

Navigating ethics in a pandemic—Contempt for the weak versus love of neighbor in a Swedish lens

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Abstract

The article draws on the author's observations and reflections about Sweden's pandemic management from February 2020 to June 2021. It does not simply interpret the lessons one can learn from the Swedish biopolitical experiment, but focuses on some central ethical challenges that every nation had to face in an accelerating pandemic. The intention with such a sharp critical discussion of the Swedish experience is to clarify some of the crucial ethical dilemmas and abysses in pandemic ethics. One article cannot possibly cover the wide and deep agenda for all complex ethical dimensions in a pandemic. This contribution in particular explores why the method of natural herd immunization is unethical, and what kind of legal and ethical aspects are relevant in international law and the WHO's ethical codex for a pandemic. In a Christian perspective it seems not at all strange to approach the theme of pandemic ethic also with theological arguments. A creator God who became flesh is deeply involved in our bodily world and life. What counts as health therefore appears to be a central issue for believers and faith communities, as is faith in a God who bodily cares for and liberates God's creation in all its dimensions. The exploration of Sweden's pandemic experiment flows into a plea for to apply the triple command of love sharpened by the command of love of the poor and vulnerable, and concludes with a short meta-ethical reflection on the need of aesth/ethical imagination of the other.

KEYWORDS

ethics, health, herd immunity, love of the poor, pandemic, Sweden

1 | PANDEMIC AS PORTAL

Following Arundhati Roy's striking metaphor of the pandemic as a "portal,"¹ I will invite the reader to pass through this portal into the pandemic's demanding and complex ethical landscape. Obviously, such a walk can by no means offer a complete survey. Instead, this article focuses on only a few selected, albeit in my eyes

crucial, observations. At home in three countries and cultures (Germany, Sweden, Norway), the absence of ethical reflection in Sweden's strange handling of the pandemic has been painful for me. While ethical arguments have been omnipresent in Germany, in life science as well as in politics,² and while Norway has mobilized ethical advice in many different national contexts and debates,³ these have been surprisingly rare and almost absent among Sweden's

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decision-makers in the Public Health Agency (*Folkhälsomyndigheten FHM*) and government.

The National Board of Health and Welfare (*Socialstyrelsen*) includes a council for medical ethics, but early in the pandemic's first wave, this has become surprisingly active in a one-sided way; in only one week and without any public discussion, the council decided—after a rapid preparation—the ethical criteria for triage. This was done in a situation where one prepared for the collapse of the health care system, and where Anders Tegnell, chief epidemiologist at the FHM, decided not to minimize as much as possible the spread but only try to keep it below the capacity of the health system. Fortunately, not all doctors followed these instructions, by which one waived the principle of everyone's equal human value in favor of the utilitarian praxis of “QALY,”⁴ a method that in fact assures the right of the (bodily) stronger to survive.

Prioritization in a context of limited health care resources is, of course, not bad or good in itself but the criteria for selecting patients should be negotiated publicly and transparently in a democracy, which was not the case in the proposal to the council drafted by Director at National Centre for Priorities in Health Lars Sandman, against all principles of discourse ethics including the participation of those who are impacted.⁵ Doctors and nursery leaders at many places interpreted unauthorized the messages from Tegnell with regard to the elderly and decided *not* to send them to the hospital but offer palliative care (to death). Socialstyrelsen's co-director Thomas Lindén even published Advice and Recommendations concerning the management of persons in care homes with Covid 19. This document was very “interpretable” and opened up for initiation of palliative care with depressant agents like morphine, which are contra-indicated in Covid 19 patients and potentially lethal. It even declared that “clinical assessment of the patient does not need to be done physically.” The decision to determine life and death for the patients in care homes could be performed via telephone! As a later report investigates, in 20% of the investigated cases no doctor had visited them.⁶ This example reveals only one of several contexts where we could see the fatal consequences caused by the absence of a transparent ethical discourse.

In the days of writing this text a new scandal becomes public, thanks to investigative journalists,⁷ where doctors at several local health centers doctors have (illegally without any participation of the patient and his/her family) decided in advance not to send elder patients to Covid care but to offer them palliative care. At present it is unclear how many have lost their lives due to this unethical and illegal praxis, as cases from the last year are first now are taken to the public. As the neoliberal system, widely applied in Sweden, included also financial profits for the care centers due to this it was obviously much more widely

practiced in the country than expected, both in public and private institutions.

This article will draw on the author's experiences and observations in Sweden's pandemic management from February 2020 to June 2021, including also my intense cooperation with life scientists and scholars in other disciplines in the *Science Forum Covid 19*,⁸ one of the strongest and best skilled critical bodies in the Swedish discourse. It will nevertheless not simply interpret the lessons one can learn from the Swedish biopolitical experiment, but focus on some central ethical challenges that every nation had to face in an accelerating pandemic. My intention with plaguing the reader with such sharp critical discussions of the Swedish experience is to clarify some of the crucial ethical dilemmas and abysses in pandemic ethics. Hopefully others can learn from what at least King Carl XVI Gustaf the December 17, 2020 clearly publically stated as “that we have failed.”⁹ One article can impossibly cover the wide and deep agenda for all complex ethical dimensions, and I will therefore not touch other significant problems such as global justice, children's vaccination or the proportionality of national non-pharmaceutical inventions. Instead, the article explores why the method of natural herd immunization is unethical, and what kind of legal and ethical aspects are relevant in international law and the WHO's ethical codex for a pandemic.¹⁰

In a Christian perspective it seems not at all strange to approach the theme of this volume and my contribution also with theological arguments. A Creator God who became flesh is deeply involved in our bodily world and life. On the Son's incarnation follows the Spirit's inhabitation, wherein the Triune takes place bodily, spatially and historically in our created world. What counts as health appears therefore consequently likewise as a central issue for believers and faith communities, and faith in a God who bodily cares for and liberates his/her creation in all its dimensions. The issue where the Triune Spirit gives life and brings the new world to come (as it is expressed in the ecumenical creed) is highly relevant also in the context of a deadly pandemic. I will nevertheless not deepen the question what the pandemic means for our image of God but focus on selected ethical aspects. The discussion will then flow into a plea for to apply the triple command of love sharpened by the command of love of the poor and vulnerable. A short meta-ethical reflection on the need of aesth/ethical imagination of the other will conclude.

