CORONAVIRUS AND VALUE PLURALISM: A Robust Ethical Perspective on a Pandemic

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Abstract: The fear of the largely unknown consequences of being exposed to coronavirus should have brought a more dynamic interplay of beliefs and opinions for those who in the footsteps of J.S. Mill believe that the limits of power, which can be legitimately exercised by society over the individual, is to prevent harm to others. It is surprising that not much debate or critical interaction has taken place on the choice of locking down most of the populace in 185 countries after the outbreak of COVID-19. The general lockdown, instead of testing and isolating the sick, can be seen as 'a gross usurpation upon the liberty of private life.' The axiological and ethical question confronting philosophers relates to the type and degree of authority needed during this period. As Mill claims, no general basic liberties can be respected overall without some previous and gradual evolution, that is, before other more specific liberties have met sustainable social practice. This essay reviews some of the problematic situations highlighting that no society is free or can achieve the objective of a fairly pluralistic set of values without a given social practice of these values, and shows how this logic of spreading of values unfolds in the context of the Coronavirus crisis.

Keywords: Applied Ethics, Coronavirus, Fear, Disgust, Anger, Emotions, Health Ethics, Medical Ethics, Pandemic.

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1. Introduction

The disagreement on public health policies and measures, or their communication, is very different from the numerous other ethical disagreements that are seen from binary standpoint. Such issues are interpretative discussions, which could be seen as opening the cultural question of the *status of some values* as part of a hermeneutical setting. It is not part of the philosophical political reflection on the *conditions for the sustainability of a plurality of values* (Pippin 100). On this line the paper will avoid the questions regarding the openness of Chinese authorities to a finer balance between value pluralism, freedom of expression, respect for the minorities, promotion of human rights, etc. Values only relate to social practices after a community introduces a general respect for freedom as an ethical innovation. We need to train a set of specific values and practices which align with these general principles such as, preserving the freedom of movement, or the linguistic and cultural rights of a minority group.

China proves to be technologically advanced on epidemiological matters including in the protection of their population, if we refer to the available statistics.[1] The impact of suppressing any form of public debate is yet to be seen. Several human rights defenders have disappeared in China in recent months. Apart from all this, we do not know the socio-economic impact of Chinese coronavirus management. China is a country where there are huge inequalities (Moon, *Ethics of Management*). We should not expect too much from single countries in case of pandemics. It is the responsibility of the international community to form a global and effective response to various pandemics (Moon, *Will Ebola Change the Game*?).

While facing the multiple challenges of such large pandemics, self-discipline can make us patient in the fight against the harmful consequences of the spread of the virus,

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[1]At this time it is too early to have reliable statistics but we are referring to Beijing Reuters information about high level of testing in China (over 887′000 nucleic acid tests), and encouraging fatality rate in the country and progressive release after lockdown.

because setting one's expectations too high is a recipe for anger and cynicism when things go wrong. It is important to discipline ourselves in thinking, in reading, in understanding, and by acting consequently in the reality of the current COVID-19 context.

Value and rights claims, with regards to health issues, are important dimensions of the overall problem. When facing life threatening situations, it is not often the case that both-can-be-right or there-is-no-simple-right-answer. To remain resolutely consistent with our values, we need to uncover how emotions could impact public health policies and actions, especially when we are entering a gradual transitional reopening of most social and economic activities in many European countries. It is an important philosophical and ethical task to understand after the emergency subsides, how many sacrifices of social practices and freedoms were endured by humans in such conditions. If social practices provide sustainable protection of rights and fair social entitlement, there should not be too many inconsistencies in the reasons for our rules and actions. On the other hand, genuine anxiety and the fear of death make it difficult for people to *agree on disagreement* and open a discussion on the meaning and import of ethical disagreement. This happens even when liberal ways of dealing with the emergency and non-liberal ways grounded in authority, often argue across purposes.

