

Episode 12 Transcript

Vulnerability Part 5

Hosted By: Rebecca Richards

Guest: Professor Samia Hurst

Transcripts may have been edited for clarity.

Hello and welcome to Just Emergencies. I'm Rebecca Richards and for today's episode, I'm joined by Professor Samia Hurst to discuss her conception of vulnerability. Professor Hurst is the Director of the Institute for Ethics, History, and Humanities at the University of Geneva Medical School. She's a consultant Ethicists to the Clinical Ethics Council of the Geneva University Hospitals and she also chairs the Ethical, Legal, and Social Issue Expert Group of the Swiss Covid-19 Science Task Force.

Professor Hurst has been writing on vulnerability for more than a decade now. So we're delighted that she gave us an in-depth look into how she conceptualises vulnerability and the advantages that her approach has, especially during Global Health Emergencies such as the Covid-19 outbreak.

[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 Samia. Thank you so much for joining us on Just Emergencies. And welcome to the podcast!

Prof. Hurst: Thank you very much. Thank you for inviting me.

Rebecca: So in your work, you engage a lot with this concept of vulnerability. And that's a word that's come up a lot during this Covid-19 pandemic in particular. What's your approach to this concept?

Prof. Hurst: So, I first started working on the concept of vulnerability in response to a request to teach biology students. Vulnerability is an intuitively appealing concept and we all have images and examples in our minds as to who we consider to be vulnerable. And this is very much the way the word is used not only in the general public, but also in the science literature. And so we forget that really, we have to explain that we do not have the same concepts of who is vulnerable.

And in having to teach biology students, I remember thinking not long before the lectures were due, 'oh my goodness, they're not going to have the same intuitions, they have no clinical experience, they are very young...'. So I started embarking on work to make a definition that would be understandable to them.

Back then, there were so many different ways the word was used. The definition I came up with back then, which has, I think, stood some of the tests of time since then, is that we are vulnerable if we are at greater risk of being wronged. This is a definition that attempts to be descriptive. We do not have any particular duties, any particular moral duties, towards the vulnerable under that definition. What we have are general duties towards everyone, and vulnerability is the name we give to the difference in how hard it's going to be. We have the right to the protection of our bodily integrity, for example, and a population might be vulnerable if they're more likely to be wronged under this heading. And this means that attaining for them the same degree of protection of bodily integrity is going to be harder. Meaning we will need to make more efforts or different efforts in order to reach for them the same level as for everyone else.

So basically, this is not a view that treats people as having different rights in view of their vulnerability. It is a view that takes everyone as having the same rights, but recognising that sometimes it is predictably more difficult to fulfil those rights for some.

This has some very interesting side effects, as it were. First, it recognises the fact that there are many different ways of being vulnerable, because there are so many different morally protected interests, or rights, or claims that we all have. If we can be vulnerable under each one of them, this explains why there are so many different vulnerable populations.

It also explains why we have these long debates whether everyone is vulnerable, or just some. And my answer to this would be: sure, we're all vulnerable at some point in our lives, to some things. But it does not mean that we all have the same vulnerabilities all the time. So it's interesting and important to distinguish, even though, in the end, it's a concept that no-one can really escape from.

Rebecca: Yes, absolutely.

Also something I found really interesting is this idea that being vulnerable means that you're at greater risk of harm or wrong-doing. And you mention that that entails... or there's the obligation to then help people to go back up to the status quo. How is that status quo measured? Is it within societies? Is it globally? Is it within communities that share similar characteristics? Or what's the baseline for comparison?

Prof. Hurst: That's an excellent question.

Whatever baseline you adhere to, you also to have to recognise that if some people will have a harder time reaching that baseline, you will have to define these people as 'vulnerable' and take special measures in order to get them to that baseline.

But you're completely right: these baselines are the objects of debates, of disagreements, of differences in culture - and sometimes what we call differences in culture are simply differences in material circumstances. And so we did not say anything to that. There are many different views on the morally protected claims of humans. There are many different views of what a 'decent minimum' would be, and whether a decent minimum is what should be attained, or something else.

