

Adam, M. B., and D. L. Clough, 'Pre-Pandemic Ethics: Triage and Discrimination'.

***Crucible* October 2020 (2020), 49-56.**

[p. 49]

At the time of writing, parts of the United States are exploding with protests against yet another police killing of a Black man and against the 400 years of systemic oppression, abuse, deprivation, and murder of Black people in a country built on slavery. In response, some British people are calling attention to the United Kingdom's participation in the slave trade and the racial and ethnic discrimination that continues today. Concurrently, the UK COVID-19 death rates are disproportionately high among Black African, Black Caribbean, Bangladeshi, Pakistani, and Indian people, in the UK (OFN 2020; Platt & Warwick 2020), as well as among care home residents, carers, essential workers, and people living with disabilities and pre-existing conditions. The effects of the pandemic demonstrate the systemic social disparities of life and death in the UK. This is the context in which the authors consider Christian pandemic ethics.

Earlier in 2020, the authors argued that medical triage in pandemic crisis should aim to save as many lives as possible (Adam and Clough 2020). When the need for ICU beds and specialised treatments overwhelms the available resources, triage should prioritize the patients most likely to survive and recover with short-term care, while offering palliative care for those who are less likely to survive, or to recover without long-term care. This practice is neither desirable nor supportable except as an emergency measure. Pandemic triage designed to save the most lives accentuates already-prevalent discrimination against those who have the least protection from COVID-19. It perpetuates the privileges of white, wealthy, and healthy people, and increases the vulnerability those in greatest need, thereby

[p. 50]

reversing the goals of Christian discipleship. 'Christians should be very uncomfortable with any shift from ordinary time ethics to extraordinary time ethics, when that change diminishes the importance of claims previously determined to be essential' (Adam & Clough 2020). To minimise malign effects, triage should not extend past the pandemic crisis, so that all patients in need can receive life-saving treatment as soon as possible, including those with less promising prognoses. Here, the authors shift their focus from pandemic triage ethics to pre-pandemic ethics: ethics before this pandemic and before the next pandemic. Triage to save the most lives may always be necessary in extreme crises, but pre-pandemic ethics can diminish both the need triage and the effects of its injustice.

The COVID-19 pandemic is apocalyptic in the popular understanding of an

unprecedented (in recent history) threat to ordinary life, and in the fictional accounts of murderous zombies, alien invasions, and global population decimation. This pandemic is also apocalyptic in the theological sense: it reveals what is ordinarily ignored or unseen. It unveils 'pre-existing systemic human injustices that demand our urgent attention in order to avoid returning to our pre-pandemic complacent acceptance of them' (Clough 2020). The theological apocalypse of COVID-19 reveals the broken social structures that cause more suffering and death to those already suffering the greatest, and it exposes the agents of that brokenness. Christians who are committed to discipleship must respond to pandemic apocalypse by seeing the brokenness that has been unveiled, and by reversing the hierarchies of privilege.

The COVID-19 pandemic reveals the widespread, pre-existing, preferential treatment of the *least* vulnerable people. Today's challenging dilemmas about who should receive what treatment, protection, and support are the direct result of decisions made long before this pandemic—decisions about which people deserve the most attention, which lives are worth the most, which bodies and capacities are most desirable. Christians have all participated in pre-pandemic ethics: as beneficiaries or victims of discrimination and as stakeholders in and casualties of the ideological distribution of resources. Christians should be gathering together as the Body of Christ to discern responses to the pandemic, with accountability for the past and a focus on changes for the future. Christians should respond to this pandemic and prepare for future crises by prioritising—now—those who are *most* vulnerable. This prioritising requires Christians to recognise that the local and universal manifestations

[p. 51]

of Christ's body contain within them members who experience more and less advantage, suffer more and less discrimination, and live in more and less precarious conditions. Christians should respond to the COVID-19 apocalypse, as Christians, by recognizing that not all Christians share the same positions of power, agency, and socio-economic security. Those Christians who understand themselves to be representative Christians should be learning from others, in this apocalypse, about the disparity of advantages they have not yet seen.

