**Hosted by:** Rebecca Richards

**Guest:** Professor Wendy Rogers

*Transcripts may have been edited for clarity.*

*[Intro Music]*

This is "Just Emergencies"**,** the podcast where we show that global health emergencies are anything but just. In each episode we explore an issue, question, or event that makes us think about global health emergencies, humanitarian crises, and how to best respond to them. Without further ado, let's get into the episode!

**Rebecca:** *Hello and welcome to Just Emergencies. I'm Rebecca Richards and today I am joined unfortunately by a bit of background noise, but more importantly, by Professor Wendy Rogers. She's in Edinburgh and she just gave a talk at the Mason Institute about AI and Healthcare, which was incredibly fascinating, but also, slightly terrifying, I'll be honest.*

*But for the sake of the podcast, she's here to talk about her work on vulnerability, where she's been a real trailblazer. She's a Professor at Macquarie University  in Australia, within the School of Philosophy and the Department of Clinical Medicine. She has previously been a member of the Australian Health Ethics Committee and the Medical Board of South*

*Australia. And she is a member of the Bioethics, Applied Ethics, and Clinical Ethics cluster at the Macquarie Research Center for Agency, Value, and Ethics.*

*And she has quite literally written the book - or at the very least, a very important book - or edited it, on vulnerability: the 'New Essays in Ethics and Feminist Philosophy'. She's also written several articles on the topic of vulnerability.*

*So thank you so much for sharing your expertise with me today. Tell us, please, a little bit about your approach to vulnerability and your work around it and how you use the concept.*

**Professor Rogers:** Alright. Hello Rebecca and thank you.

My work on vulnerability has been very much a collaborative effort. So I've worked with Catriona Mackenzie, who's also a Professor of Philosophy at Macquarie University, and Susan Dodds who's now Deputy Vice Chancellor of Research at La Trobe University.

The three of us worked together on developing a conceptual account of vulnerability. We felt it was an interesting concept that's used quite widely. When you talk about a person being vulnerable, it seems that we intuitively understand what that means. We have an image of someone who can't protect themselves or who's in exceptional danger, perhaps, or is at a particular life stage like a new born baby or a very frail person.

So we have an idea of what vulnerability means, but in the philosophical literature, the ethics literature, and even the bioethics literature, it wasn't really pinned down very well as to what ethical duties were owed to people who were vulnerable and whether there was a way of trying to

make it conceptually clearer. And this was because there were two almost opposing schools of thought about vulnerability.

One was that vulnerability was like an ontological condition; like a condition of being human. No matter who you are - whether you're the most powerful person or the least powerful person - you will bleed if you are cut, you will die if you are bashed hard enough on the head. So everybody's vulnerable in some sense. But if you say that 'everybody's vulnerable' then it's not a useful term for indicating that some moral response is required, other than very general ones like not harming other people.

So opposed to that school of thought or approach to vulnerability was a second approach which is particularly dominant in research ethics. That was all about picking out certain groups of people who were vulnerable. What that meant in research ethics is that if you were considered vulnerable, that you should have extra protection, or people should take special care. The groups that picked out varied from guideline to guideline, but often included: the elderly; children; prisoners; pregnant women; people who were considered to lack power to perhaps make decisions for themselves because they're in relationships of authority like patients and doctors, or prisoners, or teachers and students, and so on. But again it was hard to see what was linking all of those. For some of them it was a lack cognitive capacity - people who couldn't make decisions for themselves because they were severely ill or had a cognitive impairment. But for others like pregnant women, you know, clearly their cognitive capacity wasn't impaired but they were considered vulnerable as well.

So it was a very messy field. Being philosophers we thought 'well perhaps we can try and tidy it up'. And we didn't want to throw out the universal

notion, but at the same we recognised that although all people bleed, some people are much more likely to get cut than others. So we ended up with a taxonomy that has three parts.

The first two divisions are looking at vulnerability sources. So that's vulnerability that arises basically from being a human being and having the needs that all human beings share for food and shelter, for social interactions, and so forth. We called that 'inherent vulnerability'.

