Bioethics in Apocalyptic Times

Henk ten Have



BIOETHICS IN APOCALYPTIC TIMES

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OpenBook Publishers

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For Nancy, Carien and Cecilia

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About the Author

Henk ten Have has been Director of the Center for Healthcare Ethics at Duquesne University in Pittsburgh, USA (2010–2019). He studied medicine and philosophy in the Netherlands and worked as professor in the Faculty of Medicine of the Universities of Maastricht and Nijmegen. From 2003 until 2010 he has joined UNESCO in Paris as Director of the Division of Ethics of Science and Technology. Since 2019 he is Emeritus Professor, Duquesne University, Pittsburgh, USA, and since 2021 Research Professor at the Faculty of Bioethics in the Universidad Anahuac Mexico. He is editor of the *International Journal of Ethics Education*, and *Medicine, Health Care and Philosophy*. He currently is President of the International Association for Education in Ethics.

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1. Introduction: Apocalypse and Vulnerability

1.1 The Horsemen of the Apocalypse

According to Greek mythology, the island of Patmos in the Aegean Sea was initially located at the bottom of the sea but it emerged from the waters at the request of the goddess Artemis. It is known as the place where the apostle John had his visions from Jesus which he disclosed in the Book of Revelation, the final book of the New Testament. John was exiled to the island by the Roman emperor Domitian during the persecution of Christians in the first century. In his book, John of Patmos describes the four horsemen of the Apocalypse. The Apocalypse is a great and sudden disaster resulting in destruction and change, perhaps the end of the world. The horsemen are symbols of the causes of destruction: pestilence, war, famine and death. The first horseman is riding a white horse, carries a bow, and is given a crown; he pushes ahead to conquer. He is usually considered to represent conquest, and according to a later interpretation, pestilence or plague. Remember that the Latin word for crown is 'corona.' The second horse is red and the horseman has a sword in order to kill; he represents war. Another horseman is a food merchant, riding a black horse, and having a pair of balances in his hand; he symbolizes famine. The last horse is pale, and the man riding it is Death. Together, the horsemen bring extinction and devastation. In John's words: "And power was given unto them over the fourth part of the earth, to kill with sword, and with hunger, and with death, and with the beasts of the earth." (Bible 2026).

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Fig. 1 Dürer. *The Four Riders of the Apocalypse* (between 1497 and 1498). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Durer_Revelation_Four_Riders.jpg

John's four horsemen have inspired numerous artists and writers, most famously Albrecht Dürer who made a series of woodcuts in 1498 (Figure 1). Another well-known painting of the horsemen comes from Viktor Mikhailovich Vasnetsov in 1887 (Figure 2). A more recent drawing was produced by the French artist André Fougeron in 1937 just after the outbreak of the Civil war in Spain, predicting the advance of totalitarianism in Europe. Today, the theme of the four horsemen figures in contemporary digital art, for example by the American video artist Paul Pfeiffer (Crocker 2022). The theme of the horsemen has also been taken up in novels, such as Agatha Christie's *The Pale Horse*, and Toni Morrison's *Beloved*. In 2025, the Nobel prize in literature was awarded to the Hungarian writer László Krasznahorkai, who has been called 'the

master of the apocalypse' since his work presents a melancholic vision of the world as corrupted and doomed (Szirtes 2025). Musicians have played with the theme of the horsemen, from Johnny Cash to Metallica. Swedish rock band Europe's very popular song, 'The Final Countdown' (1986), illustrates an apocalyptic mood by saying goodbye to planet Earth and leaving for Venus. Finally, the Apocalypse is the topic of movies and television series. The best-selling English translation of Vicente Ibañez's 1916 *The Four Horsemen of the Apocalypse* was the basis of two movies (in 1921 and 1962). Several other films featured the horsemen, such as *Pale Rider* (1985), *The Crow* (2005), *Now You See Me* (2013) and *X-Men: Apocalypse* (2016). The last few years have seen an abundance of new North-American television series on the imminent end of the word. *The Last of Us* (2023), based on an earlier videogame series, presents a postapocalyptic world after a pandemic caused by fungi. In the drama series *Silo* (2023), people live in a giant, multilevel underground silo with stringent regulations assumedly developed to protect people from the toxic world on the surface, believing that the earth has become uninhabitable. *Fallout* (2024), first developed as a series of videogames, shows life in Los Angeles after a devastating nuclear war.



Fig. 2 Viktor Vasnetsov. *Four Horsemen of the Apocalypse* (1887). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Apocalypse_vasnetsov.jpg

In the television series *Paradise* (2025), people live in an underground city after an apocalyptic event, while in the thriller series *Zero Day*

(2025), the world is paralyzed after a deadly global cyberattack, with rampant disinformation, corruption, and conspiracy theories. All series have attracted millions of viewers and streams.

1.2 A Religious and Secular Idea

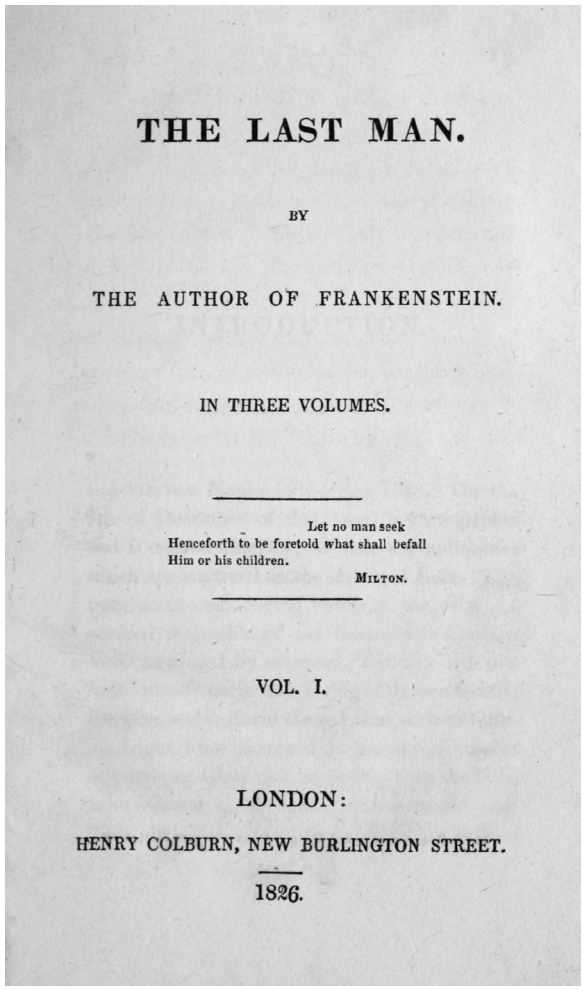
A survey in 2022 shows that almost 40% of adult Americans believe that we are living in end times (Diamant 2022), This belief is especially widespread among evangelical Christians (63%), and less shared among Catholics (27%), while 23% of people without religious affiliation have a similar belief. These findings point to the fact that historically apocalyptic beliefs and visions are developed within a religious context, especially Judaism, Christianity and Islam, but also Buddhism and Hinduism. The gloomy predictions of John of Patmos were not new. The tradition of apocalyptic writing goes at least back to ancient Jewish works in the third century BCE (Himmelfarb 2010). They were often more than prophecies of cataclysmic events but also explanations of the origins of evil in the world, and revelations about what will happen after death. Throughout history, in many cultures apocalyptic narratives and myths have been promulgated. The ancient Greek poet Hesiod for example, whose *Works and Days* was possibly based on older Egyptian and Mesopotamian legends, describes the five Ages of Man. After the golden age in which humans live among the gods in peace and harmony, and with abundant food, the human condition only declines. Passing through the silver, bronze and heroic ages, they end up in the iron age of Hesiod's times, where human life is miserable, painful and violent. Zeus will finally destroy this last generation of humans (Evelyn-White 1914).

In the Old Testament, the Book of Ezekiel (14:21-23) predicted that God will send four catastrophes to kill off people and animals alike: war, famine, wild beasts and disease. Based on the Scriptures, Christians expect a time of immense trouble and suffering with oppression and persecution, false prophets, deception, wars, famines, earthquakes and other natural disasters. After this so-called 'great tribulation,' the world will end. But then Jesus will come again, destroying the forces of evil and sin, and judging the living and the death. The basic idea is that the battle between good and evil will continue until the end of the world when ultimately Christ will prevail and human actions will

be judged. There is no reason for despair, but it will be important how we live and what we do. Eschatology is the special branch of theology that studies these end times. The religious idea of apocalypse has given rise to prophecies and movements (such as millenarianism) that expect that the world will be destroyed and dramatically transformed and renewed. They commonly rely on literal interpretation of the text of the Book of Revelation. Theologians, however, have pointed out that St. John has written his book at a chaotic time when people were severely persecuted and suffering. Hence the use of negative expressions such as annihilation, carnage, cataclysm, devastation and disaster. But he primarily wants to comfort his audience by offering them a perspective of hope in a new heaven and a new earth: "there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain…" (Bible 2026). Apocalyptic literature is crisis literature, making extensive use of symbols and metaphors, images and visions. For example, the number seven is used by John as a symbol of totality and perfection (seven angels with the seven vials full of the seven last plagues) (Weber 1999, 6, 35). Symbolism has a particular purpose: it is understood by the audience but incomprehensible for the civic authorities (Doyle 2005). John is furthermore 'telescoping' time: he pretends to speak about the future but is really addressing the present crisis, and has no intention to predict the future. The Apocalypse is an allegory, a narrative representation of ultimate salvation (Weber 1999, 34ff).

In contemporary discourse, the term 'apocalypse' usually no longer refers to a religious context but is applied to major catastrophes that threaten the survival of the planet. Apocalyptic language is used to express fundamental fears and public anxieties without explicit religious connotations (de Martino 2023). Already in the eighteenth century, apocalyptic views were developed in folk culture and expressed in commonly held worldviews outside of and apart from formal religious institutions (Wojcik 1996). In Romanticism, artists such as Byron and Mary Shelley introduced the image of the Last Man as both victim and witness of the demise of the Earth (see Figure 3). Contrary to the ideas of Enlightenment, the world is perceived as cold and dark, and there is no progress or perfection. Human beings are part of the natural world and subject to the laws of nature. The future may also be threatening because of human interventions and decisions. Apocalypse is not part

of a divine plan, promising a new world, but the result of human action, and without any meaning (Horn 2018).


THE LAST MAN.

BY

THE AUTHOR OF FRANKENSTEIN.

IN THREE VOLUMES.

Let no man seek
Henceforth to be foretold what shall befall
Him or his children.
MILTON.

VOL. I.

LONDON:
HENRY COLBURN, NEW BURLINGTON STREET.
1826.

Fig. 3 Mary Shelley. *The Last Man* (1826). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:The_Last_Man_1st_edition.jpg

Since the last World War, the possibility of nuclear warfare created fears of a nuclear apocalypse, causing the extinction of humanity. With the end of the Cold War, such fears have diminished but apocalyptic thinking endured. Imminent world destruction is now attributed to global warming and environmental deterioration (climate

apocalypse) (Kemp et al. 2022). A yet unknown disease ('Disease X') that is incurable, extremely infectious and nearly always fatal may cause a pandemic apocalypse (Isaacs 2020). Analysis of three major newspapers in the United States shows that since the 1990s, articles associating apocalypse with climate and disease became more frequent than those focused on nuclear war (Bleich and Star 2024). Most recently, scientists and industry leaders have warned that artificial intelligence might destroy humanity (AI apocalypse). In December 2024, computer scientist Geoffrey Hinton, known as the 'Godfather of AI' predicted that there is a 10% to 20% chance that artificial intelligence would lead to human extinction within the next three decades (Euronews 2023; Milmo 2024). In January 2026, the Doomsday Clock was moved five seconds closer to midnight, i.e. the symbolic moment representing the Earth becoming uninhabitable for humans, and thus the end of humanity. The clock is a symbol of global catastrophe, an initiative started in 1947 by an international group of researchers to indicate the seriousness of global threats. While it was seventeen minutes from midnight in 1991, it is now only eighty-five seconds away, closer to midnight than ever before, due to increasing risks of nuclear warfare and climate change, and especially because of the wars in Ukraine and the Middle East. The experts believe that humanity has never been so close to the brink (McBain 2026).

The religious concept of apocalypse is not completely negative, since it includes an element of redemption (evil and sin will be ultimately overcome), whereas the secular concept assumes that apocalypse is meaningless, final and irreparable; there is no promise of renewal or resurrection. Global annihilation is not something to await but to avoid. It easily leads to a sense of pessimism and fatalism. Certain events and experiences are inevitable, because they are determined by external forces beyond human control (Wojcik 1996, 298). The Last Man witnessing the ultimate catastrophe can only observe and is unable to act. Humanity itself will vanish and humanness will be lost, since human beings are overwhelmed by fear and irrationality. Any hope of survival, any optimism, is illusory (Horn 2018, 41). This sense of doom and hopelessness has become stronger since the twentieth century. Nuclear technology and artificial intelligence are regarded as unmanageable and uncontrollable, as are the processes of global warming and biodiversity

loss, making the Earth uninhabitable. They demonstrate that humans are vulnerable creatures that can be extinguished in the shorter or longer run. However, if humans are powerless against these forces and processes, they bring about a deep sense of despair, paralyzing engagement and intervention, and dismissing all possibilities for hope. For the Jewish philosopher Martin Buber, apocalyptic eschatology (which he distinguishes from prophetic eschatology) means that the future is predestined; there is no room for human decisions and free, meaningful action; human responsibility has become a futile concept. The demise of the world is unfolding and human beings are used only as its instruments (Glatzer 1967).

1.3 A Powerful Metaphor

At the same time, and paradoxically, apocalyptic language is more often than not used as an ultimate outcry to take immediate action and to prevent the imminent worst case scenario. Doomsday is approaching but not yet here, so there is urgent need for countermeasures to avoid an apocalypse, even when there is little time left. Against this backdrop, apocalyptic language is used as a powerful metaphor to call for change. This is also true for secular perspectives since the modern, Western view of history is based on the Jewish and Christian conception of time as linear movement towards an ideal end (in contrast to the ancient Greek idea of cyclical time). As German philosopher Karl Löwith has argued, this view assumes that history has a final purpose, i.e. a 'better world' (Löwith 1949). Secularization of apocalyptic thought, in his view, reiterates the belief in human progress. But there is a crucial difference with the religious heritage since the idea of progress in the secular view refers to gradual perfection of what is already present. It also articulates that human or natural forces, rather than divine ones, will bring about a more perfect society (Jones 2022). Both religious and secularized eschatology however, promote a vision of an ideal society, not just mere improvement over the present one. Both forms of apocalyptic thought emphasize the importance of "a transformative crisis that will eliminate the ills that have long plagued human society, such as strife, poverty, and violence" (Jones 2022, 45). A crisis therefore can be frightening but is also positive since it provides new

opportunities. It should be welcomed as a disruptive event and vehicle to bring "the seemingly impossible within reach" (Jones 2022, 40). Crisis as opportunity for transformative change makes apocalyptic thinking attractive as a disruptive and destabilizing metaphor, since it paradoxically joins destruction with the hope that radical changes towards a better world and society are possible. Apocalyptic views articulate the discrepancy between reality and ideal, the exasperation with the present world and the yearning to radically change it; they are therefore destabilizing for the established order and its institutions. Because of their subversive impact, they are usually marginalized and ridiculed (Weber 1999, 27ff).

The problem is, as Eva Horn has pointed out, that the current concept of apocalypse is that of "catastrophe without event" (Horn 2018, 44, 67). It is not located in a specific time but unpredictable because our lifeworld is radically transforming. There are no longer only local disasters but they happen in a multitude of places, with unforeseeable consequences. In this perspective, climate change has no identifiable course or responsible agents. Apocalypse therefore is no longer the result of human decisions (in contrast to the nuclear catastrophe). The consequence is that apocalyptic images in the modern age are linked to passivity, lack of individual and collective activism; planning and preparation are considered as futile. In the Anthropocene, humans are agents, victims and observers at the same time (Horn 2018, 232). However, the generalized and global nature of an impending apocalypse in this view marginalizes the idea of human agency. While global problems such as climate change are collective problems, they may lead to a sense that individuals feel a lack of agency, whereas in fact individuals do contribute to a potential apocalypse.

1.4 Degeneration and Decline

Although apocalyptic visions are not absent in other cultures, they seem particularly recurrent in Western culture. Eugen Weber gives many examples showing that apocalypticism in religious and secular forms is not exceptional but thrived during European history (Weber 1999, 55). Expressions of decline that already prevailed in the earliest Greek literature (e.g. Homer and Hesiod) are repeated

and reformulated by St. Augustine, while Enlightenment thinkers see decadence and degeneration as the price paid for human progress. In the era of Romanticism, confidence in the future is lost and history is interpreted not as the story of progress but of vanished glories (Herman 1997). Narratives of decay are prevalent in nineteenth-century European culture, science and politics. It seems like Europe is obsessed with its own cultural decline (Hermans 2023). Profound dissatisfaction with the actual world and pessimistic concerns about the state of society and civilization are expressed by authors such as Baudelaire, Flaubert, Verlaine and Wilde, while Ibsen, Huysmans and Zola present sagas of decadence in describing the disintegration of families (Bernheimer 2002). In the books of Turgenev the figure of the superfluous human being takes a central place—expendable and redundant bodies without any use to society. While the compositions of Wagner articulate discontent with the present and a longing for a different world and life, philosophers such as Schopenhauer and Nietzsche argued that the world, and Western civilization in particular, is seriously ill and in various phases of degeneration. Social critics as Max Nordau (in 1892) warned for the ruinous effects of degenerate art, and later Oswald Spengler (in 1918) predicted the final collapse of Western civilization. Cultural decline is also documented by historians. Just as Edward Gibbon in the eighteenth century described the decline and fall of the Roman Empire, Johan Huizinga famously outlined in 1919 the cultural exhaustion and implosion of late medieval society (Huizinga 1924).

Theories of degeneration used an organic model (of birth, growth, flourishing, deterioration and decay) to interpret contemporary phenomena of decay in culture and morality: biological degeneration, moral decadence, crime and insanity, social disintegration, apathy, depravity and nervousness. This model was not only applied to explain the psychological and physical weakening of the individual but also the dissolution of culture, due to modernization, secularization, massification, individualization, and urbanization (Hermans 2023, 493ff). Characteristically, the medical discourse of stigmata of degeneration was connected to a moral discourse of corruption, deviance and depravity (Stuurman 2000). This interpretative model was stimulated by the growing interest of natural scientists and

physicians in natural history, taxonomy and biological differences that emerged in the seventeenth century. Exploration of new areas of the world, of different cultures and societies, confronted Europeans with what was 'foreign' and 'other.' The avalanche of new knowledge of objects, ideas, customs and languages needed to be understood and explained. Efforts to reduce the multitude of particular findings as well as emphasis on empirical approaches to describe and analyze differences encouraged categorization and classification, particularly of humans based on physical characteristics such as skin colour, facial type and bodily shape. Against this backdrop, racial classifications were introduced, the first one by the French physician François Bernier in 1684 (Bernheimer 2002). In the eighteenth century, more systematic classifications were produced by Linnaeus, Buffon and Blumenbach. Human diversity was explained in terms of the relatively new concept of race rather than with references to geography and climate, or civilization and rationality (Hannaford 1996). Racial theories assumed the white European race to be the standard from which other races have 'degenerated.' Medical doctors played a significant role in the development of racial theories, arguing that racial markers were measurable and quantifiable. Blumenbach, for example, had a large collection of skulls and promoted craniometry as an objective parameter of race. Paul Broca in Paris studied skulls and brains, concluding that the development of intelligence was related to the volume of the brain, and that the brain was largest in 'superior' races with a white skin. Cesare Lombroso in Italy identified anatomical characteristics of criminality, particularly in inferior races (Gould 1996). Evolutionary theory influenced medical discourses of degeneration in the nineteenth century. Lombroso, for example, promoted the doctrine of atavism: some people, especially criminals, have regressed to more primitive stages of evolution, and traces of the past, their backwardness, are reflected in their physiognomy, especially their skull and faces (Pick 1989). Degenerative forces are thus interpreted as opposed to evolutionary processes; they are the dark side of progress.

While the medical model of degeneration initially focused on the degenerate individual (e.g. 'the criminal' and 'the insane'), it soon became applied to society itself. The argument went that processes

of degeneration affected whole societies and cultures. Max Nordau, author of an influential book on degeneration, stated that Western-European civilization itself is "an immense hospital ward" (Pick 1989, 24). The medical language of decadence used to construct the inferiority of other races and the non-European world therefore became applied to Europe itself. Decay and deterioration not only take place in distant races and civilizations but also at home. Many countries face profound social and demographic changes, and challenges of social and political divisions. In order to enhance national unity and identity, especially in emerging nations such as Italy and Germany, an internal civilizing mission or colonization is deemed necessary not only to overcome national decline, fragmentation and conflict but also to address urban poverty, criminality, irrationality, and social pathology (Pick 1989, 3-40).

That the concept of race emerged during the Enlightenment is not a coincidence, according to Kenan Malik (Malik 2023). The persistence of social inequalities and divisions among people in West European societies becomes a fundamental problem when these societies have proclaimed equality as a moral and political ideal. Categorizing people by race, and associating different qualities to different races, is used to explain the friction between ideal and practice (Malik 2023, 50). Race in this context is deemed to be a useful concept because it clarifies not only the notion of progress (why some civilizations have advanced and others are inferior), but also the processes of degeneration within civilizations.

Racial taxonomies are attractive since they are based on the belief that rational science (especially comparative anatomy and physical anthropology) can disclose and justify differences between humans. Rather than traditional references to the political, social and religious settings of life, human variety can be explained on the basis of physical and anatomical characteristics. Human nature is determined by intrinsic and unalterable physical, chemical, biological, and genetic constituents which can be measured and quantified. Scientific research of these determinants is thought to offer an objective approach to diversity and variability but necessarily implies a ranking and hierarchical ordering of human beings. Identification of separate races implies that they are

unequal; such inequality is assumed to be a biological fact, and this should have particular consequences. In this racist frame, the mixing of races should be avoided since it leads to degeneration and decline. This apocalyptic view was popularized, for example, by Arthur de Gobineau (1816–1882): since all civilizations derive from the white race, and races are unequal, mixing produces decadence and decay of civilizations (Malik 2023, 53-54). A similar apocalyptic prediction was made by Oswald Spengler in 1918 and 1922 (Spengler 1928). Western culture has no privileged position compared to other cultures. All cultures go through an organic cycle ending in decline and fall, with civilization as a manifestation of the end times of a culture. Every culture is temporary and doomed to disappear.

1.5 Apocalyptic Anxieties Nowadays

While discourses of degeneration, decline of civilization as well as social and moral decay are recurrent in the nineteenth century, apocalyptic views continue to be disseminated in recent times. Since 1960, the use of expressions like 'decline of civilization' and 'cultural decline' is increasing, at least in the approximately thirty million volumes scanned by Google. The term 'apocalypse' has even exponentially multiplied, especially since 1980 (as determined by a search in Google Ngram). The belief that the continued existence of humankind is in doubt was asserted by philosopher Bertrand Russell in 1963: "The human race may well become extinct before the end of the century. Speaking as a mathematician, I would say the odds are about three to one against survival" (Russell 1963, 42). Currently, apocalyptic views are promulgated by best-selling author Yuval Noah Harari, predicting that homo sapiens will disappear. While Russell was concerned about the possibility of devastating nuclear war, in our time Harari is anxious that algorithms and artificial intelligence may take over and make humans superfluous (Harari 2017). At the same time, economic tensions across the world are rising, with fears for trade war and global disruption due to American policies, while especially in Europe, anxieties about expanding military conflicts due to Russian aggression generates a general sense of acute vulnerability. In his maiden speech, the new NATO Secretary

General in December 2024 warned that "Danger is moving towards us at full speed. We must not look the other way." Future security, especially in Europe and Canada is seriously threatened, and we should shift to "a wartime mindset." (NATO 2024).

Apocalyptic fears have consequences. The possibility that humankind is doomed not only gives rise to generalized disquiet and anxiety but also produces, at least in some cases, practical responses. Survivalist guidebooks instruct people how to prepare for the end of the world, encouraging a culture of prepping and planning for postapocalyptic survival (O'Connell 2020). Companies advertise underground shelters and bunkers to outlast the collapse of the world. People are urged to better prepare for disasters. Organizations such as the American Red Cross recommend survival kits in case of emergencies, specifying what basic supplies should be included for two weeks (American Red Cross 2024). In 2022, the Dutch government launched a campaign to make citizens aware of potential catastrophic scenarios and advise them to purchase emergency kits in order to survive at home for at least forty-eight hours, in case of a calamity (www.denkvooruit.nl). As a result, the advertising of such kits has multiplied and 'prepshops' have seen growing demand. Extravagant examples of apocalyptic anxiety are the activities of tech billionaires who create luxury remote bunker retreats to survive the looming collapse (for example, Peter Thiel in New Zealand, Mark Zuckerberg in Hawaii, Jeff Bezos in Florida) (Rushkoff 2022). It is estimated that they invest 10–20% of their fortune in a Plan B to survive an apocalypse (Cohen 2024). The wealthy elite can also choose to buy facilities in the Oppidum, a large bunker complex in an undisclosed location in the Czech Republic, or move to Rothenburg in Germany, advertised as the world's largest private survival shelter (Stamp 2019; Dobson 2020). Or, they can move to a backup Planet B, and colonize Mars (Cuthbertson 2023).

Apocalyptic expectations in these examples foster the need for an exit strategy from a world that is in an advanced state of degeneration and that will eventually collapse. The winners and most powerful of this doomed world hope to insulate themselves and escape from the rest of us, since apocalypse does not imply complete extinction. While their faith in growth, technology and market solutions from which they have

benefitted has a devastating impact on the global environment, well-being and subsistence security, the powerful and rich have acquired the means to leave this wretched place behind. In their mindset, they believe that the postapocalyptic world can be redesigned according to the values of individual autonomy and freedom that are unnecessarily restricted and regulated in the current world (Rushkoff 2022, 74, 126). Contemporary individuals have become too dependent on others, and too much impeded by democratic regulations and dictates of the nation-state, but in the new social order after the apocalypse, these limitations will be transcended since self-sufficiency and self-sovereignty will determine survival. There is no need for collective action; our fate is a matter of individual survival rather than communal efforts of living together (O'Connell 2020, 65).

1.6 The Covid Apocalypse

Obviously, it is easy to foretell that the metaphor of the four horsemen of the Apocalypse thrived during the Covid-19 pandemic. Apocalyptic imagery not only circulates among conspiracy theorists but is also highlighted in more reputable newspapers, websites and academic publications. For some, the beasts predicted by St. John have finally arrived (Crossley 2021). For others, the coronavirus was viewed not simply as a public health threat but as foreshadowing the end of the world, breaking down the economic, social and political systems that sustain everyday life. The new virus would not only change the world, but also the way we used to live, interact, and work, and this would have lasting consequences (Dein 2021). The anxiety for the future of humanity is pointedly expressed in the images of empty cities (such as the usually busy but now desolate Dam Square in Amsterdam in Figure 4) that were widely circulated during the subsequent waves of the pandemic, when there was no safe place except 'bunkering' at home (Pohl 2022). Apocalyptic images were even used in scientific publications to describe the feedback loops that occur after infection, explaining the pathogenesis of Covid-19 in terms of the four horses, with a sneaky virus as the first one (Domingo et al. 2020).



Fig. 4 Empty streets in Amsterdam. Dam Square during the coronavirus pandemic. Photo by Hay Kranen (2020), Wikimedia Commons, CC BY 4.0, https://commons.wikimedia.org/wiki/File:Corona_-_Empty_streets_in_Amsterdam_-_Dam_met_Paleis.jpg

Apocalyptic readings of pandemic experiences, however, are not just forward-looking but critical diagnoses of the current situation. They transform existing fears about emerging diseases, globalization, market economy, social interactions and individualism into concrete and tangible threats (Dein 2021, 6). The pandemic disruption brought to light long-existing problems and pressure points, such as inequalities, oppression, mass migration, environmental destruction and racism (Grevatt 2021). Like other apocalyptic readings, what is conveyed are not solely predictions or expectations about the future but at the same time "moral statements about the present" (Lynch, Sturm and Webster 2021, 7). This is clear in the current trend of blaming processes of globalization and their effects, particularly migration, for the ills of present-day societies, and a return to nationalistic and protective discourses and policies.

In this connection, the Slovenian philosopher Slavoj Žižek argued that the convergence of crises today evokes the four horsemen of the Apocalypse: we are confronted with the plague of Covid-19 but at the same time with the war in Ukraine, and with disasters and hunger as the result of global warming—all producing excessive death. He points

out the difference between apocalypse and catastrophe (Žižek 2022). The term 'apocalypse' is derived from an Ancient Greek verb meaning 'uncovering,' 'revealing,' 'disclosing.' This is precisely the meaning in John's book Revelation. Only in more recent times, the word 'apocalypse' came to refer to a cataclysm, "a great disaster: a sudden and very bad event that causes much fear, loss, or destruction" (Brittanica Dictionary 2023). A 'catastrophe' is defined as "an unexpected event that causes great suffering or damage" (Collins Dictionary 2023). It differs from apocalypse, according to Žižek, because it does not disclose something that is ordinarily hidden and shattering our world. A catastrophe may be a terrible disaster, for example an environmental one due to oil spill which destroys a significant part of biodiversity. But it does not stimulate us to rethink the basic structure of our society. Only a plurality of catastrophes poses a vital threat to human existence, and may announce an apocalypse. This signifies a new temporality: we are no longer in a circular or linear timeframe where we can prevent catastrophes from happening but at the end of time itself, in a time of emergency where the end is approaching, as visualized by the doomsday clock (Marples, Rogers and Ramirez 2023).

The language of apocalypse and its horsemen provides a powerful metaphor to make developments and events in the world comprehensible and coherent (Crossley 2021, 101). Diagnosing the ills of the present highlights the seriousness of the dangers that jeopardize human survival and the real possibility that the world will come to an end. But most of all, apocalyptic imagination underlines the urgency to rethink the society and world in which we live, now that we are confronted with war, hunger and death in the aftermath of a global pestilence. The coronavirus taught us that the current world order is past and that a different future is on the horizon. In numerous cases, lessons have been drawn from the pandemic experience. In April 2020, amidst the surging pandemic, the Secretary-General of the United Nations argued that recovery from the coronavirus crisis must lead to a better world: "Now is the time to redouble our efforts to build more inclusive and sustainable economies and societies that are more resilient in the face of pandemics, climate change and other global challenges" (Guterres 2020). The pandemic is a fault line between one world and another which will be just and sustainable, without violence, discrimination, racism, and inequalities. The apocalyptic metaphor used in Covid narratives accentuates that

destruction will be followed by reconstruction and renewal. The basic question is what the Covid apocalypse reveals in the first place.

1.7 Pandemic Experiences

Although the Covid-19 pandemic was predicted, for the majority of people its arrival was completely unexpected. For a long time, experts have warned of emerging infectious diseases, countries have drafted preparedness plans, and the global community has been confronted with several deadly infections (Ebola, SARS, MERS) which remained localized in mostly less developed areas of the world but which in retrospect could be considered as precursors of a global catastrophic event. The last lethal pandemic, the so-called Spanish flu, happened more than a century ago. Since then, modern medicine has developed effective tools to combat infections (antibiotics, antivirals, vaccines). Smallpox, a viral disease that has killed hundreds of millions of people in human history, was eradicated by coordinated human interventions in 1979. Whereas diseases such as malaria and tuberculosis continue to kill in developing countries, in 2019, the year before the pandemic, the majority of people around the globe (74%) died because of noncommunicable diseases, primarily ischaemic heart disease, stroke and chronic obstructive pulmonary disease (World Health Organisation 2020). Whereas infectious diseases were still around, and sometimes complicating daily life, for most people the fear of dying from diseases was no longer a significant issue.

That suddenly changed with the advent of Covid-19. With the spread of coronavirus across the globe, fear and anxiety grew too. A novel virus presents a microscopic, invisible danger, making people seriously and mortally ill. It infects without notice, and when we are infected, symptoms are manifested days later or not at all. If we fall ill, it is uncertain how the disease will develop. This tiny micro-organism is exceptionally contagious. It moves through the air (and we all have to breathe in order to live) and it is disseminated through interaction and communication (which we all need as human beings). Its characteristics were initially unknown, and cures were not yet available. And the fear was also twofold: on the one hand, we were anxious to be infected ourselves, on the other hand, we worried that we would infect others, and particularly our closest relations.

This fear is further multiplied by the knowledge that infection is not limited to our own small circle of connections, but extends to the wider world. Visual images disseminated via television and social media transfer impressions of global disruption and disturbance in a wide variety of countries. We all remember the scenes of overwhelmed hospitals with patients lying in corridors and waiting outside for care and treatment; bulldozers digging mass graves for victims; unburied corpses wrapped in plastic; healthcare workers unrecognizable in hazmat suits; and the establishment of emergency hospitals in convention centres and sports stadiums.

Wherever you lived, each person experienced their way of life changing. Not only were daily routines affected but also economic security and social interactions. Streets and public places were empty, shops closed, and towns deserted. Of course, experiences of pandemic were diverse, and different across countries. In some (for example, the U.S.), public health measures were limited, sometimes minimal, and policies not enforced, while in others (such as China) they were drastic, intruding and coercive. But regardless of the stringency and implementation of public health measures, vulnerability was commonly experienced, even if the impact of the pandemic was not equal for everybody. Numerous people were forced to continue to work, since otherwise they would have no income; others performed jobs labelled as 'essential' since food has to be delivered, healthcare provided, security maintained and public services supplied. These activities involved continuous dangers for the persons executing them, with very few options to avoid them. Others had the opportunity to 'shelter at home', working at a distance, meeting via Zoom, and staying away from others when they had to leave the house. For some, this was a choice which allowed them to discount risks, but for others (such as vulnerable populations), there was no other option than self-isolating. These experiences are inherently threatening and make the future uncertain; they also bring helplessness, distress, disarray and despair. As an adolescent in an Italian study reported:

> Staying at home brings me moments of nervousness and I'm easily irritable. I often have panic attacks, precisely because staying at home for so long is not good for me. One feels alone, like in a cage and suffocating feelings give rise to nervousness that causes tension. (Fioretti et al. 2020)

When schools are closed, young people especially can experience a limitation in personal autonomy, anguish and loss; they miss school not merely as an educational but also social environment, and have difficulties in adapting to new routines of life. In the words of another participant:

> It's bad to wake up in the morning knowing that you can't accomplish anything with your life, you can't do anything. I look out the window and it's all deserted, no more sounds of cars, buses or people talking. It's like a changed world, it's like being in prison for something that's not your fault. All I can do is wait and stay at home. (Fioretti et al. 2020)

Experiences of older people were not much different, even though Covid-19 poses higher risks for them. A study of seniors in Ireland shows that the pandemic and public health measures lead to adverse effects such as depression, loss of enjoyment of life and decreased mobility. The majority of them were most concerned about the risks of Covid-19 to their family while half of the respondents were 'not worried' or only 'slightly worried' about themselves (Mello et al. 2022). In the United States, the most frequently reported sources of stress among older adults were lack of freedom, concern for the well-being of others such as children and parents, and feelings of loneliness and isolation (Whitehead and Torossian 2021). Remarkably, these studies do not refer to vulnerability. One would assume that older citizens would fear first of all for their own health and life since they are usually targeted as a vulnerable population in public health policies. A survey in Switzerland confirmed that the majority of participants state that they do not feel vulnerable (Falvo et al. 2021). They therefore did not agree with the restrictions recommended to them or imposed on them by authorities. On the contrary, they argued that they felt stigmatized, discriminated against and regarded as suspicious since they were identified as a high-risk population. The subordinated role of vulnerability in the experiences of older people may perhaps be related to the context of high-income countries, however; studies from lower-income countries present a different picture. Older adults in Indonesia for example, report fear of contracting the disease on account of their vulnerability to infection:

> I am personally scared of contracting corona, that is why I just stayed at home for more than a year. I am still scared but now I go out to supermarkets sometimes. The government put the COVID-19's prevention protocols into practice when the number of cases was rising, and as an older person, I must obey these protocols because I am much more vulnerable to the infection and the impacts could be severe if I am infected. (Fauk et al. 2022)

Awareness of vulnerability makes people adhere to public health measures, although it affects their mental health by producing increased feelings of loneliness and social disconnection. A study from Ghana showed the same result: older adults, as the first group encouraged to stay home, report that they were scared, frightened, shocked, and anxious, worrying for their own health (Aboh, Arthur and Woolley 2022). Fear of the virus and vulnerability was also experienced by almost all participants in a study from Mauritius (Chemen and Gopalla 2021). But these experiences are not only negative: they seem to bring families together, with children and grandchildren reported as being particularly concerned with protection of the older adults. The authors of this study concluded that the experiences of older citizens during the pandemic differ according to culture, country and living arrangements. This conclusion corrects the common discourse that the impact of Covid and public health measures are predominantly negative. Positive experiences in the context of the pandemic are widely reported, not only re-discovering family but also discovering oneself, being part of an extraordinary experience, and sharing life at a distance.

> Like never before, I have time to look inside and talk to myself in my bedroom, having more doubts, being able to resolve them, or simply leaving them unresolved, discovering what confuses me and understanding who I am. (Fioretti et al. 2020)

The fact that many individuals report positive experiences during the pandemic broadens the prevailing discourse of vulnerability that highlights pathology, deficits and frailty, and does not emphasize human resilience and ways of coping and adaptation to significant stress (Mills et al. 2022).

1.8 Powerlessness

The coronavirus produced anxiety because it is an invisible danger, propagating rapidly with devastating consequences for individuals and societies, while effective remedies and cures were initially absent. It is particularly frightening since it negates the common assumption of modern human beings that we can control our lives and our world. This exposure of powerlessness is expressed by Melanie Cheng, reflecting on her experiences as a general practitioner in Australia during the first wave of the pandemic:

> The pandemic has shown me that true fear arises when we feel that someone or something has taken control of our fate. It comes when we contemplate our nonexistence; when we acknowledge our fragility, our insignificance. (Cheng 2020)

The pandemic experience frustrates a fundamental characteristic of modern life, namely the desire to make the world controllable. Philosopher Hartmut Rosa argues that particularly since the eighteenth century, human beings aim to make the world "engineerable, predictable, available, accessible, disposable in all its aspects" (Rosa 2020, viii). Although they are embedded and situated in a world, humans distinguish and differentiate themselves from the world as experiencing subjects. The things they encounter are regarded as objects that must be known, conquered, planned, mastered and exploited. The relationship to the world is therefore aggressive, since everything must be brought under control. According to Rosa, this idea of power as control is new. It is not determined by the fact that we are human beings but rather the result of a "social formation" over the last three centuries, in other words "… the social and cultural conditions into which we have been socialized" (Rosa 2020, 6). On the one hand is a structural dimension: a modern society can only stabilize itself through constant escalation; more and more economic growth, innovation, technological acceleration, regulation, and efficiency. On the other hand is a cultural principle: "expanding humanity's reach," or "increasing our share of the world," promising that our life will be better when more of the world is accessible, attainable and within reach (Rosa 2020, 8,11). This is what makes money, technology and city life attractive, since they make segments of the world less resistant and more controllable and manageable.

Confronted with the coronavirus pandemic, the desire for control also seems to drive the responses and policies. On the one hand, in some contexts little policy was made, and in other contexts policy-makers actively undermined public health measures that could prevent or reduce infection (encouraging anti-masking sentiments, and vaccine denialism). Apparently, they assumed they were in control anyway, and did not let the virus disturb the ordinary course of events. Numerous other policy-makers, on the other hand, took action, regarding the new virus as an invisible and insidious enemy attacking innocent victims. Leading politicians in, for example, France, India, Kenya, and the United Kingdom declared war against Covid-19 (Benzi and Novarese 2022). Military language implies that unavoidably there will be casualties, but in the end the silent killer can be defeated when societies pull together and better weaponry is developed. The pandemic can be controlled in subsequent steps. First, the threat is made visible using science to identify the virus and sequence its genome, and applying epidemiological models to quantify its impact. Second, it is made accessible with the development and application of diagnostic tests to trace the dissemination of the virus. Third, it is manageable with rigorous public health measures and with vaccines that are rapidly developed and produced. Finally, the viral threat is made controllable through digital surveillance, remote work and education, economic restructuring and massive vaccination campaigns (Ten Have 2022).

The difficulty is that while controllability is possible in theory, in actual practice it is associated with increasing uncontrollability (Rosa 2020, 110). Faced with the pandemic, science and technology are regarded as the optimal means for control. Policy-makers often justify their measures with an appeal to scientific expertise. However, this expertise is uncertain, and allows for different interpretations, with the result that policies in various countries differ substantially. Scientific knowledge is often contested and discredited by alternative approaches and conspiracy ideas. Guidelines for masking, testing and ventilation are not consistent and frequently changing. Science therefore proposes evidence and facts on the basis of which the pandemic could be controlled, but in reality it results in heterogeneous and inconsistent policies that hardly seem to affect the dissemination and evolution of the virus. The interplay between what is within our control and remains

outside control is illustrated in the story of Covid vaccines. Welcomed as the best and most effective way to manage and eradicate the coronavirus, they have been quickly developed with a gigantic scientific and economic effort. Nonetheless, availability of vaccines does not guarantee control. First large-scale production, then distribution and deployment pose perplexing problems with the effect that two years after the first vaccines had been approved, almost 30% of the world population had not received at least one dose of a Covid vaccine, and 74% of people in low-income countries (Our World in Data 2023). Health security is therefore elusive, since the virus continues to disseminate and mutate. The global war against Covid-19 does not produce either victory or defeat, but demands that we learn to live with the virus, accepting that control is impossible. It also further magnifies already existing problems of inequality, thereby increasing risks of poverty, hunger, violence and deterioration of global health.

1.9 Undeniable Vulnerability

The uncontrollability experienced during the pandemic generated an all-embracing sense of vulnerability. In normal circumstances, we continuously expand control over more and more dimensions of our world; we regard ourselves as rational and autonomous beings who learn to master and manage our lives, just like our social institutions operate with efficiency to produce predictable outcomes. Efforts to make the world controllable are expected to reduce and eventually eliminate the vulnerability of human beings and societies to outside threats. Scientific progress, technological innovation and economic growth are believed to have made humans less vulnerable to possible catastrophic events. Confronted with the threat of Covid, the same approach is pursued and even intensified. Policy-makers desperately try to master the cycles of infection, but they are in fact unable to engineer and shape the world as the virus takes its course. Individuals in their own domain feel compelled to bring the world under control by adhering to the public health measures, isolating and testing themselves and receiving vaccinations, but at the same time experiencing that the world is no longer within their reach; or in the words of Rosa, their share of the world is shrinking. They feel imprisoned, their sense of personal autonomy reduced, and

social activities restricted. This inability to control brings fear, irritation, loneliness and a range of mental stresses. Most of all, it brings back the experience of vulnerability.

Pandemic experiences not only expose the vulnerabilities of us as individual human beings, but also of our social arrangements and institutions, countries and even the global economic and political systems. Covid-19 has affected the stability of states and demonstrated the weakness of state institutions that are unable to secure basic services and security. Many people were already living in fragile nation-states (an estimated 1.8–2 billion people) and that number has increased (Schwab and Malleret 2020, 128). The Covid-19 pandemic is apocalyptic in the sense that it reveals multiple crises at the same time. The healthcare systems in even the most developed countries show deficiencies, while the infrastructure for public health services is weak. At the same time, processes of globalization, advanced by decades of neoliberal policy, have promoted the idea that the world is a global self-regulating market which will solve problems of poverty and underdevelopment, but now it turns out to be a major obstacle to effectively tackling the challenges of worldwide disease. Globalization has also increased inequalities which are threatening global security and enhancing political instability. The drive to control, manage and master the world has produced environmental destruction resulting in climate change, mass migration, food shortages and emerging infections such as the current Ebola crisis. The multiplicity of crises is even more evident in the wake of the pandemic, when it is assumed that the worst of the infection is over: purchasing power is eroding further due to growing inflation, and insecurity rising due to the war in Ukraine, and the war between Iran and the United States and to the global energy crisis. While Covid-19 has been the major global concern during 2020 and most of 2021, surveys of public opinion in twenty-nine countries across the world show that at the closure of 2022, cost of living and inflation is the biggest concern globally, followed by poverty and social inequality, and crime and violence (Ipsos 2022). These short-term concerns are overshadowed by converging global risks expected over the next ten years: climate change, biodiversity loss and ecosystem collapse in the first place, and next geoeconomic confrontation, erosion of social cohesion and societal polarization, cybercrime and cyber insecurity, and massive migration (Zahidi 2023).

These findings and experiences indicate that the Covid pandemic will have long-lasting influences on humanity and its activities and projects. The main point is that it has revealed that our relationships to the world are fragile and problematic. The pandemic has undermined the long-standing assumption that humans are in control of their decisions, environment, health, life and death. Human beings have many relations to the world (e.g. work, family, religion, community) but they experience alienation because the world is placed at a distance and they do not feel connected to it because they are driven by the desire to control the uncontrollable. They have lost the capacity to establish responsive relationships; what Rosa calls 'resonance' (Rosa 2019). This loss of resonance added to the impossibility of control provokes fundamental anxiety, uncertainty and despair. It amplifies the sense of unquestionable vulnerability that cannot be remedied or eliminated without fundamentally altering our relationships with the world. If we try to make ourselves less vulnerable or invulnerable by controlling and engineering its conditions, we lose our capacity for resonance (Rosa 2020, 78). The desire to control illness, for example, may lead to an aggressive attitude perceiving illness as a catastrophe which needs to be overcome, rather than a life event that requires coping and adaptation. Efforts to make care and education more accessible and efficient focus on the accomplishment of output that is measurable, documentable and manageable rather than viewing them as encounters, as opportunities for resonant relationships between individuals. These examples provided by Rosa highlight some of the experiences in the pandemic mentioned earlier in this chapter when people try to find ways to deal with these experiences, rather than to resist and control them. Affected and changed by the new reality of the coronavirus and the salient public health measures human beings reflect on themselves, discover family and friends, enjoy nature and alternative ways of moving around, share life experiences with others at a distance, search for meaningful and responsive encounters even if interactions are limited. This capacity for resonance is only possible if vulnerability is accepted not as a weakness but as a potentiality to reach out to others and the world: "Resonance implies vulnerability and a willingness to make ourselves vulnerable" (Rosa 2020, 53).

1.10 A Fundamental Ethical Challenge

This book will argue that the notion of vulnerability is crucial to interpret and understand the profound impact of the Covid-19 pandemic on human beings and societies, and especially on the apocalyptic sentiments of today. The pandemic itself is not only a shocking experience that made generally accepted patterns of thinking and acting problematic and questionable but it has wider ramifications. It is also clear that it is not a simple medical and epidemiological event with a limited temporal effect that will soon be over. The coronavirus has produced a global disaster with psychological, social, economic, political and cultural consequences. It has repercussions for the immediate and near future since it has exacerbated and magnified a multitude of problems that already existed for a long time but have now become more urgent and need to be addressed immediately. Climate change, poverty and inequality, war and violence, food insecurity, migration, political polarization and emerging infections are converging and complex challenges demonstrating that humans are caught in a global web of vulnerabilities. Such vulnerabilities escape any kind of control. They cannot be eliminated through prevailing approaches but require new ways of thinking and innovative practices which allow learning how to live and deal with them. The fundamental challenge presented is therefore an ethical one: what can the generalized and multifarious vulnerability manifested during and after the pandemic teach us about the good life and the possibilities for its achievement in the near future? How can we prevent the horsemen from bringing about the Apocalypse? In this context, how can bioethical discourse contribute towards clarifying what vulnerability means and implies in the face of contemporary negative sentiments?

References

Aboh, I. K., Arthur, A. L., and Woolley, P. (2022): Lived experiences of older adults in the COVID-19 pandemic in a teaching hospital in Ghana. *Gerontology and Geriatric Medicine* 8, https://doi.org/10.1177/23337214221094195

American Red Cross (2024): Survival kits supplies. *Red Cross*, https://www.redcross.org/get-help/how-to-prepare-for-emergencies/survival-kit-supplies.html

Benzi, M., and Novarese, M. (2022): Metaphors we lie by: Our 'War' against COVID-19. *History and Philosophy of the Life Sciences* 44, 18, https://doi.org/10.1007/s40656-022-00501-2

Bible (2026): King James version, *Revelation* 6.8, https://www.kingjamesbibleonline.org/Revelation-Chapter-6/

Bernheimer, C. (2002): *Decadent subjects. The idea of decadence in art, literature, philosophy, and culture of the Fin de Siècle in Europe*. Baltimore, MD, and London: The Johns Hopkins University Press.

Bleich, E., and Star, C. (2024): How 'apocalypse' became a secular as well as religious idea. *The Conversation*, May 2, https://theconversation.com/how-apocalypse-became-a-secular-as-well-as-religious-idea-226882

Britannica Dictionary (2023): *Apocalypse*, https://www.britannica.com/dictionary/apocalypse

Chemen, S., and Gopalla, Y. N. (2021): Lived experiences of older adults living in the community during the COVID-19 lockdown: The case of Mauritius. *Journal of Aging Studies* 57, https://doi.org/10.1016/j.jaging.2021.100932

Cheng, M. (2020): This pandemic exposes the source of true fear – our utter powerlessness. *The Guardian*, August 4, https://www.theguardian.com/australia-news/2020/aug/05/this-pandemic-exposes-the-source-of-true-fear-our-utter-powerlessness

Cohen, C. (2024): Entre bunkers and îles privées, les milliardaires de la Silicon Valley se préparent à l'apocalypse [Between bunkers and private islands. Silicon Valley billionaires are preparing for the Apocalypse]. *Le Figaro*, 21 August.

Collins Dictionary (2023): *Catastrophe*, https://www.collinsdictionary.com/dictionary/english/catastrophe

Crocker, C. (2022): 21st century digital art. *A Collaborative Survey of Digital Art Made since 2000*, http://www.digiart21.org/art/four-horsemen-of-the-apocalypse

Crossley, J. (2021): The Apocalypse and political discourse in an age of COVID. *Journal for the Study of the New Testament* 44 (1): 93–111.

Cuthbertson, A. (2023): Elon Musk eyes 'highly habitable planet' that's 'practically next door'. *The Independent*, July 13, https://www.independent.co.uk/space/elon-musk-planet-proxima-b-spacex-b2356423.html

Dein, S. (2021): Covid-19 and the Apocalypse: Religious and secular perspectives. *Journal of Religion and Health* 60 (1): 5–15.

de Martino, E. (2023): *The end of the world. Cultural apocalypse and transcendence*. Chicago, IL, and London: The University of Chicago Press.

Diamant, J. (2022): About four-in-ten U.S. adults believe humanity of 'living in the end times'. *Pew Research Center*, December 8, https://www.pewresearch.

org/short-reads/2022/12/08/about-four-in-ten-u-s-adults-believe-humanity-is-living-in-the-end-times/

Dobson, J. (2020): Inside the world's largest private apocalypse shelter, the Oppidum. *Forbes,* July 15, https://www.forbes.com/sites/jimdobson/2015/11/05/billionaire-bunker-inside-the-worlds-largest-private-apocalypse-shelter-the-oppidum/

Domingo, P., Mur, I., Pomar, V., Cominas, H, Casademont, J., and de Benito, N. (2020): The four horsemen of a viral Apocalypse: The pathogenesis of SARS-CoV-2 infection (COVID-19). *EBioMedicine* 58: 102887, https://doi.org/10.1016/j.ebiom.2020.102887

Doyle, S. C. (2005): *Apocalypse. A Catholic perspective on the Book of Revelation*. Cincinnati, OH: St. Anthony Messenger Press.

Euronews (2023): AI poses 'risk of extinction' on par with nuclear war and pandemics, tech leaders warn. *Euronews*, May 30, https://www.euronews.com/next/2023/05/30/ai-poses-risk-of-extinction-on-par-with-nuclear-war-and-pandemics-tech-leaders-warn

Evelyn-White, H. G. (1914): *Hesiod. The Homeric hymns and Homerica*. Loeb Classical Library. Cambridge, MA: Heinemann.

Falvo, I., Zufferey, M. C., Albanese, E., and Fadda, M. (2021): Lived experiences of older adults during the first COVID-19 lockdown: A qualitative study. *PLoS One* 16 (6): e0252101, https://doi.org/10.1371/journal.pone.0252101

Fauk, N. K., Ernawati, Dent, E., Asa, G. A., and Ward, P .R. (2022): Impact of COVID-19 lockdowns on the activity and mental health of older people in Indonesia: A qualitative study. *International Journal of Environmental Research and Public Health* 19 (20): 13115, https://doi.org/10.3390/ijerph192013115

Fioretti, C., Palladino, B. E., Nocentini, A., and Menesini, E. (2020): Positive and negative experiences of living in Covid-19 pandemic: Analysis of Italian adolescents' narratives, *Frontiers in Psychology* 11, https://doi.org/10.3389/fpsyg.2020.599531

Glatzer, N. N. (1967): Buber as an interpreter of the Bible. In: Schilpp, P. A., and Friedman, M. (eds): *The philosophy of Martin Buber*. London: Cambridge University Press, 361–380.

Gould, S. J. (1996): *The mismeasure of man* (revised and expanded edition). New York and London: W. W. Norton & Company.

Grevatt, W. K. (2021): The archetype of the apocalypse. Analysing the pandemics of racism, COVID-19 and climate change. *Journal of Analytical Psychology* 66 (3): 729–749.

Guterres, A. (2020): Recovery from the coronavirus crisis must lead to a better world. United Nations, April 2, https://www.un.org/sg/en/content/sg/articles/2020-04-02/recovery-the-coronavirus-crisis-must-lead-better-world

Hannaford, I. (1996): *Race. The history of an idea in the West*. Washington, DC, Baltimore, MD, and London: The Woodrow Wilson Center Press and The Johns Hopkins University Press.

Harari, Y. N. (2017): *Homo Deus: A brief history of tomorrow*. New York: HarperCollins.

Herman, A. (1997): *The idea of decline in Western history*. New York: The Free Press.

Hermans, C. (2023): *De uitgewiste horizon. Europa's obsessie met cultureel verval 1835–1914* [The erased horizon: Europe's obsession with cultural decline 1835–1914]. Amsterdam: Boom.

Himmelfarb, M. (2010): *The Apocalypse. A brief history*. Chichester: Wiley-Blackwell.

Horn, E. (2018): *The future as catastrophe. Imagining disaster in the modern age*. New York: Columbia University Press.

Huizinga, J. (1924): *The waning of the Middle Ages. A study of the forms of life, thought and art in France and the Netherlands in the XIVth and XVth centuries*. New York: St. Martin's Press (original 1919).

Ipsos (2022): What worries the world—December 2022. January 5, https://www.ipsos.com/en/what-worries-world-december-2022

Isaacs, D. (2020): Apocalypse perhaps. *Journal of Paediatrics and Child Health* 56 (8): 1169–1171.

Jones, B. (2022): *Apocalypse without God. Apocalyptic thought, ideal politics, and the limits of utopian hope*. Cambridge, UK: Cambridge University Press.

Kemp, L., Xu, C., Depledge, J., Ebi, K. L., Gibbins, G., Kohler, T. A., Rockström, J., Scheffer, M., Schellnhuber, H. J., Steffen, W., Lenton, T. M. (2022): Climate Endgame: Exploring catastrophic climate change scenarios. *Proceedings of the National Academy of Sciences* 119 (34): e2108146119, https://doi.org/10.1073/pnas.2108146119

Löwith, K. (1949): *Meaning in history. The theological implications of the philosophy of history*. Chicago, IL: The University of Chicago Press.

Lynch, R., Sturm, T., and Webster, J. (2021): Apocalyptic futures: morality, health and wellbeing at the end of the world. *Anthropology & Medicine* 28 (1): 1–12.

Malik, K. (2023): *Not so black and white. A history of race from white supremacy to identity politics*. London: Hurst & Company.

Marples, M., Rogers, K., and Ramirez, R. (2023): The Doomsday Clock reveals how close we are to total annihilation. *CNN*, January 24, https://edition.cnn.com/2023/01/24/world/doomsday-clock-2023-climate-scn/index.html

McBain, S. (2026): 'The odds are not in our favour': Who sets the Doomsday Clock—and what can they tell us about the future of humanity? *The Guardian*, May 9, https://www.theguardian.com/science/2026/may/09/doomsday-clock-ai-iran-ukraine-war-climate-breakdown-nuclear-apocalypse

Mello, S., Fitzhenry, D., Pierpoint, R., and Collins, R. (2022): Experiences and priorities of older adults during the COVID-19 pandemic. *Irish Journal of Medical Science* 191 (5): 2253–2256.

Milmo, D. (2024): 'Godfather of AI' shortens odds of the technology wiping out humanity over next 30 years. *The Guardian*, December 27, https://www.theguardian.com/technology/2024/dec/27/godfather-of-ai-raises-odds-of-the-technology-wiping-out-humanity-over-next-30-years

Mills, D. J., Petrovic, J., Mettler, J., Hamza, C. A., and Heath, N. L. (2022): The good, the bad, and the mixed: Experiences during COVID-19 among an online sample of adults. *PLoS One* 17 (6): e0269382; https://doi.org.10.1371/journal.pone.0269382

NATO (North Atlantic Treaty Organization) (2024): *To prevent war, NATO must spend more*. Speech by NATO Secretary General Mark Rutte at the Concert Noble, Brussels, December 12, https://www.nato.int/cps/en/natohq/opinions_231348.htm

O'Connell, M. (2020). *Notes from an apocalypse. A personal journey to the end of the world and back*. London: Granta Publications.

Our World in Data (2023): Coronavirus (Covid-19) vaccinations, https://ourworldindata.org/covid-vaccinations

Pick, D. (1989): *Faces of degeneration. A European disorder, c. 1848–c. 1918*. Cambridge, UK: Cambridge University Press.

Pohl, L. (2022): The empty city: Covid-19 and the apocalyptic imagination. *City* 26 (4): 706–722.

Rosa, H. (2019): *Resonance. A sociology of our relationship to the world*. Cambridge, UK: Polity Press.

Rosa, H. (2020): *The uncontrollability of the world*. Cambridge, UK: Polity Press.

Rushkoff, D. (2022): *Survival of the richest. Escape fantasies of the tech billionaires*. Melbourne, London: Scribe Publications.

Russell, B. (1963): Interview with Bertrand Russell (1963) in *Playboy* 10 (3): 42.

Schwab, K., and Malleret, T. (2020): *Covid-19: The great reset*. Geneva: World Economic Forum.

Spengler, O. (1928): *The decline of the West. Form and actuality*. Volume 1. New York: Alfred A. Knopf (original German, 1918).

Stamp, E. (2019): Billionaire bunkers: How the 1% are preparing for the apocalypse. *CNN*, August 7, https://edition.cnn.com/style/article/doomsday-luxury-bunkers/index.html

Stuurman, S. (2000): François Bernier and the invention of racial classification. *History Workshop Journal* 50: 1–21.

Szirtes, G. (2025): Master of the apocalypse. László Krasznahorkai, Nobel laureate in literature. *Times Literary Supplement*, October 17, https://www.the-tls.com/literature-by-region/european-literature/laszlo-krasznahorkai-nobel-laureate-in-literature-essay-george-szirtes

Ten Have, H. (2022): *The Covid-19 pandemic and global bioethics*. Cham: Springer Nature.

Weber, E. (1999): *Apocalypses. Prophecies, cults and millennial beliefs throughout the ages.* London: Pimlico.

Whitehead, B. R., and Torossian, E. (2021): Older adults' experience of the COVID-19 pandemic: A mixed-methods analysis of stresses and joys. *Gerontologist* 61 (1): 36–47.

Wojcik, D. (1996): Embracing doomsday: Faith, fatalism, and apocalyptic beliefs in the nuclear age. *Western Folklore* 55 (4): 297–330.

World Health Organization (2020): The top 10 causes of death. *WHO*, August 7, https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death

Zahidi, S. (2023): Global risks 2023: The turbulent twenties, when risks collide. *World Economic Forum*, January 14, https://www.weforum.org/agenda/2023/01/davos-2023-global-risks-report-how-to-solve-the-world-s-biggest-crises/

Žižek, S. (2022): From catastrophe to apocalypse ... and back. *Apocalyptica* 1, 36–53, https://doi.org/10.17885/heiup.apoc.2022.1.24604

2. The Disquiet of Vulnerability

2.1 Introduction

Fernando Pessoa (1888–1935, see Figure 5) is regarded as one of the most important poets in Portuguese history. He was a solitary man, an orphan, living alone, obsessively writing almost every day about what he calls the "horror of my life," not because he was exploited, hungry, ill, drinking or poor, but because life was characterized by "useless dreams and ... hopeless hopes" (Pessoa 2001, 340, 16). He is suffering from the world and feels the absurdity and futility of life. In the *Book of Disquiet*, published long after Pessoa's death, experiences of restlessness, disgust, anxiety, boredom, weariness and inexplicable tedium are abundantly described. The deplorable monotony of ordinary life horrifies the author. He supposes that he must be called a decadent: "I belong to a generation ... that lost all respect for the past and all belief or hope in the future" (Pessoa 2001, 452). He also refers to the Apocalypse when, after a dark and rainy night, the usual horror returns: the day, life and activity: "Each new day, I'm going to be judged" (Pessoa 2001, 436). His fundamental feeling is that of vulnerability. When he looks at himself in the mirror, he "could never be anything but frail" (Pessoa 2001, 26). At the same time, Pessoa underscores that he is not a pessimist. His life and his existential concerns are his own choice; even if conditions will improve, and for example his financial situation will become better, he will miss his precarious life. He admits that he has no family or friends, but this is fortunate since otherwise he would feel obliged to maintain relationships and even to love someone, while he has never loved anyone. While life is painful and distressing, and solitude devastating, vulnerability will not be relieved by relating to other people. The only way to cope with vulnerability is indifference, first of all towards

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ourselves but equally towards others. We must renounce ambitions, passions, desires, and hopes since "passions and ambitions ... make us vulnerable" (Pessoa 2001, 352). This is the art of abstinence, forgoing everything and undertaking as minimal action as possible. Belonging to nothing and desiring nothing we become "passer-by of everything," "a mirror reflecting the world's diversity" (Pessoa 2001, 184). We should also be indifferent to other people. The narrator in Pessoa's book explains how he has surrounded the garden of his being with high iron fences. In this way he can see other people, without any need of interaction, and practically exclude them, "keeping them in their place as others" (Pessoa 2001, 109). Turning our back on the world, and withdrawing from others in this perspective is possible because of freedom, but it is also the manifestation of freedom. The author describes how he closes the shutters of his windows, excludes the world and has a few moments of freedom. Indifference furthermore implies inaction and rejection of action. All forms of action are intrinsically futile and would not have any effect; only detachment from everything and everyone will be ideal. This is why Pessoa abhors cooperation and collective responses, and rejects notions like social responsibility, solidarity and humanitarianism: "Nothing irks me more than the vocabulary of social responsibility. The very word 'duty' is unpleasant to me, like an unwanted guest. But the terms 'civic duty', 'solidarity', 'humanitarianism' and others of the same ilk disgust me like rubbish dumped out of a window right on top of me" (Pessoa 2001, 143). Detachment from life reinforces his isolation and solitude; it produces "an icy halo" around him that repels others and prevents any meaningful human relationships (Pessoa 2001, 426).

The *Book of Disquiet* illustrates why vulnerability is an uncomfortable concept. It does not correspond with the prevailing idea that human beings are autonomous individuals free to shape their own lives. Since they are continuously exposed to others, they cannot control the possibility that negative experiences will occur. The solution for Pessoa then is to maintain distance from other people, to exclude the surrounding world, and to be indifferent to any social action. At the same time, even after this withdrawal from interaction vulnerability does not disappear. It returns in the passions and desires of the individual, and even abstaining from these passions and desires will not remove the hopelessness and disquiet of life. In a negative way, Pessoa highlights

the various dimensions of vulnerability, as well as the efforts to refute its significance (Stoker 2013; Magalhães 2018).



Fig. 5 Fernando Pessoa (1914). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Pessoa_chapeu.jpg

This chapter will explore these dimensions, firstly by examining how the concept of vulnerability has recently emerged, and how it developed from a technical notion into a normative one. Secondly, the concept itself will be analyzed. Usually, a distinction is made between two dimensions of vulnerability: a general one that is intrinsic to being human, and a special one that depends on the external conditions in which humans live and work. It is argued that these dimensions are not separate but intimately connected, which is illustrated with the example of ageing. Finally, concerns with vulnerability are discussed, in order to clarify why it is an uncomfortable yet indispensable concept. It will be argued that while vulnerability cannot be ignored, it is not a negative but rather positive notion.

2.2 Uses of Vulnerability

Many of us will notice that in daily conversations and popular media the word 'vulnerability' is not commonly used. It is associated with

images of frailty, injury and weakness that do not evoke the ideal of the perfect, able-bodied citizen who is in control of his or her life, and can cope with challenges he or she is facing. The word is most often applied in scientific discourse to refer to the susceptibility to harms and injuries, and the capability to be wounded. It does not necessarily refer to human beings. It is for example used by pathologists to describe the susceptibility of bodily structures to possible damage, or physiologists to explain the potential harm done to the functioning of cells, tissues and organs. The term is also employed in military studies of defence systems of a country or region. In these settings, vulnerability is a technical term to assess potential risks, based on an analysis of possible threats and weaknesses of specific entities. Until the 1970s, almost all scientific publications with the keyword 'vulnerability' used the term in this technical sense (Ten Have 2016).

This started to change when the notion was applied in new fields of scientific research, particularly nursing science and disaster studies. In the first, vulnerability was used to understand the precarious situation of individual patients whose functioning is hampered by helplessness, dependency, lack of competence and emotional disturbance. To provide adequate care, the context in which individuals are living should be taken into account because it determines how they are exposed to potential harm and how they are able to cope with it. The scope of the notion of vulnerability was furthermore expanded in the field of disaster studies where it was argued that a disaster is not merely damaging because of a geophysical event but rather because of its impact on human populations. The reason that an event is considered a disaster is vulnerability, which has amplified because of deteriorating social, environmental and economic conditions that make some populations, especially in low-income countries, more vulnerable to the effects of such events.

The expansion of the scope of vulnerability was accelerated in the 1990s when efforts to prevent and control the HIV/AIDS pandemic focused on the structural factors that increased the risks for individuals: poverty, inequality, discrimination, stigmatization and marginalization. Global policy documents recognized that wretched living conditions are associated with AIDS, which is regarded as 'the disease of poverty.' (Ankrah 1991, 968). Women especially were regarded as a vulnerable

population, because they have greater social vulnerability due to gender inequalities, social and economic disadvantages, and reduced sexual autonomy.

Around the same time, the notion of vulnerability was productively applied in environmental sciences, particularly after the adoption in 1992 of the *Rio Declaration on Environment and Development* which introduced the concept of 'environmental vulnerability.' Principle 6 of the Declaration claims that special priority should be given to the situation and needs of developing countries, in particular the least developed and most environmentally vulnerable countries (UN Conference on Environment and Development 1992). This statement and concept generated interdisciplinary research since this type of vulnerability is the result of a variety of influences so that engineering and technical interventions should be combined with social and economic efforts. One outcome is the construction of vulnerability indices to assess the impact of climate change on specific countries.

The use of 'vulnerability' as a keyword for publications in scientific journals has increased steadily since the turn of the millennium. The overwhelming majority of publications on the subject have been released since 2000, especially in relation to public health, ecology, development, climate change, human security and bioterrorism. A rapidly growing number of publications associate vulnerability with globalization—a connection first made in scientific articles in 1951. The scholarly literature nowadays often refers to vulnerability in the context of health and disease. In particular, publications on global health increasingly engage the keyword 'vulnerability.' The same is true for the connection with infectious diseases. The number of annual publications combining the keywords 'vulnerability' and 'infections' was approximately 100 in 1991, growing to 1,000 since 2013, and resulting in more than 4,000 in 2024. The Covid-19 pandemic caused an explosion of publications with the keyword 'vulnerability.' Since 2019, 3.5% of all publications with the keyword 'Covid-19' also have this specific keyword (Ten Have 2023).

This brief overview shows that the concept of vulnerability is used in a wide range of disciplines, and applied not only to human beings but also to social systems, ecosystems and countries. New types of vulnerability have been identified: social, environmental, psychological, economic and cultural. The scope of the concept widened with a greater focus

on structural conditions that uncover, produce or enhance vulnerability, thus going beyond the perspective of individual characteristics of certain entities or subjects. This widening is related to the association between vulnerability and global development. Finally, as a technical term, vulnerability became a more complex and dynamic functional concept, referring to the interaction between three components: exposure (to potentially harmful threats), sensitivity (inherent susceptibility to harm or damage) and adaptive capacity (the ability to cope, adapt and make adjustments in order to resist and overcome harmful threats).

While vulnerability was first used in the ethics literature in 1972, thousands of publications combining the keywords 'vulnerability' and 'ethics' have been released since then (more than 8,000, according to a PubMed search in November 2022). Since 2000, the number of this type of publications increased sixfold. In the specific field of bioethics, the number of publications using 'vulnerability' as a keyword is lower (1,127), but it has also been multiplying since 2000. The utilization of the concept in the context of ethical reflection and analysis emphasizes that vulnerability is not just a technical term. Identifying a person, group of persons or other objects as vulnerable is not a neutral observation or empirical description but has ethical implications: something should be done to prevent or ameliorate their condition, since otherwise they will actually be harmed, wounded or damaged. When we are vulnerable, we are not yet wounded, and when we are wounded, we are no longer vulnerable (Vergely 2023). Being called vulnerable demands a response such as special care, support or protective action. Because the possible harm has not or not yet happened, intervention should be required to prevent such harm or mitigate its impact, at least in cases where harm could be prevented. Otherwise, doing nothing after identifying vulnerability means that vulnerable persons or entities will probably and actually be wounded or damaged (Zagorac 2016).

As a normative concept, vulnerability is initially applied in the context of research ethics (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1979). The Belmont Report in the United States is the first authoritative document mentioning vulnerability as an ethical consideration in the selection of research participants. The Report is a crucial turning point in the history of the new discipline of bioethics because it formulates three

fundamental principles that have come to dominate ethical discussions in healthcare for several decades: respect for persons, beneficence and justice. In the application of each of these principles, vulnerability is a relevant consideration. The first principle requires informed consent from research participants, but in some subjects this may be compromised because of undue influences or because they are in a vulnerable position. The application of the second principle is discredited when the need to involve vulnerable populations in research is not appropriately demonstrated. The third principle of justice is affected when the burdens and benefits of research are not fairly distributed, as may be the case with some vulnerable populations, such as racial minorities, impoverished and very ill people, and institutionalized persons, who are more likely to be recruited into research because of their disadvantaged situation, diminished access to healthcare, or lack of health insurance.

Since the Belmont Report, the notion of vulnerability has figured in major national and international ethical guidelines for biomedical research. They identify a range of vulnerable groups that need special consideration and protection in research. A new step in the evolution of the notion of vulnerability is the *Universal Declaration on Bioethics and Human Rights*, adopted by UNESCO (UNESCO 2005). This Declaration clearly formulates respect for human vulnerability as one of the fundamental principles of bioethics. The purpose of the Declaration is to present an ethical framework for bioethics that includes perspectives and values from all cultures and countries, leaving behind the emphasis on individual autonomy that has been prevalent in the early stages of bioethical development in Western cultures. The framework includes principles that refer to the social and cultural context of human life as well as to the environment which is essential for the survival of humanity. Identifying respect for vulnerability as one of the basic principles widens the scope of the notion: it is no longer primarily relevant in medical research but in the entire field of medicine, healthcare, life sciences and biotechnologies. The principle is not only applied to individuals but also to families, groups, communities and populations. The Declaration furthermore recognizes that vulnerability is an inherent characteristic of human beings, and at the same time articulates that it is of special relevancy in certain individuals and populations that are rendered particularly vulnerable due to the circumstances in which they live.