2 | THE UNETHICAL METHOD OF NATURAL HERD IMMUNITY

In the context of a life-threatening epidemic one talks about so-called *herd immunity* in order to achieve bodily

protection of an entire population. This can be achieved either artificially by a vaccine or naturally by a sufficiently large number (about 70%–90%)¹¹ of infected. While vaccines offer the most efficient way of protecting a population natural herd immunization offers biologically and ethically unacceptable problems. According to prominent infection researcher Bernd Salzberg there is “no case at all where such a controlled herd immunization has succeeded.”¹² Upon this the method of natural herd immunization is unethical, irresponsible and morally completely unacceptable in a democratic society that has to protect the equal value of all its citizens. Such a unanimous assessment takes place in all other European countries, although three of them have been tempted and considered for a few short days to use this instrument.¹³

In Sweden, the FHM leaders have repeatedly assured that they do not actively strive for such natural herd immunity in the ongoing pandemic, but time and time again, however, they have argued about this, promised that it would soon become manifest on a large scale, and also measured it and inappropriately over-interpreted their results. It seems therefore obvious that the Agency’s management actually has used herd immunization at a reasonable pace as a central part of its strategy. Researchers, politicians and the media have clearly interpreted Sweden’s strategy in the lens of an active herd immunization method.¹⁴ An increasing number of sources from the Agency’s internal and public communication convincingly prove that this is the case,¹⁵ and investigative journalism has convincingly proven this in his publication of Tegnell’s internal email correspondence.¹⁶ Acknowledged doctor and national health advisor Peet Tüll published further evidence on this part of the strategy.¹⁷ Opposition party leader Ebba Busch confirmed publically in January 2021 that the government had informed the other parties in their weekly meetings about accepting a reasonable high spread, a statement that immediately was denied by the PM, but confirmed by others.¹⁸ Nevertheless, PM Stefan Löfven still denies this frankly in the Parliamentary interrogation in April 2021.¹⁹ Consequently also the third wave repeated all of the decision makers’ failures and misjudgments from the first and second wave.²⁰

Given that such an active immunization strategy has never succeeded anywhere, and that we actually today do not know, according to the present knowledge, if and how long immunity lasts after an infection, it seems medically totally pointless to even consider such mad paths.²¹ US-Swedish historian Peter Baldwin has recently analyzed different countries with regard to their pandemic management, and highlighted in Sweden the “fatal contradiction” between two approaches of aiming at natural herd immunity (before one has a vaccine) and at the same time reducing the spread so “that they never knew and decided what

they were doing simultaneously.”²² Can one, according to initiated writers in the *New York Times*,²³ assume that the Swedish Agency has nevertheless begun a pandemicological “open air experiment” without including the people in this decision? Why is the method of natural herd immunization ethically irresponsible and democratically unacceptable?

A central reason is that the method exposes large groups of citizens to life-threatening risks. Senior citizens, those with severe illnesses and those who due to low income and education live in narrow limits are to a significantly greater risk of serious progression and mortality exposed than rich and younger healthy citizens. The method thus discriminates against the elderly, the sick and the poor, and it puts human dignity and the view of all citizens’ equal rights and value out of play.²⁴ This is impossibly in line with a fundamental understanding of human dignity.

Applying herd immunization follows one of the well-known theoretical models for ethics, namely “utilitarianism,” which has been described as the ethical background theory of industrial society. The model aims at maximizing happiness (or some other value) for the largest possible number of people by calculating and optimizing the consequences of moral actions to achieve the goal (in our case “public health”). In the pandemic context, the public health of a society is thus achieved by quickly achieving a state where many healthy, young and highly productive citizens with immunity can keep the economic wheels spinning. Some, however, have to pay the “price” for this happiness.²⁵ Selection, de-prioritization and palliative (instead of hospital) care are side effects for the elderly. Herd immunization thus entails various forms of medical violence, and to some degree even euthanasia, an abuse that the Christian Ecumenical Council has put forward in the debates. In addition the lack of a rapid reduction of the infections (through a lockdown) has led to a “medical care debt” (due to unexecuted treatments) that takes the health system several years to compensate. Utilitarianism has for many years proved to be devastating to the social life of society, and it has been subjected to fierce philosophical criticism, not least because it violates basic ethical principles. In the pandemic context it reveals its entire fatal malfunction.

Even so-called duty ethics (deontology) obviously has its shortcomings. But given the view of humankind that the modern West is fundamentally underlying the state’s self-conception, it is not unreasonable that principles such as “You shall not kill,” “All people have equal value,” “Human rights apply equally to all citizens” should be applied without compromise. In the context of public health, one has internationally also completed in talking about “equal health” as a central value.²⁶ Herd immunization, without doubt, puts these constitutionally protected

rights and the associated understanding of what it means to be a human out of play by exposing some groups to larger risks, and it ultimately violates the commandment *Thou shalt not kill!*

“We do not want to provoke deaths,” influential virologist Christian Drosten declared clearly in early March 2020, and he was followed by all decision-makers in Germany, adding that such a method would also threaten young people’s right to autonomy because they otherwise would have been subjected to a biopolitical state experiment without knowing about it.²⁷ In Sweden, on the other hand, the government has explicitly chosen *not* to limit the spread of infection to the maximum. “We have never said that we will stop all infection,” FHM leader declared explicitly.²⁸ And in Tegnell’s own words it was rational “keeping schools and day-care open in order to achieve herd immunity.”²⁹ The national Corona Commission stated in its first report in December 2020 clearly that it was the high level of contagion that was the central reason behind the country’s high death tolls rather than the many unacceptable social wrongs in the elderly care.³⁰ In spite of all criticism of the unethical method the FHM’s general director refused categorically and contemptuously a “no-covid-strategy”³¹ in the interrogation of the Parliament in April 2021, disregarding that 25% of the world population applied the elimination strategy fruitfully,³² and the Prime Minister repeats time and again that he without any doubt “has decided the right thing to do?”³³

One can only wonder how many of Sweden’s lost lives could have been avoided if one would have decided not to let the infection spread reasonably and hope for growing natural immunity. Of today (June 7, 2021) 14,586 dead in Sweden (relative to 100,000, ca. 1.5 times as many as in Germany and three times as many as in Denmark, nine times as many as in Finland, and 10 times as many as in Norway) and almost 150,000 long-term covid-suffering one could have, according to experts’ estimate, avoided about almost 8000 dead and many long-term sick.³⁴

One of the heavy ethical arguments is that herd immunization leads to what in English is characterized as “ageism.”³⁵ In Sweden it has been known for a long time of almost 10 years that eldercare has been inadequate and in some places horribly inadequate (which is partly due to the economization of the public sphere in the times of neoliberal turbo-capitalism). In such a deficient system, launching a strategy that allows a reasonable spread of a life-threatening unknown virus appears to be power-crazed and ethically reckless. Upon this, ordinary rules of safety were suspended and the national Work Environment Authority (*Arbetsmiljöverket*) violated its supervisory duties so that many health workers accelerated the infection without protective equipment. The principle of equal value for all (including the elderly) is then been

jeopardized, and the command not to kill has been relativized in the Sars2 casino, where even asymptomatic and presymptomatic persons infect their neighbors, and where the infection is transmitted some days *before* the symptoms appear and where most of the infection process takes place to indoor aerosols (a fact ignored and downplayed in the Swedish strategy due to its constant arrogant immunity against criticism and also to science).³⁶

