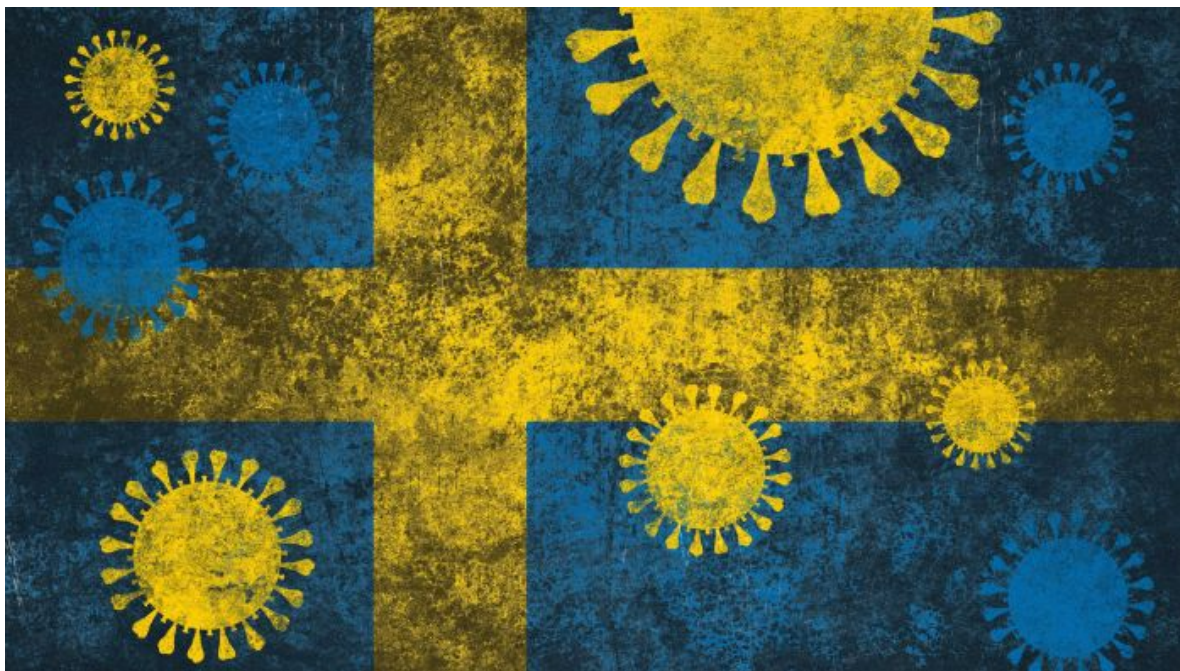


Opinion Sweden's experiment with herd immunity is unethical and undemocratic — and reveals an underlying political pathology

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Sweden's strategy of pursuing herd immunity by infection is morally unacceptable in democratic societies, which have an obligation to uphold the equal value of all citizens.
(Peter Zelei Images / Getty Images)

We speak of “herd immunity,” in the context of a life-threatening pandemic, as a way of providing protection for an entire population. It is a state that can be achieved either *artificially*, through a vaccine, or *naturally*, by a sufficiently large number of people (around 60-85 per cent) contracting the virus.

The leaders of Sweden's Public Health Agency (*Folkhälsomyndigheten*) have repeatedly insisted that they are not actively pursuing “natural” herd immunity in response to the COVID-19 pandemic. And yet, they have repeatedly promised that “herd immunity” would soon become manifest, and have called it a beneficial by-product of their overall strategy.

After months of confusion, however, Johan Giesecke — the architect of the Swedish strategy and mentor of the Agency's “chief epidemiologist” Anders Tegnell — has publicly promoted “Sweden's herd immunity approach,” which entails a “controlled spread” of the virus “among the under-60s” and a “tolerable spread” of the virus “among the over-60s.” A number of leaked documents and public statements corroborate the widespread suspicion that this has long been the Agency's strategy.



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Demonstrably, Sweden's incautious approach — which has been interpreted in other countries as a *Sonderweg*, “separate path” — was driven by pursuit of natural herd immunity in the population. Such an approach, which is the polar opposite of New Zealand's elimination strategy, has recently attracted attention in the United States, where the death toll from COVID-19 has passed 220,000. President Donald Trump's latest pandemic advisor, Scott Atlas, has caused considerable controversy by advocating the same method as Sweden — which was amusingly mischaracterised by Trump himself as “herd mentality.” This comes in the face of a warning given by some Swedish scientists in May, who warned the United States “not to do what we did.”

