

Marcus Knaup\*

# The Corona Crisis: Attempt at a Philosophical Orientation

## SUMMARY

Since spring 2020 at the latest many things are not as they used to be before – things are literally “de-ranged”. The news are mostly dominated by one topic: a virus which is officially called SARS-CoV-2.<sup>1</sup> The here presented contribution views the Corona crisis from an ethical-philosophical perspective. At first, different challenges and dynamics of this crisis will be discussed. Insofar as political decision-making for coping with the crisis happens frequently by referring to “the” sciences, light is shed on the tasks of the sciences in our modern knowledge society. The contribution is going to argue in favour of a variety of perspectives, which we need in order to handle the crisis appropriately. In this context, light is shed on explicit and implicit basic social attitudes such as the attitude towards death as well as on the increasing medicalisation of life. Finally, the question about prospects which might be promising for the future is going to be raised.

**Keywords:** Corona Crisis, Expertocracy, Value of Health, Medicalization of Life and Death.

## 1. The crisis. A challenge concerning everybody

Since the beginning of the year 2020 up until today<sup>2</sup>, a number of political measures have been taken on the grounds that the collapse of our health system had to be prevented.<sup>3</sup> Civil rights and liberties have been massively restricted to a degree which

\* *Correspondence Address:* Marcus Knaup, Institute of Philosophy, Faculty of Cultural and Social Sciences, Fernuniversität in Hagen, Universitätsstr. 33, D–58084 Hagen. E-mail: [marcus.knaup@fernuni-hagen.de](mailto:marcus.knaup@fernuni-hagen.de)

1 The illness caused by the virus is called COVID-19. The sciences have been knowing Corona viruses for more than half a century. They are considered to be responsible for a variety of illnesses of vertebrates such as mammals. In this context, SARS refers to respiratory diseases (*Severe Acute Respiratory Syndrome*).

2 This contribution dates from May, 2021.

3 It is striking that, the longer the Corona crisis is lasting, the criteria for measures change and that also they are not always sufficiently explicated. One problem are the cutbacks in our health system over the past decades. Also, in recent years there have been bottlenecks in times of flu, which, however, were not considered a reason for investing into nursing staff and hospital beds. Against this background, also reports in the year of the crisis

(in peacetime) is unprecedented in liberal societies, political objectives have been interpreted and judged mostly in the light of fighting off the virus. Many people had to work short-time or were not allowed to practice their freely chosen professions. Universities were closed, as well as schools and kindergartens, although children urgently needed other children for their social development. The gates of (university) libraries were shut, religious services were banned. Since then, attending concerts and other cultural events has only been possible online. Even the freedom of movement on the territory of the Federal Republic of Germany has been limited. In many cases, it is not possible for relatives to be with their loved ones dying in nursing homes.

Most people who are not infected do not suffer from the virus. They suffer from many different measures which have been taken and that have been hard on them. Citizens have been deprived of civil rights and liberties, as well as of their decision-making, and the private has increasingly become public. Granted, one reason for this might be that no politician would like to be accused of having dealt carelessly with this crisis, thus risking human lives. Given such a situation, some politicians seem to believe that parliamentary debates may be neglected, due to the pressure of time.

The crisis comes along with an attitude that, for quite some time, has valued safety more than liberty. Under such auspices, safety means health, and liberty is the great troublemaker in the room. In this context, political decision-making is attributed to scientific inevitability which is not without problems. In times of crisis many people show a 'flight forward' tendency, as Sloterdijk (2021, p.11) states: "If we do ten times as much as necessary, nobody could accuse us of being careless."

The virus made us aware of how vulnerable the structural order and the foundations of our lives are. At least the democratic state under the rule of law seems to be under threat if people are told how to organise their social lives or, also, if they are banned from working in their professions. Human liberty can never be absolute. It is conditioned, and always limited within the democratic context. However, liberty exists only if authority is limited and the state of emergency does not become the normal state whose rhetoric seems to ever more become a matter of course throughout the crisis. Precisely in times of crisis, liberty and basic rights must be protected. They are not gained by "being vaccinated" but every holder, i. e. every citizen, is entitled to them *per se*.