Church communities who follow Jesus Christ's preferential care for those in the greatest need will address the health disparities amongst themselves and beyond, by addressing the social factors that contribute to higher rates of COVID-19 suffering and death among minority populations of the UK. SARS-CoV-2 is a new virus; COVID-19 research has only just begun. But it is already clear that the risk of death is greater for people who are older or live in care homes, live with disabilities and pre-existing conditions, carers, nurses and doctors, live in poverty, who work in a particular set of occupations, and who are Black, Asian,

and minority ethnic (BAME).

[I]n reality, an ethical approach aimed at maximizing lives saved results in prioritizing certain social groups. The easy lives to save will be those of people who already enjoy social privilege. As a population, younger, white, wealthy people will be more likely to derive benefit from the ICU resources and survive because they enjoy, on average, higher baseline health status. (Martín 2020. See also: Ballantyne 2020)

The SARS-CoV-2 virus has arrived in the midst of a society already formed by the expectation that certain people are more worthy of attention and protection than others. It has become clear that living circumstances before COVID-19 infection strongly influence a patient's likelihood of surviving ICU treatment (ONS 2020). The people who face the greatest risk of death from the virus are the people most disadvantaged by pre-pandemic decisions and policies. Triage reflects and perpetuates racism, ableism, ageism, and classism. (Mastroiani 2020; Voluntary Health Scotland 2020). Doctors cannot change the pre-COVID-19 lives of the people who arrive at hospital in need of treatment, but Christians can hold each other accountable for addressing the societal brokenness revealed by the pandemic. Tackling systemic discrimination *before* a pandemic, through community formation, planning, and attention to

[p. 52]

vulnerabilities may reduce some of the triage pressure and may render death rates more proportionate across demographics.

It is possible that research will pinpoint genetic differences that contribute to the severity of COVID-19, but there is no non-white race gene to blame; there is no biological common denominator that applies across BAME populations (Morgan 2020). Instead, BAME people are less likely to be able to work at home, more likely to need public transportation to commute to work, work in high-contagion conditions, live in densely populated areas, experience deprivation and poverty, and less likely to be able to self-isolate. BAME people who disproportionately experience these disadvantages are also less respected at work and in public spheres and less financially stable. They are less likely to be represented in pre-pandemic planning and less likely to be heard when asking for PPE or safer working conditions (Khunti et al, 2020). It was and is no secret that hospitals employ disproportionately large numbers of BAME doctors and nurses, and that doctors and nurses face increased risk of exposure to contagions. These are facts that should warrant extra supplies for protection. And yet, PPE was not readily available when and where needed. 'The first 11 doctors who sadly lost their lives to COVID-19 were all from BAME communities ... ethnic minorities continue to be at the sharp end of the virus and its casualties' (Ali, 2020). Pre-existing discrimination causes increased suffering and death in populations that the

dominant ideology cares less about. Christians who hope to see as Christ sees should attend to the breadth of factors that lead to disproportionate COVID-19 deaths in some populations and recognise the radically different contexts in which people experience the pandemic. White congregations should reach out to BAME congregations in humility, to ask if they can listen and learn. BAME congregations should not feel constrained to tell or show white congregations just how damaging their inattentiveness and presumption is.

White Christians have not spent their entire lives coping with the particular social and physical disadvantages experienced daily by BAME people. This lack of experience helps to support white people's belief that COVID-19 is a problem to beat, battle, defeat, or conquer (Reddie 2020). The fact that COVID-19 may not be conquerable seems difficult to accept for white people with less exposure to persistent, inescapable oppression: '[d]iscrimination and inequalities, whether that's through overcrowded housing, greater risk of health vulnerabilities or economic disadvantage, are a fact of life for Black, Asian, and minority ethnic

[p.53]

(BAME) people in modern Britain' (Unite 2020). White people who do not appreciate these social realities are tempted to ignore both those at greater risk of death in BAME communities *and* their wisdom about the systemic causes and effects of health vulnerabilities. Christians should be working together to recognise and serve those in greatest need, and to diminish the causes and effects of disadvantage and increased vulnerability, at both local and policy levels.

Older people are also at increased risk of death from COVID-19: 'over-65s are 34 times more likely to die of coronavirus than working-age Britons' (McIntyre, 2020). Yet, COVID-19 government leaders paid insufficient attention to the pre-pandemic studies calling for the prioritisation of care home residents and care workers. The recommended protective measures did not take place, illustrating

the widespread social presumption that the lives of elderly people are not as valuable as others... elders in care and their carers currently represent the highest death rates of COVID-19 in the UK; the people who needed the most protection received the least (Lynch & Allamby 2020; See also: Coker 2020).