Nevertheless, it is not only the elderly who have suffered, but also many healthy younger and middle-aged citizens have been badly impaired.³⁷ The testimonies of long-term hospital care and severe, sometimes lifelong, second diseases are currently accumulating. More and more younger people who first had a mild infection are now gliding into serious deuteropathies. Even children have fallen ill with far from only mild symptoms. While 14 children have died in Sweden today (June 11, 2021) in comparison we find one in Denmark, two in Norway and none in Finland. Even long covid diseases are increasing among children in analogy to the so-called MIS-C secondary disease (four times more in Sweden than in Denmark).³⁸ Even if health risks of different population groups can be calculated, does this justify isolating and excluding the so-called “risk groups” from large parts of social life? In Sweden (where 20% of the population is more than 65 years old) citizens aged 70+ have been recommended to stay away from all social activities, in a kind of “lockout” in a society proud of not practicing “lockdowns.” Why is Sweden in the “World Values Survey” one of the five worst countries in the world if you measure respect and care for the elderly?³⁹ Is there nonetheless any connection to the country’s spiritual state, known as one of the world’s most secularized nations?

French economist Christian Gollier has stated in a recent study that if you do not have a vaccine in a pandemic, you have only one choice, namely to either limit the spread of the infection as much as possible or let it last to achieve herd immunity.⁴⁰ According to him, the latter entails an unbearable loss of life, and entails an insurmountable ethical problem when one has to choose which population groups one will expose to an infection. The transfer of exposure from older to younger people reduces, according to Gollier, the probability of dying by a factor of 1000. Morally, such a method can only be defended if a society values the life of a single young person higher than the lives of 1000 other people (older than 65). Such a mind game should clarify why one in a democracy cannot even consider an immunization strategy through a more or less controlled spread of infection. Nevertheless, this has happened in Sweden during the pandemic, and the vast number of older people, immigrants and weak (and of course also several younger people) that have died an evil sudden death prematurely still demand answers, respect, and responsibility.

Of course, the Swedish strategy has also entailed recommendations for increased hygiene and social distancing, and fortunately many citizens have in the initial phase of the pandemic obeyed and applied these recommendations. As an Australian comparison of Germany and Sweden observes the Swedish strategy builds mainly on the population “entrusting” its authorities and doing the right thing themselves.⁴¹ A recent German study nevertheless proves that such a strategy alone leads to a significant loss of lives that could have been saved.⁴² But if you follow Gollier and many others, you can and should not combine restriction *and* reasonable spread. You can hardly drive a car by braking and accelerating at the same time. What one certainly can do is to apply a zero-covid-strategy, that by now has been successful for 25% of the world population, where one, as New Zealand, Singapore, Thailand, Australia, Vietnam, and South Korea and others successfully have shown, strives for an elimination of the virus,⁴³ and hereby achieves a maximum of one’s population’s protection. Also the economy by the way is much less damaged with a zero-covid-method, clearly shown by many studies.⁴⁴ Due to ethical but also due to economic reasons one should therefore never ever place protecting life and health in opposite to the protection of national and capitalist economies. The method of weighing life and health against economy along a simple cost-benefit-model is simply untrue and inefficient! *Both* bodily, social and economic health are protected in synergy by a just, ethical, and efficient pandemic handling that strives for elimination or almost maximum of reduction of the infection process.

Even economically speaking, herd immunization only creates problems. There is, as philosopher Xavier Simmons points out, a subtle subtext in the economic argument.⁴⁵ Healthy young citizens are given priority for the economic good of the society over vulnerable elderly, sick and weak. In addition, it has been shown that a restrictive rapid lock-down strategy enables a much faster recovery of the national economy than the method of herd immunization, which requires a very long time and constantly causes new unpredictable local outbreaks of infection.⁴⁶ Ethically, therefore, neither in utilitarian ethics nor in duty ethics any economic arguments can be found against limiting the spread of infection to the maximum in order to protect as many as possible citizens.⁴⁷

In summary: Within moral philosophy and ethics, there is a unanimous consensus that the herd immunization method is unethical, risky and unacceptable. It destroys important advances in the entire Western Enlightenment’s culture and society, and it puts the human dignity and its principle of equal value for all out of play and violates several of human rights.

3 | LEGAL ASPECTS AND THE WHO’S ETHICAL REQUIREMENTS

Several pandemics will undoubtedly follow in a world where humans constantly chase the wild animals out of their safe biological niches and increase the contact surfaces between humans and animals in an unsustainable way. Climate change is doing its part to speed up this process, and our entire reasoning about ethics in the herd is deeply embedded in an environmental and climatic discourse that we should not underestimate.⁴⁸ Several zoonoses, that is, diseases spread from animals to humans, are to be expected and therefore one should in analogy accelerate the development of a global pandemic ethos, before the next crisis is at stake.⁴⁹

Natural herd immunization has long been known to be undoubtedly unethical, democratically unacceptable, biologically ineffective and politically counterproductive. Many, including the WHO,⁵⁰ have sharply condemned it.⁵¹ It reveals an underlying political pathology.⁵² It does not get any better when some hyper liberalist forces in teams with dogmatic lock-down opponents, ultra-right extremists and esoteric conspiracy theorists, and leaders such as Donald Trump, who before the shift of power advocated such a solution and praised the Swedish model. Is there evidence to ask if the nation clearly violates the European Convention for the Protection of Human Rights, Article 2, according to which “everyone’s right to life shall be protected by law.”⁵³ However, one should not anticipate the answer whether Sweden has failed to protect the countries’ citizens by law, but wait for the European Court of Justice’s ruling at a later stage.