The emergence of vulnerability as a normative concept is relatively recent. It has evolved from a special consideration in the application of ethical principles in medical research to a basic ethical principle itself for the entire field of bioethics. The growing significance and reinforced status of vulnerability is associated with the expansion of globalization and the articulation of human rights discourse, as well as with concerns over many examples of abuse and exploitation of vulnerable populations worldwide. It is also related to the growing criticism of the dominance of the principle of respect for individual autonomy in ethical discourses in healthcare, ignoring that numerous people are living in conditions that make them dependent and powerless, and that impair or compromise their autonomy. The implications of this broader normative concept are not only that special attention and protection should be given to vulnerable individuals and groups in research and healthcare but that assistance, care and solidarity should be provided to vulnerable people so that they can cope with precarious conditions.

2.3 The Concept of Vulnerability

Although vulnerability has been recognized as an important notion in a variety of disciplines, there is no agreement about its definition. In most documents, for example the UNESCO Declaration that promulgates it as one of the ethical principles of bioethics, a definition or description is not provided. When it is defined, as in several bioethics studies, usually as the inability to protect one's own interest, this definition is criticized since it prioritizes the dominant ethical principle of individual autonomy, and thus subordinates the principle of vulnerability under another principle. However, the observation that it is ill-defined does not mean that the notion is fuzzy. Remarkably, the growing bioethical literature agrees that vulnerability has two dimensions: an anthropological one that relates vulnerability to the human predicament, as a fact of human existence itself, and a circumstantial one that associates it to the conditions and relationships within which humans are living (Mergen and Akpinar 2021). This distinction is introduced by Onora O'Neill in 1996. She argues that there is persistent or general vulnerability which is inherent in being human, and therefore shared by all human beings. It cannot be removed

or eliminated as long as humans exist. At the same time, there is variable or special vulnerability produced by the living environment. Some people are rendered vulnerable by the circumstances in which they happen to find themselves (O'Neill 1996).

2.3.1 Vulnerability as Anthropological and Social Phenomenon

The distinction between the two dimensions moves the ethical analysis beyond an individualistic perspective, away from a focus on the subject as vulnerable towards the contexts and situations that make some people more vulnerable than others. On the one hand, it clarifies that vulnerability, although it manifests itself mostly in individuals, is not a characteristic of individual persons but of the human species. Through their bodies, humans are part of the natural world and embedded in relationships with other persons. This is not a choice or option: it is necessary for human development and flourishing. It is also a precarious experience because it implies openness, thus exposure to the world and others, and this signifies that humans are fundamentally vulnerable to wounds, suffering and harm. They cannot make themselves immune against the environing world unless they abnegate what is a basic feature of the human predicament (Bruni 2012). Without vulnerability, resonant relationships with others and the world cannot arise, as pointed out in the previous chapter. Vulnerability is an anthropological phenomenon. The same line of argument is advanced in feminist ethics and care ethics, emphasizing the fundamental dependencies of humans (Fineman 2008). Being continuously dependent on relations with other people, as incarnated subjects humans are always exposed to each other. This is not a negative condition but openness and dependency are prerequisites to come into being, flourish and survive. Relatedness cannot be controlled; we are, so to speak, "given over to others" (Ten Have 2016, 101). It is clear that this anthropological interpretation of vulnerability is at odds with the dominant principle of individual autonomy in bioethics and liberal philosophy. It stipulates that the idea that the human person is an autonomous and independent subject is a fiction, denying the basic experience that the person can only become autonomous through vulnerability to the natural and social world (Butler 2006).

On the other hand, the notion of vulnerability locates embodied individuals within a context which can wound them and directs attention to the need to explore the conditions that produce or exacerbate vulnerability. Precisely because human beings are not isolated but embedded in relationships with other living beings and with different types of environment explains why some individuals and groups are especially vulnerable: they are exposed to threats and the possibility of harm, more than others. Whereas vulnerability is inherent in the human condition, it is not the same for everyone. It is manifested in different degrees since individuals live in different sets of relationships and circumstances; they are situated within divergent social, economic and institutional networks, making them more or less susceptible to damage and harm, and more or less dependent on others, risking abuse and exploitation. This relational aspect of vulnerability is visible in Pessoa: the disquiet of life can only be resolved by severing connections with other people but the result is isolation and loneliness.

2.3.2 Normative Implications

The two dimensions of vulnerability have distinct normative implications. General vulnerability assumes that being vulnerable is an anthropological quality of the human species: all human beings share this inherent characteristic as embodied social agents. It is therefore not an individual feature; thus it does not allow the labelling of particular persons as weak or frail. Rather, it is a generalized condition typical of the human predicament: all humans are susceptible and exposed to forces beyond their control; they are not in full command of their existence since they are incarnated and social beings. This vulnerability is not something negative but the reflection of the relationality of human existence, and the world-openness of humans giving them opportunities for transformation, growth and flourishing. It motivates them to set up social and political institutions to provide social support, legal protection, and collective security. Common vulnerability is moreover regarded as the foundation of human rights (Turner 2006). Because all people may feel pain, can suffer, and are dependent on others to grow, mature and flourish, it

explains the necessity of care, cooperation, solidarity and community, as well as the entitlement to similar rights (Solbakk 2011). These implications explain why the dimension of general vulnerability appeals to a different set of values than articulated in mainstream bioethics, going beyond the emphasis on individual autonomy, but also why it mobilizes a positive discourse of care, solidarity and rights going beyond the restrictive perspective of protection and damage control (Delgado 2021). Denial of vulnerability and disconnection with social relations implies rejection of any idea of solidarity and social responsibility, as Pessoa has concluded.

The dimension of special vulnerability assumes that being vulnerable is not an abstract experience but the product of specific circumstances that require immediate and focused action. It manifests itself in everyday life, especially in healthcare settings (Mussie et al. 2022). Poverty, homelessness, discrimination, inequalities in access to healthcare and health insurance, poor socio-economic circumstances, and environmental degradation generate and exacerbate vulnerability of some individuals and groups of persons affected by these conditions. They may furthermore be exposed to mistreatment, disrespect, abuse, marginalization, exploitation and stigmatization. However, special vulnerability may not only be situational, i.e. arising from specific features of the context of human life; worsening of vulnerability may also be the effect of policies that result in exclusion of already vulnerable persons (pathogenic vulnerability), or the effect of intentions and decisions that make ourselves or others vulnerable (discretionary vulnerability) (Matthews and Tobin 2016). This dimension requires action, not merely protection but assistance to overcome and ameliorate the conditions that produce or exacerbate vulnerability. Since special vulnerability is a social phenomenon, remedial action cannot only focus on individual autonomy and liberty but should attend to the injustices and inequities that frequently promote the vulnerability of specific groups of individuals. Enhancing adaptive capacity, reducing exposure by minimizing harms and potential threats, and supporting coping and resilience demand a broader palette of interventions against the structural violence, systemic disadvantage, oppression and unequal arrangements which individuals alone are powerless to change. It may

also include critical assessment of policies aimed at alleviating the living circumstances of vulnerable persons.

2.3.3 The Connection between General and Special Vulnerability

While most bioethical publications mention the two dimensions of vulnerability, many articulate or elaborate only one dimension. A study of scientific literature on vulnerability and care for older people, for example, shows that the majority of publications relate ageing to special vulnerability since situational conditions expose older adults more to threats and injustices. A lower number of publications discuss ageing in terms of general vulnerability, while only a few define vulnerability in terms of both dimensions (Lotz 2016; Sanchini, Sala and Gastmans 2022). This finding confirms that there is a tension between the two dimensions. However, this tension is resolved by regarding the dimensions as mutually exclusive while in fact they are connected. This may be due to an interpretation that general vulnerability is an ontological condition which is universal, static and given (Rendtorff 2002). This interpretation suggests that as a basic feature of the human predicament, vulnerability can only be accepted, but not reduced or remedied. It sets clear limits to human agency, and this restricts the significance of the ethical principle of respect for autonomy, thus reinforcing the idea that the vulnerable person is distinct from the autonomous person. Philosophical studies of the concept on the contrary argue that it does not reflect a pre-given and static condition but is the result of the fundamental interrelatedness and interdependency between humans and their world (May 2017). Because human beings have a finite, mortal body, and are unavoidably dependent on others for their survival and flourishing, vulnerability is first of all a relational concept. Better than 'ontological,' general vulnerability should be named 'anthropological' because it refers to a quality rather than a state of being of the human condition (Ten Have 2016, 108-109). This terminology also clarifies that there is no antithesis between vulnerability and autonomy. Because the condition of precariousness and dependency elicits responses such as care, respect, compassion and solidarity, it will facilitate and cultivate the development of an autonomous subject.

Instead of considering vulnerability as a deficit of autonomy, both concepts are strongly related since the autonomous subject comes into being through vulnerability.

Regarded as anthropological quality, general vulnerability is dynamic and multifaceted, though still characteristic of being human, and therefore inescapable. But it is not universal in the sense that it is the same for every human being. Some persons are inherently more vulnerable because their condition is already compromised from the beginning, for example because of genetic disorders or autoimmune deficiencies. General vulnerability can furthermore change over time, for example when humans grow older, have chronic diseases or impairments. Therefore, while anthropological vulnerability is inherent in the human species, not all individuals are in the same position and vulnerable to the same degree. Though this dimension of vulnerability is shared among all humans, some persons may be more vulnerable than others to begin with, even if their environing conditions would be the same. Anthropological vulnerability does not deny individual differences but emphasizes that everybody is in the same predicament; they are all susceptible to harm because they are embodied subjects dependent on others. It is also not the case that nothing can be done to remediate this condition because it is an 'ontological' given. Medicine is continuously searching for possibilities to influence, modify and alleviate general vulnerability. It is one of the motivations of the current interest in human enhancement to diminish, and even eliminate, general vulnerability (Baggot et al. 2022). Nonetheless, what is needed in all cases is care and compassionate treatment to lessen the consequences of vulnerability. The confrontation with vulnerability generates social responsibilities; arrangements should be made to assist vulnerable persons. In this respect, there is no fundamental difference between general and special vulnerabilities. In certain circumstances, the existing vulnerability of people can be exacerbated and amplified, making some individuals and groups of individuals especially vulnerable. Acknowledging that vulnerability is a general characteristic of the human species does not exclude that vulnerability is unequally distributed, particularly at the global level, due to specific circumstances. The functional interpretation of vulnerability, mentioned earlier, can help to explain the connection.

Anthropological vulnerability focuses primarily on the aspect of sensitivity; being dependent and incarnated, humans are inherently sensitive to possible harm and damage. Special vulnerability highlights the aspects of exposure and adaptive capacity; humans are additionally vulnerable when they are exposed to threatening and disadvantaging environments, and when as individuals they lack adequate capacities to respond and adapt.

2.3.4 The Example of Ageing

Ageing is an example that illustrates the connection between general and special vulnerability. Growing older is associated with declining biological and cognitive functions, making elderly persons more dependent on assistance and care. They share the same general or anthropological vulnerability though this is not static but evolving during the lifecycle. Older people may experience a deeper sense of vulnerability (Sarvimäki and Stenbock-Hult 2016). Vulnerable as a category or group however does not imply that everybody is equally vulnerable. Many ageing persons are very fit and healthy. Their sensitivity to harm may be higher but whether they are exposed or able to adapt is dependent not only on age but also on the environing conditions. Certain circumstances may produce special vulnerability. This was evident during the Covid-19 pandemic. Every citizen could be affected because they share general vulnerability, but older people were more seriously affected by the viral disease than younger ones, probably because of weaker immune systems and because they are more likely to have other conditions such as heart disease and diabetes. They were especially vulnerable in many countries as residents of care institutions such as nursing homes. Figure 6 shows one of the measures taken to reduce infection risk in an elderly home. Some public health measures exacerbated vulnerability when visits were prohibited and hospital transfers denied. As a criterion for triage in allocating intensive care beds, age was used to deprioritize an entire category of people above a certain age. In some policies, a strategy of herd immunity accepted the risk that many vulnerable older adults would be infected in order to keep society and the economy open (Ten Have 2022).



Fig. 6 Senior people playing cards with plexiglass dividers during Covid-19. Photo by Yvette Cuthbert (2020), Wikimedia Commons, CC BY-SA 4.0, https://commons.wikimedia.org/wiki/File:Playing_cards_with_plexiglass_dividers_during_covid.jpg

2.4 Concerns with Vulnerability

In the beginning of this chapter it is argued that the word 'vulnerability' is not frequently used in ordinary language. In the first instance, it evokes negative connotations: frailty, weakness and deficiency. During the pandemic, policies continuously claim to protect vulnerable citizens as if they are the weak link in the defences against the virus. In many bioethical studies, vulnerability is also presented in a gloomy light as the deficit of individual autonomy in need of special protective measures. The notion of vulnerability as anthropological phenomenon goes against the prevailing idea that humans are autonomous individuals in charge of their own life. It also contravenes the progressive ethos of science and technology which will gradually eliminate all ailments and deficiencies, and will make humans more and more invulnerable (Fasoli 2023). The idea that humans are vulnerable is furthermore uncomfortable and sometimes irritating when it points to external conditions that render some people more vulnerable than others. When vulnerability is regarded as a social phenomenon, it draws attention to the disadvantaging situations of poverty, inequality and lack of social security that marginalize many people in their daily existence

(Walker and Fox 2018). For these reasons, the term is sometimes not embraced as an appropriate term, since it deflects attention from individual responsibility towards social obligations. In 2017, the U.S. Administration ordered the Centers for Disease Control and Prevention not to use particular words in official documents; 'vulnerable' was one of them (Flaskerud 2018). The same terminological purge was repeated in 2025, again including the terms 'vulnerable' and 'vulnerable populations' (Novak 2025).

Another criticism of using the notion of vulnerability is that it may induce paternalistic behaviour. Labelling people as 'vulnerable' means "... not to be on an equal footing with other 'nonvulnerable' people" (Achella 2023, 10). Because they are regarded as weak and fragile, vulnerable persons may be imagined as passive recipients of care who need urgent protection and assistance. They are powerless, either because they lack autonomy or are exposed to harmful conditions, and therefore strong interventions are desired (Boldt 2019). However, this criticism ignores that because vulnerability is a shared experience, it requests symmetry between patient and care provider. As the foundation of an ethics of care as well as of human rights, vulnerability should be addressed in a context of shared decision-making. Obviously, it can be misused in a paternalistic way but this only demonstrates that the concept is misunderstood. Nowadays, this dimension of shared experience is realized in the growing awareness of the vulnerability of care providers themselves. They are daily confronted with suffering, pain and death, more than most other professionals (Delgado 2021). Especially during the Covid-19 pandemic, they experienced vulnerability themselves in taking care for highly infectious patients. At the same time, it turned out that healthcare institutions, particularly nursing homes, were extremely vulnerable. The label of vulnerability does not imply that people or institutions are 'victims'; they still have resilience and constructive potential but this requires active participation in efforts to ameliorate vulnerable conditions (Achella 2023, 10). Recognizing people as vulnerable suggests that there are avenues for action that go beyond the dominant framework of autonomous, self-ruling individuals who are primarily themselves responsible for their condition.

Finally, the notion of vulnerability is scrutinized because it may induce discrimination and stigmatization. Identifying persons as

vulnerable may single them out as particularly susceptible to harm, as weak, and powerless, thus reinforcing the already prevailing negative connotations of the concept (Clark and Preto 2018). These effects particularly arise when entire groups and populations are labelled as vulnerable. It has been evident in the recent pandemic when for example the elderly were identified as a vulnerable category; this may reinforce the already existing stereotyping and ageism, regarding the last stage of life as shaky, debilitating and feeble. Categorizing groups and populations as vulnerable has been popular in the early stages of the development of the concept in national and international documents that identify growing lists of vulnerable populations: children, poor and racial minorities, institutionalized persons, and also broad categories such as women, with the result that only few people could not be considered vulnerable. However, the idea that everyone belonging to a specific group is vulnerable is too simple because it ignores the differences between individuals within the same category. It also implies that ameliorating or countering vulnerability becomes an almost impossible task. A more subtle and nuanced approach will be needed to determine which individual members of a group are vulnerable, and why they are vulnerable. This is, for example, the approach proposed by Florencia Luna: instead of using vulnerability as a label it should be regarded as layers that interact with the situational context of individuals (Luna 2009; Victor et al. 2022). Such an approach does not disqualify the identification of classes of individuals as vulnerable. From epidemiological research it is known that specific populations are vulnerable because of social, economic and cultural determinants, such as socio-economic status, social support, employment, access to healthcare and characteristics such as age, gender, race and ethnicity. Many of these determinants are interconnected so that vulnerability has multiple aspects and sources (or layers). Whereas not all members of these populations are vulnerable or equally vulnerable, vulnerability is produced or exacerbated by factors beyond the control of individuals so that policies should not merely focus on individual empowerment but should address common characteristics and determinants that affect individual members of vulnerable groups and populations.

2.5 Conclusion

In this chapter it is argued that vulnerability is a complex concept. It has evolved from a technical term used in a variety of disciplines to a normative one in bioethical discourses where it has expanded from a specific consideration taken into account when applying ethical principles in health research, to an ethical principle itself for the broader field of healthcare, research and policy. It is furthermore argued that vulnerability has two dimensions: a general or anthropological and a special or circumstantial one. On the one hand, vulnerability is an inherent feature of the human species; on the other hand it is produced by circumstances in which humans are living and working. Both dimensions express the experience that human existence is precarious because humans are not isolated and shielded entities but live together with other beings and are embedded in the environing world. Recognition that vulnerability is simultaneously a general as well as special phenomenon repudiates the common assumption that it is primarily an individual characteristic of impaired or deficient individual autonomy, and therefore a negative condition of frailty and weakness that should and can be overcome with appropriate protective measures. On the contrary, the notion of vulnerability has positive implications: it calls for solidarity and cooperation, creates relationships, promotes resonance, and engages care and assistance. Its normative implications go beyond strategies of protection through articulating the need to provide opportunities and tools to foster resilience, ameliorate social conditions and allow humans to connect and interact with others and their world in a meaningful and resonant way. That this will require a broader and different bioethical discourse than usual is amply illustrated in the various ways in which vulnerability has been conceived and operationalized in the Covid-19 pandemic.

The subsequent chapter will elaborate how the pandemic has brought to light vulnerabilities at multiple levels and in all corners of the globe. No individual person, no community, society or country, no institution could be certain that it was exempt from the viral threat. At the same time, it became clear that some persons, communities, countries and institutions were more affected than others. Public health policies and media debates often stressed that all people were subjected to the

same experience ('we are all in this together'), appealing to the need for common responses and solidarity. Policy-makers soon realized that the threat of the virus was not the same for everyone; some individuals and populations were disproportionately at risk and affected. Also, some countries and healthcare systems were better able to cope with the diseases than many others. The pandemic metaphors were therefore changed: 'we are in the same tempest but not everyone is in the same boat.' The altered vocabulary highlights the undeniable but nuanced role of vulnerability.

References

Achella, S. (2023): Vulnerability is said in many ways. In: S. Achella and C. Marazia (eds): *Vulnerabilities. Rethinking medicine, rights and humanities in post-pandemic.* Cham: Springer Nature, 3–18.

Ankrah, E. M. (1991): AIDS and the social side of health. *Social Science & Medicine* 32 (9): 967–980.

Baggot, M., Garcia Gomez, A., Carrara, A., and Tham, J. (eds) (2022): *Enhancement fit for humanity. Perspectives on emerging technologies*. London and New York: Routledge.

Boldt, J. (2019): The concept of vulnerability in medical ethics and philosophy. *Philosophy, Ethics, and Humanities in Medicine* 14: 6, https://doi.org/10.1186/s13010-019-0075-6

Bruni, L. (2012): *The wound and the blessing. Economics, relationships, and happiness.* Hyde Park and New York: New City Press.

Butler, J. (2006): *Precarious life. The powers of mourning and violence*. London and New York: Verso.

Clark, B., Preto, N. (2018): Exploring the concept of vulnerability in health care. *Canadian Medical Association Journal* 190 (11): E308–E309.

Delgado, J. (2021): Vulnerability as a key concept in relational patient-centered professionalism. *Medicine, Health Care and Philosophy* 24 (2): 155–172.

Fasoli, A. (2023): Vulnerability, embodiment and emerging technologies: A still open issue. *Philosophies* 8 (6): 115, https://doi.org/10.3390/philosophies8060115

Fineman, M. A. (2008): The vulnerable subject. Anchoring equality in the human condition. *Yale Journal of Law and Feminism* 20 (1): 1–23.

Flaskerud, J. H. (2018): Word ban? Wherefore "Vulnerable." *Issues in Mental Health Nursing* 39 (10): 904–907.

Lotz, M. (2016): Vulnerability and resilience: a critical nexus. *Theoretical Medicine and Bioethics* 37: 45–59.

Luna, F. (2009): Elucidating the concept of vulnerability: Layers not labels. *International Journal of Feminist Approaches to Bioethics* 2 (1): 121–139.

Magalhães, F. (2018): Fernando Pessoa and the Portuguese modernist heritage: A sociocultural analysis. *Journal of International and Global Studies* 9 (2): 95–110.

Matthews, S., and Tobin, B. (2016): Human vulnerability in medical contexts. *Theoretical Medicine and Bioethics* 37: 1–7.

May, T. (2017): *A fragile life: Accepting our vulnerability*. Chicago, IL: University of Chicago Press.

Mergen, M., and Akpinar, A. (2021): Vulnerability: An integrative bioethics review and a proposed taxonomy. *Nursing Ethics* 28 (5): 750–765.

Mussie, K. M., Elger, B. S., Kaba, M., Pageau, F., and Wienand, I. (2022): Bioethical implications of vulnerability and politics for healthcare in Ethiopia and the ways forward. *Journal of Bioethical Inquiry* 19 (4): 667–681.

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1979): The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research. *Federal Register* 44 (76): 23191–23197.

Novak, M. (2025): The list of Trump's forbidden words that will get your paper flagged at NSF. *Gizmodo*, February 5, https://gizmodo.com/the-list-of-trumps-forbidden-words-that-will-get-your-paper-flagged-at-nsf-2000559661

O'Neill, O. (1996): *Towards justice and virtue: A constructive account of practical reasoning*. Cambridge, UK: Cambridge University Press.

Pessoa, F. (2001): *The book of disquiet*. Edited and translated by R. Zenith. New York: Penguin Books.

Rendtorff, J. D. (2002): Basic ethical principles in European bioethics and biolaw: Autonomy, dignity, integrity and vulnerability—Towards a foundation of bioethics and biolaw. *Medicine, Health Care and Philosophy* 5: 235–244.

Sanchini, V., Sala, R., and Gastmans, C. (2022): The concept of vulnerability in aged care: a systematic review of argument-based ethics literature. *BMC Medical Ethics* 23 (84), https://doi.org/10.1186/s12910-022-00819-3

Sarvimäki, A., and Stenbock-Hult, B. (2016): The meaning of vulnerability in older persons. *Nursing Ethics* 23 (4): 372–383.

Solbakk, J. H. (2011): Vulnerability: A futile or useful principle in healthcare ethics? In: Chadwick, R., Ten Have, H., and Meslin, E. M. (eds): *The SAGE Handbook of Health Care Ethics: Core and Emerging Issues*. London: Sage, 228–238.

Stoker, M. R. G. (2013): *Challenging modernism—Fernando Pessoa and the Book of Disquiet*. Utrecht, Dissertation.

Ten Have, H. (2016): *Vulnerability. Challenging bioethics*. London and New York: Routledge.

Ten Have, H. (2022): *The Covid-19 pandemic and global bioethics*. Cham: Springer Nature.

Ten Have, H. (2023): Vulnerability as a new perspective on ethical challenges in healthcare. In: S. Achella and C. Marazia (eds): *Vulnerabilities. Rethinking medicine, rights and humanities in post-pandemic.* Cham: Springer Nature, 209–223.

Turner, B. S. (2006): *Vulnerability and human rights*. University Park, PA: Penn State University Press.

UN Conference on Environment and Development (1992): *Rio Declaration on Environment and Development*. Rio de Janeiro, https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_CONF.151_26_Vol.I_Declaration.pdf

UNESCO (United Nations Educational Scientific and Cultural Organisation) (2005): *Universal Declaration on Bioethics and Human Rights*. Paris: UNESCO, https://unesdoc.unesco.org/ark:/48223/pf0000146180

Vergely, B. (2023): *La vulnérabilité ou la force oubliée* [Vulnerability or forgotten strength]. Paris: Le Passeur Éditeur.

Victor, E., Luna, F., Guidry-Grimes, L., and Reiheld, A. (2022): Vulnerability in practice: Peeling back the layers, avoiding triggers, and preventing cascading effects. *Bioethics* 36: 587–596.

Walker, A. K., and Fox, E. L. (2018): Why marginalization, not vulnerability, can best identify people in need of special medical and nutrition care. *AMA Journal of Ethics* 20 (10): E941–E947.

Zagorac, I. (2016): How should we treat the vulnerable? Qualitative study of authoritative ethics documents. *Journal of Health Care for the Poor and Underserved* 27 (4): 1656–1673.

3. Covid-19 and Vulnerability

3.1 Introduction

Vulnerability became a significant concern during the Covid-19 pandemic. Early on, it was identified as a core principle in many policy statements. Public health measures were often justified with the appeal to protect the most vulnerable citizens. Vaccine distribution schedules typically prioritized vulnerable populations. From the beginning of the pandemic, it became obvious that some individuals and groups were more affected by the viral disease than others. It was further recognized that health professionals and care institutions themselves are vulnerable. Finally, some regions, countries and continents appeared to be particularly vulnerable, although not to the same extent.

The pandemic clearly illustrates the two dimensions of vulnerability. On the one hand, anthropological vulnerability is revealed in the fact that all human beings, wherever they live, can be infected. Everybody is a potential patient, and therefore obliged to shelter in order to prevent infection. Human beings are necessarily embedded in natural environments; they cannot separate themselves from their biological surroundings. Micro-organisms such as viruses are essential components of these environments. Since humans live in a virosphere, viral infections are impossible to eliminate. As key components of the living world, many viruses play a positive role in the biosphere because they are necessary for the sustenance of life. The healthy human body is inhabited by massive numbers of viruses, and viral material is incorporated in our genes (Ryan 2020). However, the anthropological dimension of vulnerability not only refers to the biological constitution but also to the fact that humans are social beings, i.e. connected to their environment and related to other beings. Vulnerability exists because

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human beings are open to the world, they engage in relationships with other persons, and interact continuously with the world. This openness and interaction is a positive phenomenon; it is the basis for exchange and reciprocity between human beings. We cannot come into being, flourish and survive if our existence is not connected to the existence and flourishing of others. At the same time, this world-openness is also potentially harmful and damaging, exemplified in the continuous risk of being infected. This risk can be diminished but not completely avoided since humans cannot discard their social nature (Ten Have 2022). Just as humans cannot be separated from the natural environment, they can also not be severed and isolated from the surrounding social world. Moreover, the pandemic shows that anthropological vulnerability is not fixed and stable for everyone. While the biological and social constitution of human beings as a species implies general vulnerability, it does not make all people equally vulnerable. When this constitution is less robust because of disease, ageing or disabilities, some people are more susceptible to infection, and to the damaging impact of the virus. This is particularly true for elderly people with comorbidities, people with disabilities and impairments, and persons with chronic disorders who need treatment and care.

On the other hand, Covid-19 highlights the dimension of special vulnerability; it has revealed and amplified previously existing vulnerabilities, showing that some human beings are more susceptible to harm than others due to the circumstances in which they live and work. The pandemic demonstrates that healthcare workers are more frequently infected, because of their increased exposure. In addition, several other groups are more at risk for different reasons: socio-economically disadvantaged people, Indigenous populations, and racial and ethnic minorities. In the U.S., waves of Covid-transmission revealed structural vulnerabilities, first affecting nursing homes and long-term care facilities, then minority populations and immigrants, and next correctional facilities (Solis et al. 2020). The pandemic furthermore coincided with the resurgence of discriminatory practices such as racism and ageism, thereby adding and reinforcing another layer of vulnerability (Editorial 2020; Ristić and Marinković 2022).

Covid-19 has also created new vulnerabilities, since people may become potentially harmed due to the policy responses to the pandemic

which can have unequal impact (Bottan, Hoffmann and Vera-Cossio 2020). Lockdowns produce sudden loss of income, livelihood and food for numerous people, especially in developing countries (Meyerowitz-Katz et al. 2021). They initiate an abrupt disruption of social contacts, for example with visitor restrictions in long-term care facilities and stay-at home orders, exposing many to isolation, loneliness and depression. The closing of schools deprives children not only from education and social interaction but also from adequate nourishment in countries with school food programmes. Disproportional distribution of vaccines is criticized as reinforcing global inequity, and making less-resourced countries more vulnerable to serious consequences of infection. Moreover, the priority for hospital care for Covid patients causes cancellation or postponement of interventions and treatment for patients with other diseases, making them more vulnerable to the harm of their disorders, and reducing access to healthcare for many people. At the global level, public health, medical treatment, and preventive programmes are affected or delayed. For example, in 2020 tuberculosis deaths increased for the first time since 2005. The number of infected people treated for drug-resistant tuberculosis decreased by 15%, while the number of those receiving preventive treatment for tuberculosis infection diminished with 21% (Pai, Kasaeva and Swaminathan 2022).

This chapter will explore vulnerability in the context of the Covid-19 pandemic. It will first examine references to vulnerable people and groups in policy documents issued by international organizations, notably the World Health Organization. Next, the role of vulnerability as a concept in national policies will be explored, taking the policies in the Netherlands and the United Kingdom as examples, since they have been formally reviewed and scrutinized. The analysis of international and national policies demonstrates that vulnerability during the Covid-19 pandemic is manifested in various ways and at different levels. It is not only a matter of exposure, sensitivity and adaptive capacity to the virus, but also of the responses to the viral threat which may exacerbate already existing vulnerabilities. In addition, various dimensions of vulnerability may overlap and interact, further deteriorating the precarious conditions of individuals and groups. It took time to recognize these dimensions as well as their interplay, such that public health measures were slow to effectively protect vulnerable citizens.

3.2 International Public Health Policies

On January 5, 2020, the World Health Organization issued its first Disease Outbreak News (DONs) report with information about cases of coronavirus disease in Wuhan, China (see Figure 7). A few days later, it published a series of guidance documents with primarily technical information about infection prevention and control, laboratory testing, risk communication, travel advice and clinical management (WHO 2020a). These documents do not comment on vulnerability; only the last mentioned document refers to special considerations for pregnant patients. After the genetic sequence of the new coronavirus had been discovered, the first death had occurred in China, and the first patient had been identified outside this country (in Thailand), the WHO reported that there was no clear evidence of human-to-human transmission of the virus. This position changed a few days later, once it became clear that healthcare workers were increasingly infected. On January 30, 2020, with ninety-eight cases in eighteen countries outside China, the Director-General of WHO declared the novel coronavirus outbreak a Public Health Emergency of International Concern.



Fig. 7 Citizens of Wuhan lining up outside of a drug store to buy masks during the coronavirus outbreak. Photo by Chinanews.com / China News Service (2020), Wikimedia Commons, CC BY 4.0, https://commons.wikimedia.org/wiki/File:Citizens_of_Wuhan_lining_up_outside_of_a_drug_store_to_buy_masks_during_the_Wuhan_coronavirus_outbreak.jpg

Early February 2020, the WHO issued its first Strategic Preparedness and Response Plan (WHO 2020b). The focus was on establishing

international cooperation, accelerating research and innovation, and intensifying support for preparation and response operations. In this plan, a reference was indeed made to the notion of vulnerability: some countries or regions may be at greater risk than others, due to weaker healthcare systems and inadequate capacity for preparedness, and therefore require technical and operational support.

In the beginning of March, with more than 100,000 confirmed Covid cases across the world, a WHO statement emphasized action to stop, contain and control the impact of the virus, without mention of the differential impact in various populations and groups. The first reference to different risks came in the guidance for prevention and control in schools, issued on March 10 together with UNICEF and the International Federation of Red Cross and Red Crescent Societies. It highlighted that relatively few cases of Covid-19 are reported among children but that older people, and persons with chronic conditions are most at risk (UNICEF, WHO, IFRC 2020). Similar concerns were voiced in guidance concerning displaced people and migrants living in camps or camp-like settings (Inter-Agency Standing Committee 2020). Recognizing that displaced and other populations living together in collective sites are particularly vulnerable because of overcrowding but also neglect, stigmatization and lack of access to health services, special protective measures would be required. On March 11, 2020, the WHO declared Covid-19 a pandemic.

Explicit attention to vulnerability was given in the Covid-19 Global Humanitarian Response Plan of March 28, 2020. In his Foreword, the Secretary-General of the United Nations underlined that the needs of the most vulnerable people should be addressed. While Covid-19 affected all countries and peoples, its morbidity and mortality rates were considerably higher for older people and those with underlying health conditions. This is especially true for countries which already faced a humanitarian crisis before the pandemic, with fragile health systems and governance, as well as poor basic services. The Plan furthermore stated that "The pandemic has led to a measurable decrease in the treatment of other pathologies and fewer services being offered relating to preventive health care, and prenatal and post-natal care, among others." (United Nations 2020, 11). A specific and extensive list of vulnerable individuals was provided; people with chronic diseases, undernutrition, disabilities, lower immunity

and old age; displaced people, asylum seekers, refugees, migrants, marginalized groups, and people in hard-to-reach areas; children; women and girls; people with frequent social contacts and movements for labour and other livelihood activities; and people losing their income (United Nations 2020, 14). The Plan argues that pandemic responses should give priority to the most vulnerable and at-risk population groups, particularly in vulnerable countries.

Examining these international documents shows that, although the notion of vulnerability was implemented during the first few months of the pandemic, it took some time to explicitly identify who was particularly vulnerable to infection and what the consequences of this vulnerability might be. That some countries are vulnerable is recognized early, but that specific groups within all populations may suffer more than others and therefore need special attention in policies, is only stipulated almost three months after the beginning of the pandemic. Of course, there were numerous uncertainties about the risks of the SARS-CoV-2 virus. It was not clear how the virus was transmitted, and the role of asymptomatic and pre-symptomatic virus carriers was not recognized for some time. Nonetheless, from first affected countries such as China and Italy came many signals that especially older patients and those with pre-existing health problems were vulnerable. Early Chinese studies reported that the mortality rate of patients over sixty years of age was much higher than the general mortality rate (Liu et al 2020; Wang et al. 2020). Italian data demonstrated that more than 83% of fatal cases of Covid-19 involved people older than seventy (Abbatecola and Antonelli-Incalzi 2020). In March and April 2020, public media extensively covered the ravages of the pandemic, particularly in Italy, where not only hospitals and intensive care units were overwhelmed but at the same time elderly care homes became hotbeds of the disease (Privitera 2020). While international documents were relatively quick to identify vulnerable groups such as displaced people and migrants, people with underlying health conditions, and those with unequal access to resources, specific and detailed guidance on how to protect vulnerable populations was issued rather late (WHO, Western Pacific Region 2021).

3.3 National Policies

The underestimation of the significance of vulnerability is demonstrated in national policies. In the Netherlands, the initial focal point of government policy was infectious disease control. The idea was that eradicating the disease agent would also eliminate the negative effects of the pandemic. After the first patient tested positive at the end of February 2020, a series of national measures were taken to control the dissemination of the virus. In the press conference of March 12, authorities stated that the number of cases was rapidly increasing, and that hospitals and particularly intensive care units were under pressure. Contact tracing had become impossible, while protective materials were insufficiently available. Policy-makers therefore concluded that it was no longer feasible to eradicate the virus, and that policy can only aim at mitigating the spread of the pandemic. Measures at this stage were largely voluntary: stay at home, and work from home, while gatherings of more than one hundred people were cancelled. Attention was given to vulnerability with the advice to limit visits to vulnerable persons, while these persons were advised to protect themselves by avoiding crowded places and no longer using public transportation (Onderzoeksraad voor Veiligheid 2022) A few days later, additional measures were taken: schools, restaurants, fitness centres and swimming pools were closed, whereas hotels and coffee shops remained open. Visits to care and nursing homes were limited and soon prohibited altogether. In a televised speech on 16 March 2020, Prime Minister Mark Rutte directly addressed the elderly and people with health problems, with the assurance that it is an absolute government priority to minimize the risks for them. At the same time, he pointed out that it can take months and even longer to build sufficient herd immunity, and that during that time, vulnerable persons need to be 'shielded.'

From the start, public health policy was officially based on three pillars: containing the virus, managing the burden of care and protecting the vulnerable. In practice, however, rapid transmission of the virus makes the first aim impossible; only mitigation of the impact of the virus is feasible. Images from Italy of the overwhelming consequences of the infection for the healthcare system make the second aim more prominent. Medical experts, and especially intensive care specialists warn publicly

for a 'care infarct'. Against this backdrop, vulnerability plays a reduced role. The first priority is to ensure that persons who are seriously ill will receive appropriate care and treatment in hospitals. The capacity of intensive care units is the chief parameter for policy. For the much larger populations of vulnerable persons such as the elderly and people with disabilities and underlying health conditions, the advice is to isolate, stay at home and avoid any contacts with other people. Specific measures for them are not taken; protection is first of all a voluntary responsibility of vulnerable individuals themselves. It is not apparent for policy-makers that many vulnerable persons are living in residential care settings.

The consequences of this limited focus on vulnerability are evident in the tragedy that unfolded in nursing homes. More than 50% of all coronavirus deaths until September 2020 occurred in nursing homes (Onderzoeksraad voor Veiligheid 2022, 11). This illustrates not only the vulnerability of residents but also the lack of priority in public health policy for this group of vulnerable citizens. Experts from the care sector were initially not represented in advisory bodies or crisis management teams. Nursing homes were regarded as 'buffer locations' allowing the transfer of patients from overburdened hospitals, without adequate testing. Since testing equipment was scarce, it was only used in hospital settings. Care for residents in nursing homes often requires close and intensive contact, making physical distancing impossible. Staff in nursing homes were therefore particularly vulnerable, not only because protective materials were scarce and prioritized for use in hospitals but also because of the type of care they provided. Many staff became infected, often asymptomatic or pre-symptomatic, and as a result, mostly unknowingly, disseminated the virus within (and outside) facilities. Many others became ill, such that staff shortages were common. In order not to jeopardize the continuity of care, care providers with minor complaints often remained at work. The quality of life of the residents was significantly reduced due to public health measures. Fear and uncertainty had a substantial impact on living conditions: many residents were isolated in their rooms without visits from family and friends. Particularly in the first wave of the pandemic, the social care sector was confronted with serious ethical dilemmas between safety of care personnel and quality of life of the residents.

Infected or deceased residents of care homes were usually not included in the official Covid statistics as a result of a narrow case definition (based

on experiences with SARS) and lack of diagnostic testing. Only persons with a link to areas where Covid is prevalent (China and Italy) as well as seriously ill patients with symptoms of Covid in hospitals were tested. In the first stage of the pandemic, a clear view of the number of infections in nursing homes was therefore absent. Better documentation demonstrated in April 2020 that Covid mortality in nursing homes was twice as high as indicated in the official national registration (Onderzoeksraad voor Veiligheid 2022, 56). In that month, politicians and the public became aware that outside of the intensive care units, a silent catastrophe was taking place in elderly care settings. The allocation system for protective materials was revised so that more protection would be possible in non-acute care sectors. In June, the restrictions on visits were relaxed.

The lack of attention to vulnerability of the elderly, and specifically residents of nursing homes during the early stage of the pandemic, is not unique to the Netherlands but just as noticeable in other countries. Evaluating the coronavirus response in the United Kingdom, the House of Commons criticizes the failure to recognize the vulnerable status of many individuals (House of Commons 2021). Staff shortages, lack of sufficient testing and protective equipment, rapid discharge of patients from hospitals into care institutions without adequate testing and rigorous isolation, and the practical difficulties of public health measures in care settings, had devastating consequences with thousands of deaths which could have been avoided (House of Commons 2021, 85). Between March 16, 2020, and April 30, 2021, more than forty-one thousand care home residents died of Covid-19; this accounts for over a quarter of all Covid deaths in England over the same period (House of Commons 2021, 83). The House of Commons Committee comments that this is likely an underestimate since many care home residents were not tested during the early weeks of the pandemic. In August 2020, Public Health England affirmed that in the United Kingdom, people older than eighty years with Covid were seventy times more likely to die than people under the age of forty (Public Health England 2020, 4). In the first year of the pandemic it was therefore clear, as the Committee concludes, that the elderly, and especially those living in institutional settings of social care were particularly vulnerable to death and disease because of the coronavirus, and that therefore measures to protect these populations were extremely important.

Nonetheless, policy-makers in the United Kingdom focused on protecting the healthcare system, primarily acute hospital beds, while being insufficiently alert for the risks in the social care sector. Like in the Netherlands, while official policy (announced on March 14, 2020) was to protect life from the virus, protect the most vulnerable, and protect the National Health Service, no stringent measures were taken. The House of Commons Committee is severe in its judgment: this is a fatalistic policy approach, aimed at managing rather than suppressing infection, accepting herd immunity as the inevitable outcome. Giving up efforts to halt the transmission of the virus, and waiting until more people gain immunity, particularly exposes the vulnerable to death and disease. The policy was reverted a few weeks later (with a full lockdown imposed) after disease models pointed out the disastrous consequences of an unmitigated epidemic, predicting more than half a million deaths in Great Britain. The Committee concludes: "During the first three months of the covid pandemic, the UK followed the wrong policy in its use of non-pharmaceutical interventions" (House of Commons 2021, 57).

The House of Commons evaluation furthermore articulates a broader scope of vulnerability through emphasizing the unequal impact of Covid-19 on specific groups within society, particularly people of Black, Asian and minority ethnic (BAME) communities, and people with learning disabilities. Existing social, economic and health inequalities were exacerbated by the pandemic, and disparities in its impact were clear already in the early stages of the pandemic. Data shows that "the rate of covid-19 related deaths among men of Black African ethnic backgrounds was 3.7 times higher than among men of white ethnicity while the rate in women was 2.6 times greater. Among people of Bangladeshi, Black Caribbean or Pakistani ethnic background the rate of covid-19 related death was 3.0, 2.7, and 2.2 times greater, respectively, for men and 1.9, 1.9 and 2.0 times greater, respectively, for women" (House of Commons 2021, 96). This disproportional impact is not only due to the higher frequency of pre-existing health conditions among these groups but also to pre-existing social deprivation as a result of social, economic and structural inequalities within society. It is further exacerbated by higher exposure to the virus among these populations, with many having frontline jobs and a reduced ability to work from home, unfavourable housing conditions, and

general lack of protective materials, but also because of insufficient policy communication with minority groups. Disproportionately high mortality rates also occurred among people with learning disabilities (House of Commons 2021, 100). This owes to pre-existing health inequalities but also to inadequate access to health facilities and care, scaling down of non-covid care, and loss of social support and family advocacy during lockdowns. For some people with learning disabilities, do-not-resuscitate orders had been issued inappropriately.

The examples of the Netherlands and the United Kingdom are not isolated or exceptional. By the end of April 2022, estimates indicated that elderly care home residents accounted for 51% of all Covid-19 deaths in France, 55% in Ireland, 63% in Norway, and 72% in Canada (Machado et al. 2020). In December 2020, the Centers for Disease Control and Prevention in the United States estimated that the risk of dying from Covid-19 for a person aged eighty-five years or older was 630 times higher than for someone who aged between eighteen and twenty-nine. Being between the ages of seventy-five and eighty-four was associated with a 220 times higher risk of death (New Jersey Covid-19 information hub 2020). Even in November 2022, after several rounds of vaccinations and diminishing prevalence of infections, the risks for the elderly were still substantial: being eighty-five or older had a 340 times higher risk of death than being in the younger cohort; for those between seventy-four and eighty-four, the risk was 140 times higher (Centers for Disease Control and Prevention 2022a).

A retrospective analysis of excess mortality in Western European countries during the first thirty months of the pandemic shows that countries (for example, Denmark, Germany and Norway) that quickly took measures to restrict social interaction and contact while hospital admissions were still low had lower excess mortality than countries (such as Italy, Belgium and the United Kingdom) that waited until hospitals became overwhelmed (Galmiche et al. 2024). Early implementation of non-pharmaceutical interventions was therefore beneficial in terms of saving lives and protecting the vulnerable. The study also demonstrates that early implementation was associated with lower losses of gross domestic product (GDP), undermining the argument often used during the pandemic that social restrictions will hurt the economy.

3.4 Interplay and Overlapping of Vulnerabilities

During the Covid-19 pandemic, one type of vulnerability immediately came to the foreground: the susceptibility of all human beings to infection. Germs such as viruses, bacteria and parasites are around in the environing world, and in and on human bodies. Many of these micro-organisms are not harmful, and even necessary for the healthy functioning of the human body. Infection occurs when harmful germs enter the body, reproduce and multiply, and produce a reaction to the organism. All persons who are not immune will be susceptible to infection. In fact, viruses need humans as hosts in order to survive and multiply; they hijack human cells to produce copies of themselves. The SARS-CoV-2 virus has protein spikes that attach to specific receptors on the outside of human throat and lung cells. The virus then releases enzymes that start a process of merging the viral and cell membranes whereupon the genetic material of the virus can enter the cells. Coronaviruses take over the machinery of the cell replicating their own proteins and infecting neighbouring cells (Iwasa 2021).

While the vulnerability of the individual human body to infectious agents is relatively easy to understand, it is more complicated to anticipate and explain vulnerabilities which emerged at various levels during the pandemic. These vulnerabilities often overlap and reinforce each other. Measures to address one type of vulnerability may exacerbate vulnerabilities at other levels.

3.4.1 General Vulnerability

Even when all humans share general vulnerability to Covid infection, the degree of vulnerability is not the same for everyone. One observation is that when people are equally exposed to the coronavirus, not everyone is infected; some people never seem to get Covid. This is perhaps due to previous infections with common cold coronaviruses leading to higher levels of specific types of cells in the immune system (Kundu et al. 2022). There is also a difference of response since some infected people have serious symptoms while others have no symptoms at all (Anastassopoulou et al. 2020). These scientific findings only became known in a later stage of the pandemic, although research into the genetic determinants of disease susceptibility has long been underway for numerous infections (Kwiatkowski 2000).

From prior experiences with infections, it was already evident that susceptibility to infection is increased in certain categories of people, for example persons with a weakened immune system, patients with underlying medical conditions, people who use certain medication to treat medical conditions (e.g. antibiotics, steroids, some anti-cancer drugs) and persons receiving lifesaving treatments or invasive procedures (such as catheters, tubes and surgery). It is also known that ageing is associated with a gradual deterioration of the immune system (immunosenescence), with the result that older people have increased susceptibility to infections (Aw, Silva and Palmer 2007). The general vulnerability to infection is therefore not the same for all human beings, necessitating special considerations and protections for at least some categories of persons.

3.4.2 Special Vulnerability

The concept of anthropological or general vulnerability during the pandemic is further compounded and complicated by other types of vulnerability. Special vulnerabilities are manifested by specific groups of people due to the social and economic circumstances in which they are living and working. Prior to Covid-19, the prevailing special vulnerabilities of minority and poor populations and people in institutional settings were extensively known and studied, to the degree that it cannot have been surprising that these categories of people would be especially at risk in a pandemic (Solis et al. 2020). The coronavirus uncovered and exacerbated existing health disparities, both within countries and across the globe. Racism, gender inequality, poverty, pollution, political violence and war are social forces that make people ill; they determine how diseases are distributed and how well diseases are prevented, diagnosed and treated. To understand how social arrangements may harm individuals and populations, the concept of structural violence is used, clarifying that individual clinical interventions need to be complemented with structural ones directed at changing the social context (Farmer et al. 2006). The vulnerability of patients to these social forces can be screened and evaluated by systematically identifying dimensions which may be associated with special vulnerability: frequently mentioned are financial security, residence, risk environments, food access, social networks, legal status, education and discrimination (Bourgois et al. 2017). Once it became clear after a few months that the burden of Covid-19 was

unequally distributed within and among populations, this reinforced the understanding that health inequities are structurally produced, bolstering calls for public policies that guarantee food security, unemployment insurance, access to care services, community development and sanitized toxic environments (Berkowitz, Cené and Chatterjee 2020). Given the experiences with previous pandemics, the special vulnerability of certain individuals and populations can no longer be ignored (Bibbins-Domingo 2020). Social inequities and disparities in healthcare are the result of patterns of power, privilege and inequality that have existed for a long time; Covid-19 made obvious that without addressing the social, economic and political determinants of health, pandemics will continue to disproportionately affect the most vulnerable among us (Smith and Judd 2020).

3.4.3 Vulnerability of Healthcare Workers

Another type of vulnerability that could have been anticipated, but was nonetheless underestimated, was the vulnerability of healthcare workers. In October 2021, the WHO estimated that between 80,000 and 180,000 healthcare workers died from Covid-19 between January 2020 and May 2021 (WHO 2021). Although the exact numbers will never be known, it is clear that care workers were particularly vulnerable to infection because of high exposure to the virus. This vulnerability increased when workers were older than fifty years, male, Black or Asian, and had underlying health conditions, associated with a higher risk of serious illness and death (Lin et al. 2022). The risks of increased exposure to the virus were familiar from the SARS outbreak in 2003: many healthcare workers, patients and visitors became infected in healthcare facilities when minimal infection control measures were taken (McDonald et al. 2004). That healthcare workers were especially vulnerable figured prominently in media reports from China and Italy in the early stages of the Covid pandemic. These reports at the same time showed that appropriate personal protective equipment was often unavailable, confronting health workers with an ethical dilemma between providing care to patients and protecting themselves.

Even when healthcare workers as a group are especially vulnerable, their vulnerability is not equally distributed (Smith 2020). Initially, the

focus of policy-makers and media was primarily on hospital workers, not on those working in other care sectors such as nursing homes, general practice, midwifery or community health work. Protective equipment, in scarce supply from the outset, was only provided to first responders, emergency departments and intensive care staff. Even when sufficient protective materials become available, they are not fairly allocated since well-resourced countries are better equipped. Healthcare workers in low- and middle income countries have to continue to work without adequate protection, and thus experience a higher degree of vulnerability.

Finally, healthcare workers experience vulnerability not only because they are exposed to a potentially lethal disease but also because they face many disturbing and distressing situations with numerous seriously ill patients for whom they cannot provide effective treatment or cures, and with whom they have difficulties in communication (especially when they use protective equipment, as is shown in Figure 8). They witness widespread suffering and death, which increases their sense of emotional vulnerability. In order to protect their family members from Covid-19, healthcare workers isolate themselves. In many countries, they feel ostracized as potential sources of infection, and stigmatized by their community (Smeltzer et al. 2022).



Fig. 8 Intensive Care Unit physicians from Virtua Memorial Hospital in Mount Holly, New Jersey (USA) practice using a COVID-19 Intubation Safety Box. Photo by Ascalon Studios (2020), Wikimedia Commons, CC BY 4.0, https://commons.wikimedia.org/wiki/File:COVID-19_Intubation_Safety_Box,_personal_protective_equipment_(PPE)_produced_by_Ascalon_Studios,_Inc.jpg

3.4.4 Vulnerability of Countries

The pandemic revealed different forms of vulnerability that had not been recognised beforehand. One such vulnerability is the exposure of countries to global threats of epidemics or pandemics. Since 2019, the Global Health Security (GHS) Index assesses health security across 195 countries. Global health security is defined as "the existence of strong and resilient public health systems that can prevent, detect, and respond to infectious disease threats, wherever they occur in the world" (Centers for Disease Control and Prevention 2022b). The Index measures the preparedness of each country in six dimensions: prevention, detection and reporting, rapid response, health systems, compliance with international norms, and risk environment, using publicly available information (Global Health Security Index 2022). The purpose is to provide information to decision-makers about elements necessary to prepare countries for future outbreaks and to prioritize planning and funding. The first GHS Index, published in October 2019 just before the outbreak of Covid-19 concludes that national health security is fundamentally weak around the world: "No country is fully prepared for epidemics or pandemics, and every country has important gaps to address" (Global Health Security Index 2019, 9). With a possible maximum score of 100, the average overall GHS Index score is 40.2 among all 195 countries. The countries with the highest scores are the United States (83.5), the United Kingdom (77.9) and the Netherlands (75.6). The majority of countries do not score above 50, with Somalia (0.3), Guinea-Bissau (4.6) and Equatorial Guinea (5.0) at the bottom of the list (Global Health Security Index 2019, 20-29).

Another study was provided by the WHO in 2018. Analysing reports submitted by 182 countries concerning their capacities to prevent, detect and respond to disease outbreaks, the conclusion was that more than 50% of the countries had the highest levels of operational readiness capacities. Countries in the European region especially reported high levels of readiness and capacity in the face of a public health emergency (Kandel et al. 2020). In light of these data, it is obvious that particularly high-income countries are satisfied with their capacities to cope with health emergencies. While all countries are vulnerable to global viral threats, at least those with the strongest healthcare systems do not regard themselves as especially vulnerable. Prior to the Covid-19

pandemic, the general assumption is that the most vulnerable countries are in the Global South. The pandemic demonstrated how wrong these estimations and assumptions were. The coronavirus overwhelmed all countries, and affected notably high-income ones. Those countries with the top scores in 2019 responded poorly to the pandemic. The fact that preparedness resources and capacities are available evidently does not determine how they will be employed during an emergency: "The availability of health security capacities in countries does not automatically translate into protection from illness, death, and economic consequence" (Global Health Security Index 2021, 7). The reluctance to accept that one's country is vulnerable is also reflected in the national border closures implemented by most countries in the first months of the pandemic. These measures are largely symbolic acts showing that governments are acting forcefully, whereas there is no evidence that closures are effective, while they are illegal under binding international law (particularly the International Health Regulations). These measures furthermore allocate the blame for the pandemic outside of one's own country. They deter reflection on the question of whether and how governments are responsible for the vulnerability of their nation (Hoffman and Fafard 2020).

Surprisingly, the confrontation with Covid-19 has not improved preparedness. Despite the experiences with the pandemic, severe weaknesses in global health security continue to exist. In December 2021, the GHS Index reports that the global average has not changed since 2019 (and is even slightly lower: 38.9) (Global Health Security Index 2021, 48). The report furthermore concludes that during the Covid-19 pandemic the needs of vulnerable populations within countries are not explicitly addressed in preparedness and response plans. This is curious since appropriate models and approaches are available to focus policies on vulnerability. To identify vulnerable people and regions, vulnerability indices have been developed in disaster management. They measure various aspects such as physical (e.g. housing), economic (e.g. poverty and employment), social (e.g. racial and ethnic minority status), and environmental vulnerability which determine the exposure, sensitivity and ability to cope with potential harms. In the context of Covid-19, these indices have been adapted and amended with data on health systems, demography and epidemiology; the result is a spatial

representation of vulnerability that could visibly indicate which regions should be prioritized for resource allocation and mitigation strategies (Acharya and Porwal 2020). However, these indices and models did not significantly influence policies.

3.4.5 Vulnerability of Global and National Systems

Another type of vulnerability exposed by the Covid pandemic is the fragility of global and national systems. Since 1990, the United Nations Development Programme has published annual reports on human development, taking into account a wide range of indices such as education, health, basic living standards, but also inequality, poverty, human rights, and environmental impact. For the first time, the Human Development Index has declined during 2020 and 2021 in 90% of the countries (UNDP 2022). The Covid pandemic exposed "a confluence of fragilities" (UNDP 2022, 6), bringing about huge economic and health impacts: in 2020, in 85% of the countries, income per capita declined, and in 70% life expectancy at birth was reduced (UNDP 2022, 168). There are many worsening trends: poverty, food insecurity, forced displacement, inequalities, and discrimination are increasing. Even in highly developed countries, feelings of insecurity are on the rise, while negative views, discontent and pessimism about the world and the future prevail in all parts of the world. The UNDP report argues that a new uncertainty complex is emerging due to planetary pressures and inequalities of the Anthropocene but also to increased societal polarization and democratic backsliding in many countries, negatively impacting cooperation and dialogue, and delaying action. Wars and violent conflicts compound pre-existing vulnerabilities and enhance uncertainties. The report clearly highlights how vulnerability at the global level is increasing, and clarifies how it leads to a paradox: "we know what the problems are, we have more tools than ever to address them, but we are failing to act" (UNDP 2022, 138).

Vulnerability at the global level is reflected at national levels. Many experts have predicted that since previous pandemics have affected and transformed human civilizations, the lethal global threat of Covid-19 will also influence and change current societies and cultures. The public health emergency has, in most countries, disrupted human interactions

as well as most sectors of public life: economy, education, global trade, tourism, as well as social, cultural and religious activities. New ways of working, behaving, communicating, educating and interacting have been introduced, and the question remains as to what the world will become when the pandemic is over (Denis, Regis and Weinstock 2021). In what ways has the confrontation with a global threat changed human conduct and social life? This question is raised in view of other looming threats such as the expectation that more infectious diseases will emerge in the near future, and particularly the planetary threat of climate change and biodiversity loss. Covid-19 is thereby taken as a moral challenge, since it provides "an opportunity to rethink the ethical basis of our society" (Horton 2020, 126).

3.4.6 Vulnerabilities Produced by Responses to the Pandemic

Public health measures taken to mitigate the pandemic introduced a new type of vulnerability. Policy responses may have aggravated the conditions of people who were already vulnerable before the outbreak (pathogenic vulnerability) but they also created new vulnerabilities or made persons vulnerable who were not considered so at the beginning of the pandemic (discretionary vulnerability). One example is the closure of schools, which not only deprived millions of children from education, but also of adequate food in regions with school food programmes. The reduced ability to socialize with friends and peers increased the prevalence of mental health problems and decreased quality of life in children and adolescents (Forsberg and Thorvaldsen 2022). Another example is that of the lockdowns. They caused anxiety, loneliness and depression, and increased risks for domestic violence and child abuse (Ferwana and Varshney 2024; Okazaki et al. 2025). They also reinforced existing inequalities since they were difficult to implement for many people. It is unclear what long-term effects they will have on individual and social behaviour and interaction. In retrospect, it seems that the effects of mandatory lockdowns on Covid-19 mortality have been relatively small (Herby, Jonung and Hanke 2025). Public health measures, as well as the priority given to hospital treatment of Covid patients, further limited services for patients with illnesses other than Covid-19. In many countries, it reduced preventive services such as

vaccination programmes for children and preventive cancer screening. In the European Union, excess mortality (i.e. the number of deaths from all causes during a crisis, above what would be expected under normal conditions) peaked in November 2020 (40%) and November 2021 (26.5%), but remained at 10% in October 2022 (Eurostat 2022), while it significantly decreased in the following year (in March 2026 it was -4.8% below the baseline period of 2016-2019). Across the world, the WHO estimates that in 2020 and 2021 there were 14.83 million excess deaths, much more than the number of Covid deaths reported (5.43 million) (Msemburi et al. 2023). In 2022, many countries reported higher death rates than in normal circumstances (Sridhar 2022). One more example is the sudden need for preventive interventions, showing the vulnerability of global trade and just-in-time production, with no reserves or stockpiles to meet the demand for protective materials, medication, laboratory devices or intensive care equipment. These vulnerabilities revealed by the urgency to respond to the pandemic, prompt calls to re-evaluate common notions and policies of public health, globalization and global governance.



Fig. 9 Covid hospital in São Paulo, Brazil, June 2020. Photo by Gustavo Basso (2020), Wikimedia Commons, CC BY-SA 4.0, https://commons.wikimedia.org/wiki/File:Covid-19_Brazil_-_Inside_Campaign_Hospital.jpg

3.5 Pandemic Lessons

One lesson of the pandemic is that countries are on their own. All are connected and in the same predicament but no particular country or global institution is in control (Zakaria 2020). Geopolitical factors have hampered the management of the pandemic since existing mechanisms of global governance, cooperation and multilateralism proved weak and inadequate. The expectation is that these factors will continue, or even deteriorate "with disorder and uncertainty for years to come" (Schwab and Malleret 2020, 104). The pandemic has demonstrated that the prevailing global order is disintegrating and that there will not be a new global order, but rather an increased likelihood of violent conflicts. This prediction soon materialized when in February 2022 Russia started the war in Ukraine, and in October 2023 armed conflicts broke out in Israel and Gaza (and later Lebanon), and since February 2026 the United States and Israel have been at war with Iran, leading to strikes across the Middle East and a blockade of the Strait of Hormuz, causing a global fuel crisis. This is seriously compounding the short- and long-term effects of the pandemic, resulting in energy crises, increasing inflation and geopolitical instability not only in Europe but across the world. The economies in many countries have shown strong and rapid recovery when public health measures are lifted but economic growth has slowed down over the last few years. Prospects for the immediate post-pandemic future are generally gloomy. Global surveys indicate that in most countries the majority of citizens do not expect that economic conditions will improve, due to inflation, energy prices and geopolitical conflicts (McKinsey & Company 2022). At the beginning of 2023, the Director of the International Monetary Fund warned that one third of the global economy will be in recession that year (Tewari and Hoskins 2023). Rising prices and higher interest rates have worsened the economic situation in numerous countries, even though the general expectation was that after Covid-19 conditions would rapidly improve. However, the promise of a quick 'return to normal' turned out to be empty because the post-pandemic global context and political climate became significantly different.

Like previous pandemics, Covid-19 has important psychological and social impacts. Unlike earlier times, images of the pandemic have

been disseminated immediately throughout the globe. Television and social media reported the terrifying impact of the disease and the resulting public health measures in far-away countries, long before the pandemic actually spread in one's own country (see Figure 9 showing how makeshift emergency hospitals were set up in sports stadiums to accommodate the overwhelming number of diseased persons). Fear and anxiety, loneliness and deprivation, loss of lives, prohibitions to visit relatives in elderly homes, restricted burial rituals but also lockdowns and isolation negatively affected mental health, especially among women, adolescents and people with pre-existing somatic and mental conditions (Penninx et al. 2022). The emotional distress caused by the global threat is furthermore visible in age-old phenomena of discrimination, victim-blaming, conspiracy theories, misinformation, denial and lies, which sometimes result in the delay of implementing effective measures, promotion of phony products and supposed cures, or aberrant actions (such as attacks on cell phone towers or test centres). Perhaps that solitude and isolation encouraged introspection and offered the opportunity to reflect on personal lives, community and social justice, and therefore made people more aware of existential threats and the need for action (Christakis 2020; Schwab and Malleret 2020, 233). The fact is that during the pandemic several social movements came to international attention: against discrimination and racism (Black Lives Matter), against police violence, against a history of slavery and colonization, against sexual violence (#MeToo), against curfews and public health policy in general, and against political systems (e.g. Lebanon and Hong Kong) (van der Zwet et al. 2022; Mackenzie 2022). These phenomena illustrate long-term shifts in peoples' attitudes towards governments and institutions, amplified during the pandemic. In developed countries, trust in national governments has steadily declined; in the U.S. from 73% (in 1958) to 24% in 2021. In Western Europe, public trust has decreased since the 1970s. The Covid-19 pandemic has deepened this decline. Since early 2020, trust in national governments, healthcare systems and the police has dropped by 13.4% on average across the European Union (Eurofound 2022). In numerous other countries, trust in public bodies

has diminished since 2000 (United Nations, Department of Economic and Social Affairs 2021).

Six years after the start of the Covid pandemic, all countries have phased out public health measures. Some heads of state were quick to insist that the pandemic was over, and that the virus had become endemic. The Director-General of WHO announced in September 2022 that the end of the pandemic was in sight (UN News 2022). In May 2023, he declared that Covid-19 had ended as a public health emergency (WHO 2023a). At the same time, he warned that the virus was still circulating around the world, and that the number of reported cases was unreliable, and probably an underestimate. Up to that point, the virus had claimed more than seven million lives, while 776 million cases had been reported. According to the WHO Dashboard, there were 314,895 confirmed cases, and 4,862 deaths during the month of September 2024 (WHO 2023b). Since then, the number of cases has significantly declined but the virus has not disappeared. More than 20,000 new cases were reported in the period between 16 March and 12 April 2026. From a health policy perspective, it can be concluded that the pandemic is over but as an epidemiological challenge, it is still there. Since coronavirus patients continue to be admitted to hospitals and intensive care units (although the numbers are much lower than during the pandemic—2,240 patients during the above period), at least some governments maintain the provision of Covid booster vaccinations, especially to elderly populations. Medicine is furthermore confronted with significant after-effects of the pandemic. Healthcare systems are struggling to catch up on care that has been postponed or cancelled because of the Covid-19 emergency, while new challenges are presented because of 'post-Covid 19 conditions.' Millions of people have persistent, long-term symptoms after infection with Covid-19 (e.g. shortness of breath, muscle pain and fatigue) (Greenhalgh et al. 2024). Even patients who had mild or asymptomatic infection may experience physical and mental health consequences demanding medical care. These conditions are more frequent in patient groups that have disproportionately been affected by Covid-19, such as racial and ethnic minority populations as well as socially

and economically disadvantaged populations (Centers for Disease Control and Prevention 2022c). A clear explanation, and thus effective treatment, of these symptoms is still lacking, but it is evident that a large number of people are affected (approximately 12.7% of patients with Covid-19) (Saunders, Sperling and Benstrup 2023; Ballering et al. 2022). Many may experience long-term disability and be unable to return to their previous level of work.

At the same time, a pandemic is not merely an epidemiological or medical event but a broader phenomenon with long-term effects on various dimensions of social life. Countries now face multiple crises simultaneously: a medical, economic and environmental crisis, at the same time as a migration crisis (with displaced people and refugees seeking asylum, and insufficient facilities to protect them), a social crisis (due to inequalities, racism, colonial past, discrimination and sexual violence), a food crisis (with increasing food insecurity and hunger), a governance crisis (due to lack of trust in representative democracy, and fragmentation of politics), an educational crisis (due to lack of teaching staff), an energy crisis (due to wars in Ukraine and the Middle East), and a security crisis (due to inadequacy of social safety nets within countries and growing political tensions at the global level). The Covid-19 pandemic has done more than just expose how fragile the health systems in even the most developed nations are in the face of a global emergency; it has revealed the vulnerability of nearly all institutions and structures that characterize present-day societies. Rather than a multiplication of crises, the pandemic presents a critical moment, demanding reflection, diagnosis and action (Fassin 2022).

3.6 A Breaking Point?

The global experience with Covid-19 not only inspired apocalyptic visions about the potential decline of the world as we know it, and pessimistic concerns with the continuous normality of life, as discussed in Chapter 1, but it also provoked numerous reflections and recommendations for change and renewal. Many authors use the pandemic experience as an additional argument to underline their position on broader issues. They employ a so-called 'corona shuffle'

to give greater force to their line of reasoning. They appear to shift to a new point, but in fact remain within the same argumentative frame, without engaging substantively with the pandemic itself. Nonetheless, there is a growing number of studies analysing the shock of the pandemic and advocating significant changes in society, culture, economy, politics and globalization. In this new literature, the history of previous pandemics figures prominently. The general argument is that infectious diseases have destroyed civilizations but also created opportunities for renewal and transformation. The underlying apocalyptic assumption is still the model that civilizations are like organisms that grow, mature and decline, but among the biological determinants, germs are now regarded as the major factor of change, so that the role of human agency is downgraded. A significant example is the Antonine Plague of the second century, most likely a lethal form of smallpox. Although it was first reported in China in the year 151 CE, its effects are best documented in the Roman world, where it contributed to economic recession, weakened the army, fuelled internal rebellions, as well as prompting incursions across the borders. The pandemic also undermined the dominant faith and religious practices, and contributed towards the popularity of Christianity. The Antonine Plague had coincided with an intensified repression of Christians, but their numbers increased rapidly in the following centuries. The weaknesses of the economic, social and spiritual institutions of the Roman civilization were therefore revealed by the Plague, and the search for alternative ways of life was encouraged (Elliott 2024). Another, often cited example is the Black Death in the fourteenth century. It is crucial in explaining the decline of medieval Europe and it triggered great transformations. In the view of Jonathan Kennedy it helped the expansion of the Ottoman empire, facilitated the Reformation, the rise of capitalism and the growth of universities (Kennedy 2023). Since the mortality rate was around 50%, as new evidence suggests, and recovery took almost three centuries, the diminished population of Western Europe became more prosperous. Unlike other catastrophes, plagues destroy people but not property (see Figure 10). While the population was halved, the underlying economy of land and food was almost undamaged so that the amount of capital available per head doubled (Belich 2022).



Fig. 10 The people of Tournai bury victims of the Black Death (circa 1353). Miniature by Pierart dou Tielt illustrating the *Tractatus quartus bu Gilles li Muisit*, MS 13076-13077 fol. 24v. Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Doutielt3.jpg

The cholera epidemics in the nineteenth century illustrated that improvement of health was not the result of medicine or medical technology but rather of hygiene and sanitation, requiring massive state interventions. The role of infectious diseases in shaping the direction of human civilizations is evident in the rise and decline of imperial systems. European colonial expansion, for example, was facilitated by epidemics that caused demographic collapse among Indigenous cultures, while deadly diseases such as malaria and yellow fever made it extremely difficult for European powers to conquer much of Sub-Saharan Africa (Kennedy 2023, 151ff).

One might expect that the experience of a global threat that exposed, magnified and produced a range of vulnerabilities would provide a strong incentive to address these vulnerabilities, and to pre-empt future perils. Experts almost unanimously predict the emergence of new infectious diseases, which are appearing at an accelerating pace, not because germs or biological laws are changing but because of human behaviour and climate change. Apocalyptic feelings during the Covid-19 pandemic indeed stimulated many proposals for social transformation and innovative approaches. But once the sense of doom diminished, such efforts failed to materialize. For example, in the Netherlands investment in hospitals declined, so that currently less intensive care capacity is available than during the pandemic. European regulation of diagnostic testing (since 2022) has made it much harder

to develop tests in hospitals and universities. Hospital laboratories are prohibited from using their own test when commercial tests are on the market. Laboratories are dependent on a limited number of major manufacturers, which will be a major risk for future scarcity and delivery problems in case of a new global emergency (Adriaanse and Vermeer 2024). Resources for pandemic preparedness made available by the Dutch minister of health were cancelled by his successor and only reinstated after strong opposition. Similar developments are seen elsewhere. In 2021, the Biden Administration in the United States launched a billion-dollar plan to prepare for the next pandemic, comparable to the Apollo mission in the past, and Congress created the Office of Pandemic Preparedness and Response Policy in 2022 (Cohen 2021). The new President-elect later announced that he would disband the Office, but as President he appointed a new director in February 2025 while leaving the Office unstaffed (English 2024). At the same time, staffing and budgets at the Centers of Disease Control and Prevention and the National Institutes of Health have been cut under President Trump, undermining preparedness capability (Keith 2025). This became evident with the hantavirus outbreak in April 2026, and the Ebola epidemic in the Democratic Republic of Congo and in Uganda in May 2026. Detection of the virus and effective responses were delayed due to expert staff shortages, reduced research capacity, and hampered international communication and coordination now that the U.S. is no longer a member of WHO (Mandavilli 2026; Kent and Hansler 2026). It will also be more difficult to research the socio-economic determinants of health, and the inequities associated with infectious diseases since federal agencies in the U.S. are purging certain words from websites and online documents, with the National Science Foundation checking websites and research papers (and proposals) for forbidden terms like 'advocacy', 'biases', 'cultural difference', 'equality', 'female', 'gender', 'historically', 'minorities', 'racism', 'social justice', 'socio-economic', 'victim' and 'women' (Novak 2025). Even the words 'vulnerable ' and 'vulnerable populations' appear on the list, so that this book will be critically reviewed, and most probably will not appear on federal websites or qualify for any federal support in the United States. A stronger denial of vulnerability as relevant factor in health, disease and human life is hard to imagine. What is worse is that the entire moral

discourse of global bioethics has come under suspicion, a concern that will be addressed in following chapters.