The crisis hits societies that, due to modern means of communication, have been moving closer to each other than in the past. Whereas in the past news took longer

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2020 according to which there has been a large scale reduction of the number of hospital beds are irritating. At least the IQM hospital association comments on the year 2020 as follows: "At no time our hospitals were close to collapsing" (2021). In May 2021 the German Ministry of Health published the same information, what was not discussed widely in the media.

to travel from sender to addressee, today this happens in no time. News and the crisis also make this perfectly clear when they “go viral”, as we have it in neo-German. “Due to the media, we live within spaces of agitation controlled by changing topics”, as Sloterdijk (2021, p. 24) observes, and certainly he is right. “Topics are suggestions for being agitated, which are accepted by the public or not” (Sloterdijk, 2021, p. 24). During the Corona crisis, we are not only confronted with questions of being infected by viruses but also with being infected by fear, which might enslave man. During the crisis, individual and collective fears mutually fuel each other. Fear makes small; it has not really a reputation of being a good advisor. Also, fear is orchestrated; it is used for policy-making. Fear swallows up our trust in the future. Thus, in French there is an expression: “La peur est le pire des assassins, elle ne tue pas, elle empêche de vivre”<sup>4</sup> (Virilio, 2016, p. 94). Because of their fear of death, some contemporaries even forget how to live.

## 2. The crisis and its own specific dynamic

Humans feel the need to be and stay healthy. On the other hand, they also feel the need to meet other people, to hold each other, to socialize without restraints, to attend concerts and theatre events. The situation is difficult not least because competing moral goods must be weighed against each other. The appropriateness, necessity and suitability of measures are controversially discussed in society. There are people who deeply condemn and criticise any measures taken by the government, and there are those who defend them unconditionally. Frequently, the positions have become hardened and no longer allow for discourse, which is dangerous for a democratic society. It is observed that people see themselves as belonging to a certain ‘camp’ which denies the other to have a clue or any legitimacy. Moralising arguments play an increasingly bigger role during the crisis. One is outraged about the other. This, as I see it, rather widespread “mentality of no alternative to one’s own way” isn’t a challenge just for friendships and family structures. In view of social processes and debates an attitude which is permeated by political moralism is not really helpful if it is supposed to be about a constructive discourse, after all. Julian Nida-Rümelin and Nathalie Weidenfeld (2021, p. 90) are justified in stating that: “Differentiated positions such as those taking both health protection and the economic, social and cultural vitality of society as a whole into consideration are swiftly blackened”. And furthermore they say: “During a crisis – when people, and journalists among them, are afraid – the media’s and also each individual’s longing for conformity may be psychologically understandable, however it is no good for democracy.”

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4 In English: “Fear is the meanest murderer, it doesn’t kill but prevents living.”

Since the beginning of the crisis, a feeling of threat is permanently communicated in many speeches. This comes with technological ideas of human sociality: for example, one speaks of the various realms of society being shut down or booted up. Frequently, vocabulary that seems to stem from wartime rhetoric is used – again and again one speaks of war on the virus. Latour (2020) speaks of a “battle front”, of a “war”, and of a “state of war”. “Nous somme en guerre”, we are told from the Élysée, and we may suppose that also outside France many people see things in the same way (Macron, 2021). Also Agamben (2021, p. 28, 93), who has much criticized the political measures taken in Italy, adopts the war metaphor: he speaks of “civil war”. Basically, he says, we are facing a war, the “enemy [...] not coming from the outside but being within ourselves” (Agamben, p. 28). Some rhetorical disarmament on all sides would certainly make sense.

The crisis has its own specific dynamic. Neighbours spy on each other, offices are shaded to prevent colleagues from seeing that two or three people are in one office, which would make them vulnerable. For example, in 2020, the City of Essen in the Ruhrgebiet called on people to anonymously report violations of Corona rules on its homepage. Protests against such a way of proceeding resulted in the page being taken offline.

The really astonishing fact that toilet paper was sold out in many European cities reminds Žižek of situations in Socialist Yugoslavia. There was the rumour that toilet paper was not there in sufficient quantities, which was soon denied by the authorities. “Surprisingly, this was not only true, but most people indeed believed it” (Žižek, 2020, p. 55). However, the subsequent behaviour was interesting: many asked themselves what would happen if people still believed this rumour, and continued to pile up larger quantities of toilet paper than usual? This might still result in a toilet paper shortage. “It is not even necessary that some take the rumour seriously – it is enough if some assume that there are people to take it seriously. The result is the same – an actual shortage of toilet paper in the shops” (Žižek, 2020, p. 55f.). A graphic example of how processes during the crisis work.<sup>5</sup>

### 3. Virologists, epidemiologists and ‘the’ science

Virologists and epidemiologists are somewhat omnipresent in the news and have moved into the viewers living rooms. Their insights are indispensable for all of us. It would be foolish to try and do without them as we depend on their skills. Certainly,

<sup>5</sup> At least, in Germany in 2020 not only the much discussed buying of toilet paper has increased but also the purchase of legal weapons, by one third (Spitzer, 2020, p. 77).

a virologist is able to outstandingly explain in which ways a virus might mutate, or that it experiences an evolution, for which, however, host organisms are required. However, this will not make them understand the economic consequences of their recommendation of an increased “lockdown”, when the lifeworlds of entrepreneurs are under threat, and what, from a legal point of view, is an “adequate” limitation of basic rights, and what the political dimension of such a measure is.<sup>6</sup> And also the question about a happy life is not a virological one.

