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Editorial: Ethics and COVID-19 Vaccines

One of the most hotly discussed issues of 2020 and 2021 is the development and access to vaccines to help protect people against COCID-19. At the time of writing two billion people in the world have received at least one dose of the vaccine, still leaving six billion to be vaccinated - and more to be fully vaccinated, should they wish to do so. Although there are a minority in most countries who are hesitant to receive a vaccine, many more people face issues of access to receive a vaccine. It is a significant ethical issue of our time to provide vaccines to people who will continue to live under direct threat of being infected with COVID-19 and of suffering serious health and other impacts. This disparity and delay also provides further opportunity for new variants to evolve over time. No country is safe, whether it is India, Brazil or others.

This statement took more time than most other sttaements of the World Emergency COVID19 Pandemic Ethics (WeCope) Committee, and during the multiple discussions of the different drafts we could see the emergence of a number of recommendations relating to justice and access. In this issue the statement is also folowed by an independent paper by Nuniala et al. exploring the possibility that there might be compulsory vaccines in the Philippines. It is also of signifciant interest that the European Comission has announced the introduction of vaccine passports from 1 June 2021, which will provide more rapid entry for persons into Europe for those who have undertaken a vaccination with a vaccine approved in Europe.

Although it has come to the attention of the journal that some people have diied after receiving a vaccine, we have learned of far more persons who have died from COVID-19 disease itself. Whether the COVID-19 pandemic has made people better able to calculate the risks to their health of their choices, and infectious diseases, could be a positive outcome from the tragedy. The committee reccomends that the vaccine is a public good, though we do not mention the issue of whether patents should be waived as this is a clear public emergency. Many have stated that the real delay in providing vacciens is in the safe supply chain.

There are also papers on regular topics of bioethics from different countries, including a case study of complications of illegal abortion in Iran, and challenges of organ transplantation in Bangladesh. The paper by Arambala takes us to a theoretical analysis of Heidegger., whereas that of Quidet et al. focuses on issues of administrators facing the economic challenges of measures taken to decrease the spread of COVID-19. Please enjoy reading, and join the monthly conferences.

- Darryl Macer

Ethical considerations on COVID-19 immunization and vaccines

Statement of the World Emergency COVID19 Pandemic Ethics (WeCope) Committee (10 May 2021)

a. Preamble

As an independent, multidisciplinary, and cross-cultural committee comprised of ethicists from cultures and nations across the world, we offer the following statement and recommendations on ethical issues associated with COVID-19 vaccines and immunization.[1]

The COVID-19 pandemic has raised several ethical challenges. It is therefore unsurprising that public health authorities have turned to ethicists for advice when developing and implementing policies and measures in their pandemic response. This has created many opportunities for ethicists to enhance the moral quality of public health decision-making. The statement includes reflections on the moral responsibility of getting vaccinated, sharing information on the side effects and efficacy of vaccines, and the rights and responsibilities of each person in decision making. The discussion includes considerations over the economic, political, commercial, and financial implications related to the distribution of the vaccines. There are recommendations on the distribution of vaccines, immunization, immunity, justice, and ethical procedures related to public health information.

b. Immunization, immunity, and justice

We write this during one of the most dreadful pandemics in modern human history caused by the coronavirus-19 (SARS-CoV-2) disease (COVID-19), which continues to have international, national, and local impacts. The moral and ethical responsibilities, obligations and abilities of all persons, communities, and nations of the international community, to cooperate are especially significant in situations of emergency[2] (WeCope. 2020a).

A vaccine is a substance used to stimulate the production of antibodies and provide immunity against one or several diseases, prepared from the causative agent of a disease, its products, or a synthetic substitute, treated to act as an antigen without inducing the disease. Vaccines are scientifically proven tools for controlling life-threatening infectious diseases by the active immunization. They are among the most cost-effective healthcare investments for public health services in world history. Vaccination has not only provided health protection, but also contributed to the development and maintenance of education, economy, and preventing impoverishment (Dubé et al., 2013).

The approval of COVID-19 vaccines has added one further disease to the list of 26 diseases that have a vaccine approved as a preventive therapy (Gravagna et al., 2020). We note that there is an expanding list of vaccines against COVID-19 that have been granted emergency use authorization in many countries, and we do not discuss the technical aspects of clinical trials assessed by appropriate regulatory authorities in many sovereign nations. The global focus has shifted to vaccines as a significant means to bring the pandemic under control. The timeliness of scientific research initiatives will be one of the main "hallmarks" of the COVID-19 pandemic. The U.S. National Library of Medicine and U.S. National Institutes of Health (NIH) lists around ten thousand studies related to COVID-19. From a medical and pharmaceutical point of view, the main issue is the quality, which is being assessed through the results of ongoing research in the global immunization drive. Quality is dependent on the safety and efficiency of the vaccines. The more effective the vaccine is, the more impact it will have to control the pandemic.

There are certain key technical issues that will not be addressed further in this report. First even though a growing number of vaccines have been approved for emergency use in different countries, there is less data with respect to the potential side effects of the vaccines to some vulnerable groups e.g., pregnant women, children, and persons with disabilities such as autism, and whether there are risks of blood clots to certain subpopulations, and so on. Governments must exercise caution, while also gathering data and monitoring the evolution of recommendations for various groups. Especially while there are safety doubts, governments should not make vaccinations for anyone, particularly children with intellectual disabilities, compulsory. Children were underrepresented during the vaccine trials (Branswell, 2020). However, after sufficient information and knowledge becomes available regarding the safety concerns, then any state or government may evaluate the situation and prescribe a morally acceptable approach.

Pregnant healthcare workers were provided options to take the experimentally approved vaccines in late 2020 because they face a high risk from infection, but the general recommendation for pregnant women was given after just six months of collecting safety data. In most countries the vaccine immunization programs are being conducted as extensive clinical trials. Some countries with high immunization rates such as Israel, were provided access to a high number of vaccine doses in return for thorough clinical trial reporting.

Another technical issue is the scientific and medical understanding of “herd immunity”. The percentage of population immunity needed to suppress community transmission has been estimated at 25%-70% (Peiris and

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[1] The authorship of this statement reads as Mireille D'Astous, Darryl R.J. Macer, Shahanaz Chowdhury, Christopher Ryan Maboloc, Atanasio Fabrino, Richard Nellas, Sukran Sevimli, Puroshottam Panday, Sibel Inan, Osama Rajhkan, Suma Parahakaran, Thalia Arawi, Nader Ghotbi and other members of the WeCope Committee (listed at the end of this Statement. This Statement draws on ideas and literature from many sources and benefited through comments from the full Committee members and other persons as well. https://www.eubios.info/world_emergency_covid19_pandemic_ethics_committee

[2] These were explored in our earlier Statement on Autonomy and Responsbility (WeCope, 2020a).

Leung, 2020). Vaccination and immunization have impacts on healthcare systems including reducing deaths, hospitalizations, and the severity of the disease. However, vaccines may not eliminate community transmission of SARS-CoV-2 until a very high proportion of the population is immunized. Vaccine efficacy can be defined as "percent reduction in disease incidence in a vaccinated group compared to an unvaccinated group under optimal conditions" (McNeill, 2006). It shouldn't be confounded with vaccine effectiveness: "ability of vaccine to prevent outcomes of interest in the "real world"". In terms of public health strategy, vaccination is a proven means to protect a population, without being sufficient in itself: *"first-generation vaccines are only one tool in the overall public health response to COVID-19 and are unlikely to be the ultimate solution that many expect"* (Peiris and Leung, 2020). The other strategy to "find-test-isolate-trace-support" remains until the risks are definitively controlled (Rajan et al., 2020) while vaccine distribution began in a few countries at the very end of 2020 and is steadily growing.

An unavoidable question in resource allocation in health systems is that who should bear the cost? Different countries have different standards: public health insurance schemes, private insurances, and so on. It seems that countries that have invested more will have more vaccines rapidly. Countries that have manufacturing capacities have advantages. The need for universal coverage and universal vaccination to control the pandemic is a moral and ethical question, challenging conceptions of justice and the effectiveness of just actions at the political, financial, corporate, and democratic scales.

This raises a few questions. Should the vaccine be provided on a non-for-profit basis during the pandemic? Or only in 2021? Like the flu vaccine, it is probable that a new vaccine will be needed every year, with the virus strains mutating. Already there are significant variants that have been detected that are expected to require a third dose for some of the two dose regimes being adopted. The cost of producing the vaccine is estimated at USD 5-10 a dose (Kollewe, 2020), although some are costlier. Analysts estimate the revenue generated, assuming an annual jab at an average unit price of USD20 [$3-37] at between USD 10B to 25B per year globally. Free universal coverage remains an objective of some national health policies. It seems, however, that in the current paradigm these costs will be absorbed, and vaccine expenditures are still affordable. Many governments provide the vaccines free of charge, especially those mandated for their own citizens. Serbia has offered vaccines to persons from neighboring countries as a strategy for economic recovery, and for regional solidarity. In most cases around the world tourists and applicants for immigrant visas need to pay for their vaccines as required by each country (See the section on "travel immunizations and immigration immunizations").

c. The global need for a COVID-19 vaccine, as a global public good

Oxfam (2020) has reported that *"the wealthiest nations in the world comprising of 13% of the global population have placed 51% of the orders for Covid-19 vaccines."* This is expected given the uneven structures in the global economic order (Maboloc, 2019). Oxfam (2020) also notes that 61% of the world population will not have access to the vaccine until 2022. The question of vaccination is a global justice issue. It is necessary to evaluate the matter of prioritization when it comes to making the vaccines available on a global scale and the prioritization plan is often agreed upon by experts in different countries. The World Health Organization (WHO) has taken a strong stand when it comes to the flow of vaccine distribution, and this is increasingly being recognized by different countries. However, we can see vaccine nationalism continues, as evidenced by the European Union's implementation of laws requiring export licenses for COVID-19 vaccines from manufacturers in Europe. India, as the world's major manufacturer of COVID-19 vaccine in 2021 also imposed some restrictions on the exports of vaccine in March 2021 as it encountered higher COVID-19 rates domestically.

A public good is defined as one meant to benefit everyone. However, how this public good is viewed and distributed is often a matter of politics. The states decide who gets to receive the vaccine and who does not. Since the sovereign rights of nations determine their conception of a just entitlement, there is a gap in terms of how to define the public good on a global scale. There may be cases where refuges or persons living in foreign lands may not be treated fairly. While it is true that every human being on earth must have access to the vaccines, it is the politics that actually decides what may happen. For this reason, the less powerful nations have no option but to wait (Oxfam, 2020). This is counter to the principles of justice. The issue of which population is offered what vaccine may be seen as discriminatory. Societies can appeal to the principle of the equality of persons, not just the equality of citizens, in pursuing a more equitable global norm in terms of vaccines distribution.

The utilitarian principle helps in justifying a more equitable distribution of vaccines. For instance, globalization was put to a stop because of the interconnectedness of transport systems around the world (Mansueto, 2020). It is beneficial, in this respect, for wealthy societies to also deliver to poor countries, specifically to frontline healthcare workers in poor nations, to protect them in the same way that wealthy nations initially prioritized health professionals and the most vulnerable (e.g., the elderly). The vaccines were generally not made based on economic profit but from emergency public funds from many countries, but the consequence of their discovery and subsequent distribution undeniably has some utilitarian intent in terms of the desire to go back to normal or even to a post-normal scenario when it comes to global trade, travel, and migration. The overarching goal is for COVID-19 vaccines to contribute significantly to the protection and promotion of human wellbeing among all people of the world.

d. Global solidarity and global structural barriers to equity approach

The principle of solidarity is accepted globally on paper, as written in the Universal Declaration on Bioethics and

Human Rights, Article 13: *"Solidarity among human beings and international cooperation towards that end are to be encouraged."*, as is the principle of equity in Article 10: *"The fundamental equality of all human beings in dignity and rights is to be respected so that they are treated justly and equitably."* (UNESCO, 2005). There are a number of structural barriers to implementation of global solidarity such as discriminatory social arrangements that, when encoded into laws, policies and norms, unduly privileges some social groups while harming others (Farmer et al., 2006; Büyüm et al., 2020). Power imbalances and structural violence can lead to disproportionate suffering and premature death.

Pogge (2007) has proposed that rich countries must recognize their negative duties toward justice. A negative duty not to harm implies a positive right on another party. For instance, global poverty is a result of unjust trade policies and global economic structures that benefit the rich countries at the expense of poor nations. Globalization and the perverted nature of capitalism have resulted in an unjust global economic order (Stiglitz 2015). This reality has an impact with respect to the acquisition and distribution of vaccines since poorer nations may not have the sufficient funds to purchase the vaccines from pharmaceutical firms that are usually based in the West. The acquisition of vaccines must not be tainted with any politics but must be grounded solely in the interest of global health and the solidarity of nations.

One proposal is that global financial institutions should help financing the purchase of the vaccines. Incidentally, this has already been started by the World Bank and the Asian Development Bank. The World Bank has approved the allocation of USD 12 billion. Meanwhile, the ADB has allocated 9 billion US dollars for the acquisition and allocation of vaccines (adb.org). The next step is to be able to identify those countries who need the financing facility. An important aspect is to make the loan available to poor nations at zero interest rate. The reason for this is that many developing countries are saddled with long-term and short-term loans that have undermined their ability to attain any real economic progress and well-being for their people. The pandemic has only exacerbated this situation. From a moral end, it is incumbent upon rich countries as part of rectificatory justice, to help governments with no real access to funds for the vaccines to be able to avail of such aid all for the sake of global health and public safety.

Recommendation 1:

COVID-19 vaccines are global public goods and therefore efforts should be made to make them available to any human in need of vaccines, irrespective of their socio-economic status. Global vaccine manufacturing capacity should be enhanced.

e. Public participation vis-à-vis COVID-19 vaccines

What is said to be crucial in the government's procurement of vaccines to contain Covid-19 is transparency. The role of the government is to inform and update the public regularly about the planned total number of doses to be acquired, the current contracted quantity, the plans for obtaining the remaining balance and the period of the expected deliveries (Punongbayan, 2020). In the global scale, governments should have clear, transparent, and objective criteria for beneficiaries and those who will be prioritized and communicate this widely to the population. (UNODC Policy Paper, p.8)

It is incumbent upon every government to inform citizens about its plans to procure whatever total quantity it believes is necessary, and the expected dates of delivery. The government must also inform everyone about what to expect regarding the movement of people in terms of plans for any continued restriction in public movement (Galvez, 2020). This is especially important as some people are questioning the vaccines' safety, particularly what side effects do they really bring. Transparency is important, wherein all results are released and discussed in scientific journals (Tamesis, 2020). In lieu of informed consent, which many countries have waived because it is an emergency use approval, a fact sheet explaining everything should be given to potential recipients prior to obtaining the vaccine in question.

Public institutions should identify and address any potential gaps and barriers, such as the risk of corruption in distribution and allocation processes, to ensure that populations have equitable access to vaccines. Addressing corruption is a priority in times of crisis, and the pandemic is creating new opportunities for corruption (UNODC Policy Paper, p.2). Civil society participation in the formulation of policies, a system of checks and balances, and monitoring of the overall health system is a necessary element in efforts to curb corruption in the health sector at every level. During the COVID-19 pandemic, civil society, non-governmental organizations, and community-based organizations can support government efforts to counter corruption. Promoting the active participation of civil society should include enabling and encouraging civil society participation in relevant decision-making processes related to the allocation and distribution of COVID-19 vaccines, including those related to the prioritization of recipients, the procurement of vaccines, and the flow of emergency funds for vaccine programs (UNODC Policy Paper, p.9).

There may be conflicts of interest related to the funding of the research and development of a COVID-19 vaccine prevents risk of corruption. An example of this could be when a high-level officer of a government's COVID-19 vaccine research and development program, who used to work for a private vaccine company that is bidding for a large contract under the government program to manufacture a vaccine candidate, participates in a decision-making process on that contract. Some countries have created special commissions to negotiate the purchase of COVID-19 vaccines with the laboratories and universities conducting research and development on potential vaccine candidates. There can be a lack of transparency, and thus a potential risk of corruption in

what these agreements entail. These laboratories and universities have frequently had to sign confidentiality declarations as part of their agreements with the special commissions to secure a vaccine for the populations of high-income countries. Such agreements risk undercutting fair global access of low-income countries to a COVID-19 vaccine (UNODC Policy Paper, p.3).

Recommendation 2:

Public participation in overseeing an equitable access to vaccines is a desirable approach to public health and this may reduce the risks of corruption.

f. Just allocation, distribution, and prioritization of COVID-19 vaccines

As the number of cases rise, and the longer the duration of the pandemic, questions on just allocation and distribution of the vaccines are intensified. Every sovereign state needs to decide who will be the first ones to get the vaccine. Although multidisciplinary teams and health authorities in different countries are working in prioritization of vaccines, as long as there is a shortage of the vaccine and a capacity gap in immunization, problems may arise. High success of an immunization program is only possible if distribution and allocation is well organized and planned with a clear preparation and administration plan, and an efficient immunization service. Occasionally there will be issues, such as the failure of a freezer, that have resulted in the immediate need to attempt to distribute doses before they expire, and there is consensus that all efforts should be made to avoid wastage of the vaccine. In addition, sometimes additional doses could be recovered from vials of vaccine.

All countries have prioritized healthcare workers and hospital staff. Most countries have then prioritized older people and critically ill and medically compromised patients. Most countries have also elevated persons in occupations that involve direct contact with people like dental professionals, ophthalmologists, and workers in essential services such as municipal garbage collectors to get the vaccine because they are more at risk to get the coronavirus. Allocation criteria should be determined according to occupation, and people at high risk of transmitting SARS-CoV-2, e.g., health workers, people most essential to maintaining core societal, and economic functions, and groups of people unable to physically distance such as disabled persons and their caregivers, people living in dense neighborhoods, multigenerational households, nursing homes and prisons. In addition, age and health situation should be considered, e.g., older adults, people with certain comorbid conditions, socio-demographic groups at disproportionately higher risks. For example, Indonesia is prioritizing working adults, who are at higher risk of contracting the virus, over some elderly persons who stay at home.

Although there are uncertainties about the fair distribution of the Covid 19 vaccine among countries, many national leaders, international organizations, and vaccine manufacturers recognize that one of the central factors in this decision-making process is ethical values (AstraZeneca, 2020; Trudeau et al., 2020). Fair distribution of the COVID 19 vaccine across countries is an important ethical issue. Prioritizing disadvantaged people is highlighted as a core value in ethics and global health (Ottersen et al., 2008; Sharp and Millum, 2018). National governments also have cross-border responsibilities to help provide basic needs such as basic healthcare, especially in global health emergencies (Sangiovanni, 2007).

The vaccines pillar of the ACT-Accelerator, convened by CEPI GAVI and WHO, were speeding up the search for an effective vaccine for all countries. At the same time, it has supported the building of manufacturing capabilities, and buying supply, ahead of time so that 2 billion doses can be fairly distributed by the end of 2021 (WHO, 2020b). COVAX is an association formed by the World Health Organization and non-governmental organizations GAVI (Global Alliance for Vaccines and Immunization) and CEPI (Coalition for Epidemic Preparedness Innovations). It has also considered the fair and effective distribution of Covid 19 vaccine to the world.

COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched in April by the World Health Organization (WHO), the European Commission and France in response to this pandemic, bringing together governments, global health organizations, manufacturers, scientists, private sector, civil society, and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments, and vaccines. The COVAX pillar is focused on the latter. It is a global solution to this pandemic because it is the only effort to ensure that people in all corners of the world will get access to COVID-19 vaccines once they are available, regardless of their wealth.

For lower-income funded nations, who would otherwise be unable to afford these vaccines, as well as several higher-income self-financing countries that have no bilateral deals with manufacturers, COVAX is quite literally a lifeline and the only viable way in which their citizens will get access to COVID-19 vaccines. For the wealthiest self-financing countries, some of which may also be negotiating bilateral deals with vaccine manufacturers, it serves as an invaluable insurance policy to protect their citizens, both directly and indirectly. On the one hand it will provide direct protection by increasing their chances of securing vaccine doses. Yet, at the same time by procuring COVID-19 vaccines through COVAX, these nations will also indirectly protect their citizens by reducing the chances of resurgence by ensuring that the rest of the world gets access to doses too.

