DRAWING FROM COURAGE, COMPASSION, HOPE IN PANDEMIC RESPONSE

In the early weeks of the COVID-19 pandemic, my colleagues and I responded to many requests for ethics consultations. People wanted to discuss how to make major moral decisions during the biggest health crisis in the past 100 years. The first wave of requests concerned the allocation of ventilators and other scarce resources. We began by reviewing protocols developed by state and other health organizations after the 2009-2010 H1N1 outbreak. These protocols were not well known by the public, and even health care leaders needed to be introduced to many of the documents. As the dissemination of information continued, more people were able to read these procedures. This helped to identify areas of potential bias, discrimination or new understandings of some impracticalities within the recommendations. As news media, leaders of government, health care, non-governmental organizations (NGOs) and nonprofit organizations urged for better and more ethical protocols, our focus remained on these texts.

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For anyone who has had to develop policies, procedures, written guidance or the like, there comes a time when we realize we cannot prepare for every scenario. Protocols can only get us so far. What we need in such an ever-changing environment are people well formed in virtues so that they will be able to lead the way when the path goes off course.

I wrote my master's thesis on the virtues required during a pandemic, something that now seems quite appropriate to reexamine. After reviewing strategies used during the outbreaks of Ebola, Avian flu and SARS, I was able to identify the virtuous behavior of health care workers and leaders that led to the best outcomes for their countries. These include courage, mercy, justice, compassion, hope, prudence and vulnerability. We do not have the space in this column to address each of these, therefore, I want to focus on three.

COURAGE

According to a 2007 survey of more than 6,440 health workers in 47 facilities in the New York metropolitan area, only 48% said they would be willing to report to work during an outbreak of Severe Acute Respiratory Syndrome (SARS).[1] In the U.S., the preparation plans try to address this possibility through positive and negative incentives. Extra pay could be given to the workers who appear for duty. Extra medical resources such as vaccines and pharmaceuticals could be offered as protection. Loss of a job for those who remain at home could be used as a deterrent. Some have proposed providing hospital beds for the sick relatives of staff members so that they would not have to stay home with their loved ones.[2] These strategies could very well help to bring workers in, but they assume a certain lack of character and commitment in the health care work force. That strategy assumes that workers are more motivated by money and self-concern than with duty, morality, compassion or mercy.

Already during the COVID-19 pandemic, we have witnessed genuine examples of courage by health care workers. Some have traveled from relatively safe communities to hotspots, such as New York City, to provide their much-needed services. Their willingness to enter into the chaos of disease acts as an example of valor, motivating others to do likewise. We ought to praise their valiant behavior and promote such acts of courage as we continue to face this terrible disease.

COMPASSION

Compassion begins with seeing our neighbors as God-related persons. "He chooses to 'see' persons

in pain as God-related persons who are like him and, indeed, part of him by virtue of their God-relatedness."[3] We then move into their realm and connect with their pain and suffering. Compassion is more than pity; it includes feeling, but demands action, and, in particular, solidarity and awareness.

Compassion would help in those relationships that we do not consider as special or unique. It compels us to focus on another, especially a person with whom we are not familiar. Like being asked to "walk in another person's shoes," compassion calls us to see something of ourselves in the other: "We do not need to have spent our days with a particular stranger or enemy to perceive that he is experiencing at least some of these (and other like) things in his pain, and to find these experiences so familiar that they seem to become our own."[4] During a pandemic, it may be easier to see another person as an obstacle to our own, or to a family member's goal. When we lack sufficient numbers of ventilators or pharmaceuticals, we might move toward a defensive position, fighting against others for the protection of our own.

Margaret Farley, RSM, connects compassion with respect. Often these two emotions come into conflict. However, she posits that when they are united they "are conducive to the widening of our hearts and minds in relationship to God and to neighbor; that is, they are means to love and to action."[5] Compassion early on will help us to see others as neighbors and not as threats.

HOPE

During upheaval, people require a virtue that will encourage them to continue the journey of salvation. That virtue is, of course, hope. Daniel Harrington, SJ, writes: "At its most basic level, hope is a desire accompanied by the possibility of (or belief in) its realization. Thus hope has an object or focus, looks toward the future, and has some ground or basis in reality."[6]

This "object" of hope can be expressed, and even believed in, well before the initial outbreak. We need hope not only during the worst times of the pandemic, but also as we prepare for the unknown. Hope is an intention to overcome despair and presumption. "Despairing persons are so overwhelmed by their own inadequacies and/or by the obstacles before them that they fail to do anything that might make their hope into a reality. Presumptuous persons simply assume that they will be taken care of, and that God or someone else will do what is needed to bring about the object of their desires."[7] By contrast, "persons of genuine hope have goals, recognize what they need to do to reach those goals, and shape their lives accordingly and meet the obstacles along the way (with the help of God)."[8]

Finally, hope concerns the whole human community. It draws everyone along the path to salvation, to health. Hope requires a social spirit that can sustain the needs of individuals and communities. The communal aspect binds together all of humanity. The hope of some can act as a spark for others. It inflames the hearts of a few only to then spread to the many. It is a shared vision for the future, one that all members of society can help to bring about.

The statistical models predicting the impact of this pandemic are frightening. How could we ever prepare for such devastation? How can we prepare ourselves and our loved ones for an enemy that cannot be seen? Thankfully, we have courage, compassion and hope. We see courage in those who keep vigilant during this outbreak. We see compassion in the health workers who tirelessly continue to provide help to anyone who seeks it. We have hope that light will break through the darkness and that our fellow brothers and sisters will rise to the occasion.

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NOTES

1. Peter J. Levin, Eric N. Gebbie and Kristine Qureshi, "Can the Health-Care System Meet the Challenge of Pandemic Flu? Planning, Ethical, and Workforce Considerations," *Public Health Reports* 122, no. 5 (2007): 576.
2. Mary Grace Keating Duley, "The Next Pandemic: Anticipating an Overwhelmed Health Care System," *The Yale Journal of Biology and Medicine* 78, no. 5 (2005): 355.
3. Diana Fritz Cates, *Choosing to Feel: Virtue, Friendship, and Compassion for Friends* (Notre Dame: University of Notre Dame Press, 1997): 236.
4. Cates, *Choosing to Feel*, 231.
5. Margaret Farley, *Compassionate Respect* (New York: Paulist Press, 2002), 4.
6. Daniel J. Harrington, "The Future Is Now: Eternal Life and Hope in John's Gospel," in *Hope: Promise, Possibility, and Fulfillment*, eds. Richard Lennan and Nancy Pineda-Madrid (New York: Paulist Press, 2006).
7. Harrington, *Hope: Promise*.
8 . Harrington, *Hope: Promise*.

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