Amnesty International demands that human rights must be at the center of all pandemic prevention, especially with regard to those groups and people at most risk.⁵⁴ Among the relevant human rights treaties we find the International Covenant on Economic, Social and Cultural Rights (ICESCR), which in Article 12 guarantees “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” (12 a),⁵⁵ including steps to be taken necessary for the “prevention, treatment and control of epidemic, endemic, occupational and other diseases.” “Measures to prevent, treat and control epidemic and endemic diseases” are “obligations of comparable priority” (12 c) to core obligations (or “the minimum, essential levels”) of the right to health. This implies that every person has the right to be protected from becoming diseased, and one can wonder how this fits into the Swedish strategy of exposing the whole population deliberately to SARS-CoV-2. Another aspect regards the legally not binding but nevertheless consensual principle of *precautionary action*. This is already central in the EU treaty

and applied in European environmental politics. The last years the precautionary principle has also been expanded to an increasing sphere of public health. In Sweden it was unfortunately absent in the national strategy, that rather than *pro-actively* all the way through has developed *re-actively*. After a year the government even declared in a strange defense that one earlier made the strategic decision *not* to establish an explicit pandemic strategy but rather to do the right thing at the right time.⁵⁶ The rhetorical maneuver did not convince many, to say it smoothly, and the Parliament's constitutional committee recently criticized this confusing way of crisis management and communication (in a badly documented non-transparent decision making that does not allow later investigation).⁵⁷

Freedom under responsibility must unfortunately today be interpreted as the individuals' responsibility for their own life in combination with the state's freedom from being held accountable and from acting with responsibility. From 1976 though, civil servants can in Sweden no longer be held accountable and reports of serious misconduct only lead to a reaction in 1% of cases. Politicians in all parliamentary parties currently downgrade virus politics on their agenda, and citizens have in the next election in September 2022 simply no choice to respond to the national virus politics in what an earlier have called a "democrature," that is a mix of auto- and democratic elements.⁵⁸ A just and transparent evaluation of the leaders' pandemic management certainly will take place in the reports from the National Commission and the Royal Academy of Science but as far as all parties in the Parliament avoid to thematize virus politics the citizens cannot execute their power and they cannot hold anyone accountable. National reports both from the Danish Parliament and the Norwegian corona commission⁵⁹ though have included also an evaluation of the Swedish national strategy and they are questioning the same lack of political governance and accountability with regard to such an extraordinary crisis.

The formerly proud pioneering country of welfare, equality, just distribution, and practiced human rights does today not meet a single one of the WHO's four ethical requirements in a pandemic.⁶⁰ As a prominent columnist expressed it recently: Sweden needs to become reconciled with that it is no longer a leading humanitarian superpower but is suffering from most of the weaknesses and strengths as other countries.⁶¹ The WHO has meritoriously formulated four ethical criteria for national action in a pandemic. These are consistently elaborated and deserve much more awareness than is the case today.

- The requirement for *transparency* means that decisions and their underlying motivations must be made in public. In Sweden, the population has admittedly been

gathered in a kind of public health nationalist ritual in live press conferences, but never shared the underlying reasons (before the revealing e-mail exchange was published much later). The media have further reported the state's assessment rather than reviewing it, and scientifically highly accepted critics have been vilified.

- The government has also disregarded the requirement for *inclusion* because no citizen, group or institution, no matter how highly competent it has been, has been allowed to participate in the decision-making process. One reason although for the Swedish failure lies in the overwhelming support and trust that supported Tegnell and the Agency. Scholars have characterized this already early last year as "blind patriotism"⁶² and *folkhälsonationalism* (public health nationalism).⁶³ Even if the support has fallen from 84 to 50 % in the beginning third wave many citizens still prefer to blend off and the populations is now deeply split. Forthcoming cultural analysis might explain how a mix of patriotism, cognitive dissonance, seductive mass communication, contempt for the weak and numbness for sorrow and victims have interacted.
- The *consistency* of the Swedish strategy has admittedly been communicated with a large number of curves and more or less serious mathematical modelling, but its scientific quality has been rejected by national and international experts on a broad front, and FHM has not at all followed its basic governmental instruction to act "on scientific grounds." Despite this, the government has chosen not to reassign but even prolonged the leadership of the agency's general director.
- The requirement for *accountability* is perhaps the most democratically central ethical requirement for a functioning pandemic politics. If all power emanates from the people, it must be possible for the elected representatives and also civil servants to be held accountable for their actions. However, such an opportunity seems to face serious obstacles in today's Sweden. Thousands of dead and long-term sick and their families cannot get a voice and an opportunity to claim their rights.

4 | THE AESTH/ETHICS OF LOVE TO THE POOR, ONESELF, ONE'S NEIGHBOR AND GOD

The reasons for to stretch the reader with my sharp criticism of Sweden's pandemic experiment and its unethical and politically questionable elements was to encourage learning from its failures, and thereby becoming aware about some of the traps in pandemic ethics that one in all circumstances should avoid to fall in. My short discussion

of the legal conventions in international law and the WHO's well-thought-through four criteria might, upon this, assist our searching for a humane, responsible and ethically acceptable compass and map for navigating into the next phase of this pandemic and to prepare for the storms of forthcoming ones.

Finally, I would like to conclude with a theological argument for to alter course. All religions have in their long history of spiritual and ethical wisdom developed what has been summarized as the principle of the *Golden Rule*. Christoph Stükelberger has convincingly shown the relevance of the golden rule for a global pandemic response in different cultural and national contexts.⁶⁴ Without doubt, *treating others as one wants to be treated* works excellently as a central guiding principle also in the nations' and the world community's political governance in global health. In the Jewish and Christian tradition not only the ten commands, but also the golden rule (cf. Matthew 7:12) and the command of love are much valuable ethical tools that can assist not only believers but also national and transnational governance for the best of all. The above-mentioned principle of protecting health in the European Convention's article two can by the way be interpreted as a secular version of the golden rule in synergy with the command of love to one's neighbor.

The command of love represents in its classical form a triple command where the subjective, the social and the theological dimensions are intertwined. You shall love your neighbor as you love yourself and God. All the three are reciprocally dependent on each other and love to the neighbor implies love to oneself as well as love to God. Also, for non-believers, this triple structure can work excellently if one follows Luther's understanding of a "god," that is what you "trust and believe in one with our whole heart."⁶⁵ Also other beliefs can in this way be inspired and assisted by the triple structure of the command to love, a command that one can transform, with Bonhoeffer's term, into "religionless language." In a pandemic we deeply are in the need of intelligent and contextual applications of the triple command of love. These might serve as central ethical signposts for the nations' and the world community's cooperative pandemic management. The command of love might in this way fertilize and encourage protecting the best for all in our common "conviventia."⁶⁶

The main point in my argument is that love to myself always necessarily also includes love to my neighbor. Faith in the Triune (or what I believe in) serves as kind of moving energy and driving force for to apply this love in practice. The Spirit, who liberates and heals bodily nature, gives life through this energy.⁶⁷ In the context of our discussion about the ethical traps of an unacceptable pandemic ethics, love to myself, my survival and health, necessarily includes

also love to the vulnerable other (in Levinas' sense), to the elder, the poor, the weak and the sick in my neighborhood and our society in general. Contempt for weakness⁶⁸ aptly analyzed as one of the central cultural driving forces within our disaster of the two world wars, does not belong to any pandemic ethic. The imperative to a maximum protection of life and health of all citizens in a social community, therefore, is, without doubt, the political and sociocultural transformation of the command of love into efficient proactive pandemic management. To falsely postulate that one can protect vulnerable groups by controlling the infection by a reasonable scale⁶⁹ along the natural herd immunity path therefore implies a violation of love to the neighbor, oneself and to God.