Following this logic, if we want to show the reasons of an episodic blackout in the management of the COVID-19 pandemic – or at least to show the polyphony of public health policy decisions and implementations, we first need to present the general framework of a moral psychology of fear. Self-discipline borrowed from Stoic ethics can be adapted to some of the main social and political issues that have emerged during the lockdown within the European continent. Secondly as a normative reflection of politics, we shall argue for a resurgence of classical liberal political values favoured by some contemporary philosophers such as Joseph Raz, Martha Nussbaum, and Monique Canto-Sperber, as opposed to both neoliberal and autocratic ones. We will show that liberal values

can be put into dialogue with Stoic therapy for fear as a philosophical medicine along with Nussbaum's ideas. This liberal grounding of emotions on reason adapts to prevent disgust and fear-based reaction contaminating public health policies, and consequently their media communication. Raz's work helps us to show that the value of some practice and the value of tolerating them (e.g. repression), even if they are mistaken, are very different from the often similar response given to rival policy ideals (Christian, Stoic, Liberal views). There are good reasons for all these ideals, or the fact that there can be also rival interpretations of common ideals (State based, civil society related implementation of social and liberal values).

Anthropologists and philosophers critically analyse arbitrary health policies, which have a very limited grip on the overall pandemic (Michel, Introduction; Lévy, Prologue). Agreeing on this perception, we humbly highlight subtle autocratic tendencies which, between the lines of all sorts of paternalistic injunctions, have been flourishing during the crisis of the pandemic. By calling attention to the grounding of emotions on values, we take for granted that after a period of dearth in negative freedom, situations where whole populations have been constrained to drastic health measures, the aims and scopes of value-pluralism should be reminded. The model presented here, which we could call a politico-philosophical liberal therapy, can respond to the trauma haunting the coronavirus epidemic. We follow the Talmudic wisdom: "The best of doctors will go to hell" and show that it is where there is the most urgent needs, on the ground of our ethical values, that therapeutic care is needed. This should not be undermined in comparison with educational or socio-economic impact during these times.

2. The Coronavirus Trauma

The coronavirus pandemic has affected all human activities on the planet by infecting over 7 million people in less than four months. Many countries adopted drastic measures, as seen in India, where the population of 1.3 billion people was given less

than four hours' notice about the lockdown. Such measures aimed at keeping the infection and deaths in check are the positive gesture towards solidarity. On the other hand, important social conformity was also perceived critically in different parts of the planet. Authoritative political cultures can associate and define virtue and discipline, where the law draws the boundaries that mark the limits of authority. In other places this boundary of authority is not considered as a straight line and is mainly assessed qua a risk toward basic liberties.

We all know that an assessment of the current health crisis' various dimensions will be reconstructed analytically after the crisis ends. Nevertheless, it is worth to use a philosophical vocabulary to understand some of the consequences of the lockdown. We will argue in favour for a refoundation of political classical liberal values (as opposed to both neoliberal and autocratic), as a philosophical therapy for ethical values and a response to the coronavirus moral shock and social traumas endured by the people during the pandemic crisis.

3. Brief Psychology of the Fear

The Gordian knot lies within the psychological fear of the disease, before becoming social and political, appealing literally to an imaginary "contamination" by projection (Nussbaum, *From Disgust to Humanity*, 20). Nussbaum focuses disgust, and indirectly only on fear, but both are considered as discriminative emotions. They show how effectively a generated popular revulsion might be generated, which is in turn a powerful motive for political decisions. The impending threat of "contamination" might be a strong factor in producing mass emotional reactions of disgust and fear. Moreover, it is likely that similar conditions may provide an appropriate guide for political authorities to plough a fertile ground for legislation in case of a pandemic. Nussbaum's critical reading of the application of disgust and fear-based morality to social problems of sexism, gender inequality, and racism – the fear of a pandemic produces similar emotional mechanism with similar consequences.