A positive development is the European Union's 2021 establishment of the Health Emergency Preparedness and Response Authority (HERA). Learning from the lack of cooperation and mutual support, as well as the competition among member states for scarce resources, its role will be focused on coordination, particularly supporting the manufacturing of drugs, vaccines and equipment, and procuring and stockpiling of key medical countermeasures within the Union. Initially HERA was envisioned as an independent agency but that was unacceptable for some EU member states that regard healthcare as the exclusive prerogative of individual nations (Wouters et al. 2023). The same experiences of failed cooperation and solidarity at the global level during the peak of the pandemic have led to calls for a new international treaty. This should protect future generations from the impact of pandemics through creating at least a legally binding mechanism of global governance to encourage cooperation in regard to some important issues. The World Health Assembly set up an intergovernmental negotiating body at the end of 2021, and after three years of negotiations the WHO Pandemic Agreement was adopted in May 2025 (WHO 2025). The bottleneck in the discussions was actually an ethical one (Lenharo 2023; Editorial 2024a; Editorial 2024b; Carlson et al. 2024). During the pandemic, researchers in countries such as Brazil, South Africa, and India determined the genetic sequence of new variants of SARS-CoV-2, and shared this data so that vaccines could be developed. These countries, however, did not receive the vaccines when they were available, or could not afford to buy them. The inequities experienced during the Covid-19 pandemic can only be addressed if sharing of data (mostly by countries in the Global South), including access to pathogen samples and genomic sequences, is accessible to all, in return for equitable sharing of the benefits, namely health products (vaccines, drugs and testing kits). For some countries in the Global North with pharmaceutical industry interests (e.g. Switzerland and Germany), this is not acceptable; they want open and immediate access to scientific data but without having to share its fruits. The finally in May 2025 adopted Pandemic Agreement set up a multilateral Pathogen Access and Benefit-Sharing System (PABS in Article 12). It states that rapid access to 20% of the health products

will be made available to the WHO for distribution among countries in need (at least 10% as a donation, and the remaining percentage at affordable prices). However, the details and modalities of the system will be negotiated in an Annex to the treaty submitted in 2026. Only after adoption of the Annex will the treaty be open for signature by countries, and after sixty signatures the Agreement will enter into force.

The *WHO Pandemic Agreement* has been lauded as a historic and transformational event in the field of global health (Gostin, Halabi and Finch 2025). It emphasizes the need of prevention, requiring countries to develop multisectoral national pandemic prevention and surveillance plans (Article 4). It demands a One Health approach to pandemic prevention, preparedness and response, recognizing that human health is interconnected with the health of domestic and wild animals, plants and the wider environment (including ecosystems) (Article 5). It stipulates that countries shall take appropriate measures to develop, strengthen and maintain a resilient health system, especially primary healthcare, and to safeguard and invest in a multidisciplinary and adequate health and care workforce, and protect the safety and well-being of this workforce (Articles 6 and 7). The need for geographically diversified local production is emphasised (Article 10), and in this context countries are called upon to promote, facilitate or incentivize transfer of technology and know-how, "as mutually agreed" (Article 11). Despite these accomplishments, the treaty is not as transformative as many, especially those in lower-income nations, had hoped for. Agreement on the most contentious issue, the PABS, is postponed. The final text of the Agreement is also weaker than the initial working draft of July 2022, when the pandemic was still a public health emergency. The language is diluted, and instead of stressing obligations, much now depends on the goodwill of countries and companies, for example with respect to technology transfer (Taylor 2025). There is no agreement on a financial mechanism or special fund, and no requirement for states to contribute financially. Earlier proposals for a strong and independent monitoring body were removed. An important change is also the underlying ethical principles (Anderson, Fenton and Crump 2025). While initially a broad normative framework was proposed with fifteen principles, articulating global health justice and equity, respect for human rights, and shared responsibility, the final text mentions only

six principles, with national sovereignty as the first one. This seems to ignore one of the lessons of the pandemic, namely that in practice national interests are prioritized over the welfare of all citizens across the world, disregarding the fact that effective protection against viral threats is only possible at a global rather than national level. The text therefore is an example of 'ethical amnesia', forgetting that during a global pandemic, prioritizing the nation is ethically problematic (Anderson, Fenton and Crump 2025, 844).

The future of the treaty will depend on its implementation; this has already been jeopardized by the rise of nationalistic governments that do not favour international agreements (Deol et al. 2025; Olu et al. 2025). The United States ceased all negotiations concerning the treaty after its withdrawal from the World Health Organization in January 2025 (followed by Argentina in May 2025). Existing mechanisms of international cooperation in general seem to have broken down, despite the lessons learned during the Covid pandemic. The enthusiasm for the Pandemic Agreement can thus be understood in part through reference to this global context. It has symbolic value since, despite global disruption, fragmentation, and scepticism, 191 countries could agree on a common approach to future health threats.

3.7 Scars of the Pandemic

In September 2022, a global panel of distinguished experts called the coronavirus pandemic "a massive global failure at multiple levels" (Sachs et al. 2022). The Commission, set up to evaluate efforts to cope with the disease and its consequences, and to make recommendations in view of future pandemics, concluded that a global strategy was lacking. While the need for international cooperation and solidarity was repeatedly stressed by multiple actors and organizations, it was manifestly absent or inadequate (Scully 2023). Policies were primarily formulated and implemented at national levels, where responses were mostly too slow, and improvisational, and often undermined by misinformation and public mistrust. The deleterious effects were largely felt by the most vulnerable citizens and countries. The unequal effects of the virus for different (sub)populations were not recognized, resulting

in millions of preventable deaths.

One possible explanation for this global failure is the lack of long-term perspectives. Policies are primarily focused on immediate medical threats. The main goal is to preserve ICU capacity. The notion of vulnerability is reduced to only one dimension: the risk of dying in hospitals. This narrow focus is promoted by the use of a small subset of quantifiable metrics. In public communication and debate, a limited set of numbers about cases, deaths, hospitalizations, occupied ICU beds and vaccination coverage are continuously disseminated to monitor the effect of policies. The pandemic was therefore first of all framed as a medical event, necessitating concentration on viral spread and physical health, neglecting its broad spectrum impact. This promulgated a simplified picture and reduced the complexity of the pandemic to a few metrics, so that other aspects of the disease as well as the impact of policies are underexposed (Rubin et al. 2024). A short-term strategy may be useful in a relatively brief health crisis but as past experiences have indicated, pandemics usually have a longer influence. Governments have not only stuck to the initial strategy, but have also insufficiently learned from the effects of policies. Once the first wave of the pandemic (and thus the acute crisis) has subsided, policy measures such as lockdowns, school closures and use of face masks were not evaluated and monitored for effectiveness, with the result that policy decisions in the second wave were no more informed than before (Onderzoeksraad voor Veiligheid 2023).

This narrow and short-term perspective on the global threat and its responses scarred multiple groups of vulnerable people, whose voices were not heard in the formulation and implementation of public health policies. Children and young adults, patients with long Covid, and people from marginalized and racialized groups are still suffering from the consequences of the pandemic, now that it is formally declared over. For example, during the pandemic, schoolchildren around the world have fallen behind in their learning. An analysis of forty-two studies across fifteen countries demonstrates that these learning deficits persisted 2.5 years after the beginning of the pandemic (Betthäuser, Bach-Mortensen and Engzell 2023).

3.8 Conclusion

Like previous pandemics, Covid-19 was a sudden and largely unexpected medical and epidemiological disaster that threatened human existence; but it was also a phenomenon with a much wider and longer societal impact. It is assumed that the disruption and disorder caused by the pandemic will continue for a long time. The British Academy, reviewing a range of societal effects, concludes: "We are in a Covid decade: the social, economic and cultural effects of the pandemic will cast a long shadow into the future – perhaps longer than a decade…" (The British Academy 2021). This chapter argues that the common thread in the experiences and policies is the notion of vulnerability. The pandemic highlights different dimensions of vulnerability at various levels, as well as the failure to recognize them and take appropriate action to remediate and eliminate vulnerabilities. While vulnerable groups are identified in international policy documents, and protecting the vulnerable is one of the proclaimed elements of national policies, in practice it took many months before it was realized that some individuals and groups were particularly affected by the coronavirus, and thus more vulnerable than others. The implementation of specific protective measures took even longer. The initial preoccupation of national policies with decreasing pressures on the healthcare system undeniably increased vulnerabilities outside of hospitals (Venkatapuram 2020).

When vulnerability appears to be a monolithic and pervasive experience during a pandemic, it is not uniform and homogeneous. As explained in this chapter, human beings are inherently vulnerable to the coronavirus because of their biological constitution and social nature, although not to the same extent. This general vulnerability is augmented when people are older and have underlying health conditions. It demands specific measures to decrease the risks of infection and disease. Human beings are also vulnerable because of conditions that disadvantage them, such as socio-economic circumstances, racial and ethnic discrimination, disability and specific types of work. These disadvantaging conditions often existed before the outbreak of Covid-19, but the pandemic has exposed and amplified them. In these cases, more is needed than protection; reducing vulnerability requires addressing and ameliorating the circumstances that make people vulnerable in the first place.

It is possible that pre-existing frameworks of vulnerability produced narrow policy approaches that focused on restrictive interpretations of who should be regarded as vulnerable, certainly when policies could only be effective if acceptable to the majority of populations. General vulnerability implies that in principle everybody can be infected and become mortally ill, so that preventing death will be a first priority that politically and socially will not be contested. Focussing on groups with special vulnerabilities will be more sensitive since it requires identification of such groups as well as specific policies supporting and protecting them. Awareness that senior citizens were one such group came rather late, as we have seen, while measures to protect them were not undisputed, particularly by those who wanted to maintain an open economy. Other groups who were incredibly vulnerable were offered almost no protection, or only offered it much later in the pandemic, for example incarcerated people and immigrant workers in slaughterhouses. Considerations and interpretations of vulnerability that were politically and socially either appropriate or inadmissible prior to the pandemic apparently continued to influence social and policy choices during the pandemic. Children are a special case since they were not considered as a special vulnerable group because their morbidity and mortality due to coronavirus infection were very low. But as spreaders of the virus, they would quickly infect others, particularly the elderly, and therefore schools were closed. This has made them vulnerable in other ways since their specific needs were not taken into consideration. Closing schools diminished their opportunities for flourishing as equal members of society.

What the pandemic clearly illustrates is the vulnerability not only of human beings, but countries too. The inequities between and within countries were thoroughly exposed during the public health emergency. Countries vary widely in terms of their capacity to prevent, detect and respond to outbreaks, and thus in their vulnerability to viral threats. Differences between countries in degree of preparedness, access to healthcare, efficiency of preventive services, availability of health insurance but also in demography, resources and reliable government determine how they are able to cope with a pandemic. Covid-19 furthermore reveals the vulnerability of global and national systems. It demonstrates that it is necessary to reform the architecture of the global

order in order to make it more resilient to threats and disruptions. All nations suffered economic regression with unemployment and food shortages. Not only were public health services strained, and sometimes brought to the brink of collapse, but in all countries systems of education, travel and transportation, production and consumption were disturbed, and occasionally became dysfunctional. New vulnerabilities were produced by the stringent public health measures with implications for mental health, postponement of regular care, and cancellation of other preventive services.

From the perspective of history, and the recognition of the role of infectious diseases in human societies throughout the ages, the experience with the Covid pandemic is anything but extraordinary, and its transformative power should not be underestimated. While the initial shock of a global threat will have severe and immediate effects, most of the consequences will only be visible in the long term. Covid-19, according to Kennedy, will bring at least three transformations: in how we see our place in the world, in how we live in the world, and how we think the world should be organized (Kennedy 2023, 293). The main lesson is that the threat of pathogens requires a global perspective of cooperation. Societies will be resistant to future pandemics if global vulnerabilities are addressed, particularly reducing inequalities within and between countries, as well as providing access to basic healthcare. This lesson will only be learned if a different ethical framework prevails, particularly articulating that human beings share common interests and can only tackle global threats when they work together for the benefit of all. Such a framework exists, as argued in the next chapter. It is, for example, reflected in the ethical principles presented in the initial draft of the Pandemic Agreement (Schaefer et al. 2023). But what can we do if such principles are verbally listed but have no practical consequences? And if there is agreement that international cooperation is necessary, yet such cooperation is notoriously absent not only during but after the pandemic? Against this backdrop, how can an apocalypse be avoided when the next dangerous virus manifests itself, let alone when the other crises coinciding with this threat are worsening?

References

Abbatecola, A. M., and Antonelli-Incalzi, R. (2020): Editorial: COVID-19 spiraling of frailty in older Italian patients. *Journal of Nutrition, Health & Aging* 24 (5): 453–455.

Acharya, R., and Porwal, A. (2020): A vulnerability index for the management of and response to the Covid-19 epidemic in India: an ecological study. *Lancet Global Health* 8 (9): E1142–E1151, https://doi.org/10.1016/S2214-109X(20)30300-4

Adriaanse, M. L., and Vermeer, O. (2024): Is Nederland voorbereid op een volgende pandemie? [Is the Netherlands prepared for a next pandemic?] *NRC*, February 24–25: 16–17.

Anastassopoulou, C., Gkizarioti, Z., and Patrinos, G. P. et al. (2020): Human genetic factors associated with susceptibility to SARS-CoV-2 infection and COVID-19 disease severity. *Human Genomics* 14 (40), https://doi.org/10.1186/s40246-020-00290-4

Anderson, E. M. R., Fenton, E., and Crump, J. A. (2025): Pandemic treaty textual analysis: ethics and public health implications. *Journal of Public Health* 47 (4): 837–846.

Aw, D., Silva, A. B., and Palmer, D. B. (2007): Immunosenescence: Emerging challenges for an ageing population. *Immunology* 120 (4): 435–446.

Ballering, A. V., van Zon, S. K. R., Olde Hartman, T. C., and Rosmalen, J. G. M. (2022): Persistence of somatic symptoms after COVID-19 in the Netherlands: an observational cohort study. *Lancet* 400: 452–461.

Belich, J. (2022): *The world the plague made: the Black Death and the rise of Europe*. Princeton, NJ: Princeton University Press.

Berkowitz, S. A., Cené, C. W., and Chatterjee, A. (2020): Covid-19 and health equity—Time to think big. *New England Journal of Medicine* 383 (12): e76(1)–e76(3).

Betthäuser, B. A., Bach-Mortensen, A. M., and Engzell, P. (2023): A systematic review and meta-analysis of the evidence on learning during the COVID-19 pandemic. *Nature Human Behaviour* 7: 375–385.

Bibbins-Domingo, K. (2020): This time must be different: Disparities during the COVID-19 pandemic. *Annals of Internal Medicine* 173 (3): 233–234.

Bottan, N., Hoffmann, B., and Vera-Cossio, D. A. (2020): *The unequal impact of the coronavirus pandemic: Evidence from seventeen developing countries*. Inter-American Development Bank, https://publications.iadb.org/publications/english/document/The-Unequal-Impact-of-the-Coronavirus-Pandemic-Evidence-from-Seventeen-Developing-Countries.pdf.

Bourgois, P., Holmes, S. M., Sue, K., and Quesada, J. (2017): Structural vulnerability: Operationalizing the concept to address health disparities in clinical care. *Academic Medicine* 92 (3): 299–307.

Carlson, C., Becker, D., and Happi, C. et al. (2024): Save lives in the next pandemic: ensure vaccine equity now. *Nature* 626: 952–953.

Centers for Disease Control and Prevention (2022a): *Risk for Covid-19 infection, hospitalization, and death by age group,* https://web.archive.org/web/20230101085821/https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html

Centers for Disease Control and Prevention. (2022b): Global health security? *CDC*. https://www.cdc.gov/global-health/topics-programs/global-health-security.html

Centers for Disease Control and Prevention (2022c): Post-Covid conditions: Information for healthcare providers. December 16, https://web.archive.org/web/20210409125221/https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html#illnesses-disability#illnesses-disability

Christakis, N. A. (2020)*: Apollo's arrow. The profound and enduring impact of coronavirus on the way we live*. New York, Boston, MA, and London: Little, Brown Spark.

Cohen, J. (2021): A pandemic prevention moonshot. *Science* 373 (6560): 1183.

Denis, J.-L., Régis, C., and Weinstock, D. (eds) (2021): *Pandemic societies*. Montreal, London and Chicago, IL: McGill-Queen's University Press.

Deol, T. K., Hannon, E., Lehtimaki, S., Kavangh, M. M., and Schwalbe, N. (2025): Adoption of pandemic treaty is historic: Compliance and accountability must now follow. *PLOS Global Public Health* 5 (8): e0004969; https://doi.org/10.1371/journal.pgph.0004969

Editorial (2020): Redefining vulnerability in the era of Covid-19. *Lancet* 395 (10230): 1089.

Editorial (2024a): A global pandemic treaty is in sight: don't scupper it. *Nature* 629 (8013): 727.

Editorial (2024b): The Pandemic Treaty: Shameful and unjust. *Lancet* 403 (10429): 781

Elliott, C. (2024): *Pox Romana: The plague that shook the Roman world*. Princeton, NJ: Princeton University Press.

English, E. (2024): Trump says he'd disband the pandemic preparedness office—again. *Bulletin of the Atomic Scientists*, May 3, https://thebulletin.org/2024/05/trump-says-hed-disband-the-pandemic-preparedness-office-again/

Eurofound (2022): Trust in national institutions is falling: Data behind the decline. July 25, https://www.eurofound.europa.eu/en/podcast-and-blog/all/trust-national-institutions-falling-data-behind-decline

Eurostat (2022): *Excess mortality—statistics*. December 13, https://web.archive.org/web/20230101071637/https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Excess_mortality_-_statistics

Farmer, P. E., Nizeye, B., Stulac, S., and Keshavjee, S. (2006): Structural violence and clinical medicine. *PLoS Medicine* 3 (10): e449, https://doi.org/10.1371/journal.pmed.0030449

Fassin, D. (2022): Un moment critique [A critical moment]. In: Fassin, D. (ed.): *La société qui vient* [The coming society]. Paris: Éditions du Seuil.

Ferwana, I., and Varshney, L. R. (2024): The impact of COVID-19 lockdowns on mental health patient populations in the United States. *Scientific Reports* 14, 5689, https://doi.org/10.1038/s41598-024-55879-9

Forsberg, J. T., and Thorvaldsen, S. (2022): The severe impact of the Covid-19 pandemic on bullying victimization, mental health indicators and quality of life. *Scientific Reports* 22: 22634, https://doi.org/10.1038/s41598-022-27274-9

Galmiche, S., Coustaury, C., and Charniga, K. et al. (2024): Patterns and drivers of excess mortality during the COVID-19 pandemic in 13 Western European countries. *BMC Global Public Health* 2 (78), https://doi.org/10.1186/s44263-024-00103-z

Global Health Security Index (2019): *Building collective action and accountability*. Washington, DC: NTI, 9, https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf

Global Health Security Index (2021): *Advancing collective action and accountability amid global crisis*, Washington, DC: NTI, 7, https://www.ghsindex.org/wp-content/uploads/2021/12/2021_GHSindexFullReport_Final.pdf

Global Health Security Index (2022): What is the GHS Index?, https://www.ghsindex.org/about/

Gostin, L. O, Halabi, S., and Finch, A. (2025): The WHO Pandemic Agreement. The world together equitably. *Journal of the American Medical Association* 334 (6): 481–482.

Greenhalgh, T., Sivan, M., Perlowski, A., and Nikolich, J. Z. (2024): Long COVID: A clinical update. *The Lancet* 404 (10453): 707–724.

Herby, J., Jonung, L., and Hanke, S. H. (2025): Were COVID-19 lockdowns worth it? A meta-analysis. *Public Choice* 203: 337–367, https://doi.org/10.1007/s11127-024-01216-7

Hoffman, S. J., and Fafard, P. (2020): Border closures: A pandemic of symbolic acts in the time of COVID-19. In: Flood, C. M. et al.: *Vulnerable. The law, policy and ethics of COVID-19*. Ottawa: University of Ottawa Press, 555–569.

Horton, R. (2020): *The COVID-19 catastrophe. What's gone wrong and how to stop it happening again.* Cambridge, UK: Polity Press.

House of Commons. Health and Social Care and Science and Technology Committees (2021): *Coronavirus: Lessons learned to date.* Sixth Report of the Health and Social Care Committee and Third Report of the Science and Technology Committee of Session 2021–22, https://committees.parliament.uk/publications/7496/documents/78687/default/

Inter-Agency Standing Committee (2020): *Scaling-up Covid-19 outbreak readiness and response operations in camps and camp-like settings*. Geneva: IFRC, IOM, UNHCR and WHO, https://interagencystandingcommittee.org/system/files/2021-05/IASC%20Interim%20Guidance%20on%20Scaling-up%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20in%20Camps%20and%20Camp-like%20Settings.pdf

Iwasa, J. (2021): How the coronavirus infects our cells. Scientists are unpicking SARS-CoV-2's life cycle. *Nature* 595: 640–644.

Kandel, N., Chungong, S., Omaar, A., and Xing, J. (2020): Health security capacities in the context of Covid-19 outbreak: an analysis of International Health Regulations annual report data from 182 countries. *Lancet* 395: 1047–1053.

Keith, K. (2025): Health policy under the Trump administration: The first 50 days. *Health Affairs*, March 10, https://www.healthaffairs.org/content/forefront/health-policy-under-trump-administration-first-50-days

Kennedy, J. (2023): *Pathogenesis. How germs made history*. London: Penguin Random House.

Kent, L., and Hansler, J. (2026): US funding cuts have hampered response to the deadly Ebola crisis, aid workers say. *CNN*, May 22, https://edition.cnn.com/2026/05/22/africa/ebola-us-aid-cuts-drc-uganda-intl

Kundu, R., Narean, J. S., and Wang, L. et al. (2022): Cross-reactive memory T cells associate with protection against SARS-CoV-2 infection in COVID-19 contacts. *Nature Communications* 13 (80), https://doi.org/10.1038/s41467-021-27674-x

Kwiatkowski, D. (2000): Susceptibility to infection. *British Medical Journal* 321: 1061–1065.

Lenharo, M. (2023): Global 'pandemic treaty': Nations wrestle with how to fairly share virus data. *Nature* 618 (7967): 896–897.

Lin, S., Deng, X., Ryan, I., Zhang, W., Oghaghare, E., Gayle, D. B., and Shaw, B. (2022): Covid-19 symptoms and deaths among healthcare workers, United States. *Emerging Infectious Diseases* 28 (8): 1624–1641.

Liu, K., Chen, Y., Lin, R., and Han, K. (2020): Clinical features of COVID-19 in elderly patients: a comparison with young and middle-aged patients. *The Journal of Infection* 80 (6): e14–e18.

Machado, C. J., Pereira, C. C. A., Viana, B. M., Oliveira, G. L., Melo, D. C., Carvalho, J. F. M. G., Moraes, F. L., and Moraes, E. N. (2020): Estimates of the impact of Covid-19 on mortality of institutionalized elderly in Brazil. *Ciencia & Saude Coletiva* 25 (9): 3437–3444.

Mackenzie, S. (2022): Social movement organizing and the politics of emotion from HIV to Covid-19. *Sociology Compass* 16: e12979, https://doi.org/10.1111/soc4.12979

Mandavilli, A. (2026): Hantavirus response shows how Trump cuts have compromised U.S. preparedness. *The New York Times*, May 7, https://www.nytimes.com/2026/05/07/health/hantavirus-americans-cdc.html

McDonald, L. C., Simor, A. E., Su, I. J., Maloney, S., Ofner, M., Chen, K. T., Lando, J. F., McGeer, A., Lee, M. L., and Jernigan, D. B. (2004): SARS in healthcare facilities, Toronto and Taiwan. *Emerging Infectious Diseases* 10 (5): 777–781.

McKinsey & Company (2022): *The coronavirus effect on global economic sentiment*, September 30, https://www.mckinsey.com/capabilities/strategy-and-corporate-finance/our-insights/the-coronavirus-effect-on-global-economic-sentiment

Meyerowitz-Katz, G., Bhatt, S., and Ratmann, O. et al. (2021): Is the cure really worse than the disease? The health impacts of lockdowns during COVID-19. *BMJ Global Health* 6: e006653.

Msemburi, W., Karlinsky, A., and Knutson, V. et al. (2023): The WHO estimates of excess mortality associated with the COVID-19 pandemic. *Nature* 613: 130–137.

New Jersey Covid-19 information hub. (2020): What is the likelihood of dying from Covid-19 as an elderly person? *Department of Health*, https://covid19.nj.gov/faqs/coronavirus-information/about-the-virus/what-is-the-likelihood-of-dying-from-covid-19-as-an-elderly-person

Novak, M. (2025): The list of Trump's forbidden words that will get your paper flagged at NSF. *Gizmodo*, February 5, https://gizmodo.com/the-list-of-trumps-forbidden-words-that-will-get-your-paper-flagged-at-nsf-2000559661

Okazaki, Y., Tsujimoto, Y., Yamada, K., Saka, N., Ariie, T., Taito, S., Banno, M., Kataoka, Y., and Watanabe, N. (2025): The impact of government lockdowns on the mental health of the general population: A systematic review and meta-analysis. *Cureus* 17 (4): e83249, https://doi.org/10.7759/cureus.83249

Olu, O. O., Kyobe, H. B., and Lubajo, R. et al. (2025): In the aftermath of the adoption of the landmark Pandemic Accord: What are the strategic options for its effective implementation in Africa? *Global Health* 21(1): 49; https://doi.org/10.1186/s12992-024-0144-1

Onderzoeksraad voor Veiligheid (2022): *Aanpak coronacrisis. Deel 1: tot September 2020*. Den Haag: Onderzoeksraad voor Veiligheid, 47, https://www.onderzoeksraad.nl/nl/page/16666/aanpak-coronacrisis-%E2%80%93-deel-1-tot-september-2020

Onderzoeksraad voor Veiligheid (2023): *Aanpak coronacrisis. Deel 3: Januari 2020—september 2022* [Addressing the coronacrisis. Part 3: January 2020—September 2022]. Den Haag: Onderzoeksraad voor Veiligheid, https://www.onderzoeksraad.nl/wp-content/uploads/2024/02/Aanpak-coronacrisis-deel-3-januari-2020-–-september-2022.pdf

Pai, M., Kasaeva, T., and Swaminathan, S. (2022): Covid-19 devastating effect on tuberculosis care—A path to recovery. *New England Journal of Medicine* 386: 1490–1493.

Penninx, B. W. J. H., Benros, M. E., and Klein, R. S. et al. (2022): How COVID-19 shaped mental health: from infection to pandemic effects. *Nature Medicine* 28: 2027–2037.

Privitera, G. (2020): The 'silent massacre' in Italy's nursing homes. Care homes for the elderly have become hotbeds of the coronavirus epidemic. *Politico*, April 30, https://www.politico.eu/article/the-silent-coronavirus-covid19-massacre-in-italy-milan-lombardy-nursing-care-homes-elderly/

Public Health England (2020): *Disparities in the risk and outcomes of COVID-19*. London: Public Health England, 4, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

Ristić, D. and Marinković, D. (2022): Biopolitics of othering during the COVID-19 pandemic. *Humanities & Social Sciences Communications* 9: 409, https://doi.org/10.1057/s41599-022-01435-7

Rubin, O., King, C., von Schreeb, J., Morsut, C., Kovacs, G., and Raju, E. (2024): The COVID-19 quandemic. *Global Health* 20 (1): 19, https://doi.org/10.1186/s12992-024-01024-0

Ryan, F. (2020): *Virusphere. Ebola, AIDS, influenza and the hidden world of the virus*. New York: William Collins.

Sachs, J. D., Karim, S. S. A., and Aknin, L. et al. (2022): The Lancet Commission on lessons for the future from the Covid-19 pandemic. *Lancet* 400 (10359): 1224–1280.

Saunders, C., Sperling, S., and Benstrup, E. (2023): A new paradigm is needed to explain long Covid. *The Lancet Respiratory Medicine*; https://doi.org/10.1016/S2213-2600(22)00501-X

Schaefer, G. O., Atuire, C. A., Kaur, S. et al. (2023): The importance of getting the ethics right in a pandemic treaty. *The Lancet. Infectious Diseases* 23 (11): e489–e496.

Schwab, K., and Malleret, T. (2020): *Covid-19: The great reset*. Geneva: World Economic Forum.

Scully, J. L. (2023): COVID, vulnerability, and the death of solidarity: "Who do we *not* save?" *Journal of Bioethical Inquiry* 20: 601–606.

Smeltzer, S. C., Copel, L. C., Bradley, P. K., Maldonado, L. T., Byrne C. D., Durning, J. D., Havens, D. S., Brom, H., Mensinger, J. L., and Yost, J. (2022): Vulnerability, loss, and coping experiences of health care workers and first responders during the covid-19 pandemic: a qualitative study. *International Journal of Qualitative Studies in Health and Well-being* 17 (1): 2066254, https://doi.org/10.1080/17482631.2022.2066254

Smith, C. (2020): The structural vulnerability of healthcare workers during COVID-19: Observations on the social context of risk and the equitable distribution of resources. *Social Science and Medicine* 258: 113119.

Smith, J. A., and Judd, J. (2020): COVID-19: Vulnerability and the power of privilege in a pandemic. *Health promotion journal of Australia* 31 (2): 158–160;

Solis, J., Franco-Paredes, C., Henao-Martinez, A. F., Krsak, M., and Zimmer, S. M. (2020): Structural vulnerability in the U.S. revealed in three waves of Covid-19. *The American Journal of Tropical Medicine and Hygiene* 103 (1): 25–27.

Sridhar, D. (2022): What's behind the mystery of thousands of excess deaths this summer? *The Guardian*, September 13, https://www.theguardian.com/commentisfree/2022/sep/13/whats-behind-the-mystery-of-thousands-of-excess-deaths-this-summer

Taylor, L. (2025): Pandemic accord: global health game changer or empty promises? *British Medical Journal* 389: r787, http://doi.org/10.1136/bmjr787

Ten Have, H. (2022): *The Covid-19 pandemic and global bioethics.* Cham: Springer/Nature Publishers.

Tewari, S., and Hoskins, T. (2023): Third of the world in recession this year, IMF head warns. *BBC News*, January 2, https://www.bbc.com/news/business-64142662

The British Academy (2021): *The Covid Decade: understanding the long-term societal impacts of Covid-19*, https://www.thebritishacademy.ac.uk/publications/covid-decade-understanding-the-long-term-societal-impacts-of-covid-19/

UNICEF, WHO, and IFRC. (2020): *Key messages and actions for Covid-19 prevention and control in schools.* Geneva: UNICEF, 2, https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4.

United Nations (2020): *Covid-19 global humanitarian response plan*. Geneva: United Nations, 11, https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf

United Nations, Department of Economic and Social Affairs. (2021): Trust in public institutions. Trends and implications for economic security. *Policy Brief* 108, https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_108.pdf

UNDP (United Nations Development Programme) (2022): *Human Development Report 2021/2022. Uncertain times, unsettled lives: shaping our future in a transforming world*. New York: United Nations.

UN News (2022): The end of the Covid-19 pandemic is in sight: WHO. *UN News*, September 14, https://news.un.org/en/story/2022/09/1126621

van der Zwet, K., Barros, A. I., and van Engers, T. M. et al. (2022): Emergence of protests during the COVID-19 pandemic: quantitative models to explore the contributions of societal conditions. *Humanities and Social Sciences Communications* 9, 68, https://doi.org/10.1057/s41599-022-01082-y

Venkatapuram, S. (2020): How should we allocate health and social resources during a pandemic? In: Flood, C. M. et al. (eds): *Vulnerable. The law, policy and ethics of COVID-19*. Ottawa: University of Ottawa Press, 313–328.

Wang, L., He, W., Yu, X. *et al.* (2020): Coronavirus disease 2019 in elderly patients: characteristics and prognostic factors based on 4-week follow-up. *The Journal of Infection* 80 (6): 639–645.

WHO. (2020a): Listings of WHO's response to Covid-19. *WHO*, June 29, https://www.who.int/news/item/29-06-2020-covidtimeline

WHO (2020b): *Novel Coronavirus (2019-nCoV): Strategic preparedness and response plan*. Geneva: WHO, https://www.who.int/docs/default-source/coronaviruse/jmo-who-ncov-report-4feb-web.pdf

WHO (2021): Health and care worker deaths during Covid-19. *WHO*, October 20, https://www.who.int/news/item/20-10-2021-health-and-care-worker-deaths-during-covid-19

WHO (2023a): *WHO chief declares end to Covid-19 as a global health emergency*. *UN News*, May 5; https://news.un.org/en/story/2023/05/1136367

WHO (2023b): WHO Coronavirus (Covid-19) dashboard. *WHO*, https://covid19.who.int/

WHO (2025): *WHO Pandemic Agreement*, May 20, https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf

WHO, Western Pacific Region (2021): *Actions for consideration in the care and protection of vulnerable populations from COVID-19*. Interim guidance. Revised and republished as of 13 October 2021, https://apps.who.int/iris/bitstream/handle/10665/333043/WPR-DSE-2020-021-eng.pdf?sequence=5&isAllowed=y; this guidance was originally published on 19 May 2020.

Wouters, O. J., Forman, R., Anderson, M. Mossialos, E., and McKee, M. (2023): The launch of the EU Health Emergency Preparedness and Response Authority (HERA): Improving global pandemic preparedness? *Health Policy* 133: 104844, https://doi.org/10.1016/j.healthpol.2023.104844

Zakaria, F. (2020): *Ten lessons for a post-pandemic world*. London: Allen Lane.

4. Developing a Global Ethical Perspective

4.1 Introduction

The experience of Covid-19 illustrated that human beings are confronted with pervasive vulnerability at multiple levels: as individuals in their daily life, as persons relating to other beings, as citizens within complex societies and fragile democracies, as consumers of globalized trade, as professionals providing healthcare, as patients within care institutions, as teachers and learners in educational settings, as workers in certain enterprises, and as inhabitants of low-resource countries. Faced with the coronavirus disease, vulnerability is no longer an abstract idea, but a concrete reality. What lessons can be learned from the pervasiveness and omnipresence of vulnerability for the ethical challenges of contemporary health and healthcare? When current societies are dealing with multiple and converging crises, the emphasis on vulnerability does not seem to provide a proper solution or way out of this critical predicament. It only reiterates what is already experienced: our helplessness, lack of power and control, our subjugation to calamities and catastrophes that are too forceful to overcome. The sense of an impending apocalypse is further exacerbated when vulnerability is explicitly acknowledged; it highlights an inability to change our destiny. However, as argued in Chapter 2, these negative associations originate from the assumption that vulnerability is first of all a condition of frailty and weakness, and especially a characteristic of deficient individual autonomy. A different perspective arises when vulnerability is regarded in a more positive light, as the human condition which makes personal autonomy possible and actionable,

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and which implicates solidarity, care and cooperation, in other words when it is not interpreted as loss of control and powerlessness but as an opportunity to establish resonant relationships with the surrounding world and others. In such a perspective, vulnerability is no longer regarded as a problem to be solved in order to cope with global threats but it becomes part of the solution.

The pandemic experiences discussed in the previous chapter illustrate that a positive interpretation of vulnerability underlines the need for a framework for understanding and addressing the normative challenges of contemporary healthcare that is broader than the framework that currently prevails. During the pandemic it has become clear that being vulnerable cannot be construed as simply an individual affair, though it is manifested in individual persons. It is primarily a shared and global phenomenon since the human condition is inherently fragile, enhanced by precarious circumstances of living and working. Individuals cannot be blamed for being vulnerable. Focussing on remediating and protecting the autonomy of individuals will not be sufficient to address the challenges since the distribution and allocation of vulnerability at the global and national levels should be taken into account. Addressing vulnerability requires altering the conditions and determinants that expose individuals to possible damage and harm. Furthermore, what is first of all needed is a collective rather than individual response. Social and political action should reduce the precariousness of life across the world. Precisely because human beings are open to the world, interact with their surroundings, and engage in resonant relationships with others, they have developed institutions and social arrangements to lessen their continuous vulnerability. The Covid-19 pandemic and the associated crises of significant sectors of today's societies and globalized world have revealed that existing institutions and social arrangements are no longer sufficiently secure. Mechanisms of social protection have declined, social safety nets are dysfunctional, healthcare systems are at the brink of collapse, while people generally feel that they have diminished abilities to cope with threats and challenges. Processes of globalization have flourished during the last few decades and have transformed human life in numerous aspects, but they have at the same time widened the 'space

of vulnerability,' reduced resilience, increased the precariousness of human existence, and produced increasing inequalities within and across countries (Watts and Bohle 1993).

4.2 The Shock of Insecurity

Pandemic experiences have unsettled the general sense that human existence in most circumstances is secure. They have also heightened the awareness that human flourishing crucially depends on connectedness and community, and thus demands a critical rethinking of the ethical ideals guiding co-existence and survival.

In the course of their lives, all human beings are confronted with challenges, obstacles and sometimes hardship. They are not isolated entities, but are connected to others and embedded in environments. They find themselves situated within specific and concrete circumstances, and dependent on gender, age, race, character, education and other conditions, they will be able to make the best of them. Situations are not static; they change and can be changed if we take the opportunity to do so. Some situations, however, are different: they affect everyone, cannot be changed, and are inescapable: nobody can avoid death, serious illness, suffering, and anxiety. The philosopher-psychiatrist Karl Jaspers (1883–1969, see Figure 11) has called these situations *Grenzsituationen*. What is at stake here are not abstract circumstances or incidents but concrete experiences of being confronted with something that cannot be altered or removed. The security of existence disappears and human beings experience that life is subject to limitations and that possibilities of control and change are small. It is no longer possible to achieve one's goals or to pursue actions that are important for one's life because a limit or boundary is encountered that cannot be crossed. Such situations can be destructive and give rise to clinical disorders such as depression. Nevertheless, as Jaspers argues, they are pertinent to human existence, and provide the possibility of a transition to a new orientation of life. Experiencing limit situations can be productive when they engender reflection on existence and ourselves rather than despair or efforts to overcome them. Awareness of these situations is the deeper origin of philosophy, as thinking about who we are and what we can hope for, according to Jaspers (Jaspers 1971, 18).

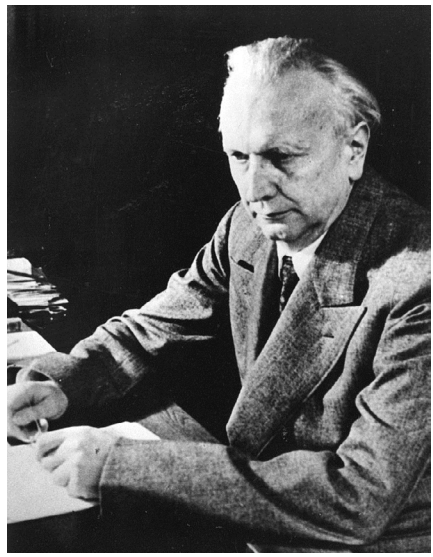


Fig. 11 Karl Jaspers, 1946. Photographer unknown (Mondadori Publishers), Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Karl_Jaspers_1946.jpg

While limit situations are manifested at the level of individual experience, pandemics can be regarded as liminal events at the collective level. They disrupt the normal ways of living, acting and thinking, break numerous connections with the past, and call for a transition to a new phase. Old patterns of social life are dissolving but new ones are not (yet) established, producing experiences of ambiguity, uncertainty, fear and disorientation. Liminality indicates that we are living in a borderland where existing frames of reference have become unclear and uncertain. Going through a lethal threat is a transformative experience, triggering people to redefine customary practices and routines. From previous pandemics, we have learned that they opened alternative perspectives and initiated a new era in history. The fourteenth-century Black Death, for example, is regarded as demarcating the end of the Middle Ages (Ten Have 2022). The ubiquity and fatality of the Plague hastened the end of the medieval feudal system; it weakened the authority of institutions such as the Catholic Church, and encouraged the growth of individualism, mysticism, and privatization of religious faith, resulting in the Renaissance and Reformation. The nineteenth-century

cholera pandemics highlighted the intolerable and unhealthy effects of the Industrial Revolution, and instigated the emergence of public health, the regulation of labour and housing conditions, and efforts to improve the circumstances in which the poor were living. During the subsequent pandemics of cholera, the political ideologies of socialism and communism found more adherents. Cholera also instigated the first steps towards international cooperation, with the recognition that it constituted a global threat to all countries (McNeill 1998). Pandemics have made people aware of a new reality; they are not simply medical events but involve all dimensions of human existence, not only well-being and health but also education, culture, economy, leisure, sports and mobility. It is impossible to continue to do what is usually done. In this sense, the Covid-19 pandemic was not different. Like in previous pandemics, being acutely aware of the fragility of life can generate two responses. One is denial: liminality is rejected, assuming that it is possible to carry on with our lives as if nothing has happened or that we face only a temporary relapse after which normal life can resume. The omnipresent use of the war metaphor during the various waves of Covid-19, the reassurance of policy-makers that we would return to normal as soon as possible, and the hopes that vaccines would soon put an end to all threats indicate that tendencies to deny liminality can be strong. The other response is acceptance. The global threat of disease and the concomitant crises it provokes activates critical reflection on our way of living and a rethinking of the ethical foundations of society. The possibility of death is no longer an abstract event for many people, and return to normal seems to be a fiction. It is recognized that vulnerability can no longer be ignored; it has become a global phenomenon. Accepting liminality itself may engender three reactions: resignation, resistance and re-evaluation. The first surrenders to apocalyptic views; it gives up the idea that collapse and decline can be averted. The second attempts to overcome and defy the pending apocalypse with efforts to eliminate degeneration and resist decline, and to produce renewal through science, technology and genetic engineering. The third response is to re-evaluate the current condition of insecurity in confrontation with emerging diseases, climate change, political polarization, democratic failures, impotent policies, economic regression, war and violence, and to uncover and reappraise the fundamental values that secure the future

of humanity, and to upwardly adjust them rather than devaluate them. This last response aims at persistent and piecemeal transformation, inspired by the hope that change for the better is possible. This was, in fact, the basic motivation behind the emergence of the new discipline of bioethics in the 1970s. To avoid the possible extinction of humankind, all types of wisdom should be harnessed to counter global threats and to ensure survival. But in order to be inspirational, we will need bioethical discourse that is critical and prophetic.

4.3 Interconnections

The worldwide coronavirus disease has called into question two ideas that are often regarded as the trademarks of modern development and culture: globalization and individualism. Arguing that the pandemic is a global phenomenon that demonstrates the fundamental connectedness of human beings is too simple. Globality is more complicated: without policies of globalization, the coronavirus would probably never have emerged as a worldwide threat, but without global policies it would never have been brought under control. Processes of globalization are therefore part of the problem, as well as part of the solution. Without the connections and networks sustaining globalization, the virus would not have disseminated so rapidly around the world. The same networks enabled scientists to quickly identify and sequence the virus, develop diagnostic tests and effective vaccines. The global emergency made the deficiencies of modern globalization visible to everyone. Disruption of trade and transport caused worldwide shortages, not only of protective materials, testing machines and chemicals, and ingredients for medication in most countries, but also food and basic supplies in some other (Goodman 2024). The darker sides of globalization, already evident before the pandemic, became even more noticeable as the virus spread: poverty, inequality, hunger, human trafficking, exploitation and discrimination all came into sharper focus. Paradoxically, the responses of policy-makers in most countries focused on protecting national interests, while the global nature of the threat demonstrated the futility of such responses. Citizens in one country will inevitably be exposed to infection when people in other countries are infected. Closing borders, restricting travel, and concentrating on national interests had only a

minimal effect on the dissemination of Covid-19. The limits experienced by individuals during a deadly viral threat cannot be projected onto a micro-organism that does not respect any boundaries. The discrepancy between human vulnerability and the boundless nature of viruses reinforces the awareness that connectedness is a basic feature of this era of globalization, even when globalization is rejected, criticized or reshaped. This connectedness has two dimensions: it exists between humans, and between humans and the surrounding world.

4.3.1 Connectedness between Humans

Vulnerability is experienced because humans are connected and interdependent. Through their bodies, they are situated in a web of connections which is precarious since it entails exposure to other persons who may wound them. At the same time, this web is a blessing, since it allows humans to grow and develop into unique individuals and to flourish as human beings (Bruni 2012). Relationships with other persons define who a person is. Human beings not merely interact with each other but belong together and are mutually dependent. An awareness of this connectedness fosters the rediscovery of the importance of social bonds for human flourishing. In cultures shaped by strong individualist traditions, the notions of community and society are often regarded as having secondary importance. This contrasts, for example, with sub-Saharan African moral philosophy, which understands persons as interdependent and interconnected beings, and thus emphasizes community, solidarity and communion (Tosam 2024). The Covid pandemic affirms that individuals are not isolated, abstract entities but social beings; they can only flourish within a communal context. Even when they are obliged to isolate themselves, and reduce their social contacts, they long for interactions and communications, without which they feel depressed, despairing and anxious. At the same time, sheltering at home made many people acutely aware of their dependence on others—for example, on those who deliver food or maintain the electricity grid and internet services. If individualism dominates, communities and societies are perceived as mere collections of individuals, without their own history, tradition and culture. Experiences during the pandemic underscore the poverty of this perception. Public health policies vary

depending on the prevailing values of societies (with, for example, top-down or bottom-up approaches), and compliance likewise differs across social contexts. Yet efforts to implement public health measures ultimately depend on appealing to communal interests.

In public and policy debates during the Covid pandemic, individual and communal interests are often opposed. From a public health perspective, the health of the population is the primary priority. Interventions are therefore aimed at maximizing the common good, even if that means that individual autonomy will be restricted and impacted. To curtail the spread of the virus, people can be mandated to use face masks in public spaces; their freedom of movement can be restrained by curfews and lockdowns; their individual needs and wishes are disregarded when there is a need to prioritize who qualifies for intensive care treatment. In discussions about herd immunity, the crude argument is advanced that for the sake of the economy it is better to let the virus rage, even if that implies that a substantial number of individuals will die (especially the elderly, who are no longer economically productive). This line of thought is hard to digest in a context of prevailing individualism. Economic thinking and the policies associated with globalization have long proceeded from the idea that humans are rational, self-regarding actors; they are *homo economicus*, motivated by self-interest; they self-manage their lives through calculations aimed at maximizing their own expected utility. This basic conception is reinforced in ethical debates, particularly in bioethics, where respect of personal autonomy is taken as a core principle. The human being is imagined as independent and self-reliant, master of their own life and chooser of their guiding values. In this perspective, respecting individual autonomy means non-interference: as long as individual decisions and acts do not harm other persons, they should be respected. Over the last fifty years, bioethics and bio-law have articulated and legally assured that patients should be treated as subjects who actively seek information and produce health as the outcome of their choices. What is needed is correct information and proper education, because health is primarily a matter of personal responsibility. Confronted with Covid-19, governments in many countries therefore appealed first of all to the individual citizens to show this responsibility in implementing public health measures. They tried to avoid, for as long as possible, directive interventions and mandates that restrict individual freedom.

Policies emphasized that if individual citizens behaved responsibly and first of all protected themselves, this would ultimately benefit everyone, assuming that such behaviour would dissolve the perceived antagonism between individual and common interests.

The pandemic illustrates that this hope is misplaced. In practice, the focus on individual conduct often caused serious delays in applying and implementing effective measures to contain and mitigate the spread of the virus. The problem is not so much that a substantial number of people fail to demonstrate individual responsibility or, as autonomous agents, feel free to interpret or even reject the appeals of policy-makers, contesting the scientific evidence or the effectiveness of recommendations for masking, distancing and testing. Studies show that while the general level of compliance is high, a substantial number of people do not follow the recommended prevention measures. In Ethiopia, for example, almost 40% of the respondents did not have good compliance with the measures (Roga, Bekele and Gonfa 2022). In Australia, only 26% of a survey sample fully complied with lockdown restrictions in the early stages of the pandemic (Murphy et al. 2020). Around the same time, 8 out of 10 people in the Netherlands reported that they left home with symptoms of Covid, despite recommendations to shelter at home with signs of illness (RIVM 2020). These studies show that compliance is regarded as a personal choice. When symptoms are interpreted by individuals as not serious, not unusual, or merely similar to familiar ailments, they often conclude that they do not need to stay at home. The variability of responses to policy measures is unsurprising when the overall emphasis is on individual responsibility. The ultimate decision about how to behave is made by each individual, who may consider the arguments of policy-makers but ultimately relies on their own assessment of risk.

Appealing to individual responsibility in pandemic public health policies is more problematic for another reason. It primarily addresses a privileged segment of society; citizens with regular income, stable work, comfortable housing, internet services, opportunities to work from home, private transportation. Problems arise for people who have no or limited capacity to adhere to the measures. One category is so-called 'essential' workers. To safeguard the continued functioning of society even in disaster conditions, a certain number of people have to go on working. This applies to those providing healthcare, food production and delivery,

and public transportation, but also waste management, emergency, police, postal, and funeral services. These groups of workers have no possibilities to work from home or to keep sufficient distance. Although definitions of essential services differ across countries, it is clear that they encompass a substantial proportion of the population. In the United States, for example, it is estimated that 55 million people are employed in 'essential' services. The majority of these people do not have a college degree, while half of them have a median hourly wage that is lower than that of nonessential workers. Moral appeals to individual responsibility are futile and even callous, because typically governments and employers do not provide these workers with any basic protection against infection: "Many of these workers are required to work without protective equipment. They have no effective right to refuse dangerous assignments and are not even being granted premium pay, despite working in difficult and dangerous conditions" (Economic Policy Institute 2020). A telling example is the numerous Covid-19 outbreaks in the meat industry (Pokora et al. 2021). In most European countries, slaughterhouses depend on migrant and cross-border workers, who are often housed together in dormitories without sufficient hygiene, and transported together on crowded buses where physical distancing is impossible. Many do not report symptoms and continue working for fear of losing their jobs. In the slaughterhouses, the microclimate favours viral transmission, ventilation is often inadequate, people work in close proximity to each other, and labour inspections during the pandemic were reduced (Ursachi, Munteanu and Cioca 2021). The situation is even more severe in developing countries with large informal economies. For many people, sheltering at home and adhering to public health measures would entail a loss of income, leading to economic hardship and starvation. Appeals to individual responsibility are therefore ineffective, since the costs of compliance are prohibitively high. They assume that people can assess the relevant information and are able to choose among various options, with the expectation that they will follow the recommended course of action and thus behave responsibly. But in many circumstances, a real choice is absent. This is also evident in situations where people are institutionalized, and have few opportunities to implement the public health measures. As discussed earlier, such limitations exist for residents in social care institutions, but even more so for people in prisons, refugee settlements and asylums.

The Covid-19 pandemic time and again demonstrates that person and community are closely connected. While in ordinary circumstances, individual and communal interests can be quite different, during a public health emergency they are not opposed. This is due to the nature of the threat: the virus infects individuals since it needs them as vectors to multiply and survive, but humans will only be able to stop or hinder the spread of the virus when they work together in a common effort to halt its dissemination. In the early stages of a pandemic, infected individuals can be identified through symptoms and tests, tracing the origin of infection back to other confirmed cases or to a history of travel to infected areas. But before long, exponential viral multiplication leads to so-called community transmission: the virus moves freely in communities, such that identifying the source of transmission is impossible, and everyone can be infected. Controlling the disease through efforts to diagnose, test and trace contacts of individuals must be replaced with policies directed at the community level.



Fig. 12 Sewing face masks in Iran, August 2020. Photo by Farsnews.ir (2020), Wikimedia Commons, CC BY 4.0, https://commons.wikimedia.org/wiki/File:Sewing_the_mask_in_iran.jpg

That individual and community interests are interconnected rather than opposed has been evident throughout the pandemic. Use of face masks protects not only the individual user but also other people against possible infection. When there was an initial shortage of masks, citizens took initiatives to produce them for their communities

(see Figure 12). Testing identifies whether someone is infected, while it is a warning signal that others may be at risk. The aim of vaccination is not only to protect individuals but society as a whole. These examples show that individual behaviour affects the well-being of the community, while measures to influence the community will simultaneously benefit individuals. Therefore, policies should not only focus on one element. In a public health emergency, appeals to self-interest cannot be separated from concerns about the interests of others. Individual decisions about whether to adhere to public health measures always have an inherently social dimension. The interconnection between the individual and the social reveals the limits of a one-sided emphasis on individual responsibility. Such an emphasis places the burden of preventing and controlling infections on individuals, assuming that they have the power to protect their own interests, while disregarding the fact that they are dependent on and embedded in communities with others, and thus necessarily vulnerable. Although appeals to individual responsibility are not problematic in themselves, they become a moral strategy for allocating authority and blame when they fail to articulate and promote social responsibility. Without creating the social, political and economic conditions for the exercise of responsible autonomy, policies of individual responsibility are unfair when people are unable or insufficiently able to protect themselves, as in the cases mentioned above. This conclusion illustrates that the emphasis on the notion of individual autonomy is no longer sufficient to address and explain the challenges of the pandemic; a different ethical perspective is required, accentuating that common interests, mutual support, social responsibility, cooperation and solidarity should have a significant role in inclusive and comprehensive ethical discourse. Studies indicate that during the pandemic many people were motivated to comply with measures out of a sense of togetherness and a feeling of commonality (Zimmermann et al. 2022). Compliance is regarded as an act of solidarity but it cannot be taken for granted; it calls for policies that foster a sense of togetherness and that show that compliant behaviour is beneficial for the common good.

4.3.2 Connectedness between Humans and the Surrounding World

Human flourishing and survival crucially depend on the material conditions provided by ecosystems and biodiversity. Without a healthy biodiversity providing water, food and medicines, human health is impossible. However, the environment is rapidly degrading across the world. Humans are undermining and destroying the conditions for their own existence and survival, and as the concept of Anthropocene accentuates, their survival as a species is at stake (Ten Have 2019). The issue of uncertain and endangered human survival clarifies that it is impossible to abstract humanity from nature. Humans are part of a biotic community of soil, water, plants and animals, or more broadly, part of the Earth system which they themselves are jeopardizing. Viral threats precisely illustrate that human health is intrinsically connected to planetary health. They are not natural events but are provoked by human behaviour, exploiting the planet and diminishing biodiversity for the sake of economic growth and development. Environmental degradation, and the resulting risks of emerging infectious diseases, is associated with an economic world order that proceeds with the assumption that humans and nature are separate, and that nature can be regarded as a resource to be exploited and commodified. The pandemic demonstrates how this assumption is mistaken, showing the connectedness not only between humans but also between humans and nature.

The Covid-19 pandemic has brought more than the negative lesson that environmental degradation may lead to emerging infectious diseases. It has also illustrated that societies are capable of moving towards sustainability and health security. Confronted with a global challenge, they can undertake collective action, and change the balance between economic growth and environmental health. Public health measures have suddenly reduced air pollution, diminished water contamination, encouraged different ways of travelling, and gave ecosystems the opportunity to recover. The European Environment Agency estimates that greenhouse gas emissions in the European Union decreased by 10% from 2019 to 2020 (European Environment Agency 2023). These experiences have stimulated governments to envision a

post-Covid future that is greener and more resilient. With resumption of social and economic activities, however, greenhouse gas emissions and concentrations of airborne pollutants are returning to pre-pandemic levels. There also have been negative environmental effects, such as increased medical waste and trash (e.g. disposable face masks) and extensive use of disinfectants (Rume and Islam 2020). The short-term reduction of pressures on the environment illuminates that changing human behaviour can reverse trends in environmental degradation. The hope is that the downward trend experienced during the Covid pandemic may be transformed into a longer-term phenomenon. A recent report from the Organization for Economic Co-operation and Development warned that it would be a missed opportunity if societies failed to address the interconnected environmental, economic, and social challenges revealed by the pandemic and simply returned to business as usual(OECD 2021).

The recognition that the coronavirus disease highlighted humanity's embeddedness in, and dependence on, the natural world has fostered advocacy for a broader notion of health. Without a healthy planet, human beings cannot be healthy. The notion of 'planetary health' implies that governance of health problems should be global. Human health can furthermore not be divorced from animal health and healthy ecosystems. The experiences with infectious diseases such as Covid have taught us that they mostly emerge from animals in conjunction with destruction of biodiversity. The notion of 'One Health', as codified in the *WHO Pandemic Agreement*, underlines that human, animal and ecological experts should collaborate, particularly when more zoonotic diseases are expected in the near future, and prevention is urgent. The new concepts of 'planetary health' and 'One Health' emphasize that healthcare is connected with Earth care. This statement has important consequences for the ethical debate concerning health and healthcare (Ten Have 2022). It implies that humanity and human beings can no longer be abstracted from nature and the surrounding environment. But this is exactly what is usually done in the mainstream bioethical discourse. Humans are regarded not as part of a biotic community of soil, water, air, plants and animals but rather as autonomous individuals detached from their surroundings. The pandemic experiences of connectedness indicate that the focus of ethical discourse should go

beyond individual health and healthcare, in other words, that a broader and different ethical perspective is needed.

4.4 Different Ethical Discourse

The term 'bioethics' was invented and introduced in the 1970s, not just as a new label for ethical thinking about health and healthcare but as an emblem of a different and wide-ranging approach. For Van Rensselaer Potter, the researcher who first used the word in 1970, it signalled that the dominant approach of medical ethics at the time had become outdated (Potter 1970). It needed to be replaced by a more encompassing ethical perspective which combines knowledge of the life sciences with the wisdom of moral traditions. Leaving the discussion of ethical challenges in healthcare to medical professionals is no longer sufficient to address these challenges, since they entail fundamental philosophical and theological concerns. It is also not adequate to entrust the field of medical ethics to philosophers and theologians, because contemporary problems are profoundly connected to advances in the life sciences. What is needed is a bridge between moral expertise and biological knowledge, hence the name 'bio-ethics' for what should be a new discipline to examine the ethical dimensions of health and healthcare now that science and technology are rapidly evolving. The new term that Potter proposed therefore aims to bring together two domains of scientific inquiry that tend to be separated: humanities and natural sciences. It indicates that a really interdisciplinary approach is needed to address the challenges of health and disease. But it also has another implication: it shifts the perspective from 'medical' to 'bio.' Instead of limiting the ethical explorations to the domain of medicine, and its impacts on humans, it suggests we focus attention on 'life' in a more general sense, i.e. not only humans but also animals and the environing world in its entirety. Human health is only partially dependent on the interventions and care provided by healthcare systems and facilitated by the progress of medical science, but simultaneously, and perhaps even more, influenced by the social and environmental conditions in which humans are born, develop, work and age. As oncological researcher Potter was well aware, cancer is not only a medical, biological and genetic challenge, but is also associated with life styles, social circumstances and environmental determinants.

A new approach combining different types of knowledge and expertise, and which also focuses on life in all its manifestations, is necessary. This approach differs from traditional medical ethics in two aspects.

First is that the individual person is always embedded in social and natural environments. This was the lesson Potter learned from his oncology research. In the fight against cancer, progress at the individual level (in terms of alleviation of suffering and improved treatment) will be limited, while more can be accomplished at the level of populations (in terms of prevention, for example through restrictions on smoking and fighting pollution). In medicine and medical ethics, the focus will primarily be on the individual patient. However, to understand diseases nowadays requires a perspective that combines biological explanations with social and psychological ones, and that directs attention to the numerous factors that influence disease and its course in individual persons. It is also clear that health is not merely an individual affair but determined by socio-economic circumstances such as poverty, malnutrition, war and violence. Medical technologies furthermore not only benefit individual patients but change the landscape of medical care, raising issues of accessibility and affordability. Environmental degradation, air pollution and water scarcity deteriorate the health of individuals and populations. It is therefore necessary to go beyond the level of individual persons and beyond a restricted medical perspective, so that ethical reflection and inquiry are directed at social and environmental conditions that affect health and disease.

The second difference is that medicine and medical ethics are usually concerned with individual well-being and survival whereas many of today's problems demand a broader and longer-term perspective that is focused on the survival of humanity itself. Poverty, food insecurity, biodiversity loss, and war not only endanger health but have more profound effects since they jeopardize the survival of humankind. Against this backdrop, the anxieties of patients and doctors should be located within a wider context and a long-term perspective. Ethics should therefore be concerned with the future, rather than limiting its attention to individual problems here and now. What is paramount, according to Potter, is a transformation of current medical ethical discourse into a new discipline, a science of survival.

The enthusiasm and rapidity with which the term 'bioethics' has been taken up since the 1970s surprised Potter. New institutions, centres, programs, journals and associations were set up using this name, and a wide range of professionals became involved—scientists, philosophers, theologians, anthropologists, legal scholars, and social scientists. At the same time, however, Potter was disappointed that the burgeoning field of bioethics continued to use the perspective of traditional medical ethics. A new name was used, but not a broader and different approach to ethical challenges. In fact, bioethics developed as an "outgrowth of medical ethics" (Potter 1988, 1). First, it was primarily concerned with the perspective of patients: how can their lives be enhanced, maintained, and prolonged through the application of medical technologies? Second, it was exclusively interested in the short-term consequences of medical and technological interventions as well as the extension and improvement of our current individual existence. Third, it was unrelated to social, cultural, political and environmental determinants of human life and health. Whether this assessment was fair or not, it motivated Potter to advocate again for a broader and more inclusive approach. For this purpose he launched the notion of 'global bioethics.' This term is appropriate because it unites two meanings of 'global': worldwide or planetary and unified or comprehensive.

Contemporary ethical discourse in healthcare is confronted with numerous challenges at the planetary level: poverty, hunger and malnutrition, migration, environmental degradation and climate change, war and violence, deficient governance, corruption and ethno-nationalism, organ trade, medical tourism, and pandemics. These are often associated with processes of globalization. All these problems affect the whole of humankind, regardless of where people live. What is at stake is the health and survival of humanity, not simply individual health and well-being. Challenges not only cross borders but concern and threaten the planet as a whole. Even if such problems exist only in few countries, or emerge first in a specific region of the world, the way they are addressed will have consequences for other countries. Usually the transactions and interconnections between more and less developed countries can either exacerbate or diminish the impact of such problems on society and culture. Often legislation, regulation or policies at the

national level will not be sufficient, and global cooperation and action will be required. Even if the moral values in specific countries and regions differ, ethical analysis and research must identify common grounds for the world community in order to cope with these challenges that affect everyone. The global dimension of today's moral issues therefore requires a planetary perspective in bioethics.

This dimension furthermore demands a new and broader approach to ethics. This refers to the second meaning of 'global': bioethics as an encompassing and comprehensive field of study and action, combining traditional professional (medical, clinical and nursing) ethics with ecological concerns and the larger problems of society. This implies more than simply declaring that today's problems are 'global' and affect everyone. First, it requires interdisciplinary cooperation. Global problems as poverty, climate change and inequities in healthcare can only be addressed by obtaining and applying different types of knowledge. It is unavoidable to bridge the gap between science and humanities. Secondly, it requires that diverse perspectives must be used to explain and understand complex phenomena. Global problems can no longer be approached only from an exclusively Western or Eastern perspective. Global healthcare will not be improved by simply importing and applying medication and technology; we need to understand the existing value systems in which they are applied. Various methods, theories and values will therefore be used in global bioethics. It also requires input from cross-cultural, empirical studies as well as philosophical analysis. A global perspective demands identification of ethical principles that could guide the world community, not specific cultures only. Nonetheless, bioethics cannot operate solely at the theoretical level but should be applied in practical settings. It means that global bioethics is not merely a moral exercise at an abstract level concerning what is good or bad for the health of the planet but it needs implementation in concrete, heterogenous settings in different parts of the globe. Identifying principles of global bioethics is important, but at the same time futile when these principles cannot be translated into and applied at local levels.

Identifying bioethics as 'global' implies that a distinct horizon for ethical analysis and debate is presented and promoted. It introduces a perspective that is wider (planetary) and deeper (encompassing various

types of knowledge from global and local sources) than is usual in bioethics. It furthermore advocates a different methodology, combining all available intellectual resources for long-term solutions, and for connecting individual, social and environmental concerns. In Potter's conception, global bioethics is the capstone of a long evolution in the development of ethics. In the first stage, it is most of all concerned with the relations between individuals, as is the case in biomedical ethics. The second stage focuses on the relations between individual and society, which is demonstrated in the rise of public health ethics. In the third stage, which will be initiated with global bioethics, ethics would deal not only with individual and social issues but also with the relations of human beings and their environment, i.e. land, animals and plants.

4.5 The Evolvement of a Global Ethics Framework

When Potter published his book on global bioethics in 1988, he argued for a widening of the moral horizon of bioethical discourse, but his vision largely did not offer normative landmarks or instruments to guide the exploration and examination of the global problems he discerned. Mainstream bioethics, on the other hand, is now developing methods and standards that can be applied in clinical and research practices. Above all, there is growing agreement about a framework of four principles to be used in ethical analyses (beneficence, maleficence, respect of autonomy, justice). Bioethics is regarded as a discipline with its own theoretical paradigm and specific methods of application in relevant areas. For this reason, Potter's ideas disappear into the background and do not attract many followers.

This situation starts to change before the turn of the millennium (Ten Have 2016). The main driving force is growing awareness of the impact of processes of globalization. One aspect is the internationalization of medical research. Clinical trials of new drugs are increasingly executed in less developed countries, and bioethics scholars are engaged in reflections on the application of their paradigm in divergent settings with other moral values and principles. International organizations initiate programs and activities to encourage cooperation in the field of bioethics. Another aspect is the emergence of new problems, arising in a global context, and produced or aggravated by policies and practices

of globalization. Issues such as pandemics, bio-piracy, corruption, food insecurity, health tourism, migration, brain and care drain, organ trade and human trafficking are not located in a specific space but disseminated all over the world in the footsteps of processes of globalization. Poverty, health disparities, inequitable access to treatment and care, biodiversity loss, water shortages, and climate change are known for a longer time but are magnified in an interconnected world. The trademark of these problems is that they cannot be solved by national or bilateral action, even if individual actors are very powerful. They require, as demonstrated in the Covid-19 pandemic, global collaboration and collective action, but this will only succeed when there is a shared set of values, accepting that there are common interests of humanity as a whole.

The recognition that processes of globalization have changed the context of bioethical debate leads to a transformation of bioethics itself. Confronted with social and environmental challenges, there is a need to expand the agenda of bioethics, taking into account notions such as the common good, community, public interests and social responsibility, rather than focussing primarily on the concept of individual autonomy. In a global context, the paradigm of bioethics as it has evolved in Western cultures, is centred on specific values such as individual rights and self-determination which do not have priority in other cultures. The increasing attention on global health emphasized furthermore that health is determined by socio-economic factors, and not just by healthcare. Moral questions should therefore not only be related to individual patient problems of clinical medicine and medical technology but should address the social, economic and institutional context of such problems. To properly function within a global environment, bioethics is required to broaden its scope and reformulate its paradigm.

This is exactly what starts to happen around the beginning of the new millennium. In 1997, the Council of Europe adopted the European Convention on Human Rights and Biomedicine, establishing a common ethical framework for diverse countries and cultures within the Council, and linking bioethics to the tradition of international human rights (Council of Europe 1997). This successful effort at the regional level inspired the movement to reformulate the paradigm of bioethics at the global level. This resulted in 2005 in the adoption of the Universal

Declaration on Bioethics and Human Rights by all Member States of UNESCO (UNESCO 2005).

After Potter's book and the adoption of the Universal Declaration, the third major impetus for global bioethics emerged from a religious perspective. It is articulated in the encyclical letter *Laudato Si'* of Pope Francis and issued out of concern that the future of the planet which is our common home is seriously threatened because of pollution and climate change, depletion of natural resources such as water, loss of biodiversity, declining quality of human life, breakdown of society, global inequality and inadequate political and social responses (Pope Francis 2015). The focus of the encyclical is on the complexity of the ecological crisis. It is grounded in a religious understanding of reality as the harmony between the Creator, humanity and creation as a whole, as well as the common responsibility for individual, social and environmental well-being. That motivates a basic conviction that is reiterated many times in the text: everything is connected. Not only the living and non-living world are entangled but also the human and natural environment. If the environment is deteriorating, there is also human and ethical degradation, and vice versa. The implication is that the analysis of what is happening to our common home should not only focus on individualistic and anthropocentric perspectives but should include social and environmental concerns in order to preserve the planet. Interconnections mean that "genuine care for our own lives and our relationships with nature is inseparable from fraternity, justice and faithfulness to others" (Pope Francis 2015, § 70). A holistic perspective is needed that brings together scientific, environmental, economic, social and cultural issues. This is the idea of 'integral ecology.' The term 'ecology' is used in a broad sense, not referring to a subdiscipline of biology or sociology, but more generally to the relations and interactions between organisms and their surroundings. At the same time, it has connotations with 'house,' 'dwelling,' the place where beings are at home (since the term is derived from the Greek οικος). The encyclical speaks of different ecologies: environmental, economic, social, cultural ecology, and also ecology of daily life. These ecologies should be integrated into one encompassing perspective, i.e. integral ecology. In this perspective, the ultimate goal of ethical considerations is the survival of the planet. The fundamental question is: "What kind of world do we want to leave

to those who come after us, to children who are now growing up? (Pope Francis 2015, § 160). Adequate answers require a different way of thinking and acting, a broader horizon, a "bold cultural revolution" (Pope Francis 2015, § 114). This implies questioning the logic underlying present-day culture, particularly the dominant techno-economic paradigm that turns everything into objects to be used and controlled—nature, other beings, cultures, as well as ourselves. It also means criticism of excessive and misguided anthropocentrism that claims absolute dominion over the earth, and that denies that other living beings and ecosystems have intrinsic value independent of their usefulness. It furthermore implies changing lifestyles, habits of consumption and models of production. Only solutions that are comprehensive and global will restore harmony between the Creator, humanity and creation.

4.6 Global Bioethics

The evolution and growing acceptance of a global ethical framework shows that bioethics nowadays is relevant to all countries and takes into account the concerns of all human beings wherever they are. Bioethics may have primarily originated in Western countries, but its reach and relevance are now worldwide. Faced with a different context and new challenges, a reorientation and broadening of bioethics as a planetary concern is pertinent but it should also involve an encompassing, different paradigm that can take into consideration multiple individual, social and environmental dimensions. The recognition that global bioethics should combine these dimensions of globality represents the long-awaited realization of the ideas that Potter had advocated for so many years.

The ethics framework outlined in the UNESCO Declaration determines the obligations and responsibilities of moral subjects (moral agents) in relation to different categories of moral objects (moral patients), independent of where subjects and objects are situated. The principles are arranged according to a gradual widening of the range of moral objects: the individual human being itself (human dignity; benefit and harm; autonomy), other human beings (consent; privacy; respect for human vulnerability; equality), human communities (respect for cultural diversity), humankind as a whole (solidarity;

social responsibility; sharing of benefits) and all living beings and their environment (protecting future generations and protection of the environment, the biosphere and biodiversity). Although the Declaration does not assume that there is a hierarchy among principles, this ordering means that the focus of ethical concerns is not restricted to an individual point of view; ethical concerns should equally take into account common social and ecological perspectives. This range of concerns is similar to the broadness of the concept of 'integral ecology,' promoted by Pope Francis. Global bioethics cannot be merely medical, social or environmental; it should include all perspectives at the same time. At a global level, bioethics should have a wide focus and be concerned with humanity as a whole.

The multiplicity of principles recognizes not only the global nature of contemporary ethical challenges but also their varying significance and impact in different contexts. While a common framework is presented that goes beyond an individually focused ethics, it requires a continuous process of interaction, dialogue, participation and cooperation to determine which principles should be emphasized in regard to specific problems and particular circumstances. The fact that such a framework is adopted by the world community of states does not imply that it can now simply be applied across the globe. This view is often assumed in discourses of ethics implementation. The argument is that global bioethics operates at two distinct levels. On the one hand, there is a set of global principles on which traditions and cultures agree; this is expressed in international human rights language and elaborated into specific bioethical principles. On the other hand, there are many efforts to articulate more specific bioethics standards within the context of particular religious and cultural settings. Global principles are always applied within local and specific cultures and traditions, and this necessitates continuous interpretation and articulation of global standards (Sullivan and Kymlicka 2007). At first sight, this argument is plausible, but at the same time the distinction is too rigid and artificial. Distinguishing two 'levels' suggests a hierarchy, while in fact global and local interact at the same level. Furthermore, the universality of principles identified at the global 'level' is the outcome of interactions with the local 'level,' so that the global principles are in fact shaped by particular settings and approaches. It is therefore more appropriate to say that global

bioethics has several constitutive components, rather than two levels. It covers a global domain as well as local domains but also entails a process of continuous dialectic interaction between these domains, with mutual exchange, inspiration, aspiration, articulation, deliberation, learning and negotiation. Global bioethics is first of all characterized by duality. It is global in the sense that it assumes a universal ethical framework (as the result of intercultural dialogue and consensus) and at the same time local in the sense that this framework necessarily has to be applied in diverse multicultural settings. It is furthermore characterized by labour. It is not simply academic reflection, but work in practice. Since global and local approaches are not contrasted but rather interact with, and thus influence, each other, bioethics is not a finished product that can be imported and applied regardless of local circumstances. The dialectical process of interaction between these approaches means adaptation and modification, refinement and specification. In efforts to bring the global ethical principles at work in diverse practical and cultural settings, the global framework needs to be clarified and adjusted. The same is true for local practices: when they are confronted with global responsibilities and universal values applicable to all human beings wherever they live because they are justifiable on the basis of reason and shared interest, they will have to reconsider their value priorities so that gradually a consensus may emerge on a global approach.