Eastern Church father Gregory of Nazianz sharpened in late antiquity this command even more.⁷⁰ The Cappadocians practiced the love to the poor(est) as the highest expression of love to God and love to the neighbor by establishing the first social institutions for taking care of the vulnerable, sick, homeless and elderly. In the poor, the church was actually encountering Christ. Cappadocian Christian diaconia in this context can thus be regarded as the pioneer of the modern welfare state, also in the secularized Nordic's prehistory. In such a perspective the national strategy of a welfare state to cope with a pandemic is therefore no more or less an issue for how we encounter Christ by practicing love to God and our neighbor in designing an efficient way of protecting each other's life and health.

Applying his demand is, as I have shown earlier, fully in line also with contextual and liberation theology's basic ideas. If the poor, the vulnerable, the sick and all those described so aptly in Matthew 25 are prioritized also in the pandemic management of a national state and the international world community it is not just about abstract ethics in general but about the best of our common goods for the life and health of human persons as icons of God that is at stake.

It somehow impresses how much pathology such a small virus such as Sars-CoV-2 can reveal and draw into open light this year behind us. One can only hope that we can learn both from our failures and our successes for the future that according to the patristic ecumenical creed is always a gift of the Life Giving Spirit who brings the new world to come. Applied practices of love to the poor, to my neighbor, to myself and to God in synergy with the best of science and most responsible of politics in a reciprocal community of trust seems to me one of the most promising lessons for new pandemic medicines.

Finally, I would like to point at a specific skill that has been demanded of all of us in the still on-going pandemic that is the skill of imagining the best of our neighbor in spite of the invisibility of his/her presence and the

invisible virus spreading between us. Especially the capacity of Sars-CoV-2 to infect pre- and asymptotically and its way of gathering and moving around in aerosols (denied still ignorantly by the Swedish FHM) has made it extremely difficult for us to imagine and in our inner fantasy visualize what happens. Therefore ethics, restrictions and knowledge are not enough. We also needed to learn that our own behaviors became relevant for all our neighbors' health and life and that our own life in the opposite was dependent of our neighbor's behavior. A tough test for our neurophysiological mirror neurons. Also national strategies were demanded to develop communicative practices and recommendations and strong restrictions to enhance such an applied solidarity in between us. What I earlier called aesth/ethics,⁷¹ that is to become aware and perceive my neighbor suffering in in the virus world a potential suffering as a moral problem before we run the ethical and legal procedures, therefore, is outstandingly important. Moral always needs to be nurtured by compassion and practices of perceiving my neighbor's situation as morally relevant and to respond to it along the path of the golden rule. That such a demand of aesthetical imagination of the best for all and my neighbor also applies to national leaders and governments has become painfully obvious in Sweden where the most responsible leaders of Sweden's experiment constantly communicated without sharing any compassion, self-critical consciousness or readiness to engage in dialogue. Instead Anders Tegnell and Johan Carlson, the FHM's General Director, performed as "totalitarians,"⁷² as technocratic bureaucrats with monistic power over the whole population's life and health with a stepped-down government. Biblically one hereby is reminded of the story about the Good Samaritan. If you are not able to even perceive your neighbor's bodily and moral suffering and internalize it into your own commitment and problem no ethical principles can help. Maybe legal norms can avoid the worst, but also these need to be internalized in our spiritual depth. The pandemic might have taught us a lesson, not only in Sweden, how important compassion, solidarity and practiced love is for the best of all and for our common future and Earth.

ENDNOTES

- ¹ Arundhati Roy, "The pandemic is a portal," *Financial Times*, April 3, 2020. I am grateful to life scientists prof. Ola Stenqvist, Gothenburg, and prof. Anders Wahlin, Umeå, for constructive comments.
- ² "Ethikkommissionen" are at work in every federal state and on the national level, and they contribute constantly to the discourse and decision-making. On the complex ethical agenda see among many others: Konrad Ott, *Coronadenken 1-3*: <https://www.boell.de/de/2020/04/06/coronadenken-teil-13>.
- ³ <https://www.med.uio.no/helsam/tjenester/kunnskap/etikkelsetjenesten/praksis/tema/covid19-etikk-prioriteringer/>,

<https://tidsskriftet.no/2020/12/kronikk/etiske-dilemmaer-i-sykehusene-under-covid-19-pandemien>.

- ⁴ The quality-adjusted life year or quality-adjusted life-year (QALY) is a generic measure of disease burden, including both the quality and the quantity of life lived.
- ⁵ The Swedish National Council on Medical Ethics (SMER) reflects in the report from May 2020 aptly on the need of ethical reflection with regard to value conflicts in a pandemic and demands to include ethical principles such as the dignity of man/woman and freedom. It seems to rank equally the intention to minimize doing harm to life on the one side and risks from national restrictions on the other (29). Such a weighting though is highly problematic, due to epidemiologists and ethicists, as it relativizes the overarching principle to protect life and health and construes a false contradiction between economic and bodily health. The report's clear demand to include impacted citizens in a transparent way has unfortunately not been practiced by the Government and the Agency, and ethicist and theologian Göran Collste has explicitly pointed out the lack of ethical regulation in the decision making process: <https://www.dn.se/debatt/verige-saknar-etiskt-ramverk-for-beslut-vid-pandemier/> Certainly the SMER report states that every human's value shall be prioritized but mentions (62) that a quantified estimate of the utility of a treatment decides about which patient is prioritized to receive intense care. Hereby the so-called QALY method is used, that demands of the doctor a kind of calculation where the quality-adjusted life year is estimated in a generic measure of disease burden, including both the quality and the quantity of life lived. The result is simply that the bodily strong will survive while the weak leaves to die. No public discussion at all has taken place on this in Sweden in the pandemic. *Etiska vägval vid en pandemi*, Smer 2020:3, Rapport från Statens medicinsk-etiska råd, Stockholm, Maj 2020, https://smer.se/wp-content/uploads/2020/06/smer-2020_3-rapport_webb.pdf.
- ⁶ IVO's (National Agency for Control of Health Care) report on covid-care in elderly homes from July 2020.
- ⁷ <https://www.sydsvenskan.se/2021-06-08/varskandalen-vaxer-aldre-i-hela-skane-portades-fran-sjukhus> <https://www.sydsvenskan.se/2021-06-09/erik-dog-efter-hemligt-coronabeslut>.
- ⁸ <https://vetcov19.se/en/>.
- ⁹ <https://www.nytimes.com/video/world/europe/10000007509830/sweden-king-coronavirus-failed.html>.
- ¹⁰ Hereby I draw on my articles: <https://www.dagensarena.se/essa/flockimmuniseringens-oetiska-experiment/>, <https://www.abc.net.au/religion/the-ethics-of-swedens-herd-immunity-strategy/12764868>. Cf. also my youtube talks on Pandemic ethics https://www.youtube.com/watch?v=F_d7yzZiUwA <https://www.youtube.com/watch?v=Y08BhhRoIcM&t=2s> <https://www.youtube.com/watch?v=VsnFkRsKtCo&t=3768s>.
- ¹¹ There is no consensus in research on whether herd immunity can stop the spread of infection at all and on the required percentage: <https://theconversation.com/herd-immunity-wont-solve-our-covid-19-problem-139724>. In addition, there is new research indicating that immunity after a natural infection may not last very long: <https://www.zeit.de/wissen/gesundheit/2020-07/immunitaet-impfstoff-coronavirus-antikoerper-covid-19-bluttest>, <https://www.theguardian.com/world/>