COVAX is necessary because without it there is a real risk that most people in the world will go unprotected against SARS-CoV-2, and this would allow the virus and its impact to continue unabated. COVAX has been created to maximize our chances of successfully developing COVID-19 vaccines and manufacture them in the quantities needed to end this crisis, and in doing so ensure that ability to pay does not become a barrier to accessing them. There are currently more than 170 candidate vaccines in development, but most of these efforts are likely to fail. To increase the chances of success, COVAX has created the world's largest and most diverse portfolio of these vaccines, with nine candidate vaccines

already in development and a further nine under evaluation. Gavi has created the COVAX Facility through which self-financing economies and funded economies can participate. Within this also sits an entirely separate funding mechanism, the Gavi COVAX Advance Market Commitment (AMC), which will support access to COVID-19 vaccines for lower-income economies. Combined, these make possible the participation of all countries, regardless of ability to pay. The fact that the global community has come so far so quickly and built such a comprehensive and effective global solution to this pandemic is a remarkable accomplishment. Now we need to implement it, and this hinges on countries buying into the COVAX Facility so that it can make urgent investments now.[3]

The ACIP (Vaccination Practices Advisory Committee) highlighted the ethical principles and approved some recommendations for the use of the COVID-19 vaccine in September 2020. These principles express equity and justice, maximizing benefits and minimizing harm. In principle, they emphasized the importance of transparency in vaccination practices and ethical decisions. Transparency ensures that allocation decisions are open and open to scrutiny as well as public participation. Transparency is also required to increase public confidence (Bell et al., 2019).

One of the most striking conceptual initiatives proposed in the global distribution of the Covid-19 vaccine is a fair priority model. The fair priority model refers to three core values. These values encompass the concepts of maximizing utility and minimizing harm, prioritizing the disadvantaged, and equal moral concern. The WHO (2020a) approach recommends that countries receive vaccine doses in proportion to the size of their population. The WHO's initial dose allocation expectation for each country varies between 3-20% of the population. However, this rate may vary depending on the countries' position in pandemic struggle. This creates a distinct ethical challenge. As a matter of fact, the problem of allocating more vaccines to countries that do not manage the epidemic well, compared to strong countries that implement health measures well, comes to the fore. This situation poses a particular difficulty in ethical decision making (Emanuel et al., 2020).

The issue of the distribution of vaccines is a serious problem, so there is a need for guidelines based on ethical values and human rights in order to improve world health and ensure immunization and to reduce the problems that public health professionals will face in this context (National Academies of Sciences, 2020). SARS-CoV-2 pandemic has led to an increase in basic social, economic, education and health needs, and the existing imbalances and inequalities both between countries and people living in the same country. For these reasons, the distribution of vaccines must be transparent and inclusive, and all information on this issue must be made available to the public in a clear and understandable way, with justifications provided on the legality of such decisions. Failing to do so will reduce public trust in healthcare providers and systems, as well as government leadership, and may lead to chaos. Therefore, the common benefit should be determined as a goal and encouraged, and people should be treated equally and fairly, that is, every individual should have access to vaccines, and societies' legitimacy, trust, and sense of ownership should be encouraged (Toner et al., 2020). As stated in a report of the World Health Organization (WHO), international vaccine distribution should be carried out in accordance with the equality value of ethics, and each country should follow immunization by determining priority groups in order to control the pandemic (WHO Working Group on Ethics and COVID-19, WHO 2020a). The following principles are among the most important ones regarding vaccine allocation during the pandemic:

Human-wellbeing: The aim of getting vaccinated is to protect and promote human well-being, including physical, psycho-social, and social health, economic security, human rights and civil liberties, and the protection of all vulnerable groups (National Academies of Sciences, 2020).

Equal respect: Acknowledge and vaccinate all people without prejudice, as having equal moral and rights status and interests, and worthy of equal ethical/legal consideration (National Academies of Sciences, 2020).

Global equity should aspire to achieve equality in vaccine access by ensuring that people living in all countries, especially people living in low and middle-income countries have access to vaccines.

National equity: Ensure equality in vaccine access in the distribution and priority of the vaccine in accordance with basic ethical and scientific criteria, avoiding biological and social discrimination such as over political, religious, and ethnic affiliation, socioeconomic status, and gender (National Academies of Sciences, 2020).

Legitimacy: It involves transparency, trust, and nonprejudice in the process of making evidence-based allocation decisions (National Academies of Sciences, 2020).

Communication-media ethics: Media plays a vital role during pandemic and disasters. Therefore, they should use impartial and reliable sources, clear language, and explain all terms, report the numbers, explain side effects, using appropriate visuals, and reminding the benefits of the vaccine.

Recommendation 3:

The pandemic is a global challenge, therefore international and national ethical values and principles must overlap in vaccine distribution and setting priorities that can help contain the pandemic, even if the virus cannot be eliminated. All countries should be called upon in this regard. These principles should be applied in the framework of human well-being, equal respect, global equity, national equity, legitimacy and ethical communication.

Recommendation 4:

Ethical values should be taken into consideration in vaccine distribution programs, and in the case of limited resources, priorities should be determined

[3] https://www.gavi.org/vaccineswork/covax-explained

according to explicit ethical criteria. These criteria should take priority to protect and improve the health of society, according to vulnerability, occupation, age, health situation, population density and factors such as people living in multigenerational households. Especially, healthcare workers who face the most serious risks and burdens in the pandemic, providing material and moral support to alleviate their burden and risks should be considered on a world scale. Prioritization should be adjusted according to risk groups and be considered in other professions too.

Recommendation 5:

Governments have a moral obligation to be transparent about any vaccine they are providing and the reasons for choosing the vaccine, and about the right of people to choose another vaccine if available. The public should be informed about the vaccination and the technique of the vaccine, the tests performed and the results of each phase, and the questions and discussions of independent scientists, journalists, broadcasters, students, and other community leaders should be encouraged, as part of a meaningful process that can be trusted. Thus, the community should clearly understand the criteria for vaccines, different techniques of vaccines, autonomous approach to recipient selection, the priority reasons of vaccine distribution, to be able to trust the authorities in vaccine distribution.

g. Vaccination as a moral responsibility

Vaccination remains one of the most economical and effective interventions for preventing an array of infectious diseases and the associated disabilities and deaths, thus fostering public health (Afolabi, 2016). However, it is very important to highlight that vaccinatio*n* should be voluntary unless it becomes critical to *"prevent a concrete and serious harm" and if so; visual aids and other media can be used to convey accurate and important information to the public in a time-efficient manner"* (Moodley et al., 2013).

One of the reasonable means for ensuring individual autonomy is to provide people accurate information related to positive and negative impacts regarding any vaccination program that is expected to be implemented in the society as a moral responsibility, in order to facilitate the individual decision-making process. The lack of accurate information about a given vaccination program can raise mistrust, weaken autonomy and the process of individual decision making. The current strategies used can be improved by giving the citizens the rights to make their own decisions with transparent and clear information from the government or the community leadership.

From an ethical perspective, decisions made by an individual's moral consciousness should be open to dialogue, and the procedures should be fair (Lenhardt and Nicholsen, 1999). Considering a broader perspective, the value of every individual life is significant, with particular care for vulnerable communities (e.g., people with special needs, those living in poverty, indigenous communities, and so on) should be protected by the government and that should become the priority of every government.

To ensure the respect to autonomy, the need of providing accurate information on the risks and benefits of vaccination to target populations should be regarded as vital, and it should done adequately to allow individuals to make informed decisions, while bearing in mind that many will lack a basic understanding of germ theory and immunology (Moodley et al., 2013). As it is well known *"Vaccines produce benefits but can also cause individual or social harm. Side-effects are an example of individual harm. These range from mild, common reactions, such as inflammation and pain at the injection site, to more severe but extremely rare events."* Thus, providing accurate information related to the risks and benefits of vaccination to target populations should always be regarded as fundamental for ensuring the respect for autonomy and allowing individuals to make informed decisions.

Philosophical views in many parts of Asia and Africa emphasize the idea of 'relational autonomy' which, is as an alternative conception of what it means for one to be a free and self-governing person, in that a person is socially constituted and embedded in a social environment, culture, or tradition that indicates value commitments, social obligations, interpersonal relationships, and mutual dependencies (Ikuenobe, 2015). For example, *Ubuntu ethics is relational ethics, that prizes relationships of interdependence, fellowship, reconciliation, relationality, community friendliness, harmonious relationships and other-regarding actions such as compassion and actions that are likely to be good for others, in which actions are morally right to the extent that they honour the capacity to relate communally, reduce discord or promote friendly relationships with others, and in which the physical world and the spiritual world are fundamentally united"* (Ewuoso and Hall, 2019).

Recommendation 6:

Receiving the immunization during a public health emergency can be a moral responsibility.

h. Compulsory vaccination by government authorities

There are circumstances in which governments have made immunization legally compulsory, and we can expect some of these policies to apply to COVID-19 vaccination regulations. The World Health Organization (WHO) has no official policy on mandatory vaccinations. Discussion of the ethical issues of voluntary versus compulsory immunization (Salmon et al., 2006) are discussed above in the section on voluntary immunization.

Gravagna et al. (2020) surveyed 195 countries and found that 105 countries had a national mandate for vaccines as of December 2018. 62 countries defined a penalty for non-compliance and 43 limited entry to school based on immunization. Among these 62 countries, 12 countries included the penalty of jail time for non-compliance, and 2 of these had immediate jail time more than 6 months in duration. Even though some nations have a compulsory immunization policy in law, they may decide not to enforce that policy; for example, local

authorities may decide not to fine or imprison violators (Walkinshaw, 2011).

If a nation mandates immunization, they usually have a national no-fault compensation program for those who have medical problems because of these. Among G7 countries, Canada was the last country to introduce a no-fault compensation plan for immunization, as recently as December 2020.[4] The province of Quebec had a no-fault compensation scheme for 30 years, like many other OECD countries. In the case of a pandemic there are additional justifications for compulsory vaccination that apply in some legal circumstances, consistent with national law. Countries such as Australia and USA which have semi-mandatory programs argue on utilitarian grounds that the public benefit from higher immunization rates justifies the mandate (Salmon et al., 2006).

Some national and local governments require compulsory immunization for employees that have contact with certain populations (See Employee Mandated Immunization). Given that to date COVID-19 vaccines have only been granted emergency authorization, it is too early yet to mandate compulsory immunization, even if that should ever be implemented.

Travel mandated immunizations: Countries have legal authority to impose compulsory vaccination on immigrants and tourists. Immigrants to many countries around the world are required to have a set of immunizations and it has been announced by the European Commission and some other countries that a COVID-19 vaccine will be added to this list by mid-2021 (Murphy, 2021; Stevis-Gridneff, 2021). There are existing rules on international immunizations, and several immunizations are legally required for tourists.[5] The existing certification scheme can be adapted to include SARS-CoV-2 Virus and several countries have announced that they are considering whether to make it mandatory for tourists. The requirements for travel vary by each country.[6]

Immigration mandated immunizations: Generally, there are stricter requirements for immigrants as opposed to short-term business travelers and tourists. Simply put, no immunization may mean no immigration! In the light of the CDC guidance "*Any future vaccines recommended by ACIP for the general U.S. public will be subject to the new vaccination criteria. If the recommended vaccines fit the new criteria, they will be added to the list of required vaccines for immigrant applicants."*[7], thus a SARS-CoV-2 vaccine is expected to be added soon. However, the European Union does not have a unified policy as surveyed by Bica and Clemens (2017): *"With some notable exceptions immunization policies to contain spread of infectious diseases through migration are either non-existent or vary widely between countries in the EU/EEA. With freedom of movement within the EU/EEA there ought to be harmonization and a common EU/EEA vaccination strategy to replace national policies for immigrant populations."*

Some countries do not require immunizations for immigration, such as Japan. The COVID-19 pandemic may lead to pressure on some countries to introduce such regulations on the grounds of public health emergency laws that exist in many more countries than those which require immunization for immigration.

Immunization policies for schools: In some countries compulsory vaccination policies apply to teachers and students attending public school or private school. In the United States students attending school are required to have immunization against several diseases. The state of Mississippi and West Virginia only allow medical exemptions for students attending school, but other states also allow religious and philosophical exemptions.[8] In March 2020 Germany passed a law that requires all children to be vaccinated against measles before they can go to kindergarten or school. Since attending school is obligatory in Germany, that means the country already has a de facto mandatory measles vaccination.[9]

Some countries such as Australia offer financial incentives for students who attend school who have met

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[4] https://www.cbc.ca/news/health/vaccine-compensation-1.5837406

[5] An International Certificate of Vaccination Against Yellow Fever is an official record and a legal requirement for entry into some countries. There is an official list on the World Health Organization's International Travel and Health website of countries as requiring proof of vaccination for yellow fever for all travelers entering the country (currently: Angola, Burundi, Cameroon, Central African Republic, Congo, Republic of Cote d'Ivoire (Ivory Coast), Democratic Republic of Congo, French Guiana, Gabon, Ghana, Guinea-Bissau, Liberia, Mali, Niger, Sierra Leone, Togo, Uganda). In addition, many other countries require certification when travelling from a country with endemic Yellow Fever only, for example a traveller from Brazil to Columbia may require certification. The requirements also vary over time depending on the status of outbreaks of the disease. https://www.iamat.org/world-immunization-chart

[6] A searchable country list for clinicians and for travelers is available at: https://wwwnc.cdc.gov/travel/destinations/list/

[7] https://www.cdc.gov/immigrantrefugeehealth/laws-regs/vaccination-immigration/revised-vaccination-immigration-faq.html#whatvaccines For example, to apply for an immigrant visa to the United States the following immunizations are required (Mumps, Measles, Rubella, Polio, Tetanus and diphtheria, Pertussis, *Haemophilus influenzae* type B (Hib), Hepatitis A, Hepatitis B, Rotavirus, Meningococcal disease, Varicella, Pneumococcal disease, Seasonal influenza).

[8] State Vaccination Requirements. Centers for disease control and prevention. Available at: https://www.cdc.gov/vaccines/imz-managers/laws/state-reqs.html

[9] https://www.dw.com/en/germany-makes-measles-vaccination-compulsory/a-51243094

the immunization requirements as an incentive to encourage vaccination under the Maternity Immunization Allowance and Childcare Benefit Act. Ethically it is more acceptable to offer financial incentives than to impose penalties such as jail time or loss of parental custody of children, as discussed in the Section on voluntary immunization.

For most children, in-person instruction is better than on-line teaching. A return to physical schools is expected, at the latest with the availability of immunization. Private universities with enough financial resources can take the initiative to vaccinate university students. Governments can provide funding to ensure that students from public colleges and universities can have access to the vaccines. Immunization, however, should not be compulsory. The parents will have to make the decisions for students who are not yet of legal age. Risk assessment should also be conducted scientifically. For instance, the government should select schools where the Covid infection is highest. In some cases, these are metropolitan cities where there are millions of people who interact on a daily basis.

Employer mandated immunization: In some countries compulsory vaccination policies apply to members of the military, or certain other occupations. In effect if you live in a country with universal military conscription, and the military requires immunization, in effect immunization is compulsory unless someone has an exemption against military service. In the United States case, it has been announced that COVID-19 vaccine will not be compulsory for all employees until it receives general FDA approval, because currently it is approved on an emergency basis.[10]

Some other employers mandate vaccination for their employees, and there is no legal question when this comes to recruitment of new employees, if it is made clear to applicants and new employees that is the policy. There are more complex legal questions whether current employees are required to have a vaccination in order to continue employment, although if employment is based on renewable contracts, then such additional requirements could be added to the new contracts.

Generally compulsory employee immunizations will be an attractive policy among consumers and customers of service industries, especially healthcare providers, staff of long-term care facilities, domestic help, and travel companies, for example. In the private marketplace, we can expect such marketing by companies. In a recent survey of medical students in Austria, 80% of medical students supported compulsory immunizations for medical doctors (Kunze and Schweinzer, 2020).

Because some consumers are expected to have privileged access to businesses with a vaccination passport, those businesses are also expected to require employees to be vaccinated. Dr. Frank Ulrich Montgomery, president of the World Medical Association, and Dr. Thomas Mertens, virologist and head of Germany's Standing Commission on Vaccination (STIKO), have suggested that "people who have been immunized against COVID-19 could use a vaccine "passport" to get access to flights, restaurants, concerts, and cinemas."[11] Many Germans, like persons in some other countries, already have an "immunization passport" that records all immunizations they have had.

Compulsory immunizations for employees of travel companies: Employees of travel companies that cross international borders, such as flight crews, are already subject to meeting international law on travel health restrictions. Some airline companies, starting with the CEO of Qantas, have announced that they will make COVID-19 immunization compulsory for all passengers to all destinations, as well as all their cabin crew.

The *International Air Transport Association* (*IATA*) (2020) is considering a consistent international policy and has recommended: "Governments should put procedures in place to ensure that travelers who have been vaccinated should not need to undergo COVID testing." Some countries are considering mandatory immunization as an entry requirement, but in December 2020 IATA stated, "While IATA expects that a significant majority of international travelers will be willing to get vaccinated, COVID vaccination should not be a mandatory government requirement for international travel." However, as the IATA acknowledges, some countries will waive requirements for COVID-19 testing and mandatory quarantine periods for those with vaccination certification. We can expect some countries will add COVID-19 immunization to other required immunizations that exist as entry requirements. In the case of paper certification for COVID-19 vaccines, there are already a number of cases of reported forgeries and fraud in 2021.

Recommendation 7:

Experience from existing immunization programs, both mandatory and voluntary, should be assessed to consider whether vaccines against SARS-CoV-2 should be added to the list of mandated or elective immunizations, while considering the cultural and legal milieu, and the situation of the pandemic.

Recommendation 8:

Existing international travel certification systems should be extended to ensure just and transparent requirements for COVID-19 immunizations. Research should be conducted to determine whether digital vaccine certification is effective.

Recommendation 9:

When applying mandatory immunization policies, employers and travel companies should apply existing legal requirements fairly for their employees and customers. There is an urgent need to further elaborate ethical procedures, based on the

[10]https://www.militarytimes.com/news/your-military/2020/12/09/troops-could-begin-getting-covid-19-vaccines-as-early-as-next-week-and-they-wont-be-mandatory/

[11] https://www.dw.com/en/covid-special-privileges-for-the-vaccinated/a-56077470

experiences that global society is gathering during 2021.

i. Global funding and initiatives: affordable and available COVID-19 vaccines

As well as reducing the tragic loss of life and helping to get the pandemic under control, introduction of a vaccine will prevent the loss of US$ 375 billion to the global economy every month (WHO, 2020b). Equitable access to Covid-19 tests, treatments and vaccines in all countries will lead to the pandemic ending sooner, many lives saved, a return of international mobility and trade, and a start to economic recovery. The $28.1 billion investment still needed to develop these lifesaving tools could be recouped in 36 hours once international mobility and trade are restored. This investment is less than 1% of what G20 countries have already unlocked to support businesses and national economies.[12]

There is an extraordinary need to manufacture and distribute safe and effective vaccines to protect the entire global community from the ongoing threat of SARS-Cov 2 coronavirus infection, morbidity, and mortality (Corey et al., 2020). Cold chain requirements, cost and providing wide coverage are understood as potential restriction points in the delivery of vaccines to individuals and communities. Because of these problems, global cooperation between healthcare delivery and economic organizations is vital.

As an example, the Asian Development Bank (ADB) said it will only fund vaccines that have satisfied any of the following criteria: selected for procurement via COVAX on behalf of participating countries, prequalified by the World Health Organization, authorized by a Stringent Regulatory Authority (SRA) for manufacture in an SRA country or the SRA has authorized its manufacture in a non-SRA country. The funds will be available for ADB developing members to support vaccine-related health system assessments and the development of country readiness plans to strengthen the capacity to access, introduce, monitor vaccines, safely and effectively. Funds will help members assess and strengthen vaccine cold chain and logistics, infection control, supply and skills of health workers, risk communications, and real-time data capturing and monitoring (ADB,2020b).

The principle of solidarity and social responsibility is adopted, and countries with the ability to produce vaccines are expected to first provide vaccines to their own citizens, but also to allocate part of the supply to other countries (National Academies of Sciences, 2020).

Recommendation 10:

Investments should be made immediately to strengthen supply chains, allocating sustainable and adequate financing, and empowering community and frontline health workers to ensure no one is left behind. Investment is needed to enhance the Access to COVID-19 Tools (ACT) Accelerator. By investing in the ACT-Accelerator, governments will have a better chance of accessing the successful tools

j. Prioritization of persons with special vulnerability

In addition to the vulnerabilities discuss above, a double disaster occurs when a natural disaster happens in an area affected by the COVID-19 pandemic. During natural disasters including earthquakes, fire, flooding, severe storms such as a typhoon or a cyclone, evacuation of people in disaster prone ares and sheltering them in larger public buildings have been common strategies to save the lives of communities. However, such shelters may face serious issues related to the risk of infection spread especially in the urgency and panic of a natural disaster. Authorities have to prepare methods to deal with such situations (Shahul et al., 2020), and vaccination of communities living in areas at risks of such disasters, especially in flood prone areas should be a priority.

Recommendation 11:

Communities living in disaster prone areas, such as low-lying coastal areas that have been hit before with severe natural disasters requiring evacuation would benefit from having received COVID-19 vaccines in case evacuation is required during another disaster.

j. Hope for a better and healthier future should not be hinged only on vaccines

While vaccines are a critical tool to save lives, the immune system is dependent upon all aspects of health – physical, mental, and social. Food sustains our life, and we need to pay more attention to making nutritious food available to as many people as possible around the world. Exposure levels are critical for social groups who run a high risk of associated complications, as in settings where environmental protections are loose, healthcare spending is low, there is poor access to running water, and where is poor nutrition.