As a consequence of the dialectics between global and local, a global bioethical framework will necessarily be the result of deliberation and negotiation. In this process, ethical approaches will converge towards commonly shared values over time, finding a balance between local interests and global obligations (Held 2010; Veatch 2012). It is precisely this dialectical process that has led to the adoption of the Universal Declaration on Bioethics and Human Rights. Although many bioethical issues remain unresolved, and although the text is highly general, not legally binding, and supported by weak implementation mechanisms with no reporting or monitoring procedures, it nonetheless provides an ethical framework for addressing global challenges. This not merely offers common perspectives but, more importantly, a space of 'interculturality' in which to recognize divergence of moral views and to engage at the same time in a continuous search for shared principles. A global world is not simply characterized by the existence of multiple value systems,

but first of all by the interaction and reciprocal learning of these systems. This is also how the circle of moral concerns has expanded until now. Human history shows the possibility of moral progress. This history can be written as a long concatenation of cruelties, barbarisms and terrorisms, showing that ethical discourse is impotent and futile. But against this sense of apocalypse, detailed studies argue that today we are living in the most peaceable time of human existence, despite the fact that we are continuously confronted with brutal wars. Steven Pinker for example, argues that violence in all its forms (such as murder, rape, torture, civil wars, genocide and terrorism) has substantially declined (Pinker 2011). Explanations for these reductions may differ, but it is clear that they are associated with important changes in moral sensibilities and behaviours: increasing self-control, the emergence of a culture of dignity and cooperation, and growing empathy with fellow human beings. Over time, the moral horizon seems to have enlarged so that the perspectives of previously marginalized groups (such as slaves, women, children, racial minorities and LGBTQ people) are increasingly taken into account. Moral progress has been accomplished because the circle of moral concerns has expanded in the course of history: from family and tribe to nation and state, to all human beings, and to animals and nature. Kenan Malik explains that the idea of a universal moral community is not the privilege of a specific culture or civilization; it has developed in various civilizations. Moral universalism, therefore, is not the product of Western imperialism but a concept that has emerged in multiple places and times (Malik 2014). This is also the conclusion Siep Stuurman comes to in an extensive study of the notion of common humanity (Stuurman 2017). The idea that other people (especially foreigners and strangers) are not different and inferior but fellow human beings is not a modern European invention. It was articulated as early as the sixth century BCE in Persia, and the third century BCE in India. It is embedded in the philosophical and religious systems that emerged between the eighth and third centuries BCE, including Confucianism, Buddhism, Hinduism, Judaism and Taoism, and later expanded in Christianity and Islam. Since inequality and ethnocentrism was an everyday reality, the idea of equality had to be imagined, and in fact invented. As Stuurman argues, "…notions of common humanity that transcended the local horizons of the tribe, the city, and the ethnos" are during most of human history in need of

justification and always under pressure since they do not reflect daily experience, but are postulated as an ethical ideal in many civilizations and religions (Stuurman 2017, 111). Similarly, when the principle of equality was included in the United Nations Charter in 1945, stipulating that no distinction should be made as to race, sex, language or religion, the main pressure to include this in the text was from representatives of Asian, African and Latin American states, rather than from Europe and North America (Stuurman 2017, 497).

Global bioethics is sometimes regarded as colonizing and imperialistic since it imposes a specific, Western, ethical framework upon the rest of the world (Qiu 2002). However, this view is incorrect. It assumes that globalization and localization are two different processes. In the dialectical perspective presented above, global and local intermingle and interact. That means that global principles only come to life when applied in local settings; they will thus be transformed while particular, local experiences will feed back into the global principles. A global ethical framework not only calls the particular to justify itself before the universal, but the universal is also called to justify itself before the particular. An example is the principle of informed consent. Research in non-Western cultures cannot proceed without informed consent, although this is often contested with the argument of cultural diversity. Traditions of consent may indeed be different across the world, and in some cultures community or group consent is important. This led to the formulation in the UNESCO Declaration that in appropriate cases, agreement of the legal representatives of the group or community concerned may be sought, while at the same time this cannot be a substitute for an individual's informed consent (UNESCO 2005). This dialectic interaction between global and local means that global bioethics is not imposed to the rest of the world but transformed. Bioethics is not a product that can be imported and used regardless of the local culture. Because it is itself part of culture, exchange means adaptation and modification, and sometimes rejection. Global bioethics therefore cannot be a ready-made product but is always in process. It is the aspiration to realize the universal in the local. But it is first of all a social ethics that goes beyond the view that ethics is primarily a matter of personal commitment and individual lifestyle. Global bioethics presents a horizon of reflection, analysis and action that brings ethical principles

which are associated with cooperation, future generations, justice, protection of the environment, solidarity, social responsibility and vulnerability into the debate of globalization and bioethical challenges.

4.7 An Extended Horizon of Bioethics

The Covid-19 pandemic highlights that the horizon within which today's ethical problems should be understood and interpreted is characterized by the planetary context as well as an inherent complexity. It is a quintessential example of what the French anthropologist Edgar Morin (1921–2026; see Figure 13) called a *polycrisis*, not simply a medical or epidemiological emergency but an amalgam of "interwoven and overlapping crises" (Morin 1999, 73; Morin 2026). As illustrated in previous chapters, different crises converge with the pandemic, and it is not understood how they interact and how risks combine. Policy responses often address only one problem out of an entanglement of interconnected challenges, thus ignoring the complexity of what is happening to humanity. This is due to a reliance on the scientific paradigm of simplification and disjunction which divides complex problems in specific issues and elements that can be explored and investigated. This paradigm, according to Morin, "breaks the complexity of the world into disjointed pieces, splits up problems, separates that which is linked together, and renders unidimensional the multidimensional" (Morin 1999, 128). What is missing is an encompassing perspective, a fundamental anthropology examining the complex unity and diversity of humanity. Because of this, humanity is conceived as 'an island,' abstracted from the physical and biological matter that forms its constitution, and from the terrestrial surroundings and the living Earth of which it is a part. This paradigm furthermore determines the way we conceive 'nature.' A forest, for example, is viewed as a multitude of individual trees, not a community of plants, animals, fungi and bacteria. The paradigm is reflected in policies as well since they emphasize progress through development and especially economic growth, thus fostering a technobureaucratic approach dominated by experts and less influenceable by political and democratic discussions and decisions. Policies focus on issues of health, lifestyle and environment without attending to the interactions between these elements. Like the

specialized scientific knowledge on which they are based, they are also abstract, i.e. they extract the object of study or action from its context, discounting its multiple dimensions and relations to other elements.



Fig. 13. Edgar Morin. Photo by David Monniaux (2008), Wikimedia Commons, CC BY-SA 3.0, https://commons.wikimedia.org/wiki/File:Edgar_Morin_IMG_0558-b.jpg

Abstraction, scientific hyper-specialization and technocratic policies have a dual effect: they produce "a blindness not only to existence, the concrete, and the individual, but also to context, the global, and the fundamental" (Morin 1999, 70). Not only are individual humans withdrawn from the environing world and nature, and no longer understood in their local situatedness, but it is also difficult to comprehend what is characteristic of the global. Globalization is regarded as a conglomerate of separate processes: economic, social, demographic, cultural, political, without grasping their generalized interdependencies. Also, the Earth is seen as a composite of a physical planet, biosphere and humankind. What is lost is the vision of the Earth as "a complex biological/anthropological totality" (Morin 1999, 130).

4.8 Core Notion of Relationality

The globality and complexity of today's challenges requires, following Morin's suggestion, an anthropological perspective that transcends the

analytic disjunction and abstraction of prevailing ways of thinking, that does not disconnect the global and the local, and that does not isolate individuals from their social and natural surroundings. The core notion of such anthropology is relationality. This signifies a fundamental quality of existence, i.e. being related and within relationships, not only with other living beings but also non-living beings, with biodiversity, land, air and water. It is not merely a state of existing but a dynamic process of engaging with entanglements, and demonstrating mutual dependence. The world, as Pope Francis maintains, is a "web of relationships" (Pope Francis 2015, § 240). Relational beings cannot exist without each other. Relationality is therefore not the same as connectedness. Beings that are connected do not necessarily influence and change one another; they have relations that often remain external since these have no transformative effect on the connecting and relating entities. Relationality on the other hand assumes that human beings not merely interact with each other but belong together and are mutually dependent, taking responsibility and shaping their lives in sharing the world. As integrated wholes of body and soul they are embedded within communities and they exist in networks with other beings and the environing world. The first experience of humans is that the world is shared with others. It is this anthropological relationality that has often been expressed during the Covid-19 pandemic as the experience of 'togetherness.' Gabriel Marcel refers to it as being-together as authentic human beings; a human person is constituted through encounters and dialogues with other beings, through being present and available to others (Marcel 1962). The same idea is articulated in Rosa's notion of resonance, discussed in Chapter 1. A relation between subject and world is resonant when characterized by reciprocity and mutual transformation. Resonance is not merely an individual, subjective experience but emphasizes the relation, calling for understanding and answering, as well as changing the subject itself. Before subject and world can be distinguished there is fundamental relatedness; resonant relationships make subjectivity as well as sociality possible (Rosa 2019, 38). Resonance, Rosa argues, has three dimensions: horizontal (relationships to other people), diagonal (relationships to the material world of things), and vertical (relationships to the world, existence or life as a whole). Previously, Martin Buber (1878–1965; see Figure 14) has stated the primacy of relatedness in being human (Buber 1977, 25).

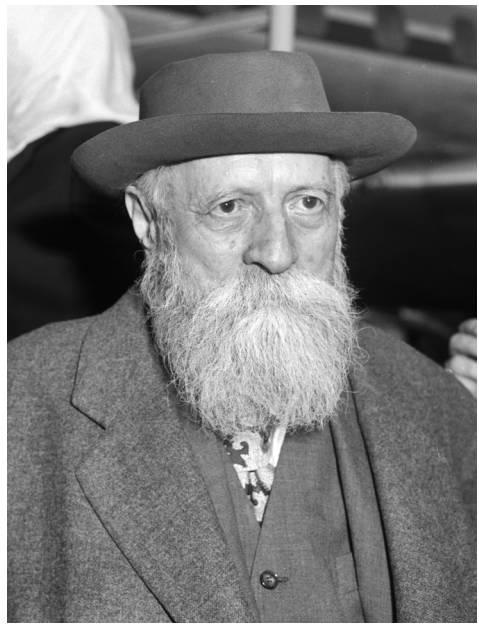


Fig. 14 Martin Buber. Photo by Joop van Bilsen (1963), Wikimedia Commons, CC BY-SA 3.0, https://commons.wikimedia.org/wiki/File:Martin_Buber_1963c.jpg

A relationship is a dynamic ensemble that includes all elements and that is currently unfolding in encountering the world. Reflecting on the relationships between humans and world, Buber distinguishes different types of relations (I-You; I-It; I-Thou; respectively, interpersonal relations between human beings, relations between a human person and the surrounding world, and the personal relationship with God) but in his view these cannot be construed as opposite elements: the world against me and I against the world. What is really important, according to Buber, is what is happening between the subject and the world. In the intermediate sphere of the 'between' ('Zwischen') the individual subject and the surrounding world meet each other with mutuality; it is here that community is created, the dialogical evolves, and being is realized (Wheelwright 1967).

4.9 Normative Consequences

Taking an anthropological perspective on global challenges is more than a description or interpretation of reality; it also has normative implications. Regarding relationality as a core notion of the human condition implies

a significant alteration of the ideology of individualism that used to dominate ethical discourse regarding health and healthcare. When an individual cannot be abstracted or divided from the context in which it is enmeshed, i.e. the society and culture in which it participates, as well as the material world of animals, plants and Earth, the starting point for ethical discourse will be different: not the individual subject but the conditions that promote and sustain autonomous life. In mainstream bioethics, respect for autonomy is one of the fundamental ethical principles. When the power of medicine and medical technology is regarded as the major source of moral problems, articulating self-determination is a compelling force against medical and scientific paternalism. Confronted with ethical challenges in treatment, care and prevention, patients should ultimately decide how to address them. In ethical debates, a major challenge therefore is how to empower the individual, particularly the patient, facing difficult decisions regarding life and death, disease and health. This emphasis on respect for autonomy has also been the basis of most policies during the Covid-19 pandemic, which sought to encourage individual responsibility, and attempted to avoid as long possible measures that restricted individual freedom. It expressed the value structure of liberal societies that regards human beings as unique and independent individual persons who choose their own values, and have the right to live as they would like since they are their own masters. Their decisions and actions should be respected as long as they do not harm other human beings. The same normative position is expressed in global policies and economic practices: the human person is first of all a rational self-interested individual motivated by minimizing costs and maximizing gains for him- or herself, assuming that self-interest and individual preferences are the main determinants of human behaviour.

When the emphasis is on relationality, a different normative position will arise because the focus of ethical concerns is shifting. Elsewhere, we have discussed four such shifts (Ten Have and Pegoraro 2022). The first is that the emphasis is moving from autonomy to vulnerability. When relatedness and 'betweenness' precede individual autonomy, vulnerability can no longer be construed as diminished autonomy, loss of control or lack of self-determination. Individual autonomy itself needs to be redefined as a relational concept, helpful only when the interconnectedness of life is recognized. Relationality as being situated in the world unavoidably implies vulnerability since it exposes humans to other persons and the environing world. Relationality as a quality of being is not an option and we cannot

make ourselves immune to the world. Even when we do not like the term 'vulnerability' because of its negative connotations, the phenomenon itself cannot be denied and should be taken seriously. Connecting vulnerability primarily to the individual person ignores why vulnerability has become a bioethical problem in the first place. The experience of vulnerability has particularly expanded in the context of global phenomena such as natural disasters, pandemics, poverty, hunger and environmental degradation. Increasing vulnerability is associated with processes of globalization which have negative and unequal impacts on different populations within and across countries, as has become even more clear during the Covid-19 pandemic. International policies of economic growth and development have for example resulted in growing loss of biodiversity that affects everyone but even more poor and traditional societies that rely directly on ecosystem services. Against this backdrop, ethical analysis should focus on the broader context that produces vulnerability, thus requiring an ethical framework that includes justice, solidarity, care and social responsibility, rather than primarily individual autonomy.

The second shift is a movement from individualism to sociality. The notion of relationality implies that humans are no longer regarded as isolated, abstract entities but as social beings. Ethical debate is therefore concerned with shared interests and the common good. In this view, there is no antithesis between individual and common interests. Human agents are socially entangled and networked, and their conduct cannot be explained by self-regarding rationality directed at maximizing self-interests but by social rationality, that is taking into account the well-being of other people and the needs of larger society (Gintis 2017). Personal autonomy furthermore implies more than individual responsibility; individual actions and decisions have social consequences. Personal autonomy is not abstract and decontextualized but has concrete impacts on other people, and therefore implies social responsibility. During the Covid-19 pandemic, it became clear that individual behaviour affects the well-being of the community. Individualistic policies that primarily appeal to individual responsibility fail when they do not articulate social responsibility, and create the social, political and economic conditions for the exercise of responsible autonomy.

The third shift moves attention from self-interest to the notion of the commonality. When Van Rensselaer Potter introduced the idea of a

global bioethics, he was arguing that ethical analysis should take into account concerns about the environment and the future of humankind. Processes of globalization make humanity increasingly interconnected and interdependent, and therefore attention must be focussed on the conditions of long-term survival. These concerns have found their legal expression in the notion of 'common heritage of humankind,' introduced in international law in the late 1960s to regulate common resources such as the ocean bed and outer space (Herber 1991; Holmila 2005). This notion is gradually expanded to other domains (for example, cultural heritage) and most importantly also to ethics, first in relation to genetics (declaring the human genome as common heritage of humankind), and later also to bioethics in general. The adoption of the Universal Declaration on Bioethics and Human Rights indicates that humanity as a whole should be regarded as a global moral community with a shared set of moral values, enabling people to identify themselves as world citizens, and evoking a sense of global solidarity and responsibility. It implies that citizens of high-income countries can no longer be indifferent to health disparities and unfair research practices in low-income countries, since the same moral values and standards apply within the global community (Ho and Dascalu 2021). This explains the efforts of the World Health Organization to make sure that Covid vaccines are available to everybody across the globe, as well as the indignation about the practices of pharmaceutical companies that refuse to share knowledge and products when these should be regarded as part of our common heritage.

Moving from the intrinsic value of humans to the value of all living and non-living beings represents the fourth shift in ethical concerns. Redefining bioethics as global demands a merger of medical, social and environmental perspectives so that the ethical spotlight is on the common good (rather than individual good), on survival of humankind (rather than concerns for individual patients), on long-term interests (rather than short-term ones), and on future (rather than present) generations. Moreover, in the current circumstances of globalization, it is no longer feasible to separate medical and environmental matters. Environmental degradation and loss of biodiversity have deleterious consequences for global health and healthcare (Ten Have 2019). Climate change and global warming are changing disease patterns and creating new health needs The emergence of Covid-19 has demonstrated how

destruction of their natural habitat causes 'spillover' of viruses from animals to humans. Such examples illustrate that the concept of health can no longer be restricted to humans but has to include animals as well as the environment. It can furthermore not merely be applied to individuals humans but also to ecosystems and the planet in its entirety (as expressed in the concept of One Health). The perspective of global bioethics therefore extends moral concerns in spatial dimensions, thereby including in the global moral community not only human beings but the whole of nature. All living and non-living beings on earth should be considered members of our community since they all share dependency and vulnerability. Potter has made this argument previously: ethics should extend the idea of community from a human one to a community that includes soil, water, plants, and animals. But now protection of the environment, the biosphere and biodiversity has become a principle of global bioethics. Additionally, moral concerns have extended in temporal dimensions since the idea of moral community has come to include future generations. The responsibilities of present generations are linked to obligations toward posterity, grounded in the need to ensure the continued existence of humankind (UNESCO 1997). Because human life is interdependent and the planet fragile, we need a new vision of community that encompasses past, present and future generations as well as living and non-living beings.

4.10 Conclusion

The vulnerabilities exposed and experienced during and after the Covid pandemic reveal that people are connected at multiple levels, not just with other people but also with the surrounding social and material environment. The human being, as imagined by Morin, is really a trinity—one part is individual, another social, and yet another member of a species (Morin 2026).While connectedness has always been the hallmark of human existence, humans are now confronted with the fact that they are embedded in processes that they cannot fully control. The reality of globalization imposes itself in a yet more fundamental way. Often, only one dimension of globalization is emphasized: the expansion of space, diminishing relevance of borders, and the increasing interconnections that facilitate travel, trade and communication. People enjoy the benefits

of globalization when making use of smartphones and the internet, buying inexpensive clothing and food, travelling to distant destinations, or undergoing surgery or stem cell treatment in foreign countries. Globalization is a container concept that refers to various types of processes: economic ones that transform the planet into a single market; technological innovations that enhance communication and flows of information; social and cultural exchanges that disseminate a common language and sets of ideals across the world; and political globalization that imposes regimes of health surveillance and property rights to all corners of the globe. These processes share the belief that the space of human action now spans the entire planet and that the timeframe of action is significantly compressed. What is generally not recognized is that globalization is driven by processes of separation and abstraction, giving priority to human agency impacting on the planet, producing many of the challenges we are facing today: biodiversity loss, environmental degradation, climate change, deterioration of global health, and increasing inequalities. Globalization is commonly regarded as a set of external processes which need to be managed and controlled by human activity, and thus requiring global policies and global bioethical frameworks. This view illustrates the belief that humans are outside and above their social and natural surroundings, and that they can control them. When humans, on the other hand, are acknowledged as relational and entangled beings, another dimension of globalization comes to our attention: the transformation of human self-interpretation and experience as embedded beings. This second dimension is seriously marred by the emphasis on the first one. The externalized view of globalization presupposes that human beings are primarily rational, self-interested individuals, motivated by efficiency, competition and economic prosperity as core values. The experience of the pandemic has shown the limitations and inadequacies of this view. It has demonstrated that humans are entangled in global processes which they cannot fully control; processes that often magnify and multiply vulnerabilities, and that exhibit the downsides of globalization.

When global bioethics considers itself as the consequence of globalization, it will focus on the problems that emerge when the human lifeworld is changing under the influence of global processes. Over the last few decades, bioethical discourse has been an important promotor and facilitator of globalization, creating the moral conditions for expanding

neoliberal global policies resulting in inequality, injustice, poverty, violence and biodiversity loss. Covid-19 has illustrated how dominant ethical analyses used to be orientated towards disease management, technocratic approaches and individual treatment rather than attention to conditions in which diseases arise and expand, and the daily circumstances in which people live together. These tendencies are reinforced during the public health emergency of the pandemic, relegating concerns with vulnerability, human dignity, inequity, cooperation and solidarity to a lower level of urgency and interest than individual clinical treatment and care. Pandemic experiences prompt critical reflection on the prevailing narrow perspective, taking relationality as the starting point for a broader and encompassing approach to ethical issues, leading to the reinterpretation and redirection of processes of globalization. The Covid-19 pandemic reveals that another way of thinking and working is helpful to clarify the ethical dimensions of present-day life.

This chapter has discussed the implications of taking the basic relationality of human beings as the starting point for ethical reflection. This is not just the view that human persons are connected to other beings and the environing world, but the anthropological perspective that being human means being-together. Human persons can only exist and flourish because they share the world, belong together, are present and available to each other. This basic relationality has ethical significance. Being situated within relationships and engaging with other beings means vulnerability. Openness to the world and mutual dependency is necessary to make human persons grow, develop and flourish but also exposes them to possible harm and injury. Humans cannot immunize themselves to the world since they would then lose what characterizes them as human beings. Ethical discourse is one way to mitigate and remediate vulnerability. It encourages us to change perspectives, and to imagine ourselves in the position of other people who have the same needs, desires and feelings as we have. It expresses that when we share the world and when we are embedded in the Earth system, we must recognize others who have lives to live, and we must treat their interests as equal to our own.

Although global bioethics incorporates the value of personal autonomy and individual rights, it introduces a moral discourse with a more extensive horizon, as argued in this chapter. First, it argues that human beings

are not abstract and decontextualized individuals: they are necessarily embedded in social structures and environmental surroundings. Beneficial social, cultural, economic and political conditions make flourishing in health possible. Second, global bioethics emphasizes that living together means that human beings share common goods and heritage. Common interests are not the aggregation of private interests. Individual persons as citizens are concerned with the common good; they are not merely rational consumers interested in maximizing benefits for themselves. Third, though individual actions and concerns are important, they will not bring about social transformation. Processes of globalization are not a fact of nature but the result of deliberate decisions of policy-makers, often without involvement of populations, and driven by a specific ideology of neoliberalism. New forms of collective engagement and agency, and thus a different value framework will be necessary to influence the systemic conditions producing global problems. Ethical critique of neoliberal globalization as the source of bioethical problems has re-activated a broader set of moral concepts such as human vulnerability, social responsibility, equity, justice, sharing of benefits, and future generations within bioethics discourse. These concepts will direct bioethical attention to structural determinants of health rather than individual decisions concerning care. Other concerns than those uniquely focussed on the individual can, therefore, become part of the bioethics agenda; moral issues can be framed in a different way; other solutions and approaches can be proposed.

In *Laudato Si'*, Pope Francis warns that doomsday scenarios should be taken seriously (Pope Francis 2015, § 161). They must not be ridiculed, derided or disregarded since they could certainly materialize, and leave a destroyed and uninhabitable world to future generations. The previous chapter concluded that past experiences with pandemics resulted in significant transformations, and that historians expect important changes to follow the Covid-19 pandemic, particularly changes in the image of ourselves as human beings, of our place in the surrounding world, of how we should live in the world, and in how the world should be organized. This chapter has argued that an ethical discourse has emerged that is at the same time planetary and encompassing—attending to global issues and capable of relating individual, social and environmental concerns. It is a discourse that recognizes the vulnerability of individuals as well as social, cultural and environmental systems, and that seeks to

respond with solidarity and justice. This ethical discourse reassesses the interconnections between human beings, other living creatures, and the planet. Moreover, it provides many suggestions and proposals for how humans can live, work and flourish without irreversibly damaging their surroundings, and jeopardizing future life on earth. Among all the possible responses to apocalyptic views regarding the future of humankind, mentioned earlier in this chapter (rejection, resignation, resistance and re-evaluation), there is an ethical framework available that implies a re-appraisal of values in a globalized world which could in principle counter the post-pandemic sentiments of decay, decline and insecurity. The question is why this framework is not more influential and powerful, now that the doomsday clock is ticking and transformational action is urgent. This will be the key question tackled in the next chapter.

References

Bruni, L. (2012): *The wound and the blessing. Economics, relationships, and happiness*. Hyde Park and New York: New City Press.

Buber, M. (1977): *Ich und Du*, 9th edition. Heidelberg: Verlag Lambert Schneider.

Council of Europe. (1997): *Convention on human rights and biomedicine*, https://www.coe.int/en/web/conventions/full-list?module=treaty-detail&treatynum=164

Economic Policy Institute (2020): Who are essential workers? *Working Economics Blog*, May 19, https://www.epi.org/blog/who-are-essential-workers-a-comprehensive-look-at-their-wages-demographics-and-unionization-rates/

European Environment Agency. (2023): Lessons for sustainability? *EEA*, February 7; https://www.eea.europa.eu/publications/covid-19-lessons-for-sustainability

Gintis, H. (2017): *Individuality and entanglement: The moral and material bases of social life*. Princeton, NJ, and Oxford: Princeton University Press.

Goodman, P. S. (2024): *How the world ran out of everything. Inside the global supply chain*. New York: HarperCollins.

Held, D. (2010): *Cosmopolitanism. Ideals and realities*. Cambridge, UK, and Malden, MA: Polity Press.

Herber, B. (1991): The common heritage principle: Antarctica and the developing nations. *American Journal of Economics and Sociology* 50: 391–406.

Ho, A., and Dascalu, J. (2021): Relational solidarity and COVID-19: An ethical approach to disrupt the global health disparity pathway. *Global Bioethics* 32 (1): 34–50.

Holmila, E. (2005): Common heritage of mankind in the law of the sea. *Acta Societatis Martensis* 1: 187–205.

Jaspers, K. (1971): *Einführung in die Philosophie* [Introduction into philosophy]. Munich: R. Piper & Co. Verlag.

Malik, K. (2014): *The quest for a moral compass. A global history of ethics*. London: Atlantic Books.

Marcel, G. (1962): *Homo viator. Introduction to a metaphysic of hope*. New York: Harper & Row.

McNeill, W. H. (1998): *Plagues and people*. New York: Anchor Books.

Morin, E. (1999): *Homeland Earth. A manifesto for the new millennium*. Cresskill, NJ: Hampton Press.

Morin, E. (with De Smedt, M.) (2026): *Cheminer vers l'essentiel* [Moving towards the essential]. Paris: Albin Michel.

Murphy, K., Williamson, H., Sargeant, E., and McCarthy, M. (2020): Why people comply with COVID-19 social distancing restrictions: Self-interest or duty? *Australian & New Zealand Journal of Criminology* 53 (4): 477–496.

OECD (Organization for Economic Co-operation and Development) (2021): *Covid-19 and well-being. Life in the pandemic*. Paris: OECD Publishing.

Pinker, S. (2011): *The better angels of our nature*. London: Penguin Books.

Pokora, R., Kutschbach, S., Weigle, M., Braun, D., and Epple, A. et al. (2021): Investigation of superspreading Covid-19 outbreak events in meat and poultry plants in Germany: A cross-sectional study. *PLoS One* 16 (6): e0242456, https://doi.org/10.1371/journal.pone.0242456

Pope Francis. (2015): *Encyclical letter Laudato Si'—On care for our common home*. Vatican City: Libreria Editrice Vaticana.

Potter, V. R. (1970): Bioethics, the science of survival. *Perspectives in Biology and Medicine* 14: 127–153.

Potter, V. R. (1988): *Global bioethics—Building on the Leopold legacy.* East Lansing, MI: Michigan State University Press.

Qiu, R. (2002): The tension between biomedical technology and Confucian values. In: Tao, J. (ed.): *Cross-cultural perspectives on the (im)possibility of global bioethics*. Dordrecht, Boston, MA, and London: Kluwer Academic Publishers, 71–88.

RIVM Corona Gedragsunit. (2020): *Thuisblijven, testen en quarantaine* [Staying home, testing and quarantine], https://www.rivm.nl/sites/default/files/2020-07/2020_07_14%20memo%20thuisblijven%20testen%20isoleren.pdf

Roga, E. Y., Bekele, G. G., and Gonfa, D. N. (2022): Compliance level toward COVID-19 preventive measures and associated factors among the Ambo University community, 2021. *Frontiers in Public Health* 10, https://doi.org/10.3389/fpubh.2022.958270

Rosa, H. (2019): *Resonance. A sociology of our relationship to the world*. Cambridge, UK: Polity Press.

Rume, T., and Islam, S. M. D. (2020): Environmental effects of COVID-19 pandemic and potential strategies of sustainability. *Heliyon* 6 (9): e04965; https://doi.oeg/10.1016/j.heliyon.2020.e04965

Stuurman, S. (2017): *The invention of humanity. Equality and cultural difference in world history.* Cambridge, MA, and London: Harvard University Press.

Sullivan, W. M., and Kymlicka, W. (eds) (2007): *The globalization of ethics*. New York: Cambridge University Press.

Ten Have, H. (2016): *Global bioethics. An introduction*. London and New York: Routledge.

Ten Have, H. (2019): *Wounded planet. How declining biodiversity endangers health and how bioethics can help*. Baltimore, MD: Johns Hopkins University Press.

Ten Have, H. (2022): *The Covid-19 pandemic and global bioethics.* Cham: Springer Nature.

Ten Have, H, and Pegoraro, R. (2022): *Bioethics, healthcare and the soul*. London and New York: Routledge.

Tosam, N. J. (2024): Autonomy-based bioethics and vulnerability during the COVID-19 pandemic: towards an African relational approach. *Theoretical Medicine and Bioethics* 45: 183–197.

UNESCO (1997): *Declaration on the Responsibilities of the Present Generations towards Future Generations.* Paris: UNESCO, http://www.unesco.org/cpp/uk/declarations/generations.pdf

UNESCO. (2005): *Universal declaration on bioethics and human rights*, https://unesdoc.unesco.org/ark:/48223/pf0000146180

Ursachi, C. Ș., Munteanu, F. D., and Cioca, G. (2021): The safety of slaughterhouse workers during the pandemic crisis. *International Journal of Environmental Research and Public Health* 18 (5): 2633, https://doi.org/10.3390/ijerph18052633

Veatch, R. (2012): *Hippocratic, religious, and secular medical ethics*. Washington, DC: Georgetown University Press.

Watts, M. J., and Bohle, H. G. (1993): The space of vulnerability: The causal structure of hunger and famine. *Progress in Human Geography* 93: 43–67.

Wheelwright, P. (1967): Buber's philosophical anthropology. In: Schilpp, P. A., and Friedman, M. (eds): *The philosophy of Martin Buber*. La Salle and London: Open Court and Cambridge University Press, 69–95.

Zimmermann, B. M., Fiske, A., McLennan, S., Sierawaska, A., Hangel, N., and Buyx, A. (2022): Motivations and limits for Covid-19 policy compliance in Germany and Switzerland. *International Journal of Health Policy and Management* 11 (8): 1342–1353.

5. The Supposed Impotence of Ethics

5.1 Introduction

Many people around the world experience anxiety about climate change, and as a result, are pessimistic about the future. This is felt with particular intensity by young people, for whom the prospect of an imperilled future is especially acute. A global survey of 10,000 children and young adults (16–25 years old) reports that 75% feel that the future is frightening, and 56% that humanity is doomed. In countries like India, Brazil and the Philippines, the percentages are even higher. The sense that there is no viable future is associated with feelings of betrayal and abandonment, since governments are failing to act adequately and do not seem to care about future generations (Hickman et al. 2021).

Apocalyptic visions and sentiments of malaise and despair may arise since today humans are confronted with macro-problems. There is a prevailing sense that the challenges are simply too big and global to be addressed by only one country, let alone individual persons. Even if we, or our country, change our behaviour and lifestyle, it will hardly impact the process of climate change. Since individual agency seems futile, human beings feel powerless against apocalyptic threats. Problems are also interconnected and complex, so that addressing one problem or crisis has repercussions for other problems; they constitute in the words of Edgar Morin, a 'polycrisis.' Furthermore, apocalyptic scenarios are threatening in different ways. While war, particularly nuclear war, destroys human beings as well as their lifeworld, and can make life on earth intolerable, it is an event located in time and place as the result of human decisions. A pandemic apocalypse is

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primarily devastating for human (and perhaps other living) beings, without destruction of the lifeworld; at the same time, it is a localizable event, and yet it is less clearly related to human activity than nuclear war. An artificial intelligence (AI) apocalypse would be calamitous for human beings, reducing them to subjects controlled by more intelligent machines; it would be the result of a gradual process rather than a distinct event, although ultimately it would be produced by human decisions. A climate apocalypse seems to be of a different order; it is, as discussed in Chapter 1, not an event located in time and place, but an irreversible transformation of the lifeworld that makes the planet uninhabitable. Its deleterious effects are, at least initially, not easy to perceive, but become increasingly undeniable; but then, the process of catastrophic deterioration can no longer be reversed. It takes time to recognize how human decisions in the past have impacted this process, and it is not certain how actual decisions will bring any relief, unless after a very long time. The climate apocalypse is therefore fundamentally different from other imagined apocalypses: it does not signify the end of *this* world followed by regeneration or the reconstitution of an existing order. Rather, it constitutes the demise of the world itself, with no prospect of surviving in any possible future (de Martino 2023).

Apocalyptic feelings of doom and gloom are not only related to the magnitude of the challenges but also, as the survey mentioned above indicates, to failures to enact adequate responses. Governments and international bodies are not undertaking serious action; even when they agree on remediating policies, the implementation is weak or only effectuated in some places and countries, and not at the global level, so that deterioration of the climate continues, risks of pandemics are not diminished, destructive wars continue, and development of artificial intelligence is not regulated. Recent experiences are not encouraging. We could have known from previous pandemics (for example, the 2009 H1N1 influenza ("swine flu") pandemic) that health disparities would be exacerbated and that vulnerable populations would be disproportionately affected, but policies and experiences were no different during the Covid pandemic. The biomedical viewpoint dominated, and little attention (certainly in the early stages) was paid to the influence of social, economic and political

determinants of health and disease. The vulnerabilities made visible by the Covid-19 pandemic have still not been sufficiently addressed, and where they have been tackled, this is mostly at the national level and not in the global context. There is also frustration because the efforts to overcome the viral threat have created numerous other problems. Especially children and young adults are contending with marked learning setbacks, persistent feelings of isolation and adverse effects on their mental well-being. Existing divisions (for example, between generations) have been exacerbated. Scars and after-effects of the pandemic are visible in declining vaccination rates, with the re-emergence of polio and alarming measles outbreaks in various parts of the world. But the pandemic has also been a destabilizer with lasting consequences for a significant number of people, and not in the least for the body politic, manifested as 'political long Covid' ("a series of lingering misfortunes", with countries "trapped in their own private miseries" and "an enduring sense of fatigue" demonstrating that the pre-existing weaknesses of politics are made worse) (Runciman 2024).

Inaction, ineffective policies and discouraging experiences are often associated with the belief that contemporary challenges are intractable and unsolvable. An example is plastics. Everybody acknowledges that plastic waste is polluting the environment, and is particularly harmful for marine life. Efforts to make a UN treaty against plastic pollution have thus far been unsuccessful. On the contrary, increasing amounts of plastics are produced each year. Two-thirds of new clothing consists of plastics (polyester, acryl and spandex). Countries that are the largest producers of plastics do not want to reduce manufacturing, and argue that recycling is preferable. But since newly produced plastics are cheaper, recycling is very limited and many recycling plants and initiatives are closing since they cannot compete economically (Pottinger et al. 2024). In August 2025, international negotiations in Geneva did not succeed in reaching agreement on a Plastics Treaty (Euronews 2025). Although there is consensus about a global crisis of plastic pollution, any talk about reducing the production of plastics was deemed unacceptable by some oil- and plastic-producing countries. Without reduction, the amount of plastics in the environment will have doubled around 2050.

The idea that problems are intractable is paradoxically reinforced through crisis talk: they are labelled as existential threats that require urgent action; little time for action is left before they reach a tipping point and morph into really uncontrollable disasters. But when such wake-up calls are ignored, and no effective interventions are undertaken, the sense of impending apocalypse and powerlessness only becomes larger. The 2024 State of the Climate Report confirms that the climate crisis has entered into a critical and unpredictable new phase, and that fast and decisive action is needed. It concludes that "the future of humanity hangs in the balance" (Ripple et al. 2024, 821). Many scientists have started to research the possibility of societal collapse (Brozović 2023).

Given these fatalistic scenarios, the basic concern in this chapter will be how to respond to apocalyptic views, and it will examine in particular the possible role of ethical discourse.

5.2 Responses to Apocalyptic Views

The continuous articulation of the idea that the world as we know it will come to an end, and that the processes and challenges obliterating future perspectives are intractable, leads to several responses, as briefly indicated in the last chapter, ranging from rejection, resignation, resistance and reappraisal.

5.2.1 Rejection

A substantial minority of people do not believe in climate change as a serious threat. They reject the scientific evidence for the phenomenon and deny that it is caused by human behaviour (Gounaridis and Newell 2024). Others think that the problem is exaggerated and that the threat is not as severe as posited by scientists and mainstream media. In general, apocalyptic views can be rejected for a multitude of reasons but three arguments are frequently elaborated. The first is the political argument that apocalyptic discourse is dangerous since it implies an authoritarian and linear view of history. It assumes that the world is inevitably moving in a particular direction, from destruction

to rebirth. This movement is determined and the future is fixed, and human options are limited. Since the future is not open and alterable, this discourse leads to fatalism and passivity, and undermines debate, pluralism and dissent in the present time (Davidson 2024). But it may also produce fanaticism. The overwhelming and immense nature of the challenges that the world is facing, may lead to disengagement and denial but also to aggressive responses. If civilization is heading towards annihilation, violent responses may be the only way to prevent catastrophe. Political opponents are then no longer seen as rivals but as enemies who are leading the country to ruin. On the other hand, if a better world will emerge after the current one has been destroyed, then it is perhaps better to hasten the collapse, and violence is justified to realize utopia. Apocalyptic ideas may therefore be associated with the logics of violence; they present incompatible worldviews that may instigate the belief that violent action is the only option available to save the world (Bronner 2016).

Another argument against apocalypticism is historical. It underlines that humankind has continuously been confronted with minor and major catastrophes but has always survived. Apocalyptic views underestimate the resilience of human beings and the adaptive ability of civilizations. They are unnecessarily alarmistic, and therefore tend to paralyze the capacity to cope with threats and challenges. This argument has two sides: on the one hand, it disputes that contemporary problems will magnify and endanger the survival of humankind and the planet; in other words, "it won't be that bad." On the other hand, this argument requires confidence that human beings are determined and resourceful enough to find timely solutions and responses. Another version of the argument emphasizes that particularly Western culture has always experienced periods of pessimism, often expressed in literature and art (see Figure 15). As discussed in Chapter 1, there is a long history of predicting the imminent collapse of civilization and the end of the world (Herman 1997). Doom and gloom has been foretold in famous works of Gibbon (in 1776), De Gobineau (in 1853–1855), Nordau (in 1892), Spengler (in 1918–1922) and Toynbee (in 1934), but in each case the predictions have not materialized. Cultures and civilizations have been transformed but not annihilated.



Fig. 15 John Martin. *The Last Man* (1849). Walker Art Gallery, Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Martin,_John_-_The_Last_Man_-_1849.jpg

The third argument rejecting apocalyptic scenarios refers to science and technology. It is twofold, first arguing that contemporary challenges are not new, and second, that scientific and technological knowledge have solved and reduced numerous past challenges and can do that again (Ritchie 2024). Even what Arthur Herman has called the 'new apocalypticism,' the ecological cataclysm that will result in the end of humanity, is not really new, and does not pose problems that are unsolvable (Herman 1997, 414). Many of the challenges that we face today, have in fact been worse in the past. One example is air pollution, which was a persistent problem throughout human history, especially making life in cities unhealthy and sometimes unbearable, but has now been reduced in many places. Around the 1980s, acid rain was a global environmental scourge, but international regulation reduced the emissions of sulphur and nitrogen oxide so that the problem of acid rain is nearly solved (Ritchie 2024, 37ff). Another example is the use of vaccinations against the coronavirus. In the first year of their use, new vaccines saved approximately twenty million lives (Watson et al. 2022). Rather than be pessimistic or fatalistic, we should be aware that we currently live in times that in many respects are more healthy and comfortable, and less burdensome and dismal than in previous generations, at least for many of us. If we look at factual data, we should acknowledge that child mortality has significantly dropped, not only in rich countries but also in the Global South. Life expectancy all over

the world has doubled over the last two hundred years. The number of hungry and malnourished people in developing countries has substantially diminished, and while in 1820 more than three-quarters of people in the world lived in extreme poverty, today it is less than 10% (Ritchie 2024, 19-27). This is not an argument denying that problems exist, but rather positing that apocalyptic views are unwarranted, and that problems can be adequately addressed. Furthermore, it does not reject multiple dimensions of vulnerability but propounds that at least a significant number of these have been ameliorated and reduced over time, and that further improvement is clearly imaginable.

5.2.2 Resignation

The case of Fernando Pessoa (see Chapter 2) illustrates another response to apocalyptic views. Recognizing his vulnerability and the horrors of life, he decided to perfect the art of abstinence: "I decided to abstain from everything, to go forward in nothing, to reduce action to a minimum..." (Pessoa 2001, 397). He has no belief or hope in the future, and cultivates an attitude of indifference towards the world and its course. This response articulates that we have to accept the inevitable. It is pointless to reject that the apocalypse is approaching, and useless to offer resistance. The best we can do is to assume a position of nihilism and indifference (Wallace-Wells 2019).

This response of resignation has several versions. One is based on the traditional concept of apocalypse: annihilation will be followed by a new beginning. In this perspective, destruction is necessary, even if the time until extinction will be horrifying, but if we endure it there will be hope of renewal. This response has been manifested in religious and secular millenarist movements emphasizing that total destruction of the present corrupted world is inevitable to build a new world order (Weber 1999). It inspired, for example, the preaching and activities of Girolamo Savonarola in the fifteenth century, and Thomas Müntzer in the sixteenth century, but also in more recent times, the mass suicide and murder of followers of minister Jim Jones in Guyana in 1978, and the confrontation with the Branch Davidians in Waco, Texas in 1993 (Himmelfarb 2010). It is also evident in contemporary forms of escapism, discussed in Chapter 1, where apocalyptic discourse is used to renounce meaningful possibilities for action, reducing responses to

retreat—into bunkers, safe refuges or other planets—while awaiting the end of the world and the emergence of a new one.

Another version of the resignation response points out that human action is futile. The belief that apocalypses can be prevented, and that in particular climate can be managed and governed, is an illusion. First of all, catastrophes are generally not the result of discrete human interventions or decisions but rather of gradual underlying processes that take some time to develop. Second, there is no mechanism or institution that is able to prevent or mitigate catastrophes. That would require cross-border cooperation and global collective action, which is currently more and more unlikely given the increase in nationalistic approaches in numerous countries. Additionally, the climate apocalypse is different since its deleterious impact is not immediately clear, but is revealed in the longer term, although the apocalyptic signs should be obvious right now. Individual changes in lifestyle, however, will not have a significant effect on the processes that are unfolding for the centuries to come. Against this backdrop, belief in personal action and emphasis on individual responsibility should be regarded as delusive; they wrongly suggest that we have at least some measure of control, and that concern for future generations is shown in virtuous conduct and consumption. It is important to recognize that the perceived futility of human action may give rise to apocalyptic fears, and specifically 'eco-anxiety' among young people. Existential psychology can help people to cope with those fears. The first step is to accept the inevitability of death, not just of personal death but also of collective death. Faced with extinction, humans should create a 'hospice for humanity', making life as meaningful as possible for the time left (Guthrie 2023).

A third version articulates that humans can to a certain extent at least do one thing: drastically reduce the human population of the planet. Accepting that the world is heading towards its end, and is thus without a future, it would be immoral to bring children into existence. In 2018, a group of people in the United Kingdom started Birth Strike, a movement promoting not having biological children because of the possible collapse of civilization due to the ecological crisis (Dow and McMullen 2022). Its philosophical underpinning is anti-natalism, i.e.

the view that having children is unethical because they are born without their consent, and because life means inevitable suffering and death (Benatar 2006). The disappearance of humanity is not a valuable loss. Without new persons born, the exploitation and deterioration of the natural environment would stop.

This last view is related to a final version of the resignation response. It argues that humans cannot abstract themselves from the apocalyptic scenery; since they are part of it, they do not have the power to make any changes. The new era of the Anthropocene has begun and humans are subjected to its processes and consequences; they are already in the process of the Sixth Extinction (although the International Commission on Stratigraphy rejected in 2024 the term Anthropocene as the name for a new geological epoch whereas in various fields of science it is used to indicate that humans have become a geophysical force on a planetary scale) (Morton 2018). The global rise of temperatures is produced by past human actions and these actions cannot be undone. We are prisoners of history and caught in courses of development beyond human agency, confronted nowadays with vulnerabilities that our prior behaviours have created (Wallace-Wells 2019). This version is the expression of a philosophy of anti-humanism, formulated in the final sentence of a famous book by Michel Foucault: "…man would be erased, like a face in sand at the edge of the sea" (Foucault 1970, 387). In this view humanism as the project of the Enlightenment should be rejected. Traditional anthropological concepts such as human nature, humanity, rationality, agency and responsibility reflect a specific anthropological configuration of knowledge and mode of self-understanding that regards the human being as a sovereign subject that organizes the world around him in order to objectify, control and bring it to submission. As an epistemological project, humanism's assumption that knowledge is grounded in the essential characteristics of humanity is coming to an end. In his later works, Foucault shows how 'human nature' is socially constructed through powerful practices, particularly in normalizing disciplines of biopower (Paden 1987). Antihumanism here does not mean that activities or violence against humans is recommended or that human extinction should be a solution but rather that the human as a historical notion and specific

construction should be challenged and rethought. Posthumanism is therefore a better term, since it emphasizes the need to go beyond anthropocentrism and dualism (Ferrando 2020).

5.2.3 Resistance

Rather than rejecting or accepting the impending apocalypse, the third response envisions that the doomsday scenario can be prevented, or at least delayed or made less severe by immediate and sustained action. Apocalyptic views and predictions should call for resistance. The horrific consequences of nuclear war have stimulated a broad array of antinuclear movements since the 1950s. Scientists have played an important role in organizing protests and campaigning for the prohibition of nuclear weapons, resulting in international treaties. Nowadays, in many countries, a variety of actions and activities have been undertaken to protest against the impending climate apocalypse. The Last Generation is a collective of climate activists, founded in Germany in 2021 in order to undertake disruptive, non-violent actions urging governments to implement emergency measures against climate change (see Figure 16). More well-known is Extinction Rebellion (XR), founded in 2018 in the United Kingdom with the aim of compelling governments into action through non-violent civil disobedience (Read and Alexander 2020). Protesters feel a moral obligation to act in the present out of concern for future generations, and are prepared to break the law in order to save the world. They do not have much trust in democratic institutions and political parties as well as mainstream environmental movements. Finding that private responses are ineffective, they engage in collective action, using their bodies to carry out physical practices of disruption and obstruction (Hayes et al. 2024). With civil disobedience, activists not only demonstrate the general vulnerability of the world with impending mass extinction and the need for urgent reform, but also their own special vulnerability, exposing their bodies to violent responses, arrest and prosecution (Joyce 2020). This form of resistance focuses on the impending end of the world and the need to prevent this course of events because the causes of the apocalypse are well-known and can be influenced. The

climate apocalypse is the most negative calamity that can happen to humanity, since it occludes the possibility of a future.



Fig. 16 Die Letzte Generation in action near the Brandenburger Tor in Berlin. Photo by Stefan Müller (2022), Wikimedia Commons, CC BY 2.0, https://commons.wikimedia.org/wiki/File:Der_Aufstand_der_Letzten_Generation_blockiert_am_Brandenburger_Tor_die_Stra%C3%9Fe_(51946163443).jpg

Another form of resistance proceeds from a more positive perspective. The notion of apocalypse itself in a certain way is the expression of resistance. It is not the end itself, but the acknowledgement that the end is near *unless* we can find a way out. Apocalyptic thinking emerges within a worldview of deep dissatisfaction and fundamental critique of the current civilization with its practices of oppression and injustice. Apocalyptic discourse invites us to identify, analyze and counter the causes of decline, such as capitalism, neoliberalism, globalization, racial degeneration, the myth of progress or the liberal state. In this perspective, the troublesome processes that produce decline and doom should be actively resisted. The fears and anxieties of apocalyptic imagery are helpful since they mobilize people to oppose and fight against these processes. But apocalyptic language also has a redemptive aspect: after destruction follows reconstruction. The idea of doom should be welcomed since it is a possible beginning of a new, just and free world. Resistance therefore produces a double-bind: processes

leading to decline should be countered by alternative visions, and therefore perhaps not be resisted but encouraged since that will facilitate the emergence of alternative social arrangements. In a postapocalyptic future, at least some will survive. In this other perspective, the end of the world is only the end of this world, not the end of time or history, thus the annihilation of a particular way of life rather than of humankind. The impending catastrophe is meaningful and bearable because it will be the beginning of a new world. This perspective articulates a different focus of resistance: processes of decline should be encouraged, and efforts to prolong the status quo require resistance since they impede the emergence of a new moral order. The anarchism of Mikhail Bakunin (1814–1876) is one such example (Leier 2006). In his opinion, destruction is creative: the downfall of Western culture should be accelerated since the actual world is miserable, and a better future is waiting. Especially the state and its institutions should be abolished. When political power structures are eliminated, a libertarian and decentralized society will arise. Another example of this form of resistance is the philosophy of Herbert Marcuse (1898–1979; see Figure 17). Predicting the demise of Western civilization because of its material affluence, Marcuse first of all engages in fundamental criticism: current society is driven by consumption and directed by technological development, emphasizing economic growth and personal comfort at the expense of environmental destruction but most of all, of individual freedom (Marcuse 2002). Human beings have become objects that are endlessly manipulable. They have voluntarily surrendered themselves to a system in which their dreams and desires are shaped with the help of technologies motivated only by economic interests. Freedom is an illusion since it is conditioned within the parameters of the established system of consumerism and social control. Any idea to change this existing order will be rendered ineffective through 'repressive tolerance,' which masks oppression and domination, and contains social change. The root of apocalyptic global threats such as that of nuclear war and of technological catastrophes in Marcuse's time, but also of apocalypses due to environmental collapse and artificial intelligence in our times, is not human activity but rather the system in which humans live, with ruthless exploitation of nature and thoughtless application of technology.

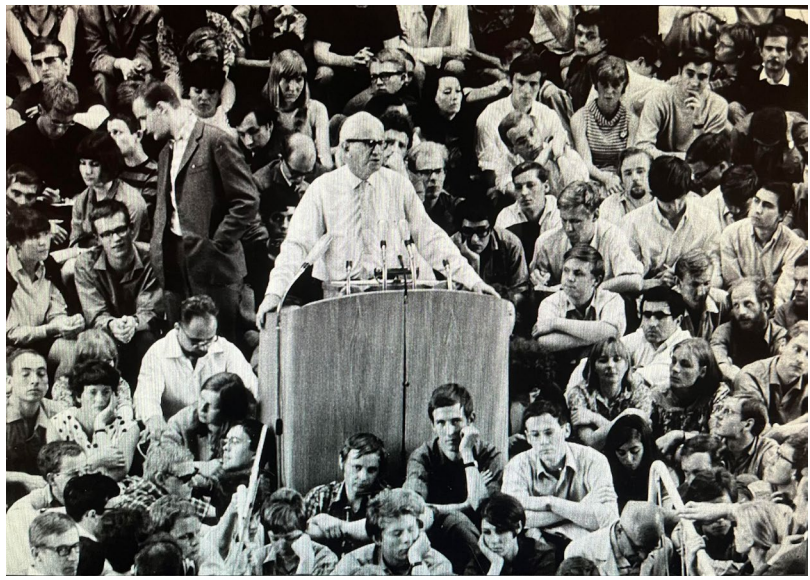


Fig. 17 Herbert Marcuse giving a lecture in Berlin, 1967. Wikimedia Commons, CC BY-SA 4.0, https://commons.wikimedia.org/wiki/File:Unnamed_herbert_marcuse.jpg

Nonetheless, Marcuse was not a pessimist; he believed that the future could be better. His critical diagnosis of the present presupposed the existence of a human subject with freedom, values, hopes and aspirations in opposition to the present world and society (Kellner 2002, xxvii). He analyzed contemporary societies and their fatal development as 'one-dimensional': values, norms or ideals are rejected because they are not factual, cannot be measured or quantified, and therefore not validated by dominating notions of scientific and technological rationality (Marcuse 2002, 14). But he criticized them precisely because he maintained the possibility of a 'two-dimensional' society, making a distinction between how things in fact are and how they could and should be (McNulty 2025). Opening up another dimension of ideas, images and imagination offers perspectives on social transformations that could overturn the status quo and lead to a non-repressive civilization focused on human freedom and happiness. The basic assumption behind critical analysis of current societies is that progress will be achievable in the future.

Invoking apocalyptic views in a critical diagnosis of the present in order to advocate for a new world order was common, as described

in Chapter 1, in discourses of degeneration and decline that have flourished in Western culture since the Enlightenment. But here the tension between the actual and the possible was often interpreted in a conservative, reactionary and racist way, the view being that Western civilization was heading towards a final collapse due to its loss of strength, vitality and purity as a result of processes of degeneration, particularly racial mixing. De Gobineau, for example, asserted that the aboriginal forebears of the superior European white race (which he called 'Aryans' as the original founders of civilization) have degenerated to the degree that Western culture was corrupted and lost its vitality. In this fatal process of history, morality does not play any role. However, his racial pessimism encouraged efforts to reverse this process with policies to resist cultural and biological pollution in the pursuit of racial purity (Herman 1997).

Finally, a different form of resistance is directed against apocalyptic views themselves. These views are not rejected; they are considered as real concerns about possible dangers that jeopardize the future of humankind, but we can be more optimistic towards the current situation and possibilities to influence potential apocalyptic trends. Doom scenarios are not denied but taken seriously, and at the same time are relativized and nuanced by virtue of being analyzed through the perspective of factual data and historical trends (Ritchie 2024). Rather than simply rejecting these scenarios, they should be resisted since there are numerous reasons to be optimistic about the future. We should take some distance from the immediate sense of urgency, and adopt a long-term perspective. Then it will be clear that many problems have been and can be solved (Solomon 2024). Deforestation, for example, has lessened significantly in recent years at the global level, diminishing since its peak in the 1980s. Another example is plastic waste. More effective waste management, and more and better landfills, can significantly reduce plastic pollution. Studying these examples shows that we have long known what we need to do to effectively address these problems. Nonetheless, the public debate often focuses on misguided responses: a vegan lifestyle, eating local and organic food, not using palm oil or soy milk, recycling of plastics, and avoiding plastic straws and plastic bags do not have significant effects on the environment. They are symbolic gestures expressing concern for the environment but diverting attention

from really effective measures such as stopping burning fossil fuels, use of renewable and nuclear energy, and eating less meat and dairy. Apocalyptic views should be resisted since they undermine the belief that we can shape the future, whereas, according to Hannah Ritchie, there is "a real opportunity to solve all of these problems in the near 50 years" (Ritchie 2024, 292). New technologies will help to reduce air pollution and climate change; they make it possible to grow more food without affecting the environment, and to remove plastics from the oceans, while aquaculture is now producing more seafood than wild catch. Ritchie believes that new technologies will enable a prosperous life without the cost of environmental destruction. But technological progress alone will not be sufficient; what is furthermore necessary is international cooperation and regulation. These have allowed us to solve the problem of acid rain, mentioned earlier; they are important to globally implement the application of new technologies, and in some cases they are the only way to get a grip on deteriorating conditions, for example to protect biodiverse sites against further biodiversity loss.

Resisting apocalyptic ideas therefore takes multiple forms. They have in common that individuals are engaged in action, but the focus of action differs. The first form underlines that we know what to do but fail to deliver while the last form argues that action is not effective because it is directed towards the wrong issues. The second and third forms welcome apocalyptic discourses since they demonstrate resistance against current social, economic and political arrangements, while better alternatives for the future are known.

5.2.4 Reappraisal

It is not the first time that humanity has been confronted with existential threats and unsurmountable challenges, and apocalyptic discourses of decline have a long history. Until now, we have overcome these challenges and the world continues to exist. But historical experience is not reassuring, since it does not guarantee that the concatenation of crises can be vanquished and that the end of the world is not near. This is even more true for the climate apocalypse than for the nuclear, pandemic and AI apocalypses, since it will entail the complete annihilation of the planet. At the same time, it is clear what can and should be done

to prevent such apocalypses. It is equally evident that the responses of rejection and resignation will not contribute towards solving the problems that threaten future generations and the survival of humanity. In fact, both responses presuppose a specific ethical stance. Rejection assumes that current human well-being is paramount and concern with future generations is insignificant, while science and technology can solve or ameliorate vulnerabilities. No further action or change of lifestyle will be necessary. Resignation attributes no value to human agency since the fundamental vulnerability of the current world order cannot be undone; anthropocentrism, humanism and belief in scientific progress are deceiving and futile. Even if we could change our lifestyle, it will be futile. The ethical underpinnings of responses of resistance are more nuanced and better articulated. They express the value of collective action, *in casu* civil disobedience, formulate visions of a future society with freedom, justice and equality, or emphasize the values of science and technology as well as international cooperation and regulation. Curiously, why and how apocalyptic views should be resisted is often not elaborated in ethical terms. Ethical discourse is obviously not regarded as a powerful motivator to effectuate transformations. Ritchie, for example, comments that the tools are available to stop and reverse processes of deforestation, but she questions "whether we are motivated enough to use them." In the context of changing eating habits in order to create a more sustainable food system, she doubts that such behavioural change will be "based on the ethical pull alone" (Ritchie 2024, 124, 173). She recognizes that to make progress, individual behaviour change is insufficient. Large-scale systemic and technological change is necessary, but in explaining how such change will be produced, the emphasis is again on individual citizen action: "get involved in political action," "vote with our wallets," and "think about how you spend your time" (Ritchie 2024, 294-296). This response is disappointing for several reasons. First, it is aimed at well-meaning citizens that should be convinced of the correct data, and should take responsibility for effective action. It neglects the responsibility of governments and corporations that attempt to prevent, or at least do not implement, adequate regulations. Unlike other protagonists of resistance, for example Marcuse, little is said about the economic and political barriers to address challenges as well as power structures that make individual action seemingly futile (Van der Zee

2024). Second, the rational optimism advocated by Ritchie is certainly aimed at the important goal of sustainability, but this is a normative choice because justice, freedom and equality are also relevant goals, as for example argued by Marcuse in his critique of one-dimensional approaches. Necessary changes are presented as opportunities, not requirements on the basis of fairness or respect for human rights; they are scenarios that can develop but also can take another course but they are clearly not driven by ethical considerations or aspirations. Finally, it is not clear how citizens are motivated to act, nor how governments come to agree on certain regulations and why they feel obliged to implement them, and neither is the question raised of who bears responsibility, and thus culpability, for ecological destruction (Draper et al. 2024). In the end, these are basic ethical concerns that need to be addressed.

5.3 Ethics and Apocalypse

The idea of an apocalypse is unsettling because it predicts the breakdown of the world we know, but even more so because of the loss of values that we cherish or the moral ideals that are not realized or are seriously corrupted. If it is assumed that an apocalypse will not be the final end, but the transition to a new beginning, current values and ideals are definitely lost, and must be lost to allow a new beginning, but new ones need to be imagined and articulated as tools to construct a better world. Apocalyptic views are associated with a moral assessment. They present a critical and ominous diagnosis of what is wrong with the current human predicament, an expression of lethal and fateful vulnerability, and are therefore a kind of moral inventory of the evils and deficiencies of our times. This moral dimension generates fear, anxiety, disquiet but also indignation and anger, reinforced by the awareness that human actions have been and still are an important cause of the impending end of the world. It is not something that just happens to us, but we ourselves bear responsibility for obliterating the future. Because apocalyptic scenarios mobilize moral values and activate issues of blame and responsibility, they are not merely diagnostic but prognostic. Apocalypses are not endings but transformations (Wade 2025). They predict the end but call at the same time for reflection. This is due to the double meaning of 'the end': it is the final period of time for the world but also the purpose,

aim or meaning of the world. It will finish, but has it accomplished its purpose, aspirations and intentions? To conclude that it is better for the world to end, or that it is useless to undertake efforts to prevent its demise, implies the belief that there is no reason for the world to exist or continue to exist: it has lost its end in the sense of purpose or meaning. The world, however, is not the material environment in which humans live and in which they are embedded, nor solely the planet as one of the objects in outer space, but the human lifeworld. Precisely because humans cannot disconnect themselves from their surroundings or the planet, they find it hard and frightening to contemplate the end of the world—something that, in their experience, has no end. Such a prospect would require giving up what is characteristically human; the will to flourish, the hope for better times, the need for respect and recognition. This explains why apocalypses are often stories of resilience, renewal, creativity and hope (Wade 2025, 8). The supreme capacity of human beings is beginning; "every end in history necessarily contains a new beginning" (Arendt 2017, 629).

Apocalyptic discourses, as we have seen in previous chapters in relation to the experiences of the recent pandemic and of environmental destruction, in fact often call for transformation, renewal, and rethinking. Although vulnerabilities seem overwhelming and irremediable, they are not interpreted solely in negative terms; they can also be understood as generative and enabling forces. They are regarded not only as an incentive to protect, and thus prevent further deterioration, but as a stimulus to engage in cooperation, care and solidarity so that the conditions and driving factors of deterioration are removed, or at least their impacts decreased. In as much as apocalyptic discourses function as motivators for transformation, they envision a different end of the world, not as its termination but as a re-appraisal of its purpose. This is especially visible in what Davidson has called 'the apocalypse from below.' This is the idea of apocalypse emerging within contexts of vulnerability when people feel deprived and excluded, powerless and enclosed within institutional structures and practices that cannot be changed from within but only through a total transformation. For oppressed populations, the impending apocalypse has in fact happened, since their world already has been ruined and ravaged (Davidson 2024, 7; Žižek 2022).

Apocalyptic visions are not only projected on the future but they instigate a critical look at the past and the present which have produced the current disastrous situation. The most important thing is that they disclose a range of possibilities for the future, opening up new horizons of expectations. The recognition of vulnerabilities experienced in the present is therefore taken as incitement to the moral imagination to go beyond apocalyptic imagery, and to conceive new and alternative ways of envisioning human presence in the world, and to promote a moral discourse of hope, focused on the question of what fundamental values we want to preserve for the future. Resistance to apocalyptic views is not, first of all, aimed at saving the world, but rather trying to remake it (Eckersley 2008). Since the future is not closed and determined, it conceals alternative possibilities. The predicted apocalyptic future creates a normative motivational framework (Mascareño 2024). Imagery about the end of the world (in the sense of its termination) therefore leads to thinking about the end of the world (in the sense of its purpose or meaning). Why are we on Earth? What kind of world do we want to leave to our children and grandchildren?

While moral concerns are reflected, explicitly or implicitly, in most responses to apocalyptic views, as argued above, and while a broader ethical framework is developing, as argued in Chapter 4, ethical discourse itself seems rather powerless in the debates about vulnerability and apocalypse. From an ethical perspective, we know what we should do, but we don't do it, neither individually nor collectively. Previously, bioethical approaches have been criticized because they were too narrowly concerned with individual and short-term perspectives, and ignored the social and environmental context of challenges. However, a broader notion of bioethics is developing that widens the perspective into a truly global one, but even this seems to be powerless. How can this impotency of ethics be explained?

5.4 The Impotence of Ethics

Philosophers, at least since Hume, are familiar with the is-ought divide: the distinction between describing the world in factual terms, and what ought to be the case, so that normative statements cannot be derived from statements about what is. This is generally known as the naturalistic

fallacy: what ought to be done cannot be inferred from what is. The assumption is that the facts of reality can be observed and described clearly, but this does not help to justify moral normativity.

Interestingly, there is another type of gap between ought and is that seems nowadays more conspicuous. It arises when the normative framework is clear, generally agreed upon, and formulated in leading ethical and legal documents, but it is anything but visible in practice. The 'ought' is not ultimately contested or generally rejected but it does not generate corresponding facts or effectuate any change in the surrounding world. The ethical theory apparently has no influence at all on actual behaviours and activities. In this case, we know perfectly well what we should do, what is morally permissible, desirable or required, but we fail to act. Ethical discourse is merely an abstract, theoretical exercise, without noticeable concrete and practical implications. Moral considerations are ignored or solely paid lip service to, so that in everyday reality they are irrelevant. Examples are not difficult to find. International medical ethics and humanitarian law are adamant that starving an entire civilian population and systematically targeting hospitals and medical services are prohibited in war, even if the war is just. However, we are regularly confronted with these practices. Another example is racism, rejected by every normative framework nowadays. Nonetheless, the UN High Commissioner for Human Rights (in February 2021) concludes that racism and racial discrimination occur daily to millions of people around the world (United Nations 2021). Racism and racial incidents are reported in a wide variety of countries. For example, a recent survey in the Netherlands reveals that 10% of government officials experienced racism in the workplace, and that 11% have observed racism by colleagues towards citizens, despite the official policy of equal treatment, diversity and inclusion (Rijksoverheid 2024). The chasm between ought and is, the gap between moral demands and practical reality, in healthcare is furthermore illustrated in the area of research integrity. Despite numerous formal declarations and codes of conduct, a plethora of studies, and a wide variety of training programs and courses, cases of fraud, fabrication, plagiarism and other questionable research practices continue to be revealed (Sørensen et al. 2021). Similar discrepancies are noticeable in regard to the ecological and pandemic apocalypses. Subscribing to the value of survival of

humanity implies that we ought to change behaviours and lifestyles. Dependency on fossil fuels must be reduced, and governments have committed to reach net-zero carbon emissions. But changes are slow and unequal, while one of the major emitting signatories (the United States) has withdrawn from the agreement. The same is true for the recent pandemic experiences. The SARS-CoV-2 virus needs humans to reproduce and disseminate; the best way to prevent infection is to interrupt the viral transmission through physical distancing, face masks and vaccination. It is known what we ought to do to preserve health, and forestall harm to ourselves and others, but for some people and in some countries this was not a sufficient motive to change behaviour. It is also often proclaimed that there is a moral obligation to protect vulnerable persons, but in many countries this was not a major determinant for actual policies. Furthermore, it is certain that new and other infectious diseases will emerge, and that preventive, preparatory measures should be undertaken now, but there is only a weak agreement on a global framework to better face future challenges.

The impotence of moral discourse to translate into practical activities should be distinguished from other forms of moral failure. It does not refer to the apocalyptic belief that morality is steadily declining and that respect for moral values such as honesty is now lower than ever. Studies show that in numerous countries, the majority of people report that ethical behaviour has declined (Mastroianni and Gilbert 2023). However, this is not a new finding, and has been reported over the last seventy years. As they grow older, people attribute moral decay to the decreasing morality of individuals and to the decreasing morality of successive generations. At the same time, when asked about their personal experiences and personal world, respondents do not notice moral decline, rather moral improvement in the people they personally know. Apocalyptic views about moral decline are therefore illusory, possibly caused by biased exposure to negative information about others, and by biased memory since negative events are more likely to be forgotten. The idea that people are becoming less ethical may produce pessimism about the power of moral discourse to address any of the major problems of today. Ethics is failing and has forfeited its guiding power since more and more people have lost moral values. In an apocalyptic perspective, the lack of effectiveness of ethical discourse

in the empirical world, and the failure to live up to moral demands and ideals is also related to the intractability of moral evil, especially when the current and previous centuries are perceived as dark eras with atrocities on an unimaginable scale (Dews 2013).

Other approaches to the impotence of ethics equally focus not so much on the gap between ought and is but on the deficiencies of the first in order to explain its lack of practical impact. It can, for example, be argued that it is not clear or at least ambiguous what should be done; ethics does not provide explicit recommendations, or moral knowledge is abstruse or lacking so that indications for practical actions are not supplied. If we do not know, or are not certain what ought to be done, obviously practical implementation of moral precepts is missing or at best problematic. Several schools in moral philosophy have argued that moral knowledge does not exist, or at least that it is not possible to know if substantive moral beliefs are true (Sinnott-Armstrong 2024). Other schools argue that moral statements and opinions are not expressions of belief (and cannot therefore be evaluated as true or false) but of taste or preference (van Roojen 2024).

A more cynical approach is that ethical discourse is inherently futile, because it serves an ideological function, in particularly masking and dressing up the interests of powerful groups in society. If humans profess specific moral values, they cannot be trusted; they are not sincere because they are trying to hide other, more mundane concerns which will receive priority but need to be made acceptable to a wider audience. Ethics belongs to an ideal world that has little interaction with the real world in which concrete interests rule and in which unethical behaviours are prevalent. Moral discourse simply masks an amoral reality.

These pessimistic and negative views are different from our case in which there is a practical failure of moral discourse. In this case, it is not assumed that there is a decline of moral values. On the contrary, globally 71% of people subscribe for example to 'green' values such as sustainability and protection of the environment, and they want stronger environmental protection even if it slows down economic growth (Green Economy Coalition 2024). There is a repertoire of moral values and ethical principles available, and it is widely endorsed, but still it has no, or very limited impact on human activities. This problem is challenging because ethics is a special type of discourse. It does not

first of all aim to describe the world, or to express feelings but refers to situations, conditions or activities that *should* be the case, in other words it goes beyond the world as it actually is in order to point to an amelioration of the present. Regardless of epistemological questions about the status of moral knowledge, and notwithstanding sociological and political queries about the prevalence of non-moral interests, ethical discourse exists to guide human behaviours and activities, and it is problematic when it does not have any guiding power. Also the argument that moral evil is simply too strong, and not remediable through moral discourse, or that unethical behaviour is the prevalent norm, does not explain away ethics since ethical discourse continues to exist as a human repertoire of values and principles. Dismissing it as a futile enterprise disregards the fact that it is precisely the existence and prevalence of evil that continues to sustain ethical discourse. If the world was without corruption, harm, injustice, suffering and other manifestations of evil, and thus without the need for repair and improvement, ethics would probably be redundant. Against this background, the question how to explain the practical failure of moral discourse refers to the object of ethics. In order to understand its alleged impotence, we first have to examine why ethics exists and survives.