- 2020/jul/12/immunity-to-covid-19-could-be-lost-in-months-uk-study-suggests.
- ¹² “Es gibt überhaupt keinen Präzedenzfall für das Funktionieren einer ‘kontrollierten Durchsuchung,’” warns DGI President Bernd Salzberg: <https://www.fr.de/wissen/coronavirus-exit-strategien-infektiologe>.
- ¹³ In both the United Kingdom (March 11–15), the Netherlands (March 12–14), and Denmark (March 11), this strategy was discussed for a very short time in March, but was rejected due to its unethical meaning and inefficiency. Cf. Barbara Caracciolo and Marie Gorwa, “How the mitigation strategy tempted Northern Europe and convinced only Sweden,” <https://medium.com/@SwedishScienceForumCovid19/how-the-mitigation-strategy-tempted-northern-europe-and-convinced-only-sweden-f6fb9197d49a>.
- ¹⁴ <https://www.newstatesman.com/world/europe/2020/06/how-sweden-s-herd-immunity-strategy-has-backfired>, <https://www.nytimes.com/2020/05/04/opinion/coronavirus-sweden-herd-immunity.html>, <https://www.tagesschau.de/ausland/schweden-corona-studienpannen-101.html>, <https://www.pharmazeutische-zeitung.de/mehr-als-1500-corona-tote-in-schweden-117079/seite/2/>, <https://www.tagesspiegel.de/politik/manchmal-fuehle-ich-mich-wie-ein-sandsack-anders-tegnell-was-treibt-den-chefepidemiologen-in-schweden-an/25890852.html>. Cf. Rodney Edvinsson, “Finns det historiskt stöd för flockimmunitet genom infektion som coronastrategi?” *Historisk Tidskrift* 141, 2, 2021, 260–71: <https://www.historisktidskrift.se/index.php/june20/article/view/181/140>.
- ¹⁵ The following quotes from the Agency’s leaders not only provide evidence that they are constantly thinking within the framework of herd immunization but also use it as part of the strategy: Anders Tegnell: “Our main purpose now is to make the spread of infection go as slowly as possible, and of course in the long run, get some kind of immunity in society that will prevent it from spreading so quickly in the future.” (*Expressen* March 15, 2020). “That’s [herd immunity] where we need to get. We will not have control over it in any other way.” (*Aftonbladet* March 16, 2020). “We have never said that we will stop all infection.” (*SVT* April 14, 2020). “I would probably bet a penny that we will reach that level of immunity by making people sick before a vaccine is available.” (FHM’s press conference April 16, 2020).
- ¹⁶ Emanuel Karlsten, “Mejlen som avslöjar Gieseckes inflytande,” *Expressen* August 11, 2020, <https://www.expressen.se/nyheter/qs/mejlen-som-avslojar-gieseckes-inflytande-over-coronaplanen/>, “Det låter som om man är villig att acceptera sjukdom och död,” *Expressen* August 12, 2020, <https://www.expressen.se/nyheter/qs/interna-radslaget-om-flockimmunitet/>. Cf. Jon Henley, “Sweden’s Covid-19 strategist under fire over herd immunity emails,” <https://www.theguardian.com/world/2020/aug/17/swedens-covid-19-strategist-under-fire-over-herd-immunity-emails>, cf. Henning Eklund / TT, “The strategy: Let many be infected at the right pace,” *SvD* 15.3.2020, <https://www.svd.se/strategin-lat-manga-smittas-i-lagom-takt>.
- ¹⁷ <https://www.dn.se/ledare/amanda-sokolnicki-tegnell-satsade-pa-flockimmunitet-men-sa-nagot-annat/>.
- ¹⁸ <https://www.expressen.se/nyheter/braket-efter-ebba-buschs-utspel-om-smittspridningen/>.
- ¹⁹ <https://www.svt.se/nyheter/inrikes/stefan-lofven-forhors-i-konstitutionsutskottet>. (I am not really sure if Löfven at all understands the term as he repeatedly in the interrogation talked about “folkimmunitet” (peoples’ immunity) instead of “flockimmunitet” (herd immunity).
- ²⁰ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00885-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00885-0/fulltext).
- ²¹ [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30096-1/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30096-1/fulltext).
- ²² Peter Baldwin, *Fighting the First Wave: Why the Coronavirus Was Tackled So Differently Across the Globe*, Cambridge: Cambridge University Press 2021, cf. <https://www.cambridge.org/se/academic/subjects/politics-international-relations/comparative-politics/fighting-first-wave-why-coronavirus-was-tackled-so-differently-across-globe?format=HB>.
- ²³ Peter S. Goodman, “Sweden Has Become the World’s Cautionary Tale,” *The New York Times* July 7, 2020: <https://www.nytimes.com/2020/07/07/business/sweden-economy-coronavirus.html>.
- ²⁴ The Health Agency’s recent report also confirms this overwhelming injustice by stating a much higher mortality among citizens not born in Sweden in 2020. Men from Somalia even had a five times higher covid mortality than Swedish men. <https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/pandemin-orsakade-overdodlighet-2020-vissa-utrikesfoddamer-drabbade/>.
- ²⁵ Mathias Schüz, *Ethikansätze im Umgang mit der Corona-Pandemie*, Zurich: The Market Media 2020, <https://themarket.ch/meinung/ethikansatze-im-umgang-mit-der-covid-19-pandemie-ld.2014?mktcid=smsm=mktcval>
“They [utilitarianists] favor the ‘herd immunity’ solution, which is currently practiced in Sweden, according to the motto: ‘Let the coronavirus ravage freely, so that although a small minority of old and sick will die, but the vast majority of people – the young and healthy – will, now immune, survive, and the economy will also suffer less.’ In addition, many argue with the offer of freedom, which does not allow a curfew. It ethically is about weighing balances of short- and long-term consequences against each other.”
- ²⁶ These basic ethical principles often have their origins in older religious contexts, and even in the enlightenment’s understanding of the human being and the equal value of all, concepts that are rooted in a situation where Europeans early in their colonial history have met indigenous peoples on other continents. It is all the more difficult to understand why religious denominations in Sweden are relatively silent about the current public health ethics. However, on behalf of all Christian communities, the Swedish Christian Council has demanded that the Corona Commission should investigate the extent to which euthanasia has been practiced instead of care. <https://www.dn.se/debatt/hur-naradodshjalp-har-coronavarden-av-aldre-varit/>, <https://www.dn.se/debatt/svenskar-daliga-pa-att-respektera-manniskor-over-70-ar/>
- ²⁷ <https://www.n-tv.de/panorama/Drosten-lehnt-Durchinfektion-bei-Juengeren-ab-article21665735.html>. NTV, March 24, 2020.
- ²⁸ Anders Tegnell in Swedish Television, *SVT*, April 14, 2020.
- ²⁹ See above Karlsten, note 16. “Protecting the risk groups” turns out to be highly problematic and rather like the *Pandora’s box* of Greek mythology, where the gods send all kinds of diseases over us if we even try to open the box.