The question I would like to broach here is: *Is natural herd immunity ethically responsible and politically acceptable?*

But before diving into the ethical dimensions of this question, it is worth reminding ourselves of legal dimensions. In August, a campaign was initiated to scrutinise the British government's initial decision to allow the virus to spread unchecked, and to investigate whether the state has acted criminally in its pursuit of herd immunity, in breach of Article 2 of the European Convention on Human Rights. A similar investigation — which is already underway in France — will probably also take place in Sweden sooner or later, and we can expect a large number of cases to come before the European Court of Human Rights next year.

Here, I want to lay out some of the reasons why the strategy of pursuing natural herd immunity is unethical, irresponsible, and morally unacceptable in democratic societies which have an obligation to uphold the equal value of all citizens. Such is the unanimous assessment in all other European countries — although three of them were tempted and considered pursuing this strategy for a few short days, before abandoning it altogether.

Utilitarianism's malfunction

The method of allowing a viral infection to spread — either freely or at a “reasonable rate” — is profoundly unethical because it exposes large groups of citizens to life-threatening risks. Senior citizens, those with severe illness, and those who due to low income, scant education, and limited job opportunities, are exposed to a significantly greater risk of mortality than rich, younger, healthy citizens. The method discriminates against the elderly, the sick, and the poor, and diminishes human dignity and equal rights of citizens. It thus violates fundamental principles in the Swedish democratic constitution.

Pursuing natural herd immunity fits well into the schema of *ethical utilitarianism*, where one is obliged to maximise happiness (or some cognate value) for the largest possible number of people by calculating and optimising the consequences of actions to achieve the desired goal — in our case, “public health.” In the context of a pandemic, the public health of a society is sought by quickly attaining a state where many healthy, young, highly productive citizens with immunity can keep the economic gears of society turning.

Some, however, necessarily must pay the “price” for this happiness when ethically weighing the short- and long-term consequences against each other. Selection, de-prioritisation, and palliative (instead of hospital) care are side-effects for the elderly. Medical staff in Sweden have reported many such

situations of ethical stress, even as the authorities have assured that healthcare was not overburdened, despite the fact that it was being stretched to the breaking point and beyond. Herd immunity thus entails various forms of medical violence and, to some degree, even euthanasia — a question examined by the Christian Ecumenical Council. In addition, the lack of a rapid reduction of the infections (through an early lockdown) has led to a “medical care debt” (due to unexecuted treatments), taking the health system years to compensate. Applied utilitarianism in the context of a pandemic reveals its fatal malfunction.

Even so-called *duty ethics* obviously has its shortcomings, but given the traditional Western image of humanity it is not unreasonable that principles such as “Thou shalt not kill,” “All people have equal value,” and “Human rights apply equally to all citizens” should be applied without compromise. Herd immunity without doubt ignores these constitutionally protected rights and the associated understanding of what it means to be a human being; ultimately, it violates the commandment not to kill. Aptly, therefore, virologist Sandra Cieseck has remarked, “First and foremost this path [of natural herd immunity] is undesirable as the virus is causing so much damage that many people would die.”

Trick question:

Can anyone name a circulating human respiratory virus that induces herd immunity?

(No, because they wouldn't be circulating - viruses evolve to escape or modulate immune responses to survive)

— Stuart Neil (@stuartjneil) July 22, 2020

Biologically, one should also take into account how the virus can circulate and avoid an immunity response, and survive anyway. We can therefore agree with immunologist Florian Kramer, who states that, “herd immunity through natural infections is not a strategy, but an indication for the government's malfunction to control a break out and to pay for this with lost lives.” The gruesome situation in the Brazilian Manaus reveals this clearly, where a relatively young population of 1.8 million seem to have achieved herd immunity at the cost of around 3,600 lives.

“We do not want to provoke deaths,” distinguished virologist Christian Drosten declared in early March, and he was followed by decision-makers in Germany who agreed that such a method would also threaten young people's right to autonomy because they otherwise would have been subjected to a biopolitical state experiment without their knowledge or consent. In Sweden, on the other hand, the Public Health Agency — which was, from the beginning, endowed with exclusive power by the Prime Minister — has chosen *not to limit the spread of infection*, but to control it at a “reasonable” (though never publicly communicated) rate, unlike New Zealand and all other European countries.