5.5 The Object of Ethics

Ethical discourse delivers evaluative judgments in terms of good and bad, right and wrong, desirable and undesirable. Ethics can therefore be regarded as a kind of practical appraisal of situations, conditions, activities and processes. But then, two questions arise: what is it done for (what is the purpose of evaluation), and what is it about (what is the subject-matter of moral discourse)? Both questions explain why ethics matters, why it is important to us. Traditionally, the distinctive mode of evaluating persons and their conduct characteristic of ethics has been referred to as the *moral point of view*. Geoffrey Warnock has explained this point of view with reference to the human predicament, that is "the conditions in which ... humans actually find themselves" (Warnock 1971, 16). His look at the human condition, however, is rather pessimistic and depressing. This condition has an inherent tendency to deteriorate, and is continuously marked by possible and actual conflicts. The reason is

that humans do not live alone, and that makes them vulnerable to other people; they are often in competition with others. All humans have needs, wants and interests which are frustrated because they are confronted with limiting factors, particularly limited information, limited resources, limited intelligence, limited rationality and limited sympathies. The first three limitations are important and can be lifted or reduced in many ways, but they are less crucial than the last two; what ultimately matters is how the removal of these limitations is used (or misused) in relation to the human predicament, and whether such use can be regarded as reasonable and humane. Warnock argues next that limited sympathies are more fundamental than limited rationality, since rationality can be used in harmful and beneficial ways, so the crucial question becomes how it is used. That argument attributes the most significant role in deteriorating the human predicament to the limitedness of human sympathies, since people tend to pursue their own interests, and be indifferent or sometimes actively malevolent towards the interests of others (Warnock 1971, 21). Warnock's conclusion is that the 'object' of moral discourse (in the sense of subject-matter as well as purpose) is "to contribute to betterment—or non-deterioration—of the human predicament, primarily and essentially by seeking to countervail 'limited sympathies' and their potentially most damaging effects" (Warnock 1971, 26). Ethics therefore exists as a human activity because it aims at expanding our sympathies. In order to reduce the potential of conflicts, and to mitigate the effects of continuous competition, ethics encourages us to take the point of view of other persons. This is a common idea in the history of ethical discourse. It is often connected with the notion of moral progress, articulating that ethical considerations have become more influential over time and that the circle of moral concerns has expanded: more and more beings are taken into account as morally relevant. Against this background, a crucial feature of ethics is the capacity to move back and forth between perspectives: the first-person individual perspective, the second-person one of mutual engagement and exchange, and the third-person one of detached onlooker (Keane 2016).

Warnock's explanation of the object of ethics is helpful if we want to consider the role of ethics in regard to present-day apocalyptic views. He ascribes the emergence of moral discourse to an initial apocalyptic situation of war of all against all. If human beings were to live alone,

there would be no need for ethics, but since they live together with others it is necessary to avoid conflicts. This view, according to Warnock, is based on "general facts about human beings and their predicament" (Warnock 1971, 166). However, it is more appropriate to speak of visions or images rather than facts. On the one hand, there is a specific image of the human being: a self-regarding individual with a natural propensity to be indifferent (and sometimes malevolent) to other humans. On the other hand is a specific image of the human predicament. While it is typical for human beings to live together with others, it creates a social condition that makes them vulnerable to others, and generates the potential of conflicts. If both images are contested, a different explanation of the emergence and existence of moral discourse will follow. When the atomistic vision of the moral self is replaced with a more positive image of a being with social sentiments and natural dispositions towards others (such as sympathy, empathy and compassion) another vision of the human predicament will arise that emphasizes cooperation rather than competition, other-regarding rather than self-regarding conduct (McElwain 2020). In this explanation, it seems that vulnerability is not primarily regarded as a negative feature but as a positive stimulus to work together and to create bonds between people. The main challenge for ethical discourse is not so much to countervail limited sympathies because others are seen as threats but to shape and direct our sympathies by reflection. Natural and social dispositions often conflict with each other. In this view, sympathies are not limited but often misdirected or conflict among themselves so that we have to reflect on what will have priority in our dealings with others. Mary Midgley, for example, argues that in nature hostile competition is extremely rare: "all life-processes depend on an immense background of harmonious co-operation" (Midgley 1993, 6). Living beings are social creatures, and more often cooperate than compete. Their natural dispositions are in fact social dispositions, and sentiments are focused on care, cooperation, friendship and trust. What Warnock has called facts are really myths.

This view is corroborated in behavioural science studies showing that cooperation is more frequent than expected on the basis of the model of the self-interested individual. In experimental settings as well as in real life most people are not selfish but care about fairness, are generous and civic-minded, and reward people willing to cooperate

(Bowles 2016). They are motivated by other things than self-interest and greed, and are inclined to cooperation. Most of them want to be moral; morality is a stronger motive to act than self-interest. It seems that human conduct is determined by 'social rationality' rather than mere instrumental rationality (Gintis 2017). Norms and values are internalized through socialization and transmitted across generations, and humans tend to conform to these norms and values so that it is rational for them to act morally rather than to behave selfishly, without regard to the well-being of others or the needs of society (Gintis 2017, 161-162). Similar conclusions follow from an evolutionary point of view, locating the roots of ethics in pre-human patterns of behaviour. How humans deal with other humans is restrained before they are rational beings (Singer 2011).

Midgley furthermore criticizes Warnock's argument because it is primarily focused on the human actor. Moral discourse, according to Warnock, is directed at moral agents, capable of acting morally well. This is because they are rational beings able to understand, deliberate and decide (Warnock 1971, 144). Midgley argues that ethical obligations should extend beyond our own species and should take into account the relationship between humans, animals and the environment. The moral realm is not demarcated by a species boundary. Non-human animals also have social traits and demonstrate care, cooperation and reciprocity. However, both Midgley and Warnock articulate the role of reason in the development of ethics. Social dispositions are often restrained by conflicts with other humans, or by internal conflict because humans have multiple other dispositions which may limit their sympathies. Moral behaviour does not follow automatically from social dispositions but requires the exercise of reason. Humans reflect on their own and others' lives, and can therefore mediate and adapt their social instincts with their intellect, while non-human animals have a non-reflective predicament (although Midgley leaves the possibility open that not all are totally non-reflective) (Midgley 1993, 9). Nonetheless, in Warnock's view, moral discourses are also directed at moral patients; their moral claims cannot be discounted as irrelevant (Warnock 1971, 149). If the scope of moral principles is confined, moral discourse will not contribute towards diminishing indifference or hostility to other persons. Moral patients are persons but not necessarily rational persons (since they also

include, for example, very young children). The argument for including them in the moral discourse is their capability for suffering the ills of the predicament (Warnock 1971, 151). Moral agents are capable of alleviating by moral action the ills of the human predicament, moral patients are those that are capable of suffering from those ills. But that means that the class of moral patients is wider than the class of persons; animals can also suffer. For Midgley, animals and the natural world should be included in the framework of moral deliberation since they are connected to and involved in human communities, and therefore not objects but fellow subjects (McElwain 2020). Studies of animal behaviour show continuities between the social behaviour of nonhuman animals and human morality. Emotions such as empathy, sympathy and reciprocity are shared with other animals, especially primates. Human morality therefore "elaborates on preexisting tendencies" because dispositions are shared with other primates (De Waal 2006, 181).

The main lesson from the discussion so far is that explaining the point of ethics (why it exists, what it is about, and what its purpose is) often assumes an apocalyptic vision of humans and their predicament. Ethical discourse as evaluation in terms of what is good (rather than beautiful, smart or effective) originated because humans have natural dispositions to favour self-interest, leading to deterioration of the human condition. This view presupposes that human beings are primarily focused on self-interest and are indifferent to the predicament of others. Since humans are not solitary beings but necessarily live together, the biggest threat to them are other humans rather than the physical and biological environment. In this argument, ethics aims to provide a counterweight to indifference (and active malevolence), making people take into account the points of view of others so that the ill effects of indifference can be mitigated. However, there are good reasons to reject such a negative position and develop a more positive argument. When humans are not perceived as self-regarding individuals but as social beings, a different vision emerges that regards sociality not as threat but as opportunity. The natural world is characterized by social connectedness and cooperation rather than by conflict and combat (De Waal 2006). Moral discourse has emerged in this view because humans and their closest relatives in the natural world have dispositions oriented towards cooperation. This is why empathy for one another has been called "a

driving force in the unfolding of human history" (Rifkin 2009, 9). The so-called 'natural' dispositions are really social dispositions. This ability has developed because living beings are embedded in networks with other beings but are also interrelated and interdependent with other living creatures and with the surrounding world. Dependency on others creates vulnerability, but this is turned into a stimulus for collaboration. Furthermore, like other social mammals, humans respond automatically and emotionally to certain kinds of behaviour; human beings are special, however, because they can reflect on their emotional responses (Singer 2006). Because their predicament is social, human beings interact and have learned to communicate, exchanging views and judgments, and justifying the choices they are making. Among reasoning beings, appeals to self-interest will not be acceptable since the reason for a moral judgment or action should be disinterested, i.e. equally acceptable to all (Singer 2011). The capacity that humans have developed for moral reasoning and deliberation is important for the evolvement of ethics since it functions "as a kind of social cement, binding groups together because such deliberation requires awareness of, and appeals to, both group-level norms and the well-being of others" (Christakis 2019, 409).

The importance of reasoning as a unique human capacity explains why ethics is not just the result of natural inclinations and emotions related to our biological or genetic constitution. From an evolutionary perspective, sympathies are limited to our next of kin and members of the same group or tribe. The beginnings of ethics are found in pre-human patterns of behaviour, restraining conduct towards fellow human beings, associated with hostility to outsiders and strangers. But explaining and predicting how humans act is different from prescribing and justifying behaviour, as Singer (2011) argues. In making ethical decisions, we do not just follow our natural constitution, but we reflect and choose what is best to do. As social beings, we have to justify our decisions so that our behaviour is acceptable to the wider group. An appeal to self-interest is insufficient; the reasons offered must be capable of being accepted by all, and therefore must be disinterested. Because reason, according to Singer, has an 'escalator effect,' it is progressive and expansionist: it goes beyond the boundaries of customary morality in giving equal weight to the interests of all affected by a decision. The human capacity to reason explains the direction of moral thinking over

time, extending moral considerations beyond the bounds of the group to which we belong (Singer 2011, 119).

It can be argued that both the negative and positive arguments treat ethics as a way to prevent, ameliorate or at least not worsen apocalyptic scenarios. Evaluation in terms of good or bad implies that what is good should be realized and what is bad avoided in order to make the human predicament better. Evaluative judgments do not describe the world but refer to what does not (yet) exist, and what should exist. But how ethics operates in practice is different. The negative argument defended by Warnock conceives ethics primarily as a form of restraint: it seeks to redirect self-regarding natural dispositions toward taking the perspectives of others into account. By contrast, the positive argument developed by Midgley (and by Christakis and others) understands ethics as the strengthening of already existing social dispositions towards care, friendship and cooperation. But both arguments agree that people cannot be indifferent to the conditions of others if they want to ameliorate the human predicament.

If there is agreement that indifference is not acceptable in the face of apocalyptic scenarios involving the worsening (or even annihilation) of the human condition, the question becomes why people are not moved to reverse these deteriorating trends that threaten to obliterate the future? If all people are capable of moral judgments, why does non-indifference not prevail?

5.6 Impediments to Practising Ethics

What are the impediments to the implementation of ethical views? Ethics as an evaluative discourse is intended to be action-guiding but when subsequent action is absent or when moral judgments do not translate into appropriate activities, moral philosophy faces a serious challenge. Several explanations have been advanced for the void between knowing what ought to be done from a moral point of view, and acting or behaving according to what is morally required. We will distinguish between three types of impediments: external, internalized-external and internal. According to the first type, ethics is irrelevant, not feasible, or simply not to the point, since there are other major considerations that have priority. The second type seems like an external obstacle but is in

fact a strongly internalized moral position that is no longer recognized as ethical itself, or redefined as non-moral or even amoral. The third type blames ethics itself for its lack of implementation, and therefore calls for a reformation of ethical discourse.

5.6.1 External Barriers

The first set of explanations refers to external obstacles. In everyday life, ethical considerations often receive a low priority in the balance against other interests. Economic and political calculations may trump interventions that would be required on the basis of ethical concerns. In healthcare ethics, for example, it is widely accepted, and formulated in professional codes of conduct, that the first concern of health professionals should be the interest of the individual patient. But in practice, many other concerns may override, such as lack of time, inadequate facilities, scarce resources and a shortage of qualified personnel. This does not mean that ethical views or commitments are lacking, but rather that there are simply too many obstacles in daily practice to bring them into effect (Sternberg 2015; Schwartz 2017). Working in a corrupted and bureaucratic environment makes it difficult to implement the values of honesty and integrity. When there is little oversight and risk of detection, there is a higher chance that people resort to breaking ethical rules and norms. Without public control and mechanisms of shaming and blaming, the worst inclinations will reign in human interaction, as is demonstrated in social media. The internet has many advantages but it also exposes people to a vast range of forms of dishonesty, fraud, corruption and trafficking. It is argued that nowadays most people learn about immoral acts online (Crockett 2017). Such acts may incite strong moral outrage, which is easier to express in digital environments where the threshold for voiding reactions is lower: the likelihood of encountering the wrongdoer is minimal, and the risk for physical retaliation is negligible. This is a situation already recounted in Ancient Greece. The philosopher Plato refers to the myth of Gyges, when a young shepherd finds a ring that can make him invisible, whereupon he seduces the queen, murders the king of his country, and proclaims himself to be king (Plato 1941, 359d-360d). This story is used by Glaucon in dialogue with Socrates to argue that moral behaviour is produced by the fear of social consequences and legal

sanctions. If humans can make themselves invisible, their acts would be undetectable, and their behaviour would only be guided by self-interest, making ethics irrelevant.

It is true that there are numerous obstacles and difficulties when we try to bring ethical views into practice and manifest them in our behaviour. But it will not often be argued that ethics is not relevant or does not matter at all. Perhaps it does not matter all the time, or most of the time, and perhaps moral views remain only intentions that cannot be translated into actual practices for a host of practical reasons. Nonetheless, in retrospectively assessing what has happened, people will frequently agree that ethical considerations should have played a role, even if they could not be implemented. In reflecting on what has happened, it will be acknowledged that moral agency has failed. There are also cases where a lack of ethics in actual practices is not even noticed, or where people avert their attention from what is happening, or actively ignore acts and practices that are unacceptable from an ethical point of view. In hindsight, we wonder how it is possible, for example, that a surgeon could rape and sexually abuse almost 300 people, mostly children, in ten hospitals and clinics over a period of twenty-five years (Ataman and Nourrisson 2025).

Ethics, as argued earlier, presents a vision beyond the empirical reality, imagining how it can be transformed or improved. In principle, external barriers are to be expected but are of a different order of thinking, because they present reality as given and unalterable. Ethical discourse has precisely the aim to alter and improve existing realities, and if they were already flawless and without downward tendencies, ethics would most probably not have survived, or at least would have become redundant. Although there are often strong impediments against bringing ethical views into practice, it is mostly possible to turn ethical judgments into actions, and to overcome such practical or pragmatic obstacles, even when it takes enormous effort.

A different position is moral nihilism. This is the view that morality does not exist. It is not denied that it exists as an empirical phenomenon because in the real world most people make moral judgments and act accordingly, but it does not exist as a normative enterprise since there are no moral truths or objective ethical values, and moral judgments can therefore not be justified. These judgments are the expression of

preferences or desires, they indicate what we favour or oppose, and are not true or false. Ethical discourse is arbitrary and cannot be expected to have any influence on actions and behaviours because it cannot provide any guidance for action. In this view, moral judgments are necessarily indifferent and unable to tell us what is right or wrong. Perhaps it is better to cleanse our vocabulary of any word that suggests the existence of absolute values that all people recognize and are obliged to pursue (Krellenstein 2017). No matter how formulated, moral nihilism arguably is not a coherent position. A judgment of moral indifference is itself a moral judgment, since it assumes a moral position that refers to the domain of morality, and how this is demarcated from the non-moral domain. Also, rejecting all moral concepts still refers to and makes use of these concepts, and thus implies a moral judgment (Cooper 1973-1974). Furthermore, if a moral nihilist rejects moral values but has non-moral values (for example, aesthetic ones), he must, in order to be consistent, argue that such values make no difference to his conduct. And if he has no non-moral values either, he must, as a person without values, abstain from practical evaluations, and cannot give any reason for action. This position is only possible, as pointed out by Cooper, for "a moral Robinson Crusoe."(Cooper 1973-1974, 86).

5.6.2 Internalized External Barriers

Other barriers to the implementation of ethical views are more insidious. They are the result of external obstacles that have become internalized, and thus have occupied the place of morality and obstruct ethical reflection. An often-mentioned example is the global normative logic of neoliberalism that dominates politics, economy and society since the late 1970s (Van den Brink 2020). It presents a new rationality that is, on the one hand, destructive (removing regulations, dismantling the social state, privatizing public enterprises and lowering taxes) and, on the other hand, productive since it promotes certain kinds of social relations and ways of living through the logic of competition and the enterprise model. Neoliberalism has extended the logic of the market into other spheres of human life and has elevated 'competitiveness' as the most important value (Dardot and Laval 2017). It has also constructed a new subjectivity since the human subject is regarded as an entrepreneurial being that should

increase his or her 'human capital,' constantly looking for opportunities for profit and engaged in competition and rivalry with other agents. The individual in this view is an active, creative and constructive rational subject that alone should decide and determine what values are worthwhile and achievable. His choices should not be restrained since the market environment provides all opportunities to act good. States and governments should not interfere with the market order. They should create competition where it does not yet exist (in education and healthcare for example). Since competition is the universal norm, neoliberalism has instituted a global disciplinary system with international organizations (such as IMF and World Bank), imposing this norm on states across the world. States should not retreat but transform: they should structure the field of action, leaving individuals free to choose and to act. This directing of conduct in an indirect way (as 'conduct of conducts') is considered the best policy approach, since individuals learn self-regulation and self-government, while their conduct will continuously be monitored and evaluated (Dardot and Laval 2017, 169). The efficient, competitive individual best manages his own life and constantly transforms himself in a process of self-improvement. The world cannot be changed but humans can master and invent themselves.

When neoliberalism is the dominant rationality there is no room for other ethical principles than the maximization of self-interest. Competition is the global norm. In some sense, the starting point is an apocalyptic scenario: the bureaucratic welfare state is seen as destroying the virtues of civic society, and undermining individual values, taking away personal responsibility and dignity. At the same time, neoliberalism has created a new human condition governed by the rules of competition and efficiency, and with society as an enterprise of enterprises. It has also liberated the individual from the constraints of governmental intervention. Human life is the result of private choices and humans are not simply regarded as calculating beings maximizing benefits and minimizing costs, but as competitors always working to produce a better situation for themselves (Dardot and Laval 2017, 256). Neoliberalism therefore displays not only a new rationality, but moreover a normative system that affects all dimensions of human existence. The belief that market solutions have moral superiority crowds out every other moral consideration, and makes the formulation, let alone the application of other moral judgments futile.

Ethical discourse seems impotent in a context of pervasive neoliberalism. It bounces off a system that interprets the human condition and human beings in a way that is explanatory and normative at the same time. Humans are motivated to act by self-interest; facilitating competition will result in improvement of their predicament, and the best ethical approach is not to interfere with their freedom to choose. Often this is explained as a conception of human agency based on economic and behavioural sciences, rather than a specific normative framework. Ethics can only operate within the framework of neoliberalism which conceives itself as amoral (Van den Brink 2020). Nonetheless it will be recognized as an external obstacle as soon as it is noticed that the framework is a particular morality that has immunized itself against the moral point of view. As argued earlier, self-interest is not a major driver of human behaviour, while the purpose of ethics is to take into account the interests of other persons, and to transcend our own limited perspective (Wilson and Dixon 2012; Granovetter 2017). Neoliberalism has been criticized for a long time, and it is recognized that it has produced widening inequality and general insecurity; especially after the Covid-19 pandemic, it has been argued that the neoliberal era has ended (Zakaria 2020; Gerstle 2022; Stiglitz 2024). The idea that markets are self-regulating and that the state should withdraw from social and public interventions has been exposed as a myth. Rather than retreating, the state has been actively involved in processes of making markets and protecting market forces. In order to save the economy, advanced countries made available more than 5 trillion USD in credit guarantees and direct loan programs to protect businesses from the impact of the pandemic (Hong and Lucas 2023). However, the expectations that neoliberalism is on its way out have not materialized. Despite calls to renew the tradition of cooperative and collective agency, reciprocity and the common good, the hegemony of neoliberalism seems to continue.

This is also due to another challenge to global bioethics: the current tendency to blame processes of globalization, rather than neoliberal policies and practices for the ills of present-day societies (such as migration, inflation, unemployment, infectious diseases and shortages of essential medication) and to retreat into nationalistic policies. The main argument is similar to the one that was frequently used during the Covid-19 pandemic to justify lack of international cooperation and

solidarity: the first duty of governments is to protect their own citizens, even if that means that other citizens are harmed. At first sight this seems a return to tribal ethics. Moral considerations are deemed to apply to members of one's own group or nation but not to strangers. A distinction is made between insiders and outsiders, and the horizon of ethics is not extended to all human beings. This point of view is justified with references to evolutionary theory: humans have an innate disposition to engage in cooperative behaviour with members of their own group, and not to take the perspective of out-group members (Wright 2015). Behaviour within groups is regulated by moral emotions such as empathy and gratitude facilitating reciprocal relations between group members while those outside the group are met with hostility, aggression and revenge (Singer 2011, 39). Self-interest is thus overcome by social cooperation and ethics within the group providing advantages in the competition with other groups. The ideas of self-interest, competition and conflict are relocated to the inter-group level, or as visible today, to the interactions between nations. In this view, taking the perspective of other groups or nations is not only contrary to the moral dispositions inherent in human beings but also should not be done since it is threatens the flourishing and survival of one's own group or nation. Against this backdrop, relations between groups or nations are simply transactions, and should only be undertaken if they serve the best interest of one's group or nation. In this view, the most powerful and strongest will prevail and the vulnerable and powerless will suffer. Might is right. It is clear that in this tribal ethics every group or nation ought to do what is in its best interest. The role of moral reasoning is very limited; it mainly operates to serve this self-interest.

This tribal ethical point of view unmistakably takes a moral stance: it is ethical to do what is beneficial or not harmful for the group in question (the tribe, population, community, or nation), giving absolute priority to its self-interest. This stance is explained with references to dispositions that are anchored in human nature, which are then considered as arguments to prescribe and justify behaviour. In this way, it is immunized against other ethical views. However, what is missing is the role of reasoning in human morality. Even when there is an innate disposition to avoid engagement with other people, and to extend sympathy and cooperation only to members of the same group, it is possible to override

this disposition. The tribal approach gets stuck in what Frans de Waal has called the first two levels of morality, i.e. the level of moral sentiments, and the level of social pressure (De Waal 2006, 166ff). The third level of moral reasoning is underdeveloped. The moral point of view is not that we are acting in particular ways out of certain dispositions but that we are acting in ways that are judged as good because they take the perspective of others into account; in other words, they have a disinterested stance (Pettit 2021). This role of moral reasoning explains why the circle of ethical concerns has expanded in human civilizations, and why the horizon of ethics has been extended beyond groups and tribes to all human beings. While processes of globalization have been associated with a growing global consciousness, and notions of a global moral community, the practical effects of globalization, in particular rising social and economic inequalities, an increasing sense of vulnerability, and a general feeling of powerlessness, have generated an upsurge of anti-elitism and national populisms leading to a withdrawal from global cooperative mechanisms such as international organizations, treaties and accords. It also leads to a rejection of universal approaches in ethics and a retreat in tribal ethics. The tribal point of view tends to forget that civilization is "the detribalization of blood ties and the resocialization of distinct individuals based on associational ties." (Rifkin 2009, 24).

The consequence is that in order to implement global ethics, it will not be enough to appeal to moral reasoning. It will also be necessary to enlarge the role of moral imagination as perspective taking. The development and exercise of imagination as unique for ethics will require specific conditions that should be cultivated, an environment that encourages mutual understanding (Wright 2015). Conditions that facilitate cooperation and perspective taking must be actively created so that a multilateral framework to solve common planetary problems can emerge (Zakaria 2020).

5.6.3 Internal Barriers

Another type of obstacle to implementing ethical views may be labelled 'internal,' since they refer to weaknesses, deficiencies or imperfections within the ethical discourse itself. Philosophers have been well aware that ethical appeals to responsible and rational self-determining subjects

often fail, and they have blamed various factors such as lapses of the will, non-rational desires and passions, self-deception, self-interest or wishful thinking (Jeske 2018). To counter the idea that ethics is a powerless illusion, they have reflected on the notion, foundation and method of ethics itself, assuming that reconceptualizing ethics would restore its practical power. Concerned about the persistence of evil in the world, a different approach to ethics is considered necessary to ameliorate the human condition. Kant, for example, was motivated to overcome the "long melancholic litany of charges against humankind" in developing his theory of normative ethics (Kant 1998, 56). Other philosophers rejected such theoretical approaches, following Arthur Schopenhauer (1788–1860; see Figure 18) who stated that "A philosophy in which one does not hear, between the pages, tears, howling and chattering of teeth, and the frightful din of general, reciprocal murder, is no philosophy" (Schmidt 1988, 34). Moral philosophy should not formulate first principles but start with experiential knowing or experience itself, thus leave its "dead concepts" behind (Schopenhauer 1966, 271).



Fig. 18 Ludwig Sigismund Ruhl. *Arthur Schopenhauer* (1815). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Arthur_Schopenhauer_Portrait_by_Ludwig_Sigismund_Ruhl_1815.jpeg

If we look specifically at the development of the discipline of bioethics since the 1970s, critical debates on its theoretical framework and practices of application have referred to at least four characteristics that have operated as shortcomings and limitations of its effective implementation.

The first reiterates Schopenhauer's statement: bioethics is too abstract and theoretical. It is conceived as a system of principles and rules, based on arguments and rational reflection, and with clear procedures for decision-making. Identifying a set of general principles relevant for the context of healthcare (such as the four principles of Beauchamp and Childress), there is a coherent framework for elucidating the problems faced, assisting their analysis and resolution so that decisions in specific cases can be morally justified (Beauchamp and Childress, 1985). Departing from a practical context and a specific problem, the various values and ethical considerations can be clarified with the help of an overarching theoretical framework of general principles. While this indeed can be a helpful method providing answers to moral disputes in a context where decisions need to be made, it is, at the same time, an abstract exercise. Ethical decision-making takes place within concrete contexts and practices, involving multiple agents, and thus draws on the moral experiences of those agents, and the moral environment of the institutions and social setting involved (Elliott 1992). General principles often do not provide clear-cut answers to moral dilemmas but require interpretation and critical labour since there is always ambiguity and conflict (Shea 2020). Ethics demands the interpretation and explanation of moral experiences which are typically unclear and in need of elucidation and interpretation, and therefore deliberation. Moral judgments and decisions are not merely rational applications of a set of principles but are influenced by values and emotions, especially when health, disease, disability and death are at stake. Deliberation evaluates factual data, identifies relevant values, and determines what ought to be done, examining the particular circumstances and consequences of an act or decision, and scrutinizing the reasons for possible courses of action. This is a more subtle and complicated exercise than applying general moral principles (Ten Have 2023). Furthermore, what is important is the context in which moral lives are experienced, taking into account that persons are always persons-in-relation, members of communities,

immersed in traditions, and participants in particular cultures. Ethical reflection and decision-making can therefore not be abstracted from the background and situation in which it takes place. When ethics is dominated by what Gabriel Marcel has called "the spirit of abstraction," it ignores the integrity and coherence of the human predicament, separating body and soul, humans and animals, individuals and society, reason and emotion, facts and values, and treating the human person as an autonomous rational self, divorced from its body, feelings, emotions, and disconnected from other persons, the social environment, and the natural world (Marcel 2008, 114).

Another characteristic of bioethics is its emphasis on moral reasoning. Rationality is necessary to identify relevant principles and values, to consistently apply them to particular cases, to specify and explain decisions, and to provide justifications for those decisions. While moral reasoning certainly is an important constituent of ethics, the role of emotions and intuitions is often underestimated. Moral challenges in healthcare are frequently emotionally charged; they elicit fear, sadness, anxiety, despair, grief but also disgust, outrage and indignation. The assumption in bioethical discourse generally is that emotions hinder rational decision-making. Feelings and emotions must be controlled in order to make space for moral reasoning and deliberation. This assumption is evident in the requirement that competent healthcare professionals show detached concern. They should not become emotionally involved with their patients, and maintain some emotional distance in order to safeguard their objectivity. This is also the best way to respect the autonomy of patients who can weigh the benefits and harms of possible interventions without being carried away by the emotional context of their situation (Ten Have and Pegoraro 2022). The same stance of detachment is advocated for in ethical analysis. However, detachment is a relative requirement. Healthcare professionals cannot merely be detached rational agents; they should also show empathic understanding and compassion, and build interpersonal relationships, otherwise they will be technicians rather than healers. The same is true for ethics: if it is only focused on rational argumentation and justification, it is a sophisticated technology facilitating the application of medical science and technology, primarily focused on the practical question of what must be done and what should be allowed. Such focus demonstrates a narrow view of moral agency since it neglects the role of

moral perception (and thus moral experience) in ethical discourse. It does not recognize why and how particular situations or actions are perceived as morally significant and relevant to begin with. Before a moral judgment can be delivered and moral deliberation can start, it must be noticed that situations and actions are problematic from a moral point of view because they involve, for example, injustice, dishonesty, lack of respect or violations of dignity. Moral perception requires moral sensitivity, and thus recognition that emotions are significant. If one is not sensitive to the moral features of situations and actions, one will not perceive a moral problem. Moral perception is also promoted by the imagination, which helps us recognize situations and actions that demand moral reflection. Imagination is the ability to empathize with others, enlarging our horizon and widening our sympathies, so that we become aware of moral values that go beyond the limits of our own perspective.

The third characteristic of bioethics is individualism. It operates with the same conception of the human subject as neoliberalism. The individualistic ideology, dominating economic policies and practices, is reflected in the common view of bioethics in which respect for personal autonomy is the primary ethical principle. This view has two connected aspects. One is that the human being is a rational actor with his or her own values, preferences and projects. Through their bodies, humans are situated in the world as independent selves and they act on their surroundings. This individual autonomy should be respected. The life of an individual belongs to himself or herself, choosing his or her values, and having the right to live as he or she would like, being his or her own master. The concept of autonomy, first employed in political philosophy as self-governance, is applied to the human subject. This subject should achieve self-management, i.e. showing responsible conduct and self-regulation. Respecting individual autonomy requires non-interference. As long as individual decisions do not harm other human beings, decisions and actions of individual subjects should be respected. Individual self-determination is a force against traditional medical paternalism, and a main concern of bioethics is how to empower the individual through an emphasis on rights and capabilities. Bioethical discourse therefore concentrates on issues such as informed consent, ownership of the body, personal responsibility and rational decision-making. The other aspect is that the context in which the subject is embedded often has a

secondary status. The moral vocabulary of bioethics is more focused on individual rights, self-determination, consent and privacy than on social and environmental concerns such as social responsibility, solidarity, cooperation and justice. It is not sufficiently acknowledged that ethics is a social activity, and deliberation a collective undertaking. Earlier in this chapter, it was argued that moral reasoning has emerged because humans are engaged in interpersonal interaction and communication. Emotional and intuitive responses to moral problems are determined by human attachment. We are not isolated individuals but socially connected to at least some other people so that our values may clash with those of others. Moral judgments made intuitively from a first-person perspective are then tested in the process of moral reasoning with others. In this process, it may turn out that some intuitive judgments are wrong, biased or untenable. The interaction with other people reveals reasons (post hoc) that oppose these prior judgments and thus can reframe an issue by triggering new intuitions resulting in a change in moral judgments or reduced confidence in values that we consider as overriding other values (Tessman 2016) . While my own moral reasoning will mostly support my own prior intuitive judgments, and rarely change my moral judgments, reasons provided by other persons to support their judgments may give rise to intuitions in me, and thus affect my judgment. People then "provide a check on each other's intuitions" (Tessman 2016, 138). This is especially true when interaction takes place between different people with different values, rather than in a homogeneous moral community. Intuitive judgments may also be confronted with moral values that do not emerge in intuitive judgments rooted in human attachment, such as dignity, liberty and fairness. People experience moral values and intuitions because they recognize requirements to distant others, prefer cooperation over self-interest, and have expanded the circle of moral concerns. These values may clarify how some intuitions are shaped by oppressive and discriminatory structures, and awareness of this may change intuitions and trigger new ones. Thus, moral reasoning and deliberation are social processes that assume that ethics is not an exchange between rational individuals who make choices based on their own preferences and values, but a dialogical process in which moral intuitions and reasons are critically discussed in search of commonality.

A fourth criticism of contemporary bioethics is that it tends to

disregard its origin and history. It emerged in the 1970s in Western countries confronted with advanced medical technologies and innovations in medical science, and it has formulated ethical responses based on the setting of rich and developed countries with liberal democracies and respect for individual rights. When the resulting ethical framework is regarded as global ethics which should be applied across the world, it is in fact a new form of colonialism. A value system that is typical for a particular part of the world is assumed to be relevant for the entire globe. While it differs from traditional colonialism since specific values are not expressly and openly imposed and those values are not presented as superior, this extension of bioethics should nevertheless be considered as moral neo-colonialism since it articulates that its values are universal, i.e. applicable to all humans (Widdows 2007). The effect is that values that are specific for other (especially non-Western) cultures will be jeopardized, since they are regarded as less relevant to address bioethical challenges. Voices and insights from the Global South are often not included in mainstream bioethical discourse (Omutoko and Jaoko 2024). An affiliated type of criticism is that bioethics as it has originated in the West is insufficiently aware of the historical background in which it has developed and is operating. It is argued that Western medical science and practice since the nineteenth century have been inspired by a naturalistic worldview in which human persons are bodies that can be objectively observed, examined, analyzed, repaired and dissected. Scientific explanations assume biological determinism, and are therefore materialistic and mechanistic, and do not attend to the life-story of patients (Ten Have and Pegoraro 2022). The emphasis on objective, empirical data and explanations, on what is measurable and quantifiable, has been used to justify racial classifications and racial science, sexism, slavery and imperialism (Rentmeester 2012). This colonial legacy is reflected in the fact that medical research data is usually based on studies with white European men, with the result that practice guidelines, standards of care, diagnostic algorithms and normal values are informed by a limited population of humans, so that outcomes of measurements often need to be adjusted according to race and gender. The argument that colonial history is still noticeable in medicine is also used for bioethics (Anderson 2021). The moral principles and values that present-day bioethics, as it has emerged and become mainstream, regard as foundational and universal

are in fact racialized, in other words formulated from the perspective of white privilege (Ten Have 2025). The theoretical framework with respect to autonomy, consent, and assessment of harms and benefits presupposes individual citizens who are independent and free to make decisions, but ignores mostly non-white people who are vulnerable and disadvantaged because of social, economic and environmental conditions. The historical legacy of domination, injustice and exploitation which has led to unequal distribution of material resources and opportunities that still today disadvantage people who are not white, is not recognized. Bioethical discourse will then not be able to explain the transgenerational impact of historical trauma and oppression underlying current injustices in healthcare and inequalities in healthcare access and health status (Rentmeester 2012). A more general conclusion is that, because of its specific origin and history, bioethics cannot be applied globally and that its theoretical framework is too narrow to be implemented in a variety of contexts and cultures.

5.7 Conclusion

Only a few years ago, it became evident to all that we are living in an era of global vulnerabilities. In the period after the pandemic, feelings of insecurity as well as perceptions of existential threats have multiplied due to risks of war, climate change, artificial intelligence, but also political polarization, democratic failures, economic regression and impotent policies. Many people today have a pessimistic and fatalistic outlook on the future. When the perspective on the future of humankind is darkened and even obliterated, this will especially affect younger generations. In the previous chapter, we have argued that one way to address apocalyptic views is through articulating the point of view of global bioethics. One lesson from the pandemic is that a broader ethical framework is needed that introduces a moral horizon which transcends individual and national concerns by emphasizing that human beings are not only interconnected but also embedded in social, cultural and environmental contexts. The global threat of the pandemic highlighted the significance of relationality. Taking into account the normative consequences of relationality is even more important, now that the post-pandemic era is characterized as a 'polycrisis.' Health, life,

nature, culture and even civilization are all interconnected and under threat. This complexity and interdependency requires a rethinking of the prevailing anthropological and ethical value systems in light of generalized vulnerability and mutual interdependency.

This chapter examined why the emergence of a global ethical framework has not been more influential in countering the sentiments of decline, insecurity and fatalism. As an ethical and critical perspective on the future of humankind, global bioethics implies a re-appraisal of values in a globalized world. To investigate why this perspective is not more powerful and inspiring, it is necessary to assess the possible role of ethical discourse as well as the obstacles it is facing. This chapter first analyzed the various responses to apocalyptic views: rejection (denying that there are global threats and expecting that they can be eliminated), resignation (giving up the idea that collapse and decline can be averted) and resistance (efforts to eliminate decay and degeneration and produce renewal through science or social and genetic engineering). It was argued that these three responses imply different ethical standpoints. Rejection prioritizes current human well-being, while protecting future generations is not the first concern. Resignation assumes that human agency has little value; the moral stance of anthropocentrism is deceiving since human life is determined by larger geophysical and biological processes. Resistance emphasizes values such as collective action, justice and equality, science and technology, but often does not regard ethical discourse as a significant motivator to bring about change in comparison to more powerful economic, political and social forces. As a consequence, the three responses do not do justice to the fact that apocalyptic views themselves are associated with a moral assessment. Such views are the expression of a profound dissatisfaction with the current state of the world. The present is diagnosed as fatefully vulnerable and irredeemably doomed because of the preponderance of evil and the irresponsibility of humans. But despite the negativity of the present, a new future will be possible. An apocalypse not only reveals what is wrong but also what can be done to remediate the present and to open up a new future. In this sense, apocalyptic views instigate a re-assessment of fundamental values that make a different and better world possible. In this chapter, this is identified as a fourth response. It takes the vision of the end of the world in a different direction: not focused on the idea that the world will cease

to exist but rather that there is a need to clarify its meaning and purpose. As this world ends and transforms into another one, what kind of world do we want to leave to future generations?

Such reappraisal of values in the light of possible futures assumes that moral values and ideals will have practical consequences. Apocalyptic scenarios, however, are often sceptical about the power of ethical discourse. From a moral point of view it is clear what should be done to avoid collapse and decline, but this will not translate into appropriate action since ethical discourse is considered impotent. While what ought to be done is outlined from various moral positions, it simply is not practiced. Before ethical discourse is dismissed as impotent and futile, it will be constructive to examine the purpose of ethics. This was the topic of the subsequent section of this chapter. It argued that ethics has a particular object in a twofold sense: it possesses a specific subject-matter, as well as a specific aim. The view of Geoffrey Warnock is that the object of ethical discourse is to contribute to the amelioration of the human condition by providing a counterbalance to the human tendency to have limited sympathies. The assumption of this view is that humans are naturally inclined to be indifferent to others, and to give preference to their own self-interests, or to the interests of close relatives or groups rather than the interests of those outside their group or tribe. This view, however, is too negative. In fact, from evolutionary and behavioural psychology studies, it is concluded that cooperation and other-regarding conduct in practical and social settings is more common than competition and self-regarding conduct. Since human beings do not live alone, and are therefore inherently vulnerable, they always have to cooperate with at least some others. Ethical discourse therefore is not alien to the human condition but has a more positive ground, since the human predicament is characterized by social connectedness and disposition to cooperate, although the tendency towards self-interest and limited sympathies remains. Its main purpose is to overcome these tendencies through strengthening existing social dispositions towards cooperation and care. Humans are able to do this because they are rational beings, using reasoning and deliberation to reflect upon their initial emotional responses driven by self-interest and limited sympathies, and to compare their individual first-person perspective with the perspective of others.

Against this background, the question is why non-indifference does

not prevail. What are the impediments to bringing bioethical views into practice? The final section of this chapter described several factors that obstruct the transition from knowing what ought to be done to what is actually done. The first set of barriers is external. In practice it is often impossible or at least very difficult to apply ethical views. The second set are external barriers that have become internalized with the result that there is no longer any room for critical ethical reflection. Some worldviews have become so dominant and ingrained that they are taken as self-evident whereas in fact they represent a particular type of morality that is invulnerable to ethical reflection. The third set of barriers are the most interesting, since they refer to particularities of the bioethical discourse itself which hinder its practical applications. Moral discourse is often too abstract, too rational and individualistic, and neglects its own historical context. These internal barriers are the most interesting since they provide some clues about how bioethical discourse could be made more feasible in the current context of global challenges and apocalyptic views of the future.

If apocalyptic scenarios are taken seriously, and not rejected, accepted with resignation, or resisted, but demand a re-appraisal of fundamental values, a bioethical response should aim at persistent and piecemeal transformation of the current value system, inspired by the hope that change for the better is possible.

References

Anderson, W. (2021): The whiteness of bioethics. *Bioethical Inquiry* 18: 93–97.

Arendt, H. (2017): *The origins of totalitarianism*. London: Penguin Books (original 1951).

Ataman, J., and Nourrisson, S. (2025); Retired surgeon admits 'despicable acts' in France's largest child abuse trial. *CNN*, February 25, https://edition.cnn.com/2025/02/24/europe/france-scouarnec-child-abuse-trial-intl/index.html

Beauchamp, T., and Childress, J. (1985). *Principles of biomedical ethics*. New York: Oxford University Press.

Benatar, D. (2006): *Better never to have been: The harm of coming into existence*. Oxford: Oxford University Press.

Bowles, S. (2016): *The moral economy. Why good incentives are no substitute for good citizens.* New Haven, CT, and London: Yale University Press

Bronner, G. (2016): *La pensée extreme. Comment des hommes ordinaires deviennent des fanatiques* [Extreme thinking. How ordinary men become fanatics]. Paris: PUF.

Brozović, D. (2023): Societal collapse: A literature review. *Futures* 145: 103075, https://doi.org/10.1016/j.futures.2022.103075

Christakis, N. A. (2019): *Blueprint. The evolutionary origins of a good society*. New York, Boston, MA, and London: Little, Brown Spark.

Cooper, N. (1973–1974): Moral nihilism. *Proceedings of the Aristotelian Society* 74: 75–90.

Crockett, M. J. (2017): Moral outrage in the digital age. *Nature Human Behavior* 1: 769–771.

Dardot, P. and Laval, C. (2017): *The new way of the world. On neo-liberal society*. London and New York: Verso.

Davidson, J. P. L. (2024): The apocalypse from below: The dangerous idea of the end of the world, the politics of the oppressed, and the anti-anti-apocalypticism. *American Political Science Review*, 1–131, https://doi.org/10.1017/S000305542000479

de Martino, E. (2023): *The end of the world. Cultural apocalypse and transcendence*. Chicago, IL, and London: The University of Chicago Press.

De Waal, F. (2006): *Primates and philosophers. How morality evolved*. Princeton, NJ, and Oxford: Princeton University Press.

Dews, P. (2013): *The idea of evil*. Chichester: Wiley-Blackwell.

Dow, K., and McMullen, H. (2022): 'Too afraid to have kids'. How Birth Strike for Climate lost control of its political message. *The Conversation*, September 15, https://theconversation.com/too-afraid-to-have-kids-how-birthstrike-for-climate-lost-control-of-its-political-message-181198

Draper, J., Hopster, J., McHugh, H., Moiteiro das Neves, C., Philips, J., Robeyns, I., and van Steenbergen, N. (2024): The limits of number-crunching: Hannah Ritchie's Not the End of the World. *Crooked Timber*, December 9, https://crookedtimber.org/2024/12/09/the-limits-of-number-crunching-hannah-ritchies-not-the-end-of-the-world/

Eckersley, R. (2008): Nihilism, fundamentalism, or activism: Three responses to fears of the Apocalypse. *The Futurist* 42 (1): 35–39.

Elliott, C. (1992): Where ethics comes from and what to do about it. *Hastings Center Report* 22 (4): 28–35.

Euronews (2025): 'Abject failure': talks on landmark plastics treaty end in Geneva with no agreement. *Euronews*, August 15, https://www.euronews.com/green/2025/08/15/abject-failure-talks-on-landmark-plastics-treaty-end-in-geneva-with-no-agreement

Ferrando, F. (2020): Leveling the posthuman playing field. *Theology and Science* 18 (1): 1–6.

Foucault, M. (1970): *The order of things. An archaeology of the human sciences*. New York: Pantheon Books,

Gerstle, G. (2022): *The rise and fall of the neoliberal order. America and the world in the free market era*. Oxford: Oxford University Press.

Gintis, H. (2017)*: Individuality and entanglement: The moral and material bases of social life*. Princeton, NJ, and Oxford: Princeton University Press.

Gounaridis, D., and Newell, J. P. (2024): The social anatomy of climate change denial in the United States. *Scientific Reports* 14 (1): 2097, https://doi.org/10.1038/s41598-023-50591-6

Granovetter, M. (2017): *Society and economy. Framework and principles*. Cambridge, MA, and London: The Belknap Press of Harvard University Press.

Green Economy Coalition (2024): Global attitudes to green economy: 2024. *Green Economy Coalition*, December 5, https://www.greeneconomycoalition.org/news-and-resources/polling-survey-global-attitudes-green-economy-2024-results#:~:text=71%25%20of%20people%20globally%20would%20choose%20stronger%20environmental,the%20Green%20Economy%20Coalition%20and%20polling%20firm%20Savanta

Guthrie, D. (2023): How I learned to stop worrying and love the eco-apocalypse: An existential approach to accepting eco-anxiety. *Perspectives in Psychological Science* 18 (1): 210–223.

Hayes, G., Cammiss, S., Doherty, B., and Saunders, C. (2024): Extinction Rebellion's disobedient environmental citizenism. *Environmental Politics* 1–20, https://doi.org/10.1080/09644016.2024.2406183

Herman, A. (1997): *The idea of decline in Western history*. New York: The Free Press.

Hickman, C., Marks, E., and Pikhala, P. et al. (2021): Climate anxiety in children and young people and their beliefs about government responses to climate change: a global Survey. *Lancet Planetary Health* 5: e863–73.

Himmelfarb, M. (2010): *The Apocalypse. A brief history*. Chichester: Wiley-Blackwell.

Hong, G. H., and Lucas, D. (2023): *Evaluating the costs of government credit support programs during COVID-19: International evidence.* International Monetary Fund, https://web.archive.org/web/20230320100127/https://www.imf.org/en/Publications/WP/Issues/2023/01/27/Evaluating-the-Costs-of-Government-Credit-Support-Programs-during-COVID-19-International-528660

Jeske, D. (2018): *The evil within. Why we need moral philosophy.* New York: Oxford University Press.

Joyce, C. (2020): Responses to Apocalypse: Early Christianity and Extinction Rebellion. *Religions* 11 (8): 384, https://doi.org/10.3390/rel11080384

Kant, I. (1998): *Religion within the boundaries of mere reason and other writings*. Edited by A. Wood and G. di Giovanni. Cambridge: Cambridge University Press (original 1793), 56.

Keane, W. (2016): *Ethical life. Its natural and social histories*. Princeton, NJ, and Oxford: Princeton University Press.

Kellner, D. (2002): Introduction to the second edition. In: Marcuse, H. (2002): *One-dimensional man*. London and New York: Routledge.

Krellenstein, M. (2017): Moral nihilism and its implications. *The Journal of Mind and Behavior* 38 (1): 75–90.

Leier, M. (2006): *Bakunin: The creative passion. A biography*. New York: Thomas Dunne Books.

Marcel, G. (2008): *Man against mass society*. South Bend: St. Augustine Press, 114 (original *Les hommes contre l'humain*, 1951).

Marcuse, H. (2002): *One-dimensional man. Studies in the ideology of advanced industrial society*. London and New York: Routledge (original 1964).

Mascareño, A. (2024): Contemporary visions of the next apocalypse: Climate change and artificial intelligence. *European Journal of Social Theory* 27 (2): 352–371; https://doi.org/10.1177/13684310241234448

Mastroianni, A. M., and Gilbert, D. T. (2023): The illusion of moral decline. *Nature* 618 (7966): 782–789.

McElwain, G. S. (2020): *Mary Midgley. An introduction*. London: Bloomsbury Academic.

McNulty, J. (2025): *Marcuse.* London and New York: Routledge.

Midgley, M.(1993): The origin of ethics. In: P. Singer (ed.): *A companion to ethics.* Oxford and Cambridge, MA: Blackwell Reference.

Morton, T. (2018): *Being ecological*. London: Penguin Random House.

Omutoko, L. and Jaoko, W. (eds) (2024): *Bioethics from the Global South*. Cham: Springer Nature.

Paden, R. (1987): Foucault's anti-humanism. *Human Studies* 10: 123–141.

Pessoa, F. (2001): *The book of disquiet*. New York: Penguin Books.

Pettit, P. (2021): *The birth of ethics. Reconstructing the role and nature of morality*. New York: Oxford University Press.

Plato (1941): *The Republic.* Translated by Cornford. Oxford: Oxford University Press, Book II.

Pottinger, A. S. et al. (2024): Pathways to reduce global plastic waste mismanagement and greenhouse gas emissions by 2025. *Science* 386 (6726): 1168–1173.

Read, R., and Alexander, S. (2020): *Extinction Rebellion. Insights from the inside*. Westerville, OH: Simplicity Institute.

Rentmeester, C. A. (2012): Postcolonial bioethics. A lens for considering the historical roots of racial and ethnic inequalities in mental health. *Cambridge Quarterly of Healthcare Ethics* 21: 366–374.

Rifkin, J. (2009): *The empathic civilisation. The race to global consciousness in a world in crisis*. Cambridge, UK: Polity.

Rijksoverheid (2024): *Uitkomsten Personeelsenquête Rijk (PER) over racisme op de werkvloer en verkenning minder vrijblijvende maatregelen* [Results of the Central Government Personnel Survey (PER) on racism in the workplace and exploration of less non-binding measures]. Kenmerk 2024-0000079362.

Ripple, W. J., Wolf, C., Gregg, J. W., et al. (2024): The 2024 state of the climate report: Perilous times on planet Earth. *BioScience* 74 (12): 812–824.

Ritchie, H. (2024): *Not the end of the world. How we can be the first generation to build a sustainable planet*. London: Chatto & Windus.

Runciman, D. (2024): Rage, waste and corruption: How Covid changed politics. *The Guardian*, March 7, https://www.theguardian.com/world/2024/mar/07/how-covid-changed-politics

Schmidt, A. (1988): *Idee und Weltwille: Schopenhauer als Kritiker Hegels* [Idea and world as will: Schopenhauer as critic of Hegel]. Munich: Carl Hanser Verlag.

Schopenhauer, A. (1966): *The world as will and representation*. Translated by E. J. Payne. New York: Dover Publications, vol. I, 271 (original 1819).

Schwartz, M. S. (2017): Teaching behavioral ethics: Overcoming the key impediments to ethical behavior. *Journal of Management Education* 41 (4): 497–513.

Shea, M. (2020): Principalism's balancing act: Why the principles of biomedical ethics need a theory of the good. *Journal of Medicine and Philosophy* 45 (4–5): 441–470.

Singer, P. (2006): Morality, reason, and the rights of animals. In: F. de Waal (ed.): *Primates and philosophers. How morality evolved*. Princeton, NJ, and Oxford: Princeton University Press, 140–158.

Singer, P. (2011): *The expanding circle. Ethics, evolution, and moral progress*. Princeton, NJ, and Oxford: Princeton University Press (original 1981).

Sinnott-Armstrong, W. (2024): Moral skepticism. In: E. N. Zalta and U. Nodelman (eds): *The Stanford Encyclopedia of Philosophy*, https://plato.stanford.edu/archives/fall2024/entries/skepticism-moral

Solomon, S. (2024): *Solvable. How we healed the earth, and how we can do it again*. Chicago, IL, and London: The University of Chicago Press.

Sørensen, M. P., Ravn, T., and Marušić, A. et al. (2021): Strengthening research integrity: Which topic areas should organisations focus on?. *Humanities and Social Sciences Communications* 8: 198, https://doi.org/10.1057/s41599-021-00874-y

Sternberg, R. J. (2015): Ethical impotence. *Journal of College and Character* 16 (3): 180–185.

Stiglitz, J. E. (2024): *The road to freedom: Economics and the good society*. New York: W. W. Norton & Company.

Ten Have, H. (2023): Deliberation in bioethics. *Argumenta philosophica* 2/2023: 23–37.

Ten Have, H. (2025): *Color, healthcare and bioethics*. Cambridge, UK: Open Book Publishers.

Ten Have, H. and Pegoraro, R. (2022): *Bioethics, healthcare and the soul.* London and New York: Routledge.

Tessman, L. (2016): *Moral failure. On the impossible demands of morality*. New York: Oxford University Press.

United Nations (2021): *OHCHR and racism*, https://www.ohchr.org/en/racism

Van den Brink, G. (2020): *Ruw ontwaken uit een neoliberale droom en de eigenheid van het Europese Continent* [Raw awakening from a neoliberal dream and the uniqueness of the European Continent]. Amsterdam: Prometheus.

Van der Zee, B. (2024): Not the end of the world by Hannah Ritchie review—an optimist's guide to the climate crisis. *The Guardian*, January 4, https://www.theguardian.com/books/2024/jan/04/not-the-end-of-the-world-by-hannah-ritchie-review-an-optimists-guide-to-the-climate-crisis

van Roojen, M. (2024): Moral cognitivism vs. non-cognitivism. In: E. N. Zalta and U. Nodelman (eds): *The Stanford Encyclopedia of Philosophy*, https://plato.stanford.edu/archives/sum2024/entries/moral-cognitivism/

Wade, L. (2025): *Apocalypse. How catastrophe transformed our world and can forge new futures.* London: William Collins.

Wallace-Wells, D. (2019): *The uninhabitable earth. A story of the future*. New York: Penguin Books.

Warnock, G. J. (1971): *The object of morality*. London: Methuen & Co.

Watson, O. J. et al. (2022): Global impact of the first year of COVID-19 vaccination: A mathematical modelling study. *The Lancet Infectious Diseases* 22 (9): 1293–1302.

Wilson, D. and Dixon, W. (2012): *A history of* Homo Economicus*. The nature of the moral in economic theory*. London and New York: Routledge;

Weber, E. (1999): *Apocalypses. Prophecies, cults and millennial beliefs through the ages*. London: Pimlico.

Widdows, H. (2007): Is global ethics moral neo-colonialism? An investigation of the issue in the context of bioethics. *Bioethics* 21 (6): 305–315.

Wright, C. (2015): Tribal morality and the ethical other: The tension between modern moral aspirations and evolved moral dispositions. *Journal of Dialogue Studies* 3 (1), https://www.dialoguestudies.org/article/tribal-morality-and-the-ethical-other-the-tension-between-modern-moral-aspirations-and-evolved-moral-dispositions/

Zakaria, F. (2020): *Ten lessons for a post-pandemic world*. London: Allen Lane.

Žižek, S. (2022): From catastrophe to apocalypse ... and back. *Apocalyptica* 1, https://doi.org/10.17885/heiup.apoc.2022.1.24604

6. Resilient Bioethics and the Power of Hope

6.1 Introduction

The promise of the new discipline of ethics that emerged in the 1970s is that it orientates ethical thinking and acting towards the future. Bioethics should be regarded as the science of survival, as is advocated by one of its founders, Van Rensselaer Potter, who suggested that it could operate like a bridge to the future. Although he does not use apocalyptic terminology, he refers to "a fatal flaw" in the machinery of evolution: species survive because they become better adapted to their environment but when this environment drastically alters in a relatively short time, they become extinct (Potter 1971, 109). This is precisely the actual condition of humanity. Now that the human environment is rapidly changing, he is afraid that the human species might face extinction if it does not adapt to these transforming surroundings and conditions. However, Potter is not pessimistic, otherwise his call for a new approach of bioethics would be futile. He is also not optimistic: "it is by no means assured that civilization could be rebuilt after a worldwide collapse" (Potter 1971, 191). His point is that the inevitability of extinction and the fall of civilization should not be accepted. The future is open, and we have to maintain idealism. What is necessary, in his view, is agreement on a common value system so that it is possible to make "drastic changes in our ethical behaviour toward each other, the planet Earth, and its biosphere" (Potter 1988, 58).

Although there is no guarantee that humanity can escape extinction, and that civilizations can be safeguarded from collapse, and even though Potter does not elaborate a coherent framework of values that

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could prevent extinction and collapse, he nevertheless outlines the mechanism involved in overcoming challenges. In nature, members of a species have adaptive powers allowing them to survive in a changing environment. This is not different for human beings: "We live because we adapt, and we live only if we adapt" (Potter 1971, 123). This is not merely a biological phenomenon, reflected in physiological adaptation at the individual level but also an evolutionary and cultural characteristic at the level of populations. Adaptation in fact is a kind of learning. In Potter's vision, the human being is a cybernetic machine responding to changes in the environment with multiple feedback mechanisms.

However, this vision, though emphasizing adaptability as a basic feature of human beings, regards adaptation primarily as a biological and individual characteristic, and underestimates the possibilities of changing the environment itself, so that it is difficult to envision adaptive processes as a two-way interaction between humans and their environment. This dynamic, interactive dimension is better expressed in the term 'resilience,' that has become more popular in recent times. Being resilient is encouraged as a way to deal with vulnerability. It is not just an individual capacity that can restore a previous state of being, but also the ability to transform conditions which produce and exacerbate vulnerability, and in doing so, it requires social resources and collective support, as well as inspiring moral visions and ideals. At this point, bioethical discourse can make significant contributions. Bioethics itself has been shown to be resilient, depending on the challenges and contextual impediments that it has faced. In this chapter, it is argued that bioethics has reshaped itself from medical ethics into bioethics, and now into global bioethics. However, this last evolution of bioethics has become problematic, especially in the wake of the Covid-19 pandemic. Benefits and commitments of the global context of human life are no longer taken for granted, and ethical considerations are increasingly marginalized in view of apocalyptic scenarios of the future.

The possibility of resilience depends on the hope that another future, however difficult and dreadful, might be possible. The topic of hope is receiving increased attention nowadays in the context of healthcare. This chapter examines how a focus on hope can contribute towards fostering a resilient bioethics in apocalyptic times.

6.2 Resilience

Derived from the Latin verb *resilire*, the term resilience refers to the ability to recoil, to rebound, to spring back. It is the elastic quality of substances to resume their original shape or position after being bent, deflected or compressed (Dyer and McGuinness 1996; Garcia-Dia et al. 2013). Initially used in the context of ecological studies, it indicates how systems respond to disaster, and how communities are able to cope with change, overcome adverse circumstances and return to normal functioning after a crisis (Winston and Fage 2019). The notion is nowadays often used in psychology and physiology, referring to the ability to bounce back from adversity, recovering from change, illness or misfortune (Tusaie and Dyer 2004). It is generally regarded as a way to deal with vulnerability. Everybody is vulnerable and therefore in need of resilience as the ability to reduce or neutralize the negative impacts of the conditions in which one is living and working, and to adapt to varying circumstances. The idea of resilience suggests that at least something can be done and it therefore has more positive connotations than vulnerability. In many studies, resilience is approached as an individual competence and research focuses on identifying personal factors or personality traits that allow individuals to recover from adverse life circumstances (for example, cognitive factors such as creativity and optimism, and competencies such as social skills, memory and educational abilities) (Taherkhani et al. 2023). But it is also recognized that resilience is a dynamic and interactive process. The individual competencies necessary to protect oneself should be taken into account, but also the contextual determinants such as the social and economic circumstances that produce or increase vulnerability. The ability to overcome adversity and threats is dependent on other protective structures such as support by the community, family, social and cultural environment. Disregarding this interactive dimension makes resilience itself vulnerable to criticism, since it operates as a political concept. Emphasizing mainly individual competencies promotes "acquiescence to the status quo" (Winston and Fage 2019, 737). The responsibility to cope with adversities is put in the hands of individuals rather than in those of other political, social and economic actors. Encouraging resilience without addressing the root causes of vulnerability will not necessarily decrease vulnerability

itself (Sudmeier-Rieuz 2014). This emphasis transforms resilience into an instrument that extends the ideology of neoliberalism to the management of human vulnerability. The main idea is that individuals should adapt to prevailing situations and conditions rather than trying to change them; they should be individually empowered instead of collectively resisting or revising a system that produces adversities. Resilience as individual empowerment entails a focus on containing or neutralizing the consequences of negative events rather than on preventing or limiting these events, or on protecting vulnerable persons and populations against the harmful impacts of events (Münch et al. 2021). One example is burnout in healthcare. Individuals are encouraged to cultivate resilience while work conditions generating stress (high workload, bureaucracy, lack of support or negative work climate) are generally not addressed. Using resilience as an individual quality therefore is an ethical stance: responsibility for systemic problems is shifted onto the individual person, and it only makes sense if the context in which the individual is living and working is regarded as desirable and needs to be preserved (Winston and Fage 2019).

In apocalyptic times, an individualistic concept of resilience will not be adequate, since individual persons will feel powerless against the challenges and adversities confronting them, regardless of how resilient they are as individuals. This is furthermore demonstrated in a second limitation. Regarding resilience as bouncing back implies a return to a prior state, to pre-existing conditions (Daly 2020). Even after a major setback such as the Covid-19 pandemic, individual citizens show resilience if they resume pre-adversity levels of activity, and if societies return to a normal level of functioning. This interpretation of resilience ignores that vulnerability is not merely a negative but also a positive experience, since it may instigate transformations that are beneficial because they reduce or eliminate the conditions generating vulnerability (Ten Have 2016a). Resilience therefore should not be considered as reconstructive but as transformative; it is not only aimed at coping with adversity and threats, and returning to a prior state, but it is a capacity for renewal. When resilience is understood as the capacity to confront, withstand or alter challenging conditions, it does not entail acquiescence to conditions that are unjust, undignified, discriminatory and exacerbating vulnerability (Neocleous 2013). The ability to cope

with such conditions does not lead to individual adaptation but to efforts to reduce, eliminate or ameliorate them (Lotz 2016). The implication is that resilience is not merely the ability to deal with adversity but also to develop beyond the conditions that existed prior to the adversity and that were contributing to it. Setbacks, failures and challenges necessitate the use of resilience but overcoming these adversities requires a re-evaluation, redefinition and reshaping of the initial conditions so that radically new ways of being can be constructed: "Having a capacity for resilience means we are able to look beyond who and what we are and the boundaries imposed by our environment and past actions. It opens up our imagination and sense of possibilities for realizing our hopes and re-making ourselves in the face of the adversities that inevitably lie in our way" (Russell 2015, 172). In other words, resilience implies the ability to imagine that possible outcomes are realizable. It does not simply help us deal with negative experiences after the fact, but contributes towards improving conditions rather than reverting to a previous state. In that broader sense, it is a pro-active and preventive capacity that encourages us to do better, and to prepare us for the next challenges (Chandler 2013; Thagard 2013). This illustrates that resilience is not the same as adaptation; it is the manifestation of an adaptive capacity, but it may not necessarily result in adaptation. While adaptation can be regarded, as Potter did, as the biologically inherited mechanism allowing humans to survive, resilience is a dynamic process which first of all involves psychological, social and cultural sources.

A third comment on the usual discourse of resilience is that it is not only an attribute of human individuals. It is also a characteristic of physical and biological systems, as pointed out in its initial use in ecological studies, and of social groups such as communities, nations or social classes (Barnes and Hall 2013). Organizations and institutions have the capacity to recover and successfully deal with the challenges they face. This notion of 'social resilience' directs attention to the sources of resilience, and specifically the social and cultural frameworks that promote and facilitate it (Hall and Lamont 2013). Resilience research clarifies that social and ecological systems are in a complex and dynamic way intertwined as well as embedded in the biosphere (Folke 2016). Social resilience is the result of active and creative processes of response, making use of collective resources, institutional structures, social

organizations and networks, and cultural repertoires to generate new images of oneself, society and the environment that support hope in the future and possibilities for a better world. It focuses on experiences that groups have in common, appealing to collective imaginaries which foster a sense of dignity, inclusion and recognition, and possibly providing new meanings to experiences, practices, and policies. These imaginaries are inspired by moral visions and ideals, and this points to the conception that ethics itself displays resilience.

6.3 Resilient Bioethics

The concept of resilience can be seen at work in the development of ethical frameworks. Over time, different approaches to ethics have evolved, and various ethical frameworks and theories have been proposed and elaborated, often in response to contemporary challenges. This is especially clear in the field of healthcare. What is envisioned today as global bioethics is the latest stage in the evolution of ethics in the context of healthcare, and it illustrates the resilience of bioethics. This evolution is not simply a progression but rather an expansion of the concept and practice of bioethics in response to social and cultural challenges.

6.3.1 Medical Ethics

For most of its history, medicine conceived ethics as a medical concern, since it was intrinsically connected to good medical practice. In order to demarcate medicine from religion and philosophy, Hippocrates in Ancient Greece emphasized empirical observation and rational analysis, but also ethical rules. Confronted with many different types of healers, the Hippocratic physician should distinguish himself through his competence as well as his virtues. When in the early nineteenth century the term 'medical ethics' was first used, it referred to professional ethics, i.e. an ethics for and by medical experts. Specific virtues were necessary but no longer deemed sufficient; professionals themselves developed and promulgated codes of conduct, ethical rules for their behaviour as professionals, showing that society could trust them. Emphasizing ethics was instrumental for ascertaining social recognition since the context of medical practice was rapidly changing with new medical

institutions (particularly hospitals), and growing medical commerce and competition. Establishing professional organizations demonstrated that physicians were not only virtuous experts but also assumed specific duties and responsibilities, devoted to the service to others. In exchange for these self-imposed ethical commitments, society could recognize the authority of professionals, let them self-regulate their profession, and take charge of long and extensive formal training. The timeworn ethical framework for medical practice based on individual virtues was therefore redefined and reshaped in response to changing circumstances as a system of professional duties and responsibilities. Professional medical ethics continues to be relevant to ethical dilemmas in the setting of patient care; it is not redundant but has become embedded within an expanding field of ethical approaches. Scientific developments and technological innovations including the neurosciences, production of organoids, regenerative medicine, access to innovative therapies, and artificial intelligence produce new challenges that necessitate critical reflection, and engage medical ethics in assessing their benefits and harms when applied in the setting of patient care and clinical research.

6.3.2 Bioethics

The second stage in the expansion of ethics in healthcare was also driven by the need to be resilient. The new concept of bioethics, formulated by Potter, was rapidly expanding since the 1970s because the scientific, social and cultural context of healthcare had changed significantly after the Second World War. Scientific and technological advances made medical interventions effective and powerful, giving rise to multiple discussions about their benefits and harms, as well as to questioning the authoritative role of physicians. Criticism of medical power and paternalism led to advocacy for the perspective of the patient and increased articulation of patient rights. In response to this critique, ethics reformulated itself as a new discipline, involving a broader set of actors, and concentrating on the subject and values of the patients, and the need for a holistic and multidisciplinary approach to treatment, prevention and care. This resilient response resulted in a practical discipline that formed a branch of applied ethics, governed by a framework that is based on ethical principles, accessible by and applicable to everyone.

Principles provided a source of moral knowledge open to reason and experience. The dominant paradigm worked with four principles: respect for personal autonomy, beneficence, non-maleficence and justice. It provided a helpful method to analyze the moral challenges of clinical practice, for example concerning decisions whether or not to initiate or withhold treatment, or whether and under what conditions to apply new medical technologies.

6.3.3 Global Bioethics

The principle-based approach of bioethics became increasingly problematic during the 1990s (Ten Have 2016b). Many different ethical frameworks have developed in response to the dominance and perceived limitations of principlism, for example, care ethics, feminist ethics, casuistry, narrative ethics and hermeneutic ethics that not only presented different theoretical frameworks but also diverse practical approaches. The significance of a global perspective in bioethics was highlighted through several circumstances. First, challenges came from processes of globalization that affected society but also healthcare and medical science. They were visible in the emergence and dissemination of a different type of moral problem, going beyond a national and clinical context of ethical debate and regulation, for example due to internationalization of clinical trials, mobility of health resources such as professionals and medication, as well as catastrophic diseases and natural disasters. The global dimension of these challenges was furthermore evident in the interconnectedness of problems, requiring multidisciplinary approaches, combining knowledge and expertise from different disciplines, but also coordinated global actions and interventions. Global challenges such as environmental degradation cannot be solved without at the same time addressing poverty, vulnerability and exploitation, as well as inequities in access to healthcare. Second, globalization created awareness and sensitivity to cultural and social contexts in which ethical responses and policies must be formulated. Rather than simply universalizing the dominant principle-based approach, as it has materialized in Western and resource-rich countries, an encompassing framework was needed in order to account for various cultural and religious perspectives, overcoming the individualism and technological

optimism prevalent in the dominant paradigm of principlism. These challenges were reinforced by a third one, underlying many processes of globalization. The new global order that emerged since the 1990s was heavily inspired by the neoliberal market ideology, described in the previous chapter. This ideology was increasingly blamed for rising inequalities, expanding vulnerabilization, deterioration of the social context, and degradation of the environment. Many of the new ethical challenges were also ascribed to this ideology. The responses of the dominant bioethical paradigm were deemed inadequate because of its focus on individual empowerment (with respect to personal autonomy as the leading moral principle), on advanced technologies and societies, and on a restricted scope (emphasizing medical research and clinical interactions). To be resilient within this transforming global context, bioethics needed to be reformulated as a global endeavour. Global bioethics, as argued again by Potter, must reach beyond the perspective of the individual patient and practitioner, should stress collective rather than solely individual responsibilities, and analyze and criticize the environmental and social context of healthcare. In other words, it must operate as a bridge, connecting the past and present with the future, but also natural sciences with the humanities and social sciences, medicine with philosophy and ethics, individuals with society, and human beings with their environment (Ten Have 2012). This is not just a superficial linking of otherwise separated areas but it is built on two fundamental ideas. The first is that human beings are not isolated and self-ruling autonomous individuals but essentially related beings, always connected and connecting to others, not only human beings but other living beings and their natural environment. Relationality is thus a core notion in global bioethics. The second is that bridges require action; they rarely exist naturally or come into existence spontaneously but require constructive work to reach out to others and our surroundings, and actively make connections and overcome divergence, division and separation. This implies that ethics is dynamic. Philosophical analysis itself will not be sufficient but reflection should be complemented with activism. This is the legacy of philosophers such as William James and John Dewey who rejected all forms of dualism, and whose mission was to 'reconcile' or 'bridge' separations, articulating the link between thinking and acting (Passmore 1968, 104). In their view, theories and concepts

themselves do not so much represent the world but are instruments that have the capacity to lead us to future facts and experiences. They are predictions concerning the future and create opportunities for action, leading us from one experience to another, and opening up possible futures. Ethical concepts and theories should be regarded in a similar way: not as theoretical exercises but as an imaginative activity focused on modifying and improving the world.

Since the turn of the millennium, a different ethical discourse developed that reflected a planetary perspective in bioethics. This is evident in the new attention to the phenomenon of vulnerability. While in the first stage, vulnerability was ascribed to the physical and mental condition of the person with an illness or disability, necessitating a paternalistic and beneficent professional intervention, in the second stage it was primarily regarded as a deficit of personal autonomy, demanding empowerment and specific protective arrangements. In the third stage, vulnerability was interpreted as a general condition characteristic of all human beings, as well as a specific condition generated by harmful and deleterious social circumstances, calling for care, solidarity and justice. A basic assumption in these new ethical frameworks was the connectivity and embeddedness of human life. They were also strongly linked to international human rights law, providing a global frame of reference that could strengthen ethical deliberations and policies. As argued in Chapter 4, four shifts in perspective are implied in this framework: from autonomy to vulnerability, from individualism to sociality, from self-interest to commonality, and from humans to all living beings.

6.3.4 New Context and Challenges

Against this background, the Covid-19 pandemic can be regarded as a turning point showing that a new context is evolving. The social and institutional factors that encouraged the development of global bioethics become problematic. Processes of de-globalization, populism, nationalism, breakdown of international law commitments, and the use of force, violence and war to resolve conflicts give rise to growing insecurity and lack of international cooperation and solidarity. In an atmosphere of apocalyptic feelings, ethical discourse itself seems irrelevant and impotent. Negative views and doom scenarios concerning

the future can result in diverse responses, as argued in Chapter 5. If the most appropriate answer is re-appraisal rather than rejection, resignation and resistance, ethics will be vital to evaluate the current predicament, and even more to point out the ways in which apocalyptic visions can be deflated and defeated. But in order to be actionable and inspirational, bioethics needs to reshape itself and show resilience in apocalyptic times. In previous chapters, it is argued that global bioethics presents a clear ethical framework, outlining what ought to be done but that insufficient consequent action and implementation follow due to different types of impediments. Resilient bioethics first of all focuses on overcoming internal barriers, addressing weaknesses in ethical discourse itself so that moral ideals and values more effectively lead to changing practices and policies. Its history shows that bioethics can be reshaped in order to overcome adversities and barriers, and thus assist in providing hope for a better future. If bioethics can indeed become more resilient to the prevailing apocalyptic mood, it can then better resist external barriers by being more insistent and assertive. It may also be more critical towards internalized barriers, demonstrating the failures and difficulties of prevalent neoliberal views, and arguing that better worldviews and value systems are necessary for the survival of the planet.