The pandemic and the subsequent lockdown have also multiplied the disadvantages and invisibility of those people with disabilities who are already struggling with daily life challenges. "Underlying health conditions' increasingly feels like a euphemism for those society has quietly given up on' (Ryan, 2020). Christians have a call to meet Jesus in the eyes of their neighbours in need, at each stage of living and dying and in every state of health and dis/ability. Christian communities who spend time and energy building supportive relationships with carers and visiting with those receiving care, know well that older people

and people living with disabilities are not expendable. Pre-pandemic research highlighted the heightened dangers for them and their carers; the COVID-19 pandemic confirms those dangers and the malign effects of not preparing for them. Christians should ensure that care home residents, their carers, their families and their church supporters have a place on crisis planning committees, to share their wisdom, and to make it more difficult for the general public to ignore and neglect them in plans for future crises.

Christians should be dismantling unjust social structures now—within this pandemic and before the next—to illustrate the hope of Christ: that the reconciliation of creation renders oppression neither

[p. 54]

necessary nor justifiable. In this life, there may always be a scarcity of supplies in unprecedented crises, but churches should be planning now for the protection and nurturing of vulnerable people. And Christians should now be redistributing the resources of healthy, wealthy, and white Christians, so that no one will face the next pandemic without social protection and security. There is no clearer proclamation of the work of Christ in the world than prioritising those with the fewest advantages. This is what Christians need to be doing now.

References

- Adam, M., Clough, D., (2020) 'Christian ethics and the dilemma of triage during a pandemic', *ABC Religion and Ethics*, 16 April [online]. Available at: <https://www.abc.net.au/religion/christian-ethics-and-the-dilemma-of-triage-during-a-pandemic/12146944> (Accessed 2 June 2020)
- Aldridge, R. W. et al., (2020) 'Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19: indirect standardisation of NHS mortality data', *Wellcome Open Research*, 6 May [online]. Available at: <https://wellcomeopenresearch.org/articles/5-88> (Accessed 2 June 2020)
- Ali, S., (2020) 'BAME life chances, Covid inequality and death', *Green World*, 6 May [online]. Available at: <https://greenworld.org.uk/article/bame-life-chances-covid-inequality-and-death> (Accessed 2 June 2020)
- Ballantyne, A., (2020) 'ICU triage: How many lives or whose lives?' *Journal of Medical Ethics Blog*, 7 April [online]. Available at: <https://blogs.bmj.com/medical-ethics/2020/04/07/icu-triage-how-many-lives-or-whose-lives/> (Accessed 2 June 2020)

Brown, R. et al., (2020) 'Is ethnicity linked to incidence or outcomes of covid-19?', *BMJ* 2020;369:m1548, 24 April [online]. Available at: <https://www.bmj.com/content/369/bmj.m1548/rr-6?fbclid=IwAR0LinVPCr20eEaz7bHh3h4LsaSM-uOC6Cr5SC-zVJkTZKlwdCSaXR1zqgl> (Accessed 2 June 2020)

Clough, D., (May 2020) 'Pandemic as Animal Apocalypse', paper for the Cambridge Senior Seminar in Christian Theology.

Coker, R., (8 May 2020) 'Harvesting' is a terrible word – but it's what has happened in Britain's care homes, *Guardian*, 8 May [online]. Available at: <https://www.theguardian.com/commentisfree/2020/may/08/care-home-residents-harvested-left-to-die-uk-government-herd-immunity> (Accessed 2 June 2020)

Khunti, K., et al., (2020) 'Preliminary signals must be explored urgently' *BMJ* 2020;369:m1548, 20 April [online]. Available at <https://www.bmj.com/content/369/bmj.m1548> (Accessed: 2 June 2020)

Lynch, E., Allamby, L., (2020), Commissioner for Older People for Northern Ireland News, 7 May [online]. Available at: <https://www.copni.org/news/2020/may/article-by-eddie-lynch-commissioner-for-older-people-for-northern-ireland-and-les-allamby-chief-commissioner-northern-ireland-human-rights-commission> (Accessed 2 June 2020)