In my view, rationally planning such a strategy — despite the fact that its medical and ethical problems have been known for a long time — appears irresponsible, morally unacceptable, and legally dubious. “We were the rational. The unemotional. The secular,” summarises a Swedish physician, resignedly. In addition, it appears politically unwise, because the whole system risks losing the trust and confidence of the population. So public approval of the Public Health Agency declined this summer rapidly from around 80 per cent in April to around 54 per cent in August.

Sacrificing the elderly

One of the strong objections to herd immunity regards the demon of “ageism.” In Sweden, it has been

known for more than a decade that the eldercare system has been inadequate (partly due to the privatisation of the public sphere in the times of neoliberal turbo-capitalism). Launching a strategy that allows a “reasonable” spread of a life-threatening unknown virus in such a deficient context can only be justified by power-crazed and ethically reckless decision makers. The principle of equal value for all is jeopardised, and the command not to kill is relativised in the SARS-CoV-2 casino, where even asymptomatic and presymptomatic persons can infect their neighbours, and where the infection is transmitted two days *before* the symptoms appear (a fact ignored and downplayed by the Swedish leadership due to its constant refusal to communicate with critical scientists).

By way of analogy with British Prime Minister Boris Johnson, the Swedish Prime Minister Stefan Löfven attempted to let the municipalities, and especially the private operators, bear the full blame for the infected and dead elderly. But while Johnson caused such moral indignation by *not* taking responsibility — so much so that he had to apologise — Löfven still maintains his postulate with only weak objections from some care workers.

There is “no case at all where such a controlled herd immunisation has succeeded,” claims prominent infection researcher Bernd Salzberg. Former state epidemiologist Annika Linde has courageously stated that things went wrong in Sweden, and that we should have followed those countries that locked down early instead.

Can one nevertheless claim that Sweden's Public Health Agency has conducted a pandemiological “open air experiment” without including the people in this decision? If so, what was the ultimate purpose? In a state of confusion, citizens and experts still await a convincing answer; journalists are timidly afraid of digging deeper; politicians in all camps keep silent; and the government refuses responsibility for the past and promises opulently a better future. At the same time, more and more concerned scientists and pundits from across the ideological spectrum, together with a polyphonic choir of critical voices in the international media, are questioning the Swedish *Sonderweg*, and pushing back against anti-lockdown lobbyists, liberal extremists, social Darwinists, and confessing utilitarians.

As opponents of national lockdowns in the name of unrestricted freedom gleefully refer to “the Swedish model,” one might ask how much economic sense this approach makes. Recently, the OECD measured the interrelation of economic loss and loss of lives in a comparison of Nordic countries — they found that Sweden did not gain any profit from its strategy, only thousands of unnecessary deaths. But we should take heed of bioethicist Xavier Symons's warning that there is always a subtle subtext in the economic arguments. If *homo economicus* is measured financially, healthy young citizens are given priority over the vulnerable elderly, sick, and weak. This is diametrically opposed to liberation theology and its “option for the poor,” embraced these days by a majority of religious believers and splendidly represented by Pope Francis.

In addition, economist Christian Gollier has stated in his study that, in a pandemic, if you do not have a vaccine you have only two choices: to limit the spread of the infection as much as possible; or “let it rip” in order to achieve herd immunity. According to Gollier, the latter entails an unbearable loss of life, as well as an insurmountable ethical problem in choosing which population groups one will expose to an infection. The transfer of exposure from older to younger people reduces, according to Gollier, the probability of dying by a factor of 1,000. Moral concerns could reverse this recommendation only if a society values the life of a single young person higher than the lives of 1,000 people over 65.

This should clarify why a democracy cannot even consider an immunisation strategy through a more-or-less controlled spread of infection. The families of those who have so far died a premature death in Sweden because of this choice are owed answers, respect, and responsibility; what they are getting instead is official obfuscation and repeated denial of the national strategy's responsibility for the thousands of dead.

Sweden's gamble

With a kind of relentless clarity, the coronavirus has revealed the underlying condition of nations and the world community — for better or worse. The injustices that exist between different population groups become starkly visible, even as the “better angels” of people's nature flourish in new modes of solidarity, empathy, compassion, and charity.