Evidence shows that a better life can be secured through higher physical and mental health standards, which in turn can reduce the risk of infection, and the best and easiest way toward this public goal is to help all people adopt conscious thoughts and behaviors that foster their wellness. Moreover, as social norms and values shift selection pressures to wider groups, clarity about the determinants of morbidity and mortality through lifestyles can help restore individual and community immune systems and vitality so people adapt and continue contributing to glocal communities in harmonious and ethical ways.

While it is encouraging to see so many vaccines proving successful scientists from across the world are also collaborating and innovating to develop better tests, treatments and vaccines that will collectively save lives, especially when combined with holistic approaches to enhance our immune systems. At the same time, still simple hygiene, wearing masks and physically distancing when close to other persons who might be infected, can protect ourselves and others.

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[12] Wellcome.org, Equitable access to vaccines, tests and treatments for Covid-19, https://wellcome.org/what-we-do/our-work/coronavirus-covid-19/access

Recommendation 12:

Vaccines are only one part of the global responses to COVID-19 that are necessary. The lessons that we can draw for improving equity and justice can be applied in all aspects of public health promotion.

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Exploring the ethics of a possible mandatory COVID-19 vaccination program in the Philippines

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Abstract
In an effort to mitigate the impacts of the ongoing COVID-19 pandemic and acquire herd immunity against it, the Philippine government aims to procure vaccines and deliver them to 80% of the population. However, most Filipinos are hesitant to be inoculated due to vaccine skepticism reinforced by the Dengvaxia controversy in the Philippines. Given this, the researchers aim to uncover the ethics of a possible mandatory COVID-19 vaccination program in the Philippines through the lens of different moral and ethical theories in public health. In line with the principle of Least Restrictive Alternative and principlism, the researchers suggest an intervention that is considerate of both the advocacy for mass vaccination and respect for individual autonomy. Factoring in the Filipino values of *bayanihan* (cooperation) and *damayan* (compassion), the researchers, in the end, do not suggest a mandatory vaccination plan, but a more ethically viable voluntary COVID-19 vaccination in the Philippines with a committed effort of the government to educate and persuade the people to get vaccinated without infringing upon their autonomy.

Introduction
As of March 1, 2021, the Philippines placed third among ten Southeast Asian countries with the highest active coronavirus disease 2019 (COVID-19) cases based on the number of cases per million people (Bueva, 2020). Although the number of new confirmed cases continues to drop, the country still remains second in terms of most COVID-19 cases in the region with more than 578,000 total cases (Center for Strategic and International Studies [CSIS], 2021). However, with respect to the case fatality rate, the country places third with 2.1% (Bueva, 2020). The Philippines has gotten out of the top 30 with the highest number of confirmed COVID-19 cases worldwide (World Health Organization, 2021). This downward trend should not serve as an indication to be complacent (Gonzales, 2021) but to practice the health protocols mandated by the Department of Health (DOH) even more while arrangement for vaccine procurement is in process.

Before the end of 2020, the government started communicating with the pharmaceutical companies that could supply vaccines for about 60 to 70 million Filipinos representing the percentage of the population needed to achieve herd immunity (Ranada, 2020). At the onset of the pandemic, epidemiologists estimated that herd-immunity can be achieved with 60 to 70 percent of the population getting vaccinated. Recently, this approximation increased to 75 to 80-plus percent (McNeil, 2020). Corollary to this, the Philippine government plans to vaccinate 80% of the Filipino population in three to five years (Gonzales, 2020). In this regard, the government is currently in talks with seven companies: Pfizer, AstraZeneca, Moderna, Novavax, Sinovac, Gamaleya, and Johnson & Johnson (Janssen Pharmaceutica) (Philippine News Agency [PNA], 2021). The first rollout was scheduled in mid-February with 117,000 doses of Pfizer and BioNTech's vaccine for frontline health workers (Tomacruz, 2021). In mid-February, it was announced that there would be slight delays since the national government was still processing some needed documents (Aspinwall, 2021). Healthcare workers, front-liners, senior citizens, indigents, and uniformed personnel are on the priority list for vaccine recipients. The most affected areas will be given utmost priority for the administration of vaccines. As of the moment, the government plans for a voluntary vaccination program (Gulla, 2020). However, with several factors involved such as vaccine hesitancy intensified by recent reports on vaccine side effects, the implementation of a mandatory vaccination plan in the country is possible.

In developing COVID-19 vaccines, the US Food and Drug Administration issued guidelines on the development and licensure of vaccines. The document requires the manufactured vaccine to be at least 50% effective. Most of the COVID-19 vaccines authorized for emergency use are not yet studied for their long-term adverse effects but companies are obligated to follow up with their participants in the clinical trials and report back the outcomes to the FDA (Karron, 2020). As such, vaccine side effects may be described as inevitable because they may come along in the process. Some known side effects include pain and/or swelling at the injection site, tiredness or fatigue, headache, muscle and joint pain,

chills, fever, nausea, and swollen lymph nodes (Radcliffe, 2020). Experiencing temporary side effects means the body is developing an immune response toward the weakened pathogen. It does not necessarily mean that the vaccine recipient will have COVID-19; instead, the vaccine helps the body recognize and become familiar with the pathogen in a safe way (Woodruff, 2020). Recently, from a report of Taiwan News, Chinese vaccine expert Tao Lina named China's Sinopharm vaccine as the most unsafe vaccine in the world (Everington, 2021). Although this vaccine claims to be 79% effective, it is accompanied with 73 side effects as posted from Tao Lina's Weibo account. Some of the severe side effects indicated in the vaccine manual were high blood pressure, loss of vision and loss of taste, which are among the symptoms of COVID-19. However, Tao Lina retracted his statement saying that his post was misunderstood, as well as clarifying that the vaccine is safe and he himself was inoculated with this vaccine (Global Times, 2021). Because of this news report, people became more skeptical and more reluctant to support the vaccination program.

Tracing back the effects of the Dengvaxia controversy, vaccine hesitancy has been heightened among Filipinos. This controversy, in addition to reports of COVID-19 vaccine side effects, results in vaccine skepticism causing people to doubt the safety and effectiveness of the available vaccines. This is not limited to the Philippines but is observed globally. Social media plays a big role in influencing and dispensing information about these two phenomena. The Philippine FDA reported that approximately 30% of the population are reluctant to take the COVID-19 vaccine shot (Rita, 2020). If vaccine hesitancy continues to heighten, it will impose negative consequences to everyone's health security from the virus. Possible consequences may include the failure to acquire herd immunity, increased burden to human resources for health, worse economic decline, and insufficient support for the immunocompromised and geriatric populations.

In line with these, researchers are interested in exploring the possibility of imposing a mandatory COVID-19 vaccination plan. Generally, this paper aims to discuss the ethics behind the current situation of COVID-19 vaccination in the Philippines. Specifically, this paper aims to:

1. explain the reasoning behind the conflicting values of different groups of people with regard to mandatory COVID-19 vaccination; and
2. make a decision and propose recommendations to identify whether mandatory COVID-19 vaccination is an ethically plausible intervention in the country based on ethical and moral frameworks in public health and relevant Filipino values.

Perspectives on vaccination

Vaccines aid the body in developing immunity by simulating an infection (Center for Disease Control and Prevention [CDC], 2020). Vaccines contain weakened or inactive parts of pathogens called antigens (WHO, 2020). By simulating an infection, vaccines induce the immune system to produce T-lymphocytes and antibodies to attack the antigen. After the infection, "memory" T-lymphocytes and B-lymphocytes remember how to combat the antigen thereby building immunity (CDC, 2020). Herd immunity refers to indirect protection from disease when a sufficient number of individuals are vaccinated and become immune to the infection, which reduces the possibility of infection being transmitted to other individuals who lack immunity (WHO, 2020).

Despite the fact that immunization is one of the most remarkable developments in the 20th century, the efficacy and safety of vaccines are still issues in the contemporary world. As vaccines mitigate disease spread, some may seem unnecessary due to reduced disease occurrence, thereby fostering a nature of complacency (Jacobson et al., 2015). The dread of diseases has shifted to the fear of possible vaccine reactions and side effects. This led to the emergence of the term "vaccine-hesitancy" and the categorization of individuals into pro-vaccine and anti-vaccine.

Perspectives on vaccination lie within a spectrum ranging from total acceptance to total refusal. Keane et al. (2005) categorized individuals, particularly parents, into four groups according to their attitudes towards vaccination: vaccine believers who believe in the benefits of vaccines, cautious individuals who are skeptical and seek information about vaccines, relaxed individuals who are passive and have relaxed parenting approaches, and unconvinced individuals who have the most negative views and attitudes towards vaccination.

The primary argument against mandatory vaccination is the violation of individual autonomy and parents' rights to make choices for their children. Although the anti-vaccine movement originated in the mid-19th century, its resurgence occurred after the publication of Wakefield's paper in 1998. Wakefield (1998) reported a correlation between measles, mumps, rubella (MMR) vaccination, and gastrointestinal and developmental regression, including autism, disintegrative psychosis, and post-vaccinal encephalitis in children. Although the paper was later retracted, the damage had already been made and news about the research spread worldwide. The impact was most profound in the United Kingdom where the vaccination rate dropped from 92% in 1996 to 84% in 2002 and 61% in 2003. National immunization levels also dropped to 80% in Ireland and 60% in North Dublin (Hussain et al., 2018).

The psychology of risk perception leads to vaccination being perceived with a higher risk than it actually has. Surveys reveal that meningitis is perceived to be the most hazardous and measles as the least when it should be the opposite (Spier, 2011). Furthermore, humans are inherently inclined to reject changes and stick to the status quo. The emergence of new developments such as vaccines can be perceived as threats to this equilibrium, thereby encouraging resistance.

Religious reservations also contribute to reluctance regarding vaccination as some religions have specific restrictions regarding vaccines. Wombwell et al. (2014) reported that vaccine refusals associated with religion are primarily due to the use of aborted human fetal tissue in vaccine products and animal-derived gelatins, including porcine and bovine components. While Hinduism does not prohibit vaccination, most followers are hesitant due

to its fetal cell and bovine components. Roman Catholicism deems abortion as immoral, thus, discouraging the use of vaccines derived from fetal tissues. As aforementioned, the Islamic faith prohibits the consumption of porcine products, including those used in vaccines. Thus, for some individuals, religious reservations outweigh the risk of diseases and vaccination is not worth offending or abandoning their religious beliefs.

Underlying moral foundations also influence people's attitudes on vaccination. Amin et al. (2017) found that respondents who strongly believe in the moral foundation of purity perceive vaccines as "unnatural" and "contaminants". They believe that instead of receiving vaccines, children should build immunity naturally through exposure to disease. Moreover, individuals who strongly believe in individual liberty were associated with medium and high hesitancy on vaccination. They believe that mandatory vaccines violate individual liberty and impose excessive government control (Amin et al., 2017).

Evaluation of arguments through epistemic responsibility

Perhaps one of the most popular arguments for people's reluctance to vaccination is the claim that it leads to the development of autism, especially for children. As previously discussed, this particular belief originated from the work of Wakefield (1998). However, the study's results and findings have not been replicated by any major and recent research up to this point. In fact, the journal where Wakefield's study was originally published, The Lancet, has since retracted the paper stating that "several elements are incorrect" (Eggerston, 2010). A conspicuous flaw of Wakefield's conclusion that environmental factors, such as the MMR vaccine, cause regressive developmental disorder is the small sample size of only twelve children. Furthermore, it was later unearthed that Wakefield actually acted unethically by receiving research funding from a group of lawyers representing parents who were suing vaccine manufacturers at the time, and he was later stripped of his medical license (Mayor, 2004).

Moreover, there is a clear break in the logic of the claim that MMR vaccines contribute to the onset of autism: the basic principle that correlation does not equate causation. In a compelling argument by Davidson (2017), MMR vaccines are usually administered 12-18 months after birth, which coincides with the time frame where the first symptoms of an impending developmental disorder such as autism start to become observable. There is also a recurring argument which states that while an exhaustive list of scientific studies conclude that there is no evidence that vaccines cause autism, these studies also fail to disprove the relationship between the two. This argument is simply illogical as it shifts the burden of proof to those who advocate for vaccines instead of those who are against it due to their unfounded claims. People who claim that a particular relationship between entities exists should have the responsibility to provide scientific evidence. Without logical, observable, and replicable evidence, the claim is worthless and knowledge of no falsifying evidence is irrelevant.

Another popular argument against vaccines is due to religious objections. In fact, the World Health Organization (2014) reported that religious beliefs are one of the most common reasons for vaccine hesitancy. Mainly, the objection comes from the methods of vaccine development which involve aborted human fetuses or any form of life. However, it is important to emphasize that only two human fetal cell lines are currently used in developing vaccines against viruses and both were aborted therapeutically (Giublini, 2018). Moreover, only four vaccines that are commonly mandated (hepatitis A, rubella, chickenpox, and zoster) are derived from animal cell lines (Giublini, 2018). Most religions believe in the inherent value of life but if vaccines aim to protect and save more lives, they ought to be permitted. In this regard, theological perspectives are not in direct contradiction to immunization and public health. Rather, questionable interpretation of religious texts and practices by certain individuals cast the shadow of doubt that ultimately leads to vaccine hesitancy (Pelčić et al., 2016).

Aside from the natural side effects brought about by the immune system's response to vaccine exposure, there is also a small proportion of the population which, for valid medical reasons such as genetic predisposition and hypersensitivity reactions, may not be able to benefit from vaccination. These objections, albeit currently lacking scientific consensus, could be grounds for vaccine hesitancy for the argument of individual safety and personalized medicine. However, using the same reasons to instill skepticism for the overall safety of vaccines would be misguided and irresponsible. In fact, it could be argued that since certain members of the population may not be vaccinated, the attained herd immunity by mass vaccination of other individuals would be essential in protecting them from diseases which they would be susceptible to otherwise.

All the counter-arguments presented above ultimately lead to one simple truth: responsible actions are grounded in epistemic conditions. Levy and Savulescu (2020) argued that moral agents are more likely to exercise control if they understand the nature of their actions and its consequences to society in general. The notion of epistemic responsibility, as defined by one of its earliest proponents Clifford (1877), simply is that "It is wrong, always, everywhere, and for anyone, to believe anything upon insufficient evidence". This philosophical framework is applicable in the conversations surrounding the safety and efficacy of vaccines in the midst of a deadly pandemic. Moral agents must be held accountable to their moral and ethical duties to only hold and share opinions that are backed by reason and supporting evidence in order to prevent the spread of conspiracy theories and misleading information that could potentially cost lives.

Overall, immunization remains as one of the most effective public health interventions to protect populations from preventable diseases (Shen & Dubey, 2019). Every member of society has an individual responsibility to contribute to the attainment of herd immunity to protect the population. People may hold individual beliefs but no one is entitled to their own set of facts. Any effort to cast skepticism, spread misinformation, and jeopardize public trust regarding

vaccine safety without factual evidence is morally irresponsible and may be considered a public health concern as vaccine hesitancy leads to avoidable and unnecessary deaths.

Nuffield bioethics intervention ladder

Aside from the spread of misinformation, attaining the balance between civil liberty and autonomy with the government's responsibilities in upholding population health and welfare is a fundamental ethical dilemma in public health (Fleetwood, 2017). While public health experts and legislators act as the primary body in implementing health-related policies, the participation of the community is also deemed vital in achieving the objectives of the protocols imposed to resolve prevailing public health concerns (Kongats, McGetrick, Raine, & Nykiforuk, 2020). However, institutionalizing regulations requires comprehensive deliberations as it can pose conflicts due to varying perspectives among the public. This decision-making, therefore, requires ethical consideration (McClung et al., 2020), among other factors such as the state's economic status and healthcare system capacity (Krishnaswamy, Lambach & Giles, 2019). Hence, it is crucial for public health legislators to be able to assess and yield the most efficient intervention that maximizes public welfare while minimizing infringement on individual rights.

According to Hillier-Brown et al. (2017), one way to effectively encompass every aspect of decision-making in public health is by enumerating potential interventions, which range from reactive to proactive protocols, depending on the degree of the measures imposed by the public health and governing body per se. The Nuffield bioethics intervention ladder serves as a framework which systematically ranks probable public health measures by assigning hierarchies in terms of their coerciveness or nature to intrude on individual liberty and autonomy (Dawson, 2016). Consequently, in cases of urgency to implement a more coercive measure, this framework provides the logical justifications on the necessity to implement such restrictive protocols. This section will discuss the spectrum of possible interventions that each stakeholder holds, especially the public health legislators, in the ever-existing public health concern on vaccination brought about by varying beliefs and reactions among the public.

Generally, the Nuffield bioethics intervention ladder presents eight intervention levels, which are ranked with an increasing degree of restriction from bottom to top (Clark, Crandall & O'Bryan, 2018). The first and least restrictive intervention is characterized by an absence of authoritative regulation, which solely involves modest surveillance of the public health crisis and omits government responsibility. The second level seeks to provide knowledge about the health crisis wherein the government opts to campaign the importance of vaccination during a pandemic, allowing individuals to practice autonomy and, at the same time, be informed about the need for immunization. The third intervention is enabled choice wherein the government provides free access to vaccination for those who participate in the program voluntarily. Fourth is a choice guided by altering the default policy wherein public health officials are less restrictive in implementing quarantine protocols for those who volunteer to be vaccinated. In a way, this can further stimulate public interest and engagement in the vaccination. The fifth level is a choice guided by incentives in which the citizens who participate voluntarily in the program receive incentives such as cash transfers. The sixth intervention is more restrictive as it leaves the citizens with an illusion of choice. The individual's decision of vaccine acquisition is guided and manipulated by disincentives, such as increased taxation or prolonged house lockdown in this public health context. The seventh intervention is a restricted choice wherein imposed vaccination is implemented to certain social groups which prohibits them from practicing autonomy. Lastly, the eighth and most restrictive intervention eliminates choice by implementing absolute public health measures. In this level, the officials require vaccination for all, whether voluntary or by coercive authority, which infringes on individual liberty and autonomy.

The aforementioned interventions on vaccination were grounded on the hierarchy-based Nuffield bioethics intervention ladder and, therefore, present varying degrees of intrusiveness. Although this framework is considered as an efficient tool in public health management, it is limited to exploring and evaluating implementation alternatives. Thus, further considerations for the intervention ladder are necessary for the listed alternatives to be legislated. Incorporating this framework with other public health concepts, such as the least restrictive alternative principle and stewardship model, directs public health authorities towards precise health policy-making. Hence, amidst global health crises and dilemmas faced like the COVID-19 vaccination, which requires urgency and a comprehensive course of action, the Nuffield bioethics intervention ladder provides an opportunity for critical and ethical decision-making.

The principle of least restrictive alternative

In the case of infectious diseases which can be prevented by vaccines, public health measures such as mandatory disease testing and even mandatory vaccinations are implemented to prevent from the spread of infection and eventually achieve herd immunity. The problem with these mandatory policies is that they often interfere with the autonomous freedom of the individuals affected (Byskov, 2019).

In public health decision making, principles are applied to clarify ethical concerns and justify public health actions (Upshur, 2002). These are used in deciding among the potential policies which can all realize the same goal. In this paper, the principle of least restrictive alternative (PLRA) will be focused on, with the goal of achieving herd immunity.

There are five conditions needed to justify public health policies and the PLRA exemplifies the conditions of least infringement and proportionality. According to the condition of least infringement, in choosing among public health policies, which all move toward the same goal, the policy shall be selected which interferes the least with moral considerations. The moral considerations include the right to autonomy, to bodily integrity, to individual

liberty, to safety, and to receive beneficial medical interventions. The principle of least restrictive alternative evolved from the condition of least infringement on the rights of autonomy and bodily integrity in particular. The condition of proportionality on the other hand shows that when a beneficial public health policy is shown to have infringed on any of the moral considerations, the policy may be justified by showing that the benefits given by the policy are greater than the infringement of moral considerations (Childress, et al., 2002).

According to the PLRA, between two alternatives which can both effectively deal with public health or health issues, the intervention which is the least intruding to individual liberties and autonomy shall be opted. PLRA is committed to protecting the autonomy of individuals capable of self determination (Giubilini, 2019). Qualitatively, the least restrictive alternative is the policy that restricts established and valued freedoms in the society while quantitatively, it is the policy which restricts the range of choices or freedom an individual has to the least extent. The qualitative interpretation focuses more on the extent of restriction a policy causes (Byskov, 2019).

The PLRA is not frequently discussed in the field of public health. This principle is often discussed in the field of mental health ethics and laws wherein it addresses issues on confinement and enforcement of behavior-changing methods to protect individuals who have mental illness and the community in general. Public health and mental health may be distinct disciplines on their own but certain arguments and discussions may be applied to the concerns of both fields. As an example, before employing an alternative which is more restrictive, it has to be made sure that the previously implemented less restrictive alternative is incapable of achieving the set goal (Giubilini, 2019).

