to the untimely and inhumane death of George Floyd rocked the global community and redirected our collective attention to pre-existing injustices, sparking unprecedented global protests. There was nothing new about this act of police violence against a person of colour in the United States or elsewhere. We had seen it before, many times. The cumulative injury of Floyd's death was superimposed on the gross health inequities exposed by the pandemic. Collective moral injury has lasting spiritual and emotional impacts on marginalized communities the world over (Barbot, 2020). The Black Lives Matter movement gained its greatest momentum in the midst of a global health emergency where a deep connection between racism and the COVID-19 pandemic came to the fore. In South Africa, the protests echoed the inhumanity of decades of apartheid.

Migrant populations are regarded as some of the most vulnerable sub-populations globally due to the numerous risks they face as a result of poor human rights protection in high-income countries, poor living and working conditions, and cultural and language barriers. Often, they are also people of colour and ethnic minorities. Across the globe, migrant workers were particularly hard hit during the COVID-19 pandemic. The impact was significant given that there are approximately 244 million migrants globally, according to the International Labour Organization (ILO). Overcrowded dormitories in Singapore where migrant workers were living in sub-standard conditions, contributed to that country's second wave of infection. As of 6 May 2020, 88% of the 20 198 nationally confirmed cases in Singapore were amongst low-skilled foreign workers living in migrant dormitories (Koh, 2020). The ILO has housing recommendations for migrant workers, yet it appears as if these recommendations are not sufficient to prevent the rapid spread of infectious diseases. These risks to migrant workers are also prevalent in other countries, the Middle East being another hot spot for the exploitation of migrant labour. In pre-pandemic times, migrant workers endured inhumane working conditions that were only exacerbated by the pandemic when they were kept in forced isolation in host countries or deported to their countries of origin (Alahmad et al., 2020). Although all migrant workers were affected in some way by the pandemic, women were particularly challenged.

Gender-based violence in all populations, globally, surged as families were trapped in various scenarios of lockdown. In the pre-COVID-19 world, some women who barely survived strained marital or family relationships by virtue of the time spent in safe spaces in offices at work, suddenly were confronted with overexposure to dysfunctional relationships. In extreme cases, some women became victims of domestic abuse – psychological or physical or both. During lockdown, women at all levels of employment endured the double burden of domestic duties, childcare and work (Moodley & Gouws, 2020).

Apart from magnifying the vulnerability of women, the pandemic also highlighted profound strengths in a minority of empowered women. Leadership in academia, the corporate world and government has been tainted by millennia of patriarchy, which has seeded and sustained inequality and discrimination. Fewer than 1 in 10 global leaders are women, yet one of the most striking observations during the coronavirus pandemic has been the success with which some countries have responded to unprecedented public health challenges – Germany, New Zealand, Taiwan, Iceland, Finland, Norway and Denmark. The common denominator here is women in leadership.

Environmental degradation and the climate crisis became more visible over the last few months. It is well established that when permafrost melts, both carbon and methane are released in ways that are particularly harmful to the environment. There have been impassioned global calls to reduce carbon emissions by 45% by 2030. The COVID-19 pandemic has shown us the astounding effects of reduced carbon emissions from all forms of travel, particularly air travel, when the furthest peaks of the Himalayas became visible after decades as lockdown reduced air pollution.

THE PANDEMIC AS A PORTAL

So many deeply concerning global issues have been laid bare by the pandemic. This public health emergency unleashed a volcanic eruption of everything that is dark and dismal on our planet. Life as we know it is simply unsustainable in a post-COVID-19 world. It is no wonder that world-acclaimed novelist and activist, Arundhati Roy, proclaimed: “Nothing could be worse than a return to normality”. She went on to say: “Historically pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next” (Roy, 2020, n.p.). As we remain hopeful of the promise of a reimagined future, how will we navigate this gateway to a post-COVID-19 world?

RECALIBRATING FOR LIFE IN AN INTERPANDEMIC WORLD

As a critical point of departure, the entrenched inequalities laid bare during the COVID-19 pandemic must be addressed to heal collective moral injury. Seismic shifts in thinking are critical if the exposed fault lines are to be repaired. At various levels we need to unlearn, learn and relearn. We need to skill and reskill to build resilience for the challenges that lie ahead to remake history.

MOVING BEYOND SELF-INTEREST

In his address on July 18, 2020 on the occasion of Nelson Mandela's birthday commemoration, the Secretary General of the United Nations (UN), Antonio Guterres, referred to the "tragic disconnect between self-interest and common interest" (Guterres, 2020, n.p.). Undoubtedly, this has been one of the most profound paradigm shifts that has import for all of us, particularly for those of us who work in ethics and philosophy. For decades, we have subscribed to the primacy of autonomy and liberal individualism, both of which have deep-seated origins in the Global North (Beauchamp & Childress, 2013). However, the pandemic required us to think beyond the traditional four-principle approach (Jeffrey, 2020). We know that interdependence, solidarity, mutuality and the common good are critical to a sustained communal life together. Way back in 2005, Knoppers and Chadwick started to encourage us to "re-think the paramount position of the individual in ethics" (Knoppers & Chadwick, 2005, p. 75). Numerous other African academics, philosophers and ethicists have written about a return to a more contextually relevant way of living in Africa where interdependence and communal personhood are acknowledged as core components of our humanity (Mbiti, 1969; Eze, 2008; Etzioni, 2011; Gade, 2012). The pedagogical and health implications are significant as we enhance our understanding of public health ethics, embracing a different set of principles that includes limiting autonomy and promoting proportionality, social beneficence and social justice (Schröder-Bäck et al., 2014). Access to efficacious COVID-19 vaccines must be based on solidarity and multilateralism, yet we have witnessed stockpiling of vaccines by high-income countries and vaccine nationalism.