As the pandemic garners greater public concern, it also gave birth to a strong authority based legislative enthusiasm. It is justified to oppose the concept of a disgust-based morality as an appropriate guide for basing responsible leadership, and for legislating along with it robust value pluralist liberal criteria. Disgust and fear bring the framework of emotions into bright light, as emotions are related to our imagination and to our understanding of values, rather than to knowledge. As part of our understanding emotions are ultimately crystalized into our decisions and value judgements. Obviously, neither emotions, nor their dependence on social practices can be avoided. Raz mentions that even the excellence of close friendship that entails exclusive aspects is not self-contained. This is true about intimate relations and negative emotions such as disgust, fear, and wrath. They differ from pure possibilities by being dependent on social practices and may disappear once the practice ceases to exist. In a nutshell, understanding tends to involve a good deal of implicit knowledge and its richness exceeds our power of reason, therefore we could also call comprehension as "connected knowledge" (Raz 48).

The more general a value is the more homogenous and simpler it appears. However, Raz interestingly warns that the apparent simplicity of general values is misleading (48), as we can only have limited knowledge about them. Denying the contextualization of a value, by relying on abstract formulations of the content of values, leads to fanaticism. The coronavirus pandemic has shown pernicious connections between real and concrete negative emotions, as fear for our health or the health of our parents and friends, building it into a set of more general values. There is a temptation to have a reductionist view on values instead of simply acknowledging that good and bad, positive and negative values, are socially dependant and can only be explained by other values, from the more specific to the more general.

The fear of a pandemic can be related to real dangers, in which case, the attitude of "protecting citizens from objects" that fear or "disgust rightly identifies as harmful" is justified

(Nussbaum, *From Disgust to Humanity*, 21. It is not as simple, when disgust and fear are linked to the desire to keep away what seems bad to us, as this motive could be closely connected to the desire to protect self-interest of some sort, distinct from securing harm to others. The fear of getting infected if one does not wash after going to the supermarket is reasonable. It is distinct from *nosophobia*, the irrational fear of having a specific disease, or *cyberchondria*, the fear and panic created by high levels of media coverage about a disease, in contrast to the real risks of contracting a disease.

Our apprehension of the world passes through many other emotions, most of which are not based on disgust and fear, mainly as constituting a "vital contact with the world" (Haaz, *Empathy and Indifference*, Part III). Affective life is articulated on simple basic lines: the feeling of being alive, existential feelings, atmospheres, and mood (Fuchs 613, 614). All these layers can be distorted by the fear of contagion and disease.

Kierkegaard describes the existential fear of death for Christians as a tension between hope for eternal life and the concepts of fault and original sin. Therefore, the anxiety relating to the epidemic is distinct from the fear of death as a deep and metaphysical dimension. Are we living under the mode of hope, fear, or dread? This question should be answered by carefully taking into account the factor of internalization in our life. This factor intervenes like a magnifying glass and is induced by the abrupt contextual changes within our habitual daily life.

The prescription of physical and individualistic isolation promulgated by many of our governments not only results in physical distancing, but also underlines our relationship with the other, a relationship of sociability that constitutes us as human beings by grounding our values (Michel, Ch.10). Quotidian tasks of accompanying children to school, going to work, and enjoying leisure or entertainment, which are references that anchor us to the joys of a simple life, are questioned. The understanding that life changes helps to face these changes in a clear, deliberate, and transparent manner. History punctuates human life through these important turning points. Are we capable of accepting the

fact that we cannot entirely control a part of our collective destiny, we, who are contemporaries of a world where the great World Wars and the deepest economic crises are felt as distant events? Accepting the contingent and radically disruptive nature of life seems somehow more complicated than it may have been for the previous generations.

In contrast to the existential depth of the great religions, the risk of life's sudden end can be represented in a pleasant way, as a mythology evoked by J. G. E. Lessing, who insists on the fact that the ancients presented death as the sister of Sleep (Politis 498-99). Human death thus loses all hideous or repulsive character. As sleep, death is life's temporary suspension in a kind of extreme sleep. Death's arrival is as a "genius with his friendly figure bend down over the dying and with the breath of his last kiss extinguish the last spark of life, while all that was experienced has already vanished little by little, and death remains as that which, itself unexplained, explains that the whole of life was a game […] and now the game is over" (Kierkegaard 92-93 [footnote]).

