

**THE CROATIAN ACADEMY OF SCIENCES AND ARTS**  
**The Department of Biomedical Sciences in Rijeka**  
**THE UNIVERSITY OF RIJEKA**

**COVID – 19 MESSAGES IV**

**BRAVE NEW WORLD:  
DEMOCRACY, RIGHTS AND JUSTICE  
IN COVID19 ERA**



**Rijeka, November 12, 2020**  
**9,00 am**

### ***Organizers***

THE CROATIAN ACADEMY OF SCIENCES AND ARTS  
The Department of Biomedical Sciences in Rijeka

THE UNIVERSITY OF RIJEKA

### ***COVID-19 Messages Conference Program Committee***

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**Registration: online via [registration form](#) for online participants**

**Event address for ZOOM attendees will be sent to all registered participants  
by e-mail**

Free admission for registrations.

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# PROGRAM

9,00 – 9,30 h

## OPENING

**Snježana Prijić Samaržija**, PhD., Professor, Rector, The University of Rijeka, Rijeka, Croatia

**Daniel Rukavina**, M.D., PhD., Professor Emeritus, Head of the Department of Biomedical Sciences in Rijeka, Croatian Academy of Sciences and Arts, Rijeka, Croatia

**Alen Ružić**, M.D., PhD., Professor, Deputy Rector of the University of Rijeka, Head of Clinical Hospital Centre Rijeka, Rijeka, Croatia

**Elvio Baccarini**, PhD., Professor, Deputy Rector of the University of Rijeka, Faculty of Humanities and Social Sciences, Rijeka, Croatia

9,30 – 10,30 h

## I. KEYNOTE LECTURE

**Chairman: Alen Ružić**

**Snježana Prijić Samaržija**, PhD., Professor, Rector, The University of Rijeka, Rijeka, Croatia

**Brave New World**

10,30 – 12,30 h

## II. ETHICAL PERSPECTIVE ON COVID-19: PUBLIC HEALTH AND RESEARCH

**Chairman: Elvio Baccarini**

**John McMillan**, PhD., Professor, The University of Otago, Dunedin, Otago, New Zealand

**Responsive bioethics and COVID-19**

**Massimo Reichlin**, PhD., Professor, The University of San Raffaele, Milan, Italy  
**The COVID-19 Pandemic and the Hypothesis of Age-rationing. An Ethical Analysis**

**Break for refreshment: 12,30 – 13,00**

13,00 – 15,30 h

### III. COVID-19: SOCIETAL AND INSTITUTIONAL CHALLENGES

**Chairman: Snježana Prijić Samaržija**

**Alen Ružić**, M.D., PhD., Professor, Deputy Rector of the University of Rijeka, Faculty of Medicine, Head of Clinical Hospital Centre Rijeka, Rijeka, Croatia

**Transformation of Healthcare During COVID-19: From Lockdown to the New Normal**

**Sanja Barić**, PhD., Professor, Deputy Rector of the University of Rijeka, Faculty of Law, Rijeka, Croatia

**State of Quasi-emergency, Competence, Proportionality, Human Rights, Judicial control**

**Elvio Baccharini** PhD., Professor, Deputy Rector of the University of Rijeka, Faculty of Humanities and Social Sciences, Rijeka, Croatia

**Basic liberties and their limits. Which and when?**

**Saša Drezgić**, PhD., Professor, University of Rijeka, Faculty of Economics and Head of the Centre for Smart and Sustainable Cities, Rijeka, Croatia

**Economic and Fiscal Impacts of COVID-19 Pandemics**

**Nebojša Zelić**, PhD., Assistant Professor, University of Rijeka, Faculty of Humanities and Social Sciences and Head of Centre for Peace and Conflict Studies, Rijeka, Croatia