But at the very minimum, conceptually speaking here, if you recognise claim, whatever claim you recognise, there will be forms of vulnerability attached to it. There will be people who have a harder time reaching the fulfilment of that claim. And this will happen for different reasons. And the way to bring them back to the baseline will vary according to the reasons. So you really need to have a differentiated view here. What we're saying is that you cannot simultaneously recognise a claim and disregard the vulnerabilities that are attached to it.

Rebecca: What do you think the particular advantages are of deploying the term 'vulnerability' in the way that you do?

Prof. Hurst: So I think one of the first advantages is to recognise that there is great diversity within the concept. And I think this is useful. First, because it makes it less likely that we will forget vulnerable populations. There is one of the approaches that simply lists groups and there are constant haggling about who ought to be on the list, who ought not to be on the list. And it's true that there is a higher risk of forgetting vulnerable populations. And we forget these. So we have blind spots. So having a view where you will list more systematically what morally protected interests, or claims, or rights persons have and then you think about how you could have these claims or rights become fragile, will make it less likely that you will forget vulnerable populations.

A second advantage is that it will help you tailor protections. Because if we base ourselves on the intuitive appeal of vulnerability, we are at high risk of mismanaging protection. Of having counter-productive protections. And one of the striking characteristics of vulnerability when you start to look at it closely, is that many people will accumulate vulnerabilities. There are vulnerabilities that will lead to further vulnerabilities as well. So people tend to have them in clusters or groups. This means that the likelihood of what you try to do to protect someone will backfire is actually rather high. Because people tend to have fragilities in every corner of their lives in some circumstances, and you really must tailor the protections intelligently in order to actually make them better off. And knowing what the sources of the fragility of their claims are, knowing what it is that they're more at risk of and why, will help us to make protections that actually work. That's the second advantage.

And the third one is setting aside the labelling problem. It's the realisation that vulnerability is something that happens to us, not something that we do through our fault. And this is particularly important in healthcare because the moralisation of health is a very strong trend in our societies. I've actually written papers on that as well, in the interval. We have a tendency to blame victims. Now the idea that vulnerability is an inability, that it is something that I'm not able to do, very quickly feeds into this overarching story and gives the impression that if you're vulnerable, it's really your fault. And we really must get rid of this idea. People are in a situation where their claims fragile need help, not blame.

Rebecca: So in the current Covid-19 pandemic, or even in global health emergencies more general, how do you think vulnerability and your particular conception of it plays out or is operationalised?

Prof. Hurst: So I think that in a situations such as the one we're living through today, the approach that I proposed for vulnerability is demanding. But it's the right kind of demanding, in my view. It demands of us that we sit

down and have a long, careful look at who is most at risk of what in the current circumstances. It requires a good long look at reality. Not just at how we have the intuition that things will play out, but how they are in fact playing out.

And here there are at least two different changes of circumstances that could generate new vulnerabilities. The first is the pandemic itself. We're not equal in the face of it. We do not have equal risk of becoming sick. Most notably, very young children are less at risk of becoming seriously ill - which is a great fortune. But it also means that higher age groups are more at risk. We do not have the same risk of dying. We may find out in the future that we do not have the same risk of long-term consequences, though the data is not in yet on that chapter. So the pandemic itself does not strike all of us in the same way. So if we think of the claim to health, the claim to bodily integrity, the protections that come with that... some will be harder to protect than others from serious disease and death. And this is the most obvious factor.

The second one is our pandemic response. What we humans do in response to the pandemic. And I'm thinking here of official responses. Of government responses: of lockdowns, confinements, quarantine, isolation, testing... all of that. But I'm also thinking of responses by individuals. So, for example, when looking at economic consequences of the pandemic, one of the most broadly misunderstood things - but which some colleagues of ours in Switzerland explored - is that most of the economic downturn following the pandemic is actually due neither to the pandemic itself nor to official responses, but to spontaneous responses of individuals. It turns out people are afraid of contagion. So even if you don't close down the shops, people are not going to go. Even if you don't close down the restaurants, people are going to avoid them because they know there's a contagious disease around and they don't want to catch it. So even countries with no lockdown are also suffering economic downturn simply because people are scared and they change their behaviour in consequence.