With these said, in applying the PLRA into the context of vaccination, alternatives should be implemented in order of restrictiveness, from the least to the most. The restrictiveness of public health policies are dependent on contexts such as the socio-economic status and mental attitudes of the people. In connection with this, the success of the implemented policies in achieving the set goal would also be context-dependent since the involved individuals and groups of people all have different status and ways of thinking and are then affected differently by different policies. Taking this into consideration is important for policy makers to be able to follow the principle of least restrictive alternative by tailoring and implementing the least restrictive and most effective policy for a certain goal, which for this case is herd immunity (Giubilini, 2019).

With respect to the principle of least restrictive alternative, this paper leans on the idea of a voluntary vaccination policy with the maximum effort to educate and persuade people to vaccinate against COVID-19, preserving liberty and autonomy in pursuit of herd immunity.

Voluntary vaccination with maximum effort to educate and persuade

As previously discussed, following PLRA, a voluntary vaccination plan with the maximum effort to educate and persuade is the most recommended. This follows the utilitarian principle with the aim to offer both protection from diseases and liberty thus, maximizing overall well-being for the greatest number (Giubilini, 2020). The moral framework of Principlism will then prove that this alternative is the best balance between individual, collective, and institutional ethical considerations.

According to Rossi & Yudell (2012), persuasion is defined in public health ethics as an "influence that is noncoercive and nonmanipulative". Thus, in terms of individual ethical considerations, this is in accordance with the Kantian categorical imperative of respecting each human person's autonomy, and the PLRA.

However, some argue that this voluntary intervention would not be as effective as expected in more restrictive policies. Notwithstanding, a recent study by Masic & Gerc (2020) shows that even with respect to autonomy among individuals, the phenomenon of fear plays a large role. Additionally, due to a reaction of anger, according to the experimental study of Betsch & Böhm (2016), mandatory vaccination led to a 39% decrease in vaccination uptake. This further proves the utilitarian or consequentialist aspect that mandating vaccination may not ultimately yield the most benefit for the greatest number of people.

In terms of collective ethical considerations, the values of beneficence and non-maleficence are present. Beneficence is defined with doing good to others while non-maleficence is preventing harm and both are expected of medical professional experts (Kinsinger, 2009; Omonzejele, 2005). These are in line with the moral theory of consequentialism. In the Philippine context, the Filipino values of *bayanihan* and *damayan*, anchored towards the common good, are more exhibited in the voluntary plan. *Bayanihan* is the Filipino value of cooperation which refers to "any communal voluntary effort to achieve a common goal" while *damayan* is the value of compassion in the practice of "community's solidarity through compassion". These Filipino values are more felt and observed in the presence of extreme situations resulting in collective survival and recovery (Barrameda & Barrameda, 2011). So, given the voluntary and seemingly uncertain nature of a proposed vaccination plan, these values will be felt and applied more by Filipinos, thereby increasing vaccination uptake.

On the other hand, some may argue that the religious context of the country is a significant barrier in voluntary vaccination. According to a recent study by Whitehead & Perry (2020), certain religious ideologies can delay herd immunity worldwide as shown with the current disinclination to follow physical distancing and mask-wearing in countries like the United States. However, this is not true in the Philippines. According to a global survey, 90% and 91% of Filipinos are willing to wear face masks, and accept international organizations' advice on face masks respectively (Institute of Global Health Innovation, 2020b). Moreover, the Philippines ranked 1st in being more likely to avoid going to shops and working outside their homes among eight Asian countries surveyed (Institute of Global Health Innovation, 2020a). Thus, data suggest strict compliance of Filipinos on expert recommendations. This entails positive implications on COVID-19 vaccination in the country.

Finally, in terms of institutional ethical considerations, the value of justice by the government is depicted. The government has the responsibility of promoting justice through their constant commitment to promote and provide equitable access to vaccination (Verweij & Houweling, 2014). It should then be noted that the challenges of the government are constantly changing and increasing in difficulty (Nalbandian et al., 2013). Thus, with this proposed voluntary plan, justice will be observed easier by the government given that this plan does not involve the more polarizing and laborious mandatory vaccination plan.

In light of all these, the previously discussed values are all weighed and considered using the moral framework of Principlism or the four-principles approach to biomedical ethics by Beauchamp & Childress (2013). This includes the values or moral principles of autonomy, beneficence, non-maleficence, and justice. Considering this approach, beneficence dictates that vaccination be recommended and promoted in the country. This can be applied through persuasion, or effective health communication and education. Autonomy then suggests that the vaccination plan in the country should not be mandatory due to non-maleficence concerns. Finally, justice indicates that it should be administered across all populations observing equity following certain ethical frameworks such as The Fair Priority Model by Emanuel et al. (2020). This three-phased model aims to practically and fairly distribute vaccines through limiting harms, benefiting the disadvantaged, and recognizing equal concern. Hence, with all these considerations combined, our work points towards the implementation of a voluntary vaccination plan with maximum effort to educate and persuade.

Conclusions

There is an alarming occurrence of vaccine hesitancy in some Filipinos due to varying perspectives in the safety and efficacy of vaccines. In particular, misinformation, fear, and anger have an influence on the perspectives of the citizens regarding vaccination. However, it has been argued that continuously casting skepticism on vaccine safety without presenting valid evidence corresponds to the violation of an individual's moral and ethical duty under epistemic responsibility. Unfounded opinions on vaccine safety remain a public health concern as it leads to unnecessary and avoidable deaths. It is important to clarify, however, that precautions regarding vaccine safety should still be observed. Specifically, proper storage, safe dosages, and reviews of all features of its development, such as where and how it was processed, by health safety and regulatory agencies like WHO, CDC, DOH, and FDA, should be followed prior to deployment and distribution to the public.

In relation to Filipino values such as *bayanihan* (cooperation) and *damayan* (compassion), communal voluntary effort and solidarity through compassion are vital in designing a public health intervention involving COVID-19 vaccination in the country. To decide an urgent and comprehensive course of action, the Nuffield bioethics intervention ladder was utilized in discussing the spectrum of possible interventions that would consider each stakeholder amidst varying beliefs and reactions to vaccination. Choosing a voluntary vaccination plan, instead of a mandatory intervention, would be more accepted by Filipinos due to the values geared towards the attainment of common good. With the proper mindset and individual responsibility to contribute to attaining herd immunity, an increase in vaccination rates will be observed.

It is therefore recommended to conduct a voluntary vaccination drive with a committed effort to educate and persuade since it has the right balance between vaccinating many people and respecting people's individual rights. This alternative also reflects the principles of autonomy, beneficence, non-maleficence, and justice, in line with the moral framework of Principlism. Moreover, it also follows the principle of the least restrictive alternative to choose the alternative with the least intrusion to individual liberties and autonomy.

It is further suggested to implement this alternative through information drives on why vaccination is necessary for the betterment of public health. Using social media and mass media as channels to empower, educate, and persuade people to consider getting the vaccine for COVID-19 could be an effective way of attaining herd immunity. Patient education is another avenue for all patients that are already in medical centers or to those who are handling their cases. Furthermore, having community involvement in this plan can enhance cooperation in vaccinations in the country. Community-wide programs that aim to properly inform and educate regarding the safety and importance of vaccines could increase public trust and confidence which can then serve as a first step in combating vaccine hesitancy, not only for COVID-19, but for other preventable diseases.

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A short essay on pandemics and the nature of human beings as depicted in three Japanese films produced in the past 60 years

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Abstract
The COVID-19 pandemic brought the value of the American film *Contagion* (2011; director, Steven Soderbergh) to the attention of a world-wide audience. There are also several notable Japanese films that depict pandemic/epidemic situations and provide realistic descriptions of human reactions to deadly infections. We composed a short essay on the nature of human beings in pandemic situations, focusing on three films produced in Japan in the past 60 years. The first film *Pandemic* (2009; director, Takahisa Zeze), depicts nationwide pandemic in a novel about a lethal virus and unwise human behaviors during a fictional pandemic. We analyze this film together with two Japanese films, *Virus* (1980; director, Kingi Fukasaku) and *A doctor with a loincloth* (1960; director, Hiroshi Inagaki, Japan). *Virus* is a story of human extinction triggered by a biological weapon, and *A doctor with a loincloth* portraits a local epidemic of typhus about 150 years ago in a small town. We will then touch on actual events that occurred in Japan during the COVID-19 pandemic. By analyzing human behaviors depicted in the three films, we deliberate what human beings are like and argue that they need to be wise to lead a good life (Eubios).

Introduction
Recent volumes of the *EJAIB* contain many research articles, reports, essays, and patient narratives on COVID-19, all of which are important contributions to the ethics literature relating to the pandemic. To add to this body of literature, we composed a short essay on the nature of human beings in pandemic situations, focusing on three relevant commercial films produced in Japan in the past 60 years. Great films not only entertain the audience but also provide opportunities to consider fundamental issues and life itself. Given the impact that such films can have on viewers' way of thinking, we consider it worthwhile to bring these works into focus and analyze them from the perspectives of medical humanities and biomedical ethics (1-5). While a lie and fiction both deal with the unreal, a lie is intentionally

opposed to some truth, whereas fiction intends to provide an illustration – albeit through implicit meanings and conclusions – of reality (6).

The COVID-19 pandemic brought the value of the American film *Contagion* (2011; director, Steven Soderbergh) to the attention of a world-wide audience. This film is worth watching as it aligns with events happening in the world today, and provides insight into what could happen in the near future. There are also several notable Japanese films that depict pandemic/epidemic situations and provide realistic descriptions of human reactions to deadly infections. These films, produced and released in Japan long before *Contagion*, provide a glimpse into the future of the post-COVID-19 world, and help one understand the nature of human beings in preparation for future challenges.

Brief summaries of the three films

***Pandemic*:** In 2011, an Avian influenza-like virus infection with high pathogenicity and infectivity suddenly appears in Izumino City, Tokyo, Japan. Individuals infected with the virus suffer from massive hemoptysis, severe respiratory failure, and irreversible multi-organ failure, dying within several days. None of the anti-influenza drugs are effective. Dr. Matsuoka, an emergent care physician at Izumino Municipal Hospital, and the visiting WHO medical officer Kobayashi, initiate virus containment measures involving the isolation of infected persons and blocking entry into the hospital. Despite strict interventions by the Japanese government, including the lock-down of Izumino City, the infection quickly spreads throughout Japan, resulting in a nationwide pandemic. The new virus is named Blame, meaning, 'the punishment of gods.' Japanese society falls into chaos and begins to collapse. A state of emergency is declared throughout Japan, and the authorities forcibly isolate infected individuals. Everything, including hospital beds, medical staff, and ventilators, run low as ill people rush to the hospitals. Medical staff members perform triage, allowing only a few patients to be admitted. By the time the causative virus is discovered and isolated, roughly 40 million people become infected, with 10 million dead (8, 9). The original Japanese title, *Kansen Rettou*, translates to "an infected archipelago."

***Virus*:** In 1982, humanity almost goes extinct due to an extremely toxic virus called MM-88, which is generated in the process of biological weapon development. The 863 survivors in Antarctica live in several bases owned by Japan, the United States, the Soviet Union, or other nations. The virus is named "Italian flu," because the first outbreak occurred in Italy. The survivors establish a new government and implement drastic measures to prevent infected persons from entering the continent. However, a large earthquake hits North America, and all nuclear missiles in the United States and Soviet Union are launched automatically, destroying all parts of the world, including Antarctica, eradicating almost all of humanity. At the end of the film, only a few people survive. The Japanese title, *Fukkatsu no hi*, translates to "the day of resurrection." This film was based on a novel with the same title published in 1964 by Sakyo Komatsu, a Japanese best-selling sci-fi novelist. In a paper published in 2003, a commentator praised the film for its excellent depiction of the potential aftermath of a bio-terrorist attack (10).

***A doctor with a loincloth*:** This film depicts the life of Keisai Koyama, a physician who devotes his entire life to the healthcare of people in a small rural town in Shizuoka prefecture. The film touches on Koyama's emotional turmoil. He regrets his life choices and is fiercely jealous of his famous friend and young apprentice, Itoh, who possesses progressive knowledge and superior skills. The film also focuses on Koyama's maturation, as he discovers a newfound appreciation for his life with his wife. The latter half of the film focuses on a local epidemic of typhus, affecting mainly small children in the community where Koyama belongs in 1872. The infected patients develop abdominal pain, fever, rash on the trunk, dehydration, and disturbed consciousness. Koyama and Itoh isolate all infected children in their medical institution and begin to treat them. However, unable to understand the importance of complete patient isolation, parents of the patients break into the institution, assault Koyama, and take their children back to their homes. The Japanese title is *Fundoshi isha,* meaning, "a physician who is naked but for a loincloth."

Unwise human reactions in the face of pandemics depicted in the three films

1. People blame people: Viral pandemics are not anyone's fault. Excluding cases of bioterrorism, there are no criminals responsible for starting a pandemic. Yet, people cannot help but blame others. In Pandemic, the pathogen could not be identified initially, but is eventually revealed to be a virus in bats living in the forests of Minas Island in Avon. An outbreak had occurred on the island before the Blame infection spread to Japan, where it was explained as 'the haunting of the forest witch.' In Japan, the infection is mistakenly identified as bird influenza, and the manager of the poultry farm where the infection occurs and his junior high school daughter take the blame and are harassed harshly. As a result, the poultry farm manager commits suicide, leaving behind his young daughter.

The first infected person in Japan dies in a municipal hospital in Izumino City, but the patient's wife accuses Matsuoka, the doctor who treated the patient, of murder. Many people who were infected with Blame are rushed to the city hospital for treatment. Triage is performed, and patients who cannot be hospitalized, and their families, accuse the triage staff, saying "Do you want to kill him?" Later in the film, the Japanese doctor who devotedly provided medical care to Avon residents brought Blame to Japan. He came to Japan to see his family without the knowledge that he himself was infected. Should he be blamed for the pandemic? We don't think so. After all, it's nobody's fault.

In *Virus*, MM-88 is named the Italian flu because the first outbreak occurred in Italy. However, it turns out the virus emerged from a different region. Even in *A doctor with a loincloth*, which is set in the beginning of the Meiji era (produced in 1960), there is a scene in which a doctor

working hard to treat patients who suffers from typhus-induced disturbed consciousness, is called a murderer by the patient's parents. In the present pandemic, it is fresh in our memory that former President Trump referred to COVID-19 as the "Wuhan virus," accusing China of being the cause of the pandemic (11). In Japan, residents of Tokyo are often accused of spreading COVID-19 to rural areas, despite the lack of supporting evidence. We think that we need to be familiar with the idea that something can happen without definite causes or reasons.

2. People deceive people: In *Pandemic*, Blame is identified in bats living in the forests of Minas Island in Avon. Most of the islanders engaged in shrimp farming become infected with the virus and die. However, a shrimp farming company conceals the outbreak. An infected islander girl says to a Japanese doctor, "I was told I shouldn't talk about what is going on in the island to anyone outside." A woman, who learns that the source of Blame is likely her father, is hospitalized with the infection, but leaves the hospital without permission or notice while in recovery, attempting to hide that information.

In *Virus*, the cause of the lethal pandemic is MM-88, a biological warfare agent developed by the United States in the military operation "Phoenix." The President of the United States, who is fully aware of the fact, dies, hiding the truth about MM-88 in order to avoid blame. A researcher who tries to unveil the truth is diagnosed with schizophrenia and detained in a mental hospital by military officials.

In addition to the above example of deception, *Virus* has another deception which, we believe, is likely to occur or has already occurred in our world today. In the film, the United States government is one of the first to provide its citizens with the "Italian flu" vaccine. This vaccine, however, is simply a combination of multiple vaccines against conventional influenza strains and is entirely ineffective. A riot breaks out among American people for the vaccine, and many people are killed. A senior government official calmly tells other officials that the vaccine is just a placebo. In *A doctor with a loincloth*, Dr. Ito does not tell his patient's parents that their child is unconscious, saying "it's okay, he is all right." Various reasons can justify the doctor's decision not to tell the truth, including the fear of being blamed by the parents.

Under the COVID-19 pandemic, one city's administrative authority in Japan announced that several office workers had been infected with COVID-19, when in fact the infected were nurses and medical clerks working at a medical clinic. Even after discussions between the clinic and the city, the clinic did not consent to reveal this information (12). The impact of this concealment seemed to be ignored by those concerned. Overall, people appear to live in mutual distrust, and there are still suspicions that COVID-19 was accidentally leaked from a virus laboratory.

3. People exclude people: In *Pandemic*, Izumino City (where the first outbreak occurs) is locked down, and the City Municipal Hospital, designated as the "Blame specialty hospital," is closed in order to isolate Blame patients. Even the medical staff cannot leave the hospital. A female nurse is kept from seeing her young daughter, and her cell phone is the only connection to her family – far from a true and meaningful connection. She develops a nosocomial infection with Blame and dies. During the era of the plague in the 1600s, infected individual, as well as their families, were subject to compulsory isolation (13). This isolation resulted in the death of both patients and their families. Isolation, or constructing a barrier between the inside and outside of infected areas, houses, or facilities, is meant to protect the outside 'non-infected' world.

In *Virus*, people in Antarctica take action to protect their bases from infected 'outsiders,' who desperately need help. A Soviet submarine fleeing the global pandemic reaches Antarctica, and the captain asks for landing clearance. Many of its crew members are infected with MM-88 and are in need of medical care. However, the Antarctica Government Commission does not allow them to land. As the Soviet submarine attempts a forced landing, officials unanimously agree to attack the submarine. The submarine is sunk by a nearby British submarine, killing all crew members.

Those who are uninfected, asymptomatic, or mildly ill may not readily accept isolation and/or quarantine. In *Pandemic*, there is a scene early in the film where a young boy in the Philippines becomes infected with bird influenza and is taken to an isolation facility. The child's mother clings to his body and pleads, "Don't take him." Meanwhile, in Japan, families in their cars break through the barrier blocking Izumino City, while patients, who are against involuntary isolation, hide in an abandoned building but are forcibly taken away.

A doctor with a loincloth depicts a scene in which patients' families break into the inpatient facility after doctors Koyama and Ito forcibly isolate infected patients, mainly children, without their consent in order to prevent the spread of typhus. The parents of the hospitalized children, shouting "Do you not allow parents to see their children?" rush into the sanatorium. The parents are told that their children suffer from a terrible illness and need to be kept there, and they unwillingly accept the explanation and leave the facility. However, excited parents once again rush to the clinic, saying, "I'll just take my child," "If my child will die anyway, I'll take care of them," and "You don't want me to see my child die." They scream and smash the clinic and take the children away. They also assault Koyama. Their actions could be understood as those of parents who love their children, and this love overrides the understanding that isolation/quarantine is essential to protect society.

Currently in Japan, many medical institutions and elderly facilities prohibit the families of patients/residents from visiting their loved ones (14, 15), and people are discouraged from moving across prefectural borders. Some medical facilities refuse to treat patients who have gone to other prefectures within a certain period of time, or whose families have traveled outside the prefecture. However, we cannot understand why they are sticking to prefectural borders as boundaries that divide infection and non-infection, or divide "filthy area" and "clean area."

A mildly ill male COVID-19 patient broke the rules of

home isolation and visited bars, with the intention to "spread the virus" around him. The employees became infected with COVID-19, and this male patient, who reportedly had liver cancer, subsequently died of COVID-19 (16).

While an inside/outside barrier can result in discrimination, discrimination against infected individuals is not depicted in the three films. This may be because the main characters of these films are doctors and scientists, or because the infection itself is indiscriminate. Yet, in the real world, the COVID-19 pandemic brought to light many instances of discrimination against infected people, against facilities where outbreaks occurred, against medical professionals and their families, and against drivers in vehicles with number plates showing other prefectures (17).

Living well in the world with COVID-19

A virus appears out of nowhere without warning – where and when it emerges is unpredictable. By the time its existence becomes known, it may have already spread to an endemic level (18). This is exactly what happened with the current COVID-19 pandemic. COVID-19 is caused by a virus whose occurrence was unpredictable; however, human reactions to pandemics do not seem to have changed much since Defoe reported on the British plague in the 1700s (13, 19). It is perhaps rather natural that the three films discussed here, which were released between 1960 and 2009, do not significantly differ in their depictions of unwise human behavior.

People blame, deceive, and exclude. Sometimes they break the *cordon sanitaire* dividing the epidemic area and safe zone due to a lack of public spirit, or because of deep affection, putting others at risk. Even if the consequences of their unwise actions are perceived as unfavorable in the long run, it may be the nature of human beings to do so. In both *Contagion* (2011) and *The Black Death* (2001; director, Niki Stein, Germany), the protagonists, both medical doctors in charge of infection control, leak information that the city will be locked down, urging their loved ones to leave the city before the *cordon sanitaire* is established.

