

CORH Values – Season 1, Episode 3

Andrew Flescher on Ethics During the Pandemic

We are joined by Dr. Andrew Flescher of SUNY Stony Brook who talks about the ethical problems that arise in a pandemic. How do we decide whom to treat? How do we balance our rights as individuals against the welfare of the community? What are the weaknesses of a money-based healthcare system?

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Transcript:

Welcome to CORH Values, produced by the Department of Comparative Religion and Humanities at California State University Chico. I'm your host and chair of the department, Daniel Veidlinger. Okay. Our guest today is Dr. Andrew Flescher, a former colleague at CSU Chico, where he taught religious ethics. And since 2009, he's been at the State University of New York at Stony Brook, where he has core faculty in public health. And he's also a professor in the program of family population and preventative medicine, as well as the Department of English. His many books include the award winning moral evil. And his most recent book is The Oregon shortage crisis in America. Well, Andy, welcome. There's a lot to talk about. We've got two epidemics scourging our society right now. One is the COVID virus and the other one is politics. A lot of seals. Sure. I'm working on a few things. The first is a project that I'm actually undertaking with colleagues in public health. We're poised to submit a big grant where we probe the risk assessment and explore the costs of social distancing. The way that this debate seems to be presented. You talked about a virus of politics. And actually I thought you're going to say a virus of misinformation. But the very simple dichotomy and be presented in the media is, on the one hand, a draconian attitude of lock down, which is sort of comparable to a austerity in some respects, we all their pain right now until a vaccine comes or until this virus, somehow a base versus motorcycle freedom lighting through the heartland without wearing masks. In both of these approaches don't really go for a win-win. Of course, what we'd like to do is open up and be free, but in a way that's safe. And some people have looked at this epidemic as just a matter of saving lives and reducing morbidities in the long-term. But they're all other sorts of costs that need to be considered. Child abuse, domestic abuse, depression, especially in the elderly. All the other underlying conditions that aren't being treat because certain hospitals are populated with COVID patients. And of course, the massive issue of an economy that's shut down and all of those social disparities that become exacerbated under those circumstances. One of the best places to begin first series such as this one, is to sort of draw a connection between public health and my former area, which I miss a great deal. Computer villages, epics, which is the idea of exploring the tension between the individual who is looking to find expression in the public square. This is a huge issue in religious studies because to what extent SHE global communities defer to people who practice local customs when those local customs bear on the larger set up mores and values held by the larger global setting. And of course, in a more concrete way in or at least the more applied way in public health that comes to the fore when it comes to vaccines. Should people be forced to have a vaccine when there's one available for diseases that are very dangerous and that spread fast. How is that question answered in school settings? Question answered in healthcare settings. So the same issues, the same old issues that animated and preoccupied me back in the days when my principle area focuses religious studies still do, which is, what is the role for individual expression for the freedoms which we prize, particularly in an American context, when there are larger global issues to consider this credit card right? To health care reform. It pertinent to drink water. I like how you're drawing the big picture that you've looked at ethics in general into the events that are going on today. Because I was going to ask you a little bit about the simple problem of wearing masks and what rights governments have to require us to do that. But you've made me now realize that in fact, this is a much bigger problem. It ties into the basic question of the individual rights versus the states rights versus the obligations that one has to society. Maybe talk a little bit more about that. What is the argument? Let's forget masks a little bit, but let's move on to vaccines. And it ties into similar issues. Because on one hand it's a personal choice, but it affects the community. So what is the