When bioethical discourse itself has shown resilience over time, resilience thinking may indicate how bioethics can help us address the contemporary apocalyptic mood. First of all, it is important to underline that both have the same goal of sustaining human well-being. As argued above, resilience is not an end in itself but a means to accomplish moral goods. It is guided by a vision of the good life. An inequal or corrupt society may be highly resilient, but in that case resilience is regarded as an ideological tool to maintain the status quo. The connection between resilience and vulnerability is what matters: promoting and increasing resilience is an instrument to decrease vulnerability through adaptation to, and preferably transformation of, the conditions in which vulnerability arises and is magnified.

Resilience as well as bioethics furthermore assume that people cannot be separated from their surroundings, and are part of the biosphere and the planet. As resilience is not merely an attribute of individuals but also a characteristic of groups, collectives and social-ecological

systems, bioethical discourse should have an encompassing perspective, connecting individual, social and environmental concerns. However, bioethics can learn two important lessons from resilience research. One is that confrontation with a challenging context can be interpreted in different ways: negatively as fatalistic and depressing, and neutrally as change, recognizing uncertainty and unpredictability, with always unexpected and surprising events and outcomes, requiring flexibility as well as diverse and innovative approaches. The second lesson is that resilience implies various responses, not just persistence or stability, and adaptation but also transformation, 'bouncing forward,' inventing and applying "new ways of thinking and operating," rethinking what humans should do and how they can give new meanings to what they used to do (Folke 2016). As the capacity to reframe and re-appraise situations and challenges, resilience can "extract meaning from adversity," transforming adversities from hopeless situations into meaningful action (Southwick, Charney and DePierro 2023, 183). It articulates opportunities to learn and grow. Resilience thinking therefore encourages a more positive mindset that does not emphasize fragility and its negative connotations. Moreover, it affirms the power of imagination; it imagines the future not only as disaster but as recovery from disaster, anticipating as well as preparing for the unknown and unexpected (Neocleous 2013).

6.4 The Power of Hope

One important factor for resilience is optimism, "a future-oriented attitude that includes confidence that things will turn out well." (Southwick, Charney and DePierro 2023, 27) . Optimists acknowledge the negative dimensions of life but are more oriented to its positive aspects; they reframe adversities as opportunities, focus on examples of successful resilience, and engage in active problem solving. Resilience is also strongly correlated with hope. Research shows that people with high levels of hope are better able to deal with challenges. For example, vulnerable older persons with a sense of hopefulness are more resilient in dealing with poverty, social isolation and deteriorating health (Polson, Gillespie and Myers 2018). Hope also has strong positive associations with psychosocial well-being, health behaviours and physical health outcomes (Long et al. 2020).



Fig. 19 Gustav Klimt. *Hope* (1908). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Gustav_Klimt_-_G._hope_ii._moma,ny.jpg

While in the past, hope has often been regarded as unrealistic, as an illusion, contemporary empirical research focuses on its positive contributions to a variety of conditions and behaviours, such as psychotherapy, pain tolerance, adherence to medication and preventive practices (Snyder 2000). Actionable theories of hope have been developed, as well as diagnostic instruments to measure hope and hopelessness, facilitating hope-building and hope-sustaining interventions (Snyder 2002). Nonetheless, the relationship between resilience and hope is not fully understood. Hope is regarded as a predictor, mechanism or moderator of resilience, but also as its precondition and source (Ong, Liu and Cintron 2023). Moreover, the concept of hope itself is not clear. In Snyder's theory, it is a cognitive ability, "a way of thinking," defining desired goals, generating routes or pathways to these goals, and agency as the motivational capacity to use these pathways to reach the goals, whereas others consider hope as an emotion or passion (Snyder 2002, 249, 252; Farina, Hearth and Popovich 1995; Snow 2024). What the different concepts have in common is that they regard hope as looking beyond the present condition to see a potential future with new goals and meanings, and thus as an important resource for facing the challenges of life. This dimension of hope is expressed in

Klimt's painting (Figure 19) of a pregnant woman, expecting her baby with her eyes closed, perhaps praying for the protection of her baby, fully aware of the harm that may occur (with the head of death appearing from behind her stomach, and the ladies below her, lifting their hands and lowering their heads). The colourful painting symbolizes the dangers of childbirth, for the woman as well as her offspring, but at the same time hopeful expectation of new life, thus relating mortality and natality.

Against a background of apocalyptic thinking and the need of resilient responses, the notion of hope articulates several points.

6.4.1 Vulnerability

Hope often comes into view within a context of vulnerability which is overwhelming and disastrous. All efforts to prevent or mitigate calamities and adversities have been in vain, and any option for action appears futile. This situation may result in fatalism, apathy and despair, and it is in this desperate situation that hope suggests that another response to vulnerability is possible, not looking at the past but looking forward to the future. Rather than accepting it as an unchangeable given, vulnerability can be addressed. Special vulnerability can be ameliorated by focussing on its contextual causes, while general vulnerability calls for protection and care. While people will always be vulnerable, and while we will probably never succeed in eliminating the sources of vulnerability, the notion of hope expresses that something may be done to prevent that harm and damage will occur, and that there are possibilities to delay or impede further deterioration. The reason is that vulnerability is not just a descriptive or technical term, but has normative force because it is associated with possible harm. It is not a neutral attribute of a particular person, group of persons, a natural or cultural quality, but it indicates that there is a serious risk of harm. However, the possible damage has not yet occurred, but will likely happen unless appropriate measures are taken (Ten Have 2016a). Regarding somebody or something as vulnerable means that action should be undertaken at least when harm and damage can be prevented or mitigated. During the Covid-19 pandemic, some groups of people, for example residents of elderly homes, were designated as vulnerable—but such a designation is meaningless when it does not lead to special protective measures.

Similarly, indicating that a particular area of a country is vulnerable to flooding implies that special attention and protective interventions are demanded, otherwise the use of the label 'vulnerable' is misleading and even harmful and stigmatizing. In other words, vulnerability discourse has normative implications; it demands a response; it indicates that special care, assistance or protection should be provided as long as it is possible in order to prevent the infliction of actual harm. Within a context of increasing global and generalized vulnerability, the notion of hope underlines that while acknowledging rather than denying that everyone is vulnerable and that some are even more vulnerable than others, we should not give up. Denial of vulnerability is the easiest way out; it removes the moral appeal to take action. Acknowledging vulnerability is more difficult since it can lead to fatalism and defeatism, and the argument that it will not be possible to overcome the injustices and discrimination that generate special vulnerability, nor the lack of solidarity and care that magnify general vulnerability. Hope highlights the normative implications of vulnerability: it urges us to formulate a response, however uncertain and tentative.

6.4.2 Projection of the Future

The second point is that hope is generally regarded as an expression of positive thinking, an expectation that the future can be better. It is not concerned with mere survival, but presents a future which is meaningful and that inspires the continuation and intensification of life, even when faced with the deepest despair (Han 2024). In this view, it is equated with optimism: the belief that it might be possible to make the current world better. This belief is associated with the idea of progress: we now live in a world that is better than earlier worlds (with less mass violence, more general health and well-being). There is no need for pessimism, passivity and fatalism since humankind has overcome numerous near-fatal challenges in the past. This optimism, as argued in Chapter 5, is often fuelled by the belief that science and technology will provide solutions to the most pressing problems. It is also motivated by the view that humans are ultimately rational beings who want control over their own life, and who are by nature optimistic beings confident of positive outcomes. Apocalyptic scenarios should not paralyze human thinking and acting. In

the past, many small and large apocalypses have extinguished civilizations and disintegrated societies, but they have not ended the world but transformed it. The lesson is that an apocalypse brings not only suffering and destruction but also an opportunity for change, resilience, survival and renewal (Wade 2025). Optimism in this perspective is regarded as a rational project, an exercise in logical thinking, in contrast to hope, which is regarded as a spiritual, otherworldly concept (Paul-Choudhury 2025).

Philosophers usually argue that optimism is different from hope. Since Voltaire's critique, optimism has been portrayed as blind to the negative experiences of people who are continually confronted with hardship, tragedy, cruelty and disaster, regardless of objective indicators of progress (Voltaire 2009). Optimism is detached from human suffering that is experienced every day, here and now (Wortham 2020). It may lead to complaisance, trusting that solutions and answers will be found, underestimating the possibility that actions may be misdirected, counterproductive or simply absent. The confidence in human capacities and power to change things is often misplaced, given the terrible historical record of activism (Cooper 2024). Insisting that we have the power to address calamities, prevent collapse, and make a better world furthermore emphasizes that we are responsible for possible apocalypses because our responses are delayed, inadequate or deficient (Van der Lugt 2025). Hope does not allocate moral blame, and it does not underestimate negativity and failure. It takes seriously that we are in a truly desperate state and that there is no guarantee that improvement will occur. In this sense it is much like pessimism, often regarded as the opposite of optimism. Pessimism as well as hope acknowledge the current situation as desperate and tragic, and both are convinced that the future will be bad. But one cannot be at peace with pessimism. Sometimes, it is blind to what is possible, it no longer regards the future as a space of possibilities, persuaded that the human condition will not improve (Han 2024). But other times, it recognizes that the future is always open and uncertain, even with the most dire forecasts. This is illustrated in the work of the Spanish philosopher Miguel de Unamuno (1864–1936; see Figure 20) (Huertas-Jourda 1963). Confronted with the violence in Spain before the outbreak of the Civil War, he argued that philosophy is a reflection on the tragedy of life. It starts with the actual experience of the precarity of human existence, the recognition of catastrophic and threatening

absurdity, and the uncertainty of the future. Accepting the essential imperfection of all being does not necessarily mean crippling depression; against the darkness and emptiness we perceive, we must counterpose the power of our personality as a creative principle. We are equally aware that we are free, can pursue ideals and articulate dreams. We are making our world, and are determined by it. This continuous paradox of freedom and determination explains the tragic feeling of life which cannot be solved but must be processed personally. Human existence unfolds in the tension between its givenness and the task to improve it. In this struggle between the world as it is and the world as it possibly can be, hope is a powerful force, while the imagination enables us to be creative. The tragic feeling of life, acknowledging despair and misery, will not end in pessimistic resignation, because in the words of Unamuno: "Unless a man aspires to the impossible, the possible that he achieves will be scarcely worth the trouble of achieving" (De Unamuno 1926, XI, 282).

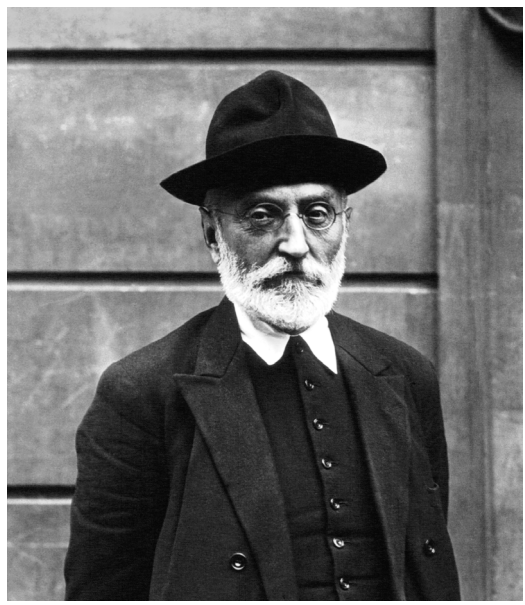


Fig. 20 Miguel de Unamuno (1925). Photo by Agence de presse Meurisse, Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Miguel_de_Unamuno_Meurisse_1925.jpg

Pessimism is not necessarily fatalistic and associated with defeatism and apathy, with the idea that any action will be pointless. Facing a

possible climate apocalypse, for example, the pessimist accepts that life conditions will increasingly deteriorate and that the future will be bad, and that this already is the case for many people across the world, but it can be even worse if nothing is done now. Pessimism does not rule out hope; there is always hope, even for the pessimist, because there is always uncertainty, and thus possibility (Setiya 2022). The opposite of hope is not despair but certainty. For optimists as well as pessimists who are sure about what will happen, hope is not a relevant issue (Van der Lugt 2025). The real obstacles to overcome apocalyptic thinking are apathy, inaction and inertia.

6.4.3 Envisioning Action

This brings us to the third point. Presenting a future, and arising in the deepest despair, hope motivates action and inspires the creation of something new: "Humans can act *because* they can hope." (Han 2024, 35) Here there is also a connection with resilience. Without hope, there would be no incentive to be resilient. Why should we be resilient when our actions offer no prospect that our situation might improve or at least become tolerable, in ways aligned with the values that we regard as fundamental to our lives? (Goodall and Abrams 2021). Hope develops a narrative that stimulates and guides action. In this connection, two different kinds of hope are distinguished. One is related to future expectations: it rests on the conviction that some good can be achieved and that, however limited, certain results or successes will follow. The other kind is value-orientated, not focused on outcomes but on moral goods such as justice and duty. It encourages action not because something is expected, but because acting is understood to be the right thing to do. The first kind is, in the terminology of Van der Lugt, green hope, based on the expectation of results; the second one, blue hope, is based on moral conviction (Van der Lugt 2025, 117ff). References are frequently made in this connection to Vaclav Havel, who argued that hope is an orientation of the spirit, "...an ability to work for something because it is good, not just because it stands a chance to succeed" (Havel 1991, 181). Blue hope motivated resistance against the German occupation in the Second World War, dissidence within the totalitarian regimes during the Cold War, as it today motivates human rights activists

and climate protesters in numerous countries. It is also reflected in a medical context, when people are confronted with a terminal illness. Dutch poet Lieke Marsman, diagnosed with an aggressive bone cancer, asserts that quality of life is not determined by absence of suffering but presence of hope. Dying with hope in her view is still better than living hopelessly (Marsman 2025). In the French language, the distinction is expressed in two words for hope: *espoir* and *espérance*. The first is the act of expecting and desiring something better (for example, a cure), thus looking out for a result. If this kind of hope is lost, we start to think that something we expect will not happen. The second is trust in the future; it is not focused on ourselves or on something specific but springs from a context of value making life worthwhile (Pelluchon 2023). It is connected to something bigger than oneself. Losing this kind of hope comes down to believing that life no longer has meaning.

6.4.4 Value Orientation

The orientation on values, and this is the fourth point, makes hope relevant for ethics. Hoping, as argued by Kierkegaard for example, assumes the possibility of good, even if what we hope for is difficult to attain and outcomes uncertain (Fremstedal 2012, 51). It is a condition that makes moral agency possible. Hope inspires action since it provides a horizon of meaning, envisions goals of acting which are worthwhile and morally desirable. Goals here refer not to expected outcomes or results (as in green hope) but to aspirations that are worthwhile to pursue (as in blue hope). Empirical theories of hope, such as Snyder's, conceptualize hope as goal-directed, and although they claim to be value-neutral, they purport to be applied in a context where most people have positively valued goals (Snyder 2002). Philosophers are more outspoken: hope always has a moral component because it implies an idea of the good life (Blom 2024). Hope can be wrong if it is directed at something that is unjust or harming others (Van der Lugt 2025). It can also be false if it is based on irrational beliefs and if it aims at something that is sheer impossible. Genuine hope acts on the basis of aspirations that are possible though not certain to realize, and that actualize a moral good. Talking about aspirations instead of goals articulates the role of moral imagination, analyzed in the next chapter.

6.4.5 Communal Dimension

A final point that can be learned from the philosophical literature is that hope, like vulnerability, is not an individual affair, although it is manifested through and in individuals. Hoping only for myself, and viewing others as hopeless, is false and unjustified since it wrongly assumes that the good envisioned is not dependent on others, and might be realized in the future with my own efforts (Fremstedal 2012). Hope does not isolate people but brings them together, forming bonds and creating communities (Han 2024). Empirical theories of hope underline that accomplishing goals requires relationships and cooperation, making connections to other people (Snyder 2002). From a philosophical perspective it may be argued that hope as orientation of the spirit (or blue hope) provides a meaningful horizon with new and unsuspected possibilities, but such a horizon is not the product of individual efforts. What is meaningful and valuable results from continuous, tentative and uncertain searching for what makes life worthwhile. The future is not imagined as solitary existence and survival but as a common destiny, in the words of Gabriel Marcel: "...hope is only possible on the level of the *us*" (Marcel 1962, 10). This is why quietism, "leading a life that is, to a degree, emancipated from the human condition" and focused on care and cultivation of the self is not sustainable (Cooper 2024, 58, 61). There is no refuge from the world, a kind of asylum or monastery where we can feel safe and not alien, another world where we can "cultivate and exercise virtues that are harder to acquire or maintain the course of human affairs" (Cooper 2024, 76). This was Voltaire's recipe against optimism: let us cultivate our garden. But without other people we will not survive, and even our garden will continue to be affected by the deteriorating world around us. That there is no escape from reality is expressed in the works of artist Emma Talbot. In *Where Do We Come From, What Are We, Where Are We Going?*, she comments on the famous painting of Paul Gauguin with the same title (see Figure 21). Gauguin had moved to Tahiti in the hope of finding a natural and pristine paradise, only to discover that is was already corrupted by Western civilization. Experiencing a physical and psychological crisis, in his painting he revealed not his disillusion but his ideas about the stages, mystery and meaning of human life. Exhibiting her installation

during the Venice Biennale in 2022, Talbot resumes the same theme: we cannot break away from nature (Pariante 2022). At the same time, she articulates that we should care for the planet, imagining that another world is possible, and not accepting the way the world is. In this day and age, hope is almost an act of rebellion.



Fig. 21 Paul Gauguin. *Where Do We Come From? What Are We? Where Are We Going?* (1897). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Gauguin_-_D%27ou_venons-nous_Que_sommes-nous_Ou_allons-nous.jpg

The collective aspect of hope is furthermore demonstrated in its narrative dimension. Hope is inspired and nurtured by stories of ethical actions that make a difference. A life without narratives is a life without hope (Blom 2024). For hope, as well as for ethics, narratives are important: stories, small and large, that lay out that the future is open and a space of possibilities, but also show the determination and persistence as well as the despair, disappointment, pain and grief in efforts to change it. This is why Marsman's story about her suffering and life with cancer shows and offers hope to others. How to preserve hope in the face of global injustices and massive cruelties is illustrated by Payam Akhavan, who served as legal counsel at the International Criminal Court. He recounts that his commitment to the pursuit of global justice did not arise from an abstract intellectual ideal, but from being deeply moved by human suffering and by the many stories of resilience he encountered. (Akhavan 2017). Rebecca Solnit likewise provides a narrative of hope, drawing not on grand visions but on numerous modest, everyday acts that reveal how another world might be possible. (Solnit 2016).

6.5 Hope and Healthcare

Medicine and healthcare are activities motivated by hope. Without hope, patients would not visit doctors, physicians would not engage in preventive or therapeutic interventions, and medical researchers would not search for new treatments (Stempsey 2015). Yet, references to hope in medical publications are rather recent. Medical journal articles with this keyword were rare before the 1990; since then they have been growing slowly, with a more rapid increase since 2014. A PubMed search in August 2025 with the keywords 'hope and medicine' produced 25 articles in 1990, and 114 in 2000. The number of relevant articles increased more rapidly since 2014 (a total of 449) until 2024 (1570 articles). It is not clear whether this expanding number of publications reflects a growing interest in the issue of hope, or is associated with the general increase of medical journal articles since the millennium. Perhaps it is related to the rising interest in resilience. Before 1990, this last keyword was scarcely used, but since 2014 it has been used in an exponentially increasing number of publications. However, the issue of hope in connection to bioethics did not significantly figure or increase in medical publications in this timeframe (a PubMed search in August 2025 with the keywords 'hope & bioethics' produced 1 article in 1990, 1 article in 2014, and 6 in 2024).

One of the reasons for the reluctance to address hope as a relevant issue in healthcare is the bioethical insistence on respect for patient autonomy. This requires informed consent, and thus truthful and realistic information about the patient's condition, diagnosis and prognosis. The physician should avoid offering false and unrealistic hope. But there are different ways to maintain hope (Kube et al. 2019). Bringing bad news does not need to destroy hope because the object of hope can change, and a different kind of hope can emerge, a deeper kind of hope focused on the meaning of illness, life, death and suffering (Stempsey 2015).

Other reasons for the relative neglect of hope in medicine are its association with religious discourse and the assumption that it is an abstract concept. Empirical studies of hope, especially in psychology and social sciences changed this attitude. Various models and conceptualization made hope not only measurable but also usable in disease management (Corn, Feldman and Wexler 2020). It is argued

that hope may have specific benefits: psychological well-being, avoiding despair and better cooperation with healthcare providers (Clarke and Oakley 2025). For this reason, hope is an important asset to make people more resilient.

The broader context of resilience may explain why the medical interest in the topic of hope often has two characteristics: it is individualistic and is regarded as a therapeutic instrument. Like the concept of resilience, hope is approached as an individual feature. It does not conflict with personal autonomy but can enhance the resilience of the person, especially in coping with cancer and chronic pain (Corn, Feldman and Wexler 2020). Hope arises in a situation of despair, and will never remove that situation. It gives voice to the experience of vulnerability, moves attention away from present vulnerability, and allows us to continue in the face of vulnerability (Brown, de Graaf and Hillen 2015). But it can also magnify vulnerability, because there is always the possibility of disappointment and disillusionment when hope is not fulfilled. It is then important to distinguish between the two kinds of hope, mentioned earlier.

This distinction is relevant when hope is considered as a therapeutic instrument, as a kind a placebo that can help patients to overcome the impact of illness and to have more trust in the efforts of healthcare providers (Bressan et al. 2017). Not all hopes are goal-directed. Goals may change and people may formulate other and new goals, shifting from cure, remission, quality of life, relief of suffering and a good death (Clarke and Oakley 2025). Hope does not need to express expectations of a result that is probable. It may be the articulation of values that a person finds important. Here, a difference must be made between expectation and anticipation. The first is connected to probabilities, the second to possibilities. The last type of hope as value-orientation is what has been earlier called 'blue hope' (or 'deep hope') .

6.6 Conclusion: Hope and Bioethics

If resilience is considered as the capacity to recover from adverse life experiences, it is sustained by the hope that a different future is possible, however difficult it may be to attain. As argued earlier in this chapter, resilience does not merely mean a return to a previous state; it can be

reconstructive but also transformative, aiming at renewal based on values that are deemed fundamental and in need of preservation and articulation. Hope has a similar transformative power and orientation towards values within the context of vulnerability and despair. This orientation explains why resilience and hope are important notions in bioethics but also clarifies whether and how bioethics can reshape itself in the face of present-day apocalyptic scenarios. Now that the context of bioethical discourse is rapidly changing, there is the risk that bioethics itself becomes a marginal and futile enterprise. As discussed in the previous chapter, the global context of ethical discourse is not only intensely criticized, but increasingly disregarded and sidetracked. More importantly, the belief that ethical views have any impact on practices and policies is more and more lost and disparaged. How can bioethical discourse respond to these prevailing tendencies, and be resilient?

From the discussion of hope, and the growing interest in hope within healthcare, two lessons may be learned. The first is that hope, like resilience, is an important characteristic of individual human beings. It allows them to transcend past and present experiences since it assumes that the future is open, and that several possibilities lie ahead, with all the ambiguities and uncertainties that remain. Hope is the desire to escape from the present world with its apocalyptic future. It is also the belief that as resilient beings we have the capacity to transform our way of life, and can devise new ways of living if we persist with the values that are really worthwhile. The second lesson is that hope, like resilience, is not only an individual feature but shaped by social, cultural and religious narratives. When the context of resilience is disregarded, individuals adapt to adverse circumstances without addressing the conditions and systems that generate adversities. The individual person accommodates environments without any impulse to transform these environing conditions themselves. The same applies to hope. When an individual has specific expectations, and aims for particular goals and hopes for distinct outcomes, they can become disappointed when there is no social and institutional support, shaping the horizon of possibilities. It is difficult to sustain hope in this sense when everybody around us does not support it. This is even more clear in blue hope; how can we hope for something that is worthwhile and meaningful if that sense of worth and meaning is not shared by others? Vaclav Havel could continue to

hope, opposing a repressive regime and spending four years in prison, without any prospect of change, because his values of tolerance, freedom and integrity were shared by at least some others who, like him, had the capacity to voice the hopes and fears of people around them. Hope in this perspective is a social praxis, rooted in shared experiences. An analysis of hope should therefore not simply focus on individual (psychological) characteristics but rather attend to the narratives, processes and systems of hope that predominate in our social, cultural, religious and institutional surroundings (Brown, de Graaf and Hillen 2015). Western cultures, for example, with their emphasis on personal autonomy, rational choice and self-control, assume that hope is an individual trait but underline that patients should first of all know the truth about their condition and be aware of evidence concerning treatment possibilities. But at the same time, in these cultures, new drugs and biotechnological innovations are continuously promoted through a 'hope industry' (Qiu 2009). Scientific 'breakthroughs' and new 'miracle drugs' are announced that suggest that debilitating and life-threatening diseases are potentially curable. The promises of innovations present a hopeful future for patients who are vulnerable and usually do not have therapeutic options left. Hope motivates them to travel to other countries for medical interventions that are rejected by scientific medicine in their own country as unproven and dangerous. In some countries, patients have the right to try unapproved experimental drugs. Against this backdrop of 'hope management,' it is difficult to argue that hope is just an individual affair and responsibility. Bioethical discourse emphasizes that patients nowadays are acting as active agents responsible for their own health; they will welcome the message that medical science is continuously progressing and always producing better treatments that soon will come on the market, but it generally ignores the context in which expectations arise and are promulgated (Ten Have 2022).

Hope is shaped by the cultural setting but also by the social sphere, i.e. the interactions between people and groups within communities and societies. The goals and pathways that are determinative in psychological hope theory, for example, are not defined independently from others. If hope is goal-directed, whether we accomplish our goals is dependent on whether other people will assist us and provide the means to reach them. Therefore hope is more than an individual trait;

it is relational. We cannot achieve what we hope for with only our own powers. Hope needs to be sustained in participation with others, and is thus said to exist between people (Gulliford 2024). In communication and interaction with others, different horizons of possibility may emerge, giving rise to different modes of hope, such as transformative hope nourished by shared dreams about what might be possible and real in the unknown future, and by the collective impulses for change that such imaginings can generate (Webb 2024). The communal dimension of hope is important in the context of palliative care. Confronted with terminal illness and the imminent end of life, hope is reshaped, no longer engaged with future expectations but focused on what matters to patients and families. This hope is constructed and mobilized in meetings bringing together patients, health professionals and families, creating supportive and caring practices (Kirby et al. 2021). Palliative care, as a relational approach concerned not merely with the pathology of disease but with the whole person in its relations to others, regards care for the dying as an inter-human process, and hope as a social phenomenon (Schotsmans 2002). The communal dimension is equally important for hope in other contexts. It is difficult to hope in social circumstances that are not supportive and responsive and that do not recognize the value of what we hope for. That hope is collectively expressed and cultivated is, for example, articulated by dissidents in totalitarian systems when individuals such as Vaclav Havel feel supported by others. Their hopes are kept alive by the responses of the world around them (McGeer 2004). Hope is furthermore important at the level of societies, especially in democratic political systems. As openness to the political possibilities that a democratic government can provide, as a democratic civic virtue, hope instigates citizens to lead worthwhile lives driven by freedom, dignity and justice. Governments should inspire the hope of citizens that a different type of society is possible than the current one through providing goods that meet basic needs and that enable lives that are worthwhile and valued. However, when hope is not socially distributed, citizens become anxious and insecure. Scarcity of hope results in paranoid nationalism, in which phenomena such as immigration are construed as threats (Snow 2018).

Since hope is focused on a future that is uncertain, threatening and radically different from the past and the present, it depends on the

imagination. To hope means imagining what is not yet there, but may be possible. We cannot simply extrapolate from our current experiences and lifeworlds but need to envision new ways into the future. The imagination can shape a horizon of possibilities. This is especially important when facing apocalyptic scenarios. Apprehensive that social and environmental systems will collapse, and that we will be confronted with extraordinary losses, it is important to determine what we should hope for. What are the basic values that we hope to sustain in this distressing future? To address this question, bioethics should develop the moral imagination. This will be the subject of the following chapter.

References

Akhavan, P. (2017): *In search of a better world. A human rights Odyssey*. Toronto: Anansi.

Barnes, L., and Hall, P. A. (2013): Neoliberalism and social resilience in the developed democracies. In: Hall, P. A., and Lamont, M. (eds) (2013): *Social resilience in the neoliberal era*. New York: Cambridge University Press, 209–238.

Blom, P. (2024): *Hoffnung. Über ein kluges Verhältnis zur Welt* [Hope. On a wise relationship with the world]. München: Carl Hanser Verlag.

Bressan, R. A., Iacoponi, E., Candido de Assis, J., and Shergill, S. S. (2017): Hope is a therapeutic tool. *British Medical Journal* 359: j5469, https://doi.org/10.1136/bmj.j5469

Brown, P., de Graaf, S., and Hillen, M. (2015): The inherent tensions and ambiguities of hope: Towards a post-formal analysis of experiences of advanced-cancer patients. *Health* 19 (2): 207–225.

Chandler, D. (2013): Resilience ethics: responsibility and the globally embedded subject. *Ethics & Global Politics* 6 (3): 175–194, https://doi.org/10.3402/egp.v6i3.21695.

Clarke, S., and Oakley, J. (2025): Where there's hope, there's life: On the importance of hope in health care. *Journal of Medicine and Philosophy* 50: 13–24.

Cooper, D. E. (2024): *Pessimism, quietism and nature and refuge*. Newcastle upon Tyne: Agenda Publishing.

Corn, B. W., Feldman, D. B., and Wexler, I. (2020): The science of hope. *Lancet Oncology* 21: e452–e459.

Daly, L. M. (2020): Resilience: An integrated view. *Nursing Science Quarterly* 33 (4): 330–338.

De Unamuno, M. (1926): *The tragic sense of life in men and in peoples*. Translated by J. E. Crawford Flitch. London: MacMillan and Co.

Dyer, J. G., and McGuinness, T. M. (1996): Resilience: Analysis of the concept. *Archives of Psychiatric Nursing* 10 (5): 276–282.

Farina, C. J., Hearth, A. K., and Popovich, J. M. (1995): *Hope and hopelessness: Critical clinical constructs*. Thousand Oaks, CA: Sage.

Folke, C. (2016): Resilience (Republished). *Ecology and Society* 21 (4): 44, https://doi.org/10.5751/ES-09088-210444

Fremstedal, R. (2012): Kierkegaard on the metaphysics of hope. *Heytrop Journal* 50 (1): 51–60.

Garcia-Dia, M. J., DiNapoli, J. M., Garcia-Ona, L., Jakubowski, R., O'Flaherty, D. (2013): Concept Analysis: Resilience. *Archives of Psychiatric Nursing* 27: 264–270.

Goodall, J., and Abrams, D. (2021): *The book of hope. A survival guide for trying times*. London: Penguin Books.

Gulliford, L. (2024): Hope. An interdisciplinary examination. In: Snow, N. E. (ed.): *The virtue of hope*. New York: Oxford University Press, 201–225.

Hall, P. A., and Lamont, M. (eds): Introduction. Social resilience in the neoliberal era. In: Hall, P. A., and Lamont, M. (eds) (2013): *Social resilience in the neoliberal era*. New York: Cambridge University Press, 1–31.

Han, B.-C. (2024): *The spirit of hope*. Cambridge, UK: Polity Press.

Havel, V. (1991): *Disturbing the peace, A conversation with Karel Hvižd'ala*. New York: Vintage.

Huertas-Jourda, J. (1963): *The existentialism of Miguel de Unamuno*. Gainesville, FL: University of Florida Press.

Kirby, E., Broom, A., MacArtney, J., Lewis, S., and Good, P. (2021): Hopeful dying? The meanings and practice of hope in palliative care family meetings. *Social Science & Medicine* 291: 114471, https://doi.org/10.1016/j.socscimed.2021.114471

Kube, T., Blease, C., Ballou, S. K., and Kaptchuk, T. J. (2019): Hope in medicine. Applying multidisciplinary insights. *Perspectives in Biology and Medicine* 62 (4): 591–616.

Long, K. N. G., Kim, E. S., Chen, Y. et al. (2020): The role of Hope in subsequent health and well-being for older adults: An outcome-wide longitudinal approach. *Global Epidemiology* 2, 100018, https://doi.org/10.1016/j.gloepi.2020.100018

Lotz, M. (2016): Vulnerability and resilience: A critical nexus. *Theoretical Medicine and Bioethics* 37: 45–59.

Marcel, G. (1962): *Homo viator*. New York: Harper & Row.

Marsman, L. (2025): *Op een andere planeet kunnen ze me redden* [On another planet they can save me]. Amsterdam: Uitgeverij Pluim.

McGeer, V. (2004): The art of good hope. *The Annals of the American Academy of Political and Social Sciences* 592: 100–127.

Münch, N., Mahdiani, H., Lieb, K., and Paul, N. W. (2021): Resilience beyond reductionism: Ethical and social dimensions of an emerging concept in the neurosciences. *Medicine, Health Care and Philosophy* 24: 55–63.

Neocleous, M. (2013): Resisting resilience. *Radical Philosophy* 178: 2–7.

Ong, A. D., Liu, Z., and Cintron, D. W. (2023): Five challenges for hope and resilience research. *Current Opinion in Psychology* 49: 101538.

Pariante, F. (2022): Emma Talbot and Gauguin's take on nature's false refuge. *ArtExplored*, https://artexplored.com/article/paul-gaugin-emma-talbot-nature-crisis

Passmore, J. (1968): *A Hundred Years of Philosophy*. Harmondsworth: Penguin Books.

Paul-Choudhury, S. (2025): *The bright side. Why optimists have the power to change the world*. Edinburgh: Canongate Books.

Pelluchon, C. (2023): *L'espérance, ou la traverse de l'impossible* [Hope, or traversing the impossible]. Paris: Éditions Payot & Rivages.

Polson, E. C., Gillespie, R., and Myers, D. R. (2018): Hope and resilience among vulnerable, community-dwelling older persons. *Social Work & Christianity* 45 (1): 60–81.

Potter, V. R. (1971): *Bioethics. Bridge to the future*. Englewood Cliffs, NJ: Prentice Hall.

Potter, V. R. (1988): *Global bioethics. Building on the Leopold legacy*. East Lansing, MI: Michigan State University Press.

Qiu, J. (2009): Trading on hope. *Nature Biotechnology* 27: 790–792.

Russell, J. S. (2015): Resilience. *Journal of the Philosophy of Sport* 42 (2): 159–183.

Schotsmans, P. (2002): Palliative care: a relational approach. In: Ten Have, H., and Clark, D. (eds): *The ethics of palliative care. European perspectives*. Buckingham and Philadelphia, PA: Open University Press, 126–140.

Setiya, K. (2022): *Life is hard. How philosophy can help us to find our way*. London: Penguin Books.

Snow, N. E. (2018): Hope as a democratic civic virtue. *Metaphilosophy* 49 (3): 407–427.

Snow, N. E. (ed.) (2024): *The virtue of hope*. New York: Oxford University Press.

Snyder, C. R. (2000): The past and possible futures of hope. *Journal of Social and Clinical Psychology* 19 (1): 11–28.

Snyder, C. R. (2002): Hope theory: Rainbows in the mind. *Psychological Inquiry* 13 (4): 249–275.

Solnit, R. (2016): *Hope in the dark. Untold histories, wild possibilities*. Chicago, IL: Haymarket Books.

Southwick, S. M., Charney, D. S., and DePierro, J. M. (2023): *Resilience. The science of mastering life's greatest challenges*. Cambridge, UK: Cambridge University Press, 3rd edition.

Stempsey, W. E. (2015): Hope for health and health care. *Medicine, Health Care and Philosophy* 18: 41–49.

Sudmeier-Rieuz, K. I. (2014): Resilience – an emerging paradigm of danger or of hope? *Disaster Prevention and Management* 23 (1): 67–80.

Taherkhani, Z., Kaveh, M. H., Mani, A., Ghahremani, L., and Khademi, K. (2023): The effect of positive thinking on resilience and life satisfaction of older adults: A randomized controlled trial. *Scientific Reports* 13 (1): 3478, https://doi.org/10.1038/s41598-023-30684-y

Ten Have, H. (2012): Potter's notion of bioethics. *Kennedy Institute of Ethics Journal* 22 (1): 59–82.

Ten Have, H. (2016a): *Vulnerability. Challenging bioethics*. London and New York: Routledge.

Ten Have, H. (2016b): *Global bioethics. An Introduction*. London and New York: Routledge.

Ten Have, H. A. M. J. (2022): *Bizarre bioethics. Ghosts, monsters, and pilgrims*. Baltimore, MD: Johns Hopkins University Press.

Thagard, P. (2013): Better than resilient—prosilient. *Psychology Today*; https://www.psychologytoday.com/us/blog/hot-thought/201308/better-resilient-prosilient?msockid=2a54ff4b964c678c312febd6973a66d0

Tusaie, K., and Dyer, J. (2004): Resilience: A historical review of the construct. *Holistic Nursing Practice* 18 (1): 3–8.

Van der Lugt, M. (2025): *Hopeful pessimism*. Princeton, NJ, and Oxford: Princeton University Press.

Voltaire (2009): *Candide or optimism*. New York: Chartwell Books (original 1759).

Wade, L. (2025): *Apocalypse. How catastrophe transformed our world and can forge new futures*. London: William Collins.

Webb, D. (2024): Hope and the utopian impulse. In: Snow, N. E. (ed.): *The virtue of hope*. New York: Oxford University Press, 278–310.

Winston, H., and Fage, B. (2019): Resilience, resistance: A commentary on the historical origins of resilience and wellness initiatives. *Psychiatric Services* 70 (8): 737–739.

Wortham, S. (2020). *Hope. The politics of optimism*. London: Bloomsbury Academic.

7. Imaginative Bioethics

7.1 Introduction

Resilience, as well as hope, presupposes a peculiar activity of the human mind, namely imagination. Resilience, as the ability to overcome adversities, is not only reconstructive but also transformative in envisioning new ways of being. In that sense, it opens up our imagination (Russell 2015). This is not a purely individual undertaking but draws on cultural repertoires and narratives that refer to collective imaginaries. Hope, as an orientation towards the future, entails looking beyond the current condition which seems bleak and doomed. It is imagining a future that is meaningful and inspires action. To have hope, the input of the imagination is indispensable. As aptly formulated by Van der Lugt: "To envision a meaningful life for ourselves we need to be able to imagine the future and our place in it" (Van der Lugt 2025, 56).

As an independent operation of the mind, imagination cannot be reduced to sensory or intellectual processes, or other mental activities such as believing, desiring, perceiving and remembering. It has the advantage that it is easily accessible; we can imagine whenever we wish. It is mostly successfully executed; we can imagine whatever we wish. And all people have the ability to imagine. But these advantages are also risky when imagining loses its connection to reality and rationality (Casey 2000). Although there is a long tradition of reflection on imagination in philosophy, it has generally been distrusted. Imagining is commonly regarded as a mental activity that is subjective and non-rational, and that therefore should be avoided in rational discourses of philosophy and ethics. When imagination is regarded as the capacity to form mental images, and thus to present things in their absence, it is evident that there might be good and bad

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imagining. Imagination can be apocalyptic as in the Book of Revelation of John of Patmos, and apocalyptic visions present a dystopic and frightening future. Imagination can also be irrational and pathological, as in psychopathological disorders resulting in atypical cognition and behaviour such as delusions and hallucinations (Liao and Gendler 2020). In these cases it is regarded as fantasy, in opposition to reason. It is therefore important to articulate the limits of imagination, for example limits on what can be imagined (e.g. we cannot imagine contradictions or what is logically impossible), showing that imaginative activity is subject to rational scrutiny (Kind 2022). Neuroscientific research demonstrates that imagining things activates many of the same brain regions that play a role when we actually experience these things for real. The brain seems to have models with which the imagination can be evaluated and 'controlled.' However, the ability to separate the real from the imagined is fragile and can be derailed, as manifested in several diseases (Zeman 2025).

In this chapter, the role of the imagination in connection to bioethics will be examined. First, it is argued that imagining is a very common activity, at work not only in the arts and the humanities but also in the sciences. Its role in philosophy and ethics has recently been emphasized by thinkers such as Mary Warnock and Gaston Bachelard, articulating that it is not only a reproductive but most of all a creative faculty. The second section explains why the imagination is important for ethical discourse: it allows us to transcend our first-person perspective and envision possibilities for future action. As moral imagination, it can correct preconceived moral views but also amplify our moral experiences and views, broadening the moral horizon and widening possibilities for acting. In the next section, the consequences of the moral imagination for current bioethical discourse will be explored. How can it help to make bioethics more resilient in the face of contemporary apocalyptic perspectives? The first consequence is the impulse to reinterpret the historical background and evolution of ethical discourse. Describing the past is not possible without attending to the imagination. Studying history from a global perspective produces richer images of the past than the usual historiography, which is typically done from a Western or Eurocentric point of view. It shows

first of all that societies and cultures have always been interconnected. Exchanges and the transfer of materials and ideas were characteristic for how they evolved and flourished. It furthermore demonstrated that from a global perspective the past has been more diversified than otherwise assumed in traditional histories. How the past is imagined will finally determine how the present is conceived, signalling what is worth preserving and commemorating, and what should be regarded as foundational values. The final section of this chapter will discuss the second consequence of applying the moral imagination. It concerns reinterpretation of the global context of bioethics now that globalization itself is increasingly vilified and rejected, making global bioethics pointless. Critical and historical reflection, however, clarifies that globalization used to be imagined in a specific way (as neoliberal globalization). It can be imagined differently, restoring the balance between state and market, and prioritizing social over economic goods. Imagining a new mode of globalization will open up new ways of action for global bioethics, focusing on local practices rather than global governance.

7.2 Imagination

Current scientific research shows that imaginative experiences are not exceptional but very common (Zeman 2025). The imagination allows us to detach ourselves from the here and now, and most of us engage in 'daydreaming' or 'mind-wandering' to absent ourselves from our immediate surroundings. Imagining is also an active component of our interactions with the world, since it is at work in perceiving and understanding what is around us. Perception is not simply detecting or registering the physical reality outside of us but active interpretation; what we perceive is the work of the imagination. Humans are not subjective, passive spectators that receive sensations from physical impressions, but are more properly regarded as active and exploring beings making sense of their environment with the help of their imagination. For this reason, imagination should be celebrated as the "most distinctively human capacity" (Zeman 2025, 1).

While the imagination was initially studied in the context of arts

such as literature, painting and music, as well in relation to aesthetics, it is nowadays recognized to play an indispensable role in other human activities. It has inspired economic and political discourse (Himmelfarb 2012). Natural sciences cannot flourish without imagination. It not only is conducive to theory development and discovery, but also takes part in thought experiments, in the conception of models, and the presentation of theories, although its precise role is debated (French 2020). The imagination is particularly important for the historian, who cannot only focus on material culture and daily life but has to take into account the beliefs, mentalities, sensibilities, symbols, superstitions, fears, hopes and fantasies which have shaped the past. Imagination is not the opposite of reality but fully part of it. Without attending to imaginative narratives, beliefs and images, historical studies run the risk of anachronistic judgments, evaluating the past with the scientific knowledge and values of today (Pastoureau and Lemire 2025).

Recent thinkers have rehabilitated the role of the imagination in the field of philosophy and ethics. Ernst Cassirer, for example, argues that it is characteristic of all great ethical philosophers that they do not think in terms of mere actuality. Their ideas cannot advance a single step without enlarging and even transcending the limits of the actual world. Possessed of enormous intellectual and moral power, the ethical teachers of mankind were endowed with a profound imagination. Their imaginative insight permeates and animates all their assertions (Cassirer 1944). Mary Midgley points out that imaginary visions of how the world is and should be "are the necessary background of all our living. They are likely to be much more important to us, much more influential than our factual knowledge" (Midgley 2018, 73). In her philosophical and historical analysis of the notion of imagination, Mary Warnock argues that the cultivation of imagination should be the chief aim of education. The imagination is a powerful faculty of the soul, creating mental images, and allowing us to think about objects in their absence, thus playing a pervasive role in perception and thought. However it is not just reproductive, as a capacity to make images, pictures or representations of things. It is also productive, as a constructive and creative ability, a way of presenting things to ourselves, of thinking about them, and enabling us to interpret the

world. Particularly this last aspect makes the imagination powerful and instructive: it demonstrates the ability to detach ourselves from the actual situation and from what is immediately present (Warnock 1976). This point is emphasized by Gaston Bachelard, who elaborated a philosophy of imagination. For him, the imagination is a force of transcendence, allowing human beings to surpass and escape reality as given, to go beyond the limitations of empirical experiences. It takes us into the dimension of the future: "Imagination is not ... the faculty of forming images of reality; it is rather the faculty of forming images that go beyond reality, which *sing* reality" (Bachelard 2014, 71). Since it opens our eyes to new types of vision, Bachelard calls imagination "spiritual mobility": it renews the heart and the soul (Bachelard 2014, 76; Pavie 2025). When hope is regarded as passion for the possible, it is not resigning to a desperate and doomed future; what is possible is not given but should be imagined.

According to Paul Ricoeur, the term imagination is used in different ways: as the evocation of things that are absent and exist elsewhere; as the representation of persons or things that physically exist (as reflected in portraits and statues); as referring to fictions or non-existing things (as in dreams and literary narratives); as illusions, representing absent or non-existing things while people believe in the reality of their object (Ricoeur 1994). Depending on the presence or absence of their object, there are different types of images delivered by the imagination. The fundamental problem is then how imagination is connected to reality.

In Western philosophy, this problem has been addressed in various ways (Kearney 2001). Imagination has first been regarded as a representational faculty, reproducing a preexisting reality. This mimetic paradigm of the premodern imagination uses the metaphor of the mirror to characterize the function of the imagination. As mental representation, the image is a copy or substitute rather than an original which exists prior to human intervention. Because of this mirroring, the imagination is also distrusted since the presented image can be confused with the original. Only the rational intellect can discriminate between the copy and the thing itself, and between good and bad uses of the imagination. Renaissance humanism, articulating that the human

being himself is the source and creator of meaning, affirms a second model of the imagination, considering it as a creative faculty which produces new images. In this productive paradigm, the imagination is like a lamp that sheds light on things. Imagination is not merely reproductive but "the power of the human subject to create a world of original value and truth" (Kearney 2001, 156). As Immanuel Kant later proclaims, the productive imagination does not just mediate between sensibility and understanding, but is the precondition of all knowledge; it is no longer a copy but the ultimate origin, since the human mind has priority over objective being. In German Idealism and European Romanticism, confident of the inevitable progress of history, the imagination is celebrated as the endless creative power of human subjects. In existentialist philosophy, the imagination is understood as negation: presenting its object as not being, it negates the real world and creates 'unreality.' Our being in the world presupposes the capacity to withdraw from it; we are conscious of the world since we are conscious of not being in this world, and thus are free from the world, even if this implies 'nothingness' (Kearney 2001, 325ff). Only by negating what currently exists can we open up possibilities for what does not yet exist. The third, parodic paradigm of the imagination dominates in the postmodern era. In a technological culture where electronic media pervades human life, the 'original' has been replaced by its imitation, and images and reality can no longer be separated or distinguished. Against the humanist imagination as the original creation of meaning, the idea of 'origin' is denied. Images neither represent reality nor precede the reality they represent but they have displaced the realities (as originals), breaking down the relation between fact and fiction. The image is mimesis without origin, and the imagination is a labyrinth of mirrors. In this paradigm, imagining alternative horizons of existence has become impossible, with apocalyptic pessimism as a result: human agency and intervention are illusory.

Concluding his analysis of the three paradigm shifts of the imagination, Richard Kearney argues that there is a need for a revised version of the human imagination. While it is impossible to determine theoretically the relation between image and reality, the imagination still has an ethical dimension. It is more than mimesis,

production or parody. Kearney reinterprets the imagination as a relationship between the self and the other (Kearney 2001, 363). Imagination can open us to the otherness of the other. Images relate to the ethical existence of the other: behind and beyond the image resides a face, demanding us to imagine otherwise, i.e. not reducing otherness to sameness, and going beyond an egocentric consciousness or an anonymous, technological system in which media images anaesthetize our sympathies and narrow our imaginative horizons. Images of a starving child in Gaza, a wounded woman in Ukraine, a displaced and exhausted family in Sudan, but also a homeless man lying in the dirt in a rainy Amsterdam street provoke moral outrage and demand an ethical response.

7.3 Moral Imagination

Imagination is a powerful resource for ethics. It has at least two capacities that are important for ethical deliberation. The first is that it takes us beyond the limitations of empirical and actual experiences, enlarges our horizon and expands our sympathies. Imagining means that I can place myself in the situation of another person, that I can imagine what someone else feels, needs, and endures. Imagination allows the ability to empathize with others and recognize situations that demand moral action. This point is particularly emphasized by Edith Stein (1891-1942, see Figure 22) who argued that we can imagine ourselves as the other and can imaginatively experience the situation of others since we recognize what we share as human beings. Imagination makes us aware of values beyond the limits of our own personal experience (MacIntyre 2007). As the capacity of shifting perspectives, the moral imagination can generate different framings of situations and challenges, placing us in the perspective of others, envisioning a variety of moral viewpoints and widening our moral horizon. It is not only a condition for empathy but also an ability to recognize otherness and diversity since it is in the words of Warnock, "our means of interpreting the world" (Warnock 1976, 194). It facilitates different ways of 'seeing' and interpreting the world, opening up possibilities that go beyond existing situations and conditions.



Fig. 22 Edith Stein (1938–1939). Photographer unknown, Cologne Carmel Archives, Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Edith_Stein_(ca._1938-1939).jpg

Through the imagination, we experience our ethical relation to the other who confronts us with a claim to responsibility, and we can also identify with those forgotten and discarded persons of history (Kearney 2001). An example is the emergence of human rights discourse in the eighteenth century. Popular novels (such as Rousseau's *Julie, or the New Héloïse*) and theatre made readers sympathetic to the fate of others, raising awareness that other people share similar feelings and sentiments, have the same needs, and the same desire for autonomy and independence. Imagining others as equals made it possible to identify with their condition. This rise of "imagined empathy" created a favourable environment for political declarations of the rights of human beings (Hunt 2007). Narratives of judicial torture and cruel punishments affected the moral sensitivity of people, and these practices became increasingly intolerable, resulting in the abolishment of public executions at least in Europe and North America. Since the imagination allows persons to participate empathically in the experience of other persons, it makes them aware that they inhabit a common world with similar experiences, values and meanings with the result that more and

more beings are considered as morally significant. This phenomenon of the expanding circle of moral concerns (see Chapter 5) shows that the moral imagination is evolving over time. While in earlier times, sharp distinctions were made between people, and especially foreigners were regarded as strange, hostile and incomprehensible, nowadays all human beings can claim to be respected as fellow humans and members of an "imagined humanity" (Stuurman 2017, 1, 31). During a long period, inequality was omnipresent as the common and reasonable standard, and equality had to be imagined. To bring about changes in the world, the imagination has to envision a world that is different from the one empirically given.

The second capacity that makes imagination important for ethics is its creative power. Advancing new visions and ideals, it projects itself into the future, based on what has been learned from the past, and what is unsatisfactory or lacking in the present so that the world can be seen in a different way. The imagination is projective, since it perceives what is actually and concretely around and before us, and what we immediately experience, in light of the possible, and what could be (Fesmire 2003). The imagination conceives alternatives to problematic situations and identifies various possibilities for acting, envisioning how harm can be prevented and potential help can be offered. It opens up horizons of possibilities, producing worldviews, ideals and values to guide moral perception and direct human action. In our imagination, we try out various possible lines of action, exploring what is feasible and what the consequences of possible action are. For this reason, John Dewey has called moral deliberation a "dramatic rehearsal" of anticipatory ways of acting (Dewey 1922, 190). It is a great advantage that we can do this in our imagination rather than in real practice, since trying out an act in the imagination is not final or fatal.

That the imagination plays a vital role in moral understanding, deliberation and reasoning is expressed in the concept of *moral* imagination. The question is, what makes the imagination moral? Various options are on the table to answer this. One refers to the use of imagination in the context of moral discourse. It is a tool to exemplify, illustrate and clarify what is morally desirable, permissible or required. Moral imagination is then contrasted with immoral imagination. In the name of imagined ideas, individuals may be discriminated against,

persecuted or enslaved, and entire populations may be massacred. Older forms of barbarism can be revived with immoral imagination, in order to justify racial or religious hatred, torture, diverse manifestations of fanaticism, revenge and punishment. Moral imagination, on the other hand, can evoke ideas and practices of justice and respect for human dignity. Good and bad can be imagined as examples of moral or immoral thinking. It shows, according to Edgar Morin, that imagination can be stronger than reality (Morin 2026). In this view, imagination plays an incidental role as an additional instrument used in ethical discourse, but it is basically not different from imagination in other contexts. In most cases, however, moral imagination is conceived to play a moral role itself (Murdoch 1986). This role can be envisioned in several ways.

The first is that the imagination can influence, alter or correct one's moral views. Because it can frame situations in novel ways, it may evaluate, broaden and change our preconceived moral ideas of what is good or bad, desirable or undesirable, for example since we are imagining the consequences and implications of our ideas and values, not only for ourselves but for other people too. Imagination is, for example, an effective tool to moderate and mitigate stereotypes, prejudices and biases. Research on counter-stereotypic mental imagery shows that deliberately imagining individuals who contradict familiar stereotypes (for instance, picturing a woman in positions of strength, competence, or leadership) can significantly weaken gender-based biases compared with control groups who do not engage in such imagery (Blair, Ma and Lenton 2001). Activation of the imagination and taking the perspective of stigmatized others is also considered an effective means to reduce implicit race bias (Devine et al. 2012).

The second way attributes a more positive role to the imagination, not as corrective but as amplificatory: it makes it possible to accomplish ethics as an evaluative discourse. As argued in Chapter 5, what is typical for ethics is the so-called moral point of view, namely taking into account the perspective of others, so that our sympathies can be expanded and indifference to others overcome. The imagination makes this moral point of view operational since in our mind we can 'see' and experience the situation of other people, their needs, desires, wants and interests but also their vulnerabilities and potential conflicts. Imagination helps to notice what matters to people, what is wrong with their situation,

and how this can be ameliorated. It is argued that the imagination is moral since it enables moral sensitivity and moral reasoning, especially through three mechanisms: it makes it possible to apply abstract moral concepts to concrete cases and situations; it explores the perspective of others; and it anticipates and evaluates the moral consequences of possible decisions and actions (Gerrits et al. 2023). In ethics education, moral imagination generally is not a major concern, but it is argued that it should be used more often to foster ethical competencies such as moral sensitivity and moral reasoning. Cultivating the imagination is possible with the use of narratives, drama and literature, and with educational interventions such as role-playing exercises, scenarios, vignettes and comparing multiple futures. Simulated learning experiences were used to train nursing students to confront workplace violence. Imagining acting as angry family members allowed them to experience the perspective of complaining patients and their families, and to identify various possibilities to prevent violent responses and to engage in compassionate action (Jantzen et al. 2023). Studies also show that critical care nurses in end-of-life care are better able to deal with moral distress when they use moral imagination to envision various possibilities for a 'good death' for individual dying patients (Traudt, Liaschenko and Peden-McAlpine 2016).

The third role of moral imagination is related to the object or purpose of ethical discourse. If ethics is regarded as a human activity that aims at expanding our limited sympathies, through shifting perspectives from the first-person individual to the second-person perspective of mutual engagement and cooperation, and the third-person perspective of detached observer, taking the moral point of view then contributes to the improvement of the human predicament, or at least prevents its further deterioration. Imagination can envision future goods and an improved and more valuable human condition, for example with images of humans as social beings rather than atomistic and self-regarding, as cooperative and caring rather than competing (Ten Have and Pegoraro 2022). This is argued by Dewey when he advocates the liberation of individuals, as well as the promotion of a common good. Imagining not only celebrates individual freedom but at the same time shows a regard for general welfare (Fesmire 2003). In more general terms, extrapolating from Northrop Frye's comment that the fundamental job

of the imagination in ordinary life is "...to produce, out of the society we have to live in, a vision of the society we want to live in," it can be asserted that the task of moral imagination is to produce visions of the good society, i.e. a sustainable world in which we ought to live because it advances the flourishing of everyone (Frye 1964, 140).

The fourth, most encompassing role of moral imagination assumes that it is fundamental in all aspects of morality. Moral understanding, moral deliberation, and moral reasoning are basically imaginative activities. The most important moral concepts as well as morally problematic situations cannot be understood without the imagination. The consequence is that the common approach to ethics needs to be radically revised, as pointed out by Mark Johnson (1993). The idea that ethics is a set of principles which can rationally be justified and which determines what ought or ought not to be done, should be revised. Moral deliberation is not an exercise to resolve which ethical principles apply or prevail in a specific problematic case, but is better interpreted as an imaginative exploration and transformation of experience. Through the imagination, which values are at stake are explored, and which possibilities of action are latent in the present situation. Better moral understanding helps us to imaginatively discern various possibilities for acting within a given situation, and this has implications for how we ought to act (Johnson 1993, 202).

7.4 Another Ethical Horizon

What can the moral imagination do in the face of apocalyptic scenarios, and how can it especially make bioethical discourse more resilient against doom and gloom views which take for granted that ethics itself is powerless in debates about the end of the world? In previous chapters, bioethical approaches have been criticized because they are theoretical, too narrowly concerned with individual and short-term perspectives, and ignore the social and environmental context of challenges, so that they do not inspire hope towards the future. Other approaches that developed through critical examination of mainstream, principle-based bioethics, such as care ethics and narrative ethics, appealed to the imagination to mobilize notions such as interdependency and life story in order to envision a different ethical discourse. Imaginative inspiration

can be particularly beneficial in the area of global bioethics. In the global context of health and bioethics new visions and actions are necessary but what is lacking is moral imagination, concluded Solomon Benatar already twenty years ago (Benatar 2005). The current environment of injustice and inequality denies the benefits of science and medicine to many people. Bioethical discourse is too distanced from the values of ordinary people around the globe and too far from the practical and concrete contexts in which problems arise so that it does not open up any avenues towards a better future. Around the same time, Paul Farmer attacked the idea that it is impossible to provide the same level of high-quality healthcare for the poor that is provided to the rich. He blamed "failures of imagination" as responsible for continuing global inequities, and worked relentlessly in diverse countries to show that imagination can produce a bolder vision of what is possible, and how this translates into practical activities (Weigel 2013, 57-66).

When moral imagination is regarded as a vehicle for increasing the resilience of current global bioethics, it appeals directly to the capacity of our imaginations to make the moral point of view more alive and tangible by allowing us to experience the situation of others, and also to identify possibilities for action. Apocalyptic scenarios illustrate that imagination can be misguided and misdirected. It can become confined by the past, treating the future as closed. When this happens, it distorts our vision and becomes dominated by images of decline, apathy and despair, rather than by hope and expectation. In this way, imagination is 'truncated'; it is restricted and only one of its dimensions is mobilized, since it is narrowly reproductive and no longer creative and constructive. Its fascination with the end of the world as ultimate catastrophe interferes with the values and ideals that give sense to what life is all about, and that defines the end of the world as purpose and meaning. Enlarging the imagination and overcoming its failures requires that the potentials of the moral imagination are fully engaged, so that a broader and different notion of bioethics can develop that widens the ethical perspective into a really global and planetary one, making ethical discourse more prophetic and focused on the future. Imagining does not conceive ethics as a system of abstract 'oughts' but articulates personal and social responsibility to others. It focuses on new visions and values, and on transforming persons, assuming that moral action does not flow

merely from principles or rules but from immediate experiences and from personal and cultural narratives, enlightened by the imagination.

The consequences of taking the moral imagination seriously are first of all a reinterpretation of bioethics in the face of contemporary global threats: as a framework of ethics not merely addressing individual concerns but also those of society, community, as well as the planet (Ten Have 2016). If there is a need, as Pope Francis has argued, to have a "new way of thinking about human beings, life, society and our relationship with nature," then the role of bioethics is to create new habits focused on harmony "within ourselves, with others, with nature and other living creatures, and with God" (Pope Francis 2015, § 215, § 210). Ethics for the future should cultivate the virtues of a balanced lifestyle, in harmony with creation, but also the virtues of a culture of care. These virtues can be fostered through considering and employing principles of global bioethics that not only ask respect for human dignity and respect for individual autonomy, but also for vulnerability, justice, solidarity, the environment, and future generations. But more than the principles, the moral imagination should be stimulated and enlarged with the use of stories, cases, exemplars, simulations, games, poetic languages and metaphors (Lear 2022). Since fears of the future for most people are no longer abstract but real and concrete personal concerns, the focus should be on practical experiences that may inspire us. The new habits recommended by Pope Francis can be seen at work, for instance, in exemplars—individuals who are admirable and who we might want to imitate or resemble, even if they are exceptional. This point will be elaborated in the next chapter.

Another consequence of an extended role of the moral imagination is a re-evaluation of globalization. The context in which global bioethics has emerged is nowadays the subject of critique and change. While global approaches and international cooperation are falling short in an increasing number of areas, challenges to the global community and the planet persist. Our confidence in governments and international organizations to take actions that will solve these problems has declined sharply. At the same time, international treaties and commitments such as human rights law, which have governed political relations over the last decades, are increasingly ignored. The disintegrating hegemony of global systems and mechanisms means that global bioethics must shift

its focus from general to specific, from broad to local, from the centre to the periphery, and from dominant to subjugated perspectives.

The third consequence is the need for reinterpreting the past. The imagination critically examines the present, conceiving alternatives to problematic situations and envisioning future possibilities; but it also makes use of past experiences, though not in the sense of merely copying or reproducing prior experiences. The imagination operates in the tension between present and future, acknowledging what is going on the world and creating a sense of new realities, of what are possible and better futures. It also operates in the tension between present and past, detaching us not only from the current reality but also from the past in which values and ideals are not or only insufficiently realized. As a creative force, it anticipates the future and at the same time reconstitutes the past, assured that the present is not determined by its history in which opportunities and possibilities were lost, remained hidden or disregarded.

In order to project a different moral horizon, the moral imagination should therefore not only reveal a different face of the future, but also different faces of the past and the present.

7.5 History: Different Faces of the Past

As a capacity for detachment from the immediate situation, imagination not only envisions future possibilities but also reinterprets the past. Anticipating the future, we bring to mind and revive past experiences. During the Covid-19 pandemic, there was an upsurge of interest in previous plagues, and especially in how people endured direct threats to their existence in earlier times. Similarities were imagined between Boccaccio's descriptions of the plague in fourteenth-century Florence, and current experiences and policies in the coronavirus pandemic. *The Plague*, published by Albert Camus in 1947, became a global sensation (Earle 2020). Sales of the book exploded in 2020 in numerous countries, showing how reading an imaginative novel situated in the recent past helped to make sense of the present world. This illustrates one function of history: replaying experiences in previous times contributes to imagining how to cope with the current situation but also how to improve our actions, and to think about the future. Recollecting and re-

examining past experiences nourishes the imagination as "the first step towards new worlds" (Pavie 2025, 194). Here the imagination is mainly reproductive, drawing upon history as cultural memory, as a reservoir of images recording impressions of reality (Kearney 2001). Recalling past experiences, the imagination is conceived as a 'storehouse' (in the words of Thomas Aquinas) to make sense of current experiences and anticipate future ones (Kearney 2001, 129). But it should be kept in mind that imagination itself has a historical dimension. It is not merely reproductive, as Kearney has argued, but also productive and parodic. This implies that the imagination can be regarded as the autonomous expression of human beings, assuming creativity and progress towards the future, but also as a powerless faculty facing anonymous consumerist technologies. Two attitudes towards the past may be the result. One is a nostalgic view regarding the previous world as better, as a golden age that has regressed and is continuously deteriorating because of climate change, growing inequalities, and political oppression and collapse; this is the view of history expressed in current apocalyptic scenarios. The other is a utopian one in which the future will be better since we have already experienced immense progress, particularly in life expectancy, health and education. This is, for example, elaborated in *New Atlantis*, published by Francis Bacon in 1626, imagining a future with improved human welfare through scientific inventions and discoveries, and now a favourite book among tech oligarchs (Bacon 2025; Houston 2025).

However, the past is not just a repository that can nourish the imagination today; history itself is permeated with imaginary representations and projections, just as our present-day conceptions, ideals and views are. Bacon's book is not an exception. History is not understandable without examining and exploring the imaginations prevailing at that time and era, as argued by Michel Pastoureau (Pastoureau and Lemire 2025). Human experiences and actions in former times were always shaped by the imagination, reinterpreting, modifying and transforming the old. This allows us to learn from previous experiences, since they tell us how different framings of situations are possible with diverse consequences. The moral imagination, for example, is enlarged when it learns how morality was framed as primarily a matter of reason, producing the Enlightenment legacy of rationalistic ethics, or how moral principles are situated within a tradition and culture, so that they can be considered as "summaries of

our collective moral experience" (Johnson 1993, 80).

The interconnection between history and the imagination does not just occur in the past but even more so in the present. Historical events and actions are reconstructed with present-day imaginations. Historians must be able to regenerate and evaluate the past when worldviews, ideals and values were significantly different. Without imagination as prerequisite for history, the past would be dead (Berlin 1991). This refers to what John Kekes has called the corrective function of the imagination: retroactively we can assess past mistakes and identify sources of error. Recognizing these and evaluating possibilities and missed opportunities can help prevent their recurrence in our present conditions (Kekes 1993). It explains why histories are changing and reformulated. It is true that we have the capacity to imagine a different world, and that remembering the past will sustain this capacity, but it does not imply that we do not have the capacity to change the past (Lederach 2005).

Just as contemporary thinking about bioethics is undergoing significant change under the influence of the processes of globalization and their critical analyses, the historical background of these changes is also being re-interpreted. The past itself must be clarified and understood, due to the pervasiveness of present global connectedness and its criticisms. This is the driving force behind present-day efforts to develop so-called 'global history,' as a particular perspective on how humans shape history, rather than as an object of study (the globe or whole world). In this perspective, three issues are articulated: the important role of connections, exchanges, contacts and networks; the need to redress the biases and one-sidedness of earlier world histories (specifically ethnocentrism and ethnonationalism); and the inclusion of a diversity of voices, together with an identification of shared heritage.

A crucial idea in Western history is that the ancient Greek and Roman cultures are the cradle of civilization. Foundational notions such as freedom, equality, democracy, but also philosophical reflection and rational thinking, have been viewed as derived from these ancient ancestors. The Persian wars are presented as courageous fights between freedom and despotism, between Europa and Asia, civilization and barbarism. Hippocrates is lauded as the father of medicine because he liberated it from superstition and magic, and advocated a rational and empirical approach. However, numerous studies today show that many of the Greek and Roman values and ideas in fact came from

elsewhere. Ideas of democracy, for example, were already practiced in Mesopotamian city states, 1500 years before Athenian democracy. In order to understand complex and nuanced historical developments, it is not fruitful to think in terms of homogeneous and separate civilizations. Concepts like civilization (but also race and culture) are more recent inventions in historiography. Ancient Greeks and Romans did not consider themselves superior civilizations, as radically different from other people, but acknowledged that their most important institutions, innovations, ideas and ideals came from elsewhere: literature and law codes from Mesopotamia, stone sculpture from Egypt, irrigation from Assyria, the alphabet from the Levant. They recognized their connectedness through exchange, trade and wars (Quinn 2024).

Against the background of global processes and challenges, historians are rethinking ways to analyze the past, surpassing narrowly national or regional perspectives, and assuming a broader and more inclusive vision of historical developments. They articulate the role of mobility, exchange, and migration, in general processes that transcend borders and boundaries. No society can be fully understood in isolation, and worlds have always been more or less interconnected and entangled so that a wider, global perspective is required to understand the past and the dynamics of transcultural exchange (Conrad 2016). This perspective does not imply that the world has become more unified and homogeneous. On the contrary, globalization does not mean that borders are vanishing. Processes of deterritorialization have always been concomitant with processes of reterritorialization; larger units, societies and empires have emerged and disappeared. At the same time, growing interconnectedness has also produced integration through trade, cultural exchange and interactions between peoples of diverse cultures. The invention of bronze in the third millennium BCE disseminated over the world and stimulated new modes of transport (the invention of the wheel, the donkey, new sailing technologies) and long-distance exchange of materials such as copper and tin. But processes of integration have also been shaped by power and violence, not via anonymous processes but by human activities. The more different places became entangled in broader economic and cultural networks, the more they articulated and rediscovered their own local customs and identities (Quinn 2024).

Taking the entire planet as a unit of examination and explanation,

global history moves beyond the level of states as its field of study, breaking out of national and civilizational frameworks. It can therefore recognize and scrutinize Eurocentric histories that regard Europe or the West as the driving force of world history and as a model of universal development. From a global perspective, richer and more multi-faceted images of the past will emerge, leading to a new and diversified historical panorama, for example in the case of Africa. Not too long ago, Africa was regarded as a place without history. The African past had been destroyed by colonialism and was only considered to begin with the arrival of the Europeans (Badawi 2024). Acknowledging that Europe has indeed played a dominant role in recent history is not the same as projecting a hegemony of concepts, values and chronologies into the past (Fernandez-Armesto et al. 2023). While the global environment was increasingly examined (for example, India, China, the Ottoman empire), and efforts undertaken to understand one's own society within a larger context, the idea of different 'civilizations' was mostly interpreted from the perspective of European culture, especially in the nineteenth century. Learning more about the history of other societies and cultures not only enlarged awareness of the richness, inventiveness and sophistication of other civilizations, but also generated a more critical stance towards Western civilization (Acharya 2025). It became increasingly evident that many of the values and accomplishments attributed to the West were in fact articulated in other civilizations. Global history delivered an astounding array and range of views and perspectives showing the diversity and fecundity of transcultural exchanges. An example is the House of Wisdom, established in the new Abbasid capital of Baghdad in the eighth century, collecting wisdom from all over the world, translating scientific texts into Arabic from Persian, Greek, Sanskrit and Syriac, and developing new works in science, geography and medicine. It not only bequeathed an enormous scientific legacy to other regions but also connected this to ancient Indian scientific traditions (especially in mathematics and Ayurvedic medicine), introducing numerals (now called 'Arabic,' the concept of zero, and algebra) (Quinn 2024). A further example is the rediscovery that India was a motor of global trade and cultural transmission in the ancient and early medieval worlds, not only manufacturing goods, or building the largest repository of knowledge in the world (the Buddhist university monastery, since the

fifth century), and exporting religious and philosophical ideas and art. The central contribution of India to world history was until recently difficult to recognize, because colonialism's civilizing mission was hard to justify when there already existed a cosmopolitan and sophisticated civilization (Dalrymple 2024).

One result of a global perspective in historiography is a more critical analysis of Western civilization. It is not an unmitigated story of progress, growth and prosperity, but has also brought instability, injustice and disorder. The current Western world order is in fact built on imperialism and colonialism, racism, slavery and exploitation (Acharya 2025). Global history brings to light the awkward and dark dimensions of civilizational thinking, for example the significance of slavery in what is regarded as 'ancient civilizations.' Classical Greece could not have functioned without large-scale use of slaves for mining and agriculture. In the Rome of Augustus, most of the one million inhabitants were migrants, including 300,000 enslaved people (Quinn 2024, 125, 273). There is little reason to praise the Roman empire since it was brutal, violent and oppressive (Acharya 2025). More recently, it is generally recognized how scientific approaches promoted distinguishing 'civilizations' by dividing and classifying the human species into distinct groups on the basis of biological differences. Imperialist and colonial expansion led to new knowledge of the world, but also the desire to distinguish between 'foreign' and 'other,' classifying societies as 'superior' and 'inferior' using the new concept of 'race' and racial science to justify widespread slavery and exploitation (Ten Have 2025). Medical doctors as well as philosophers in the West contributed significantly to this development to rationalize and support the political and ideological purposes of Western expansion and domination. The legacies of relatively recent practices of slavery and the growing unacceptability of racism have currently triggered a re-assessment of history. Prestigious scientific journals and medical associations have acknowledged their complicity in race theory, racism and slavery (Jones et al. 2023). Scientific studies nowadays articulate the persistence of inequalities and injustices in health and healthcare into the present times. Many of our images of the current world continue to be determined by the past. The implication is that history is never over but constantly contested, reframed and re-imagined. A present-day example is how world maps are presented. On

most maps, Greenland and Africa are equally large, whereas in reality Africa is fourteen times bigger. The African Union has now started the campaign *Correct the Map*, making the Continent finally look less insignificant (https://correctthemap.org).