Many people have died, and more will die, from COVID-19. Nonetheless, political and territorial disputes, fraud and murder, and discriminatory remarks and actions still happen. In films and the real world, many people commit suicide (20). Although sad, we cannot just despair over human behavior and life. We must make efforts to stop acting unwise, or, be wiser, in order to have a good life (Eubios) even during the COVID-19 pandemic.

Wisdom is a practical virtue cultivated from life experiences (21-25). It can be defined as the competency to ponder and understand oneself and others, doing what is important in life by distinguishing it from what is not, recognizing the limits of one's knowledge while having sufficient knowledge, enduring the uncertainty and instability of life, thinking flexibly with sufficient consideration of various viewpoints, and anticipating the consequences of one's actions and using imagination about the reaction of others to materialize what is meaningful to oneself (21-25). With the current COVID-19 pandemic still ongoing, we must be wiser than ever. Hopefully, watching the films discussed here will help people (including ourselves) realize the importance of wisdom.

Let's learn wisdom by the follies of others. That way, we might avoid situations where people succumb to their urges to blame, deceive, exclude, discriminate, and put others at risk. Moreover, even if Edgar. A. Poe's Masque of the Red Death appears in front of us all of a sudden, some may be able to calmly respond to a dreadful existence (26). However, how we can become wise, virtuous, and ethical is a very difficult question to answer. We will need to keep thinking about it, as thinking about these issues is one of the roles of biomedical ethicists.

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Martin Heidegger: The art of living in the midst of the global COVID-19 pandemic

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Abstract
The paper is a critical exposition of Martin Heidegger's fundamental ontology. In particular, the current endeavor is aimed at elucidating Heidegger's conception of the hermeneutics of *factical* life in response to the question of life's meaning amidst a global pandemic. The necessity of revisiting Heidegger's philosophy is brought about by the current global phenomenon that has reduced man's world into a pandemonium. The reduction of man's existence into a kind of fear-driven existence posits a serious philosophical theme, that philosophy in its most fundamental sense can illuminate and provide meaningful determinations. The pandemic COVID-19 is not only a threat to the socio-economic and political structures of human existence, but it necessarily posits a threat to the very meaning of man's existence. Ultimately, the paper hopes to provide a philosophical underpinning of the current global pandemic and how such phenomenon has affected the lives of every individual human being in the world.

Introduction
The world has dramatically changed. We are looking at a new world whereupon humanity is forced to stand against a formidable enemy that has caused the loss of millions of people's lives and has disrupted the flow of development of the past century. We are living in a world where fear and uncertainty over our life and the security of the welfare of our beloved is prevalent. Such state of restlessness immanent in the world today is brought about by the advent of the COVID-19 pandemic. Since the COVID-19 virus was announced as a global health crisis, the world is still in its defining stage of battle against this formidable force of nature. The COVID-19 pandemic has become a global nightmare. Despite the relief that the world may have experienced over production of vaccines that give some people the opportunity to be vaccinated. However, the truth remains that even in this trying moment, unjust social-political structures possess the veto over the lives of the poor. Christopher Ryan Maboloc emphatically argues that: "However, what is not seen is the reality that unjust structures and unequal situations of individuals in human society have resulted in more hardship on the part of the poor, thereby diminishing their sense of self-worth (Maboloc, 2021, p.29)."

What the current global health crisis aggravates, aside from the possibility of death, is the problem of global inequality and poverty. The entrenchment of unjust global structures and institutions are the ones that further extend the extent of the actual effects of COVID-19 to the impoverished societies and nations all over the world. The truth remains that rich countries hold the future and lives of the poor even during this global health crisis. Such inequality and power over the poor are further manifested in the latent imbalance of global distribution of COVID-19 vaccines. The World Health Organization reported that while there have been 700 million vaccine doses administered across the world, the vast majority of COVID-19 vaccines were administered in most of the rich countries in the world (Brago, 2021). Accordingly, 87 percent of the 700 million doses administered have gone to wealthy countries while only 0.2 percent were administered in poor societies. What that means is in average 1 in 4 people in high income societies receives the COVID-19 vaccine compared to just 1 in 500 people in impoverished societies (Miao, 2021). While the rich in the world are beginning to flourish during this pandemic, the world's poorest of the poor remain to suffer from the devastating effects of the COVID-19 virus.

In the past the world was closely approaching the light of development. However, with the advent of COVID-19 the flickering light of human prosperity has finally retreated into oblivion. Humanity has seen chaos and death far worse than the two most devastating wars in history combined. The dread of social inequality and injustice is laid bare by the pandemic. The injustices that have persisted for centuries, that were covered by humanity's claims of development are now forced to reveal the deplorable states of the poorest of the poor. The world has revealed itself in a manner that is truly terrifying. The pandemic COVID-19 is not only a threat to the socio-economic and political structures of human existence, but it necessarily posits a threat to the very meaning of man's existence. One can only hope with Martin Heidegger when he writes: "May world in its worldling be the nearest of all nearing, that nears, as it brings the truth of being near to man's essence, and so gives man to belong to the disclosing bringing-to-pass that is a bringing into its own (Heidegger, 1977,p.49)."

As the world continues to disclose itself, amidst the struggle and the unnecessary sufferings brought about by COVID-19, may man never lose sight of his very own existence. This does not mean that man must simply accept and live with the injustices and the inevitable deaths the current world order has imposed to humanity. Man may not possess the power to subdue and manipulate his fate, being simply thrown in the situations he finds himself in, nevertheless he can always challenge it. For despite the prevalent danger of the possibility of man losing his own sense of meaning of life, Heidegger provides us with the assurance that where the danger resides salvation is likewise present. "Where the danger is

as the danger, there, the saving power is thriving also (Heidegger, 1977, p.42)." The imminent danger of man falling out of his being, in the attempt of finding meaning to his life amidst the seeming meaninglessness of his current existence is itself a saving power. It is when we are in our darkest moment of our existence that we begin to think of the most fundamental questions in life. It is in our most deplorable state of existence that we begin to ask the right questions, questions that bring us to our ultimate realizations. "The danger is the saving power, inasmuch as it brings the saving power out of its -the danger- concealed essence that is ever susceptible of turning. (Heidegger, 1977, p.42)."

The being and time

Martin Heidegger was a German philosopher whose manner of philosophizing is often associated with existentialism and phenomenology, despite Heidegger's insistence that his method of philosophy is not to be construed as a philosophy of life and the sheer extension of the phenomenology that Husserl developed. Contemporary texts in philosophy, however, often identify him as a leading exponent of the aforementioned philosophical school of thoughts. To this Hans-Georg Gadamer provides an illuminating response departing from Heidegger's fundamental tenet on the ontological priority of human in the question of the meaning of being. He argues that Heidegger in taking the task of realizing the destruction of metaphysics started by positing the question "What is being?" And that in order to properly ask the question Heidegger posited the ontological priority of the being of human against the transcendental groundings posited by Western metaphysic. For Gadamer, Heidegger's presupposition of the ontological priority of the being of man in the question of being is what makes his entire philosophy a "fundamental ontology." Gadamer thus explains that in recovering the lost sense of being, "Heidegger proceeded to define the being of human in an ontologically positive way, instead of understanding it as "merely finite", that is, in terms of an infinite and always existing being, as previous metaphysics had done. The ontological priority that the being of human acquired for Heidegger defined his philosophy as 'fundamental ontology' (Gadamer, 2008, p. 215)."

Despite claims of existential postures, methods, influence and themes in Heidegger's *magnus opus* "Being and Time", it must be clarified that his greatest work's concern is the recovery of the lost sense of being that the previous tradition of philosophy has forgotten being engrossed with the determinations of beings in general. It is for this reason that Heidegger's Being and Time is referred to as "fundamental ontology". Furthermore, although Heidegger in the Being and Time departed from Husserl's phenomenology, it cannot be denied that Heidegger utilized some of Husserl's fundamental ideas in realizing his goal of saving the essence of being from absolute oblivion. Gadamer further explains that after Heidegger referred to the human Dasein the ontological priority in questioning the essence of being, he further qualified the ontological determination of Dasein as determinations of existence: "existentials". The reason behind such qualification will later reveal the necessity of grounding his entire project in the Being and Time within the confinement of self-understanding. Heidegger in methodologically contrasting the categories of Dasein's "existential" determinations with the categories of "present-at-hand" which dominated in metaphysics, has provided a clear exposition of the human Dasein's mode of being. That is: "when Heidegger raised once again the ancient question of the meaning of being, he did not want to lose sight of the fact that human Dasein does not have its real being in determinable present-at-hand, but rather in the dynamic of the care with which it is concerned about its own future and its own being (Gadamer, 2008, p.215)."

What that means is that man is distinguished in so far as he is not just a thing in the world that is determined by metaphysics as a substance or a rational suppositum that is perfectly self-sufficient and complete, neither man is simply a mode of being "present-at-hand" that is subject to scientific observations and calculations. Rather "Dasein is distinguished by the fact that it understands itself in terms of its being (Gadamer, 2008, p.215)." Such is Heidegger's new way of approaching the question of being. With the presupposition of the ontological priority of human Dasein, whose mode of being is determinable by his self-understanding, Heidegger's philosophy can rightly be referred as "hermeneutical phenomenology". Heidegger's philosophy is identified as hermeneutical phenomenology "primarily because self-understanding still represented the real foundation of the inquiry (Gadamer, 2008, p.215). The whole inquiry of the Being and Time revolves around what is identified as "Hermeneutics of Dasein", whereupon, hermeneutics is removed from its conventional definition as a science of interpretation, but rather to the process of understanding and interpretation immanent in the essence of human Dasein (Gadamer, 2008, xlvi).

The question of the meaning of being

Heidegger in the first part of the Being and Time took the task of explicitly restating the question of being. The task of reformulating the question of being is rooted in his presupposition that western philosophy, in particular, traditional metaphysics has forgotten the meaning of the question "What is being?". This transpired when Plato reduced the question of being to the duality of worlds; the world of form and the material world. The reduction of Plato's philosophy to the necessary distinction between the world of ideas and the world of contingent realities has led to the neglect of the ontological priority of the essence of being as such. In like manner, Aristotle immortalized the dogma of western metaphysics with his definition of being to sheer substances composite of matter and form whose grounding reason is the absolute being (God). Aristotle's reduction of the nature of being as such to mere categories of substance, God, things, substratum and rational suppositum, has led to the corruption of the primordial meaning of being which was first presupposed by the pre-Socratics. Heidegger writes that: "This question has today been forgotten … Not only that. On the basis of the Greek's initial contributions towards an interpretation of being, a dogma has been developed which not only declares the question about the

meaning of being to be superfluous, but sanctions its complete neglect (Heidegger, 2008, p.2)."

What Heidegger means by this is that the history of western metaphysics has failed to heed the ontological difference of the primordial meaning of the question of being, and so has construed being to mere categories of ultimate being, idea, substance, monad, and so on. This has led to the complete neglect of being as such and consequently led to its being forgotten. The task therefore is to recover the lost primordial meaning of being through the being who is capable of asking the correct question. In this context, Heidegger draws the necessary difference between the "ontical" and "ontological" inquiry of being. The former presupposes the facts of entities in the world, while the latter is concerned with the meaning of being, that is, as to the very nature and essence of entities (Wheeler, 2011). Heidegger thus writes:

"The question of being aims therefore at ascertaining the a priori conditions not only for the possibility of the sciences which examine entities as entities of such and such a type, and, in so doing, already operate with an understanding of being, but also for the possibility of those ontologies themselves which are prior to the ontical sciences and which provide their foundations. Basically, all ontology, no matter how rich and firmly compacted a system of categories it has its disposal, remains blind and perverted from its ownmost aim, if it has not first adequately clarified the meaning of being, and conceived this clarification as its fundamental task" (Heidegger, 2008, 31).

Ultimately the aim of restating the question of being is to establish the ontological difference between conceptions of entities that are derived from categorizations of ontical sciences and from Michael Wheeler's distinction of "regional ontology" and "fundamental ontology". Whereupon "the former is concerned with ontologies in particular domains, say biology or banking, and the latter is concerned with the a priori, transcendental conditions that makes possible particular modes of being, that is, particular regional ontologies (Wheeler, 2008)." And that unless all regional ontologies, no matter how systematic and calculated and precise their methods, take for their aim to primordially clarify the meaning of being as such and embrace it as their most fundamental task, they remain futile and blind to the essence of being.

However, in as much as all the previous sciences and ontologies have failed to clarify the meaning of the question of being, the question arises then, how are we then to carry out the ontological distinction of fundamental ontology from other ontologies? To this Heidegger replies that "Fundamental ontology, from which alone all other ontologies can take their rise, must be sought in the existential analytic of Dasein (Heidegger, 2008, 34.)" The ontological priority of human Dasein in the task of recovering the meaning of being lies in the fact that man is not simply a being that occurs in the world as simply part of the world. Human beings are ontically distinguished for the reason that Dasein can actively create himself from his own actions and is able to reflect on the very meaning of his existence. Dasein alone is capable of self-understanding and in so doing reflects on the meaning of what it means to be. Thus, Gadamer argues that it is from this foundation that "the understanding of being that held sway in traditional metaphysics turns out to be a corrupted form of the primordial understanding of being that is manifested in human Dasein. Being is not simply pure presence or actual … It is finite, historical Dasein that "is" in the real sense (Gadamer, 2008, 216)."

Existential analysis of human Dasein

Heidegger's new approach in Being and Time certainly departs from the traditional metaphysics' way of dealing with the question of being. Instead of Heidegger dealing the immediacy of the question to what is asked, he rather redirected the questioning to the being whose mode of existence is understanding that being. To this Heidegger explains that in so far as the subject of our inquiry is being, it presupposes then that what is interrogated is the being of entities. And that since there is no other being who is capable of knowing the essences of things and whose mode of being is self-understanding. "Thus, to work out the question of being adequately, we must make an entity -the inquirer- transparent in his own being … This entity which each of us is himself and which includes inquiring as one of the possibilities of its being, we shall denote by the term 'Dasein' (Heidegger, 2008, p.27)."

The ontological priority of human Dasein in the recovery of the meaning of being lies in the fact that among the entities Dasein is the only being who is concerned about his own existence. The world is constituted with entities that exist; things "are" in so far as they can be determined by human sciences. However, human Dasein does not just simply occur in the world, as part of the world, rather man is capable of self-projection and self-choosing. The manner in which man engages himself in the world is determined by his capacity to project for himself the kind of future and life that he finds fitting for him. Heidegger elaborates this point in saying that, "Dasein is an entity which does not just occur among other entities. Rather it ontically is distinguished by the fact that, in its very being, that being is an issue for it (Heidegger, 2008, p. 32)." The human Dasein's concern of himself expressed in the mode of self-understanding and self-projection entails that man knows that he is not totally the master of himself. That his projections, being in the world, are directed towards fulfilling the task of realizing his own being amidst the myriads of things that may hinder him from achieving this noble task. Gadamer writes:

"Human Dasein's understanding of itself out of its own being is not a … self-projection. Rather it knows that it is not master of itself and its own Dasein, but comes upon itself in the midst of beings and has to take itself over as it finds itself. It is a thrown-projection" (Gadamer, 2008, p. 218).

The existential analytic of the human Dasein's engagement with the things in the world, whereupon the knowledge of being becomes transparent, is expressed in Heidegger's tripartite modes of encounter in the world: "readiness-to-hand", "present-at-hand", and "unreadiness-to-hand". The "readiness-to-hand" encounter is presupposed in man's primordial experience of things as equipment. Whereupon the engagement of Dasein with

other beings is characterized with skilful manipulation of equipmental entities. Thus, a hammer's essence is determined not on the basis of its presupposed inherent quiddity, rather on how man uses it in the process of skilful and trouble-free hammering. In this primordial encounter with entities, the being of the human Dasein reveals itself as a mere part of the entire equipmental structure. "Phenomenologically speaking, then, there are no subjects and objects; there is only the experience of the ongoing task, that is, hammering (Wheeler, 2011)."

While, the "present-at-hand" encounter is concerned with the removal of the equipmental aspect of entities to the understanding of things as independent objects. The revealing that is immanent in the "present-at-hand" encounter of man with the things in the world is Dasein's realization of its subjectivity. With the ontological foundation of "things" in the world in the "presence-at-hand" encounter comes the phenomenological rebirth of the human Dasein as the subject whose mode of being is to understand, explain and predict the behaviour of objective, independent realities. "Encounters with the "present-at-hand" are thus fundamentally subject-object in structure (Wheeler, 2011)."

Lastly, the "un-readiness-to-hand" encounter presupposes the disruption of man's skilled practical activity caused primarily by the equipment being broken. Hence the reality of what it means to be a hammer is withdrawn from the object -hammer-when in the process of its being an equipment for hammering the nails and the woods together is disrupted because it sudden snapped and broke. In the "un-readiness-to-hand" encounter the entities lose their transparency as beings in the world. Heidegger explains the point is saying that "The presence-at-hand of something that cannot be used is still not devoid of all readiness-to-hand whatsoever; equipment which is present-at-hand in this way is still not just a Thing which occurs somewhere. The damage to the equipment is still not a mere alteration of a Thing-not a change of properties which occurs in something present-at-hand (Heidegger, 2008, p. 103)."

Human Dasein as being-in-the-world

The above specification of the tripartite modes of Dasein's encounter with entities necessary implies the human Dasein's fundamental mode of "being-in-the-world". For Heidegger Dasein's constitutive state of being is "being-in-the-world". What that means is that "human existence is most tangibly immersed in the world of actually existing concrete individuals (Kelechi Iwuagwu, 2011, p.32)." It is on this being situated in the world that human Dasein further defines himself and eventually finds the very meaning of his existence. Being-in-the-world entails that man is a being whose mode of existence, projections and conscious knowing are determined by the kind of environment that he finds himself in. For Heidegger the world," being the referential totality of Dasein's projection (Gadamer, 2008, 217)" and the horizon upon which man eventually realizes his possibilities of being, cannot be limited to sheer material constitutions of the external world. Rather, the world entails the totality of everything that grounds all of man's concern for himself and the environment that provides the realm upon which human life is to be lived. Heidegger thus writes, "Ontologically, world is not a way of characterizing those entities which Dasein essentially is not, it is rather a characteristic of Dasein itself (Heidegger, 2008, 92)."

Furthermore, in describing the nature of Dasein's comportment with the world, Heidegger argues that human Dasein engages himself in the world in a manner that is concern and solicitous. For Heidegger man's "being-in" the world entails that he is not just a stationary entity that exist together with other worldly realities, whose relationship is limited to mere "spatial relation". Like when coffee is poured in my mug which is on top of my table. The "in-ness" of Dasein's relation with the world presupposes an existential comportment wherein Dasein finds itself dwelling and becoming familiar with the world. "To dwell in a house is not merely to be inside it spatially… Rather, it is to belong there, to have familiar place there. It is in this sense that Dasein is (essentially) in the world (Wheeler, 2011)." That is, if a thing is inside something, like when water is in a glass, the relationship is spatial. However, if Dasein is considered to be in a relationship with other entities, that means Dasein is in-dwelling, resting in a manner of being familiar with himself. "Being-in reveals man's state of mind, like when I say, "I am "in" trouble." This in turn help to disclose man to his being. Disclosing his situatedness (Kelechi Iwuagwu, 2011, p.32)."

The human Dasein's being-in-the-world constitution, whereupon, man's self-situatedness is revealed in his everyday engagement with the things in the world as ready-to hand, has paved the way for Dasein's temporality and facticity. Man's existence is necessarily confined within the structure of time and facticity. What this means is that man's knowledge and projections are necessarily restricted within the boundaries of its epoch and historicity. This necessarily reflects the embodied existence of Dasein. That is Dasein's projections in the world are necessarily reflections of its being in a certain period of history, culture and tradition. This necessarily implies that when Dasein realizes its situatedness in the world, he already carries within himself the existential endowments of sex, race, culture, tradition, emotional dispositions, capacities and so on. Such mode of existence is what Heidegger refers as "thrownness" or "facticity". For Heidegger, "the concept of "facticity" implies that one entity "within-the-world" has Being-in-the-world, in such a way that it can understand itself, as bound up in its destiny with the Being of those entities which it encounters within the world (Heidegger, 2008, p. 82)."

Authentic and inauthentic Dasein

It is from the mode of being simply thrown in existence that the human Dasein eventually projects either for its authenticity or its fallenness or inauthentic existence. For Heidegger, man begins to fall out from his authentic existence the moment he loses track of his being. That is when Dasein is absorbed into the objectless existence of the "they" and has fallen captive to the world. "As a basic structure of man's existence, fallenness designates man's tendency to disown himself in the world. In his self-projection and self-transcendence, man understands his world and becomes himself (Kelechi Iwuagwu, 2011,

p.35)." This happens when man is so engrossed with his everyday encounter of things based on their serviceability. And from such practical engagement of the things in the world, the human Dasein creates a relationship with the things it made and in the process is absorbed to them and loses its being. Like in the reduction of man to the objectless existence of a standing-reserve in his engagement with modern technology. Heidegger writes:

"This term does not express any negative evaluation, but is used to signify that Dasein is proximally and for the most part alongside the world of its concern. This absorption in has mostly the character of Being-lost in the publicness of the "They". Dasein has, in the first instance, fallen away from itself as an authentic potentiality for Being its Self, and has fallen into the world" (Heidegger, 2008, 220).