In addition to vulnerability arising from this sort of inherent features of being a human being, we also described 'situational vulnerability'. Situational vulnerability is vulnerabilities that arise from the context you're in. So they all will vary from situation to situation and person to person. A person who already has poor health is more vulnerable if they get the influenza than a healthy person, for example. We felt that it was useful to look at the different sources of vulnerability because that might help look at what duties are owed and who those duties accrue to.

Within the category of situational vulnerability, we came up with a sub-division of situational vulnerability which we called 'pathogenic vulnerability'. Which is not technically the correct term in terms of what pathogenic means in medical terms, but we used it at a conference and people just seemed very attracted to that term. So the term's stuck even though technically, you might argue, that it's not correct.

We identified 'pathogenic vulnerability' as basically arising from unjust circumstances. The unjust circumstances might be obvious and perhaps intentional like policies that keep unemployment levels at a certain number of people - so that no matter what you do, there's always going to be some hundreds of thousands of people who can't find work. So that's a kind of intentional vulnerability by whatever the government's

policy is. But you can also get people who are made worse off by policies and interventions and it's unintentional. And we call that pathogenic vulnerability as well. Examples of that might be policies to try and support elderly people to stay in their homes and so you employ a carer to come and visit them. But that elderly person is then exposed to a carer in a way that they wouldn't be if they were within their family or living in an institution with more people looking around - they're vulnerable to abuse from that carer.

We've seen particularly in Australia where we've had the last few years of the most horrendous Royal Commission into institutional child abuse, where children were taken into care into institutions allegedly for their protection and just suffer the most horrendous abuse. We would call that a pathogenic vulnerability - something that was meant to help, but instead it made them much worse off than if they, probably in some cases, than if they'd stayed living on the street.

**Rebecca:** *So you mentioned there obviously the situational and the pathogenic vulnerability. When I first read about these concepts, I will be honest, it took me a little while to wrap my head around them. Because to me they seem to blur in certain stages. How can we tell them apart? Can we tell them apart?*

**Professor Rogers:** It can be tricky. We didn't intend them to be mutually exclusive. But I think the aim was to look at ones that were more morally challenging, or more demanding of response than others. So some situational vulnerabilities don't seem to be unfair. You might have a particular type of job and something very unforeseen happens to make that industry collapse and people lose their jobs. So you're situationally vulnerable because you were in that particular position, but it hasn't

been unfair. So you haven't been harmed in the way that you are if you're subject to a pathogenic vulnerability.

And pathogenic vulnerabilities we kind of linked to lack of autonomy, to lack of capacity to have any control over your destiny. To be subject to forces that impeded you from exercising your autonomy you'd be capable of exercising in other circumstances. So we did try and link it quite closely to autonomy and the capacity for autonomy and the capacity to... in one of Catriona Mackenzie's papers she links it to justice and capabilities. The way that pathogenic vulnerability arises from unjust circumstances that particularly stop people from exercising their capabilities.

So those were some of the distinctions. But I guess we were testing the ideas out and when we look back at that work, there isn't a large amount of... we described pathogenic vulnerability, but we haven't got a very detailed treatment of it. I guess we were surprised and also very pleased - people seemed to find the concept very appealing and useful. We had contact from people from all sorts of fields, from Haiti from the earthquake response through to sports medicine people, all sorts of people saying, 'this is a really great concept that we're using'. And then saying 'how should we... what does it mean here?' kind of thing. So it seemed like we were onto something, but I don't think the work's finished on fully fleshing out how the concept of pathogenic vulnerability in particular how can be useful, what it can tell us about situations, and what we ought to do. So I don't think we've presented a, you know, completely finished concept there. I think there's still a lot more work that can be done with it.