Global history makes us aware of how our views of the world are formatted by long processes of historiography. The global perspective produces richer and diversified images of the past with a broader range of voices in historical conversation, but it may also articulate shared heritage. All civilizations across the world have, for example, used a temporal ordering of life. Studying the different means to do this (sundials, hourglasses, water clocks, incense-burning clocks, mechanical clocks, clock towers with bells, atomic clocks, portable devices) can teach us how time is controlled and ordered, and how the clock has become a crucial machine in the modern age, standardizing time and determining the rhythm of life and work (Rooney 2021). While it is possible from a global perspective to articulate a wide variety of phenomena and emphasize the diversity and peculiarity of local, national and regional developments, as was usually done in previously civilizational thinking, assuming that there are fundamental differences between human societies, it is equally possible to examine systemic processes and patterns reflected in ongoing human processes of connection and exchange. But in the end, this is a normative choice: global history "rests on the assumption that unifying frameworks and dialogue across societies and cultures is both possible and desirable" (Conrad 2016, 206). That history is not a static reproduction of a state of affairs from earlier days, but a continuous effort to construct how the present has evolved, and how the future will continue to develop, explains the intensive concerns in many societies with the images of the past they want to preserve. Authoritarian regimes are used to rewriting and reinventing history. In the Soviet Union, Joseph Stalin himself edited a new history textbook for school children. Russian legislation prohibited in 2014 what it calls distortion of the historical memory. Promoting the official version of history by legislation transforms history into an instrument of control and governance (Karetnyk 2025). In China, where it was common practice in Imperial times to write a new history as soon as an old dynasty was overthrown, history is a serious question. Episodes of trouble, such as the Cultural Revolution, the Tiananmen

Square protests in 1989, but also the sudden change of policies during the recent Covid pandemic, are simply not recorded because they could undermine confidence in the policies of the Communist Party (Van Pinxteren 2024). History is furthermore reframed in a nationalistic manner, for example portraying the Silk Roads as ahistorical networks of peaceful global exchange, centred on China. The idea of a Silk Road, however, was invented in 1877, with no record of its existence in ancient and medieval times (Dalrymple 2024, 21, 170).

Nevertheless, control of the past and regulation of memories is not only a concern of totalitarian and authoritarian regimes. Also in other societies, choices are made concerning the past that is worth preserving. A culture of memorialization is maintained, with landmarks, monuments, statues and museums (Hicks 2025). At the same time, streets, squares and cities are renamed; after decolonization, even countries adopted different names. Significant historical sites are destroyed (for example the sixth-century Buddhas of Bamiyan in 2001 by the Taliban—see Figure 23—and the ninth-century palace of the Assyrian Kings in Nimrud in 2015 by the Islamic State, or the seventh-century Great Omari Mosque in Gaza City in 2023 by Israel). A series of statues was toppled in the U.S. and Europe since 2020 in a wave of antiracist cultural activism (Tinsley et al. 2024). At the same time, it was recognized that many of the artifacts and items in Western museums are the booty of imperialism, and should be returned to the original countries. For example, 90% of looted and stolen African artwork is found outside of Africa (Badawi 2024, 3-4). There are also efforts to redescribe history. One that has caused much controversy is the *New York Times*'s 1619 Project, which starts U.S. history not with the Constitution but with the foundation of slavery (Wilentz 2020). History has thus become an ideological battleground. One effect is that public debates increasingly foreground the darker chapters of Western history, prompting many Europeans to confront their past with feelings of regret or shame (Furedi 2024). Another effect is also clearly visible today: the drive to make history more patriotic. Executive Order 14253 of the U.S. President (March 2025) aims at "restoring truth and sanity to American history" (Executive Order 2025). As a consequence, national parks, the Smithsonian Institution and its museums will be purged from 'inappropriate ideology,' especially racial and inclusive narratives.



Fig. 23 Taller Buddha of Bamiyan before and after destruction in 2001. Wikimedia Commons, CC BY-SA 3.0, https://commons.wikimedia.org/wiki/File:Taller_Buddha_of_Bamiyan_before_and_after_destruction.jpg

The current war on history is a contest about the images that should be projected into the future. History is regarded as a political project to illustrate the remarkable achievements of the United States, Russia or China, highlighting extraordinary heritage, and showing how a country is advancing towards a more perfect state. Any attention to oppression, inequality and negative ideologies such as racism and inequality which corrode national pride and undermine the sense of belonging to the nation is not only disallowed but should be excluded from the historical narrative. These kinds of efforts to rewrite and revise history are fundamentally different from the approach of global history. In this approach, views of the past are also continuously revised, but on the basis of new evidence and new perspectives, not as the outcome of political ideologies, creating misleading, defective and false stories, ignoring and denying undesirable developments and viewpoints.

The different imaginations of the past in the studies of global history have implications for bioethical discourse. Bioethics conceives itself as a primarily Western achievement. In the established conception of its origins it cannot imagine any alternatives, as if ethical reflection on medicine, healthcare and disease has not existed in other cultures and

civilizations. It usually does not include non-Western perspectives, and it also does not recognize the dark dimensions of its own perspective. It also has a monolithic interpretation of what is 'Western,' associating it with American rather than European (or Continental) approaches as demonstrated in the preponderance of analytic philosophy in ethical theorizing. Critical reflection on its history could clarify why certain issues are underexposed in bioethics (for example, the role of religion in ethical discourse) or mostly neglected (topics such as racism, slavery, sexism, ableism and different forms of violence) whereas bioethical debates often have emerged in response to injustices and abuses (Lerner 2025; Jecker et al. 2025). Another imagining of its historical roots could also make bioethics more aware of the legacy of past wrongs continuing in the present as inequity, oppression and discrimination, not as individual attributes but as systemic characteristics.

7.6 Globalization: Different Faces of the Present

The global experience with Covid-19 not only stimulated the imagination retrospectively, i.e. through imagining how people in the past have lived with existential threats, but also through critical rethinking and evaluating the settled beliefs and self-evident facts of the present, imagining how the present could be different and possibly better. As liminal situations, pandemics disturb customary patterns of thinking and living, and it is clear that a transition to other practices and routines is necessary, even if new ones are not available yet. In this phase of liminality, a general sense of vulnerability prevails and this sense instigates the imagination to envision how the present can be made more resilient against pandemic diseases, but also against other scourges that affect and threaten humankind, notably climate change, war, violence, inequalities, injustices and racism.

A major target of critical reassessment during Covid-19 was globalization. A pandemic disease is the manifestation par excellence of the global connectedness of the world. The free flow of goods and services, the availability of technologies across the globe, and the easy travel beyond borders have long been regarded as advantages of increasing globalization. Now that the same interconnectedness facilitates the rapid dissemination of global threats, the only

effective way to reduce threats is to disconnect conjunctions and networks, reestablish borders, and retreat within national domains. It is immediately evident that globalization implies vulnerability; the major way to reduce this is to put limits to global connectedness. This experience is reinforced because the required public health measures are impeded rather than expedited by processes of globalization: necessary materials such as face masks or ingredients of basic medication are primarily produced in a limited number of countries and no longer available around the world.

The shocking experience of the pandemic and the critical assessment of globalization nonetheless did not come as a surprise. The shortcomings and deficiencies of processes of globalization were known for a long time, especially the consequences of the driving ideology of neoliberalism, such as the unequal distribution of the benefits of globalization, the marginalization and exclusion of populations not only in the developing world but also within countries where public health systems have weakened and safety nets have been lost. In policies taken, the economy was prioritized (Monbiot and Hutchison 2025). The Covid pandemic first of all accentuated already existing disparities and injustices, and revealed and reinforced general vulnerability (Ten Have 2022). It created a sense of urgency: now was the time to think about the immediate future, the era after the pandemic, and to take steps towards a more equal, sustainable and healthy world. Experiencing the calamity of the pandemic, so it was assumed, will make people aware that in numerous countries institutions that needed to protect citizens have failed and that undertaking 'a great reset' of global thinking and action is urgently necessary in order to make the post-pandemic world more resilient (Schwab and Malleret 2020). Particularly, the asymmetric effects of globalization must be addressed so that a more inclusive, equitable and sustainable form of globalization can be established. This entails an active role of the government, particularly in the economy, as was evident during the worst waves of the virus. One of the lessons of the pandemic is that markets are not enough to sustain social life (Zakaria 2020). In contrast to established ideas of previous decades, policies have to be redirected, and governments have to intervene actively to protect vulnerable citizens, and to guarantee the smooth functioning of society and commerce. Markets cannot address widening inequality,

job insecurity and limited access to healthcare. Another lesson of the pandemic is that ultimately "countries are on their own" (Zakaria 2020, 13). Despite all pleas for international cooperation and solidarity, countries had to face the global threat first of all themselves and could not rely on vigorous and common global responses. Despite the awareness that the threat was clearly of a global nature, it took too much time to set up a global mechanism of a coordinated reaction so that individual countries competed for protective resources, intensive care equipment, medication and vaccines. The Covid-19 experience illustrated the loss of control that, for a long time, many had attributed to globalization. Global processes have everything and everyone in their grasp, inescapably, and nobody seems to have the power to influence them. In such conditions, the world is inherently unstable; humans are powerless, and can no longer determine their fate. The widespread sense that the new virus was out of control and following its own trajectory amplified criticisms that global processes have undermined the decision-making power of human beings and nation-states.

In this paradoxical setting, pleas for redirecting globalization and arguments for changing global policies are intrinsically hesitant. Talking about a 'reset' is already moderate since it assumes a return to a previous state, a restart from the original settings before the trouble begun. It is not an argument for radical change. Despite their cautious proposals and despite their belief in the power of human beings to plan for a better future, Klaus Schwab and Thierry Malleret for example notice that "the signs are ominous that it is not going in the right direction" (Schwab and Malleret 2020, 113). Several years after the pandemic, they seem to have been right. Current government policies are aimed at reversing global economic integration, restricting the free movement of goods, people, capital and technology, fortifying borders, and restraining free trade with tariffs and barriers (Aiyar et al. 2023). 'Globalization' has become a dirty word and 'de-globalization' the new policy phrase (Braw 2024). Discontent with globalization is not only manifested in protectionism and efforts to reverse global integration but also in the dismantling of the economic world order established under the impetus of the United States after the Second World War. The U.S. has now withdrawn from more international organizations, treaties and accords than under any president in American history (Zakaria

2020, 225). Processes of geo-economic fragmentation, however, not only aim at decreasing international trade and economic dependencies but have also a wider reach. They go together with reduced confidence in multilateralism and the disintegration of multilateral institutions, so that global platforms for international cooperation are disabled. This is evident in the continuous decay of the United Nations and its specialized organizations (such as the WHO and UNESCO) that, due to reduced contributions, had to cancel some of their humanitarian activities, and scale back spending for the World Food Programme, peacekeeping missions, support of basic education and assistance for refugees. The largest agency for foreign aid in the world, the United States Agency for International Development (USAID), was shuttered in March 2025. The results could be devastating. Researchers estimate that USAID funding has prevented over 91 million deaths globally from 2001 to 2021 (especially from HIV/AIDS, malaria and neglected tropical diseases). Defunding could result in over 14 million additional deaths by 2030, including over 4.5 million child deaths (Cavalcanti et al. 2025). Even more worrying than de-globalization and reduced international assistance is the demise of the rules-based international order. International law is now ignored not by rogue states but by its former protagonists. The U.S. bombing of Iran in 2025 and 2026 took place without any legal justification and was thus a clear violation of international law, but nonetheless not denounced by most European countries. Illegal action was repeated in January 2026 with the U.S. attack on Venezuela and the kidnapping of its president, again without strong condemnation by the European community (The Editorial Board 2026). Diplomacy, respect for human rights and international agreements have apparently become irrelevant. In international relations, the law of the strongest seems to apply, signalling a new era of neo-imperialism with predatory states claiming territories and even entire countries, and using extortion and intimidation in interstate relations. Justification is provided with a re-interpretation of history, celebrating the imperial greatness of the past and the revanchist need to bring this back (Borger 2026). The discrediting of the international legal system is furthermore advanced by the selective use of human rights language. While Western countries immediately blamed Russia for human rights violations in the war in Ukraine, they did not do the

same when confronted with similar violations by Israel in its war in Gaza, although international organizations condemned it as genocide. For other countries, this demonstrated the hypocrisy and the double standards of the West. Human rights discourse seems out of fashion and 'national interest' seems to prevail, emphasizing safe borders and protection of national production, regarding 'migrants' as a threat to welfare and culture. Nonetheless, this is only part of the story. For many countries, especially in the Global South, international law and a multilateral world order remain vital mechanisms of protection, as highlighted in South Africa's case against Israel before the International Court of Justice during the Gaza war (December 2023), in which it argued that Israel's actions violated the Genocide Convention. There is furthermore a need for a wider historical perspective. It is not the first time that international rules have been violated, neglected or selectively applied. International peace conferences in The Hague (in 1899 and 1907) agreed on Conventions to formulate international law to prevent war and promote peace. But the legal rules did not apply to all countries equally; so-called 'civilized nations' engaged in colonial expansion to 'civilize' barbaric territories (Crépon 2026). In the 1990s, the term 'rogue states' was used in U.S. foreign policy to refer to states that jeopardized global stability because of terrorism and human rights abuses. However, to fight these states, powerful Western nations themselves disregarded international law and circumvented the legal principles and mechanism they have helped to establish. Since they prioritize economic, political and military interests over the rules-based order they created, Noam Chomsky argues that powerful nations operate as 'rogue states,' exempting themselves from the international principles and agreements (Chomsky 2000, 2025). During the Algerian War of Independence (1954–1962), France made systematic use of terror. In the War on Terror (2001–2009), the United States violated human rights with increasing surveillance, torture, extraordinary rendition, prisoner abuse, degrading detention and cover-up of war crimes. Against this background, the current discrediting of the international legal system is not so much new but rather a return to what Chomsky calls 'the rule of force.' What was generally assumed to be controlled and framed during the past decades, in reality never disappeared. What is new in the current circumstances is that powerful

states no longer pretend to uphold the international legal system but explicitly legitimize violence, dehumanization, torture, and cruelty, disdaining human rights and global justice. Countries are no longer attacked with the aim to bring democracy and freedom, or to restore respect for human rights, but out of a sense of imperialist power, the will to dominate or extract resources, or recover past grandeur. For a long time, scepticism about international organizations was focused on questioning their functioning and efficacy, but nowadays these organizations are deliberately undermined and their *raison d'être* denied (Crépon 2026, 103ff)

Discontent with globalization has furthermore fuelled political populism and the rise of right-wing nationalism, undermining democracies across the world. Trust in representative institutions such as parliaments, governments and political parties has been declining in most democracies since 2009 (Valgarösson et al. 2025). In many countries, citizens feel that their government is not functioning well, and they lack confidence that it will be able to provide effective and efficient public services, or solve the most pressing problems of today. In the Netherlands, for example, nearly one third of the population believes that the government is a business that treats citizens as a source of profit (Berkhout and Liefting 2025). Besides institutional distrust, conspiracy theories are flourishing, especially since the pandemic (for example, the belief that the pandemic was planned by global elites or the WHO, that 5G networks were installed to spread Covid, or that pharmaceutical companies and governments hid a cure for Covid-19 to profit from vaccines).

Against this current background of de-globalization and fragmentation of the global world order, the capacity of global bioethics to advance solutions and new perspectives is seriously in doubt. The whole notion of a global vision in bioethics seems to have become futile. At the same time, it is important to ascertain that global problems (such as climate change, environmental degradation, poverty, malnutrition, health disparities and emerging infectious diseases) continue to exist. It is our capacity to address and solve these problems that is affected and diminished because our appreciation of the global context has significantly changed. How this context and processes of globalization are imagined determines how global challenges are envisioned and

what is considered as the best way to address them. That makes us aware that the critical debate of de-globalization proceeds from a conventional narrative of globalization. In this narrative, globalization is first of all presented as an economic phenomenon. In the 1970s and 1980s, a new political order emerged that regards the world as a single market (Gerstle 2022). To promote free trade, existing trade barriers and tariffs have been eliminated so that market forces are liberated from governmental regulatory controls. Other forms of commerce and an advanced financial infrastructure have developed with transnational corporations being more powerful than many nation-states. The claim that markets work efficiently implies that the role of national governments in managing capitalism should be reduced and focused on deregulation, privatization, weakened trade unions, less progressive taxation, reduction of public expenditure, protection of property rights and new trade rules. The conventional narrative, however, went beyond economic discourse in regarding globalization as the expression of a particular philosophical and ethical perspective on the good life and how to achieve it. The market is used as a metaphor and model for the organization of social life (Monbiot and Hutchison 2025). As a self-regulating force it is regarded as the only framework within which individual liberty and freedom can flourish. There is no need for protection and regulation. Everything can be transformed into a commodity or service and transacted in a market. The core value in interactions is competition. Each individual is primarily responsible and accountable for their actions, including education, culture and care. Processes and policies of globalization since the 1980s came to be dominated by this ideology of 'neoliberalism' (Ten Have 2016). The neoliberal order shaped the world of globalization with intellectual luminaries as Hayek, von Mises and Friedman, politicians such as Reagan and Thatcher, and institutions such as the World Trade Organization (WTO, established in 1995, replacing the General Agreement on Tariffs and Trade—GATT), and the World Intellectual Property Organization (WIPO, 1970).

Global historians have pointed out that the term 'globalization' was rarely used in public discourse before the 1990s, whereas it is now exclusively applied to characterize recent decades, suggesting that we have entered a new era of human history. While the term is new, the

phenomenon is not. When globalization refers to the fact that societies do not exist in isolation and that societies and cultures develop through cross-border and cross-cultural interactions, some global historians such as Josephine Quinn argue that forms of globalization have always existed in human history, such that it is not fruitful to study individual nations or civilizations separated from their context (Quinn 2024). If mobility, exchange, interconnection and entanglement are regarded as key features of globalization, many other global historians agree that in previous periods the world was more globalized and integrated than in others, notably in the sixteenth century and the late nineteenth century (Conrad 2016). The drivers of processes of globalization were similar: technological change and innovation, the politics of empire (colonialism and imperialism), trade networks and exchange of goods and services and cultural factors (with circulating ideas of freedom, rights and progress). The difference with today's neoliberal globalization is that there was no dominant ideology that seems to exclude individual human agency, suggesting that global structures are the result of anonymous and autonomous economic processes, rather than shaped by human activity.

What can be learned from these earlier eras of globalization? Before the First World War, globalization and internationalism flourished, with the optimistic belief that global trade and connections would lead to greater peace and prosperity for everyone. This fell apart during the war with the responses of closing borders, restriction of migration, tariffs, and emphasis on economic independence The experience with the Great Influenza (or so-called Spanish flu) pandemic in 1918–1920 magnified the perception that globalization was dangerous. Anti-global sentiments were expressed by authoritarian and fascist movements, reinforced by the collapse of the global economy in the 1930s, and intensified by the war. However, discontent with globalization had already existed for a long time, since the benefits and harms of globalization were unequally distributed. Global connectedness brought privileges mainly to a small elite of wealthy, highly educated and white European men. Many others lived in poverty, migrants were exploited, unemployment increased, and local businesses and farmers ruined by foreign competition. Inequality was regarded as the price of progress. 'Free trade' was in fact imposed by Western empires on their colonies in most parts of the world; economic

globalization was empowered by imperialism. Between the two world wars, international trade significantly declined and governments became more concerned with protecting citizens from globalization's negative consequences (Rodrik 2011). The lesson from this period of flourishing globalization and the subsequent backlash of anti-globalism and de-globalization is that globalization will inevitably be associated with discontent and anti-globalism unless we address the fundamental 'byproducts' of inequality, vulnerability, indignity and dismantling of safety nets (Zarah 2023).

According to the controversial theory of the Russian economist Nikolai Kondratiev, capitalistic economies are characterized by long waves of growth, stagnation and contraction which last for forty to sixty years. These waves are determined by technological and industrial innovations, as well as political and social changes (Gerbaudo 2021). In this perspective, globalization is not an unalterable phenomenon, and it is evident that the neoliberal world order of the last few decades is disappearing, while it is not clear what the next wave will look like. The wave theory, however, also offers new opportunities and hopes (Streeck 2024). Having seen the collapse of previous globalization, the current downfall will not result in disruption but in efforts to construct a new type of globalization that will bring benefits to a larger section of the world population and offers protection to citizens of states that have reduced or eliminated public services and social safety nets. That requires a new balance between global exchange and national sovereignty, between markets and states, embedding markets in nation-states rather than the other way around. The form of globalization established in the 1980s and 1990s (what Dani Rodrik calls 'hyperglobalization') made domestic policy objectives subservient to international economic policy (Rodrik 2011, 70). It assumed markets to be self-regulating, and ignored that they could never have developed and expanded without strong government policies. Massive government spending on technology during the Cold War (rather than the market itself) built, for example, the internet, while state spending, government contracts and subsidies led to many Silicon Valley success stories. Most of the technology in the iPhone was the result of state-funded research rather than corporate innovation (Mazzucato 2013). Instead of assuming an opposition between state and market, many

neoliberal economists have argued that a strong regulating role of governments is necessary to steer the market in the right direction. Institutions need to be designed in order to protect the world economy against the autonomy of nations and against democratic decision-making (Slobodian 2018). Hyperglobalization furthermore denied that free trade creates social tensions within and between countries, that it has negative impacts on many groups of people, and therefore has implications for distributive justice and social norms. It discounted that governments have legitimate concerns for protection of their citizens such as health insurance, family support, labour protection and unemployment compensation—in other words, concerns for vulnerability. These tensions reflect, according to Rodrik, the political trilemma of the world economy: it is impossible to balance global trade integration, national self-determination and democracy because only two are compatible but not all three (Rodrik 2011). A choice therefore must be made for a limited version of economic globalization in order to save domestic social arrangements: "democracy and national determination should trump hyperglobalisation" (Rodrik 2011, xix). A narrative of more restrained forms of globalization is demanded that gives less priority to economic values and that focuses globalization on social goals: prosperity, freedom and quality of life. In the post-neoliberal landscape, a new discourse of neo-statism is arising, according to Paolo Gerbaudo, that calls for stronger state intervention in the economy with the aim to protect social life (Gerbaudo 2021). In order to address collective fears, insecurity, general vulnerability and precariousness, engendered by neoliberal globalization, the capacity of the state should be restored to provide security and safety for everyone. Neo-statism is guided by the imaginary of healing the body politic: "a restoration of social cohesion and of state capacity in the face of the disruption ushered in by economic globalization, and a cure for the sense of dislocation and exposure it has engendered" (Gerbaudo 2021, 250).

The current re-assessment of globalization and propositions to imagine forms of moderate globalization have two implications for global bioethics. First, they do not only affect economic relations, and second they do not necessarily impair how common problems will be addressed.

Today's emphasis on de-globalization, the appeals to national interests, and the rise of the interventionist state with protectionism and neomercantilism to shield the national economy or protect regional economic alliances show that states are more concerned with non-economic values. The rise of populism also illustrates that globalization in its current form has led to growing divides, not only between the wealthier and poorer, but also between higher and lower educated, between urban and rural, and younger and older people. It signals that experiences of inequality, indignity and vulnerability need to be taken seriously, particularly in democratic nation-states. At this point, global bioethics discourse can be inspirational, imagining which policies can reduce inequalities, strengthen feelings of security, and enhance confidence in the ability of governments to protect and assist citizens. By offering moral perspectives on how to achieve a good life, imaginative bioethics may break the negative cycle of doom and gloom that currently dominates many domestic policy debates. At the same time, nationalistic policies and calls for de-globalization have broader ramifications for the existing world order. It is not clear what will be the impact of current disrespect for human rights, and indifference to international law. Perhaps the above diagnosis and prognosis are wrong and neoliberal globalization will not be revised and not become moderate but instead result in global neo-illiberalism (Freedman 2025). Dependency on global markets and capital will then further increase but be combined with autocratic policies and values. In that case, China will be the global model. The economy and business interests take priority over democratic processes and humanitarian concerns. Every interaction becomes a transaction, with international relations as a source of income or a power move to secure rare raw materials. The powerful and wealthy elites no longer pretend that they take the interests of others into account, and the harms, injustices and inequalities associated with globalization continue to exist, and are not even a motive to remediate vulnerabilities, marginalization and exploitation.

This negative scenario does not necessarily have to develop. The rise of autocracies may also energize the pursuit of different modes of multilateral collaboration and democratic decision-making, especially as the downsides of current policies become more visible. It is argued that the new forms of state capitalism in the United States, for example,

are not primarily concerned with the flourishing of the economy in order to benefit the entire population but serve the interests of a wealthy elite with tax relief and deregulation, with the aim to increase power and dominance and using coercion instead of cooperation (Beattie 2025). This may be thought to be beneficial for the country, although experiences with nepotism, cronyism and omnivorous oligarchs in the earlier Gilded Age tell us otherwise. Growing inequalities will sooner or later create increasing dissatisfaction, anger and desire for change, even when the current situation resembles what Hannah Arendt has called 'inner emigration,' a withdrawal from the world into an interior realm (Arendt 1968, 19, 22). By relentlessly criticizing this situation, bioethical discourse should persist in showing that a better world is possible, taking a much firmer stance against current autocratic and nationalistic movements.

In a global world, autocratic regimes focused on only nationalistic interests will furthermore antagonize other countries and encourage new alliances and cooperation among them. Nationalistic and unilateral actions may possibly only accelerate the decline of the Western world order. This will not be a disaster. A world order is the result of "underlying ideas and institutions that have emerged from multiple locations around the world" (Acharya 2025, 350). Because it is the shared creation of multiple civilizations over a long period of time, and not only an accomplishment of the West, the demise of the current world order is an opportunity to build a better world, "a fairer, more balanced, and more equal world," leading to a more diverse global community without a single dominating nation (Acharya 2025, 4). Imaginative bioethics may support the search for new frameworks of multilateral cooperation in the belief that cooperation will deliver better outcomes and durable solutions, since global challenges cannot be wished away or simply denied.

This relates to the second implication of the plea for a different form of globalization. If it is argued, for instance by Rodrik (2011), that the international economy should no longer be regarded as a global commons, it is still true that humanity is confronted with global problems such as climate change, global health or human rights. At this point, global bioethics has an important role to play if it can redefine itself. It must no longer assume that such problems will primarily be

solved through global governance, as was the general assumption during neoliberal globalization. The discourse of global bioethics should first of all inspire localized actions. This is in line with criticism of hyperglobalization: the nation-state should be rehabilitated as the site of political and democratic debate and action. This will imply a return to the local and communal. It will allow the protection of social existence, focusing on society's non-material values with consideration of public services such as healthcare, elder care and education, concern about inequalities and respect for the pluralism of human ways of life. Against this background, the purpose of de-globalization is, in the words of Wolfgang Streeck, "to regain a capacity for collective action by a reduction in the scale of political communities, in a retreat from an ungovernable global or continental context to a governable national one" (Streeck 2024, 344). Withdrawing from hyperglobalization does not mean that global problems can no longer be solved but that they will be addressed at a different level. Streeck gives the example of climate policy. While global governance remains powerless to implement effective policies, an increasing number of cities have committed to becoming climate-neutral, mobilizing the moral engagement of citizens and social movements to do the right thing and set an example (Streeck 2024). The lesson for global bioethics is that when globalization and global governance are discredited, global problems should be addressed with local approaches. This goes back to the original meaning of the word 'ethics.' Etymologically, 'ethics' has two sources in ancient Greek: habits or customs, and habitat or dwelling place. In modern ethics, attention to the latter meaning has faded away; the focus is on human habits separated from the places where human beings live. The idea that moral character is cultivated within a specific setting, a natural environment as well as a social and cultural context in which human and nonhuman beings cohabit, is then lost. Ethics has become a decontextualized and abstract exercise that no longer recognizes that humans are embedded in a biological, social and cultural environment (Rozzi 2012). However, human beings have always had an intimate relationship with the local context, the particular places where they are living. This is also expressed in the new ideology of neo-statism that articulates the significance of location and

place. People experience the negative effects of globalization not in an abstract manner but in the socio-economic realities of everyday life in their own nation-state. The conditions in which they live are tangible realities that deeply influence the possibilities of achieving a good life. In these conditions, they also live together with other living beings, with which they have mutual and reciprocal relations. Furthermore, in these conditions they share common interests and purposes. Against this background, the implications for global bioethics are twofold: it should focus on the local as well as the common in order to empower individuals to deal with the ethical challenges they all face.

7.7 Conclusion

Michel de Montaigne (1533–1592, see Figure 24), writing his *Essays* in the sixteenth century, was impressed by the power of imagination. It allows us to envision other modes of living, thoughts and ideas different from our own, opening up to diverse forms of humanity; it tears us away from the present. In his chapter on the education of children, he gives the example of Socrates who answered when asked where he came from: not Athens but 'from the world.' His imagination was, as Montaigne said, "fuller and wider, embraced the whole world for his country, and extended his society and friendship to all mankind; not as we do, who look no further than our feet" (De Montaigne 1877, Book I, Ch 25). Through imagination we can go outside of ourselves and put ourselves in the place of others, opening our being to new perspectives and ideas. Living in a time of violent conflict and civil war, Montaigne was constantly presented with images of death and destruction: "Who is it that, seeing the havoc of these civil wars of ours, does not cry out, that the machine of the world is near dissolution, and that the day of judgment is at hand; without considering, that many worse things have been seen, and that in the meantime, people are very merry in a thousand other parts of the earth for all this?" (De Montaigne 1877, Book I Ch 25). But he hoped to understand these images of doom and decline, using the imagination to see the world in perpetual motion, not as ending but as becoming a better and more humane one in the future (Burke 1981).



Fig. 24 Pierre-Michel Alix. *Portrait de Michel de Montaigne* (1792). Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Portrait_de_Michel_de_Montaigne.jpg

In this chapter, it has been argued that the imagination as an inventive and creative power is an important tool in bioethical discourse. It inspires different ways of seeing the world; it shifts prevailing perspectives. Because it enables the ability to empathize with others through recognizing situations like ours, as well as the moral demands of others, and furthermore identifies possibilities for acting since it enables us to envision how our actions might help or hurt, and anticipate the possible consequences of actions, the imagination becomes a moral faculty for change. It reveals an understanding that challenges are rooted in the real world and yet may be transformed in situations and predicaments that do not yet exist but may be developed and generated. Imaginative bioethics appreciates human beings as imaginative moral beings.

With the help of the imagination, bioethical discourse will be able not only to reframe and revitalize its practices but also to re-interpret the past and present context in which it operates. As a power to escape from the here, now and the past, the imagination enables bioethics to break away from the historical and current conventions of what is regarded as the acceptable state of affairs and to conceive what could and should be the case. Reinterpreting history with global imagery

will show the limitations and drawbacks of current historiography, will demonstrate that the past of Western medicine and bioethics is often presented in a one-sided manner, ignoring that cultures and societies have developed through interconnections and exchanges. Contributions and achievements of other cultures are often not acknowledged or even mentioned. In bioethical debates for example, voices and contributions from the Global South are very limited. At the same time, the accomplishments of the West are usually exaggerated and placed in a positive light, whereas the downsides or negative effects are disregarded. Historical legacies of slavery, exploitation and discrimination that are responsible for continuing inequalities, racism and structural violence have not been on the agenda of bioethics for a long time.

Moral imagination is furthermore relevant to understanding the present context of global bioethics. In the current political and social climate, processes of globalization are discredited. They are held responsible for many of the issues that trouble contemporary societies (such as migration, drug trafficking, unemployment, infectious diseases and insecurity). Today's policies are more aimed at weakening and countering rather than promoting globalization. Imaginative bioethics argues (and has in fact been arguing for some time) that criticisms are directed against a specific form of globalization, rather than globalization as such. The only form of globalization that we currently know is neoliberal globalization which has indeed produced serious adverse changes in the human way of life through increasing inequalities, deterioration of the living and working conditions of numerous people, degradation of the environment, resulting in a generalized sense of vulnerability. Many efforts are now undertaken to imagine a different form of globalization that prioritizes social over economic goods. These efforts propose restoring the balance between state and market, introducing a discourse of neo-statism with stronger state interventions in the economy in order to protect social goods. They also aim to resurrect the intermediary field of civil and social activities in between state and market with emphasis on the need for localized activities to address global challenges.

When our moral imagination is capable of producing faces of the past and the present which are different from the familiar and conventional ones, the question remains how bioethical discourse will confront

the future. How can it offer perspectives and approaches to counter the predominant apocalyptic mood and to overcome the perceived impotence of ethical discourse? This will be the focus of the next and final chapter.

References

Acharya, A. (2025): *The once and future world order. Why global civilization will survive the decline of the West.* New York: Basic Books.

Aiyar, S., et al. (2023): *Geoeconomic fragmentation and the future of multilateralism*. Staff Discussion Note SDN/2023/001. Washington, DC: International Monetary Fund.

Arendt,. H. (1968): *Men in dark times*. San Diego, CA, New York, London: Harcourt Brace & Company.

Bachelard, G. (2014): *On poetic imagination and reverie*. New York: Spring Publications.

Bacon, F. (2025): *New Atlantis*. Edited by Colclough, D. Oxford: Oxford University Press.

Badawi, Z. (2024): *An African history of Africa. From the dawn of humanity to independence*. London: WH Allen.

Berkhout, K., and Liefting, R. (2025): Eén op de drie Nederlanders ziet de overheid als een winstbelust bedrijf [One in three Dutch people sees the government as a profit-hungry company]. *NRC*, December 10, 8–9.

Berlin, I. (1991): *The crooked timber of humanity*. New York: Knopf.

Benatar, S. R. (2005): Moral imagination: The missing component in global health. *PLoS Medicine* 12 (2): e400.

Beattie, A. (2025): Are US tariffs just the beginning? With Abraham Newman. The Economics Show podcast. *Financial Times* (April), https://www.ft.com/content/71d93317-e5d7-47bb-ab10-5b5816cb49c6

Blair, I. V., Ma, J. E., and Lenton, A. P. (2001): Imagining stereotypes away: the moderation of implicit stereotypes through mental imagery. *Journal of Personality and Social Psychology* 81 (5): 828–841.

Borger, J. (2026): Trump's territorial ambition: New imperialism or a case of the emperor's new clothes? *The Guardian*, January 20, https://www.theguardian.com/news/ng-interactive/2026/jan/10/trump-territorial-ambition-imperialism

Braw, E. (2024): *Goodbye globalization. The return of a divided world*. New Haven, CT, and London: Yale University Press.

Burke, P. (1981): *Montaigne*. Oxford: Oxford University Press.

Casey, E. S. (2000): *Imagining. A phenomenological study*. Bloomington and Indianapolis, IN: Indiana University Press (2nd edition).

Cassirer E. (1944): *An essay on man. An introduction to a philosophy of human culture.* New York: Doubleday & Company.

Cavalcanti, D.M., de Oliveira Ferreira de Sales, L., da Silva, A.F., et al. (2025): Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: A retrospective impact evaluation and forecasting analysis. *Lancet* 406 (10500): 283–294.

Chomsky, N. (2000): *Rogue states. The rule of force in world affairs*. London: Pluto Press.

Chomsky, N. (2025): *Power and terror. Confluct, hegemony, and the rule of force.* New York: Routledge, 3rd edition.

Conrad, S. (2016): *What is global history?* Princeton, NJ, and Oxford: Princeton University Press.

Crépon, M. (2026): *Régressions. Des temps sombres à venir* [Regressions. Dark times ahead]. Lagrasse: Éditions Verdier.

Dalrymple, W. (2024): *The golden road. How Ancient India transformed the world.* London: Bloomsbury Publishing.

De Montaigne, M. (1877): *Essays.* Translated by C. Cotton; edited by W. C. Hazlitt; https://gutenberg.org/files/3600/3600-h/3600-h.htm#link2HCH0025/ (original 1580).

Devine, P. G., Forscher, P. S., Austin, A, J., and Cox, W. T. (2012): Long-term reduction of implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology* 48 (6): 1267–1278, https://doi.org/10.1016/j.esp.2012.06.003

Dewey, J. (1922): *Human nature and conduct. An introduction to social psychology*. New York: Henry Holt & Company.

Earle, S. (2020): How Albert Camus's *The Plague* became the defining book of the coronavirus crisis. *The New Statesman*, May 27, https://www.newstatesman.com/long-reads/2020/05/the-plague-albert-camus-coronavirus-resurgence

Executive Order 14253 (2025): Restoring truth and sanity to American history. *Federal Register*, Published document 2025-05838 (90 FR 14563).

Fernandez-Armesto, F., et al. (eds) (2023): *Approaches to global history. To see the world whole*. London: Bloomsbury Academic.

Fesmire, S. (2003): *John Dewey and moral imagination. Pragmatism in ethics*. Bloomington and Indianapolis, IN: Indiana University Press.

Freedman, S. (2025): Elite wars. Global markets and the new illiberalism. *Times Literary Supplement*, November 28, 16–17.

French, S. (2020): Imagination in scientific practice. *European Journal for Philosophy of Science* 10: 27, https://doi.org/10.1007/s13194-020-00291-z

Frye, N. (1964): *The educated imagination*. Bloomington and Indianapolis, IN: Indiana University Press.

Furedi, F. (2024): *The war against the past. Why the West must fight for its history*. Cambridge: Polity Press.

Gerbaudo, P. (2021): *The great recoil. Politics after populism and pandemic.* London and New York: Verso.

Gerrits, E. M., Assen, L. S., Noordegraaf-Eelens, L., Bredenoord, A. L., and van Mill, M. H. W. (2023): Moral imagination as an instrument for ethics education for biomedical researchers. *International Journal of Ethics Education* 8: 275–289.

Gerstle, G. (2022): *The rise and fall of the neoliberal order. America and the world in the free market era.* New York: Oxford University Press.

Hicks, D. (2025): *Every monument will fall. A story of remembering and forgetting*. London: Hutchinson Heinemann.

Himmelfarb, G. (2012): *The moral imagination. From Adam Smith to Lionel Trilling*. Lanham, MD: Rowman & Littlefield Publishers, 2nd edition.

Houston, C. (2025): Wisdom of Salomon. A scientific utopia admired by tech bros today. *Times Literary Supplement*, August 8, 3.

Hunt, L. (2007*): Inventing human rights. A history*. New York and London: W. W. Norton & Company.

Jantzen, D., Newton, L. Dompierre, K-A., and Sturgill, S. (2023): Promoting moral imagination in nursing education: Imagining and performing. *Nursing Philosophy*: e12427, https://doi.org/10.1111/nup.12427

Jecker, N. S., Atuire, C. A., Ravitsky, V., et al. (2025): Religion welcome here: A pluriversal approach to religion and global bioethics. *Bioethical Inquiry* 22: 381–394.

Jones, D. S., Podolsky, S. H., Kerr, M. B., and Hammonds, E. (2023): Slavery and the journal—Reckoning with history and complicity. *New England Journal of Medicine* 389 (23): 2117–2123.

Johnson, M. (1993): *Moral imagination. Implications of cognitive science for ethics*. Chicago, IL, and London: The University of Chicago Press.

Karetnyk, B. (2025): Inventing a history. How Stalin shaped the Soviet collective memory. *Times Literary Supplement*, June 27, 19.

Kearney, R. (2001): *The wake of imagination. Toward a postmodern culture*. London: Routledge.

Kekes, J. (1993): *The morality of pluralism*. Princeton, NJ: Princeton University Press.

Kind, A. (2022): Introduction: exploring the limits of imagination. *Synthese* 200 (2): 101, https://doi.org/10.1007/s11229-022-03669-z

Lear, J. (2022): *Imagining the end. Mourning and ethical life*. Cambridge, MA, and London: The Belknap Press of Harvard University Press.

Lederach, J. P. (2005): *The moral imagination. The art and soul of building peace*. New York: Oxford University Press.

Lerner, B. H. (2025): Let's not erase the history of medical ethics. *Hastings Bioethics Forum*, August 18, https://www.thehastingscenter.org/lets-not-erase-the-history-of-medical-ethics/

Liao, S., and Gendler, T. (2020): Imagination. In: Zalta, E. N. (ed.): *The Stanford Encyclopedia of Philosophy* (Summer 2020 Edition), https://plato.stanford.edu/archives/sum2020/entries/imagination

MacIntyre, A. (2007): *Edith Stein. A philosophical prologue*. Lanham, MD: Rowman & Littlefield Publishers.

Mazzucato, M. (2013): *The entrepreneurial state: Debunking public vs private sector myths*. London: Anthem Press.

Midgley M. (2018) *What is philosophy for?* London: Bloomsbury Academic.

Monbiot, G., and Hutchison, P. (2025): *The invisible doctrine. The secret history of neoliberalism (& how it came to control your life)*. London: Penguin Books.

Morin, E. (with De Smedt, M.) (2026): *Cheminer vers l'essentiel* [Moving towards the essential]. Paris: Albin Michel.

Murdoch, I. (1986): Ethics and the imagination. *Irish Theological Quarterly* 52 (1–2): 81–95.

Open letter (2025): Rewriting history by decree. Canadian historians caution against U.S. trend of political interference. *University Affairs/ Affaires Universitaires*, April 9, https://universityaffairs.ca/opinion/rewriting-history-by-decree/

Pastoureau, M., and Lemire, L. (2025): *L'imaginaire est une réalité* [The imaginary is a reality]. Paris: Éditions du Seuil.

Pavie, X. (2025): *The power of imagination. Shaping our future*. Cham: Springer Nature.

Pope Francis (2015): *Encyclical letter Laudato Si'—On care for our common home.* Vatican City: Libreria Editrice Vaticana.

Powers, M., and Faden, R. (2019): *Structural injustice: Power, advantage, and human rights.* New York: Oxford University Press.

Quinn, J. (2024): *How the World made the West. A 4,000-year history*. London: Bloomsbury Publishing.

Ricoeur, P. (1994): Imagination in discourse and in action. In: Robinson, G., and Rundell, J. (eds): *Rethinking imagination. Culture and creativity*. London and New York: Routledge, 119-135.

Rodrik, D. (2011): *The globalisation paradox. Democracy and the future of the world economy.* New York and London: W. W. Norton and Company.

Rooney, D. (2021): *About time. A history of civilization in twelve clocks*. London: Penguin Books.

Rozzi, R. (2012): Biocultural ethics: Recovering the vital links between the inhabitants, their habits, and habitats. *Environmental Ethics* 34 (1): 27–50.

Russell, J. S. (2015): Resilience. *Journal of the Philosophy of Sport* 42 (2): 159–183.

Schwab, K., and Malleret, T. (2020): *Covid-19: The great reset*. Geneva: World Economic Forum.

Slobodian, Q. (2018): *Globalists. The end of empire and the birth of neoliberalism*. Cambridge, MA, and London: Harvard University Press.

Streeck, W. (2024): *Taking back control? States and state systems after globalism*. London, New York: Verso.

Stuurman, S. (2017): *The invention of humanity. Equality and cultural difference in world history*. Cambridge, MA, and London: Harvard University Press.

Ten Have, H. (2016): *Global bioethics. An introduction*. London and New York: Routledge.

Ten Have, H. (2022): *The Covid-19 pandemic and global bioethics*. Cham: Springer Nature.

Ten Have, H., and Pegoraro, R. (2022): *Bioethics, healthcare and the soul*. London and New York: Routledge, 99 ff.

Ten Have (2025): *Color, healthcare and bioethics*. Cambridge: Open Book Publishers, https://doi.org/10.11647/OBP.0443

The Editorial Board (2026): Trump's attack on Venezuela is illegal and unwise. *New York Times,* January 3, https://www.nytimes.com/2026/01/03/opinion/venezuela-attack-trump-us.html?smid=nytcore-ios-share

Tinsley, M., Peacock, C., Habib, S., Ramsden-Karelse, R., and Younge, G. (2024): Toppling statues and making space: prospects for anti-racist cultural activism. *Identities. Global Studies and Power:* 1–19, https://doi.org/10.1080/1070289X.2024.2344938

Traudt, T., Liaschenko, J., and Peden-McAlpine, C. (2016): Moral agency, moral imagination, and moral community: Antidotes to moral distress. *The Journal of Clinical Ethics* 27 (3): 201–213.

Valgarösson, V., Jennings, W., Stoker, G., et al. (2025): A crisis of political trust? Global trends in institutional trust from 1958 to 2019. *British Journal of Political Science* 55: e15, https://doi.org/10.1017/S0007123424000498

Van der Lugt, M. (2025): *Hopeful pessimism*. Princeton, NJ, and Oxford: Princeton University Press.

Van Pinxteren, G. (2024): Niemand kan hier het verleden voorspellen [Nobody can predict the past here]. *NRC*, August 10–11.

Warnock, M. (1976): *Imagination*. Berkeley and Los Angeles, CA: University of California Press.

Weigel, J. (2013): *To repair the world: Paul Farmer speaks to the next generation*. Oakland, CA: University of California Press.

Wilentz, S. (2020): A matter of facts. *The Atlantic*, January 22, https://www.theatlantic.com/ideas/archive/2020/01/1619-project-new-york-times-wilentz/605152/

Zakaria, F. (2020): *Ten lessons for a post-pandemic world*. London: Allen Lane.

Zarah, T. (2023): *Against the world: Anti-globalism and mass politics between the world wars*. New York and London: W. W. Norton & Company.

Zeman, A. (2025): *The shape of things unseen: A new science of imagination*. London: Bloomsbury Circus.

8. Bioethics in Practice

8.1 Introduction

In the previous chapter, it was argued that bioethics in apocalyptic times can be made more resilient by employing the imagination, or preferably by becoming imaginative itself. An important feature of the imagination is that it allows us to detach ourselves from our immediate situation and surroundings, although in reality we are immersed in our local conditions. If we are poor and hungry, or in the midst of violence and war, our daily concerns are survival and safety; but that does not preclude that we can imagine better circumstances, and in the hope of improvement we will find the courage to continue, even in desperate conditions. The imagination therefore has an ethical force: it shows how the world can and should be beyond the current actuality. But it also has a second dimension, as argued earlier. The imagination allows us to shift perspectives, going beyond our own concerns and taking into account those of other beings. This is why Richard Kearney has called imagination openness to otherness, not in an abstract sense but as being affected by the face of another concrete person (Kearney 2001, 370).

These two ethical dimensions of the imagination have inspired another framing of the past and current context of global bioethics. Contemporary global history articulates not merely the interconnectedness of human existence but also its diversity and complexity. This produces, on the one hand, a more critical view of history in the awareness that it is often interpreted and presented from the perspective of Western culture, and on the other hand receptivity for the multiplicity of voices and values in human history. Resilient bioethics should then take into account the biases of dominant ethical approaches as well as the diversity of value systems without abandoning the search for shared heritages. The

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current context of bioethics is characterized by de-globalization, making the project of a global bioethics questionable. However, it should be recognized that global bioethics has emerged within the context of a specific form of globalization, that is neoliberal globalization which has dominated during the last five decades, and which is now being rejected or at least seriously reconsidered because it does not benefit everyone, undermined the capacity of nation-states to protect social goods, and has made numerous people increasingly vulnerable. Arguments to imagine forms of moderate globalization articulate that the role of nation-states in promoting social goods should be rehabilitated and that more priority should be given to non-economic values. Resilient bioethics can contribute to this shift in policies and practices by offering moral perspectives on a future world that is more fair and respecting the dignity of all people. The retreat from neoliberal globalization furthermore does not mean that global problems will no longer be there, but it makes clear that another approach will be necessary—not global governance but localized actions. The paradox of de-globalization is that today's global challenges require first of all local responses directed at the specific context in which they emerge. How moral imagination and its interpretation of global history and the current context of de-globalization can make global bioethics more resilient is the subject of this final chapter.

8.2 Making Bioethics Resilient

In Chapter 5, the argument was developed that within the bioethical framework itself there are several shortcomings which impede its effective implementation: abstractness, rationalism, individualism and biased perspectives. A resilient bioethics will only be inspiring and motivating if it can overcome these inadequacies.

Ethical discourse usually has a high level of abstraction. This is inherent in its self-conception as an academic, scientific discipline which aims to identify, formulate and justify impartial, universal judgments about what is right or should be done. But ethics is not merely a system of principles and rules but also, like philosophy, a way of life, a lifelong project of continuous nurturing of moral sensibilities, emotions and arguments. Students, for example, are interested in ethics

(and philosophy) because they have a need to bring some order in the chaos of the surrounding world with the overload and fragmentation of available information. Or in times of secularization, they want to zoom out in order to have a better idea of the larger processes in which they are involved. They may also have existential questions that concern them and that they want to explore, without expecting direct and certain answers. Ethics may then provide a perspective on what can and should be done in the actual world. The point is that interest in ethics (and philosophy) comes from the lived experiences of concrete persons within specific settings and confronted with everyday challenges. When ethics is regarded as a quest to understand what it means to be human and to live together as human beings, abstract answers will not suffice, and instead we should focus on concrete and personal experiences.

The second shortcoming is that in ethical discourse humans are usually conceived as rational actors, divorced from their bodies, feelings and emotions. As argued in previous chapters, rationality undoubtedly is a crucial component of ethical thinking. The human capacity to reason explains the evolution and direction of moral thought over time, broadening moral concern from the family and tribe to the community and nation, and to all human beings as well as animals and nature. But this emphasis on rationality underestimates the role of emotions and intuitions in moral judgments. As a method of moral reasoning, moral deliberation, for example, carefully examines the reasons for different possibilities of acting so that a deliberate and rational choice can be made and the decision can be justified with reasonable arguments. Emotions and feelings do not seem to play a major role (Ten Have 2023a). They are regarded as constraints, making deliberation a necessary but difficult task. This is peculiar since facts as well as values, especially in healthcare, are often emotionally charged, for example with fear, sadness, anxiety, grief but also with disgust and moral outrage. The assumption apparently is that feelings and emotions must be controlled in order to make space for rational deliberation. Emotions are therefore regarded as obstacles to proper deliberation, and need to be managed before the deliberative process starts. This view of the relation between moral reasoning and moral emotions is nowadays contested. According to cognitive psychologists, there are

two cognitive processes for making a moral judgment. The first is a reasoning process; this is a conscious process that can be controlled and is unfolded in subsequent steps, thus taking time. This is what is exercised in deliberation. The other process is an intuitive one which is immediate and automatic, based on feelings and emotions, and operating more quickly than reasoning. On the basis of empirical studies it is concluded that most moral judgments are made through the last process. It is therefore a mistake to assume that moral judgments are a product of reasoning. The intuitive process is dependent on emotions and feelings, so that moral action is more correlated to moral emotion than to moral reasoning. At the same time, moral reasoning is used but after a moral judgment has been made. While emotions trigger an intuitive response and result in a moral judgment, moral reasoning starts *post hoc* to offer justifications to others for our moral judgments (Haidt 2001). These findings have implications for the notion of deliberation. It clarifies that deliberation is a normative ideal; it is not how actual moral judgments are made, but how they should be made. It also places limitations on the deliberative process. This is illustrated in the phenomenon of moral dumbfounding; we make a moral judgment but are unable to provide reasons for this judgment, while we are still convinced that the judgment is correct. If the judgment would have been based on reasons only, the phenomenon would not appear. Nonetheless, reasoning is important because deliberation takes place in a social context. Confronted with the reasons of other persons, we might change our intuitive judgments. Our own reasoning following prior intuitive judgments may trigger a new intuition that contradicts the initial judgment, producing a conflict of intuitions that must be resolved in order to make a final moral judgment. This is, according to Haidt (2001), fairly rare but it happens when imagination will lead to understanding the perspective of others.

Individualism is the third characteristic of current bioethics. It is the ideology that human beings are independent and self-reliant. Every person determines his or her own life, chooses his or her own values, and has the right to live as he or she would like. This is the type of individualism promoted by neoliberalism: everybody is responsible for his or her own destiny (Monbiot and Hutchison 2025). In bioethical discourse, this is expressed in the principle of respect for individual

autonomy (Ten Have and Pegoraro 2022). The decisions and actions of an individual should be respected as long as other individuals are not harmed. As such there is nothing wrong with the idea of individual self-determination, but when the individual is regarded as an independent self, separated from others and its surroundings, and primarily motivated by its own interests, the idea becomes ideological. Individualism is a shortcoming in ethical discourse when it does not recognize that individuals are always socially and contextually embedded, and that autonomy is necessarily relational. As social beings, humans are situated and embedded in the contexts of community and society. Individual autonomy emerges within such contexts of relatedness and interdependency. In practical reality, the interconnectedness and interaction with other people, as well as the care they receive from loved ones, makes them into autonomous individuals. Individualism falsely suggests that there is an opposition between individual autonomy and dependency and vulnerability. That individuals are social beings rather than isolated, self-reliant individuals is expressed in the practice of moral deliberation. As a dialectical or dialogical process it is a social activity necessary to identify the values that humans share and that provide a common framework for action. The capacity for deliberation in ethics is "a kind of social cement": it binds humans together because the first person perspective of autonomous individuals is confronted with the perspectives of others and appeals to common perspectives (Christakis 2019, 409). This is also the lesson from studies in behavioural economics. Human beings are motivated by other things than self-interest; they are sensitive to the approval and disapproval of other human beings, inclined to cooperation and have an aversion to inequality. For most of us, morality is a stronger motive to act than self-interest (Bowles 2016).

The fourth shortcoming is that bioethics discourse is affected by biased perspectives. Global bioethics can never be a truly global endeavour if it does not rise above its own origin and history. It is generally accepted that bioethics emerged and developed in the West and then became an international concern. This specific genesis implies that the theories, principles and values of mainstream bioethics do not necessarily reflect global moral perspectives. For example, the characteristics of bioethics discussed above are typical values of

the Global North: abstraction, rationality and individualism are not fundamental values in other parts of the world, or, if they are, not necessarily prioritized in ethical discourse. As long as bioethics does not include the views and experiences of the Global South, it is marked by epistemic injustice (Pratt and de Vries 2023). Specific knowledge is favoured, and other types of knowledge neglected or marginalized. What counts as relevant moral problems, acceptable epistemologies and methodologies, appropriate language, theoretical frameworks and effective solutions is dependent on the dominant concept of bioethics. The consequence is that certain issues, such as inequalities in health and healthcare access, that are important from a global perspective are not adequately addressed, or not even considered as bioethically relevant. Epistemic injustice exists because the historical dimension of medicine and ethics is often forgotten. The argument is that Western medicine has developed in a colonial and imperialistic context. Its language, disease classification, clinical practice, research and education are modelled on Western, white men, and then regarded as universally applicable to everybody else (Ten Have 2025). The same is true for bioethics. If its discourse is disseminated around the globe, it cannot be considered global bioethics when it does not seriously account for non-Western value systems. If it fails to do so, it will constitute another instance of neo-colonialism (Fayemi and Macaulay-Adeyelure 2016), assuming that its moral values are universally applicable whereas in fact they represent a particularistic ethics. A really global approach will address the domination of actors, institutions and knowledge systems from high-income countries as well as the undue influence of powerful financial and corporate interests in global health and thus practices of global ethics (McCoy et al. 2024). A postcolonial bioethics will examine the historic legacies of injustice and inequality, and scrutinize the role of exploitation, marginalization, racism and asymmetries of power in medicine and healthcare (Rentmeester 2012). However, the opposition between Western and non-Western ethics should not be exaggerated; for one thing, the Western ethics perspective is anything but monolithic; its characteristics are contested by other approaches such as casuistry, hermeneutic ethics and feminist ethics. Moreover, non-Western ethical perspectives are often not radically different but may share similar values. What is more important, Western and non-Western bioethics

are motivated by the same practical necessity: both are facing global challenges that cannot be addressed by local laws and ethics (Widdows 2007). Instead of developing different types of bioethics, for example African bioethics, decolonizing bioethics will require the development of bioethics in Africa that is able to manage the moral challenges of globalization affecting healthcare in Africa (Fayemi and Macaulay-Adeyelure 2016). That requires a resilient bioethics that is self-reflective, diversified, inclusive and attentive to local contexts. Such global bioethics can be epistemically just when it focuses on who is producing ethical knowledge, on what theories and concepts are applied, and on whose voices are sought (Pratt and de Vries 2023).

The above shortcomings in the bioethical framework indicate specific remedies in order to make global bioethics more resilient and better able to overcome the gap between theory and practice as well as the alleged impotence of ethical discourse in the face of global threats and apocalyptic scenarios. Global bioethics should be reframed with a focus on concrete, personal experiences; it should take into account the role of emotions in moral judgments; it should centre on embedded persons rather than isolated autonomous individuals; and it should have a planetary perspective that is not Western or white but decolonized. Despite the discrediting of globalization, it will continue to be a global ethics approach (in the two meanings of the term 'global': worldwide and encompassing) for two reasons. Although contemporary moral challenges manifest themselves primarily in local settings and have different impacts according to the characteristics of these settings, the nature of these challenges is essentially global. Problems such as climate change, migration, pollution, plastic waste and pandemics emerge outside of national borders, and necessitate cross-border action. The second reason is that many of these global problems are the result, or at least by-effects, of decades of neoliberal globalization which have undermined the capacity of nation-states to effectively deal with them and increased the general sense of insecurity, vulnerability and negativity now prevailing in numerous countries. Since globalization as interconnectedness has not disappeared, countries are facing similar problems that cannot be solved only at the national level but require various forms of cooperation. For these reasons, there is still a need for a global bioethical framework, though

in a changing context this framework will operate in a different way. Following the earlier arguments for a moderate form of globalization and the need to rehabilitate national and thus local capacities to protect social goods, global bioethics will no longer assume that the solution to global challenges resides primarily at the level of global governance, but it will focus on localized capabilities to address these challenges. This will demand a type of moral imagination that is more particularistic and multifarious than cosmopolitan and universal. In this perspective, a resilient bioethics will operate at least at three levels: that of exemplars, of collective action, and of human rights.

8.3 Moral Exemplars

While modern medicine is regarded as a scientific discipline, and uses objective approaches to health and disease, it is nonetheless argued that it should take into account the subjective experiences of patients, recognize their suffering, and acknowledge their values. In other words, medicine and healthcare cannot remain at a general and abstract level but should listen to the voice of the lifeworld, the lived experience of individual persons in their concrete setting and context (Zhang 2024). An analogous argument is used in regard to ethics. Ethical theories and concepts are usually formulated at a general and theoretical level, but moral questions play a role in daily life. They are important for self-understanding, to identify how to live our lives and what kind of person we aspire to be, but also for agency, to determine what choices to make, and what actions to take. Moral problems therefore can be very abstruse and at the same time concrete, practical and real (Racine et al. 2024). We usually learn what it means to be a good person, or to engage in rightful acts, not by studying and applying ethical theories but by having examples and cases of individuals who did the right thing in their particular circumstances. Resilience research, discussed earlier, emphasizes the importance of role models (Southwick, Charney and DePierro 2023). They inspire and motivate us to be resilient, and demonstrate how to overcome adversities and to live well. We increase our resilience by modelling our behaviour on that of resilient persons mostly in our social networks (such as parents, grandparents, relatives, neighbours

and colleagues), not through simple imitation but through learning rules of behaviour, as well as through collaboration.

Against this background, the recent interest in moral exemplars can be explained. As moral role models, exemplars are supremely admirable persons who exemplify moral goodness and who show what should be done and how it should be done in specific circumstances. They are identified directly by the emotion of admiration, and such admiration motivates our emulation of the exemplar's motives and acts (Zagzebski 2017). A moral exemplar is admired because they are exemplary in character as well as action. This is expressed in narratives describing how the exemplar is not born as morally excellent but has acquired excellency in a sometimes arduous process in which certain character traits (for instance, honesty, integrity, respect and care) are formed and perfected, and have then generated acts successfully directed at good ends. Character and acts are admirable because they are not simply determined by self-interest but primarily by a concern for others. Exemplars inspire moral practices because they are worth imitating; they motivate emulation: "…exemplars not only show us what morality is, but they make us want to be moral and they show us how to do it" (Zagzebski 2017, 129).

One of the advantages of exemplars is that they are real and concrete human beings providing motivation for ethical behaviour, rather than theoretical discourses and hypothetical stories. Everybody knows at least some individuals who have devoted their lives to promoting the welfare of others. There are well-known paragons of moral excellence in different contexts: Martin Luther King Jr., Mother Teresa, Confucius, or St Francis. But the point is that, besides historical figures, virtually everyone will know persons in their own environment—parents, family members, teachers or colleagues who are admirable and can be taken as models to emulate. When I was in secondary school, a visiting doctor told us about his work in the Colombian jungle providing healthcare to isolated people, and he was the reason that I decided to go to medical school. Later as a young bioethicist, I was impressed by the work of Paul Farmer (1959–2022; see Figure 25), an American medical doctor and anthropologist from Harvard Medical School who became involved with Haitian migrant workers and did volunteer work in a hospital in Haiti. Farmer became a moral exemplar

not only for me but for many medical students and colleagues because he inspired us to reimagine the field of global health. He rejected the assumption that the same levels of high-quality healthcare available to the rich could not be provided to the poor (Weigel 2013). He called it 'failures of the imagination' and he devoted his life to show that this assumption was wrong and that imagination can produce a bolder vision of what is possible, and how this could translate into practical activities. He left "a legacy of light and hope" (Block, Lysaught and Martins 2023). Farmer established Partners in Health, an international non-profit organization providing free healthcare to ill people living in the poorest areas of the world. Its motto is: together, we can repair the world. But also: injustice has a cure. The organization provided last year more than 3 million outpatient visits, 2.1 million women's health checkups, and over 2.2 million home visits conducted by community health workers in countries including Haiti, Rwanda, Malawi and Kazakhstan.



Fig. 25 Paul Farmer, giving the MacLean Prize lecture in 2017. Photo by MacLean Center (2017), Wikimedia Commons, CC BY 3.0, https://commons.wikimedia.org/wiki/File:Paul_Farmer_giving_MacLean_Prize_Lecture_in_2017.jpg#/media/File:Paul_Farmer_giving_MacLean_Prize_Lecture_in_2017.jpg

Stories of exemplars show that ethics is not a matter of abstract, sophisticated or high-brow questions, but concerns the living and vital problems that concrete individuals have to deal with in their particular circumstances. Often these problems cannot be solved, but they cannot

be evaded either; the individual nevertheless has to respond to them and find ways to accommodate them into their life by modifying the way of life, reframing them in a positive way, or removing their negative impacts. These stories make clear that exemplars do not understand ethics as a form of problem-solving, as primarily concerned with rational principles for making difficult decisions, but relate ethics to the values and virtues of the agent facing a problematic situation.

Another relevant aspect is how exemplars show that it is actually possible to realize different ways of life and to make moral values and virtues actionable: they display "actualized possibilities" (Lamb 2024, 360). Doing so, they provide grounds for hope, and as models for emulation they indicate how we can cultivate hope ourselves. Because of their determination, insistence and perdurance, exemplars present positivity and hopefulness that not only motivates us but at the same time presents an imaginative ideal that seems feasible and possible to emulate (Van der Lugt 2025). They provide a counterexample against those who would have us believe that the future cannot be altered and conditions cannot be improved. The desperate and unbending struggle against racism, slavery and genocide implicated numerous exemplars who continued to denounce and resist injustices and discrimination, even when the prospects of success were poor, and who inspired next generations. Václav Havel, to whom we referred in an earlier chapter, is another example. Despite being arrested three times, and spending four years in prison, he continued to criticize the communist regime of his country, not because he was expecting any regime change or political effect but because for him it was the right thing to do. Part of his identity is a basic belief in values such as openness, tolerance, freedom and respect for human rights. In his actions he did not engage in general polemics or ideological debates but focused on specific, concrete causes, making himself the voice of the hopes and fears of the people around him (Havel 1991).

The interest in moral exemplarism has instigated multiple philosophical debates, but it is productive for bioethical discourse precisely because it gives priority to moral practices over moral theory, shifting attention from principles in ethical theory to the use of practical examples in moral action (Schneck and Rehm 2025; Vaccarezza and Croce 2018). It is especially rewarding in an educational context in

which role models and exemplary narratives are traditionally used. One of the problems in this context is how exemplars are identified. It is obvious that there are not only good but also negative exemplars. Someone is admired not only for what they do but also for why they do it. This combination of action and motivation gives rise to the desire to emulate a moral exemplar—the wish to live and act like that person. It presupposes that the motivation and behaviour of the exemplar are recognized as moral, i.e. as transcending the first-person perspective. The implication is that moral exemplarism, although practically orientated, is not theory-free. It presupposes the so-called moral point of view, discussed in Chapter 5, whereas it does not proceed from a specific normative theoretical position such as deontology or consequentialism. This addresses the criticism that using exemplars in moral education can be paternalistic and indoctrinating when the educator selects the exemplars since they exemplify particular beliefs and values. But students can be encouraged to select their own exemplars and can be invited to describe the values they are displaying (Archer 2025). This is an effective strategy, since experimental research demonstrates that attainable and relevant exemplars better promote moral behaviour (Han et al. 2017). Young people especially are more motivated to prosocial behaviour when exemplars are relatable to their own lives, i.e. when they share similar socio-economic and cultural backgrounds and when their actions are not out of the ordinary (Han et al. 2022). In this connection, it is asked whether influencers on social media can act as a new category of moral exemplars. They have the power to influence the beliefs and choices of people, and some influencers decide to become morally conscious and to support a morally relevant cause. Others have exceptional moral standing or commitment to moral causes when they start being active on social media; they are admired because of their moral advocacy, and they can be regarded as moral influencers, thus exemplars (Vaccarezza, Croce and Liberti 2024).

Another type of criticism is that the focus on exemplars is a prototypical instance of what has been called the micro-solutions myth, promoted by the ideology of neoliberalism (Monbiot and Hutchison 2025). What is emphasized in this perspective is individual responsibility and agency to address problems. Confronted with

climate change, for example, it is important that individual citizens take action; they must change their consuming behaviour, use less plastics, eat less meat out of concern for their personal carbon footprint. In this manner, government responsibility is de-emphasized, while structural forces, corporate and industrial policies that contribute to climate change are removed from consideration. We have seen this argument previously in connection to resilience (in Chapter 6). Regarding resilience as an individual competence that every person should learn in order to cope with adverse conditions deflects the need to change the very circumstances or systems that make people vulnerable, stressed or imperfect. The argument is only correct in the perspective of neoliberal individualism that isolates the individual from his or her surroundings and living conditions. As soon as one realizes that individuals are not monads or disconnected atoms, a sharp distinction between individual and collective agency can no longer be made. Individual actions at the so-called microlevel always have repercussions at other levels. Exemplars are individual persons, but typical for them as role models is that they have the power to influence a wide range of other individuals, not just one other individual. Their moral impact is 'contaminating'; a comparison can be made with a virus that begins in patient zero and then spreads to many others, creating a wave of new infections. Ethical discourse centred on exemplars starts with the idea that individuals can make a difference: their example can inspire others to change, prompting new permutations and revisions once people recognize that such transformations are feasible. In this way, individual action can generate collective agency, contributing to social movements or even structural innovations. This is visible in the case of Paul Farmer, who not only advanced global health, inspiring many experts to work in this field, but also established an NGO that actually provides healthcare in poor areas of the world. Another example is Henri Dunant, who was moved by the suffering on the battlefield of Solferino and took the initiative to found the Red Cross, giving important impetus to the development of international humanitarian law (Mayhew 2022).

That neoliberal individualism is the wrong context in which to assess moral exemplarism is furthermore pointed out by Alfred Archer (2025), who argues that moral exemplars are important for identifying

and conceiving moral communities. Considering a person as a moral exemplar implies that this person should be regarded as a highly valued member of the moral community. The choice of exemplars delineates this community, showing who is an excellent representative of it with whom we can identify and who can enhance solidarity among members of this community. Promoting specific exemplars can therefore expand or restrict the moral community. Stories of the past relate to exemplars who are often commemorated, but as discussed earlier, historical narratives are often biased and limited. In the perspective of global history, the moral community should be conceived in a broader and more inclusive way. Through the selection of exemplars (for example, of immigrants or people of colour), the conception of the moral community can be shaped and expanded. Global bioethics has a role to play here in presenting a wider range of moral exemplars.

8.4 Actions from the Lifeworld

An exemplarist approach in global bioethics is not only focused on practical settings, inspiring us to follow individual exemplars and implement the possibilities for action in a range of real and actual circumstances, but it also shows another possibility, namely shaping and expanding the moral community and determining what it means to be a member of such a community. Exemplars not only inspire individual moral behaviour but also have communal impact; they can inspire collective action. They function, in the words of Darrel Moellendorf, as 'hope-makers' because they demonstrate that hope is feasible and actionable (Moellendorf 2022, 30ff). They present in concrete ways a vision of a better future, and exemplify how actions can implement that vision in a local and specific context.

From the perspective of global bioethics, humans are relational beings, always embedded in a specific context and connected to other beings and the surrounding environment. In such a perspective, distinctions that are obvious in the individualistic mindset of neoliberalism cannot really be made. Of course, there can be differentiation in theory but in practice there is entanglement and interdependence. This is particularly true for the distinction between individual and collective action. Individual action is often

inspired by collective images. And when collective action occurs it is the manifestation of individuals collaborating for a specific cause. Neoliberal individualism assigns priority to individual action. Notions such as resilience and exemplars are considered in neoliberal ideology as attributes of individuals requesting and inspiring action from individuals. When facing global challenges such as climate change, the emphasis is placed on individual responsibility. Citizens should learn how to live and consume in a more sustainable way. This ideology disregards that citizens are connected to others, part of a group, and have family, friends and colleagues, and can take initiatives together. Individuals are not monads but parts of communities, populations and wider environments. In the context of the Covid-19 pandemic, individual and communal interests are closely connected; what is beneficial and harmful for singular persons at the same time affects all members of a community, and vice versa (see Chapter 4). Other global challenges such as climate change are not experienced as an individual moral problem but as challenges that demand collective action. This communal dimension is also reflected in the hope that a better future is possible. Hope, as pointed out in Chapter 6, brings people together because it envisions a good shared with others that only has the potential to be realized in cooperation with others. Moreover, hope needs to be maintained and this requires a responsive social world, others who support and share hopes. Hope, furthermore, as a social rather than abstract phenomenon is expressed in concrete narratives, often stories of everyday acts, that are communicated among people in order to inspire change, persistence and resilience (McGeer 2004).