The question about the responsibility of the deceased, according to whether the person did more good or bad deeds, can enter into an accounting to determine a possible life after death or rebirth. We can see that the perspective lends *in fine* a deep notion of poetic justice for all. This is a powerful motive that gives meaning to one's life that extends beyond our love for life or fear of death and does not focus excessively on the phenomenon of death or life. This is how religious traditions often psychologically compensate and ethically respond to fears and wrath.

The relationship between fear, the epidemic, and death is underlined by A. De Mello in a story in which a "pestilence" took one thousand lives while "fear" took a much greater proportion of fifty thousand (De Mello, "Human Nature"). Imaginary representations are forming images that go beyond reality; it is a leap toward a new life. When what we are afraid of happens to us by imagination, our imagination opens up an existence laced with horror and terror (Stanguennec 1-3). If

human beings possess a wider symbolic capacity to deal with fear, then they can transform into highly imaginative activities. Volker Gerhardt shows that our humanity is based on different ways of relating to life, in a pluralistic and dynamic way. First as *homo quaerens*, beings who philosophically question the meaning of life and existence, especially in its deep dimension related to the end of life. As producers of public objects linked to our capacity for reflexivity, we form ethical claims, participate in politics, or have religious practices. Although human beings can express humanity, it should be highlighted that they have an *intrinsic value*, in contrast to a wide range of things which have an instrumental value. Instrumental values are the value of the means for personal survival or personal development such as: food, shelter and good health, freedom of movement and action, as well as basic education and economic participation. Raz reminds us that both intrinsic and instrumental values exist only if there is either a "special" or "general social dependence", i.e. some sort of social practice which sustains it. General values are put into practice through more specific ones, which does not mean they are relativistic, "we express freedom by adhering the value of the rule of law" (19).

Although the constitutive dimensions of our radical quality as human beings are understandable, it is through the intrinsic value of human beings as being dependant on social practices that commitment to the practice of values exists. In order to continue and sustain as human beings, narrow adaptations can be tolerated, but they are masking the value of our identity. We are beings with extraordinary resources of freedom, and we share them via social empowerment.

4. The Coronavirus and Fear of Death

Even before the arrival of coronavirus, Bill Gates was making considerable efforts to curb epidemics around the world, because he feared that the Spanish flu, which killed 60 million people in 1918, could resurface in today's hyper-connected environment (Klein). Health professionals were trained in precise good practices, and governments were informed about

the practices which were ready for implementation in case of a crisis (Moon, *Will Ebola Change the Game?*). As Chomsky observed, "It was known for a long time that pandemics are very likely and it was underestimated. It was very well understood there were likely to be coronavirus pandemics, modifications of the SARS epidemic 15 years ago. At the time, it was overcome. The viruses were identified, sequences to the vaccines were available." Different national, regional, or local interests have come in conflict; having the people quiet was in some case as crucial as having them safe (Spain, France); the organisation of large events as the Olympic Games in Japan (postponed from 2020 to 2021), influenced the will of the government to tackle the issue of testing in a swift and consequent way. In many countries moderate and reasonable fear of possible lethal consequences of the COVID-19 disease on the elderly and vulnerable people with comorbidity has firstly resulted in public health leaders banning all massive gatherings. Later, this first measure has been extended to other types of restrictions known as shutdowns/ lockdowns. Many countries have chosen not to focus directly on the risk for vulnerable people, but on fear related emotions due to invisible airborne pathogens. On this line, a politics of disgust and fear has considerably suspended the rational response expected by many, and media coverage has been generous on cultivating our irrational fears.

Some countries such as Sweden, have tried to look closer to the areas in society which need special attention instead of shutting down the whole society. Contrary to swine-origin influenza, where "60% of cases infected with H1N1 are 18 years old or younger and many of case clusters have happened in schools," coronavirus does not spread essentially among children or adolescents. This key difference between most influenzas and coronavirus, has not been noticed much, as closing schools does not impact the spread of COVID-19 as it was with H1N1 (Cauchernez et al.).