Martín, I., (2020) "' Slum bishop" of Buenos Aires says pandemic exposes pre-existing injustice', *Crux*, 21 May [online]. Available at: <https://cruxnow.com/covid-19/2020/05/slum-bishop-of-buenos-aires-says-pandemic-exposes-pre-existing-injustice/> (Accessed 2 June 2020)

Mastroiani, J., (2020) "' Real People Won't Die": Rhetoric around who is at risk of coronavirus infection sparks debate over ageism, ableism', *National Post*, 3 March [online]. Available at: <https://nationalpost.com/news/world/real-people-wont-die-why-the-rhetoric-around-who-is-at-risk-for-coronavirus-is-so-harmful> (Accessed 2 June 2020)

McIntyre, N., (2020) 'Pensioners 34 times more likely to die of Covid-19 than working age Brits, data shows', *Guardian*, 13 May [online]. Available at: <https://www.theguardian.com/uk-news/2020/may/13/pensioners-34-times-more-likely-to-die-of-covid-19-than-working-age-brits-data-shows> (Accessed 2 June 2020)

Morgan, W., (2020) 'Coronavirus: Its impact cannot be explained away through the prism of race', *The Conversation*, 28 May [online]. Available at: <https://theconversation.com/coronavirus-its-impact-cannot-be-explained-away-through-the-prism-of-race-138046> (Accessed 2 June 2020)

Office for National Statistics, (2020) 'Coronavirus (COVID-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 15 May 2020', 19 June [online]. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/>

[articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020](#) (Accessed 30 June 2020)

Patel, H., (2020) 'Reckoning' needed on disproportionate Covid-19 deaths amongst black and Pakistani and Bangladeshi heritage people', *Unite*, 7 May [online]. Available at:

<https://unitetheunion.org/news-events/news/2020/may/reckoning-needed-on-disproportionate-covid-19-deaths-amongst-black-and-pakistani-and-bangladeshi-heritage-people> (Accessed 2 June 2020)

Platt, L, Warwick, R., (2020) 'Are Some Ethnic Groups More Vulnerable to COVID-19 than Others?' *Institute of Fiscal Studies*, 1 May [online]. Available at:

<https://www.ifs.org.uk/publications/14827> (Accessed 2 June 2020)

Reddie, A. G., (2020) in discussion during 'The Ethical Challenges of Covid-19' a webinar sponsored by The Centre for Baptist Studies, Regent's Park College, Oxford University, 18 May.

Royal College of Psychiatrists, (2020) 'Impact of COVID-19 on Black, Asian and Minority Ethnic (BAME) staff in mental healthcare settings | assessment and management of risk', 13 May [online]. Available at: https://www.rcpsych.ac.uk/docs/default-source/about-us/covid-19/impact-of-covid19-on-bame-staff-in-mental-healthcare-settings_assessment-and-management-of-risk_13052020v2.pdf?sfvrsn=1068965_2 (Accessed 2 June 2020)

Ryan, F., (29 April 2020) 'Coronavirus has made it even easier to forget about disabled people', *Guardian*, 29 April [online]. Available at:

<https://www.theguardian.com/commentisfree/2020/apr/29/coronavirus-disabled-people-inequality-pandemic> (Accessed 2 June 2020)

Voluntary Health Scotland, (2020) 'COVID-19: A pandemic in the age of inequality', 7 May [online]. Available at: <https://vhscotland.org.uk/covid-19-a-pandemic-in-the-age-of-inequality/> (Accessed 2 June 2020)

Margaret B. Adam is Postdoctoral Researcher for the three-year, AHRC-funded project: Christian Ethics of Farmed Animal Welfare. She is also Visiting Tutor in Ethics at St Stephen's House, Oxford, and writes about theological hope and human and animal flourishing.

David L. Clough is Professor of Theological Ethics at University of Chester and the Principal Investigator of the Christian Ethics of Farmed Animal Welfare project. He is the author of a two-volume monograph *On Animals* ([Volume I Systematic Theology](#) 2012; [Volume II Theological Ethics](#), 2019), and he is Visiting Professor at the Centre for Animal Welfare, University of Winchester.