**Individual Freedom and Institutional Solidarity in Time of COVID-19**

**Break for refreshment: 15,30 – 16,00**

16,00 – 17,30 h

### IV. ROUND TABLE DISCUSSION: COMMUNICATING SCIENCE IN COVID-19 ERA

**Moderator: Vedrana Simičević, science journalist**

**Panelists:**

**Luca Nicotra**, Data analyst at Avaaz, New York, United States: **Is Facebook a danger for public health?**

**Mičo Tatalović**, News editor at Research Fortnight, London, United Kingdom

**Tanja Rudež**, Science journalist at Jutarnji list, Zagreb, Croatia

**Alen Protić**, PhD., Professor, Head of Clinic of Anaesthesiology and Intensive Care, Vice-dean at the Medical Faculty, University of Rijeka, Rijeka, Croatia

# ABSTRACTS

## Brave New World

**Snježana Prijić Samaržija**

University of Rijeka, Faculty of Humanities and Social Sciences, Rijeka, Croatia

Presentation begins by noting the high correlation between democracy, freedom, and human rights in particular states on the one hand and scientific innovation and productivity on the other. It is crucial to note that some country's high or low standing on the global competitiveness index is not necessarily correlated with its position on the democracy index. Still, there remains certain correlation between both democratic and authoritarian, hybrid or flawed democracies with high or low places on the global competitiveness index. Furthermore, it is evident that non-democratic regimes and poverty – or, as some would say, global capitalism and the economic neoliberalism that generates it – are science's two main enemies. The development of science depends on comprehensive democratization and understanding why it is essential to invest in science.

With this in mind, this presentation goes a step further and inquires how democratic systems can generate the culture of ignorance and the scepticism towards science we are currently witnessing. The pandemic caused by the COVID-19 virus is a reagent that has cast light on many hitherto hidden problems and open processes. It has accentuated the culture of ignorance and scepticism towards science. Moreover, it could be claimed that democracy and the politically justified principles of universal civic equality and freedom have generated the problematic belief that anyone's stance is as valid and as true as anyone else's – including that of scientists. It follows that it was democracy that, in some sense, yielded the phenomena of populism and radicalization, as well as pseudo-scientific movements. These facts do not imply that democracy is not the least harmful political system but that these democratic deficits must be dealt with. In this presentation I argue that we must advance an epistemic or intellectual division of labour between citizens and experts and define the conditions that would circumscribe the appropriate balance between citizens and experts in decision-making processes. Namely, the real world and concrete situations we live in are far from the ideal states suitable for ideal-theoretical principles – including those of democratic theory. The real world is sub-ideal in many ways that determine the balance of citizens and experts in decision-making. The brave new world will be that which recognizes scientists' role and does not perceive them as corrupt political elites but as someone whom we should, in specific contexts, entrust with our decision-making autonomy. It will, to be sure, also be a world that recognizes the value of diversity and inclusivity in the role of the citizens' collective intelligence, and a world where scientists will not be generated and guided by political elites.

**Key words:** democracy, culture of ignorance, citizens, experts, division of epistemic labour

## Responsive bioethics and COVID-19

John McMillan

University of Otago, Dunedin, Otago, New Zealand

The COVID-19 pandemic has brought into focus methodological and Meta questions about the direction and purpose of bioethics. The initial phase of the pandemic resulted in a flurry of activity around ICU triage and ways of approaching that. While there was a need to support decision making for those tasked with making hard, mortal treatment choices, ICU triage is an issue that had already been extensively explored. Some of the literature publishes on the pandemic rehearsed issues such as the relative weight that should be maximizing quality of life verses equity. Given that resolving that issue might reduce to reaching a consensus about whether only utilitarian considerations should hold sway, it was unlikely that a resolution of that debate was likely. While these “hot takes” were understandable, it does flag the importance of reflecting upon the issues thought worthy of analysis. (Blumenthal-Barby et al. 2020)

More recently attention has shifted to vaccine challenge trials, where healthy volunteers are infected with COVID-19 to ascertain the level of virus needed to cause an infection and which potential vaccines look the most promising. This debate has also resulted in the rehearsal of issues thoroughly discussed in the literature including payment for research participation and the ethics of intentionally inflicting harm in the context of research.