For Sweden, not enforcing lockdown in homes does not mean sacrificing the elderly to quickly reach 'herd immunity' (Giesecke). Severity of the measures does not play an important

role for combating the fatality rate of COVID-19. Modest physical distancing has been experimented in Sweden: schools and most workplaces have remained open but under condition that individuals maintain a 1.5m distance with others. No police officers were needed to check those taking a walk in the street as in France, Italy, or Spain. The gathering of more than fifty people was restricted, but no draconian measures were taken. Such a liberal model should not be seen as not protecting the elderly, as Giesecke affirms,[2] provided that hospital capacity does not remain stable, but becomes a dynamic process, as many hospitals have tripled their capacity in this part of Northern Europe. A liberal system can manage to keep the level of spread below the threshold of the health system. It shows that slowing down the rollover of the disease on large regions can be done in a reasonable way with very minimalistic measures and keeping individual negative freedom in the radar as a serious concern (avoiding unnecessary constraints). Such modest measures depend on the responsibility of the citizens to protect the groups better, but also allowing the disease to pass through the population. Dictatorial tendencies are not accepted in established democracies and liberal frameworks as seen in the North European context are good examples. Some countries in the Far East have taken drastic measures, as seen with South Korea and Singapore, but this is not conceivable for other liberal political cultures (Stückelberger). On releasing the lockdown measures, one need to climb down with step by step restrictive measures, approaching the liberal model, not reopening the whole too suddenly, as dealing with a sudden hike in spread might be tough. The rules should be soft policies (standards, ethic codes) not hard laws.

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[2]From a liberal or "herd immunity" strategic view, COVID-19 is similar to a severe influenza despite it "is often quite symptomless and might pass unnoticed, but it also causes severe disease, and even death, in a proportion of the population, and [the] most important task is not to stop spread, which is all but futile, but to concentrate on giving the unfortunate victims optimal care" (Giesecke).

These positive and important measures remain national; they consider the public health policies as irrelevant to wider social problems such as world poverty, which are internationally accepted core criterion of basic justice. Local and specific successes may divert the attention from the question how we might, causally and morally, ensure adequate share of basic health, freedom of movement and action, economic participation, etc. The global perspective comes about through the interplay of global and national factors.

Sweden is not the only country that has concentrated its attention to its national needs. On the contrary, this has been the general rule, which has been reinforced by both the view that "the persistence of severe poverty abroad does not require our moral attention" or "there is nothing wrong with our conduct, policies, and the global economic institutions we forge in regard to world poverty" (Pogge 4). Here we can understand, the important role global institutional factors play in the production of human misery and "how reform of such factors could advance the realization of human rights" (Pogge 49). Our attention is continuously distracted from the crucial problem of poverty through a consistent denigration of the problem as less relevant than the pandemic. The following list highlights the pivotal cognitive and emotional bias generated by fear driven facets related to the outbreak of COVID-19.

4.1. The Infodemic Bias
On the one hand, we are exposed to continuous media hype around statistical figures of victims. On the other hand, a confusion presents itself on most appropriate public health measures. There has been a hesitant political leadership in a situation that requires creativity, innovation, and entrepreneurship. More than 5000 scientific journal articles have been published in the past three months on the subject. Many works are graphic visualizations of statistic results. (Kucharski et al). Most concern graphs and curves about the contagion factors.

4.2. Fear among Health Care Practitioners

Many studies focus on the working conditions of health care workers (Petzold, Plag, and Ströhle 417–421), who are afraid of infecting themselves and others, especially in a situation where the transmission of the virus has not been fully informed. There is a risk of misinterpreting the symptoms for other illnesses (e.g., a cold) as symptoms of COVID-19 disease. There is concern for family members and for children who are alone at home due to school closures. Finally, there is concern about the deteriorating physical and mental health of health care professionals who have pre-existing conditions or risk factors. To these first fears can be added the second fear of getting sick or even dying. Fear of social isolation when a health care worker is related to the illness. There is a feeling of powerlessness to be unable to protect the caregivers, and the fear that the caregiver could die. There is the fear of separation of caregivers due to isolation or quarantine measures. There are feelings of helplessness, boredom, and depression during isolation or quarantine. There is the fear of reminiscence and reactivation of threatening experiences from previous epidemics. These works investigate and document the conditions under which the closed hospital world operates.