The Dasein who has fallen into the everyday life of the "they" is referred to by Heidegger as the "Das Man". The "Das Man" is the mode of being of the fallen Dasein. It is the individual who has failed to realize his possibilities of being by choosing to live his life under the banality and the shadow of the "neuter they". He is the individual who has refused to take responsibility over his life's projections and choices. The "Das Man" is the inauthentic man who in his state of everydayness has totally obliterated his individuality. "Mired deep in a levelling mediocrity and shirking his personal responsibility, Dasein leads a numbed type of existence. His everyday action is controlled and determined by the all-pervasive impersonality of Das Man (Lescoe, 1974, 211-212)."

Moreover, Heidegger's discussion on the nature of the authentic Dasein revolves around the elucidations of the three fundamental dispositions that renders man susceptible to the call of Being. For Heidegger the three phenomena that dispose man to an authentic existence are anxiety, death and conscience. Anxiety, for Heidegger, is that unique mood of the being of Dasein which enables him to reflect over his position in the world. It is the driving force which carries man out from his everyday fallenness. Anxiety is that mood of Dasein that individuates man and isolates him from the temptation of the living in the banality and mediocrity of the neuter they. Heidegger explains that "The entire phenomenon of anxiety shows Dasein as actually existing being-in-the-world. The fundamental ontological characteristics of this being are, existentiality, facticity, and being fallen (Heidegger, 2008, 235). Anxiety, therefore, necessarily brings man to his ontological reality by disclosing to man his unique position in the world. The revealing of his position in the world necessarily leads Dasein to embrace its primordial responsibilities of self-knowledge and self-realization. Heidegger writes that, "Anxiety makes manifest in Dasein its Being towards its ownmost potentiality-for-Being -that is, its Being-free for the freedom of choosing itself and taking hold of itself. Anxiety brings Dasein face to face with its Being-free for the authenticity of its Being, and for this authenticity as a possibility which it always is (Heidegger, 2008, p.232)." From this realization springs the understanding that the human Dasein alone is capable of positing meaning in the world. And that no other man is deemed worthy to give meaning for one's own life but oneself. "It is at this point, at the threshold of authentic self-discovery that the human being experiences anxiety (Warnock, 1977, p. 57).

The full realization of the authentic self-discovery that the human Dasein experiences in anxiety is further expressed in man's knowledge of death. For Heidegger, death is another mood of the being of Dasein that disposes man for achieving an authentic existence. Man is a being-towards-death. What this means is that, the existential structure of man's mode of being in the world necessarily reveals the finitude of human existence. Man's thrownness in time and his being-in-the-world presupposes that there will be a time in the history of mankind that he will cease to be. As Heidegger rightly states that "as a potentiality for Being, Dasein cannot outstrip the possibility of death. Death is the possibility of the absolute impossibility of Dasein (Heidegger, 2008, 294)." The necessity of understanding the ontological interrelation of death with Dasein's authentic self is rooted from the fact that it is only when man truly understand and embrace the possibility of his death that he begins to truly live his life. At the sight of this dreadful phenomenon of loosing one's life, the human Dasein takes every moment of his existence for himself and will not take anything for granted knowing that in any moment in time, the possibility of his death is nearest and most real. Heidegger asserts "Death is the way to be, which Dasein takes over as soon as it is. As soon as man comes to life, he is once old enough to die (Heidegger, 2008, p.289)."

Another phenomenon that is rooted in the mode of being of Dasein as care which helps Dasein achieve his authentic self is the ontological possibility of conscience. For Heidegger, "The call of conscience -that is, conscience itself- has its ontological possibility in the fact that Dasein, in the very basis of its being is care (Heidegger, 2008, 323)." He refers to two contrasting phenomena of conscience as inner and public conscience. The former is identified with that voice from within that recalls Dasein from self-betrayal to self-understanding. While the latter is identified with the voice of the everyday "Das Man". "But this public conscience -what else is it than the voice of the "they" (Heidegger, 2008, 323)." The power of conscience rests in its enabling capacity to reawaken Dasein from its enchantment and mediocrity in living the life of the "Das Man". Hence the call of conscience brings back man to his senses of "being-in-the-world", and renders him guilty of the sins he has committed against himself in allowing himself to be intoxicated by the objectless and anonymous existence in the "they". Conscience calls Dasein from his state of fallenness -of being lost- to render it capable of accepting the opening of the possibility of its being. "This call is not planned nor prepared nor voluntarily carried out by ourselves. "It" calls against one's own expectation and even one's own wishes. Yet the call comes not from anyone else, but from myself and upon myself (Blackham, 1965, p. 271)."

Dasein in the midst of a global pandemic

Heidegger in taking the task of restating the most fundamental question of Being brought to light the reality of the being whose mode of existence is needed in order to bring into clarity the essence of Being. Heidegger refers to this being whose own existence is an issue to it as the

human Dasein. For him, Dasein does not just simply occur in the world, as merely existing present-at-hand, but rather dwells in the world as an entity who has familiarity to it and engages with it on the basis of its own projections and self-understanding. Dasein is ontologically needed in order for the world to shed its significance and in order for the meaning of life to reveal itself in every individual human being. However, Dasein, whose primordial mode of being is being-in-the-world facticity, is in constant possibility of becoming. It is on this existential possibility of becoming that Dasein may either realize its authentic being as the one who takes responsibility of bringing Being to itself, or to flee from its existential struggles and embrace the anonymous existence in the "neuter they", thereby realizing his inauthentic existence. It is in Dasein's state of fallenness and in man's objectless existence in the "they" that the call for the need to recover Being is manifested. Life's meaning is all the more manifested in man's falling from his authentic existence.

However, the world at the present is confronted with a disclosure that challenges the fundamental structures of human existence. The kind of disclosure prevalent in the world today is a revealing that deems the light of being and reduces everything into darkness. Man is forced to look for the meaning of his existence amidst the darkness and melancholy of COVID-19. More so, as the COVID-19 pandemic continues to cover the world in darkness; the world simultaneously reveals the happenings of man's life and struggles brought about by the inherent injustices of the world's social-political structures. The global health crisis has caused millions of lives and has disrupted the flow of development all over the world. It has changed the lives of people, the young and the old alike. The pandemic posts itself as an ontological threat to the very meaning of man's existence. When man is forced to battle on his own against a formidable enemy, like the COVID-19, fear and hopelessness sink in to his being that cause a disruption of his ordinary and familiar existence. The being of Dasein retreats itself into oblivion in his state of absolute fear and preoccupation for his survival. This does not mean however that to fear for one's life and the security of the people you love during the pandemic are a kind of inauthentic Being. Rather, they are the precise modes of Dasein's "care-being" being-in-the-world. What the preceding statement means is that, in his state of absolute forgetting of his responsibilities of realizing his projections for himself, man simply allows himself to be drowned with fear and preoccupations that he no longer strives to change his state of mind. The human Dasein in this respect is absorb in the world.

For Heidegger, Dasein is a being that is for the most part always ahead of itself being-in-the-world. Such constant projectivity of the human Dasein's existence is due to the fact that man is always concern for his future and wellbeing. However, the mode of projection of Dasein when confronted by the fear for his survival in the midst of the global health crisis is a revealing that does not open him to the possibility of Being but closes himself. Life for him is no longer conceived as the fountain of all possibilities that he can readily embrace and dwell as in the sense of "living-in" and being familiar to. Life as experienced under the veil of the global pandemic is a life lived in absolute fear for death and the possibility of non-existence. Such is expressed when man loses grip of what is real and cling to things that are mythical and imaginary in order to look for a place to inhabit. This mode of dwelling that is empty of any relation is the anonymous existence in the "they".

A few weeks ago, the province of Misamis Occidental, where I and my family live, experienced an unusual phenomenon that has caused havoc and unreasonable fear among the communities and members therein. It started when certain people claimed that there were men, who during the night, knocked at the doors of houses with the intention of harming. Since then, people from all cities and municipalities in the province claimed that they have experienced this knocking and this was followed by a series of social media claims of the whereabouts and the personality of these men. Such has caused fear from among the people despite of having no actual evidence of being harassed and harmed. And even the knocking itself and the supposed supernatural abilities of these men are absolutely baseless and unreasonable. What basically transpired in the place is the danger that Heidegger refers to as the falling away of Dasein, being so much engrossed with its everyday existence. The tendency to create a new world apart from what is currently being experienced is the result of man's betrayal of himself. Such phenomenon of self-betrayal is manifested in his preoccupation of a definite life that is devoid of any struggle and pain. With the kind of life, that is seemingly meaningless, that man is forced to live during this hard time. One can presume that everybody just wants their previous lives back. However, as Dasein is moving always ahead of itself and in time, man can only look back at his previous existence.

Amidst the darkness of the world's disclosure in the pandemic, Heidegger offers a saving light imbedded in the very nature of Dasein. That is when the human Dasein finally comes again into his senses and recovers from his self-betrayal to self-understanding. This phenomenon Heidegger calls the "in-turning" of Being. That is when Dasein rises itself from its objectless existence and recovers from his absorption of the banality of his everyday existence. Like when at the present, despite how everyone is struggling to survive, there are people who manage to extend a helping hand which paved the way for an endless possibility of helping the poor. The current phenomenon of "community pantry" is the materialization of man's awakening from his deep slumber of being cautiously preoccupied of securing his own existence. Care, for Heidegger, is an ontological disposition that is dwelling in the essence of Dasein's being-in-the-world and being-alongside-with-others. The human Dasein receives its fulfillment in not just fulfilling its responsibility towards himself, but in realizing its responsibility towards other Dasein in a solicitous relation. Man's concern for himself, necessarily leads him to be concerned with other beings in the world. Such transcendental care which goes beyond the limit of everyday Dasein is the lightning that breaks the silence and the darkness of Death.

Conclusion

The current phenomenon of the global pandemic COVID-19 must not be conceived as a happening that is far away from the human Dasein's existential structures. Neither it should be conceived as simply an object that is distant from the world of man. For what COVID-19 brings to Dasein is a revealing that is not alien to it but reflective of the kind of life that each Dasein is living. The sheer objectification of the global pandemic is its alienation to man's very own existence. That is, when man steps back from his "equipmental" engagement with the things in the world. And looks at the world from a far as the Subject that observes the realities of things outside of him. The beings in the world are then posited as present-at-hand entities that are "things" observable by the huma Dasein. And whose meaning of existence may not have significant value to the task at hand of recovering the lost sense of Being. The COVID-19 pandemic, nonetheless, is not a happening in the world that is understood outside of every human reality. For the truth of the matter is that, the global pandemic is man's own affair. It is for this reason that the COVID-19 pandemic posits an existential threat to the being of the human Dasein.

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Ethico-legal aspects of complications of an illegal abortion with trisomy 21 in Iran

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Abstract

Illegal abortion is a common way to terminate unintended pregnancies. A 38 year old pregnant woman decided to terminate her pregnancy illegally. This was complicated by uterine perforation and bowel injuries. Illegal abortion can be associated with serious complications. Ethically, the patient must be provided with complete information at the appropriate time in legally-prescribed treatment centers through informed consent. The occurrence of critical and threatening conditions to the patient with ethical decision-making problems should be prevented. Familiarity with abortion laws in each region is essential.

Introduction

Trisomy is a common chromosomal disorder, the most common of which is trisomy 21, also called Down's syndrome [1, 2]. The prevalence rate of this syndrome in Iran is one in every 814 births [3]. This syndrome is usually diagnosed through chromosomal examination [4]. The risk factor for increasing DS is increasing maternal age and the history of another trisomic child in the family [5].

Case presentation

A 38 year old female who had a 12 years history of primary infertility, became pregnant at the third attempt at intrauterine insemination (IUI). Her screening test showed a high risk of trisomy 21 (1/45). A perinatologist explained the entire procedure she needed to take for approving or ruling out Down's syndrome through chorionic villous sampling (CVS) but she didn't accept the advice at that time. Then the perinatologist advised her to do a Quadri test at the 16th week of her pregnancy. The risk of T21 in her quadri test was 1/9 and the perinatologist strongly recommended amniocentesis but she didn't accept and asked for an alternative noninvasive method. The perinatologist recommended cell free DNA

test and by making explicit reference to the Iranian abortion law stipulating that therapeutic abortion is available till 19 weeks of gestational age. If a fetus is known to have Down's syndrome beyond that time it is not possible to abort the fetus legally. She said: "I need more time for making a final decision and she left the hospital". She came back to hospital with a positive cell free DNA test at the 22nd week of gestational age and she insisted to undergo legal abortion, but the perinatologist stated that it was not possible to do legal abortion based on her gestational age.

She went to a midwife clinic and requested an illegal abortion. A midwife prescribed lingual and vaginal misoprostol (400 μg of misoprostol lingual followed by home administration of 800 μg vaginal misoprostol in 48 hours) and then she did curettage for retained placental tissue but unfortunately because of the midwife's inadequate experience the curettage was complicated by uterus rupture and bowel injury, then immediately she sent her to hospital and surgeons repaired her uterus and gut. She then sued in court for her injuries.

Ethical approach

Bioethics theorists have sought to provide a list of primary ethical duties that help physicians to solve their ethical dilemma. These principles have been tailored to the norms of the medical profession [6]. One of the most famous theories is the Beauchamp and Childress theory, which has proposed four principles as the basis for ethical decision-making in medicine. These four principles are: autonomy, beneficence, non-maleficence, and justice. In relation to the challenges raised about the issue at hand, this issue is examined in terms of each of these four principles.

Autonomy

In a medical case, various actors may be involved in making a decision, each of which may have an autonomous right to a degree. We examine the principle of autonomy from each person's perspective individually.

Patient's autonomy

Today, patient autonomy is one of the most important principles accepted in modern medicine but experts agree that autonomy should be limited in some cases. There are many differences between the cultures and schools of ethics in relation to the autonomy limits. In Western countries, autonomy has been largely accepted, but in the Middle East, sometimes the role of physician or the influence of relatives impose much restriction on the patient's autonomy and power [7]. After autonomy was considered seriously as a principle in the first perspective, three moral dilemmas became apparent in practice. First, autonomy occasionally causes a patient to lose a benefit in his treatment. Second, sometimes autonomy conflicts with the ethical obligations of physicians, and they then inevitably defy the action. Third, in some cases, autonomy itself becomes a serious threat to the patient [8].

Health service providers (physician) autonomy

The physician is an expert in the treatment of diseases and possesses specialized medical knowledge, so it is reasonable that the physician has extensive power over defining the terms of the patient's choice and the care and treatment of the patient. Therefore, the physician is not allowed to take harmful actions but she should prevent harming the patient by informing her of the risks associated with such actions. Also, a midwife should not do things that are not in their field of specialty. According to their professional commitments, health service providers are allowed only to carry out actions they have the expertise needed to do, and they should avoid taking such actions whenever there is the risk of harming the patent because of the lack of experience and skill. [9]

Beneficence

Physicians and practitioners should consider the most benefit for patients according to this principle [10]. Based on professional obligations, physicians are required to do their best to benefit their patients. Therefore, those who do not have the necessary qualifications and expertise are not allowed to take actions that have no benefit for the patient.

Non-maleficence

The main task of the therapist is not to harm the patient while providing the best possible services. The principle of non-maleficence is not absolute, and when balanced against the principle of beneficence often creates a dual effect. If an action taken by a midwife who does not have sufficient competence and qualification is to the detriment of the patient, and the risk of injury to the uterus and intestines is high, it will be considered as a case of maleficence which is illegal during pregnancy. Therefore, when faced with the request for abortion, the midwife's professional duty is to refuse to act because the priority is with non-maleficence.

Legal issues

To investigate the legal considerations of illegal abortion in Iran, we will examine it from two perspectives: 1) law enforcement and 2) criminal aspect.

From the perspective of law enforcement: Pursuant to Article 6 of the law on the investigation of union and professional violations of medical practitioners and associates, medical and affiliated medical professionals are not allowed to perform medical offenses and they should refrain from committing acts that would threaten the dignity of the medical community and the practice of the mentioned midwife is one of the examples of medical violations.

From a criminal perspective: Based on the definition of an unintentional harm, a fault occurs when a person does not intend to harm another, but he/she does harm to another person as a result of negligence and carelessness. Accordingly, the action taken by the midwife is an example of fault and in accordance with Article 2 of the Islamic Penal Code (Article 2: Every action or omission of an action for which there is a punishment in law, will be regarded as an offense), and Article 145 of the Islamic Penal Code, and its Note (Article 145- The commission of unintentional offenses shall be subject to proving the fault of the perpetrator).

Discussion

In Iran, until the 19th week, abortion is a therapeutic option for a fetus with Trisomy 21 [11]. After the 19th week, pregnant women will be permitted to take therapeutic abortion only if it is established that the mother may lose her life with this delivery. [12,13]. This is one of the reported cases of illegal abortion in Iran, resulting in uterine and intestinal rupture at the same time. However, various studies in Iran show that 60 to 70 percent of cases of legal abortion in Iran are related to fetal disease and abnormalities [14]. In various studies in other countries, uterine rupture has been proven to be a complication of illegal abortion [15,16]. Also, illegal abortion has been shown to be one of the main causes of maternal death in the world and the regulations must be reconsidered [17,18]. The results of a study by Sama et al. (2016) in Cameroon confirm the rupture of the uterus and the intestine through illegal abortion [19]. However, considering that maternal age is an important risk factor for the fetus' affliction with trisomy 21 [5], high-precision low-risk tests such as cell free fetal DNA testing should be taken for mothers at older ages in the early stages of pregnancy. [20]

Conclusion

To reduce the complications of abortion with an anomalous embryo, pregnancy must be terminated legally by qualified specialists in equipped healthcare centers. It should be aborted in a legal manner and therapeutic abortion must be carried out in accordance with the laws of each country. Due to respect to the patient's autonomy in order to serve their interest and prevent any possible harm, it must be provided with complete information at the appropriate time in the legally-prescribed treatment centers through informed consent. Besides, the occurrence of critical and life-threatening conditions which create ethical decision-making problems for the physician and the patient should be prevented.

Ethics approval and consent to participate: This report is part of a dissertation that was approved by the ethical committee of Tehran University of medical science. The approval number is: IR.TUMS.MEDICINE.REC.1397.836. The consent of participant was verbal because we promise to publish it anonymous.

Availability of data and informed consent of patient: The dataset analyzed during the current study and informed consent of the patient exist in the Shahriar medical court repository.

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Ethical issues and challenges of organ transplantation in Bangladesh

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Abstract
Organ transplantation is one of the most remarkable medical achievements of the century because it provides a way to give life to patients with serious organ failure. In the medical sector of Bangladesh, recent progress in the field of organ donation and transplantation has introduced new hope. However, a significant issue raised is ethical implications. But in a developing country and a multi-religious community like Bangladesh, additional concerns arise relating to religious issues, different medical policies, and the insufficiency of healthcare resources. These concerns are not addressed as attitudes toward the medical policy of Bangladesh. But this cultural and religious diversity as well as healthcare policies relating to organ donation may hamper its acceptability and cause discouragement to donate organs. The objective of this article is to explore the ethical issues, different religious opinions involved in organ transplantation in Bangladesh and consider its importance. Additionally, in Bangladesh, the appropriateness of costly services such as organ transplantation will be discussed where the government cannot guarantee medical services as the basic needs for the people.

Introduction
Organ transplantation is a lifesaving therapy for organ failure wherein an organ is removed from one body and set in the body of a receiver to reduce disability. The success of organ transplantation is increasing due to modern medical technologies and the advancement of medical therapy. Organ transplantation was first started in the 1930s (DuBray & Busuttil, 2017, p. 3). This concept gave new hope and new life to the moribund patients when several kidney transplants were successfully performed. In 1954, the first successful kidney transplant was accomplished where a kidney was taken from one identical brother and transplanted in another and it worked for approximately 9 years (DuBray et al., 2017, p. 4). Then, physicians discovered the way to successfully replace other organs. Conversely, despite the tremendous advancement of medical science in the case of organ transplantation, some ethical issues like the methods of organ acquiring and allocation, sufficient medical resources, social and religious obstructions have become important. This article will focus on these ethical issues within the context of Bangladesh.

Types of organ transplantation
Organ transplant mostly refers to transplanting solid organs like heart, lungs, kidneys, liver, pancreas and intestines. Other organs such as eyes, ear, nose, skin, bladder, nerves, brain, spinal cord, skeleton, gallbladder, stomach, mouth, tongue, muscles etc. are also transplantable. The sources of organs for transplantation are often divided into three categories: living donors, cadaveric donors and brain-dead donors (Kamal, 2008, p. 99). Living donors are frequently associated with the patient; spouses and close friends generally donate organs to ailing loved ones.