arguments against people who refuse to wear a mask? So I'll say, I don't see why the government has the right to tell me what to do in these circumstances. There are different cases and they're all complicated in that threshold. For parents. It's different in each case, just dragging the log and it probably wouldn't be interesting because when you've got the MMR vaccine, you've got a very deep and extremely effective back theme to a maximum. And, you know, we can't do our jobs without having shown proof of MMR vaccine. Kids can't go to public school systems and avail themselves of those public spaces without having shown evidence of MMR vaccine because of a cost-benefit analysis. Where getting the vaccine seemed to be something that, you know, all other things being equal. But unless you've got show analogy and those are very rare, allow rarer than amortized. You're compelled if you're going to utilize public resources, to give back to the public in that way with actually is a little different. It's not quite as effective. Update 80% effective. It's still extremely effective because when the vaccine is effective on the individual level, you're reducing your chance of getting sick with this 50 percent. And when that term is used in a population level, the prevalence of that disease and society will be 50 percent less. So based on the effectiveness of a vaccine, again, dite years particular set of streams. But it's not considered to be no brainer enough, no effective enough persuasively in terms of defining penalties for those that don't comply to make it required. And then finally, a potential COVID vaccine that's being streamlined. Different sorts of questions begin to arise. Is it faith? But again, the stakes are much higher and because this is the WWR disease by multiples than the flu. So again, you've got this empirical piece and then you've got to weigh it against the values that a society to spouses. And this is interesting. One of the things that's counterintuitive about a vaccine is that you're making decisions on behalf of yourself and your children. But in so doing, because of the nature of the way infections are spread invisibly and suddenly in some cases, but still very effectively from the viruses point of view, you're also simultaneously making decisions on behalf of other people, in other people. So what gives you the right to do that? On the other hand, what gives someone the right to deprive you of certain basic liberties? Go and do as you feel with regard to your own body and a mask that's attached to one's body or a needle that goes in one's arm. It by extension part of one's body. It becomes a very tricky issue, especially in a place like the United States of America where we are more individualistic than other places. For sudden people, health is not the highest priority for smokers elsewhere actually, America does very well on smoking. Sort of a mystery. But for some people, that, that's not the most important thing. How one to live one's life and in how 12 able in the moment to express freely who want IV is more important even than one's own AMI out the help of others. So it becomes very complicated very quickly. How do you craft public policy? How do you legislate in such a way that you get the right balance of both things. And I suppose the side you come down on, these kinds of arguments says a lot about your overall outlook on the world. So big moral questions come into play when we're looking into these particular problems. Absolutely. There's a reason that South Korea is doing so well. There's a reason doing so well. With regard to this virus in South Korea, early on, you had mandatory testing and quarantining, which is the gold standard for contact tracing. The eyebrow, that requires across-the-board compliance. Especially if you're on a militaristic society and South Korea is not, you have to have collective buying. A sense that the communal good outweighs individual preferences. It's a lot easier for this to take place in a part of the world like China, where you've simply got martial law. So regardless of whether or not you've individual preference, you've got the strong the government that with or without deference to human rights will make sure that contact tracing and especially isolation and quarantining is, is upheld. But in other parts of the world that more resemble our democracy, or at least what we think of as our democracy. That is not going to work unless you've got bottom-up buy-in, and yet you do. And so it's a remarkable thing. I think fewer than 500 people had died in South Korea. That in the market, nano can contrast that with the 25 to 26 thousand that have died in the United States, both countries saw their first cases within two weeks. So it's been in each country for about his lungs. By, I mean, it's been everywhere for amount of Wang was just in China. Became an issue in China in November, right? Apparently did earlier than we thought. And the Ashby a vaccine should be noted. There's never been a vaccine for coronavirus. That said in 2004 when sars hit the scene. We were very close to a vaccine. They may already exist. In fact, I'll put the virus went away on its own before it became pertinent to have one. Yeah, Hi. Sad about about COVID-19. Is that you've got this sweet spot of, of a threat for, again, from a buyer's point of view, on the one hand, it's not so badly that it won't take hold in many home. The more it gets out. But it carefully enough that it's a real manner. As opposed to yell back legal thought. Being that the edge so badly that it's a no-brainer to shut everything down. And that original file that came in the 2003 and that one, I think killing about 25 or 30 percent of the people who got it right, it should lead to its own extinction. There's anything