**Rebecca:** *And I mean is a  philosopher's  work every really finished?*

**Professor Rogers:** Exactly.

**Rebecca:** *So you mentioned there the connection between vulnerability and justice. And you obviously also just mentioned that you'd had someone from Haiti, from the earthquake... and obviously our project is about global health emergencies or disaster and justice and vulnerability. So you brought all of those three things really nicely together. Could you maybe talk a little bit about how vulnerability factors into global health emergencies like pandemics or disasters or humanitarian crises?*

**Professor Rogers:** Look I think there's a few things going on with global health emergencies and pandemics and those sorts of things.

First of all, if we're talking about any of those, there's potential for physical harm. And in that sense, everyone's inherently vulnerable to catching whatever the disease is that's pandemic, or to being drowned if they're hit by a tsunami. So there's a level of shared vulnerability and that in ideal circumstances will ground some kind of solidarity as result of that: we're all in this together, we're all equally vulnerable to the adverse consequences of whatever the global health emergency is. So that's an aspirational view, I guess, and points perhaps to the value of vulnerability as grounding solidarity and responses that do try and protect everybody.

In any global health emergency, there are going to be people who are already living in more precarious circumstances, who have less secure employment, who don't have insurance, who are going to be made worse off by the same natural disaster. You know, I was thinking about flooding... we had floods in Queensland last year and we have floods quite regularly in Queensland. It's a disaster - people's houses get inundated. But there's a huge outpouring of support from the

community, people have insurance for their houses by and large. So although it's a disaster and people are made worse off, but they're not brought to a level where they're precarious really. It's not terribly unjust.

If you think about flooding in countries where there's a lot of people who are very poor, who don't own their houses, they don't have insurance, they just lose everything and maybe have no means of livelihood because they're shop's been washed away. It's the same natural disaster: it's a flood. But it has a much greater impact because they were already in, and had, higher levels of situational vulnerability. So although people can be affected by the same disaster, the impact of that will vary according to what I would call their situational vulnerability.

And it tracks poverty and disadvantage by and large. Again, people who are more disadvantaged often live in more crowded circumstances, so they're more liable for pandemics to spread more easily than if you're living in your gated community up on the hill where nobody gets in or out and coughs on you. So there's that kind of impact there.

**Rebecca:** *You mentioned that one of the early questions in bioethics was: if there's vulnerability, do we have a responsibility to ameliorate it, or to help mitigate against it? So what would that mean in global health emergencies? Which, I guess is already such a big topic of 'who's supposed to help? When? And where? And what responsibility do we owe?' But do you think vulnerability adds an extra layer to global health emergency response?*

**Professor Rogers:** The way we were thinking about it was that using the vulnerability taxonomy might help to direct attentions in order to prioritise. So we would say that people who were pathogenically vulnerable from whatever the disaster is should be prioritised in terms of responses. Also the concept of pathogenic vulnerability serves as a kind

of checklist for people who are responding, to make sure they're not making things worse.

Of course you hear about responses to emergencies making things worse. That when all the aid teams fly in and reporters, and they use up all the water and they haven't brought enough resources for themselves. So they actually become another burden on the community.

So in an emergency the concept of pathogenic vulnerability can serve its dual purpose: as checklist for people coming to make sure they're not making things worse, and directing attention to help those who have been made much worse off in unfair ways by the disasters compared to the background level of being made worse off by whatever the disaster is.

**Rebecca:** *You mentioned before that vulnerability is, or was, quite a contested topic in bioethics. I'm assuming that as with a lot of philosophy, there is potential that your taxonomy didn't necessarily go unchallenged or without criticism. So are there any potential criticisms that can be raised to your taxonomy? Or have been raised? And how would you respond to those?*

**Professor Rogers:** Look, I think there have been criticism. And I think there are other approaches to vulnerability. I mean, I very much like Florenica Luna's approach of 'Layers of Vulnerability'. And additionally, Florencia was quite critical of the taxonomy. I think she saw it as a very hard and fast, sort of either/or, either it was this or it was that. And she felt that vulnerability is much more messy than that. But I've had more recent conversations with Florencia last year and I think she's accepted that we weren't intending for it to be a very hard taxonomy - in that everything had to fit here or there. And that, in a way, you could think of

the different parts of the taxonomy as different sources of vulnerability for the layers of vulnerability that she herself conceptualises. So I think the two approaches aren't incompatible and I think they can both offer something to be useful.