Like texts, figures, tables and diagrams also require interpretation, as they are not self-explanatory. They require hermeneutics.<sup>7</sup> For figures alone do not suggest a certain political strategy. The sciences are no monolithic block: they weigh reasons, discuss different possibilities which might come into question. And insofar it is also obvious that scientists judge differently on a situation and may make different suggestions. There are no infallible ex-cathedra judgements when it comes to the question of which options result from these or those statistics. There is an imbalance, however, if one discipline believes to be entitled to speak in the name of “the” sciences.

Given the manifold challenges we are facing, it is important to become aware of the fact that one discipline alone cannot answer all questions and that its view will always be limited. After all, it is not at all ‘the’ sciences what virologists and epidemiologists alone represent.<sup>8</sup> We should also say goodbye to the idea that there is only “one” science which provides suitable answers to all questions. A scientist is no religious guru, and immunology would be misunderstood and overtaxed if it was considered the heir to religion and its representatives the new priests.

There are approaches to solutions and hypotheses competing with each other and there are those being incongruent with each other. Furthermore, the

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6 Studies seem to suggest that there are no great differences between countries where very strict lockdowns were imposed and those which pursued other ways. Christoph Lütge and Michael Esfeld (2021, p. 17ff) point out e. g. to South Dakota, where there was no lockdown at all, whereas in North Dakota such regulations were imposed. Similar observations could also be made in Florida and California.

7 According to the figures published by Statistisches Bundesamt, there was no identifiable excess mortality as some had expected and feared. In March, 2021, the mortality rate was 11 per cent below the average of the past four years, although, as I said above, also in case of mortality statistics it is true that figures always require interpretation: for example, it must be taken into consideration that on the whole our society is getting older, or that, due to the lockdown measures, there might have been less traffic deaths etc.

8 Rightly so, Andreas Brenner (2020, p. 34) observes: “Because of the worry that otherwise they would behave irresponsibly, many politicians and their advisors were presumptuous when they provided selected scientists from one single scientific discipline with a mandate for advising them. These politicians were presumptuous in the sense of declaring themselves scientists being capable of deciding which kind of scientific expertise was relevant in the face of the pandemic crisis. Such a decision, however, is neither a task of politics nor are, generally, politicians provided with the necessary expertise. However, this lack of expertise does not disqualify political decision-makers, for in a highly complex society based on the division of labour there is no need for them to be provided with appropriate scientific expertise, even more so as then this would raise the question of which kind of scientific knowledge politicians would be supposed to be provided with”.

Corona crisis concerns not only individual, vulnerable groups but society as a whole. It is a multi-faceted challenge, which is why one discipline, no matter how important it may be, cannot speak for all other scientific disciplines. In other words: the Corona crisis is indeed not only an epidemiological, infectiological and medical phenomenon but also an economic, legal, ethical and social one. The different problems cannot be coped as monocausal.

Thus, a multi-perspective and anti-reductionist approach is recommendable.<sup>9</sup> The considerations of jurists and political scientists, of psychologists and pastors, of economists and historians, of ethicists and philosophers should much more be taken into consideration for decision-making by all those bearing political responsibility than it was the case at the beginning of the crisis. Also, critical voices should be heard. In this context, scientists should also always be aware of their responsibility. There are more than just a few contemporaries who are ready to do everything scientists tell them. A kind of “expertocracy”, however, cannot be what scientists are out for.

In this context, politics has not always played a good part. It tends to lean towards acknowledging only what seems to be compatible with the politicians’ own ideas, when in reality all arguments must be weighed. We must struggle for a possible way, we must discuss. This is essential for a democracy.<sup>10</sup> No scientists taking part in the debate should run the risk of getting nothing than scorn and derision and of being marginalised. We must controversially discuss strategies, debates must be conducted.