BUILDING TRUST AS AN ETHICAL IMPERATIVE

Distrust in science, governance, law enforcement and political leadership is rife and ubiquitous. Many unanswered questions linger about the origin of SARS-CoV-2, various health advisories issued by the

WHO and world leaders, flawed science, retracted publications in prominent international journals and accelerated pathways to drug development and approval. As we emerge from the second wave of the pandemic, with several efficacious COVID-19 vaccines available under emergency use authorisation, it is more imperative than ever that high levels of trust are built (Moodley, 2020). Building trust will be the cornerstone of our medical, social and economic recovery. Civil society has to engage in conversations about public interest, the common good and decisions that affect people's lives. The credibility of the WHO, in particular, has been called into question. The WHO, as a critical international health governance body, needs to engage in serious introspection to rebuild trust in the global health community if it wishes to remain relevant in an interpandemic world (Chan & Lee, 2020). If the WHO wishes to maintain its legitimacy on a global platform, an objective independent review is non-negotiable.

INTERGENERATIONAL JUSTICE

Moving beyond self-interest requires us to consider not only others but also our responsibility to future generations. The concepts of indirect reciprocity and mutual advantage are central here (Gosseries, 2008). Many have argued that concepts relating to the egalitarian theory of intergenerational justice promoted by Hans Jonas and others are synchronous with African philosophical thinking, which supports interdependence in this world and is firmly rooted in ancestral worlds and future worlds (Behrens, 2012; Nel, 2008). We know that the choices we make now will shape the world for decades to come. What do we owe to future generations? Greta Thunberg, the 16-year-old climate activist, in her impassioned address to the UN, punctuated her speech with the question, "How dare you?" to constantly remind us of our failings in not taking the climate crisis seriously and in not considering future generations. She went on to say: "Why should we study for a future that is being taken away from us? ... We demand a safe future. Is that really too much to ask?". (Nikkei staff writers, 2019, n.p.). In full appreciation of her pleas and admonitions, we need to recall the famous native American saying: "Treat the Earth well: it was not given to you by your parents, it was loaned to you by your children. We do not inherit the Earth from our ancestors, we borrow it from our children" (first quoted by Berry, 1971).

CONCLUSION

The pandemic has left nobody untouched. Consequently, there is a shared vulnerability based on shared suffering. This is the foundation from which we will rebuild our reimagined interpandemic world. There have been calls for global collective action to locate human rights, gender equality and climate change at the core of a new multilateralism. We need to build a sustainable world where racial discrimination and gender discrimination are eradicated. We have the Paris Agreement and the 2030 Agenda for Sustainable Development to remind us and steer us. The stewards of global governance – such as the UN and the WHO – must be reminded of the dream of equality and human dignity that is enshrined in the first article of the Universal Declaration of Human Rights: “All human beings are born free and equal in dignity and rights.” Operationalising this aspirational statement, specifically with reference to ensuring access to health services, including COVID-19 vaccines, for all will require hard work and diligence by global agencies and global leadership (Moodley, 2020; Moodley & Rossouw. 2020).

We must remain hopeful of the promise of our reimagined world. To achieve this goal, we will need to evolve into a generation that affirms its commitment to future generations. Are we prepared to emerge beyond the pandemic on the right side of history?

REFERENCES

- Alahmad, B., Kurdi, H., Colonna, K., Gasana, J., Agnew, J., & Fox, M. A. (2020). COVID-19 stressors on migrant workers in Kuwait: Cumulative risk considerations. *British Medical Journal Global Health*, 5(7), e002995. <https://doi.org/10.1136/bmjgh-2020-002995>
- Barbot, O. (2020). George Floyd and our collective moral injury. *American Journal of Public Health*, 110(9), 1253. <https://doi.org/10.2105/AJPH.2020.305850>
- Beauchamp, T., & Childress, J. (2013). *Principles of biomedical ethics*. Oxford University Press.
- Behrens, K. (2012). Moral obligations towards future generations in African thought. *Journal of Global Ethics*, 8(2-3), 179–191. <https://doi.org/10.1080/17449626.2012.705786>
- Berry, W. (1971). *The unforeseen wilderness: An essay on Kentucky's Red River Gorge*. The University Press of Kentucky.
- Chan, L., & Lee, P. K. (2020). *The World Health Organisation must answer these hard questions in its coronavirus inquiry*. The Conversation. <https://theconversation.com/the-world-health-organization-must-answer-these-hard-questions-in-its-coronavirus-inquiry-138959>