In terms of it being messy: it is a messy taxonomy. Like I said, it's not either/or. But I'm not sure that that matters; what we're trying to do is offer a conceptual tool for understanding what we mean by someone being vulnerable. And it's messy. It's not like saying someone has a particular blood pressure or, you know, a particular feature that's very clearly defined. It is quite messy.

I know Samia Hurst has sort of argued that it doesn't really add anything. But that's in the context of research ethics where saying that someone is vulnerable just means that they've got an increased risk of an already identified harm. I guess I'm not quite so sympathetic to that approach. I think vulnerability picks up something a bit bigger than just ticking off the particular harms that someone might be liable to or have an increased risk to. It's a way of looking at the whole person in their context, is the way that I think about it. So, like I said in the beginning, it is quite an intuitive concept that we seem to find it useful in describing people's situations, or what's happening, or expressing a particular view of what a situation's like. And so rather than eliminate it, it seems to me more useful to try and understand or analyse it in ways that might be conceptually                                                                useful.

**Rebecca:** *As we said before, a philosopher's work is never done. What kind of other avenues of vulnerability should be explored? Or should be worked on? What in that realm are you currently interested in in working on?*

**Professor Rogers:** I'm heavily involved in the Australian National Human Research Ethics Guidelines. And we're reviewing Section 4, which not in name, but in all but name, was about research with vulnerable populations. It was configured with this labelling approach where people get labelled as vulnerable and then protections are offered, whether or not they're warranted. You can get quite significant stereotyping and paternalism. And we'd had feedback about that - that there was quite a bit of stereotyping and paternalism enabled by the guidelines. So we're trying to reconfigure them at the moment, literally. We're literally drafting at the moment. We're not overtly using the taxonomy per se, but we are trying to look at vulnerability that arrives in different life stages - which is basically inherent vulnerability. And vulnerability that arises that in particular situations. Those might be situations of power inequalities or situations caused by ill health.

So we're trying to have that approach rather than saying 'all pregnant women must have this particular high level of research ethics review, because pregnant women are vulnerable'. Whereas it clearly depends on what the research is. We're trying to use the concept to get people to take a more nuanced look at the research, rather than labelling whole populations as needing protection, whether or not they want the protection or whether or not the protections can be morally justified.

**Rebecca:** *Usually, at this point, I would ask: 'if people want to learn more about, where should they turn?' But in this case, I can provide all the answers there, so to speak. Because obviously there's the book to refer to - the one that you edited. There's numerous articles that you've written on the topics. So if anyone's interested, I would very strongly recommend*

*checking those out. And we'll put links and titles to all of those in our shownotes, which will accompany the episode.*

*And of course, your interview is part of a vulnerability series that we're doing on the website. So again, if people want to learn more about vulnerability, they can check out the other parts of the series.*

*So thank you so much for sitting down with me and talking vulnerability and clarifying this admittedly messy topic as you said. So thank you for giving us all a tool to work with.*

**Professor Rogers:** Thank you, Rebecca.

*[Outro music]*

That's it for today – we hope you enjoyed the today's episode.

Episode transcripts are available below the episode description. We also have shownotes on our website, where we not only list all the references mentioned in this episodes, but also give you some further resources if you're interested in learning more about today's topic.

If you have any questions, comments, or ideas for topics *you'd* like to hear about in future episodes, please emails us at ghe@ed.ac.uk. We're also on twitter as @GanguliMitra and @reb_richards.

Be sure to check out and explore our website "Justice in Global Health Emergencies and Humanitarian Crises" for more great content, just go to https://www.ghe.law.ed.ac.uk/.

Thanks for listening and see you again for the next episode.

This podcast is edited and produced by Rebecca Richards, made with funding from the Wellcome Trust.