These examples emphasize the “issues based” or “dilemma driven” nature of bioethics and the way in which scholarly attention is directed to whatever seems pressing at a point in time (McMillan 2018). However, there is a risk that more contextual, societal or even global issues raised by the pandemic don’t attract the attention that they merit. Scholarship has already tracked toward justice issues in bioethics, but it’s important that the field is evidence based and goes looking for the issues that merit attention, rather than merely being reactive and contributing to issues that are already under debate or have been discussed extensively before. (McMillan 2020) Bioethics and other areas that investigate issues raised by Covid 19 should be more “responsive” and less “opportunistic.” Most academics (myself included) will admit to at times being opportunistic about the issues we discuss. I claim that it is also important, especially at the present climate that we respond to the issues that need further analysis, and I will suggest some ways that this can happen.

**Key words:** bioethics, COVID-19 pandemic, responsive, opportunistic

## **The COVID-19 Pandemic and the Hypothesis of Age-rationing. An Ethical Analysis**

**Massimo Reichlin**

The University of San Raffaele, Milan, Italy

One of the most dramatic issues posed by the COVID-19 pandemic is the necessity of health-care rationing. In some countries, such as Italy, the health-care facilities have been very rapidly put under stress by the spread of the coronavirus; as a consequence, in many situations there have been difficulties in providing ICU admission for all patients with respiratory failure due to interstitial pneumonia. Since old age is one of the elements increasing the mortality rate of COVID-19 and decreasing the efficacy of therapeutic interventions, one criterion that can be suggested for allocating scarce resources in the context of the pandemic is to ration health-care interventions by age. This option grants priority to the young over the elderly, and can be pressed to the flat exclusion of patients over a certain age threshold from admission in the ICU. This last hypothesis was explicitly endorsed by a document published by the Italian Society of Anesthesia, Analgesia, Resuscitation and intensive Care, and decidedly rejected by the National Committee for Bioethics. I will discuss the ethical approaches taken by these two documents, and explore the arguments that can be offered both in favour and against the proposal of age-rationing. I will argue that, even though a general, a priori exclusion of patients over some age threshold is questionable, the hypothesis of discounting the value of health-care benefits over a certain age is defensible, and consistent with the principle of equality and with the equal dignity of all human individuals.

**Key words:** age-rationing; ethics; justice; fair innings

## **Transformation of Healthcare during COVID-19: From Lockdown to the New Normal**

**Alen Ružić**

University of Rijeka, Faculty of Medicine, Rijeka, Croatia

The COVID-19 pandemic is in many ways a unique civilization experiment. This global health threat, which no one could have predicted, has managed to change the society to which we have been accustomed so far. In the spring of 2020, the health crisis blocked the entire economy for the first time in history, and then continued to show a complete dependence of business and other life activities on the course of the pandemic. Through these events, it became quite obvious that the effects of the pandemic were ubiquitous, and deeper than it might have seemed at first. So it is with the healthcare system.

The COVID-19 pandemic significantly changed the organization of health care and its functioning. Although a specific doctrine for the treatment of different COVID-19 clinical presentations has developed, the structure of the entire health care system has fundamentally changed. Have health and the health care system become better and more important now?

The COVID-19 pandemic has undoubtedly brought a number of very negative impacts to the healthcare system, but at the same time it has made many things better. The pandemic has accelerated the transformation of the health care. Thus, the process of

reducing the number of hospital beds and focusing on providing health care in a socially acceptable environment - in patients' homes or outpatient areas whenever possible has accelerated. The care of COVID-19 patients, which in some phases of the pandemic was in almost exclusive focus, again put in the centre of society's attention the necessity of prevention and treatment of all chronic and acute diseases, not just the COVID-19.