- Konrad Ott, *Coronadenken*, <https://www.boell.de/de/2020/04/08/coronadenken-33-oekonomie-und-politik>.
- ³⁰ <https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2020/12/sou-202080/>.
- ³¹ <https://www.alinget.se/artikel/11-forskare-sverige-bor-ansluta-sig-till-ett-paneuropeiskt-nollcovid-upprop>.
- ³² https://www.riksdagen.se/sv/webb-tv/video/oppn-utfragning/ku-utfragning-med-johan-carlson-generaldirektor_H8C220210326ou1, <https://www.tv4.se/artikel/3YAb3nm0aiXqg9czha9p2N/haer-foersvarar-han-den-svenska-strategin-aenda-fatt-raett>.
- ³³ PM Stefan Löfven i *Dagens Nyheter*, August 21, 2020, <https://www.dn.se/nyheter/sverige/lofven-coronakrisen-har-skatpat-stora-revor-i-valfarden/>, June 5, 2021: <https://www.tv4.se/klipp/va/13344020/jenny-och-steffo-traffar-stefan-lofven-pa-harpsund>.
- ³⁴ Epidemiologist Lone Simonsen et al published in February 2021 an estimate of up to 35,000 saved lives due to the Danish strategy (if one would have not decreed the factual restrictions) in contrast to what might have happened if one would not have reacted proactively (and lost plenty of times more lives). No figure has so far at all been presented in Sweden on how many lives might have been saved and how many one could have saved with another strategy as the Agency and Government in Stockholm constantly refuses to even think about such an evaluation. Trying a very rough calculation scientist Emil Bergholtz provided me with an estimate that of course only can serve as a preliminary yardstick. Epidemiologists would need to refine it clearly later along the lines from Roskilde: Departing from a deadliness of 0.6% already the first wave might have led to a loss of 40,000 lives (instead of ca. 5500) in Sweden on the one side and on the other one might have up to today saved ca. 30,000 lives due to its relatively slack response in combination with many individuals who have personally applied stricter precaution. If we would have applied the same measures as our Nordic neighbors we might have saved 10–12,000 lives more, and if we would have applied the most efficient measures like in SE Asia we might have saved 13,000 lives more. Another approach is to investigate the impacts of self-responsibility vs lockdowns. Benjamin Born, Alexander Dietrich und Gernot Müller have in a detailed study stated that a lockdown in Sweden would have reduced the numbers of infections in the first wave with 75%: instead of 80,000 infections one would have got only 20,000. For the corona death tolls the reduction would have been a bit less, 40%: instead of 5,800 deaths one might have had 3,500 (in the first wave). <https://www.sueddeutsche.de/wirtschaft/schweden-corona-gastbeitrag-1.5282013?reduced=true>.
- ³⁵ Regarding the “usually underrated demon – ageism” see Keller, who insightfully analyzes how the pandemic also conjures up a plethora of “pandemons.” Catherine Keller, “Pandemic Pandemonium,” *ABC Religion & Ethics*, May 24, 2020, <https://www.abc.net.au/religion/pandemic-pandemonium-catherine-keller/12281594>.
- ³⁶ After the pandemic’s break out in Sweden a number of highly merited scientists, doctors and experts started a constructive and self-critical discussion in March for the best of the worried population. Their articles received a wide response but were even exposed to heavy unobjective criticism. In late Spring they founded *Science Forum Covid 19*, <https://vetcov19.se/en/>, a group of ca 40 scientists and doctors including the undersigned, who are now reaching out to a majority of the population and media but are still refused to dialogue with the national Agency or the Government.
- ³⁷ Xavier Symons, “Pandemic ethics, herd immunity and the protection of vulnerable members of the community,” <https://www.abc.net.au/religion> May 8, 2020.
- ³⁸ <https://www.dn.se/debatt/risk-att-en-fjarde-covidvag-i-host-drabbar-framst-barn/>. In a depressing way 33 pediatricians recently downplayed our data in a (depressing) replica as if these suffering children scarcely matter. And what about all the many children who have lost one or both parents in the pandemic? Also these are manifoldly more than in other Nordic countries.
- ³⁹ <https://www.dn.se/debatt/svenskar-daliga-pa-att-respektera-manniskor-over-70-ar/>.
- ⁴⁰ Christian Gollier, *If the Objective is Herd Immunity, on Whom Should it be Built?* (Toulouse School of Economics, University of Toulouse-Capitole), POLICY BRIEF Vol. 4, May 29, 2020.
- ⁴¹ “A Tale of Two Countries: Sweden, Germany take different COVID-19 approaches,” *ABC News* April 14, 2020, <https://www.youtube.com/watch?v=YyqRsOPo4Ik>.
- ⁴² See note 34.
- ⁴³ Marc Daalder, “Covid-19: Why NZ shouldn’t go Sweden’s way,” *Newsroom*, August 18, 2020, <https://www.newsroom.co.nz/covid-19-should-nz-go-swedens-way>, cf. Julia Hollingsworth, “New Zealand PM Jacinda Ardern wants to eliminate coronavirus. Is she setting herself up to fail?” *CNN*, August 21, 2020, <https://edition.cnn.com/2020/08/20/asia/new-zealand-coronavirus-bargain-intl-hnk/index.html>.
- ⁴⁴ <https://www.institutmolinari.org/2021/04/03/the-zero-covid-strategy-protects-people-and-economies-more-effectively/>.
- ⁴⁵ Xavier Symons, “Pandemic ethics, herd immunity and the protection of vulnerable members of the community.” <https://www.abc.net.au/religion> May 8, 2020.
- ⁴⁶ <https://www.riffreporter.de/corona-virus/herdenimmunitaet/>.
- ⁴⁷ Despite this, FHM has chosen such a path. See Anders Vahlne et al, “Vad är Folkhälsomyndigheten egentligen ute efter?” [What is the Public Health Agency really looking for?] *Göteborgsposten* 12.7.2020, and Stefan Einhorn et al (including the author), “Sweden hoped herd immunity would curb COVID-19. Don’t do what we did. It’s not working.” *USA Today* July 27, 2020: <https://eu.usatoday.com/story/opinion/2020/07/21/coronavirus-swedish-herd-immunity-drove-up-death-toll-column/5472100002/>.
- ⁴⁸ <http://www.environmentandsociety.org/mml/pandemics-context>.
- ⁴⁹ Possibly the concept of resilience might play an important role in such a global ethos, as Markus Vogt has suggested in “Corona-Krise & Nachhaltigkeit,” at the digital conference arranged by *wpn 2030* in Munich, March 31, 2020.
- ⁵⁰ <https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19>.
- ⁵¹ Surprisingly one must state that the Swedish Agency as far as I can see has not followed the ethical consensus that already has been elaborated for encountering a pandemic in 2008 (*International Ethical Guidelines for Epidemiological Studies Prepared by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO)*). <https://www.ufrgs.br/bioetica/cioms2008.pdf>.