4.3. Lack of Medical Equipment

While patients are being treated the recurring problems of lack of medical equipment (masks, gowns, gloves, resuscitation beds, respirators, etc.) still persists. The central issue remains the mismanagement of the resources necessary for a good therapeutic practice during the scarcity. Problems remain within the framework of care institutions and are not widely discussed, not part of transparent and value based social practices. Each hospital has its own staff, or ethic committee, which analyses and clarifies the possibilities. These professional resource managers then present the options to the wider hospital communities. On the one hand, it is understandable that it is not the job of the civil society, nor of some external ethicist to answer concrete questions, and find practical rules for moral dilemmas, bound in social practices. Ethical problems in times of epidemic

could later also be a matter of public concern, and assessment by ethicists or external auditors, after the epidemic. There are situations where distributive justice does not work because fair distribution creates uselessness and additional risk, e.g. deciding that all would just alternate scarce resources has never answered the specific need for medical equipment such as respirators. Laurent Jaffro has further analysed the unethical behaviour at the level of governance and management of resources. He illustrates the phenomenon as "adaptive preferences" with the Fable of the *Fox and the Grapes*: where many behave as if they "don't need any sour grapes." It was not clear whether masks were needed by those who are sick or those who are not sick. The same happened in France with tests. Nobody knew whether "it was not the lack of equipment that explained the scarcity of tests, but their supposedly superfluous nature. […] the government seemed convinced of alleged truths contrary to the evidence" (Jaffro). Again, the delay in the policy of serological testing at many places around the world was justified by their approval process. "Instead of facing an unpleasant reality, the first movement has been to take refuge in an illusory comfort, at the risk of legitimizing procrastination and eroding the confidence of the governed" (Jaffro).

4.4. Miscalculation of Risks and the R0 Rate

An unattended result of the lockdown is the way it has been decided and monitored to introduce "barrier behaviours" between healthy people as means to control the epidemic. This is done in order to limit the so-called R0 rate to a figure as low as possible, ideally a figure as close to zero as possible, for example a 0.6 value would be a very reasonable risk. Let us recall that measles has an R10 to R20, while consequently the spread of coronavirus is quite modest, even without social distancing at all. Again, modest measures and abstention of economic freezing of the whole society could have been a matter of public debate in Northern European countries. It was another choice comparing to watching each other as one watches the milk on the stove.

It is worth observing and saluting the great ethical and social solidarity of everyone in complying with the containment measures. A great event that took place without any shouting and smoke, without bringing a part of society into turmoil. But, "the greatest events—are not our noisiest, but our stillest hours," the philosopher Nietzsche wisely wrote (Nietzsche).

Death is a tragic and unfair event regardless of the number of people who lose their lives. It would be inadmissibly cynical to conclude that given the relatively few victims that have been counted to date, that it is only the lockdown that should hold the attention, as the major and unexpected event around the pandemic. Same is true for the foreseeable negative economic consequences.

4.5. Technological Hype

Lockdown may possibly accelerate certain processes of change understood as technological evolution (teleworking, internet shopping, social networks, telemedicine, etc.). However, these dimensions also create a greater rift between human beings due to less physical contact.

4.6. Holistic vs. Ontological View of Public Health

Defining health or disease is not at all simple, nor is it possible to define public health without some grounding presuppositions. Medicine can either be practised in a classical holistic way, according to the principle that health prevails when the whole human being, physical, mental, and moral is in balance. This view can then be applied on a collective scale for public health policies. We could attach this view to Hippocratic medicine (Carrick 17). By emphasizing the totality of the person, WHO defines health "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

The holistic vision may inspire methods with little benefit to the patient (Kory and Bloomfield,55.) and treat health as a state of the organism in which the organism functions without evidence of abnormality or malfunction. This more analytical approach insists on the methodological honesty of the central premise on which it is based: health is simply the absence of

disease (Kopelman 211). This school relates to evidence-based medicine, and uses observation as a method of articulation, following the pathological anatomy discipline model of its pioneers.