The pandemic circumstances pointed to the numerous problems faced by health workers and, according to available data, contributed to the improvement of their social position. Although these are problems that have existed for decades, they came to the fore during the pandemic, and fortunately, the pandemic provoked a positive reaction from communities around the world. Thus, during 2020, there was noticed a decrease in the stigmatization of health workers with an increase in their social support, gratitude and solidarity.

There are many areas of health within which the effects of the COVID-19 pandemic have yet to be analysed in detail. They include the impact on the treatment of a number of diseases that need to be specifically examined, ranging from diabetes to the HIV infection. This open question are followed by the financial operations of health care institutions, the impact on the education of health care staff, and the development of diagnostic and therapeutic methods with special emphasis on telemedicine disciplines. However, in addition to all the above, the current data indicate that one of the most important topics for the near future will be to investigate the impact on the mental state of health professionals. Research conducted so far suggests a high prevalence of anxiety and depression during the COVID-19 pandemic, and it appears that the actual situation could show a significant worsening of physical illness in healthcare workers over time.

**Key words:** health care system, COVID-19 pandemic, transformation of health care health workers, telemedicine disciplines, mental state of health professionals

## **State of Quasi-emergency, Competence, Proportionality, Human Rights, Judicial control**

**Sanja Barić**

University of Rijeka, Faculty of Law, Rijeka, Croatia

In view of COVID-19 pandemic, every lawyer dealing with public law understands that the primary issue we should focus on lies in human rights protection in time of extraordinary circumstances and state of emergency or quasi-emergency. A constitutional lawyer is asked to look into different normative techniques that states have used in order to cope with the crisis (legislative delegation, emergency decrees, executive orders). Undoubtedly, their primary intention has been a successful combating of global crisis on a local level, however, these measures are both in content and – even more – in its impact on power balance and democratic principle in general, a textbook example of every dictator's "wet dream". The general climate of fear fuels societal preparedness for overall closing-up, reduction of previously attained level of social security rights and services, including ignoring or simply forgetting the special needs of certain vulnerable groups. While public at large tends to organize itself on a very small communal scale, the state is reducing its view and services in order to survive. Human rights are being significantly curtailed, public at large not only accepts it but

widely demands all necessary measures for attaining the perceived state of personal security. In short, COVID-19 should not be used as a classical “cooking the frog” situation, as some serious examples in the EU show. This session will deal with classic constitutional challenges as they have unfolded in contemporary crisis: matter of competence (*ultra vires*), controlling powers (democratic and judicial control), application of proportionality, measure of legal efficiency and legitimacy etc.

**Key words:** State of quasi-emergency, competence, proportionality, human rights, judicial control

### **Basic liberties and their limits. Which and when?**

**Elvio Baccharini**

University of Rijeka, Faculty of Humanities and Social Sciences, Rijeka, Croatia

One of the strong issues in the COVID-19 time is represented by public strikes for alleged legitimate personal liberties, opposed to public health recommendations or dispositions (<https://www.nytimes.com/2020/05/02/us/anti-vaxxers-coronavirus-protests.html>). This puts a strong requirement to rethink in public what our basic liberties are. The present talk discusses the application of two liberal principles of liberty. One is J.S. Mill's: “The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others” (1859). The other is the second formulation of J. Rawls's principle of liberty: “Each person has the same indefeasible claim to a fully adequate scheme of equal basic liberties, which scheme is compatible with the same scheme of liberties for all” (2005). The fully adequate system, in one explanation, includes “freedom of thought and liberty of conscience; the political liberties and freedom of association, as well as the freedoms specified by the liberty and integrity of the person; and finally, the rights and liberties covered by the rule of law” (2005, 291).