- ⁵² <https://www.abc.net.au/religion/the-ethics-of-swedens-herd-immunity-strategy/12764868>.
- ⁵³ https://www.echr.coe.int/Documents/Convention_ENG.pdf.
- ⁵⁴ <https://www.amnesty.org/download/Documents/POL3019672020ENGLISH.PDF>.
- ⁵⁵ <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>.
- ⁵⁶ <https://www.svd.se/ku-maraton-for-hallengren-i-ku>.
- ⁵⁷ <https://www.riksdagen.se/sv/aktuellt/2021/jun/3/kus-granskning-av-regeringen-ar-klar/>.
- ⁵⁸ <https://www.dagensarena.se/essa/viruspolitik-en-totalitar-demokrat/>.
- ⁵⁹ https://www.ft.dk/da/aktuelt/nyheder/2021/01/udredning-om-covid_19, <https://www.aftenposten.no/verden/i/vAJgIB/koronakommisjonen-man-kan-undres-over-at-sverige-ikke-endret-politikk>. Cf. <https://videnskab.dk/kultur-samfund/hvorfor-valgte-sverige-en-mere-doedelig-corona-strategi-end-danmark-og-norge>, <https://www.dn.se/sverige/dansk-rapport-grannlander-bytte-strategi-men-inte-sverige/>.
- ⁶⁰ <https://www.who.int/teams/health-ethics-governance/diseases/covid-19>
- ⁶¹ <https://www.dn.se/ledare/jorgen-huitfeldt-det-ar-dags-att-forpassa-iden-om-sverige-som-en-humanitar-stormakt-till-historien/>
- ⁶² Gina Gustavsson, “The risk of Sweden’s coronavirus strategy? Blind patriotism,” *Washington Post* May 3, 2020.
- ⁶³ More in Sigurd Bergmann, “Memoria Passionis Subversiva: The Moral Power of Remembrance in the Pandemic – in a Swedish lens,” forthcoming in: Dorothea Erbele-Küster and Volker Küster (eds.), *Between Pandemonium and Pandemethics: Responses to Covid-19 in Theology and Religions*, Leipzig: EVA 2021.
- ⁶⁴ Christoph Stückelberger, *Globalance: Ethics Handbook for a Balanced World Post-Covid*, Globethics.net 2020: <https://www.globethics.net/globalance>.
- ⁶⁵ “A god is that to which we look for all good and where we resort for help in every time of need; to have a god is simply to trust and believe in one with our whole heart.” Martin Luther in *Luther’s Large Catechism: God’s Call to Repentance, Faith and Prayer* trans. John Nicholas Lenker, Minneapolis: Luther Press 1908, 44.
- ⁶⁶ Cf. Leonardo Boff who strikingly demands “*O cuidado necessário e irmandade afetuosa*,” an unavoidable care and a loving brother/sisterhood. Leonardo Boff, “Em tempos de Covid,” November 10, 2020, <https://aterraeredonda.com.br/em-tempos-de-covid/>.
- ⁶⁷ Cf. Sigurd Bergmann, “The one at, around or with the other: Ecotheological considerations of the Spirit’s life-giving power,” forthcoming in *Modern Believing* 2022.
- ⁶⁸ Cf. here Harald Ofstad’s famous classical work *Vårt förakt för svaghet: Nazismens normer och värderingar - och våra egna*, Oslo: Pax 1971, (Trans. ed. *Our Contempt for Weakness: Nazi Norms and Values—and Our Own*, Gothenburg: Almqvist & Wiksell 1989).
- ⁶⁹ Anti-lockdowners and corona sceptics have gathered and expressed this belief with their signatures on the Great Barrington Manifest (driven by capital from the well known Koch brothers who also support US climate denial movements, <https://bylinetimes.com/2020/10/13/koch-funded-pr-agency-aided-great-barrington-declaration-sponsor/>) where one claims falsely that one can protect some and infect others in order to achieve herd immunity. They have been contradicted by many high competent scholars in the John Snow Memorandum, <https://www.johnsnowmemo.com/>. In an encouraging letter by the way a UN officer and quaker in Geneva, born in Great Barrington, told me that inhabitants of the region feel badly ashamed by this manifest that uses their home’s name for biofascism and contempt for the weak.
- ⁷⁰ One example of this thinking is Gregory’s oration regarding Love for the poor, Oratio 14, which he delivered in 373 at the dedication of a hospital established by Basil near Caesarea. Gregory develops his understanding of love for the poor as a soteriological quality largely from the perspective of Christology and eschatology.
- ⁷¹ Sigurd Bergmann, *Weather, Religion and Climate Change*, London and New York: Routledge 2020, 147–50.
- ⁷² Cf. Martin Lindström, “The New Totalitarians: The Swedish COVID-19 strategy and the implications of consensus culture and media policy for public health,” *SSM – Population Health* June 14, 2021: <https://www.sciencedirect.com/science/article/pii/S235282732100063X>. On the complex processes of decision making and its failures with regard to leadership, trust, crisis communication and much more see the recently published special issue of *The Swedish Journal of Political Science*: <https://journals.lub.lu.se/st/article/view/23328/20750>.

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