beyond our immediate attention to the crisis that Ebola is not yet God now, right? It just kills people to spread. Is that if you did something like that, I think Americans would probably be much more willing to Andy Grove. Draconian rules are interesting question that you know that there's a reason why the particular conspiracy theory that this virus has created the lab is so compelling. It's almost as if it were designed to Americans. Tocqueville could have told us over 200 years ago. Are people that like to set their own course, that are, are pursuers in choosers of their own destiny. That are going to be our critique, the resistance society to compliance when it comes to collective action of any sort. Do you ended up writing a book about it along with downwards in your colleague and partner in crime. And I'm wondering, since you've thought a lot about Otsu's, do you see altruism as coming into play is motivation. People to wear masks. So I have the vaccine, even if they don't feel the need themselves, but they want to help out, CIF becomes an entirely different question and you're asking me at a time, when I maybe set a world record, at least in terms of my own, my fans finishes with regard to what people are capable of. And try not to refer to the upcoming election. In a vacuum, kind of a million people could vote for certain. If not, make me feel bathed in the warmth of the altruistic character of that people just denotes that shed. One of the theories of altruism and it's 12, which I'm attracted is that we, we sort of learn from the ground up what it is to show compassion for someone else and do compassion for someone else by knowing people who are undergoing a predicament where we see their pain and suffering, where we actually become concretely aware of their plight. It's not just an abstraction. And one of the things that we know to be true about this virus is that it's not political. It's going to afflict people on both sides of the aisle. Maybe to a larger extent, although not massively to a larger extent. It will even afflict those that tempts themselves to become afflicted by violating the certain mitigation measures that Dr. Fouchier and others have tried to get out there when you initially began a program and you said we're contending with with more than one virus. I thought you were going to mentioned the virus with misinformation. And there's lots of things that contribute to that. On the one hand, there's deliberate misinformation. On the other hand, when it science what you know, you don't know right off. Our most trusted man in America though, the current Walter Cronkite, Dr. Fouchier, with telling us not to wear masks early on? Yeah. I'm part of the reason that is because there was a shortage of masks for the people that really need them. That truth coming to the surface, whether it was the World Health Organization reason or our political reasons, or we just simply hadn't studied the matter enough. You know, whatever the reason an 888 lead a mistrust very, very quickly and spreads almost as fast as COVID itself. Because when people think that we're being lied to for, for strategic reasons than men. It should not be quite right. Yeah, I think a problem in our society is that there's a bit of a worship of the experience or the guru who knows everything. And when a real scientists to you is precisely somebody who doesn't know everything, exposes how research operates to the general public who are not that well trained and that way of thinking. They'll say, Well, he said this and then he was wrong. So he said that a few months later. But those in the know who understand that, that's how knowledge progresses. But those who are not in the know don't realize that and they're constantly bombarded with the idea that, for example, in the stock market there's gurus like Warren Buffett who gets everything right. But when you get something wrong, they think that there's something wrong with you and that it's a character flaw. You see it all the time. See a CEOs of companies will make mistakes and then the next day they're fired, they're not given a chance to correct the mistake. And this is obsession with being right all the time that many people have. And I think that leads to a lot of problems in society and how we understand that. I couldn't agree more on our fish has occurred to you to buy. There's another knife analogy between public health and religious studies. We talked about the one earlier of weighing individual liberties against the public good, right? How do you foster individual expression in the public square while others, what you just referred to as who are authorities. Then of course, there's a massive question of Religious Studies and the end historically accountable for the Reformation, right? You want to cut up the scientists have to work could be construed as the Protestants who thought that mediation wasn't unnecessary. Middle stop. That. People can go. Well, there's one topic I want to talk about that you've done some research on, and you probably know more about this than most people. And that is the question of triage, for example. So you have limited resources and let's say you have an older person in their 70s and they have a serious case and they need a ventilator, it's unlikely they'll survive without it. And let's say you have a younger person in their twenties with their whole life ahead of them and they have COVID and they're having difficulty breathing. And they probably should be put on a ventilator, but they'll probably survive although you're not a 100 percent sure without it. So how do you make a decision in this case about who gets it? Is it just based on who needs it the most? I want to answer this question in two ways. You're asking a question as are all triage questions. You're asking a question about