Given the challenges which the liberal community of law is currently facing, multiperspectivity is an appropriate answer. Counselling is needed for practical matters, not a commanding kind of reason. Any action, and we must also be aware of this, is interconnected with other actions and can thus not be considered by itself alone. Furthermore, there may be both desired and undesired side effects. For example, planned operations that do not seem to be absolutely urgent are postponed to provide beds for Covid patients. This affects the well-being of other patients, possibly even the work of family practice medical doctors in terms of being reluctant when it comes to referring this or that patient to a hospital (Brenner, 2020, p. 27f.). In many cases, important preventive check-ups were not made. Studies suggest that

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<sup>9</sup> In this sense, the here presented contribution is obliged to Integrative Bioethics as developed Čović et al. On this see: Hoffmann, 2019, pp. 161-191; 2007, pp. 13-25.

<sup>10</sup> It seems as if the state of emergency always also provides an opportunity of pursuing other political objectives and, as Slavoj Žižek (2020) does, of toying with challenging the system as a whole. Žižek (2020, p. 40) is convinced that “radical change is necessary”, nothing less than the entire world economy must be made subject to change, he believes, as a result of the crisis, that a “new kind of Communism” is dawning (Žižek, 2020, p. 77): “Among others, the Corona virus will compel us to reinvent a kind of Communism based on trust in mankind and the sciences” (Žižek, 2020, p. 39). In this context, he also considers a “global health care network”, however without saying a word about how this could be financed.

in the context of cancer even postponing an operation by four weeks results in a clear mortality increase (BMJ, 2020).

#### 4. How to deal with the crisis: encountering each other

Many people are bewildered and anxious by the idea that a virus enters their body, spreads there, and causes unpleasant effects. Thus, it may be that something is very close to us which is alien and perhaps even dangerous.

Probably the most striking thing is that throughout the crisis the wearing of masks has become a part of our daily lives. The recommendations in this respect, by expert associations, indeed do vary. For example, on April 6<sup>th</sup> 2020, *Deutsches Ärzteblatt* published an online contribution that underlined that even simple masks might make sense. Just one day later, that same journal published another contribution saying something different. According to the latter text, scientists from South Korea had been able to state that the wearing of masks had no meaningful effect. These South Korean scientists were able to demonstrate that tests with people infected by the SARS-CoV-2 virus produced the result that more viruses were to be found on the inner surfaces of their masks than on the outer surfaces.

Wearing a mask makes the CO<sub>2</sub> content of the blood rise. Tiredness and a lack of concentration may be a consequence; wearing a mask reduces personal performance. In particular, for people with chronic respiratory diseases or heart disease masks may pose a problem. The skin may also be affected.

Wearing masks is a political measure and has become a part of our daily lives in times of Corona. Many people find it difficult, which definitely seems to be understandable. After all, humans are not just impersonal information machines on two legs. “The face has the effect that a human is understood even due to his facial expression and not only due to his actions. The face, if understood as an organ of expression, is in a way of quite a theoretical nature, it does not act like the hand, the foot, like the whole body; it does not bear man’s inner or practical behaviour but just tells of him” (Simmel, 1989, p. 725). This is what we read in Simmel. A human’s look is the medium of the person, it is particularly present there, which is why the face is also a political place, “a basic precondition for politics” (Agamben, 2021, p. 137). And this may be one reason for the sense of unease, when the face is not fully visible during the crisis. It is obscured, veiled by a mask which makes it impossible to read the other person’s face which, after all, has its own language. Here, an essential political debate is covered behind a piece of cloth, any actual resonance is made impossible.

If it was unimaginable to enter a bank with a mask before the Corona crisis, this has certainly changed throughout the crisis. Frequently, the other’s body is perceived as a

danger, as potentially bringing death. Even personal friends change into toxic others. Under such circumstances, it is about making sure, first of all, that we are ready to protect each other and that in all probability we are immune and non-infectious.

During the Corona crisis people had to learn how to cope both with time and with a world which has become alien. Suddenly some people had a lot of time on their hands, because they cannot work in their professions or pursue private interests, for example, while others are less existentially threatened by the crisis and may benefit from having more time. More than just a few of those working at their homes find it increasingly more difficult to separate professionally spent time from privately spent time. Not seldom, the much praised “home office” results in overexploiting of one’s own body. Existing social inequalities may be even increased by the Corona crisis, other inequalities and disadvantages may result. For example, educational inequalities may be increased. Thus, these structural factors must be taken into account for political considerations.

In times of the Corona crisis, the question of what makes life good and meaningful seems to have taken a back seat. What is in the forefront is not a good and successful life.<sup>11</sup> “By exclusively caring about survival, we are like the virus, this undead being which only multiplies, that is it survives without living”( Han, 2020, p. 26 f.).