Organ transplantation in Bangladesh
Organ transplantation is increasing in Bangladesh though it is still in the initial stage of its development. Cornea transplantation mainly started up in 1974 (Ali, 2012, p. i). Then, the primary successful kidney transplantation was accomplished at the Institute of Postgraduate Medicine & Research (presently Bangladesh Sheikh Mujib Medical University) in 1982 and subsequently, regular kidney transplantation from 'living donor' donations of close relatives has been proceeding since 1988. Likewise, the first successful liver transplantation of the country was done in 2010 at BIRDEM Hospital (Ali, p. i). Since then, this has been continuously increasing in this country. Examples of organ transplants can be observed in various government and private hospitals in Bangladesh. For instance, the total number of living kidney transplants in the BIRDEM was 111 from November 2004 to November 2014 (Siraj, 2016, p. 40). Public hospitals like BSMMU have always played a leading role in kidney transplants. By 2007, 306 kidney transplants had been performed in BSMMU (Moniruzzaman, 2010, p. 104). The rate of organ transplantations is practically higher in the Kidney Foundation Hospital and Research Institute among the other private hospitals. From September 2006 to September 2017, this hospital successfully performed 408 transplantations with a 98% success rate (Kidney Foundation Hospital and Research Institute, 2017). The transplantation rate is limited as the interest for kidneys surpasses the number of accessible organs. Only 130 patients with end-stage kidney failure can acquire organs contrasted with an expected interest of 5,000 every year (Siraj, 2016, p. 41). Besides, the kidney dialysis facilities in Bangladesh are limited and these facilities are profoundly costly as well. But, organ transplantation is not as expensive as dialysis. Studies show that kidney dialysis is a wretched experience for transplant patients in developing countries (Radcliffe-Richards et al., 1998, p. 1950).

Organ transplantation could be a preferable financial alternative over dialysis in Bangladesh. This is because kidney transplantation is less costly than dialysis and effective kidney transplantation would effectively diminish the general needs and brings about a better nature of human existence that enables more noteworthy wellbeing (WHO, 2011, p. S30). Regardless of society having a moral responsibility and obligation to offer equal healthcare for everyone, due to limited economic resources, corruption in medical sectors, unequal distribution of organs, social or religious restrictions, transplantation, still doesn't rank as the main concern for the Bangladeshi government (Moniruzzaman, p. 107). As the constitution of the People's Republic of Bangladesh announces: "The State shall adopt effective measures to remove social and economic inequality between men and women and to ensure the equitable distribution of wealth

among citizens, and of opportunities in order to attain a uniform level of economic development throughout the Republic" (GoB, 2011: article 19:2); thus, the government utilizes the greater part of the health budget for primary healthcare, giving priority to fundamental requirements for the vast majority of people like vaccination, family planning, and the control of infectious diseases. So it can be said that the Bangladesh government fails to offer proper organ transplant services (Siraj, 2016, p. 43).

"Bangladesh Organ Transplant & Donation Act, 1999" was passed in parliament, allowing two types of organ donation – 'living donor' donation from close relatives and 'cadaveric' donation (Ali, p. i). Then, in 2018, an updated law of organ transplantation was approved in the parliament named "Transplantation of Human Organs (Amendment) Bill, 2018" ("Transplantation of Human Organs", 2018). The amendment added a number of extended family relatives as potential donors to the existing donor list.

Besides the laws, many important issues like ethical, social, and religious considerations regarding organ transplantation as well as the allocation process of organs have been viewed with less importance. If the medical law concerning organ donation makes these factors clear, then the fear of organ donation will be reduced and people's interest in organ donation will be increased. Since organ transplantation is now popular in Bangladesh and its requirements and availability are upgrading gradually, it has become necessary to follow certain ethical standards to implement it positively. The moral issues that the government should keep in mind are described below.

a. Organ distribution policy

Some moral questions are: What will be the distribution method of organs? Who will get the priority first? Will priority be based on the seriousness of a person's illness or her/his age or gender? Will money, social status influence this decision? These sorts of ethical dilemmas and controversies associated with the procedure of organ transplantation may hamper the overall issue. Therefore, it is essential to have clear answers and guidelines for such questions in the medical policy of Bangladesh.

Firstly, the question of allocation procedures of organs and who will get the priority first. In this context, justification is very important. We can consider John Rawls's conception in this case. According to John Rawls general conception of justice consists of one central idea: *"All social values—liberty and opportunity, income and wealth, and the social bases of self-respect—are to be distributed equally unless an unequal distribution of any, or all, of these values is to everyone's advantage."* (Rawls, 1971, p. 54)

From this general conception, we can deduce one distributive justice criteria that is equal access. According to equal access criteria, organs are allocated to patients based on objective factors. Equal access may consist of some standards such as (i) length of time waiting which includes who comes first, organs will be served first to her/him, (ii) the priority of age that includes organs will be distributed from youngest to oldest (University of Minnesota: Center for Bioethics, 2004, p. 15). Besides, equal access theory promotes a distribution process that is free of biases based on race, sex, income level and geographic distance (Douglas, 2003, pp. 1883-1885). As Bangladesh is a developing country, equal access theory is more sustainable in the case of distributing organs. But there are some arguments against equal access distribution which should be considered too. One argument that opposes equal access distribution comes from a 1990s article in the Canadian Medical Association Journal by E. Kluge. Kluge argues that equal access distribution of organs is not fair for the people who choose their lifestyle taking tobacco and alcohol or other drugs and ruin their organs (Kluge, 1994, p. 746).

Another criterion of distributive justice is maximum benefit. The objective of the maximum benefit criteria is to maximize the number of transplants. The maximum benefit consists of some points such as (i) medical needs that consider the sickest person who will get the first opportunity for a transplantable organ, (ii) the probable success of a transplant that considers the person who will live the longest (University of Minnesota: Center for Bioethics, 2004, p. 16). Most supporters of the maximum benefit criterion consider organ transplantation as a medically valuable method and wish to avoid the wasting of organs. To reduce waste, they examine how sick the patient is and what is the probability of survival of the patient after transplanting organs (Neuberger, 2003, pp. 1881-1883). Therefore, supporters of maximum benefit distribution state that organs should be allocated so that the greatest benefit is derived from every available organ. This concept is often similar to utilitarianism where the main motto is "maximization of pleasure and the minimization of pain".

Likewise, we evaluate some arguments that oppose maximum benefit distribution criteria. Firstly, medical success is hardly predictable because a successful outcome can vary. Medical science cannot ensure how long the patient will survive after organ transplantation (Childress, 2001, pp. 365-376). Secondly, these criteria can open the door for bias, lying, favoritism, and other unfair practices which are considered as subjective rather than objective (Childress, pp. 365-376). Thirdly, considering age and maximizing life years as criteria for distributing organs devalues the remaining life of an older person. Additionally, in the organ distribution line, there may be many important persons like doctors, scientists, artists, presidents, researchers, etc. whose lives may be given more importance than others.

From the above discussion, I could conclude that following John Rawls's distributive justice theory as a criterion for organ allocation and maintaining other diverse arguments may help form a viable organ distribution policy for Bangladesh.

b. Considering religious values

Despite all the advantages of organ transplantation in Bangladesh, people oppose donating and transplanting organs. There are many reasons why certain populations are not interested in donating organs. Among these reasons, both social and religious issues play a role. Most of the population is Muslim (88%) while a considerable number of citizens are Hindus (10%), Christians (1%),

and Buddhists (1%) including various ethnic entities. Citizens from every religion have different rituals and beliefs that may create some obstacles in organ transplantation. If the organ donation policy contradicts people's religious beliefs, it may violate their autonomy and people will show less interest in donating organs. Because sometimes heavenly salvation is more important to a person than saving a life.

For instance, most of the Muslims in Bangladesh believe that Islam prohibits organ donation. Muslims who argue against organ donation believe that Islam forbids organ donation as it was not mentioned in the Qur'an. In Islamic culture, the deceased's body must be buried as soon as possible after death. This belief promotes the opinion that the body is resurrected after death and it is more desirable to remain whole after death (Robson, Dublin & Razack, 2010, pp. 7-8). Muslims believe that organs will play an independent role as 'witnesses' to an individual's life on 'Judgement Day' (Al-Qur'an 41:20). But, it is also mentioned that saving a life is a supreme value in Islam as the following verse illustrates: "And if anyone saved a life, it would be as if he saved the life of all mankind" (Qur'an 5:32). From this statement, it can be said that since saving lives is a sacred act, saving the life of a person by donating organs cannot conflict with Islam.

The second major religious group in Bangladesh are Hindus. Many sources support organ donation in Hindu scriptures. *Daan* is the original word in Sanskrit that stands for selfless donation. It is also the third component of the ten *Niyamas* (virtuous acts) ("A Hindu perspective on organ donation", 2020). Organ donation is supported in the Hindu religion because it saves a person's life. However, a person should take care of her/his body while s/he is alive because it is the house of God. Thus, organ donation from the Hindu point of view is a spiritually auspicious act for the donor. In Hindu mythology, some traditions support the use of body parts to benefit others.

As for Christianity, both Catholics and Protestants support and encourage organ transplantation. Jesus instructed people to love one another and embrace the needs of others. Christians assume that organ donation is an act of love and a way of following Jesus' instructions. They believe that whatever happens in their body before or after death cannot impact their relationship with God. Pope John Paul II had even repeatedly advocated organ donation and organ transplantation as a 'service of life' (Robson et al., 2010, p. 9).

There are a few Buddhist communities in Bangladesh. Buddhist religious belief does not support organ donation as they correlate an intact dead body with respect for ancestors or nature. It would therefore be wrong to return a person's body not intact by removing organs from it (Sugunasiri, 1990, pp. 947-949). But, there are differences among different Buddhist communities regarding organ transplantation. For example, organ donation is acceptable in Theravada Buddhism. In Buddhism, extending help to other sentient beings is a noble virtue and this covers the case of organ donation too ("A Buddhist perspective on organ donation", 2020). From this viewpoint, organ donation would be praised as an act of generosity.

So, we find a lot of varieties in the beliefs of Muslims, Hindus, Christians and Buddhists. It is critical to maintain these religious issues in the case of organ transplantation in Bangladesh. In this situation, the patients should make the physicians informed about their religious beliefs. When patients share their personal beliefs and religious identities with the physicians and the physicians inform the patients about their treatment, it is called informed consent. This informed consent will build the platform of a patient's autonomy and inspire people to donate and transplant organs.

c. Sufficiency of clinical experts and medical equipment

In Bangladesh, besides religious and social values, the sufficiency of clinical experts and medical equipment must be evaluated seriously to create an ethical platform for organ transplantation. For instance, in the case of a living donor, we need to check whether an individual is being compelled to give organs. Similarly, the hospital authority must have specialist physicians and proper medical equipment for collecting organs securely from a living donor, and they need to ensure the donor's physical fitness after donating an organ.

The same factors are valuable in the case of collecting organs from brain-dead donors. Cornea transplantation from brain-dead donors has just started in Bangladesh. But, the government of Bangladesh recently attempted to launch a project of transplantation of vital organs like kidney, liver, heart and pancreas etc. from brain-dead donors (Siraj, 2020, p. 1). To collect organs from a brain-dead person, the medical board should get permission from the relatives of the brain-dead donor to allow the body for organ donation. Besides, hospital authorities must have proper clinical experts and medical technology to verify that the brain-dead patient has no chance of coming back from a coma. Otherwise, that is considered a crime.

The above two facts are essential because if there is any harm to the organ donor and organ client during organ transplantation, it will violate the principles of medical ethics. The principles of medical ethics have strictly forbidden harming the patients. There are specific guidelines that offer general direction for practitioners and healthcare professionals, one of which is the "four principles" approach (autonomy, non-maleficence, beneficence and justice) developed by Tom Beauchamp and James Childress (Beauchamp & Childress, 2013). The second principle named the principle of non-maleficence requires not to intentionally harm the patient. Furthermore, the principle of beneficence states that healthcare providers must benefit the patients and take positive steps to remove their pain.

Keeping these points in mind, we should follow the four principles of medical ethics in the case of organ transplantation in Bangladesh. Simultaneously, these guidelines will protect the patient's autonomy and justice will be established ultimately. The Bangladeshi medical policymakers should include these factors in this context.

Challenges in organ transplantation

In Bangladesh, we face some obstacles to establish an ethical platform for organ transplantation. For instance, some social and religious misconceptions may hamper the organ donation policy. Many people believe that organ donation is prohibited in their religion. In this regard, people should be concerned about their own religion. Besides, Organ trafficking and corruption in the medical sector may frustrate the legal distribution of organs.

The biggest trouble, however, happens in collecting organs from living donors and brain-dead donors, because Bangladesh still does not have enough medical experts and medical resources in every hospital. According to the report of Bangladesh Statistics 2019, there are 85,633 registered physicians and 8,130 registered dental surgeons in Bangladesh for the whole population of 164.6 Million (Ministry of Planning, 2019). As indicated by these statistics on physicians who were registered with BMDC (Bangladesh Medical and Dental Council), there is only one physician per 1,847 people ("Bangladesh has one doctor", 2018). These data show that the medical service in Bangladesh is very poor where the government cannot guarantee medical services for all citizens. In this circumstance, the ethical considerations of organ transplantation will be assumed as a 'white elephant project' which refers to a concept that is useless and expensive to maintain. So, establishing proper ethical guidelines in the case of organ transplantation is quite challenging for a developing country like Bangladesh.

Conclusion

In summing up, with a view to resolving organ transplantation issues in Bangladesh, everyone has to be involved in this moral practice including physicians and healthcare professionals. Society as well as the medical authority should approach this case both positively and objectively and treat ethical and religious issues as navigable viewpoints and not impediments to organ transplantation. If we establish proper ethical guidelines for organ allocation and clarify the religious opinions, the fear of donating organs will be curtailed. As a result, general people will inspire for organ transplantation and the organ trafficking rate will be minimized.

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Caring in the midst of suffering: Views of administrators, faculty and staff of Cor Jesu College of the school's mission and core value of compassion

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Abstract
The COVID-19 Pandemic has affected the normal operations of schools all over the world. In the Philippines, there are schools that experienced decrease of the number of their enrollees because of the pandemic. This has resulted in significant financial setbacks to many schools. Some schools decided to stop their operation and terminate their employees. Meanwhile, Cor Jesu College (CJC) has experienced not only the economic impact of Covid-19 pandemic but also a series of earthquakes that jolted the province in 2019 causing the collapse of their three big buildings. The school was still in the process of recovery when Covid-19 hit it hard again. But having the resolve to continue its mission of compassion, the school has devised different strategies to ensure that its employees will continue to work and get the income they need during this difficult time. This paper presents the viewpoints of CJC administrators, faculty and staff on how the school continued its mission of education guided by its core value of compassion despite having experienced suffering and several challenges to its operation. Results show that administrators, faculty and staff experienced the care and compassion of the school providing them work to be able to sustain their needs and that of their families during the pandemic. They further said that the school is true to its core value of compassion and community building by treating their employees well. However, many of them also said that it would be good if the management treated them as important partners in their mission by consulting them during policy making and involving them in the different discussions on the development of the school. Lastly, they hope that the school management will be more transparent as to the real situations of the school so that they can understand, and help their co-employees to understand the situation and devise a strategy on how to help the school especially in its financial struggle.

Introduction
The work of administrators, faculty and staff in an academic institution in this time of crisis has been multifaceted. During difficult times, organizational strategy, culture, relationships, administration, aspects of decision making and contradictory views of stakeholders are commonly manifested in the environment as Covid19 pandemic started to take its toll. It is in this period where schools and school systems are responding to constantly evolving circumstances, including the increasing complexities of the lives of those in the communities they serve and its external environment (Netolicky, 2020).

The strength of character is tested not when all is well but in the presence of pain and suffering; academic institutions are fighting against setbacks by strategizing and maximizing available resources to keep up with the predicament. Schools have their own mission and vision including core values that greatly define their brand as learning institutions that help mold students to become responsible citizens in the years ahead. In a time of crisis, educational leaders must act swiftly and with foresight and with careful consideration of options, consequences and side effects of actions taken. They must communicate with clarity and purpose but also with empathy and humanity (Derksen, 2020).

Table 1: CJC Student population over the past 3 Years

Department	**SY 2018-2019**	**SY 2019-2020**	**SY 2020-2021**
Grade School	498	504	337
Junior High	957	1,034	843
Senior High	2,511	2,753	2,053
TOTAL BED	**3,966**	**4,291**	**3,233**
College	2,073	2,235	2210
Graduate School	387	459	381
Law School	190	279	271
TOTAL HEI	**2,650**	**2,973**	**2,862**
GRAND TOTAL	**6,616**	**7,264**	**6,095**

Source: Finance Office

Cor Jesu College, a private Catholic school in the province of Davao del Sur has faced two succeeding major crises. The first happened on October and December 2019 when the school experienced major economic loss when a series of earthquakes jolted the province and caused the major buildings of the school to collapse. Since there were not enough rooms to accommodate students, the school was forced to implement distance learning while working fast to put up classrooms for the targeted increase of enrollees by school year 2020-2021. The second, is the COVID-19 pandemic. The school is still in the process of healing and

recovery from the adverse effects of the earthquakes when Covid-19 hit it hard towards the end of the school year 2019-2020 until present, forcing the school to continue distance learning of its students. Unlike the earthquakes which only caused great damage to school facilities, the Covid-19 has caused damage to the entire aspects of human life and this has a tremendous effect on the school.

As you can see in Table 1, the total population decreased across departments for school year 2020-2021. For the higher education (college, graduate school and law school), there is a drop of its population by 16.09% for school year 2020-2021 compared to school year 2019-2020. For the basic education department, the population decreased much higher by 24.66% for school year 2020-2021 compared to school year 2019-2020.

The decrease of the number of enrollees is basically due to the fact that a lot of people lost their jobs and therefore, they cannot really afford to send their children to private schools. Since schools are not allowed to have face-to-face classes, CJC continues to implement on-line and/or modular classes at all levels. The decrease of enrollment and the implementation of distant learning had implications to the finances of the school. To help the students and their families cope with the economic impact of the pandemic, CJC did not increase tuition fees for two consecutive school years (SY 2019-2020 and SY 2020-2021). In addition, miscellaneous fees were cut down. Furthermore, due to the pandemic, collection of school fees was affected; we have observed higher receivables this time. This is due to the fact that we don't force our students to pay if they have difficulty to pay their school financial obligation on time. We have become more understanding with our students because a number of the parents of these students lost their jobs due to the pandemic.

Despite above realities, the school did not opt for retrenchment so that it can still continue its educational mission in the province. This can be the school's concrete expression of its core value of compassion during the recent crises (earthquake and pandemic). The school looked for other measures to retain all employees. One measure was to adopt skeletal scheme among non-teaching personnel including administrators. This means that they only received half of their monthly salary. This was implemented only for 2 months (July and August 2020). Those who were under skeletal scheme, they returned to their normal condition (meaning, they already received their full monthly pay by September 2020) but they were given built-in teaching loads for a maximum of 2 loads. Still, despite the pandemic, the school allocated budget for those who want to proceed to graduate and post-graduate studies recognizing its commitment on its pillar of excellence. School varsity scholars were retained so that they could continue and finish their studies while most schools of the region removed their school varsity scholarship due to the pandemic. Sports coaches were retained but their allowances/honoraria were reduced to 50%. So, sports coaches still have work and they are still earning up to this time while most of the schools in the region did not renew the contracts with their sports coaches due to the pandemic. So, many of the sports coaches from other schools lost their jobs.

But how long can the school sustain this scheme? How long can the employees endure such changes? It is a fact that in uncertainties, everyone is afraid of consequences. Can schools remain compassionate amidst suffering? The management must consider a range of impacts among individual workers, organization, well-being, learning, service provision, performance, staffing, financial implications, management of resources and sustainability of business, while keeping all of their individual people in mind. This is the best time to figure out if the school has been steadfast to its core values and if the employees felt the expression of the said values expressed through understanding and responsiveness to the needs of its employees especially in this hard time when a lot of colleges and universities ceased to operate because they could no longer cope with the impediments brought about by the Covid-19 pandemic.

The purpose of this study was to explore the different viewpoints of faculty members, staff and middle managers or administrators at Cor Jesu College on the school's mission and the core value of compassion especially during this time of the pandemic.

Methods

To be able to gather the viewpoints, sentiments and feelings of administrators, faculty and staff were asked the following questions:

1. Do you experience the care and compassion of Cor Jesu College during the pandemic? If yes, in what way? If not, why not? Please specify.
2. As an employee, how are you treated by Cor Jesu College during this pandemic?
3. What are your insights/realizations as an employee of Cor Jesu College during the pandemic?

The participants of the study are the administrators not on the higher up and not part of the management council – the highest policy making body of the school, aside from the board of trustees. Other participants of the study are members of the faculty both from the college as well as the basic education departments and the non-teaching staff. The data that we gathered were subjected to content analysis.