4.7. Tracing Patients and Patients' Contacts

It is not clear why the physician should report and trace the people his/her patient came in contact with after showing the symptoms of high fever and cough, as he would be asked to do for serious infections as tuberculosis. Unlike coronavirus, the risks for tuberculosis are unquestionably very different. The doctor, after having explained the issue to the patient, relies on the assistance of the hospital's infectiology unit, which is responsible for mapping the network of contacts and does not rely on the physician to follow up possible infections with third parties.

4.8. Schools as Extracurricular Poles for Socialization

The relation of public health measures to the closing of schools has been analysed and shows that schools deliver much more than curriculum related education. Closing schools in period of pandemic has wide social and economic consequences for the worst off in society. Blendon found that "93% of 91 low income households (less than $25'000) would have serious financial problems if they had to stay home for 3 months, as opposed to 64% for 406 high-salary income households ($75'000 or more). The proportion drops to 84% and 37%, respectively, if they had to stay at home for a month" (Blendon 477).

5. Conclusion

In her latest book *La fin des libertés* Canto-Sperber premonitarily states that "the end of liberties" coincides with the best time to "re-found liberalism." (11-14, 20We have larger degree of basic liberties in some of the rich countries of the northern hemisphere, and it is not very clear why do some people in these rich countries feel less free. Liberalism is no longer sufficiently represented in politics. Pluralism of values in the political sphere can be seen as a threat to the clarity of an overall political view

instead of a requirement for mediation and expression opinions and desires (179-180, 186-9). We live in a more impoverished way, with no real possibility of taking action to transform our lives. The right form of liberalism, however, should be seen as a fundamentally emancipatory idea, attached to value pluralism (60). The intellectuals' observation that economic liberalism (neoliberalism) is triumphing over (classical) liberalism, is also visible on the ground of the governance of the pandemic. Liberalism becomes a dogma, overshadowing emancipatory liberalism. We can say without betraying liberalism that true liberalism is when freedom comes into the lives of the poorest people. The poorest people themselves with the need for food, shelter, health and decent education conditions instead of rationality and virtue.

Human freedom cannot (only) be built in the rational kiln of the Greeks and the moderns (Descartes, Spinoza), nor (only) as a gift of Christian divine providence, but in the exercise of the mutual freedom of the desires. Grounded in value pluralism the notion of toleration, if not political liberalism as such (Raz 151) can pretend to constitute a solid ground for emancipation or empowerment and a large equalitarian set of ethical values. Therefore liberal values have the dependency of values on social practices and other values. This kind of liberalism is based on the mutual respect for the legitimacy of others' desires/values and not only on virtue or rationality. This rather simple idea could be considered as a platitude, if there were no revolutionary times, or times of global public health and economic crisis, when obstacles to negative freedom become again widespread in society.

This horizontal and egalitarian liberalism might differ from a romantic view, which emphasizes the essential contribution of a model of education from above, represented by leaders of education, without denying the achievements of more fundamental freedoms.

We can conclude by saying that it is truly astounding that on a global level no leader in any way bothered to consult citizens before imposing restrictions on their freedom at any point of the

crisis. Most governments suspended parliamentary control over the executive power. The no harm principle can justify strict limits to individual liberty in order to avoid harm to others.

The freedom to choose one's treatment in the event of an infection raises the question of informed consent to care, which is vital for any fragile person who is exposed to a life-threatening infection. Decisions to use or not to use intubation procedures, should be made in consultation with the patient, and in a transparent setting. The concentration of patients in hospitals takes them away from their families and clogs up care structures designed to accommodate smaller numbers. All these measures are limitations to individual freedom and should be *ex post*, if not *ex ante* discussed and assessed in a responsible discursive way.

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