resources. How do you allocate scarce resources in unusual circumstances, circumstances of crisis, right? Sort of question that arose after Hurricane Katrina memorial hospital, where all the physicians flat except for the one or two that stayed behind the chief of which cup off on murder charges because she divided people into three classes of individuals most likely to live in Middle East, likely to live and open, engaged in a form of pyramid, keep pain, killing, giving sedatives onto death to those that for all intents and purposes weren't going to make it anyway. I'm those charges were later dropped, sort of decision. This is Dr. Anna Puff. You know, I actually thought she was heroic for staying behind. She followed doctor you from the plague. You don't flee to randomize as you stay behind and she got punished for it the best. But she could. Same sort of question. Although it's different because, you know, she actually had more knowledge at her fingertips than we did at the outset of this crisis with regard to what is the prognosis for somebody who asked to go on a ventilator for COVID. And of course, there's all sorts of Monday Monday morning quarterbacking when it comes to medicine? Yes. So little, you know, at the outset we talked earlier about, about mask wearing. My attitude towards this is not to hit the elderly against the young. To make assumptions about who has more, most life years. Lap. And I actually wrote the dean of our medical school e-mail to this effect and weighed in with the Hospital Ethics Committee as well. My attitude at the outset before we were able to produce enough mental layers that to a certain extent this question would become in time, move in a developed such as ours, but it wasn't, there was a scarcity of resources. My attitude was forget about who's coming in and everybody who's coming in, you give them the shot to improve with the ventilator on that, I didn't want to ration on the front end. In other words, I want to do to peak universal disposition of a yes to everyone coming in. But after someone's been on a ventilator for six weeks plus, and you look at the numbers of people surviving after they've been on a ventilator that long. If it should come to it, which it never did. Stony Brook, thank God in a really hasn't come to it that much in the United States, in fact. But then if you have to go there, God forbid it. Do it on the back-end. You don't look at who it is that needs the ventilator. You look at simply the detail of how long they've had to be on the ventilator and you take people off the ventilator. That would be my way of approaching this. But really the more honest way. And this is the second way I want to answer the question. And it gets back into our overarching question of, of, of the, the connection between public health and religion or religious studies. Or religious ethic is, is how do you deal with a society in advance such as able to cope with crises as they come along. I mean, one could characterize virtue ethics as this very enterprise. The idea of perpetuating herself, whether it's an individual or a system to be prepared to deal with the crisis. And it's really, as Bernie Sanders and Elizabeth Warren would say, just an embarrassment that we are the only society in the world are clearly the most conspicuous deciding the world. That is not collective is that it's not communitarian and it's thinking about attending to its neediest members with regard to health care. That many different versions of, of universal health care, but, but pretty much everywhere now in the world, all the developing companies in the world have some sort of robust version of universal health care, except for the United States. There's also, with ethical arguments. Aren't wall traditions, religious traditions on behalf, even, even pragmatic arguments on behalf of arguing from a universal health care. I mean, if you're if you're entertaining, I do. I mentioned a few. There's Emmanuel CO2's going along with Aristotle, one of the most seminal figures of the Western philosophical tradition and cons, idea of the categorical imperative, which bore down basically means one shall my makeup oneself an exception. And John Rawls's idea of the veil of ignorance. Take the baton from cotton political theory that if we didn't know anything about ourselves, what would we want for every one of these universalist federal ways of looking at things, wouldn't want anyone left behind. One never knows where one will stand, what idiosyncratic advantages one will have and one would want another to be protected under that. To borrow Rawls's term, a bill of ignorance. Utilitarianism, the different ethical framework, greatest good for the greatest number of people. Again, which, which is the go to Rubric for