Result and Discussion

The members of the management council- the highest policy making body of the school had crafted new policies to ensure that everyone would have work and the income they need during the pandemic. However, the policies had affected some employees. By giving teaching loads to the Non-Teaching Staff (NTS) and administrators so that they would receive their usual or regular salary, the supposed overloads of the faculty which they enjoyed for so many years were reduced. Moreover, if the students in one class/section cannot reach 22, it will not be considered one load. Thus, many faculty members were forced to take up many subjects which require many preparations just to have the regular loads and the allowable overloads. In addition, some of the staff and administrators who were given the teaching loads as part of their regular work might be affected because many of them are not trained in the nuances of the teaching profession. Below are the

presentation and discussion of the results of our interviews with our study participants.

Experiences of CJC employees on the care and compassion of the school during the pandemic

There were 35 employees who participated in this study. 14 of them were members of the college faculty, 4 were members of the faculty of Basic Education Department, 4 were program heads, 5 were office heads and 8 were members of the Non-Teaching Staff. Among the 35 employees, 31 of them or (88.57%) categorically said that they experienced the care and compassion of the school during the pandemic. 3 out of 25 or (8.57%) categorically said they did not experience the care and compassion of the school during the pandemic. The remaining one employee, a college teacher, gave a Yes and No answer. For him, if he only thinks of himself as a faculty member, he would rather say that during this pandemic, he did not experience the care and compassion of the school but if he chooses to transcend from his own personal interest and consider his co-employees, especially the non-teaching staff, he would say that the school's care and compassion has been evident during this time of pandemic: *"I'd like to say that…on a personal note, I really feel that I am not really receiving my fair compensation to the services I give to the school. This is because of the salary decrease that currently affects me and everyone due to the pandemic situation affecting the school. Another one, I see that the school through the Human Resource Office actually did not have any intervention to check, support the emotional, mental well-being of the employees. We work together with the school. We work to achieve the mission and vision of the school but it seems that the school is not taking care of me in these aspects. On the positive note, knowing that the school is doing it in order to keep all employees having work and not lose their jobs is something that shows they also care for everyone. But I wish they could do more in order to keep everyone longer."*

The sentiment of this faculty as regards to the decision of the management to cut some teaching loads of the faculty and to give them to the Non-Teaching Staff so that everyone will continue to have jobs during this most trying time was supported by 31 employees who categorically said that the school has been compassionate and caring for each one. For instance, an office head said: *"Yes, I still feel the care and compassion of the school because despite the pandemic, the school tried their best not to retrench their employees."* Another college faculty said:*"Yes, I still believe that the institution is really doing their very best to care for their employees and reach out to their employees as well as those outside the campus despite the challenge they experienced."* This is echoed by another member of the college faculty when she said: *"Yes, CJC continued its operation and employees are fortunate to keep their jobs despite the on-going struggles brought about by the pandemic. Although new regulations were arranged, I am thankful for the institution as I was still given the opportunity to teach and receive reasonable amount of pay."* A Non-Teaching Staff who felt insecure about his job at the start of the pandemic because of the nature of his job which is much dependent on the physical presence of students in the campus had these words: *"Yes, I experienced the care and compassion of CJC during this pandemic. During this pandemic, many employees from different companies had lost their jobs but we, at CJC, did not. The nature of my job needs student interactions. Since face to face learning is not allowed, my function is not that needed anymore. I thought, I will experience "No Work No Pay" for many months or worse, lose my job just like others. But, CJC just made adjustment in our workloads so no one of us will lose our work. In this way, I felt that they truly cared for us."*

These employees were so grateful that they still have their jobs during the pandemic which provided them the money that they need to support their families. For them, the compassion and care for the school are evident. They feel supported by the school during this difficult time. In the study of Lee, (2021) the employees' emotional reactions were elicited from the perceived organizational support, in how organization cares for their well-being and work contributions and, in turn, influence the psychological safety. For example, the approach of the online communication (as a form of organization support) practiced by the managers has implications on the different levels of psychological safety experienced by the employee. In addition, emotional resources can be interpreted as organization support. This holds true in the case of Cor Jesu College in the effort and initiative of the management to retain all the employees in the academic institution, be it teaching and non-teaching staff. Everybody needs financial provision in this pandemic when the majority of basic resources become scarce and all people in the community are experiencing the same predicaments. During a crisis and major workplace changes, demonstrating employee care through feedback, timely and specific information sharing and participatory form of communication contribute to their positive perception and would add up to work productivity and effectivity.

Some employees said that the compassion and care of the school is evident in its policies which are beneficial to them like not requiring them to report to school every day, giving them academic freedom and enough time to accomplish some tasks and deliverables. A program head said: *"Yes, I experience the care and compassion of CJC through these ways: a. we are allowed to work from home and only required to physically report to school twice a week, b. salaries are given on time, and c. we are given more time to accomplish deadlines."* A college faculty said: *"my authority as a classroom instructor is still trusted and I am not constantly monitored by the heads."* For these employees the compassion of the school goes beyond the giving of material benefits like salaries to its employees but also in providing an atmosphere of trust, respect and care. Wu et al. (2020) have set out three strategic principles for good leadership during the COVID-19 pandemic: effective crisis management, planning and action, communication that provides up-to-date information and encourages individual empowerment, and the provision of a 'continuum of staff supports' that offers a range of initiatives, normalizes feelings of distress and encourages their expression. Leaders and managers need to be empathic, compassionate and understanding; they need to be aware of their employees' personal

circumstances and that they may change rapidly. This only implies that compassion expressed in the companies and organizations do not necessarily mean monetary aspect but also the intangibles such as manifestations of trust, respect and care from the higher authorities down to the employees across all level.

However, 3 employees categorically said that they do not experience the care and compassion of the school during this time of pandemic. A college faculty shared these words: *"I honestly do not feel so much the care of the institution during this time of pandemic. It seems like the school has another priority that its employees were not taken care of. One example is the salary. Though I understand that the finances of the school are not that stable during this time, I think it is the responsibility of the school to make sure that it can provide the salary that the employees deserve to have since they work for it. But it turned out that the employees need to fight for it for the school to give full payment. Also, I can see that other schools or companies give some support for their employees during this time like free internet load, vitamins and others but CJC did not even bother to give even one tablet of vitamins to its employees whom they required to go to school. The salaries of the faculty are also cut because of the scheme that they implemented like for the subject that does not reach 22 students, it will not be treated as one load even if it is a major subject and is a regular offering of the school so that the school can save to pay its debt. So, it's like the faculty is the one who has to pay for the debt of the school."*

The sentiment of this faculty member was supported by a program head when she said: *"For me as an employee, I did not experience the care and compassion of our institution. Yes, everyone suffers. A lot of businesses experienced financial difficulties but in the height of this pandemic, our institution did not even bother to hand even a small bag of relief goods like rice, canned goods or any food that might help the employees survive the lockdown. Our institution does not even extend a helping hand. Instead, they cut duty hours which eventually cut the compensation. I think it's the opposite of the pillar set by the institution, compassion was never felt and is not visible to me as an employee."*

One employee said that the pandemic has revealed the true character of CJC. For her, she entered CJC thinking that the school is really compassionate as what it proudly preaches to the community. She even said that before the pandemic, she never thought of transferring to another school. She thought of retiring in CJC but now she is entertaining the thought of transferring to another school. *"No, I did not experience the care and compassion of CJC during this pandemic. As a matter of fact, this is my first time feeling insecure about my work being enough to sustain my needs and the needs of my family. It might be because of the newly implemented policies, which I didn't see coming, brought about by the pandemic, which also brought drastic changes to my salary which I very much depend on to put food on our table",* she said. She further said: *"for years I have put my confidence in Cor Jesu. I never imagined myself working outside it, but this pandemic made me realize that it might finally be the time for me to look for security in my job."*

While it is an acceptable fact that we cannot please everybody, it is good to listen to voices of dissent and dissatisfaction from the people on the ground even if they are just a few. In a utilitarian perspective, when the greatest number of people are happy and satisfied, we can judge that what we are doing is right. However, these voices of dissatisfaction need to be heard so that the administration can reflect and learn something from them. They might be "a voice in the wilderness" that brings forth new way of looking at things, new direction of the school. People feel anxious and dissatisfied either when their workloads decrease or increase. A decrease in workload during the pandemic may signal a higher job insecurity and workers may fear losing their jobs. Higher job insecurity due to COVID-19 is documented by Baert et al. (2020). In contrast, an increase in workload may relate to higher work related stress due to the coronavirus condition. Both circumstances lead to increases in dissatisfaction and anxiety. Similarly, individuals with reduced income due to COVID-19 report higher dissatisfaction and anxiety. Income reduction affects economic security and creates psychological problems. With several changes in the work settings due to the pandemic, employees came to the point of looking for other means of income because there is drastic modification in their salary which would also mean cutting of bigger portions of family sustenance.

Employees assessment on how the school treats them during the pandemic

Almost all of the 35 employees said that the school treats them with dignity even during the pandemic and they are thankful for that. Some even said that school considers them worthy employees because the school chooses to renew their employment. For the staff, they are very thankful that the school has devised a strategy to help them by giving them teaching load so that they can receive their full salary instead of cutting their duty hours which resulted in having a 50% cut of their salaries. This was said by a staff of the school: "I appreciated how Cor Jesu College made sure that all employees can still have their work despite this pandemic especially for all non-teaching staff who were greatly affected by the situation by giving them also teaching loads which somehow supported us financially."

Most of the college faculty members, who somehow, are affected negatively by the giving of loads to the non-teaching staff, understand the situation. They appreciate the gesture of the school to treat each one equally. For instance, two college faculty members shared their sentiments: "Lately, for institutions like CJC, things have become quite challenging yet I must say that I am particularly treated decently. I was able to keep my job and I was able to arrange my schedule which I find advantageous since I have engaged in a new crafting business."

"As a teaching personnel, although there are small changes in our salary, it is still acceptable given the circumstances that CJC faced starting from earthquake to the corona virus. Despite all these, the management continues to look for means to address the concern of the personnel… the operation is affected yet they still continue

to give job unlike other private institutions which imposed retrenchment to their personnel... I am still tankful that I have work to sustain my family. I appreciate how CJC made sure that employees can still have their work despite this pandemic especially for all non-teaching staff who were greatly affected by the situation by giving them teaching loads."

Another college faculty member said that she is thankful to CJC not only for the continuous job but also for the opportunity to grow professionally. These are her exact words: *"As an employee of CJC, I felt the negative impact of the Covid-19 pandemic, however, the institution still managed to uplift employees by giving a continuous job opportunity to its members even during this challenging time where job security is crucial. Personally, as a college faculty member, I am still very thankful that CJC gave me an opportunity to teach students and still continue to enhance myself professionally."*

Many college faculty members imbibe the value of compassion to their co-employees. That is why even if they are affected by the cutting of loads, they were able to transcend from their personal interests and think about the interest of others too. The school administration has to be proud of their employees. The employees are also considerate of the situation of the school. This kind of attitude of its employees must be supported and nurtured by the school through an atmosphere of dialogue and consultation. The clamor of some faculty members to be involved and consulted in the crafting of important policies and decisions should be viewed by the school administration positively. By engaging the employees in a regular basis, the school officials will be acting like a compassionate father who welcomes and takes care of everyone (Bayod, 2020). By doing so, the employees will feel that they are valued and important. The constant practice of an ethics care during pandemic is very crucial to lessen the antagonism of the employees and transform their antagonism to an agonism (Bayod, 2020) in which they are willing to sacrifice for the school and its employees. In such situation, we can expect to lessen some dissenting voices of the employees like what these college faculty shared during our interview with them: "*I don't know honestly. I cannot feel the compassion of the institution this time. To me, it seems like the employees need to work and they will just be paid out from it. I could not feel the compassion that this school is trying to brag to the community.*"

"Instead of showing "compassion" they opted to make me feel not secure. What they feed is that, we should be thankful that we still have work because a lot of schools closed, like really? Faculty members and staff spend years working to uplift the current status of the school thinking that in hard times the school will give back, and what the administration rubs to each and everyone's face is that we should be thankful that we still have jibs, really? Unbelievable!"

While they are only few and can just be dismissed easily, we also feel the need to highlight their negative feelings and experiences because they are so important as we move forward as a family. In a time of global crisis, grief, trauma and instability, we need to consider Maslow before Bloom (Doucet et al., 2020). We should foreground health, safety, well-being and belonging first, before curriculum, pedagogy and assessment. While this reality is happening in various institutions, employees are left with no choice than to thrive and re-create mechanisms to cope with the new normal. Solvason and Kington (2019) found that cross-school groups could provide school leaders with a safety net of emotional support, enhanced by shared values, a lack of hierarchy and openness of members to participate in the work of the group. There is still hope because solidarity among school management and the employees are revealed locally and even globally. Perhaps, reciprocity between school management and the workers depends on the kind of culture that the institution has imbedded to the constituents, so that in difficult situations, the core values become more apparent and noticeable to both parties which results in generosity of sharing and of support.

Insights of employees

We asked our study participants about their insights or realizations as CJC employees during this pandemic. Most of them said that the CJC management needs to be transparent and practice participatory approach in the crafting of policy and direction of the school. For instance, a college faculty said: *"I think CJC Management must be transparent to their employees regarding policy that they wanted to implement."* She further said: *"as one community, we must be open to listen to different side so that we understand and come up with a good solution of a problem for the benefit of everybody."* This is supported by another member of the college faculty by sharing these words: *"My realization is that the pandemic posed a great challenge to all of us. As an employee of CJC, it was no different. There are changes in schedule, the mode of teaching, the delivery of tasks, salaries and others. although these changes are difficult to some if not all, it is important that we adapt. No institution is perfect but I would suggest that the HR/Administration would be more transparent as to which direction we are heading, initiative on teacher assistance and more. Keeping my job is a great help to me and my family but I am also thinking of my future..."*

Another college faculty member shared her realization: *"I realized that I am blessed to be part of the CJC family despite the matter about overload computation and the like. I am very happy to be in CJC because we are provided with good health care insurance and we have salaries on time. However, they could improve in policy making where it should not be imposed directly but to have transparent discussion and feedback coming from the concerned persons."*

To some of the employees, the response of the school during this pandemic has a significant impact on the loyalty and trust of the employees over how the school takes care of their employees in the future where similar or worse situations happen. This is beautifully captured by the sharing of a non-teaching staff in the following words: *"The institution's response on dealing with the challenge and uncertainties we are facing will have an impact on how employees perform, even the loyalty of the workers may be challenged, too. For us employees, job security and financial stability and support are top priorities right now... the institution should help resolve*

those concerns in substantive ways. I believe that for years to come, like business, how you treat your employees will be remembered even in good times and in bad times."

Indeed, treating your employees well is important. That is why for a college faculty, her realization is that CJC is like a mother who welcomes and loves everyone. These are her exact words: *"CJC is likened to a very responsible mother, she is like a woman of few words but having a very big family with members of diverse cultures and principles. She does not want any member to be lost and left behind. She is also suffering and struggling so much during this pandemic yet sometimes she tries to set aside some of her own problems just to cater first to the different needs of her children. She really cares for all her children, yet some of them could not see all the things she does that they keep on complaining. The leaders are merely instruments to be her heart and hands to reach out to love and care for all."*

It is very true that CJC is suffering so much not only during this pandemic but even before the pandemic because of the huge devastation from the earthquakes. The leaders of the school are challenged to the same. They should practice empathy to the plight of the employees and prioritize their needs and concerns rather than building and developing many infrastructures which might not be the immediate need during this pandemic. While they would like to position the school strategically in the future, that future is still far and maybe uncertain. What is certain and immediate is the need of the employees to be protected and secured. CJC has done that, but they are challenged to do more – be transparent, apply participatory approach in management instead of doing micro-management, practice the ethics of care and compassion by listening and welcoming everyone even those who might be categorized as "prodigal children". Of course, when everything has been done to prioritize the needs of the employees and still some employees are not satisfied, CJC can just smile and be secure as a faculty in the Basic Education Department said: *"gratitude is really a matter of attitude".*

Gratitude is defined as a state of thankfulness after receiving something valuable from others. Broadly, it may encompass the feeling of thankfulness for those general positive aspects of life which cannot be attributed to any specific benefactor (Garg,2020). Underlying the critique of the Epicurean position is a certain understanding of gratitude as 'the proper or called-for response in a beneficiary to benefits or beneficence from a benefactor' (Manela, 2015). Gratitude understood in this way is only appropriate when the benefit we receive was intended to benefit us. If we unintentionally or coincidentally benefit from something, then it seems strange to say that we owe that person a debt of gratitude (Wood, 2020). Whether or not there is an immense mutuality or trade-off, our values will determine the kind of persons that we are. Some are accustomed with expressing gratitude even on little favors and others only manifest this act when they receive something at their advantage.

Conclusions

The Covid-19 pandemic has affected Cor Jesu College which is still in the process of recovery from the devastation because of earthquake. But the crisis, indeed, has revealed the attitudes of people in the organizations. On the part of the management, they devised a mechanism to ensure that no one will be left behind. They arranged a kind of system during the pandemic that non-teaching staff in the organization would benefit (Rawls, 1999). Taking something from the other person which he or she has been receiving and giving this to the others might be a form of injustice against the former. But since the benefit of unjust arrangement is for the other workers to continue their work, it is fair according to Rawls (1999) conception of justice. No doubt, the management had the noblest intention in mind in doing this. However, they might need to consider that there are collective decisions to make and this entails consultation, dialogue and participation from the stakeholders so that there will be greater sense of ownership of the agreed schemes and mechanism to address the adverse effects of the pandemic to the school operation. If they consider the employees as members of the family, they must be consulted too. They should be transparent in discussing the situation of the school so that the employees will really understand. But still, they are fortunate because almost all employees have the heart to care for the suffering school. For sure, many of them suffered. Many of the faculty members were affected by the sudden implementation of the policy to cut the overload. But they have a compassionate heart too. In spite of the pain and the frustration of not being consulted, they tried to understand the situation of the school. Indeed, they too, care for the school. Thus, it might be good that when things will go back to its usual routine, when enrollment will rise, the school will sit down and have a heart-to-heart dialogue and crucial conversation with the administration, faculty and staff. Together, they have to evaluate some policies and programs. Maybe, it might be the right time to revisit the policies as regards to the giving of overload, and think of another program to ensure that employees will feel protected and secured emotionally, physically, intellectually and economically so that they will retain the compassionate employees that they have. Certainly, satisfied and motivated employees are the ones who energize, direct and sustain their behavior which results in high morale and leads to dedication, loyalty, and the desire to do the job well.

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Obituary for Dr. Frank Yeruham Leavitt (1940-2019)

It is with sadness that we have lost one of the founding editorial board members of *EJAIB*, who passed away at the age of 79 years after a struggle with cancer. After having written about the bioethics of palliative care for many years, in the end we lost Frank. Frank was especially active in *EJAIB* in the years 1990-2005, being a solid source of support writing many commentaries on other scholars' papers, and stimulating others with a wide range of topics from the Rights of Rocks to martial arts, and spirituality and cross-cultural bioethics..

Frank served as the Chairman, Centre for Asian and International Bioethics, Faculty of Health Sciences, Ben Gurion University of the Negev, Beer Sheva, Israel; and also as the first Vice President for Asian Ethnic Minorities for the Asian Bioethics Association. He participated in the nine Tsukuba International Bioethcs Roundtables, and continued to come toTsukuba and Kushiro, and other locations in Japan. Frank was also active in the International Society for Clinical Ethics. I last met Frank in Kushiro, Hokkaido, and he is also sorely missed by Profesor Tsuyoshi Awaya, the convener of that series of bioethics actvities, as well as many person's lives he has touched over time.

I refer readers back to the obituary that Frank wrote for two of our mentors that I had the pleasure to be introduced to and meet thanks to Frank, Professor John Goldsmith and Lord Rabbi Immanuel Jakobovitts. We will miss Frank's wisdom and informality. Frank was prepared to write original articles, and often enjoyed to play the Devil's advocate, but helped nurture many students and scholars through discourse and teaching.

Thanks to the cross cultural approach but Frank had to learning from many different cultures and different types of people, we could develop a broader and more inclusive approach to Bioethics across the world, both in the international Association of Bioethics and in the Asian Bioethics Association. I had the pleasure to visit Ben Gurion University of the Negev, and many other institutions there,-4 times as part of the Japanese international research grant project to develop a Bioethics across Asia. We also travelled widely in India, with the late Professor Jayapaul Azariah.

I visited many parts in the hotly contested areas of Israel and Palestine, before the Wall was build. It is still a part of a world where we really need to pray for peace so that people will understand how we have to live together. Thanks to Frank I also went to Gaza twice, and it is with pain that we continue to say these senseless acts of violence by both sides, in the framework of the need for broad recognition of the state of Palestine, the so-called two state solution. All people have a right to live in dignity, and people of different faiths need to live togetherin this very special part of our world.

_- Darryl Macer

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