- Durrheim, D., Gostin, L., & Moodley, K. (2020). When does a major outbreak become a Public Health Emergency of International Concern? *The Lancet Infectious Diseases*, 20(8), 887–889. [https://doi.org/10.1016/S1473-3099\(20\)30401-1](https://doi.org/10.1016/S1473-3099(20)30401-1)
- Emanuel, E. J., Persad, G., Upshur, R., Thome, B., Parker, M., Glickman, A., Zhang C., Boyle, C., Smith, M., & Phillips, J. P. (2020). Fair allocation of scarce medical resources in the time of Covid-19. *The New England Journal of Medicine*, 382, 2049–2055. <https://doi.org/10.1056/NEJMs2005114>
- Etzioni, A. (2011) Authoritarian versus responsive communitarian bioethics. *Journal of Medical Ethics*, 37(1), 17–23. <http://dx.doi.org/10.1136/jme.2010.037846>
- Eze, M. O. (2008). What is African communitarianism? Against consensus as a regulative ideal. *South African Journal of Philosophy*, 27(4), 386–399. <https://doi.org/10.4314/sajpem.v27i4.31526>
- Gade, C. (2012). What is *Ubuntu*? Different interpretations among South Africans of African descent. *South African Journal of Philosophy*, 31(3), 484–503. <https://doi.org/10.1080/02580136.2012.10751789>
- Gosseries, A. (2008). Theories of intergenerational justice: A synopsis. *SAPIENS*, 1(1), 61-71.
- Guterres, A. (2020, July 18). *Tackling the inequality pandemic: A new social contract for a new era*. Nelson Mandela Foundation. <https://www.nelsonmandela.org/news/entry/annual-lecture-2020-secretary-general-guterres-full-speech>
- International Labour Organization. (n.d.). *International labour standards on migrant workers*. International Labour Organization. <https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/migrant-workers/lang--en/index.htm>
- Jeffrey, D. I. (2020). Relational ethical approaches to the COVID-19 pandemic. *Journal of Medical Ethics*, 46(8), 495–498. <http://dx.doi.org/10.1136/medethics-2020-106264>
- Knoppers, B., & Chadwick, R. (2005). Human genetic research: Emerging trends in ethics. *Nature Reviews Genetics*, 6, 75–79. <https://doi.org/10.1038/nrg1505>
- Koh, D. (2020). Migrant workers and COVID-19. *Occupational & Environmental Medicine*, 77(9), 634–636. <http://dx.doi.org/10.1136/oemed-2020-106626>
- Mbiti, J. (1969). *African religions and philosophy*. East African Education Publishers.
- Moodley, K. (2020). Research imperialism resurfaces in South Africa in the midst of the COVID-19 pandemic - this time, via a digital portal. *SAMJ: South African Medical Journal*, 110(11), 1068-1069. <http://dx.doi.org/10.7196/samj.2020.v110i11.15285>

- Moodley, K., Rennie, S., Behets, F., Obasa, A. E., Yemesi, R., Ravez, L., Kayembe, P., Makindu, D., Mwinga, A., & Jaoko, W. (2020). Allocation of scarce resources in Africa during COVID-19: Utility and justice for the bottom of the pyramid? *Developing World Bioethics*, 21(1), 36–43. <https://doi.org/10.1111/dewb.12280>
- Moodley, K. & Gouws, A. (2020). *How women in academia are feeling the brunt of COVID-19*. The Conversation. <https://theconversation.com/how-women-in-academia-are-feeling-the-brunt-of-covid-19-144087>
- Moodley, K., & Rossouw, T. (2020). What could fair allocation of an efficacious COVID-19 vaccine look like in South Africa? *The Lancet Global Health*, 9(2), 106–107. [https://doi.org/10.1016/S2214-109X\(20\)30474-5](https://doi.org/10.1016/S2214-109X(20)30474-5)
- Nel, P. J. (2008) Morality and religion in African thought. *Acta Theologica*, 28(2), 33–47.
- Nikkei staff writers. (2019, September 25). ‘How dare you’: Transcript of Greta Thunberg’s UN Climate speech. Nikkei. <https://asia.nikkei.com/Spotlight/Environment/How-dare-you-Transcript-of-Greta-Thunberg-s-UN-climate-speech>
- Roy, A. (2020, April 3). *The pandemic is a portal*. Financial Times. <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>
- Schröder-Bäck, P., Duncan, P., Sherlaw, W., Brall, C., & Czabanowska, K. (2014). Teaching seven principles for public health ethics: Towards a curriculum for a short course on ethics in public health programmes. *BMC Medical Ethics*, 15(1), 1-10. <https://doi.org/10.1186/1472-6939-15-73>
- White, D. B., & Lo, B. (2020). A framework for rationing ventilators and critical care beds during the COVID-19 pandemic. *Jama*, 323(18), 1773-1774. <https://doi.org/10.1001/jama.2020.5046>