Unsurprisingly, a pandemic harvests its victims primarily from among the poor. But Sweden's coronavirus strategy has been an instrument designed for the rich and prosperous middle class, and has failed to take into account the society's existing social injustices. Sweden's chief epidemiologist, Anders Tegnell, has been described in Germany and Australia as “the icon of freedom” and adored as a “rock star”; and initially, many citizens seemed to have great confidence in his strategy. Many have been proud that Sweden succeeds in combining infection control and the preservation of as many freedoms as possible for the individual, without mandated restrictions and injunctions with sanctions. It may seem hard to believe, but Sweden is still proud of what sociologists have depicted as its “state individualism.”

Tegnell, for his part, and with a notable lack of any sense of guilt over or empathy for the victims that have been claimed by this virus, continues to boast about the superiority of Sweden's strategy, compared to the failures of other countries. In effect, Sweden's entire social contract is on trial: the value of individual freedom versus responsibility to care for one's neighbour. But what about when my freedom violates the freedom of my neighbour? Why are facemasks still being rejected as an efficient tool against infection and the sign of a creative body politic that expresses solidarity with and compassion for each other — if not because of an irrational faith in herd immunity? Are we “being herded like a flock of sheep toward disaster?”

Finnish social scientist Ari Ehrnroot aptly diagnoses an extremely worrying trend towards a Swedish “totalitarian democracy.” Does this prospect emerge only due to the pandemic, or is there something deeper at work? In what way is corona-ethics challenging political ethics? In what way is the overconfidence in herd immunity, in individual responsibility, and in evidence-based medicine, associated with post-materialist values and postmodernism, as well as a deeper erosion of communitarian values?

A great many moral philosophers from various traditions are unequivocal in their condemnation of natural herd immunisation — and now, so too has Tedros Adhanom Ghebreyesus, the head of the World Health Organization, who described the pursuit of natural herd immunity as “scientifically and ethically problematic”: “Allowing a dangerous virus that we don't fully understand to run free is simply unethical. It's not an option.”

Given that experts in medical ethics and epidemiology have also for a long time condemned the approach, it seems particularly troublesome that a national agency, whose charter obligates it to “stand on scientific grounds,” has both ignored recent research and refused to accept and apply important new scientific insights. After cases began to multiply in Sweden in March, a number of respected, well-credentialed scientists, doctors, and other experts commenced a constructive yet self-critical discussion about how best to tackle the pandemic. Their interventions attracted a wide range of public responses, but were also subjected to severe, decidedly non-objective criticisms, and were even accused of fouling the national nest. As Gretchen Vogel has recently written in Science magazine, Sweden's pandemic policies “came at a high price — and created painful rifts in its scientific community,” and have now provoked a “fierce backlash.”

Ethical accountability

In late spring, a group of scientists, doctors, and philosophers — of which I was part — founded [Science Forum Covid-19](#) in order to reach the broader population and provide a point of contact for the media, but we are still refused to be allowed into dialogue with the Public Health Agency and government. From the perspective of research ethics, the situation in Sweden has been extremely painful for doctors and scientists — not least because it has been caused by a long, specifically Swedish tradition of investing public trust exclusively in national agencies and non-elected officials. Without doubt, Sweden must question whether agencies run by non-elected officials should execute all power in a state of crisis, or if they, with other relevant experts and bodies, should advise political representatives.

If power is properly invested in the consent of the people, the state's corona-strategy needs to be negotiated along the well-tested principles of discourse ethics — whereby those who make decisions can be held accountable. Early signs of such a turn can be observed partly in the establishment of the [Science Forum Covid-19](#), and partly in the leading scientists of the Royal Academy of Science's laconic criticism of the Agency's "[bunker mentality](#)" as well as the Academy's recent establishment of its own [expert commission](#).

[Discourse ethics](#) requires that the elected representatives of the people take their responsibility to ensure that all concerned and affected — especially vulnerable citizens — can participate in the conversation about solutions for the benefit of all. Experts have a specific, but limited, role in this. Corona-ethics and political ethics are intimately interwoven. Handling and surviving the virus might then even contribute to produce a certain resilience with regard to our socio-political pathologies.

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