medical ethics. A clearly argues on behalf of some form of universal health care. Or the idea of stability or virtue ethics, which is my go-to ethical framework of choice, which can be traced back to Aristotle. It's unbecoming of the virtuous society not to fleet tooth least well-off members. There's an ethic of care forth in religious and moral traditions, Lucan in the Christian tradition, which is the Good Samaritan parable. Martin Luther King was known to talk about the gospel in reference to caring for the least that the rabbi Hillel famously said, If I am for myself alone, one I might have, I'm not for myself, who will be for me? And most importantly, if not now, when foggy output carry from the Muslim tradition, None of you truly believes until he lost his brother when he loves himself. So there are ample resources within all the major Western religious traditions and thank the Eastern traditions to have some form of healthcare. There's a natural light rights tradition, usually libertarians and both natural rights to say that knowing can

encroach upon my poverty. Actually a, John Locke said, others have a right to our surplus A-Z. He actually use that word surplus. That we, that there's, there's an invisible Notion beyond which we're living exhaustively. That wasn't the treaties of human nature. And then there's, of course, pragmatic arguments that support this by just sheer reciprocal self-regard. Who get sick of a lottery, anybody could get sick and trying to game the system. And then the idea of affordable health care act, which we undermined by Trump. Finally successful in 2017 when it got rid of the personal mandate, was that, you know, you, you would not have adverse selection because everyone would have to buy in, just like certain towns where people pay for taxes even have been on a, people have kids eat because they want to live in a town where all the children are being educated, that's better, yes, exactly. That's a really good point. Individuals in the public square, but that's not the only pragmatic argument. In fact, they just refer to a lot better off if societies healthy, right? He's with regard to it, diseases as we're learning now and preventive medicine, child air. And then finally, we need to afford health care, which means holding folks accountable for the service they're already using. If somebody gets hit by a car, they're not going to be woken up, but they can't be woken up in some cases to probe whether or not they wish to be taken to the emergency room. They're going to be taken to the emergency room. And taxpayers are going to pay for that. So pleased to have a society where we don't have freeloaders. You're noticing there's a theme here that we do have a, a robust kind of default, deference to the public square, to the global, to local. I should defer to the global data. We should get rid of individuality altogether. I'm not advocating martial law, right, of course. Well, I'm from Canada and we, as you all know, have government run socialized medicine, or you could say single-payer system. And it basically where it's quite well. But we have these exact same arguments in the sixties. It wasn't always this way. This was all played out in the Canadian political sphere. And the idea of having a single-payer system was instituted in it one. But my father was a doctor and in fact, he used to work at the Toronto Free Hospital for the consumptive poor. Like that's Dickensian name. It just shows the nature of the health system before socialized medicine, but it does show that people felt it was important to have a hospital that you could go to before socialized medicine. And there was a concern amongst people in society where people felt that was important to have access to medical care, even if you couldn't pay for it. And of course in America you've got a well-known hospital, St. Jude's Hospital for children, where treatment is free because people feel that healthcare is a right and it's necessary to provide it for people who simply can't afford it. I'm unclear what will happen in the elections if Biden were to win, how much you would go down the path of a single-payer system. Some people say he will go down that path a long way and try to institute it. Others say they will just be tweaks to the system of Obamacare, that's out. I don't think you're going to do anything. I think it'll either prevent further from getting darn. I don't do any. Gregory much into 2020. Q. We represent Republican. Well, let me finish off with a question that poses some work that you've done recently on organ donation. And just ask you about people who say that socialized medicine is maybe a nice idea, but we do have perfectly fine hospitals that operates basically on a capitalist system. And capitalism is great at making a successful society just look at as compared to Venezuela, Cuba for example. So why can't we just have a capitalistic medical system and those who can pay for a good quality care can go to the best hospitals. And people who can't afford it can just go to cheaper hospitals and they can go there. And of course, we have an insurance system that works in its own way. And what's wrong with you? I started on Oregon's, I'm going to say unless you start putting a price tag, an orange. Fortunately