And of course, the pandemic itself also attacks economies... not just anti-pandemic responses. And so we have these two components of response: the official, collective one, and the aggregate, individual one. And if you think about who will be most vulnerable to each of those, this will very much vary with geography. Different governments are not taking the same measures. And these measures are not deploying themselves on identical societies. And so depending on how your society functions in normal times, even the same measures will have different impacts on components of the population. That's what I mean when I say we need to take a long, hard look at reality: we need to think about who will be most affected by this or that official measure, or this or that non-official reaction, on people on different population groups in your society.

And some of the things are very predictable and others are not. And of course, we cannot be held to such high standards that we must predict the unpredictable. But there's a lot that is predictable. So, for example, in the country where I live - in Switzerland - there has been a very broad government response to sustain individuals through the economic hardships of shutting down different economic activities. This has actually been one of the aspects for which I'm rather proud of my country. There was help directly to people so that they would keep income while they were not working. So that business would not have to pay workers or lay them off. That's really great. But we do have blind spots. People who are illegal workers aren't generally with a contract and an employer who's official. So these helps have a hard time reaching them. So predictably, it's going to be harder for people who are illegal workers to go into confinement, to avoid becoming people who will transmit the disease, who will then be able go into isolation and quarantine as we deconfine and use these more targeted measures to limit contagion in the public sphere.

We can predict some of these vulnerabilities. And one of the things that becomes apparent very quickly when you start parsing out the population like that and looking at who has the more fragile claim to what, you quickly realise

the interconnections as well. Especially during an epidemic or pandemic where you fear contagion, you realise that anyone who is more at risk for claims that are important in order to be able to confine, to survive financially, to be able to protect others, suddenly makes everyone vulnerable as well. So interdependence becomes glaringly visible in such a situation, also.

If you apply a vulnerability-based analysis to our response to the pandemic, I think there are a few key messages here that are important to bring home. As I said, risk is unequal to the pandemic itself. Exposure to bad effects of our pandemic response is unequal as well.

But there are two further things: our responses to pandemics also show concern to be unequal. We do not have the same concerns to equalise the rights for everyone. And this is one of the effects of the pandemic that will take a long time to play out, probably. Because with the different official responses, with the different unofficial responses, these differences in concern for different populations are becoming visible as well.

And so this means two things: it means if you are a population for whom less concern is shown, you will see it. And you will probably remember it. On the other hand, it can also encourage people for advocacy, because it becomes visible for more people. In rich Swiss cities, we've suddenly had long lines of people queuing up for bags of donated food. And this is an image many people would not have imagined to see, and they will not forget either. So you have both sides of the coin: you have disvaluing image sent to people who are direct targets of this, but also people who will be worried about it and will want to make it better may not have realised the problem before. So this is the more hopeful aspect of it. It's hard to know how this will play out long-term.

And then the final aspect is that even that has to be more differentiated - there's more diversity inside that. Because it is not for everyone that every fragile claim invokes the same concern from others. So, for example, we've had a lot of concern that young people should be able to go out and party and

have youth again. We've had much less voiced concern to say that old people in long-term care homes should have even minimal contact with their closest loved ones, who are often their advocates and proxies at the same time as well. So the same concern, the same claim for belonging and community and contacts with other people, does not have the same weight in public regard according to whose claim is it. As if community was more important in the young than in the old. And the reason why I'm making this point is because it's not as if the old are not viewed as important. Indeed, because they are the prime victims of Covid-19, most of the confinement measures have mostly been there to protect their lives. So it cannot be said, based on our response, that we disvalue elderly people. But we disvalue some components of their lives at the expense of others. So this also should lead us to think in more nuanced ways. People who are adults and capable of decision making should be able to make their own priorities between the components of their lives if there's a trade-off. But often we make the trade-offs for others more in some populations than in others.

Rebecca: Well thank you very much for taking the time to do this interview. It was very very thought-provoking and definitely adds several layers of nuance to how we use the term 'vulnerability', in particular in times like the ones we're currently experiences. So thank you very much.

SH: Thank you.

[Outro music]

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

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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.

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