Having these definitions of legitimate liberties in mind, the talk debates two issues. First, limits of freedom. Neither Mill, nor Rawls attribute unqualified claims to liberty. In particular, under reasonable and justified conditions, an implication of their theories is the possibility of limiting liberties, when this is needed to protect people from relevant harm. Such conditions can be met during a pandemic, when there can be legitimate limitations of freedom of speech (not divulging fake news), movement (lockdown), and even freedom of the person (wearing a mask). Such limitations are legitimate if justified, and the burdens of proof of the justification vary in dependency of the severity of limitations.

Second, civic sense. John Stuart Mill and Alexis de Tocqueville admonished about the evils of a society where people are diffusedly of low spirit, focused exclusively on their limited interests, with no concern for the general good and for their fellow citizens. Such a description is widely applicable in public disputes in the COVID-19 pandemic. Too frequently we have appeals to rights and liberties that are minor and irrational, or founded on pseudoscience (like the alleged right of not wearing a mask), in comparison to the needs of public health and of not harming other persons. Such a society, in coherence with Mill's considerations, has a worrisome deficit in civic sense.

**Key words:** basic rights, emergency, liberalism, J.S. Mill, J. Rawls

## **Economic and Fiscal Impacts of COVID-19 Pandemics**

**Saša Drezgic**

University of Rijeka, Faculty of Economics, Rijeka, Croatia

The topic covers global economic and fiscal impacts of COVID19 pandemics with special reflection to Croatia. The economic crisis caused by pandemics presents unique form of force majeure, which affected both supply and demand side and caused disruption within economic system. Uncertainty related with biological nature and evolution of pandemics itself caused high degree of uncertainty within economic system, and thus, unprecedented difficulties of policymakers to formulate appropriate macro-economic and fiscal responses. The presentation covers most relevant impacts, policy responses and potential outcomes. Also, both short term and long-term perspective in terms of economic and fiscal position, as well as potential strategical policy directions are discussed.

**Key words:** economic and fiscal impacts, COVID-19, pandemics, government, measures

## **Individual Freedom and Institutional Solidarity in Time of COVID-19**

**Nebojša Zelić**

University of Rijeka, Faculty of Humanities and Social Sciences, Rijeka, Croatia

Relation between values of freedom and equality in contemporary egalitarian-liberal view is usually seen as following. Freedom is usually guaranteed by institutions in such a way that they do not interfere in lives of individuals and their choices of conception of good life. Freedom, of course, causes various inequalities to arise and role of institutions is to manage unjust inequalities in accordance with principles of justice. So, institutions in favourable circumstances mostly focus on value of equality than on freedom. But, in that scheme, it is not quite clear what is a role of a third democratic value – solidarity (or brotherhood, or civic friendship). On one hand it can be described as a certain ideal we are free to promote in our private sphere (then it is connected with voluntary actions and charities) or on the other hand we can claim that it is already part of egalitarian concerns. In contrast to these views I argue that pandemic of Covid-19 presents a vivid case why we should focus on value of solidarity and find its appropriate conception different than one of equality and why it should be value which should be embedded in institutions and not only placed in our private sphere as personal virtue. More precisely, I argue that such institutional solidarity is not in contrast with individual freedoms, but quite contrary. Solidarity can be described as concern for the freedom of vulnerable groups where freedom is understood in a particular way (following Sen and Nussbaum) – as capabilities to achieve various states and actions we have reason to value.

**Key words:** individual freedom, institutional solidarity, justice, egalitarian-liberal vie

**Panel Discussion:**  
**Communicating science in COVID-19 era**

**Vedrana Simičević**, moderator

The unexpected, destructive and often confusing Covid-19 pandemic proved, like nothing before, importance of quality communication between scientists and public. The unfolding public health crisis triggered massive infodemic fuelled by social media: overwhelming number of disinformation is seriously jeopardizing efforts to control the pandemic. Conflicting information about anti-pandemic measures, vaccine and treatments in media, often coming from official health sources and experts, additionally undermined public trust in science. This panel is aiming to discuss how to more efficiently communicate relevant scientific knowledge to general public during massive health and economy crisis, in challenging internet era of fake news.