The difficulty of separating individual and collective action is duplicated in another common distinction: that between global and local. It originates in the assumption that global bioethics (like, in fact, all ethics) operates at two distinct levels: that of general principles and that of their practical application. But in Chapter 4, it has already been argued that global and local may be distinguished theoretically while in practice they are entangled. Global phenomena are mostly visible in local manifestations, and what we call 'local' is heavily impregnated with globality. The idea that we can separate the global and the local is perhaps the consequence of the vision of progress in ethics postulated by Potter, who argues that global bioethics is the

culmination of an evolving ethical emphasis on relations between individuals, to interactions between individuals and society, towards a global perspective that articulates the interconnections between individuals, society and the environment. The practical entanglement of global and local requires a return to the earlier stages of ethical evolution, bringing the global insights back to previous evolutionary stages, but then we have already separated the global from the local. In this vision, the assumption is that the ethical discourse developed at the highest, i.e. global, level will determine the discourse at the lower levels. The Covid-19 pandemic demonstrated the limits of this assumption: although the crisis was global in nature and demanded global coordination, policy responses were predominantly national and thus localized, and global principles were mostly ignored. This disconnect between the global and local exhibited during the pandemic was facilitated by a particular image of globality that has taken shape since the turn of the millennium. It is the image used on the cover of Potter's first book on bioethics: a photo of planet Earth taken from the spacecraft Apollo 11 in 1969 (Potter 1971). It shows the planet as a beautiful globe with recognizable continents and oceans (see Figure 26). The picture has become a turning point in the emergence of global consciousness, since it exposed the planet as the common home of humanity, at once fragile and vulnerable. However, the image presents the planet as an external object, the vehicle and ultimate environment for the survival of humanity. It continues an older tradition of making miniature models ('globes') of the Earth, as an object for admiration and contemplation, but outside of ourselves, not as the place in which we are embedded. The image of the globe represents how we used to see ourselves and the environment in which we live. The planet as a globe can be observed and studied because human beings are detached from it; it is not the context and ambience in which humans dwell and are at home, and of which they are a part. The image of 'globe' risks therefore separating and abstracting humans from the context within which they dwell. It does not provoke the sense that it is in fact the habitat of human beings, so that our relationship to 'environing' conditions is internal rather than external; we cannot disengage ourselves from our habitat; our lifeworld cannot be disconnected from the planet (Ten Have 2023b).



Fig. 26 Apollo 11 image of the Earth (July 1969). Image by NASA, Wikimedia Commons, public domain, https://commons.wikimedia.org/wiki/File:Apollo_11_Image_of_the_Earth_(AS11-36-5337).jpg

To express that the local cannot be disconnected from the global, other images are more appropriate than 'globe.' Using the image of a 'sphere,' for example, expresses the characteristic of connectedness; it evokes relatedness and interdependency (for example in specific notions such as 'atmosphere,' 'biosphere,' 'ecosphere,' and 'virosphere') (Ingold 2000). For human beings, as rooted in spheres, the environment is not an external setting but part of their lifeworld. The notion of sphere presents the world as lived experience, perceived and understood from within. The human world begins in the local rather than the global because the spherical view accentuates embeddedness, and thus locality. Globalization therefore is not an external process that impacts our common globe; it concerns the human world, expanding the lifeworld through global interactions and cultural diffusion, underlining the interchange and integration of ideas and values of people and cultures around the globe, rather than the spatial and geographic dimensions of the world as our home.

When asked how to deal with global problems such as climate change, biodiversity loss, environmental degradation, deterioration of global health and increasing inequalities, the answer usually refers to global governance. It is the task of governments to cooperate in international

organizations and multilateral platforms to formulate policies to address these problems and implement these policies in their national domain. This answer reiterates the common distinction between individual and collective action. It assumes that individuals are responsible for implementing the policies adopted in their nation-state but are powerless to undertake anything against global challenges. At the same time, it accepts that collective action is necessary but restricts this to political actions undertaken by governments and international institutions. This view of global governance originates from regarding globalization as a set of external, encompassing processes which need to be managed and controlled by political activity, and thus require global policies and global bioethical frameworks. It is the expression of the belief that humans are outside and above their natural and social surroundings, and that they can control them. When humans, on the other hand, are acknowledged as relational and entangled beings, another dimension of globalization will come to our attention: the transformation of human self-interpretation and experience as embedded beings. Globalization is not an external mechanism but transforms the human lifeworld, confronting people with injustices, violences, indignities, inequalities and deteriorating living conditions. People will then not simply endure these degenerating circumstances and their fragilized predicament but, as resilient beings hoping for a better future, undertake action, especially when global governance seems increasingly deficient or even absent.

Looking at global governance today reveals a panorama of wars, geopolitical powershifts, trade conflicts, populism, autocratic regimes and climate change as well as the impotence of global efforts to address this panoply of current afflictions, thus reinforcing the prevailing apocalyptic mood. Nonetheless, if we move our perspective downstream, we will notice many countertrends that usually go under the radar as long as we focus on global governance. At different levels in the lifeworld of people, numerous initiatives are being taken and activities developed which showcase concern for the planet, the environment, other people and animals, as well as disquiet about the future. Citizens show a massive commitment to the preservation and protection of nature, to transitioning to clean energy, to environmentally friendly food production, to biobased building. They are establishing cooperatives in care and education, and renewing the mutual as a form of insurance.

These citizen initiatives display the search for a different, more humane, sustainable and democratic way of life which provides practical answers to the most pressing problems, and which can anticipate a better future. Caught between government bureaucracy and the coldness of the market, people want to be really seen and heard, and start to engage in activities for the social good.

Ameland is a small island in the North of the Netherlands with only a few thousand inhabitants. It has a commercial ferry service to the mainland but this is expensive and mostly occupied by visiting tourists. Dissatisfied, islanders founded a cooperative to establish a service that better meets their own needs It is a social enterprise owned by members; every inhabitant can join as member. The aim is not maximation of profits but service and payable tickets. Public transportation which used to be a government responsibility has been privatized in the country since the 1990s. When the concession for the private ferry enterprise ends in 2029, Ameland citizens want to set up their own service. Similar initiatives have been taken in many other places. One of the older publishing companies in the Netherlands (De Bezige Bij) used to be a cooperative until 1997, owned by writers. When the foundation to which it belonged was threatened by takeover of a large American publisher, engaged authors resuscitated the idea of a cooperative and managed to become an independent private company (Eijsvoogel and Jaeger 2024). Cooperatives have now been established in other areas such as energy, housing and bookstores. One of the leading examples is the Mondragon Cooperation (www.mondragon-corporation.com/en) in the Spanish Basque Country. It is a federation of eighty-one self-governing worker cooperatives, founded in 1956, and one of the largest enterprises in Spain. Catholic social teaching provided the inspiration for this initiative. Its basic values are solidarity, democratic management, social responsibility, personal and professional advancement of its workers and the development of its community. A relatively new phenomenon, in the Netherlands at least, is the rise of care collectives. Citizens come together to organize care services among themselves in local neighbourhoods because the government and the market do not meet the demand. Social cohesion plays an important role. Collectives of care emerge when citizens feel attached to their neighbourhood; if they have a sense of belonging and regard the local context in which they live

as part of their social identity, they value the provision of care for the neighbourhood, and are willing to contribute even if they do not require care for themselves. In turn, working together towards shared goals will enhance attachment to the neighbourhood (Wittenberg et al. 2024).

The above examples are initiatives on what is commonly called the local level; they take place within the lifeworld of individual people, especially the place and setting in which they live (and often work) and where they feel connected to others. At the global level, we may perceive inaction and inefficiency but locally we see active citizenship: people forming specific communities, and organizing collective power. They do not expect governmental interventions or beneficial impacts of the free market, but use the space between government and market to ameliorate their living conditions with their own resourcefulness and collaborative ambition.

An analogous type of collective action resisting the defeatism towards global challenges can be observed at the municipal level in the movement of caring cities. While global governance is powerless, and national governments weaken climate policies, cities around the world ensure greening of streets and squares, sustainable mobility and renewable energy. Between 2005 and 2024, Paris has halved air pollution (though it is still too high). Tens of thousands of trees have been planted, quays along the Seine closed to car traffic, numerous new bike paths created, roads narrowed, and parking spaces transformed with trees and benches. Almost a hundred cities have united in the C40 network (www.c40.org) with the mission to halve fossil fuels by 2030, to build resilience and to advance justice in city climate action. This is also a grassroots movement responding to the concerns of citizens. It is important because cities are responsible for 70% of global energy consumption and CO_2 emissions.

Local citizen initiatives and city activities illustrate the point made earlier in this chapter (as well as Chapter 4): human beings are social beings. If they are primarily regarded as rational, abstract, independent and decontextualized individuals, it is difficult to understand why they care about other people and about global threats, and why they feel connected to concrete communities. Policies, however, are usually based on the presumption that individual citizens are primarily responsible for improving their predicament, and that the role of government is

the creation of conditions to facilitate the exercise of this responsibility. Consistent with neoliberal ideology the role of government is minimized but also the resilience of communities underestimated. A recent example is the call to purchase emergency kits in several European countries to prepare for crisis situations. Public authorities appeal to individual citizens to become more resilient. Yet such appeals overlook well-documented experience showing that, in disasters, most people are rescued not by professional responders or government intervention but by family members, friends and neighbours. (Van Oudenhoven-van der Zee 2025). A major explosion in the city of Enschede in the Netherlands in 2000 destroyed many houses, and killed and injured a substantial number of people; in the wake of the explosion, there was immediately a huge outpouring of support from the community. During the Covid-19 pandemic, numerous people took the initiative to assist others. Confronted with the inertia of the Brazilian government, for example, community leaders in the favelas of big cities in the country, even those controlled by drug gangs, organized their communities to produce face masks and hand sanitizers, distribute food and water bottles, and imposed curfews. In the end, regions controlled by drug traffickers had significantly fewer deaths from Covid infections than other regions (Denis, Régis and Weinstock 2021). Another example is the massive blackout in Spain in the summer of 2024; there was not a surge of looting or criminality, but rather, people helped each other. These experiences show the significance of social support and community spirit. Social resilience is not a matter of technocratic or administrative interventions of the government but first of all dependent on social cohesion and solidarity among communities. Recognizing the role of community generates a different mode of governance. Instead of providing solutions and issuing directives 'from above,' governments should use society's problem-solving capacity through promoting active citizenship and solidarity in communities. That demands respect for community's values and local knowledge, being receptive to citizens, and giving more trust and responsibility to citizen collectives, regarding people not as consumers of policy but as participants in policy development (Van Oudenhoven-van der Zee 2025).

This new assessment of the role of local and community action may inspire bioethical discourse. Rather than addressing global actors and

the general public, and concluding that it does not have much impact, bioethics can encourage and motivate individuals and communities to initiate changes in their own localized settings, attempting to materialize a better 'world' already within the perimeter of their actions. Nevertheless aspirations may go further, hoping that localized actions are contagious and will have wider repercussions and initiate social movements.

The world has seen numerous social movements that mobilized people around social goals, such as in the past the abolition of slavery and expansion of voting rights, and currently racial equality, climate justice, women's rights and democratic participation. They emerge from discontent and frustration with existing situations, and participants share values and beliefs, hoping that the transformation of these situations will be possible through collective action. Social movements engage in various forms of activism: media campaigns, public protests, boycotts, civil disobedience, demonstrations and legal action, but they emphasize non-violence. An important characteristic is that these movements do not originate from top-down initiatives but developed from voluntary, horizontal and reciprocal networks of citizens sharing a common cause, and interact on the basis of cooperation and trust, motivated by the need for social change. This means that they are usually leaderless, without stringent organizational structures, and very diverse in approaches and methods. What they share, however, are concerns about issues that also figure on the agenda of global bioethics. They are frequently motivated by the ethical principles advocated in this bioethical discourse, for example human dignity, human rights, autonomy, equality, justice, solidarity and future generations. While most social movements arise in a specific national setting, they often have an international impact because networks become transnational, creating platforms for identification and solidarity across borders (Della Porta 2018). An example is Black Lives Matter, originating in 2013 in the United States, but rapidly becoming an international movement against racism, discrimination and police brutality. It epitomizes the new pattern of social movements based on horizontal networks of interactive communication. The internet and social media facilitate the transformation of emotions such as outrage, anger and humiliation into collective action. They create spaces for autonomy, where individuals

can express their ideas and emotions, learn from other experiences, and interact and deliberate with others, discovering what they have in common and producing togetherness. Social movements are different from protest movements; they often do not result in political change but they are cultural movements that propose alternative projects of life and democracy. They bring about shifts in how people think, showing that the future can be imagined differently from the hopeless and unjust conditions of the present (Castells 2015). Their purpose is not so much resistance and protest, but the anticipation of what is possible in order to protect life in all its manifestations. This orientation implies a different way of thinking and acting, one aimed at protecting, restoring, and reorganising the conditions of daily life, care and community (Von Redeker 2020).

What connects these different actions emerging from the lifeworld (local and municipal citizen initiatives and social movements) is their emphasis on what we share as 'commons.' Social movements for water justice, for example, resist privatization of water services with the argument that water is a common good that should benefit all, that everybody should have equal access, and that its management should be a shared responsibility of all stakeholders (Ten Have 2019). Citizens and cities are active in creating urban commons such as squares, parks and communal gardens accessible to all, since these spaces will increase well-being as well as people's ability to cope with higher temperatures. Commons indicate that there is a space between private and public which is shared by all human beings and which is a site of collective action. It is a crucial notion in global bioethics (Ten Have 2016). Commons share several basic features. First, they refer to collective property, jointly owned by a group of people (as in local commons) or belonging to all persons on earth (as in global commons). Second, they are essential for human subsistence and long-term survival (since they provide water, food and shelter, but also health and knowledge). Therefore, commons need to be protected for future generations so that sustainability is important. But they are also important here and now, since commons are instrumental in the maintenance of life. Commons, finally, are not simply resources; they are social practices (some advocate the use of the verb 'commoning'). They express a discourse of sociality, reciprocity, sharing and social harmony. Commons refer to togetherness

('commonwealth'), not only with people but with nature, environment and land. They are not simply a conceptual idea but imply activities of sharing. Commons are not so much ownership of things as practices of shared use. The assumption is that there is a community with joint material and immaterial objects and entities, and that is involved in activities to manage, cultivate and preserve them. The existence of commons provides another interpretation of what communities really are (Lijster 2022). They are not constituted by communal ownership or shared identity, but constructed through shared practices, stories and imaginations about what people have in common. The notion of commons therefore goes beyond the perspective of the individual, but it also offers a possibility to transcend the current context of loss, finitude and concerns about future survival. Neoliberal policies are directed at dispossession and destruction of the commons. Traditional material commons (e.g. forests, water supplies, air and land available for public use, and the seabed) are gradually expropriated by processes of privatization, but new commons are continuously emerging that require protection and care (Coriat 2015).

Globalization has created new commons. Examples are digital commons based on the internet, but also airspace commons (for international air transport), ether space commons (for radio and television broadcasting), weather forecasting systems and pools of crop genetic diversity. These new commons are global; they transcend national boundaries; they are shared around technologies and user communities; they require collective actions and negotiations; they are valuable for human existence and nature. The discourse of commons does not fit into the neoliberal distinction between private and public ownership; it is situated between market and state. It has received new attention in response to the global regime of intellectual property rights that allows patenting of new drugs, genetic resources, Indigenous knowledge and all forms of biological life. This regime has facilitated global inequalities, particularly impeding access to affordable medication. With the Covid-19 pandemic, questions have emerged in regard to potential treatments and vaccines; as the products of common efforts they should be considered as common goods, and thus be available to all persons who need them. They cannot be appropriated by specific countries, companies or research institutions. The notion of

commons is used to redefine science as an open and shared activity, even when it is nowadays heavily commercialized. The idea of science and academic commons is reflected in the movement towards open access publications. Progress of science and dissemination of knowledge require that access to scientific information is unrestricted. The concept of commons recognizes that there are goods that are essential for human well-being and that can only be accomplished in a common effort.

8.5 Multilayered Governance

So far, it has been argued that a resilient bioethics will operate at the individual level, inspired by exemplars, and at the collective level inspired by initiatives from the actual lifeworld of citizens, cities and social movements. The question is whether it can also operate at the global level. After all, global bioethics presents a planetary ethical horizon that places global moral challenges in a perspective that differs from mainstream ethical approaches, with distinct moral queries and answers. It would be frustrating if global ethical discourse had no influence at the global level.

The trouble is that global governance as the conventional way of managing challenges in the global world order is compromised. First, it is regarded as weak and not very effective. An example is the recent UN Climate Conference (COP30) in Belem, Brazil that concluded in November 2025 without any references to the phasing out of fossil fuels, the major source of global warming and environmental damage. Another example is the failure of international law and human rights discourse in the face of cruelties and human rights violations in wars in Ukraine, Gaza, Lebanon, Iran and Sudan. Secondly, global governance is connected to processes and institutions of globalization, and since these are more and more blamed for contemporary problems, mechanisms of governance are discredited and even abandoned by some nation-states. The resignation of the United States from international organizations such as the WHO and UNESCO provides a recent example. Thirdly, what is lacking most of all is implementation. The international community has adopted more than six hundred multilateral treaties and conventions, registered since the founding of the United Nations. Since the adoption of the *Universal Declaration of Human Rights* in 1948, nine international

human rights treaties cover a range of relevant issues such as racial discrimination, torture, civil and political rights, economic, social and cultural rights, as well as the rights of women, children and migrant workers. The problem is not that global governance has not produced adequate normative frameworks for international cooperation. The problem is that global governance is executed by nation-states which have the responsibility to implement these frameworks, for instance the power to enforce human rights obligations, but that they often fail to do so. There is no world authority that can impose its will, and intergovernmental and international organizations are generally too weak to thoroughly influence national and global practices. The future of global governance is therefore uncertain. Populist and nationalist resistance against globalization and multilateralism may result in fragmentation, with increasing regional cooperation and institutions, or in stagnation, turning away from international cooperation and global governance mechanisms. However, it may also lead to a transformation with innovative forms of governance involving nonstate actors and subnational governments (Kahler 2018).

That a close connection exists between global governance and global bioethics is illustrated in major international documents that refer to principles articulated in global bioethical discourse and advocated by social movements. The *Convention on Biological Diversity* (1992) evokes in its Preamble the intrinsic value of biological diversity, affirming that the conservation of this diversity is a common concern of humankind, and that conservation and sustainable use of biological diversity is for the benefit of present and future generations. Its explicit objectives are "the conservation of biological diversity, the sustainable use of its components and the fair and equitable sharing of the benefits arising out of the utilization of genetic resources ..." (Secretariat of the Convention of Biological Diversity 1992). The starting point for the Convention is clearly an ethical position: biodiversity is a common concern; its conservation is essential for the survival of humankind. The *Paris Agreement on Climate Change* (2015) refers to the principles of equity and vulnerability, human rights, the right to health and protection of biodiversity, acknowledging that climate change is a common concern of humankind (United Nations Framework Convention on Climate Change 2016). The *WHO Pandemic Agreement*, adopted in May 2025,

begins with recognizing the global threat of communicable diseases and the unequal capacity of countries to respond to this threat as well as the unequal access to pandemic-related health products. This threat demands collaboration, cooperation and solidarity between all people and countries. In Article 3, this Agreement then outlines the guiding principles: respect for the dignity, human rights and fundamental freedoms of all persons, non-discrimination, protection of persons in vulnerable situations, equity and solidarity, even when the sovereign right of States is mentioned first (WHO 2025).

References to principles of global bioethics and international law can be dismissed as fanciful idealism, pious intentions or window-dressing when there is no serious effort to implement them. Nonetheless, they highlight an ethical need for global governance, even if it is weak, reluctant or disingenuous. First, there is a common interest or concern because of the global nature of challenges such as biodiversity loss, climate change or pandemic diseases. They cannot be solved at the national level, although citizens can take action; however, unless there is collective action on a massive scale, citizens cannot make a significant change at the global level. Global cooperation and stronger global institutions will be required. Second, global challenges are not merely a specific challenge to politicians and policy-makers; it is everybody's problem since ultimately all of us will suffer the consequences, even if some will suffer more at this moment. That means that addressing these challenges cannot be left to politics alone. Third, taking care of global problems is not a matter of pragmatism. It is also an issue of differential responsibilities, inequality and injustice. The *WHO Pandemic Agreement*, for example, recognizes that the capacities and capabilities of countries to prevent, respond to and recover from pandemics are different. There are not only significant differences in vulnerability but also in responsibility. Developing countries suffer the consequences of climate change and biodiversity loss while they have contributed the least to the emergence and protraction of these global problems. Bioethical discourse emphasizes that not merely pragmatic and short-term solutions are needed, but that the root causes of vulnerability, associated with structural inequalities and disadvantages, should be addressed (Ten Have 2019). This is the spirit of the *Global Justice Report*, recently issued by the World Inequality Lab, an international cooperative

of scientists (Watts 2026). It argues that the main problem of inequality can be reduced through bold policies, aimed at heavy wealth taxes, shorter working hours, more investment in education and health, and changes in diet. Such imaginative redistribution of resources will also diminish climate risks by cutting emissions, and raise living standards for all inhabitants of the globe. The future is not predetermined to be catastrophic; a habitable and prosperous world remains possible, depending on political and ethical choices.

Transformation of governance may be impeded when the images of global governance are too pessimistic. In fact, there are successful examples showing that effective cooperation is feasible. Frequently mentioned is the *Montreal Protocol on Substances that Deplete the Ozone Layer*, adopted in 1987. It regulates the production and consumption of almost a hundred man-made chemicals that damage the ozone layer. The aim was to phase out these substances in a step-wise manner, acknowledging differentiated responsibilities (with different timetables for developed and developing countries), providing financial and technical assistance to developing countries, but with specific measurable targets, phase-out schedules and binding commitments. It is regarded as one of the most successful international agreements. The ozone layer is recovering, and the 'ozone hole' is now significantly smaller than in previous decades, implying that the risks for human health (e.g. skin cancer and cataract) are also reduced (Wang et al. 2025). Another successful example is guinea worm disease, a horrible parasitic disease with no therapy or vaccination. In the 1980s each year 3.5 million infections occurred, mainly in Africa and Asia, but now it is almost eradicated due to the activities of the Carter Center. In 1986, the WHO started an eradication program, creating a coalition of organizations under the leadership of the Center. A global network of surveillance and communication was established, with registration of cases and treatment of drinking water, resulting in a continuous decline of cases, even in remote areas and war zones (Hopkins et al. 2024). These positive examples of global governance clarify that global bioethics should continue to articulate its ethical viewpoints and perspectives, and insist that it is necessary to translate them into practical implementation, at the same time knowing that international cooperation is arduous and will often not deliver satisfying results. One of the lessons from political science is that

effective governance is based on a gradual and incremental approach. Two elements are crucial: incrementalism and participation. The first implies that the best way to address problems and to combat injustices is a public policy of small steps, making changes in a piecemeal fashion, rather than radical transformation. This is a position that is difficult to maintain in apocalyptic and disruptive times when we are confronted with overwhelming problems that ask for radical solutions. Public discourse, especially in regard to climate change, is catastrophizing, articulating multiple crises and impending doom, with the sense that there is little time left to respond. Climate change is indeed an urgent challenge, demanding immediate action. At the same time, top-down global governance approaches and comprehensive proposals for radical change have not resulted in major positive effects. Taking small steps and focusing on a sequence of small changes can however result in a different situation because incremental reforms can be transformative. It means that there is a road between inaction and radical change. But this requires that the focal point of action is being moved from the global to the local level. Normative declarations and regulations will not be implemented without the involvement and participation of agencies, institutions and people in the real world. More is needed than idealistic statements and abstract reasoning to make governance effective. Implementation will not be successful without support at the local level, and without building on the practical experiences of local agents and practitioners. This second element of effective governance refers in fact to the conception of 'governance from below.' (Berman and Fox 2023).

Problems of global governance are not new. It is recognized that health governance in the past has been weak, especially with regard to the HIV/AIDS epidemic. Global governance for the Ebola virus disease in 2014 was a failure, and many efforts have been undertaken since then to strengthen global governance. The International Health Regulations, adopted by WHO members in 2005 as an overarching legal framework for the rights and obligations in the management of potentially global public health risks and emergencies, have been amended in 2022 and 2024. But again, the challenge is in the implementation (Habibi 2024). The U.S. withdrawal from WHO in 2025 can be regarded as an opportunity to shift global health governance from being dominated by one powerful player towards a more decentralized governance model, forging new

alliances and regional cooperation, and with more input from non-state actors (Aremu et al. 2025). Aware of the fragmentation of global governance, the crucial role of national and regional governance for the implementation of global agreements and principles has especially been articulated after the adoption of the *WHO Pandemic Agreement*. Particularly for Africa, stronger commitments of governments and reinforcement of regional public health institutions are recommended (Olu et al. 2025; Evaborhene 2025).

The difficulties with global governance have thus produced more emphasis on the fact that much globalization takes place at local levels. What is regarded as 'global' is often constituted within the local, and actively produced by groups of citizens, agencies and institutions at the local level. In this view, global bioethics does not merely refer to ethical values and principles transcending various cultures and domestic settings but global values are co-produced in interaction with local value systems, and articulated in intercultural spheres. This view implies a different approach to governance, acknowledging that it should be rooted in local traditions, and requests the participation of many stakeholders (including vulnerable, excluded and marginalized populations) and grassroots movements and networks, leading to horizontal activities of cooperation. An alternative to global governance dominated by nation-states and international organizations is governance 'from below,' which requires a broader, more inclusive and participatory coalition of local communities, actors and stakeholders, connecting local activities with global concerns, and vice versa. An example is the Treatment Action Campaign in South Africa that used the global principle of the right to health as a lever to campaign for improved access to essential medicines, combining protest, social mobilization and legal action (Ten Have 2016, 152). Water justice movements provide an interesting case in point. While water is essential for human health and survival, it was not a serious global concern until recently. Important international documents did not mention water as an important issue. When it became a topic on the international agenda (with the establishment of the World Commission on Water for the 21st Century in 1997) it was against the background of an imagined impending water crisis due to increasing scarcity, with only one solution: privatization. This recommendation was perfectly in line with neoliberal policies, and in numerous countries

water services and resources came under control of private companies. However, citizens and social movements generally rejected the view that water is a commercial product. They argued that water is a commons, provided by nature as the ecological basis for life, and thus different from economic goods. It is not the product of human activity, creativity or labour, and therefore constitutes a common property as the heritage of humankind. Because humans cannot survive without water, access to it is in fact a human right. Neoliberal policies of privatization were rejected in many countries, sometimes leading to heavy clashes and protests (for example in the Bolivian city of Cochabamba in 2000, that finally cancelled the privatization project; see Figure 27). In other countries, privatized water companies are dysfunctional and water infrastructures have been neglected for decades (Calafati et al. 2025). The right to water is not mentioned in early human rights documents, unlike the right to food. However, local popular movements framing water as a basic human right succeeded in changing the framework of global governance. In 2010, the UN General Assembly recognized the human right to water, later affirmed by the Human Rights Council (Ten Have 2019). Some countries have now included this right in their constitution. While many EU countries abstained from the vote in the General Assembly, a European citizens initiative was launched to urge legal action to implement the right to water (signed by 1.8 million Europeans) which led to the adoption of a resolution on access to water as a human right by the European Parliament in 2022 (European Parliament 2022). Initiatives and practices at local or regional levels are not simply the application and implementation of global values and principles but can, in turn, influence the evolution of global governance. Also relevant are the new concepts of One Health and Planetary Health, initially formulated and advocated by scientists and later shaping the discourses of international organizations (Lerner 2025). Practical experiences with zoonotic diseases prompted practitioners from various disciplines to collaborate, because human health is interconnected with the health of animals, plants and ecosystems. The idea of One Health became influential since 2004 and is supported by a growing number of organizations. The WHO is taking a leading role, closely cooperating with the Food and Agriculture Organization (FAO), The World Organization for Animal Health (WOAH), and the United Nations Environment

Programme (UNEP). The One Health approach is now included in the *WHO Pandemic Agreement* (Zhang, Guo and Zhou 2025). The concept of Planetary Health has been promoted by scientists, journals, and scientific organizations since 2015. It emphasizes in particular the strong links between human beings, society and the environment. Since all life is interconnected, human health cannot be separated from health of the Earth. While the concept of One Health focuses, at least initially, on infectious diseases and zoonoses, the concept of Planetary Health is concerned with climate change, sustainability and equity. But both concepts share a broader, more holistic notion of health as well as an insistence on interdisciplinarity and trans-disciplinarity. As the Covid-19 pandemic has shown, health today requires an integrated and unifying approach with contributions from a range of sciences (not only health and veterinary sciences, ecology and agricultural sciences but also sociology, economy, humanities, and ethics). Both concepts have important implications for global health and global governance, since they make clear that biomedical interpretations of health are too narrow, and often favour the perspective of the Global North (Missoni 2024).



Fig. 27 Water wars in Cochabamba, Bolivia. Photo by Antonio Abal Oña (2000), Wikimedia Commons, CC BY-SA 4.0, https://commons.wikimedia.org/wiki/File:Protestas_durante_la_guerra_del_agua_en_Cochabamba_12.jpg

Governance from below furthermore sheds a different light on another critical, and currently contentious, facet of global bioethics—that is, its connection to human rights discourse. One of the new elements of the *Universal Declaration on Bioethics and Human Rights* is that it connects bioethics to human rights. Previous international ethics documents such as the *European Convention on Human Rights and Biomedicine* and the *Declaration of Helsinki* refer to human rights and human dignity. In the same vein, the UNESCO Declaration continues to invoke human rights in establishing global bioethics principles. The connection with human rights was already made in the *Universal Declaration on the Human Genome and Human Rights* in 1997. Some scholars have pointed out that the Declaration's grounding of bioethics in universal human rights will bring international bioethics into a new phase of involvement with regulation and implementation, being accepted as part of international law (Faunce 2005; Nys 2006). However, the interconnections between bioethics and human rights are more heterogeneous and complicated. Within the text of the *Universal Declaration on Bioethics and Human Rights*, three types of relationships are to be distinguished: (a) human rights as starting point and context of bioethics, (b) human rights as a basic principle of bioethics itself and (c) human rights as constraint and final authority for bioethics (Ten Have 2024).

The development and specification of human rights has been closely related to the development of healthcare ethics (Baker 2001). Bioethics is a product of the liberal international order that has emerged after the Second World War. Undermining this rules-based order will have consequences for bioethics, and perhaps, as Jonathan Moreno points out, generate a more intense engagement with human rights (Moreno 2025). The 1947 Nuremberg trials and the condemnation of physicians and scientists for 'crimes against humanity' have clearly impacted on the 1948 *Universal Declaration of Human Rights* and on the later *Universal Declaration on Bioethics and Human Rights*. The human rights framework satisfied the need to make trans-cultural and transnational normative judgments. It presented a globally acceptable framework that transcends culture, nationality and religion. Human rights and bioethics therefore share several common characteristics: they have the same origin (the horrors of the Holocaust and the need to prevent future atrocities), the same goal (never again should individual human beings be used as

means to another end), and the same claim to universality. But there are additional characteristics of the human rights discourse that have made it attractive for global bioethics. One is the emphasis on application. For a long time, debates on human rights were largely theoretical, mainly focused on justifying its universal claims. Since the 1970s, human rights discourse could become practical because it was separated from the search for underlying justifications. The right to healthcare, for example, could be applied in practice by courts and advocacy groups, although there is a fundamental philosophical debate about the notion of health and what the right entails. By freeing the discourse from its underlying philosophical and theological justifications and the controversies around these, human rights discourse became a public discourse, just like bioethics after it was disconnected from the medical profession that traditionally dominated medical ethics. This analogous development transformed human rights as well as bioethics into public discourses that were available for all and that could be applied in various settings. The second point of attraction is that human rights discourse can translate ethical concerns into policies. Many activities in bioethics today relate to policy-making. Bioethics committees at various levels are drafting recommendations for policies. At a national level, they analyze guidelines, propose legislation and assist policy-makers. At a local level, they advise hospital boards or research institutions regarding institutional guidelines and policies. Such recommendations are often motivated by moral values and concerns, for example justice, human dignity, saving human lives or the protection of vulnerable groups and persons. By connecting these values and concerns to human rights, policies will be more than moral endeavours and will also be anchored in international human rights law and institutions at national and international levels. Another advantage is that rights dignify rather than victimize. People are no longer regarded as needy victims or vulnerable individuals but as citizens with the same claims and rights as everyone else. Human rights make people equal and more powerful. They provide a universal and objective standard to assess human behaviour. This does not ignore the many problems in the global application of this approach. But the fact is that all states have and still are participating in the norm-creating process in which these international standards are articulated.

The interconnections between bioethics and human rights are

especially demonstrated in the activity of advocacy. It is not sufficient to write a story, to analyze a case, to provide recommendations; action must be taken and guidance must be given. Human rights empower people to advocate particular causes that are of common concern. Advocacy is not a new type of activity but is well-known in the area of healthcare and social work. Patient advocacy groups play an important role in patient care and clinical research. Within countries and at the international level, organizations are active in advocating for the right to the highest attainable level of health, and especially equitable access to affordable medicine and healthcare (Patients for Affordable Drugs 2026; Farma ter Verantwoording 2026; Health Action International 2026). Nurses are taught to be patient advocates, in order to protect their patients. Child advocacy is regarded as a core paediatrics task in response to child abuse (Bross and Krugman 2009). Advocacy has been a particularly fruitful concept for promoting women's rights, not only for individual activists but also for organizations at the local, regional, national and global level. In the context of global bioethics, advocacy can argue for policy or legislative change, for strengthening civil society through creating collaboration, trust and unity among diverse groups, for enlarging the democratic space in which civil society can operate, and for direct involvement of excluded people or groups of people in order to achieve their rights.

Human rights discourse is a significant instrument in governance from below, although human rights are adopted by nation-states that accordingly have the obligation and duty to respect, protect and fulfil these rights. However, human rights are not the rights of states but of people. They protect human beings against exploitation, humiliation, oppression and violence. Rights are not accorded to humans by states or international organizations, but humans are entitled to them because they belong to the human species, and share the same fundamental needs and vulnerabilities. Because general vulnerability, as an anthropological and social dimension of human existence, is shared among all human beings, it is in fact the basis of human rights, since this vulnerability requires equal protection of every human being as well as the safeguarding of the socio-cultural conditions for human flourishing (Turner 2006). This emphasis on common needs and vulnerabilities explains the emancipatory force of human rights discourse. It has

inspired many people who feel disrespected and marginalized, and exposed to injustice, discrimination, violence and expulsion, many times by their own governments, to appeal to this overarching and universal framework to claim respect for their rights and human dignity. This is also reflected in the historical origins of human rights: they have been articulated in many cultures across history, and not only in the West. The Global South has played a significant role in the development of human rights discourse. Latin American countries have codified and institutionalized human rights years before the adoption of the *Universal Declaration of Human Rights* in 1948. They regarded human rights as a means to restrain more powerful political forces, as one of the "weapons of the weak" to counterbalance U.S. power (Sikkink 2017, 60). Human rights have become a global discourse because they serve the interest of the powerless.

Nonetheless, human rights discourse is perplexing, as Hannah Arendt has pointed out, since human rights are supposed to be independent of governments, and meant to protect individuals against the state, whereas at the same time the state is the main authority to enforce them (Arendt 2017). But this is perhaps a too legalistic perspective. When global governance in the area of human rights is deficient or distorted, as is evident today, the relevancy of human rights discourse is not affected. Recent reports on human rights offenses in almost 200 nations, released by the U.S. State Department, for example, scaled back language on human rights abuses and even omitted violations in a number of countries such as Israel, Saudi Arabia and El Salvador (Wong 2025). That political agendas take priority over practical experiences is also visible in the selective responses of countries to unmistakable human rights violations in the wars in Ukraine and Gaza. The reluctance of Western countries to condemn Israel for its campaign of destruction, elimination and starvation has prompted scholars to proclaim the death of international law (Kinstler 2025). The bioethics community has also been silent about the atrocities in the war in Gaza (Shekhani and Jafarey 2025). However, the failure to apply the rules of international law and the erosion of institutional norms does not show the decline of international law but rather the failure of international politics and power to implement the law. The fundamental values of justice, human dignity and human rights embedded in the international legal system

continue to be meaningful, especially for weaker, poorer and smaller countries that reject the powerplay of 'might is right.' For example, in December 2023, South Africa brought a case to the International Court of Justice, an organ of the United Nations, against Israel's violation of the Genocide Convention in Gaza. On another issue, the Court in July 2025 published its opinion that states have the obligation to address climate change, and must protect citizens from environmental harm. This case was submitted by students from Vanuatu and other Pacific islands whose existence is threatened by the effects of the changing climate. The Court declared that the failure of a state to take appropriate action to protect the climate system from greenhouse gas emissions constitutes an internationally wrongful act (International Court of Justice 2025). States must take necessary measures because they are obliged under international human rights law to respect and ensure the effective enjoyment of human rights. The opinion of the Court is non-binding but the expectation is that it may stimulate regional and local legal actions, for instance to compel countries to set more stringent goals for reducing emissions, or to stop new oil and gas projects (Zraick and Simons 2025). Another effect is that the Court's opinion has enhanced the global consciousness of the responsibility of states for harms due to climate change, particularly for vulnerable countries, and has articulated the normative basis for more powerful action.

The examples illustrate that human rights discourse still plays an inspiring role at the global level because it sets standards and functions as a reference point for governance from below. It appeals to the imagination: a future will be possible that is more just, equal, and dignified than the current state of affairs (Sikkink 2017). The fact that many governments ignore, neglect, deny or violate human rights does not mean that human rights discourse is meaningless, useless or ineffective. Human rights should primarily be implemented by governments, but if they fail to do so, human rights present a framework for everybody, for all people in the world who can identify and complain of the shortcomings of their governments and address problems themselves in their own communities. Numerous social movements have done so by articulating the rights to health, food and water. They do not depend on global governance or national regulations but are important for local governance. Ethical issues arise within the context in which people

live and work. People experience the connection between health and environment, for instance the possible impact of air pollution or toxic substances. They can take action on the basis of human rights discourse precisely because it applies to everyone. Specific human rights policies of countries, which may be absent, weak or horrific, should therefore not be confounded with human rights discourse. Enforcement of human rights legal instruments is mostly dependent on active civil society movements (Neier 2012). The discourse may influence the behaviour of people, and stimulate them to engage in action and movement which may influence government policies. This is what we see around us in the world, in Bangladesh (2024), Morocco (2025) and Madagascar (2025), to name a few examples. It is striking that these protests are initiated and carried out by younger generations (Gen Z, born between 1997 and 2012). They experience lack of future prospects and increasing inequalities, pointing to the deterioration of public services, corruption and lack of investment in healthcare, education and poverty reduction (Ethirajan and Ritchie 2024; Magee 2025; Eligon and Borgia 2025). Gen Z is the first generation to grow up with the internet and smart phones, thus within specific cultural and social circumstances with an overload of information in an online world. They are also confronted with the global crises of climate change, Covid-19, war and geopolitical tensions, realizing the significant impact the future will have on each of them. This generation has a strong social consciousness, appreciates diversity, demands action against climate change, and is concerned about human rights (Luttrell and McGrath 2021). Since they are well versed in social media, they are able to quickly mobilize people for a particular cause. For example, they started digital justice movements demanding safer, healthier and more equitable social media environments with better control and transparency in regard to personal data (e.g. People vs Big Tech, and Ctrl+Alt+Reclaim) (Rose 2025). Activities like these illustrate two facets of governance from below. Motivated to imagine a better world, people do not present a grand narrative of a major overhaul of the existing systems but engage in relatively small acts to improve ordinary lives. This point is also emphasized by experts working in formal positions aimed at global justice, motivated not by intellectual ideas but by practical experiences of human suffering and injustice, and presenting numerous stories about how the vulnerable and powerless

can be protected (Akhavan 2017; Roth 2025). Human rights begin in small places, close to home in our own environment, and can thus inspire everybody to ameliorate their living conditions. The second aspect of governance from below is that it demonstrates that human rights are not merely negative rights demanding non-interference to protect individuals from the state. In this view, human rights language is often reduced to the rights of individuals, prioritizing civil and political rights, and is therefore unable to address the structural causes of injustice, violence and oppression. Such a perspective ignores that human rights discourse goes beyond individualistic perspectives; it puts limits on self-interest and urges consideration of the needs of others. This is why imagining human rights can bring people together around a particular shared cause. It furthermore neglects the emergence of social, economic and cultural rights, implying that it is not only necessary to protect individuals but also to provide services in health, education and social security. When the basic conditions for human existence are not provided, as expressed by social and economic rights, civil and political rights cannot be exercised. The right to health is an example showing that individuals cannot enjoy this right if appropriate conditions such as access to healthcare and quality health services do not exist. As positive rights, human rights define that individuals are entitled to certain basic goods such as health, shelter and food that must be provided by the state. Since human rights discourse is based on the recognition that human beings equally share vulnerabilities and needs, human rights do not only have an individual dimension but also a dimension of solidarity and collective good.

8.6 Against Apocalyptic Thinking

In this book, it is argued that a more resilient bioethics is needed because the global context of ethical discourse is changing significantly. Humanity is confronted with apocalyptic scenarios. Many people are anxious about the future due to climate change, violence and war, geopolitical tensions, rising inequalities and insecurities. The recent Covid-19 pandemic has enhanced this sense of doom and gloom, amplifying feelings of powerlessness and generating a pervasive sense of vulnerability. Against this background, the framework of moral values

and principles that has developed over the last few decades in response to processes of globalization and a growing number of global threats seems helpless and futile. It is not the case, however, that we do not have moral views about what should be done. A comprehensive discourse of bioethics, and later global bioethics, has emerged that clearly articulates norms and principles for possible decisions and actions. The problem is that this ethical framework is only affirmed in theory but not translated in practices. Facing a multiplicity of crises, moral arguments for effective action and change are either neglected and marginalized or relegated to a secondary role. Previous chapters have raised the question of whether the bioethical discourse itself can be reframed in order to make it resilient to apocalyptic sentiments in a global context in which human survival is jeopardized, so that it can offer perspectives that are motivated by the hope that a better future will be possible. This will require an imaginative ethical approach that will first of all re-evaluate the historical and current context in which we happen to find ourselves. It will furthermore call for a reorientation of bioethics discourse itself.

There are many efforts today to rethink the concept and practice of ethics in the field of bioethics. Eric Racine and colleagues advocate a 'living ethics stance' to make ethics more oriented toward experience, users and practice so that it can be "an effective and accessible lever of human development and human flourishing." (Racine et al. 2024, 138). Criticism of the abstract, deductive, and reductionist qualities of bioethical theories is of course not new, and references are made to existentialist and pragmatic ethics, care and feminist ethics, hermeneutic and narrative ethics, discursive and relational ethics which are well-known in the European context. The authors want to bring about "greater synergies between ethical theory and ethics practice and experience…", taking seriously that ethics is a collective endeavour, requiring participation of numerous stakeholders, openness and dialogue in order to address a broad range of challenges in global and sustainable health (Racine et al. 2024, 141). The main tool to effectuate this transformation and to overcome the gap between theory and practice is the notion of 'stance.' This does not refer, according to Racine and colleagues, to an ethical concept, ethical theory or ethical principle. Rather, it is a set of pre-theoretical assumptions that orient how theories and principles can be used to enhance certain ends and

goals. As is clear in the article, the term 'stance,' however, is multifarious and vague. Apparently, it refers to viewpoint, attitude, approach, way of thinking, or, as also mentioned in the article, 'mindset.' The word combines the meanings of perspective and standpoint. Since Bas van Fraassen introduced the idea of 'stances' in philosophical discourse, they have been interpreted as "pragmatically justified perspectives or ways of seeing the world" (Boucher 2014, 2315). Stances are also interpreted as policies; they provide guidelines to form and evaluate beliefs. They are then more like standpoints about which values are significant and shared (Teller 2004). It remains to be seen whether the stance of living ethics will do the work that is expected. As the authors conclude, this stance is not equivalent to traditional normative theory or a new form of normative ethics, and not prescriptive nor universal. Only time can tell whether Racine's proposals will be able to bridge the gap between moral demands and practical reality in healthcare.

Another interesting model is the catastrophe ethics of Travis Rieder (2024). In regard to contemporary serious problems such as climate change, many people feel an individual responsibility to address them, knowing at the same time that what they will do will not make much of a difference and will not meaningfully influence those problems. Since the problems are collective and structural, and individuals are largely powerless to produce any change, the question is what individuals are morally required to do. Rieder argues that in this situation we need a new ethic, or at least other moral tools than the ones provided by traditional ethical theories, such as duty, obligation, right, and harm. But even if we are not morally required to act, we have moral reasons to do some good because it matters to us as an important component of living with integrity and meaning. Through many of our individual actions we are implicated in structural problems (for example, producing waste, using fossil fuels, wasting or polluting water, and consuming meat), making us complicit in their persistence and deterioration. We have to ask ourselves whether we want to continue to participate in the production of harms or want to participate in collective action to reduce these harms. Rieder advocates a participatory ethics that engages individuals socially and politically, and gives them reasons to participate in a broader collective effort: "…there will be reasons for each of us to be part of the solution rather than the problem"(Rieder 2024, 264). Although in

this account ethics is regarded not as the application of principles and rules but as a way of life committed to who we are as particular human beings connected to other beings and embedded in the surrounding world, ethics seems primarily conceived as an individual project that depends on the decisions and actions that each of us will undertake (Gubler 2024). While there are good reasons to participate in collective action, there is no duty or obligation to do so, and if individuals do not participate, they might have good reasons too.

A third proposal to make bioethics more resilient to current challenges is made by Vardit Ravitsky (2023). Acknowledging that bioethics has successfully evolved over the past decades but with a specific focus and framework, she argues that its scope must now be widened beyond individualistic and healthcare focused approaches. Bioethics should move from the individual level to address systemic, collective-level challenges, such as poverty, racism, climate change and migration, and thus prioritize normative concerns of justice, equity, access to care and solidarity, concentrating more on positive than negative rights. Bioethics should also have a global scale and focus. This will imply more attention to global disparities and diversities. It also means that bioethics ultimately has to do with human flourishing, and not merely with human health. Bioethical research should critically examine the conditions that make human flourishing possible as well as factors that obstruct, reduce, or ruin it. In the same vein, bioethical activity should expose, oppose, and transform systems of oppression that impede or damage human flourishing. A similar expanded moral vision for bioethics has been advocated somewhat earlier by King, Henderson and Churchill (2022).

In this chapter, it is outlined that a reorientation of bioethics will entail that bioethics as a global discourse is primarily rooted in localized settings in which concrete persons embedded in communities and societies experience moral challenges. In this way, bioethics will surmount the shortcomings of conventional ethical approaches which are usually abstract, focus on rational methods only, express the value system of individualism and specific, mostly Western perspectives. Emphasizing that ethics is a way of life, it first of all pays attention to the lived experiences of real-world persons with their emotions and feelings, and their interrelatedness and interdependencies with other

beings and the surrounding world. It also recognizes that ethical discourse is often affected by biased perspectives on its own history, methodology, theories and practices, so that a global approach will really include many different voices and views. If the framework of bioethics is revised and nuanced along these lines, another ethical horizon will be opened. Nonetheless, globalization and global moral problems will not disappear, and will continue to demand accommodations and solutions. A resilient bioethics with a revised ethical framework will therefore face similar challenges as before, but it will operate in a different way. As a global ethical approach, it will no longer assume that global challenges can be primarily solved at the level of global governance but it will engage local and communal activities and participation. Three levels of operation have been elaborated in this chapter: moral exemplars, actions from the lifeworld, and multilayered governance. Moral exemplars are admirable concrete human beings dealing with living and vital problems who inspire and motivate other people as role models and hope-makers. They show ethics in practice. As examples of individual moral agency, they can influence others, and stimulate collective agency. Action from the lifeworld signifies this collective agency as individuals collaborate for a common cause. Faced with global threats such as climate change, environmental degradation, poverty, inequality and health disparities, citizens and a growing number of cities are increasingly taking action, noticing that national governments and global institutions are reluctant to implement effective policies. Social movements mobilize people to engage in a wide range of activities. All these actions emerge and expand in the actual context in which people live and work, using the space between state and market, and between public and private in which people share commons. Multilayered governance is the third level of operation for global bioethical discourse. Global governance as the usual focus of global bioethics is still useful (as shown in the *WHO Pandemic Agreement*) but is often weak, ineffective, and slow; moreover it seems currently rejected and discredited by especially autocratic countries. Governance from below opens another avenue to address global problems, emphasizing that these problems are not only the concern of policy-makers and national politicians but in fact of all citizens in the world. This is illustrated with references to international human rights law, which is one of the anchor points of

global bioethical discourse. On the basis of the legislation adopted by the world community, citizens and non-governmental organizations can appeal to human rights to address problems in their own surroundings, claiming protection against abusive governments and corporations and to request provisions for social goods such as health and healthcare.

8.7 A Path Forward

When making the final corrections and revisions in the manuscript, the media reported the death of three personalities who left an important message to underline the argument of this book. Edgar Morin (1921-2026) articulated that we need an anthropology, an image and concept of the human being that transcends divisions and polarities (between nature and culture, diversity and commonality, global and local). Lieke Marsman (1990-2026) embodied the power of hope. Despite a rare and incurable disease, she celebrated human life and creativity. Marjane Satrapi (1969-2026), French-Iranian artist, became known for her graphic novels, especially *Persepolis* that was also made into an animation movie in 2007. In exile, she illustrated the daily life of her family and her youth, showing the humanity, pride and liberty of ordinary people, and particularly women during an oppressive and autocratic regime. The search for what humans share, the significance of hope, and the focus on local and daily challenges in a violent and rapidly changing world are central themes in this book. They point to the need for a broad-spectrum bioethics capable of remedying and alleviating the ills that currently affect social and cultural life.

The global context of bioethics is in continuous transformation, making the task of updating this book virtually endless. It is also clear that it is hard to predict in what direction this context will evolve. At the same time, bioethical reflection and action will certainly not become futile, but even more necessary. Two types of developments will continue to confront bioethics, and will challenge it to formulate responses: scientific and technological as well as social and cultural ones. The first type is associated with the implications of the advancement of scientific and technological knowledge for patient care and clinical practice. Over the past few decades, bioethical discourse has instigated the implementation of protective mechanisms to shield vulnerable

people and population. Currently, these mechanism are scaled down. In the United States, for example, the staff of the Office for Human Research Protection, established to protect people who participate in clinical research, has been significantly reduced (Pritchard 2025). The downgrading of ethical regulation should be forcefully resisted, since there have been well-founded reasons to protect human, especially patient, rights given the numerous scandals of the past. These protections can be regarded as a kind of ethical heritage that bioethics should defend. At the same time, a disdain for ethical considerations is observable in regard to new developments, such as human genome editing, social media and artificial intelligence. Bioethics should persist in arguing that regulations are necessary to preserve the human perspective, and that civil society and communal life cannot be dominated by private companies and organizations with their narrow, and mostly commercial interests. The second type of development takes place at the social and cultural level. It cannot be accepted that violence, dehumanization and cruelty are legitimized for whatever reason, since every violation of human rights and human dignity is intolerable. Bioethics cannot be silent about war crimes and crimes against humanity; it should speak out about degrading practices dealing with refugees and migrants, against the vilification of foreigners, racial discrimination of certain populations, unequal treatment of minorities, and gender disparities. It should articulate that indifference to the suffering of others is not compatible with a moral point of view, and that personal and national interests should not imply that the rest of the world is left without support, making the current demise of the humanitarian relief system morally inadmissible (Goodman 2026).

The main message of this book is that an apocalyptic perspective on the present-day and future human condition cannot and should not be accepted. First, the object of bioethical discourse is to move concerns and discussions beyond restricted (personal, national, ethnic) interests, focusing on what people share while acknowledging diversity. Second, the nature of current challenges is global; therefore, they can only be addressed through cooperation and solidarity, based on ethical concerns and motivations. Third, bioethics is not merely a theoretical discourse but a practical endeavour, translating ethical ideals and inspirations into specific actions to protect vulnerable persons and groups. In order to

have more practical impact, in this book we have suggested the revision of the operational framework of bioethics, with the following emphasis:

- Identify moral exemplars, embodying what should be done and what can be accomplished, especially in educational settings. This will offset the common idea that individual moral action is futile, and that the social, cultural and political contexts of deteriorating conditions cannot be altered.
- Engage in activities at the local and communal levels, showing that people are not isolated individuals facing a threatening world but imaginative beings embedded with others in a lifeworld about which they care. This will denounce the idea that global problems can only be addressed through global governance. Moral ideals can be realized at local levels and within the concrete lifeworld of citizens.
- Speak out against transgressions of the rules-based world order and violations of human rights, and reject justifications from a tribal ethical viewpoint. Human rights are not the prerogative of some states, groups or people; they are the rights of everyone, and protect each of us against indignity, humiliation and injustices, because we are all vulnerable beings.

8.8 Conclusion

The best way to characterize this reframed and resilient bioethics is perhaps with the notion of *amor mundi*, as used by Hannah Arendt under the inspiration of St Augustine. We are involved in the world around us, in which we relate to each other. Since the world is what we share as human beings, love or care for this world is essential in order to achieve a truly human life. According to Arendt, humanity consists in worldliness. The world that we love and that we care about is common to all people, and it lies between them. However, history has known many dark times, and certainly the present world is not the world we wish for or aspire to. Confronted with climate change, wars, poverty, oppression and inequality as well as with all the apocalyptic scenarios around us, we may be tempted to retreat into private life. Since action, unlike thinking or making, cannot take place in isolation, we risk

becoming alienated from the world when it is no longer available to us; we cease to participate in the joint undertaking of creating a world that offers us a home. The in-between withers away; "the world, which can form only in the interspaces between men in all their variety" will be gone (Arendt 1968, 31). However, we should not give up hope, but rather focus on beginnings, not the end, on death and mortality, decline and deterioration. According to Arendt, life would result in ruin, destruction, and death if we did not possess the capacity to begin something new, a capacity inherent in action; it reminds us that we are mortal, though not born to die, but to begin something. The capacity for action is rooted in the fact of natality (Arendt 1958). By the birth of new people and the making of new beginnings, the world is saved from destruction. When we were born, a new beginning entered the common human world. When we begin to integrate our actions into the world, it is a second birth. Action means taking initiatives, setting something in motion, something that is different from what already exists, that cannot be expected and that does not follow from what has gone before. In dark times, every new beginning, thus every human being, exemplifies the hope that this will contribute to a new and better world.

References

Akhavan, P. (2017): *In search of a better world: A human rights Odyssey*. Toronto: Anansi.

Archer, A. (2025): Moral exemplars and the moral community. *The Journal of Value Inquiry* 60: 199–212, https://doi.org/10.1007/s10790-025-10053-w

Aremu, S. O., Adamu, A. I., Obeta, O. K., et al. (2025): The United States withdrawal from the world health organization (WHO), its implications for global health governance. *Globalization and Health* 21: 48, https://doi.org/10.1186/s12992-025-01137-0

Arendt, H. (1958): *The Human Condition*. Chicago, IL: University of Chicago Press.

Arendt, H. (1968): On humanity in dark times: Thought about Lessing. In: Arendt, H. *Men in dark times.* San Diego, CA, New York, and London: Harcourt Brace & Company, inc., 3–31.

Arendt, H. (2017): *The origins of totalitarianism*. London: Penguin Books (original 1951).

Baker, B. (2001): Bioethics and human rights: A historical perspective. *Cambridge Quarterly of Healthcare Ethics* 10: 241–252.

Berman, G., and Fox, A. (2023): *Gradual: The case for incremental change in a radical age*. New York: Oxford University Press.

Block, J. W., Lysaught, M. T., and Martins, A. A. (eds) (2023): *A prophet to the peoples: Paul Farmer's witness and theological ethics*. Eugene, OR: Pickwick Publications.

Boucher, S. C. (2014): What is a philosophical stance? Paradigms, policies and perspectives. *Synthese* 191: 2315–2332.

Bross, D. C., and Krugman, R. D. (2009): Child maltreatment law and policy as a foundation for child advocacy. *Pediatric Clinics of North America* 56: 429–439.

Bowles, S. (2016): *The moral economy: Why good incentives are no substitute for good citizens*. New Haven, CT, and London: Yale University Press.

Calafati, L., Froud, J., Haslam, C., Johal, S., and Williams, K. (2025): *Murky water: Challenging an unsustainable system*. Manchester: Manchester University Press.

Castells, M. (2015): *Networks of outrage and hope: Social movements in the internet age.* Cambridge: Polity, 2nd edition.

Christakis, N. A. (2019): *Blueprint: The evolutionary origins of a good society*. New York, Boston, MA, London: Little, Brown Spark.

Coriat, B. (ed.) (2015): *Le retour des communs. La crise de l'idéologie propriétaire* [The returns of the commons. The crisis of the ideology of proprietorship]. Paris: Éditions Les Liens qui Libèrent.

Della Porta, D. (2018): Global movements. In: Juergensmeyer, M., Sassen, S., Steger, M. B., and Faessel, V. (eds): *The Oxford Handbook of Global Studies*. Oxford: Oxford University Press, 715–730.

Denis, J.-L., Régis, C., and Weinstock, D. (2021): *Pandemic societies*. Montreal, London, and Chicago, IL: McGill-Queen's University Press.

Eijsvoogel, J., and Jaeger, T. (2024): WPG verzelfstandigt uitgeverij De Bezige Bij – 'een bevrijding' [WPG makes publisher De Bezige Bij independent—a liberation]. *NRC,* November 24, https://www.nrc.nl/nieuws/2024/11/28/wpg-verzelfstandigt-uitgeverij-de-bezige-bij-een-bevrijding-a4874816?t=1764238610

Eligon, J., and Borgia, G. (2025): Madagascar's military has taken control. Here's what we know. *New York Times,* October 14, https://www.nytimes.com/2025/10/14/world/africa/madagascar-protests.html

Ethirajan, A., and Ritchie, H. (2024): What sparked the protests that toppled Bangladesh's PM. *BBC News*, August 6, https://www.bbc.com/news/articles/cq5xye1d285o

European Parliament (2022): *Access to water as a human right*: *The external dimension*. Resolution of 5 October 2022, P9_TA(2022)0346, https://www.europarl.europa.eu/doceo/document/TA-9-2022-0346_EN.pdf

Evaborhene, N. A. (2025): Africa's role in the WHO Pandemic Agreement. *Lancet* 405 (10496): 2198–2199, https://doi.org/10.1016/S0140-6736(25)01122-5

Farma ter Verantwoording (the Pharmaceutical Accountability Foundation), https://farmaterverantwoording.nl/wie-we-zijn/

Faunce, T. (2005): Will international human rights subsume medical ethics? Intersections in the UNESCO *Universal Bioethics Declaration*. *Journal of Medical Ethics* 3: 173–178.

Fayemi, A. K., and Macaulay-Adeyelure, O. C. (2016): Decolonizing bioethics in Africa. *BEOnline* 3 (4): 68–90, https://doi.org/10.20541/beonline.2016.0009

Goodman, P. S. (2026): Catastrophe is emerging in the world's most vulnerable places. The humanitarian relief system, decimated by cuts, faces a grave challenge as the Middle East war causes soaring costs for food, fuel and fertilizer. *The New York Times*, May 18, https://www.nytimes.com/2026/05/18/business/iran-war-somalia-usaid.html/

Gubler, S. (2024): Ethics man: Moral reasoning for modern times. *Times Literary Supplement*, May 10, 18.

Habibi, R. (2024): Historic amendments to the WHO's International Health Regulations create a path towards an equitable pandemic treaty. *The Conversation*, June 12, https://theconversation.com/historic-amendments-to-the-whos-international-health-regulations-create-a-path-towards-an-equitable-pandemic-treaty-232147

Haidt, J. (2001): The emotional dog and the relational tail: A social intuitionist approach to moral judgment. *Psychological Review* 108 (4): 814–834.

Han, H., Kim, J., Jeong, C., and Cohen, G. L. (2017): Attainable and relevant moral exemplars are more effective than extraordinary exemplars in promoting voluntary service engagement. *Frontiers in Psychology* 7 (8): 283, https://doi.org/10.3389/fpsyg.2017.00283

Han, H., Workman, C. I., May, J., et al. (2022): Which moral exemplars inspire prosociality. *Philosophical Psychology* 35 (7): 943–970.

Havel, V. (1991): *Disturbing the peace: A conversation with Karel Hvižd'ala*. New York: Vintage.

Health Action International, https://haiweb.org

Hopkins, D. R., Weiss, A. J., Yerian, S., et al. (2024): Progress toward global dracunculiasis (Guinea Worm Disease) eradication, January 2023–June 2024. *Morbidity and Mortality Weekly Report* (*MMWR*) 73: 991–998, http://dx.doi.org/10.15585/mmwr.mm7344a1

Ingold, T. (2000): Globes and spheres: The topology of environmentalism. In: Ingold, T. (ed.): *The perception of the environment. Essays on livelihood, dwelling and skill.* London and New York: Routledge, 209–218.

International Court of Justice (2025): *Obligations of states in respect of climate change*. The Hague, July 23, https://www.icj-cij.org/sites/default/files/case-related/187/187-20250723-pre-01-00-en.pdf

Kahler, M. (2018): Global governance: Three futures. *International Studies Review* 20: 239–246.

Kearney, R. (2001): *The wake of imagination. Toward a postmodern culture.* London: Routledge.

King, N. M. P., Henderson, G. E., and Churchill, L. R. (2022): *Bioethics reenvisioned: A path towards health justice.* Chapel Hill, NC: The University of North Carolina Press.

Kinstler, L. (2025): Are we witnessing the death of international law? *The Guardian*, June 26, https://www.theguardian.com/law/2025/jun/26/are-we-witnessing-the-death-of-international-law

Lamb, M. (2024): Difficult hope. Wendell Berry and climate change. In: Snow, N. E. (ed.): *The virtue of hope*. New York: Oxford University Press, 345–379.

Lerner, H. (2025): *Ethics for One Health Approaches: A roadmap for future directions.* Cham: Springer.

Lijster, T. (2022): *Wat we gemeen hebben. Een filosofie van de meenten* [What we have in common. A philosophy of the commons]. Amsterdam: De Bezige Bij.

Luttrell, R., and McGrath, K. (2021): *Gen Z: The superhero generation*. Lanham, MD: Rowman & Littlefield.

Magee, C. (2025): Gen Z protesters rally across Morocco demanding health, education reforms. *Aljazeera,* September 29, https://www.aljazeera.com/news/2025/9/29/gen-z-protesters-rally-across-morocco-demanding-health-education-reforms

Mayhew, E. (2022): *The four horsemen. The fight against war, pestilence, famine and death*. London: Riverrun.

McCoy, D., Kapilashrami, A., Kumar, R., Rhule, E., and Khosla, R. (2024): Developing an agenda for the decolonization of global health. *Bulletin of the World Health Organization* 102 (2): 130–136, https://doi.org/10.2471/BLT.23.289949

McGeer, V. (2004): The art of good hope. *The Annals of the American Academy of Political and Social Sciences* 592 (1): 100–127.

Missoni, E. (2024): Global health, planetary health, One Health: Conceptual and ethical challenges and concerns. *Theoretical Medicine and Bioethics* 45: 241–250.

Moellendorf, D. (2022): *Mobilizing hope. Climate change and global poverty*. New York: Oxford University Press.

Monbiot, G., and Hutchison, P. (2025): *The invisible doctrine. The secret history of neoliberalism* (*& how it came to control your life*). London: Penguin Books.

Moreno, J. D. (2025): *Absolutely essential. Bioethics and the rules-based international order.* Cambridge, MA, and London: The MIT Press.

Neier, A. (2012): *The international human rights movement. A history*. Princeton, NJ, and Oxford: Princeton University Press.

Nys, H. (2006): Editorial. Towards an international treaty on human rights and biomedicine? Some reflections inspired by UNESCO's Universal Declaration on Bioethics and Human Rights. *European Journal of Health Law* 13: 5–8.

Olu, O. O., Kyobe, H. B., Lubajo, R., et al. (2025): In the aftermath of the adoption of the landmark Pandemic Accord: What are the strategic options for its effective implementation in Africa? *Globalization and Health* 21 (1): 49, https://doi.org/10.1186/s12992-025-01144-1

Patients for Affordable Drugs, www.patientsforaffordabledrugs.org

Potter, V. R. (1971): *Bioethics: Bridge to the future*. Englewood Cliffs, NJ: Prentice Hall.

Pritchard, I. (2025): I worked for 20 years for the HHS Office that safeguarded people in research studies. DOGE gutted it. *STAT*, July 15, https://www.statnews.com/2025/07/15/office-for-human-research-protections-clinical-studies-protection-doge-hhs-kennedy/

Pratt, B., and de Vries, J. (2023): Where is knowledge from the global South? An account of epistemic justice for a global bioethics. *Journal of Medical Ethics* 49: 325–334.

Racine, E., Ji, S., Badro, V., et al. (2024): Living ethics: a stance and its implications in health ethics. *Medicine, Health Care and Philosophy* 27 (2): 137–154.

Ravitsky, V. (2023): A path forward—and outward: Repositioning bioethics to face future challenges. *Hastings Center Report* 53 (5): 7–10.

Rentmeester, C. A. (2012): Postcolonial bioethics—a lens for considering the historical roots of racial and ethnic inequalities in mental health. *Cambridge Quarterly of Healthcare Ethics* 21 (3): 366–374.

Rieder, T. (2024): *Catastrophe ethics: How to be good in a world gone bad*. Richmond: Duckworth.

Rose, S. (2025): 'Don't pander to the tech giants!' How a youth movement for digital justice is spreading across Europe. *The Guardian*, December 9, https://www.theguardian.com/media/2025/dec/09/youth-movement-digital-justice-spreading-across-europe

Roth, K. (2025): *Righting wrongs. Three decades on the front lines battling abusive governments*. New York: Alfred A. Knopf.

Schneck, A. C., and Rehm, M. (2025): Introduction: Moral exemplarism: Historical and contemporary perspectives. *Topoi* 44: 969–970.

Secretariat of the Convention of Biological Diversity (1992): *Convention of biological diversity*. Montreal: Secretariat for the Convention on Biological Diversity, https://www.cbd.int/doc/legal/cbd-en.pdf

Shekhani, S., and Jafarey, A. (2025): Amid explosions in Gaza, the silence from the bioethics community is deafening. *Bioethical Inquiry* 22: 11–25.

Sikkink, K. (2017): *Evidence for hope. Making human rights work in the 21st century*. Princeton, NJ, and Oxford: Princeton University Press.

Southwick, S. M., Charney, D. S., and DePierro, J. M. (2023): *Resilience. The science of mastering life's greatest challenges*. Cambridge: Cambridge University Press, 3rd edition.

Teller, P. (2004): What is a stance? *Philosophical Studies* 121(2): 159–170.

Ten Have, H. (2016): *Global bioethics. An introduction*. London and New York: Routledge.

Ten Have, H. A. M. J. (2019): *Wounded planet. How declining biodiversity endangers health and how bioethics can help*. Baltimore, MD: Johns Hopkins University Press.

Ten Have, H. (2023a): Deliberation in bioethics. *Argumenta philosophica* 2: 23–37.

Ten Have, H. (2023b): Ethics in global hyperspace. In: Giacobello, M. L. (ed.): *Complessità ed Ecoetica.* Messina: Armanda Siciliano Editore, 210–237.

Ten Have, H. (2024): Human dignity, women's rights and procreation. In: Guessous, N., and Ten Have, H. (eds): *Reproductive technologies in Islamic contexts: Bioethics and women's rights issues. Comparative approach*. Paris: ESKA Publishing, 281–299.

Ten Have, H. (2025): *Color, healthcare and bioethics*. Cambridge: Open Book Publishers, https://doi.org/10.11647/OBP.0443

Ten Have, H., and Pegoraro, R. (2022): *Bioethics, healthcare and the soul*. London and New York: Routledge.

Turner, B. S. (2006): *Vulnerability and human rights*. University Park, PA: The Pennsylvania State University Press.

United Nations Framework Convention on Climate Change (2016): *The Paris Agreement*. Bonn: UNFCCC, https://unfccc.int/sites/default/files/resource/parisagreement_publication.pdf

Vaccarezza, M. S., and Croce, M. (2018): Moral exemplars and exemplarism. *Ethics & Politics* 20 (2): 9–14.

Vaccarezza, M. S., Croce, M., and Liberti, M. (2024): The moral of the stories: Can influencers be moral exemplars? *On Education. Journal for Research and Debate* 7 (19), https://doi.org/10.17899/on_ed.2024.19.7

Van der Lugt, M. (2025): *Hopeful pessimism*. Princeton, NJ, and Oxford: Princeton University Press.

Van Oudenhoven-van der Zee, K. (2025): *Wat ons verbindt. Bouwstenen van een veerkrachtige samenleving* [What connects us. Building blocks of a resilient society]. The Hague: Sociaal en Cultureel Planbureau.

Von Redeker, E. (2020): *Revolution für das Leben. Philosophie der neuen Protestformen* [Revolution for life. Philosophy of new forms of protest]. Frankfurt am Main: Fischer Verlag.

Wang, P., Solomon, S., Santer, B. D., et al. (2025): Fingerprinting the recovery of Antarctic ozone. *Nature* 639: 646–651.

Watts, J. (2026): An equal and habitable world is possible': academics set out sweeping vision for planetary survival. *The Guardian*, June 4, https://www.theguardian.com/environment/2026/jun/04/world-inequality-lab-equality-academics-planetary-survival

Weigel, J. (2013): *To repair the world: Paul Farmer speaks to the next generation*. Oakland, CA: University of California Press.

WHO (2025): *WHO pandemic agreement*, https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R1-en.pdf

Widdows, H. (2007): Is global ethics moral neo-colonialism? An investigation of the issue in the context of bioethics. *Bioethics* 21 (6): 305–315.

Wittenberg, K., Corten, R., van der Lippe, T., et al. (2024): The emergence of citizen collectives for care: the role of social cohesion. *BMC Public Health* 24, 3360, https://doi.org/10.1186/s12889-024-20780-7

Wong, E. (2025): Human rights report under Trump blunts language on Israel and El Salvador. *New York Times*, August 12, https://www.nytimes.com/2025/08/12/us/politics/trump-human-rights-israel-saudi-arabia-china.html

Zagzebski, L. T. (2017): *Exemplarist moral theory*. New York: Oxford University Press.

Zhang, J. (2024): Fostering dialogue: A phenomenological approach to bridging the gap between the "voice of medicine" and the "voice of the lifeworld". *Medicine, Health Care and Philosophy* 27 (2): 155–164.

Zhang, X., Guo, X., and Zhou, X. (2025): One Health: A key element in the WHO Pandemic Agreement. *The Lancet* 405 (10496): 2197–2198.

Zraick, K., and Simons, M. (2025): Top U.N. court says countries must act on climate change. *New York Times*, July 23, https://www.nytimes.com/2025/07/23/climate/icj-hague-climate-change.html

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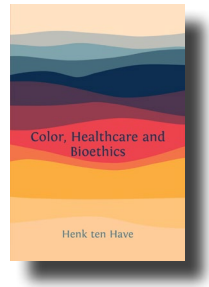
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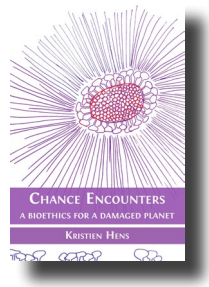


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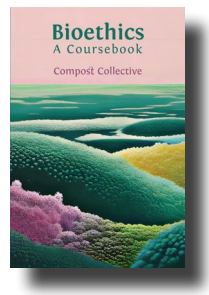


Bioethics

A Coursebook

COMPOST Collective

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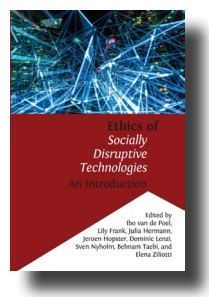


Ethics of Socially Disruptive Technologies

An Introduction

Edited by Ibo van de Poel et al.

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Bioethics in Apocalyptic Times

Henk ten Have

This book confronts one of the defining challenges of our age: how to think and act ethically in a world increasingly shaped by crisis, uncertainty, and a pervasive sense of vulnerability. From climate change and pandemics to war, inequality, and political instability, contemporary threats have intensified feelings of anxiety about the future and raised urgent questions about the capacity of ethics to respond meaningfully.

In *Bioethics in Apocalyptic Times*, Henk ten Have argues that bioethics must be reimagined to meet these conditions. While a robust global framework of ethical principles already exists, it often remains confined to theory, failing to translate into effective action. By critically examining the roots of apocalyptic thinking and the evolving concept of vulnerability, the author proposes a more resilient and imaginative form of bioethics—one that is grounded in relationships, responsive to real-world contexts, and oriented toward hope.

Drawing on insights from philosophy, medicine, sociology, and beyond, the book explores how ethical imagination can inspire new forms of cooperation, solidarity, and responsibility. It highlights the role of individuals, communities, and social movements in shaping meaningful change, and calls for a shift from abstract principles to practical engagement at local and global levels.

This volume offers a compelling vision of ethics as a transformative force, a force capable not only of interpreting a troubled world, but of helping to build a more just and hopeful future.

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