Loneliness in times of Corona is a serious problem. It is experienced as being painful, and by the way, in the brain it is processed close to those areas which are active when we are suffering from physical pain (Spitzer, 2020, p. 97). The experience of loneliness in the sense of social isolation, says Spitzer (2020, p. 99), is passed on to others by interacting with them. And, loneliness is infectious not only in this sense, but it may even have fatal consequences. Spitzer (2020, p.101) explains this in view of several studies from the USA with more than 40,000 participants: “Who lives largely in social isolation runs a double or threefold risk of dying within a certain period of time (such as after five or ten years) than somebody with numerous and good social contacts.”

During video conferences we see and hear other people, but the liveliness and immediacy of real encounters are largely lost. We talk to many, yet we remain by ourselves. Whereas wide spatial distances are easily bridged, the wholeness of the personal encounter is lacking. The other only appears on the screen, there is no real, i. e. physical, encounter. Human relationships cannot just be digitalised, they become impoverished if they no longer happen in the real world. A world of perfected digitalisation will be uninhabitable. What Martin Buber (2005, p. 241) writes about

<sup>11</sup> In practice, says Aristotle, man’s life may be successful. A successful life covers man as a whole, to which, among others, belongs health as a good. Health alone, however, does not make man happy. Aristotle (n.d., *Met.* I 2, 982 b 24 ff.) also mentions that “we call a man free who lives for his own sake and not for the sake of others”.

adult education does not seem to be less meaningful in our days: “The good teacher educates by way of what he says and by way of being silent during lessons and breaks, by way of conversations in passing, by his sheer existence, all he needs to do is just really being there; he educates by way of contact.” In the brave digital world, there remains a gap.

By way of technology, we seem to be able to cope with everything. Thus, the Corona crisis hits a society where computers that are more powerful than ever collect more data and information than ever before, where much seems to be simulatable and calculable. However, judgment cannot be replaced by algorithms.

And after all, we must also consider that in the future technology is likely to play an important role in the context of surveying the people, for which “health” or, alternatively, “climate protection” may be given as reasons. Movement profiles and body temperature are easily recorded. Many uncertainties can be solved this way. Exactness and calculability may be increased by the growing employment of technology; life, however, would this way not necessarily become likable and worth living, and liberty would be further endangered by instrumental-technological armament. We must assume that in the future doing without this or that extended option will require justification. For example, owning a smartphone might be a precondition for being allowed to participate in social life and to move around freely.

## **5. On the value of health**

No doubt, health is crucial. Just remember the fact that on birthdays or New Year’s Eve we wish each other good health. “Health is all that matters”, is a statement we frequently hear from parents- and grandparents-to-be.

Quite obviously, thinking and acting in modern societies are closely connected to the issue of health and illness. Even before Corona, the topics of health and illness were omnipresent in daily newspapers and other media. Different formats inform about the correct behaviour during each respective season or, accordingly, at each respective age. To put it somewhat pointedly: “Our ancestors built cathedrals, we build hospitals. Our ancestors did knee bends, we do forward bends. Our ancestors saved their souls, we save our appearances” (Lütz, 2002).

If we look at health policies in recent years, health is considered an important benchmark for relieving social systems. Health-related measures concerning the population have increased in recent years. This is due to the conviction that this way everybody’s wealth could be raised and the equality of opportunities could be supported. There are attempts at maintaining or improving the health of the

population. Measures for supporting health and for the early diagnosis of illnesses are pushed on.

Health maturity is considered to be very important. Each individual is responsible for their own health. Health in this context does not only fall under the scope of medicine but also of the market.<sup>12</sup> These days an entire “health industry” has developed around health, the word “industry” indicating a close connection to economic interests. Services are superior to the actual encounter with the patient. Granted, medicine cannot do without prudent economic planning. However, it must be guaranteed that medicine is an art of healing that is oriented at the individual as an individual; the logic of economy must not be predominant. The doctor-patient relationship has become a service business. Klaus Dörner says critically (2003, p. 7): “Everybody presents health as the highest good, to be, behind this mask, even more, successful with turning everything healthy in our lifeworlds into something ill and thus into something which is in need of treatment. This way the medical system will be able to keep on growing and to become stronger than all other economic branches”. The provider on one side, the client on the other. The fact that medicine is used does not mean that always medical goals are pursued. Thus, the individual becomes an observer of his own bio-rhythms, an administrator of his own health. It is up to him to take care that the right decisions are made, anyway that he is going to stay healthy. Those who succeed at this will also otherwise get along with their life. However, if the role of the individual is emphasized so much, one will soon be under the general suspicion of not doing anything possible to stay healthy. Then, the friendly wish “Stay healthy” soon becomes an obligation.<sup>13</sup> Perhaps even a threat, a threat to be excluded from the circle of the healthy.

12 On this see Maio (2016).

13 As it is well-known, a dubious understanding of health is also to be found in the definition by the World Health Organisation. For the latter, health is “a state of complete physical, mental and social wellbeing and not only the absence of disease and infirmity” (WHO, 2006; 1996, p. 1). Who would like to claim that he is in a state of complete physical, mental and social well-being? Myself, I am a diabetic, but I would call myself ill only if e. g. the flu makes me stay in bed. I have learned to live with this illness, to integrate it into my life. This, I believe, is an important dimension of health. A “state of complete well-being” in the physical, mental and social sense seems to be rather an utopia. Furthermore, I may as well convince myself of being healthy: such as when feeling perfectly well although in hidden parts of my body tumor cells are developing which should not be there.

Could it thus be that the hint at complete well-being overshoots the mark? Is it not that this way an idea is communicated which misses reality? Does this also include that couples without children are absolutely entitled to becoming parents or to having an abortion if they do not want to have children? It seems that this definition opens the door also for offers of desire-driven medicine. Then also the desire to consume medical services of all kinds, to increase one’s own well-being, would be understandable: from health cures (which, in Germany in the 1980s, were demanded by a growing number of people) via certain pharmaceuticals as far as to operations.

If, in this sense, health is stylized as the supreme value, it is in the responsibility of the physician to take care that life will be happy and successful. “The extended concept of health, which seems to make the physician responsible for everything, actually deprives him of his particular responsibility and makes him a functionary of publicly administered “happiness”. However, it is the relative autonomy of specialized fields which only provides the concept of maturity and liberty with its content” (Spaemann, 2002, p. 335). Probably, the WHO in its

Our attitude towards health reveals in which kind of a society we live and move. The possible consequences of a society exclusively circling around health and making it the supreme civic duty are convincingly presented by Juli Zeh in her novel *Corpus Delicti* of 2009. In Zeh's novel, METHOD is the name of a political system where health is the supreme good. Accordingly, one of the tasks of METHOD is the control of lifestyle habits, liberty is considered a threat for society. The health of both individual citizens and of the entire nation is supposed to be improved, which is why e. g. several vital functions must be continuously measured.

*“Our society has made it [...] In contrast to all systems of the past, we neither obey the market nor any religion. We don't need any overstrung ideologies. We don't even need any hypocritical belief in any kind of the people's sovereignty to legitimate our system. We just obey reason, by referring to the fact which immediately follows from the existence of biological life. [...] We have developed a METHOD which aims at guaranteeing each individual the longest possible, undisturbed, that is healthy and happy life. Free of pain and suffering. For this purpose, we have organised our state in a highly complex way, more complex than any other before”* (Zeh, 2013, p. 40).

This is a political, even prophetic book, i.e. it brings up a painful subject and confronts us with the question of how we want to organise our communal life, which values we are ready to appreciate, and what is our idea of man or fellow human.<sup>14</sup> And it confronts us with the question of what a good life might look like and what we should not be if health seems to be threatened. “A society which declares health its supreme good will actually, as a health society and by help of its health system, lose its health. In other words: a system of coping with illness which, as a health system, just aims at unlimited increase, will become a health-destruction machine” (Dörner, 2003, p. 14).

It is certainly correct to take hazards to the body and life seriously, in normal times and especially in times of crisis. If health becomes absolute, however, there results an imbalance. Many people consider health the most important thing in their lives. Everything else comes second to this supreme good: social relations, cultural events, liberty.

Many contemporaries are no longer ready to base their trust in life on any transcendental power. The supreme values of the past seem to be devalued. One wants to live even longer. No longer do we live to live forever. The fear of death has been replaced by the fear of not having exploited all possibilities in life. Today's societies, says Giorgio Agamben, have in common that all they can believe in is

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foundation phase – after two World Wars – did not see these questions. These days, however, the addressed *claim to health* seems to have become an obligation. Everything is under suspicion which is not in line with the norm.

<sup>14</sup> On this see also Zeh (2020).

naked life. For this reason, the people are ready for astonishing sacrifices: from living conditions as far as to religious and political convictions, says Agamben. “Naked life – and the fear of losing it – is not something which brings the people together but separates them and makes them blind” (Agamben, 2021, p. 26; similar p. 44).

However, health is not *summum bonum*, and it never will be.<sup>15</sup> None of us lives to be healthy. Health is not an end in itself. If health becomes an obligation for humans, this is most dubious. Then vulnerability, illness and disablement become something which cannot be and should not be. A society that excludes suffering and illness in such a way is no longer a humane society.

In view of the Corona crisis, we must realize that health does not exhaust itself by bio-medical knowledge. Health is connected to the social and economic, natural and political, legal and religious dimensions of a pluralist society.

If health comes first, this raises the question of the role of those who are ill and invalid. Do they still belong to society? Are they humans of “second-order”? Insofar as the life of a strongly demented person is supposed to “have not the same value as that of a mentally intact person”, healthy people would also have to come first when it comes to the distribution of medicines and vaccines, as Singer (2021) argues.<sup>16</sup> Now, vaccines have their own specific problems, such as the fact that some vaccines are made from the cell lines of aborted embryos. Also, there have been reports about several side effects, including fatal ones.<sup>17</sup> This aspect cannot be discussed in detail here. Basically, however, any human, independent of age or health, has a claim to the same dignity. In view of his inalienable and unique individuality, his self-purposiveness, anybody deserves good and just access to medical treatment.

A mother of three children who is hospitalised because of respiratory problems is as self-purposeful as the 90 years old lady who is already given artificial respiration there and occupies the thus-connected medical resources. In such cases, any kind of utilitarian thinking as well as any weighing of circumstances of life is inappropriate. And certainly, also patients suffering from a life-threatening illness may not be left without treatment, just to have capacities of intensive treatment left. Intensive

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15 In this sense, we may also re-read the following statement by Augustine (n.d., *de trinitate* VIII, 3,4): “Bonum hoc et bonum illud. Tolle hoc et illud, et vide ipsum bonum, si potes: ita Deum videbis, non alio bono bonum sed bonum omnis boni.” (This good and that good, pick up „this“ and „that“ and, if you can, see the good itself; this way you are going to see God who is not good because of any other Good but [is himself] that what makes any Good good).

16 See the Peter Singer on the Corona pandemic (2021) in: *NZZ*, 13. Febr. 2021.

17 By the end of March 2021, there were more than 30 reported suspected cases of sinus venous thrombosis, which is why some hospitals have stopped the vaccination of young women with the AstraZeneca vaccine (*Ärztzeitung*, March 30<sup>th</sup>, 2021). Furthermore, in spring 2021, there are some reports according to which people have been positively tested for Corona who had already been vaccinated two times, which is why the question of a booster vaccination will become an issue.

treatment against a patient's will would have to be rejected, particularly if treatment resources become really tight.

## 6. Medicalization of life and death

Technology has accelerated the lives of humans living today. The invention of a variety of technological products has not only resulted in more efficiency but also in changing values and life plans. Many people have come to feel urged not to miss anything.<sup>18</sup> It seems to be a good thing to make use of as many options as possible, to leave as few as possible unexploited. "This way, the good life becomes an enterprise which is in principle incomplete and will never be complete. Because of this unsatisfiability, finally, the idea of good life turns on itself: due to being futile, the attempt of chasing it results in alienation. However, the post-modern ideal of the good life does not only prevent the good life, it also makes it more difficult to have a good death. [...] Death *must not* be, because fulfilled life *cannot* be" (Hutmacher, 2020, p. 15).

These days, it might be that one dies while being tired of life, but not while being satisfied with life, as Weber (1951, p. 578f.) says it splendidly. "For, of that what is always newly born by spiritual life he does only grasp the tiniest piece, and it is always something preliminary, never anything final, and that is why for him death is an absurd event".

It is not at all that death comes only at the end of our lives. It is always present – and not only because we might die at any moment. Rather, our attitude toward death co-decides about our entire lives. These days one likes to hide death, to trivialise it, and to fight it with all the means available for modern medicine. Sometimes one even tries to overcome it. It is tacitly omnipresent with the idea of absolute health.

The Corona crisis hits a modernity in which (in the Western-capitalist societies) life is medicalised.<sup>19</sup> This is meant to say that everything is viewed according to being supportive of health or not. A number of social and societal phenomena gain their significance from this sanitary view. Sensors help with measuring man, with surveying him. The more is possible for medicine, the higher the expectations. "Incurable is the only obscene word of our vocabulary", as Pascal Bruckner (1995, p. 71) has it.

*"Over time, the fear of being ill has resulted in a boom of the sciences, the progress of medicine creates a really absurd fear of any kind of illness, until we start "suffering from*

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18 On this see Lübke (1998). Hartmut Rosa (2013, p. 40) formulates the above outlined idea as follows: "Always the options at hand are more than the options which can be realized in the course of one individual life."

19 On this see Conrad (2007); Illich (2007).

*our health” [...] Who wanted to be the master of his own fate and of the world becomes a slave of his own fears, has no other source of strength left than the cry for help, and only lives by leaning on the most different kinds of crutches” (Bruckner, 1995, p. 163).*

The medicalisation of life prevents any real way of dealing with contingency, illness, and death (Ilich, 2007, p. 93). However, this then comes also along with medicalisation of death. On the one hand, death is supposed to be made manageable, to no longer be unavailable. It is indeed not supposed to be waited for. On the other hand, it is suppressed, and one tries to postpone it as long as ever possible.

Due to the Corona crisis, there happens ever more comprehensible medicalisation. It is about the function values of bodies, about the distance between bodies. People without any symptoms suddenly start measuring their temperature every day, and in the media, they attentively watch infection diagrams. In this sense, “society as a whole [...] has become a hospital” (Ilich, 2007, p. 119). Even those who are not ill make themselves – or are made – patients. Hygiene becomes a daily ritual to which we are reminded at any time. The individual loses his *conditio humana*, and becomes *homo medicandus* (Ilich, 2007).

## 7. Prospects

The Corona crisis shows different facets, which is why insights from different fields must be contributed to our considerations. It can hardly be denied that a crisis comes along with difficult and far-reaching political and social decisions.

Life without risk is simply impossible. Just the same, we cannot insure ourselves against all imponderability. Not even referring to a good cause is sufficient for justifying a human action or a political measure, which may *per se* be connected to risks and side effects. Fencing off a nursing home for old people from other people, potential virus carriers, may result in a degree of solitariness for these people which is not good.

Risks must be weighed prudently. If a realistic estimation is not possible, such as because of the novelty of danger, we must assume the biggest-possible damage and must, in this sense, pursue the goal of minimising it (Nida-Rümelin & Weidenfeld, 2021, p. 41). However, we are not allowed to “burden individual people with additional risks in order of protecting others – such a way of setting off against each other would be a violation of the ban on exploiting people” (Nida-Rümelin & Weidenfeld, 2021, p. 24). If somebody is supposed to be burdened with additional risks, the consent of this person is required (Nida-Rümelin & Weidenfeld, 2021, p. 53).

Political decision-making must be transparent and comprehensible. There should also be the possibility of revision. Measures to be taken must be decided within the scope of health, legal, economic, social, and political dimensions.

Debates on the future, on alternatives, on the values connecting us, are not immoral precisely in times of crisis. The exchange of arguments remains indispensable. The goal must be the preservation of our liberal community of law. It requires judgment to weigh the consequences of political decisions and possible hazards. Principles of justice such as basic rights should be maintained. “Judgement, however, requires that we shall not be deprived of our capability of criticising and of commenting ourselves, without conformism and even in times of fear” (Nida-Rümelin & Weidenfeld, 2021, p. 94).

We must relate ourselves to our fears so as to learn how to cope with them. There is no world without illness or suffering. Promising such a world would mean man’s self-negation. Contingency cannot be shed, rather we should attempt to creatively integrate it into our own life plans. We must become aware of finiteness. Instead of banking on fear, we should bank on hope, instead of banking on ever more bans, we should bank on a culture of self-responsibility. Against these backgrounds, both those philosophical and spiritual traditions that know about real life must be taken into account. They also know that every person we encounter something which is unavailable and cannot be swallowed up by any kind of virus in this world. Man as a free being must always come first, viruses must come second.

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## Koronakriza: Pokušaj filozofske orijentacije

### SAŽETAK

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Najkasnije od proljeća 2020. mnoge stvari nisu kao prije - stvari su doslovno poremećene. U vijestima pretežno prevladava jedna tema: virus službeno nazvan SARS-CoV-2. Rad sagledava koronakrizu s etičko-filozofskog gledišta. Prvo će se raspravljati o različitim izazovima i dinamikama krize. Ako se političko donošenje odluka vezano uz nošenje s krizom bude događalo često oslanjajući se na znanosti, time će se istaknuti zadaci znanosti u našem društvu modernog znanja. Rad će se zalagati za izražavanje različitih perspektiva koje su nam neophodne kako bismo se ispravno nosili s krizom. U ovom se kontekstu posebno naglašavaju eksplicitni i implicitni osnovni društveni stavovi, poput stava prema smrti i prema rastućoj medikalizaciji života. Na kraju ćemo se pozabaviti pitanjem izgleda za budućnost koji djeluju obećavajuće.

**Ključne riječi:** koronakriza, vrijednost zdravlja, medikalizacija života i smrti.