IV our capitalist society themes that illegal at that, that's illegal in every country in the world except for Iran. And in rand, it's highly like the highly regulated. It would not be so regulated the United States if it became legal. But that said, by it became legal. There's all sorts of very compelling circumstantial evidence to suggest that money can be a motivator because the minute a price tag was put on something, it would deprive the giver of the ability to form an altruistic identity. You asked about altruism earlier. In all sorts of comparable experiments. People are motivated by the idea of giving for the sake of giving. And it turns out that assignee and contractual nature of things crowds out the more honorable motive. It's on a pragmatic level. It doesn't even work. I'll just give one brief example of that. There was a guy named Richard Timess. He wrote a book called The gift exchange in 1970. He, what he did was he compared blood donation rate in the United States between the years 1946-1968 and in England and Wales in that scene, 22 year span. And he discovered that in the United States where it was legal to sell blood, you nearly as much participation as you did in England and Wales per capita where it was illegal to sell that though. And any came out with that, the famous crowding out thesis. Well, I'll just give you one more example in case you think that's anomalous or some harmless reported. High in Switzerland is a place called Wolf in, She's in Switzerland. And Wolf and Shizhen is this mountain town. Like nearer proposed nuclear waste

facility, is it turns out that people in the Wolfian she's worked were contacted by the government, transparent government, wrote letters to all the adult saying, We're thinking of doing this or with it. And that there was an economist named Bruno Fry who, who study this, who quantified it all. Turned out, believe it or not, showing the evidence that it wouldn't eat it to their danger that they might incur some economic costs because the reputation of living in a nuclear waste repository. But there wouldn't be any health dangers. Bullied up a fight over 50 percent of the townsfolk are okay with this site. That wasn't good enough dough for the government. So the offered a sweetener. They proposed, well, how would you do that? Have we paid you 2000 dollars and they calibrated up by 2000 up to 8 thousand. The response rate. From 50.8% to 24 percent in one stroke just by offering that financial incentive, less than half as many people were interested. Why? Because it's counterintuitive answer is because the minute money got involved, a different part of the brain was active. Right now it's a question of, what am I not realizing here? I have a different psychological budget. So there's initially it to the final general point I want to make about the oft uttered claim that you'll kill the American system if you go to a single-payer universal versatile help, do that, there'll be a brain drain that people are motivated by money and you'll get the best depending on how much you pay them. Well, first of all, that doesn't account for a fine fellow like you chose to get a PhD. Life due to a Wall Street tycoon Glover of an overworked, under appreciated, jolly professor. Now we know there's more detail than that. We know that have some entrepreneurial ideal, isn't it? At the bottom line is that there's no amount of money that would take Danielle away from his calling that the world is benefiting from Diego being right where he should be. That no matter who it is, that money is not demoted rate over that we think it is, that it becomes fill in the united for cultural reasons that are self-reinforcing. That there is a threshold below which there will be a range ringing. But you don't have to go the extreme in the opposite direction. Michael Moore made this point better than anyone ever could've movie Psycho. There's a concept called satisficing, where when you exceed that threshold of the minimum and you pay people enough. Turns out what matters most to them is that the, the matter by other people that they serve society well on their own capacity. And that there should be no reason why position don't go through the same sort of psychological, the experience of reward as we do as professors with one important qualification, namely that they don't go into massive debt going to medical school. Now that's a big qualification and I'm certainly in favor of raising taxes just enough so that that is accounted for. We basically have people satisfied being paid with you and I are being paid what doctors frankly are paid in other countries provided that they don't go into debt getting there. Well, there's a lot to soya sauce on the subject. And I wish you the best. Thank you, Dr. Daniel, if you'd like to learn more about the Department of Comparative Religion and Humanities, please go to our website at CSUChico.edu/slash/CORH. That's [CSU CH ICO.edu/slash/CORH](http://CSUChico.edu/slash/CORH). I want to point out that the opinions expressed here in do not necessarily reflect those of the faculty and staff of our departments. Dr. Andrew Flescher with us. And he used to be on faculty in Chico. And now he is core faculty with SUNY, you've got such a long title I won't attempt.