

# Is the global response to Covid-19 justified?

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Here we analyse the legitimacy of government actions during the Covid-19 pandemic (lockdowns, social distancing, and masks) and the way they restrict individual choice and derail society by appealing to the masses. Rather than focusing on scientific research on the actual virus, we focus on the set of arguments typically provided by pro-measures individuals to show that they are based on the concepts of cognitive misery, lazy option, and problem substitution. We discuss some of the most notorious slogans and provide counterarguments to show that governments, media, experts, and other institutions have been led by the inertia of a confusing problem based on arbitrary and entangled grounds. Our conclusion is that governments, media, and industry are forcing “one-liners” (slogans) upon the true minority under attack: the single individual. Only when the single individual manages to become a sufficiently strong power, consideration of personal choice is granted.

## 1 Introduction

We argue that the global response to the COVID-19 pandemic in Western democracies was executed based upon a few principles or maxims. Authorities did not formally present these maxims in a way that the public could assess multiple routes of action and possible consequences to their lives, dignity, and future. Here we attempt to identify the maxims that currently play a major role in settling the COVID-19 pandemic response by looking at the slogans that appear in the media (news, social media, government bulletins, etc.) and are repeated by citizens worldwide. These slogans appear to be the ultimate argumentative weaponry in the hands of those supporting the adopted measures (e.g. lockdowns, distancing, wearing masks, etc.) and are exploited as one-liners to support the so-called “new normality”.(1)

One-liners have turned the global economy upside down, provide a unidirectional objective to society, and negate the basic individual rights that citizens of Western democracies have inherited from years of struggle against the formation of nuclei of power and power segregation.(2) With power segregation we mean something simple: the separation between the rights of rule-makers and the obligations of those forced to obey them. We further discuss the flow and exchange of influence between decision makers, governments, employees, employers, and the pressure exerted by both organized media and, in general, organized, or semi-organized but otherwise large, groups of people. We aim to show that these large groups have gathered sufficient inertia to enforce a repressive campaign based on the repetition of weakly founded viral slogans such as “we must show our solidarity”. UNESCO claims, for example, that “people across the globe showed solidarity during the health emergency and saw how enhanced cooperation can help build a better future.”(3) Here the actual meaning of the term solidarity is modified in at least two counts. First, rather than requesting the possibility of agreement, the will of the many is brutally enforced bypassing any possibility for the individual to independently agree or disagree. Individual choice is simply ignored. Second, only the will of one side is considered. This consideration is further granted based on power alone. In the discussion we provide arguments to show how groups overwhelm and abuse the minorities in several counts. UNESCO further challenges what “we regard as normal” but our claim is that they persist ignoring the concept of normality in several counts.

Another critical slogan is: “prevention is better than cure”. However, rushing to solve a problem often results in complications with consequences worse than the original problem. This is typically stated as “the cure might be worse than the disease”. Maybe less known is that the prevention maxim deals with preventing situations when the applied methods lead to known and informed results both ways(4, 5). This means that a prevention is suitable when both positive and negative outcomes are predictable and have been critically assessed(6). From a scientific perspective, a known input applied to an unknown function leads to an unknown output. To understand complex systems, scientists typically only slightly perturb them by very moderately changing parameters. Even slight input variations in a relatively simple system (e.g. the logistic map) might result in the system entering a chaotic regime (i.e. complex and unpredictable). Let us wonder for a second how complex global economy, culture and overall society are, and we will understand at once that drastically modifying social conduct by invoking simplistic maxims more readily sounds like a suicidal approach.

In medicine this translates into the following maxim: “invasive procedures should be applied only when it is strictly known that doing nothing or other has far worse consequences”. Some

have recently reminded us that “doctors are biased to intervene and patients are biased to overestimate the benefit of interventions —and their unfortunate outcome”.(7) Still within medicine it has been recently shown that “bias is an inclination to present or hold a partial perspective at the expense of possibly equal or more valid alternatives.”(7), and also that “to make educated decisions, patients must understand harms and benefits of treatments. Unfortunately, patients consistently overestimate benefits and underestimate harms of medical tests and procedures. Likewise, physicians are poor at assessing treatment effect size and other aspects of numeracy.”(8) In general, we should not expect lack of bias from experts since “intervention bias, ..., exists in the practice of medicine.”(9) In this text we will also discuss what psychology can say regarding human decision, the bias toward a solution by oversimplifying a hard problem, and the lazy option of supporting the majority.

Several institutions are further claiming that “it is easy to assess *a posteriori* what should have been done a few months ago”, but this claim is illegitimate when one deals with critical decisions such as modifying human rights standards and hastily implanting others. We draw from the analogy to medicine here since the COVID-19 pandemic is a medicine scenario on a national scale. In emergency medicine the problem of application of procedures must be rushed in certain situations and for several obvious reasons, while this does not make the decision exempt of critical assessment even *posteriori*.

Another analogy comes from education, where a simplistic maxim claims that “provided the decision results in positive outcomes, the reasons and intentions behind the decisions can be disregarded”. Besides the fact that the “outcomes decided upon are subject to interpretation by those implementing them) (9-11), presumably, the positive result or outcome here is decreasing deaths by Covid-19. While one can think of many situations where this maxim does not apply, for example, attempting murder and being unsuccessful or attempting murdering someone but randomly ending up saving their life, we want to draw here from an analogy to education in order to assess whether governments and societal response have passed the test or failed. Typically, the response to a question is assessed both on account of 1) the result being correct, but also with regard to 2) the manner in which the student turns the question into a problem that is sufficiently reasoned and presents alternatives by showing clearly that the problem has been understood(12). Our objective here is to show that:

- 1) the response to the Covid-19 pandemic is not sufficiently worked out as a problem in order to lead to a result even where the result might have a positive outcome;
- 2) possible collateral consequences have not been assessed with rigor;
- 3) no alternatives have been presented due to lack of planification, assessment and analysis;
- 4) considerations regarding individual choice have not been given any weight making it plain clear that the direction taken and what sets the standards for future actions favours grouped over individual rights.

Arguably, most efforts in society have been made in the direction to guarantee human autonomy and allow for individual choice. Examples of this are sexual orientation, the right to independently vote and religious and other personal beliefs. Through the Covid-19 program, these efforts have been grossly and aberrantly invaded. On account of the above, our method here consists in listing

- 1) the arguments supporting the decisions of governmental institutions;

- 2) the assessment leading to such arguments;
- 3) the alternative routes presented including an assessment of the alternatives.

Finally, we discuss where the arguments in favour of the decisions made during the pandemic so far could be equally applied to other problems of society where they are typically ignored and undermined. It seems governments and institutions are lagging behind in this respect in the case of the response to Covid-19.

## 2 Discussion of the main arguments

### 2.1 The single individual as the true minority

A question that should be asked before society puts into work its gigantic machinery aiming at optimizing governmental targets and organizing society is this:

*How far reaching is the machinery that optimizes governmental decision and how does such machinery overreach into the realm of individual decisions to the extent of oppressing the minority, in this case the single individual?*

One should not, for example, hastily throw the army upon the citizens to establish order. This is a gruesome abuse of power. The government has at its disposal most institutions including universities, hospitals, and the police force. These institutions should act in the interests of the individual but can also easily repress individuals by targeting and imposing cohesion in society, i.e. one goal, one will. Maxims such as “together we will defeat the disease” or “we must show our solidarity” have been quoted many times. The leading Spanish political party is an example claiming “Unidos, saldremos adelante. Unidos, venceremos al virus”(13) (Together we will move on. Together we will defeat the virus). Besides the obvious similarities with totalitarian regimes, maxims inducing cohesion are not as harmless as one might presume. On this topic, Michael Mann wrote about 50 years ago that(14) “cohesion in liberal democracy depends rather on the lack of consistent commitment to general values of any sort and on the “pragmatic acceptance” by subordinate classes of their limited roles in society. Suggestive evidence is also found for the existence of some “false consciousness” among subordinate classes.” In short, the individual can be easily overwhelmed when facing such tremendous power, no matter how honourable such goal might be. Power is typically further supported by the discourse of organized experts and advisors in several fields with claims that we should follow one goal.

A second level of power but equally overwhelming are the private or public institutions that provide employment to the individual.

*Can employers invasively overreach into the individual’s most private beliefs by enforcing rules invoking, even if secular, communal good or reinforcing the discourse of the government?*

Again, evidence points at threats to employees by employers and to employers by governments claiming that a mask must be worn and that non-compliance will be sanctioned. The employee depends on an income and this income can be all too easily used to blackmailing and bribing the employee. In the case of the company, sanctions simply mean weakening the

company. In this way decisions rapidly transfer from experts to governments and employers to support and reinforce each other simultaneously and synchronously.

## 2.2 The task of the expert is to predict not to enforce

What we mean by prediction in contradistinction to enforcing here is plain clear: predictions of medical doctors or other experts can be made regarding possible deaths resulting from free choice when it comes to confinement or wearing a mask. A medical doctor however cannot use its position of power to intimidate neither citizens, nor the government, nor other institutions to target displacing all other priorities based on this univariate and oversimplified prediction. This would grossly misrepresent the complexity of society and would be inconsiderate of the overall complex problem. Said plainly:

*Neither the selection of priorities nor the analysis of the interconnections of priorities is the job of the single or board of experts.*

This means that the planning of an organized response cannot be based on the prediction of the number of deaths by a single cause alone. The problem can neither be sorted by simply supporting this single cause one-sidedly. This oversimplification is one of the main problems of simplistic slogans. The fields of politics, sociology, economy, institutions defending minorities and similar exist(15) because problems are complex. Said plainly: we have many institutions in society and not only one, and these institutions are interrelated in many cases because problems are complex.

If this were not the case, the situation with pollution, to give an example, would be settled at once. Nevertheless, this is hardly the case. Rather, politicians are cautiously still debating, even though the large amount of data pointing at the dramatical consequences of lack of action, precisely to maintain a balance in society that could easily result in disastrous consequences, for example, high levels of unemployment and generalized poverty and misery of many types. The problem of pollution indicates that data regarding the negative impact of a single problem in society does not provide sufficient criteria to make decisions.

The relevance to the Covid-19 pandemic here is that even if one could scientifically prove that alleviating restrictions globally would lead to X deaths by Covid-19, the decision does not follow. As an example, WHO estimates(16) that “9 out of 10 people breathe air containing high levels of pollutants”. Furthermore, “4.2 million deaths occur every year as a result of exposure to ambient (outdoor) air pollution” and “the combined effects of ambient (outdoor) and household air pollution cause about seven million premature deaths every year”. The solution to this problem is simple, namely, to immediately put a stop to human activities that pollute. However this solution is trivial, oversimplifies the problem, and cannot be possibly implemented.

A main problem that we observe here is that the task of experts, governments and employers is grossly misrepresented in this triad of action. Some citizens ultimately act as watchmen to safeguard the rules from above by invoking simplistic and univariate slogans. Examples of this have been seen worldwide where, for example, in Spain, people shouting, threatening, and calling “killers” individuals walking in the streets or wearing no masks have been pejoratively

named “balconazis” (nazis on a balcony). As shown in a viral video, Spanish police confronted citizens regarding their taking a walk in the streets during confinement as illegal and irresponsible on account of the fact that there are deaths involved. Walking outside was indeed illegal for other than basic shopping and some other basic things, but we want to emphasize here that the police repeated this slogan: “take this law of not walking outside seriously since people are dying”. A professional cyclist was also taken on by the media since he decided to go on his bicycle and wrote in social media that “Covid-19 can lick my ass”.(17) Besides the inappropriate language it is scientifically ridiculous to claim that people on their bicycles will make viral transmission worse. There is a particular sentence that most Spanish have heard “Esto es serio. Hay gente muriendo.” (This is serious, people are dying). It is also part of the popular discourse to claim as a response to the question “why should I wear a mask?” that these are the times we have to live as if a mystical force imposed human action. In Spain the common sentence is “es lo que hay” (this is what there is), a sentence that indicates the settlement of learnt helplessness and imposition. The reason why we explicitly write down these examples here is that they provide a way to interpret how decisions made by experts have turned into popular discourse and societal response.

How can we understand this situation? We could start from the origin of the “power structure”; the way in which power can flow down to the individual citizen and then kick back upwards as in the case of employers or the unofficial watchmen we just mentioned. We hypothesize the first task that is grossly misrepresented is that of the expert. We thus start by discussing the involvement of experts in the Covid-19 pandemic.

### 2.3 The task of the expert in the Covid-19 pandemic

First, the task of the expert is rapidly transitioning from advisor to decision maker in the sense that decisions are being enforced by invoking communal good, a way of invoking that invites secular regimes to silently settle in the background and by this we mean the phenomena we described above. In the mode of a question and in order to restrict the problem:

*Can medical doctors enforce confinement, or should their task be reduced to predicting with their expert advice the possible consequences of a set of decisions?*

We have given an example related to the environment and air pollution. Now we want to provide an example related to the rights of single individuals in relation to impositions for the overall good. Again, in terms of an analogy and to aid the reader in our discussion and arguments against aggressive imposition of laws onto the individual, we want to discuss the following scenario. Let us assume that expert advice concludes that forbidding religious institutions, or better, personal beliefs, would lead to an overall decrease of war casualties or even eradicate them. It is not down to the community, not even in the hands of scientific experts or democratic vote to decide the faith of a single individual. This analogy is completed by reminding medical doctors invoking reducing deaths as a final maxim that the way in which a society transforms cannot be decided by their will to limit casualties alone. Besides being biased, this decision is not theirs to make. We have emphasized this already in the introduction and in section 2.2 by discussed expert bias. Said plainly, medical doctors cannot be the watchmen of society since that is not their task and limiting casualties, at least by a

single cause, is not the most fundamental principle. If it were, human activity in general would be severely impaired and, ultimately, the phenomenon of war would have never taken place since war is an extreme case where the regulation of human activity many times takes precedence over casualties.

As the situation stands with Covid-19, these concepts should be seriously reconsidered by drawing parallels to the secular maxims that are being thrown onto individuals by unleashing the tremendous global power of the structured society. Unleashing such power results in nullifying basic human comportment and choice where, even if maxims are not religious in character, still form the basis of a morality based on secular power structures that overwhelm the individual. Again, in analogy with religion, enforcing secular views is hardly less intrusive than enforcing religious ones.

## 2.4 The task of the employer in the Covid-19 pandemic

In this point we further discuss the entanglement that results from the belief that being a responsible employer or employee and following governmental rules is enough to consider oneself safe in terms of endangering the lives of other individuals.

*Can the government or the employer enforce the wearing of a mask and social distancing?*

Anybody knows that going against rules at work is a fast way to unemployment. While it is true that a citizen can “freely” choose a job, it is equally true that securing a job even if to provide a minimal income has become one of the hardest tasks of human activity. The necessity of securing and maintaining a job thus becomes a possible source of bribery and blackmail.

Current society places much emphasis on people learning skills in order to support the machinery of production, and here we include schools and other institutions as production since these count as productive output, while assuming that what are otherwise essential and individual decisions should be taken by the government as their responsibility. Examples of the latter being personal beliefs, social interactions, i.e. who and where one is supposed to meet depending on X constraints, the response to problems that pose a danger to human life, modes of conduct or dressing codes such as the wearing of masks. If governments choose regarding essential and basic decisions and employers enforce the law, the employee is put in a position of extreme disadvantage when it comes to choose.

## 2.5 Private decisions over social rules in relation to the Covid-19 pandemic

A very common argument in the mouths and minds of most of us when it comes to regulations surrounding the Covid-19 pandemic could be roughly articulated as follows:

*Should people with less knowledge in general be guided by expert advice or rules imposed by the many?*

The limits of the exercise are at stake already in the question. We have already partially discussed this in the introduction and in 2.2 and 2.3 in relation to expert advice. Here, we focus on some of the main propositions quoted in this respect, the first one being that personal choice should be limited when it affects the many. Even asking the question of whether I should choose for others or not, or whether others should be allowed to choose by themselves, tacitly answers the question because I am already involving other people and their decisions in my questioning. We do not comment on this in order to claim that we should not speak of others, but rather, we do so to emphasize that appealing to such oversimplistic maxims without understanding the complexity of the problematic is absurd. Reality is much more complex than commonly quoted maxims want to make us believe. The complexity of human relationships makes it practically impossible to decide how the freedom of one person gets intertwined with that of another. The problem is to act by considering the invasiveness of actions not to presume one can fully remove invasiveness. A rule is precisely established to invade private decisions. The question is not whether rules invade personal privacy, but rather, 1) the ways in which they do so, and 2) the extent to which they do so.

Let us consider the following unsettled question: does the individual or the medical doctor have the last say on what “feeling pain” or “feeling anxious” is? Some claim that the individual has the last say on whether the claim of “pain” correlates with real “pain”. Others claim that “subjective” claims that do not correlate to physical findings are unscientific and therefore there is no pain if the claim is merely subjective. This problem is trivial to the naïve only. Discussions on the topic should be enough to make one think twice.<sup>(18)</sup> This situation makes it plain clear that the claim on the measures cannot rest on scientific findings alone. More precisely, not even a clinical claim stating that wearing a mask or confining oneself results in no negative medical conditions can overwrite the individual claim. This means that whether the mask or confinement result in extreme negative personal conditions cannot be decided by many, not even by many experts. Invoking that one must wear a mask unless it is harmful to their well-being based on clinical tests or expert advice is absurd. Let us consider the situation in the field of psychology.

The question on well-being is arguably settled in psychology in relation to overall feeling of happiness or misery. We want to show that even here statistics are erroneously invoked in many respects. In questionnaires, answers to questions such as “how happy does X make you feel?”, where X is sometimes money, are correlated with misery in one extreme and happiness in the other (Thinking fast and slow, page 396 - Ref. 28). Some claim that statistics provide a definite answer to this frequently asked question. Nevertheless, concluding that X “makes people happy” solves nothing in relation to asking the question “does X make you happy/unhappy?”. Thinking that either deductive or inductive reasoning settles the question ignores the fact that it is the saying of the individual that counts “as data”. Said plainly: an individual saying yes or no is the premise and “raw data” in the experiment and the conclusion is simply the theory that predicts an average encounter with a person. The prediction cannot override the empirical finding, but the inverse is true. Namely, even if tests claim that 100% of people found no problem wearing a mask in a study, even a single individual claiming that there are problems breaks the generality of the rule. The term “side effects” in medication is an example of this issue. For example, the Wikipedia entry says, “developing drugs is a

complicated process, because no two people are exactly the same, so even drugs that have virtually no side effects, might be difficult for some people.”

In summary, in terms of individual claims, the question on how negative it is to the person to be forced to confinement or wearing a mask is not directly reducible to the finding of physical markers by medical experts, nor by the saying of experts, nor by statistical averages. In the literature we might find the reduction of personal claims to the realm of subjectivity and this means that personal claims might not be seriously considered. We suggest that any attempt to claim that subjective symptoms are clinically irrelevant might respond to the lack of understanding of the term “subjective” in some fields of research or circles of researchers(19). An example of serious subjective considerations in relation to N95 mask research led some to the following conclusions in 2013(20):

“Subjective symptoms related to wearing an N95 included nausea, headache, light headedness, visual difficulties, shortness of breath, palpitations, confusion, and difficulty communicating; these variables were assessed using the Roberge Subjective Symptoms.”

## 2.6 The problem of the hospital facilities and flattening the curve

It is not directly clear what human action causes what side effect in society. Any scientist working on complex systems can arrive at this conclusion by even rapidly inspecting the problem we have here with the pandemic. Driving a car poses a danger to everyone willing to take the risk to be near a road even on a bicycle or walking. Driving and human activity in general further pollutes the environment by causing third party casualties as we have discussed with the example of pollution. Drinking poses the risk to make humans aggressive enough to murder others or engage in violent activities. Smoking, overeating or even individually deciding on playing risky sports puts a strain on the health system that prevents other humans that suffer from “natural diseases” to access a reduced number of hospital facilities. Skiing or riding a bicycle, even if to go to work, puts at risk not only the life of the individual but also the lives of third-party individuals that could be randomly hit. Religious views might ignite extremism resulting in terrorism and casualties of third-party individuals. The slogan regarding flattening the curve is an oversimplification of choice versus responsibility and overemphasizes the solidarity of a group by assuming only certain criteria which, to be sure, is decided upon by the very group that imposes it.

Let us give examples regarding private over against group decisions. The standard claim is that hospital facilities were 1) too full and 2) it is our responsibility to flatten the curve. In order to be solidary, I must confine myself and wear a mask even if this is against my will. The problem here can be inverted.

First, if there are not enough hospital facilities maybe it is the fault of some that “freely chose” to use their money on entertainment or other rather than on medicine and hospital facilities. We have football stadiums for example, that, were they hospital facilities, would be able to allocate many more people. We say here “freely choose” intentionally since it is claimed people that got the virus did not freely choose to get infected. But they, or other, certainly freely chose to not pay for more hospital facilities and, for example, spent their money on building football stadiums. When the problem becomes immediate, it is claimed that some

must sacrifice their independence at the expense of overriding personal choice. Second and still regarding the free choice, many hospital facilities are full with people that freely chose to smoke, drink, overeat or drive a car. Deciding to drive a car here is not a trivial problem. A person that drives freely chooses to run the risk of having a car accident. When people that freely chose in this way develop a medical condition or suffer an accident, they occupy a hospital facility that could be used by a Covid-19 sufferer. It has been decided however that even third-party individuals having nothing to do with Covid-19, accidents or other, must, even against their will perhaps, give up their freedom and adapt to confinement and wearing a mask through the new normality. We are not saying this here to make the freely choosing person feel bad. Rather, we want to emphasize that the “free choice” argument is a very weak argument when implying that the solution to infection must step over individual rights because other things are not freely chosen. Much of human activity is “free choice”. Proof of it is the building of football stadiums and the making of television shows for entertainment when others need dentists, medical facilities or suffer from the lack of other primary needs. That the football stadiums are public or private does not make a difference since we are discussing here how people freely spend their money to fill the stadium. This filling the stadium is what provides the money to make it. Entertainment is definitely not a basic need in the sense given to this word by pro-Covid-19 measures individuals, and the time and money spent on them could easily go to solve or prevent general problems. But these individuals fail to see how their decisions entangle with problems in society on other than an overly simplistic way. By invoking “free choice”, society does not oblige the individual with money or time to build extra hospitals rather than entertain themselves. What we see with Covid-19 could therefore be understood as a consequence of free choices that are arbitrarily attacked only when the symptom visibly develops.

In summary, the main problem here in relation to the Covid-19 pandemic seems to be a lack of understanding of other than univariate and direct cause-effect phenomena. The simple slogan “a virus might kill you and others” together with “it is your responsibility to protect innocent others to not get infected by wearing a mask and confining yourself” acts here as a gross misinterpretation of human interactions and complex societal relations. This way of thinking seems to be based on the maxim “the virus is an isolated problem that takes priority because it kills”. Even physically, what you do here with this object might have physical consequences in an object very far from here in ways that are almost impossible to predict and control. The global expansion of the pandemic from possibly a single individual is an example. Any human action might kill in ways we cannot control. Even the decision of preventing Covid-19 deaths will kill in ways we cannot predict. It might possibly even many more people than it saves. In May 2020 Isaac Chotiner wrote to the New Yorker(21) in relation to this problem: “Is this a problem, primarily, of people losing access to their jobs and their means of paying for food, or is it a problem of global supply chains? To what degree can you separate those two things out?” Claiming that preventing human deaths by radical imposition of confinements and similar does not have dangerous consequences is absurd and naïve.

## 2.7 The problem of solidarity

It remains to be discussed whether people that are afraid of being hospitalized or dying as a consequence of Covid-19 alone should force the ones that are willing to take the risk on

account of continuing with their first choices in life to confinement, masks and similar rules. The inverse problem should also be considered. Namely, the ones that do not want to take the risk should possibly consider confining themselves and allow the rest to continue with their lives and their choice to live without fear.

If you say “I am solidary if I confine myself for you because you are afraid of the virus and the consequences of viral infection. You should be solidary as well”, you have not understood that “you are inverting the definition of ‘solidary’. You want me to be solidary for something. I am not afraid of the virus”. Actually you are the one being selfish. Your reasoning fully dismisses the needs of others enforcing upon me your discord against my free choice of, for example, not to wear a mask or not to confine myself. What does solidary mean then?

If you are afraid of something you confine yourself and allow others continue with their lives when they freely choose and claim to need to not wear a mask, not to confine themselves or live without fear.

It is not the repetition of the claim that one is solidary that makes one solidary. The pretension that wearing masks and confining oneself makes the person solidary might be rather related to a cognitive lazy option. By reciting a set of slogans to a society that already agrees for the most part with such set of slogans, individual pressure is reduced since the impression is that one is not accountable for the slogan and is acting responsibly. Said plainly: one is a good citizen by simply repeating and complying “with those to whom they feel accountable”. The illusion of solidarity could be understood in this way by invoking the work of Philip E. Tetlock and similar others(22). In particular, “a large body of experimental evidence indicates that people often rely on simple heuristics or rules of thumb in interpreting events and in making choices” concluding that “people are lazy organisms or cognitive misers who avoid mental procedures that require sustained attention, concentration, or computing power. A principle of least effort seems to guide much human judgment and decision making.”

We are a very primitive society when it comes to understanding other than direct physical violence. It took many years for example to classify psychological and abusive aggression in the hands of other than direct physical abusers as actual violence. In terms of Covid-19, how has social panic, stress and fear been managed? The complex consequences are not being considered. For example, “the rationale for stress management in asthma is based upon the notion that stress causes a change in immune balance that would favour asthma activity in susceptible individuals.”(23). Also “worry, the cognitive enumeration and anticipation of potential future negative events, is associated with autonomic dysregulation, which may in turn have implications for the immune system”.(24) On the other hand “during times of hot crises, traditional news organizations have historically contributed to public fear and panic by emphasizing risks and uncertainties”(25) How are media, experts or other responsible for the spreading of fear and what does this have to do with solidarity?(26, 27)

Our impression is that the set of one-liners is being recited in relation to the Covid-19 pandemic in a way that it gives people reciting them an impression of a belonging and lack of accountability. If anything went wrong, the reciting individuals would only have to point their fingers at the providers of the slogan by maybe quoting the also simplistic sentence that “those are the ones making laws and paid to make them”.

## 2.8 Mediatic and political exploitation and oversimplification of vacuous slogans

Looking at problems simplistically and through the spectacles of simplistic cause-effect phenomena reduced to single inputs and single outputs is a powerful mediatic and political exercise. This is because simplification makes complex problems easily interpretable and globally understood by many. This problem is closely related to the problem of mediatic influence and exploitation of maxims by repetition.

While it is true that media is free to present simple facts, the simplest interpretations of these facts are more readily digested and might readily increase readership. The impact of the headline is widely known, and reporters constantly seek the attention of the reader. A readership that, let us not forget, sustains the media industry. An industry that is not isolated from the problems of bribery and blackmail by the employer that feels that a reporter is not reaching the minimum readership. In their book "Power without responsibility" James Curran and Jean Seaton provide an extensive discussion(26) with examples where "intensified commercial pressures led to the browbeating of journalists to deliver results" (page 175 of the eighth edition). Other problems of media are that there are in constant competition for survival, and let us not forget, many times only the ruthless survive. Decisions made at the top reach the population at the bottom to then kick back upwards. A situation which we hypothesize might have led the UK and other governments initially opposed to confinement to turn in favour of popular will. For example, the same authors quote Stephen Koss discussing (page 84) the transition of the press from supporting government and political parties to supporting "a new type of proprietor who is a businessman first and foremost, concerned with profits rather than propaganda." This makes plain clear that not supporting a political party or agenda based on ideology does not make the press "free" of pursuing other interests. In this case economic profit and readership and ultimately for the employee, their job and survival.

In terms of "slogans" and "one-liners", experts on human decision such as Daniel Kahneman have concluded that(28) "the normal state of the human mind is to have intuitive feelings and opinions about almost anything that comes its way ... we rely on evidence that we can neither explain nor defend (page 97)". In this respect, Kahneman proposes that if we do not find a satisfactory answer to a hard question quickly enough, our most primitive intuitive system will seek a related question that is easier to answer and where the answer is readily found. Kahneman terms this operation of replacing a hard question for a simpler one where a simple answer is easily found: "substitution". Here we are of the opinion that mass media and organized institutions such as governments have provided a set of slogans to the population where the complex problem of the pandemic is reduced to the problem of "saving lives versus not saving lives" on account of "wearing masks and confining oneself versus not doing it". This set of simpler questions and answers only give people the illusion of doing that which is correct where in fact one simply does not know what one is doing neither can an explanation be given. Said plainly: the global answer to the pandemic is absurd since it attempts to answer a reduced problem, i.e. that of deaths by Covid-19 only. It further comes with major

disadvantages such as abusing individual human rights and enforcing conducts that are unknown in terms of both application and consequences.

## 2.9 The claim that the individual has no rights

Something that seems to have been hastily decided on the side of the ones enforcing the law and bringing both new rules and so-called “new normality” goes as follows:

*It seems clear to the latter that people that do not manage to articulate a firm and reasonable response against the new enforcement, and to be sure, a response that is claimed should be understood by the ones enforcing the law, do not have any right and must directly obey.*

The abuse of power here on the hands of the ones that know or claim to know, i.e. the experts and organized groups, is similar to what we have already said regarding expert advice in the introduction and sections 2.2, 2.3 and 3.5.

When basic human rights are violated it is not clear how the ones violating them will listen to the abused. As an analogy, should the abused victim gather enough strength to counter-attack the abuser, an abuser that, let us not forget, has the advantage of counting with the support of the majority, institutions and with popular and ready-made slogans? Given that experts are biased toward applying their expertise, the single individual carries the extra burden of needing to convince experts that their expertise is not applicable or is of reduced relevance. If the argument is further constrained to remain within their field of expertise, the individual is simple overwhelmed. We have two things to say in this point.

First, it seems to have escaped the notice of the ones enforcing new laws that personal criteria on fundamental human choices do not require that such choices are legitimized by a set of reasonable arguments. This applies to dressing codes, meeting people socially, the choice of religious beliefs, general social or personal activity or the will to risk one’s life in one way rather than another within limits. In the case of the Covid-19 pandemic a crucial point is whether someone prefers meeting with friends and risking their life by contagion by breaking social distancing than risking their culture, traditions or other. