The shock of vulnerability: philosophical contemplations on death and dying during the pandemic, in conversation with Michael Cholbi

You are one of the founding members of the International Association for the Philosophy of Death and Dying. I was wondering what the main questions in this field are.

Death and dying is actually one of the oldest and most pervasive concerns within philosophy. In fact, virtually every philosophical tradition explores how human beings should relate to death and mortality. Plato even went so far as to say that philosophy's purpose is to prepare us for death.

But over the past half century, the philosophy of death and dying has undergone a renaissance. Among the main questions about death and dying that philosophers explore are: Does death represent the end of us, or could we survive death – perhaps even become immortal? Should we wish for such immortality? How ought we feel about the fact that we are mortal? Does death itself merit fear – or some other emotional response such as anger or gratitude? Does the fact that we die threaten the prospect that our lives can be meaningful? And is death bad for us, and if so, how?

Death and dying is also a very vibrant area of research because it cuts across various subdisciplines within philosophy, including ethics, metaphysics, political philosophy, philosophy of medicine, philosophy of religion, even philosophy of technology.

During the pandemic, we are experiencing a new form of

relationship with death. Every day, we see our friends and family members or those of others passing away, at a distance from us. We cannot attend family ceremonies, and even sometimes we need to mourn in isolation. This is somehow a new experience for many of us. How do philosophers help in this hour of need?

Most people in prosperous modern societies can effectively keep death and mortality at arm's length: Death is an infrequent event that happens behind closed doors, usually occurring with plenty of warning (most people die of long-term chronic illnesses rather than due to accidents or infectious disease). The Covid pandemic has upended these expectations, and in so doing, intensified what psychologists call 'mortality salience,' that is, our awareness of our own vulnerability to death.

Ironically though, while the pandemic has brought death nearer, it pushes the dead and the dying farther away in many respects. Family and friends are barred from physical proximity to the infected, and social distancing necessitates that we grieve at a distance as well. For many, these experiences of others' death and dying are jarring, even traumatic. What we see in the pandemic, arguably, is individuals being deprived of opportunities to achieve the goods of grief. And that's where philosophy enters the scene to help us make rational sense of the world and our experience in it. In this case, philosophical inquiry can help us clarify what is ethically at stake in grief and mourning by situating them within larger evaluative frameworks. In other words, philosophy allows us to see what is good about grief and mourning and hence to pinpoint what the pandemic has deprived us of in that regard. More constructively, philosophy can help us sort through the social and political imperatives left in the pandemic's wake, including developing practices that foster the goods of grief; implementing policies that ensure just and equitable access to those goods regardless of one's

social station or background; and ascertaining how communities should commemorate the pandemic and memorialize its victims.

It has been said that ‘philosophy begins in wonder’. The current extraordinary situation makes us think about the things we took for granted in the pre-pandemic world; such as the importance of access to the dead body of the loved one. I know that in your forthcoming project at the University of Edinburgh you are researching this topic as well. Could you please share some of the ideas of your research with us?

My existing research on the philosophy of grief proposes that grief is our response to how our worlds and our identities are altered by the deaths of those in whom we are emotionally invested, and more specifically, how their deaths compel transformations in our relationships with them. In my future research, I’d like to understand better how rituals and other social expectations serve to facilitate those transformations and thereby foster what is valuable or important about grief. In the case of physical proximity to the corpse of a loved one, my hunch is that this often allows a bereaved to relate to the dead in a state where they are neither alive but also not yet fully departed. This might make the needed transformation in their relationship with the deceased less abrupt and allow the bereaved to begin envisioning the role the deceased might play in their life henceforth. More broadly, I’m hoping that interdisciplinary research in collaboration with Edinburgh colleagues will allow me to articulate the clinical, therapeutic, and institutional implications of the philosophical theory of grief I’ve advanced in my research thus far.

The interdisciplinary approach to this topic is quite fascinating. While anthropologists are studying the funerary rites and rituals of grief, the medical scientists are more focused on the biological aspects of death. In what ways could these fields help philosophers in understanding death or grief?

There’s a useful division of labour between philosophy and other disciplines when it comes to thinking about death. Other disciplines are sources of data about how death is understood in different cultures and institutional settings, data that philosophers can employ as evidence in inquiring into death’s significance. Without that data, philosophers would have little to go on – but without philosophy, we’d be confounded in our efforts to understand why death is such a central part of human life.

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Covid: Scotland must learn from testing system failures to ensure mass vaccination is a success, by Alice Street

The greatest danger to any vaccine rollout is that the same shortcomings resurface.

With so much attention focused on the threat from anti-vaxxer conspiracy theories, the risk is that more prosaic, and potentially more easily addressed, reasons people don’t get vaccinated are ignored.

The burden that Covid-19 testing is placing on the public is

unprecedented, and there is much we can learn from our recent experiences. For the first time in medical history, individuals are being expected to interpret symptoms and determine whether a test is needed – judgements that are traditionally made by a clinician.

Moral dilemma about a ‘continuous’ cough

People are being asked to book their own test on a website that repeatedly freezes, or sends them to a test centre more than 100 miles away. They are being counted upon to extract swab samples from their own throats and nasal passages, or from those of their children – a procedure for which they receive no training and which, sometimes, they experience as traumatic.

And it doesn’t stop there. They are then expected to put their life on hold while they await results and to self-isolate for even longer in the case of a positive result, often at great personal and economic cost.

Along the way, people must navigate multiple uncertainties and moral dilemmas: When is a cough ‘continuous’? Should a child who develops a fever after routine vaccination get tested? Can travel guidelines be broken to enable someone to reach an allocated testing centre? Should a scared child be forced to be tested? Can a negative test result be trusted when the sample extraction didn’t ‘feel right’? Should a child with a positive result be sent to an ex-partner who has shared custody, but whom you do not trust to self-isolate?

At every stage in the testing process, vital clinical, logistical, and administrative work must be undertaken by the person seeking a test. The emotional, economic and social toll of testing can also be substantial. But guidelines and advice frequently present testing as straightforward and fail to appreciate the burden of work placed on members of the public.

Uncertainty that undermines public trust

Research that my colleagues and I have carried out on public perceptions, expectations and experiences of Covid-19 testing in Edinburgh and the Lothians has been enlightening. It shows that people are overwhelmingly willing to contribute to a society-wide effort to curb the spread of the virus.

People put a value on testing not only for its public health benefits, but also for the reassurance it can provide and the intimacy with friends and loved ones it can permit. But the everyday obstacles that people encounter in their attempts to comply with testing guidelines are many.

It could be the difficulty matching actual symptoms to the testing criteria, the challenge of organising transport to a testing centre, the uncertainty over whether they took a sample properly, or the social and economic toll of self-isolation. All can lead to the perception that guidelines are impossible to follow and undermine trust in the government's response.

Our research shows that more needs to be done to cater for real-life circumstances and to show appreciation for the contribution that people are making to a society-wide effort. This might include better guidance for interpreting symptoms; better information materials to prepare people for a physically invasive testing process, especially in the case of small children; more convenient walk-in testing centres, particularly in areas where car ownership is low; and enhanced economic support packages for self-isolation.

Ensuring a successful vaccination system

Acknowledging that some of the things people are being asked to do might be difficult can also go a long way to ensuring that they feel their circumstances are being understood. Even small inconveniences and discomforts can feed uncertainty and weaken trust that the government is in touch with the realities of life under a pandemic.

In response to reports of positive results from vaccine trials, the Scottish and UK governments are gearing up for a rapid, mass vaccination programme. Testing will still be important because the vaccine rollout will be gradual and coverage will never be universal. But it is also essential that the lessons learnt from Trace and Protect are not lost.

Much has been made of the anti-vaxxer threat, but it doesn't take vehement belief in conspiracy theories to miss a vaccination appointment. It is possible that the greater risk comes from far more mundane challenges, such as how to take time off work to get vaccinated, how to rebook a missed appointment, or hesitance about the safety of a rapidly developed novel medical product.

Simply telling people they 'should' get a vaccine without acknowledging these obstacles and uncertainties is likely to be as successful as telling people they 'should' test and self-isolate without providing the support to do so.

Our research has taught us that most people want to do the right thing and value the social solidarity that comes from a collective pandemic response. This ought to provide the foundation for a hugely successful testing and vaccination system.

For this to be possible, people have to be trustful of those in government. But it also depends on governments trusting that people are doing their best, and that when they fail to 'comply' with guidelines and expectations, there just might be reasonable grounds.

Understanding and addressing what those 'reasonable grounds' might be will be crucial to this next stage of the pandemic response.

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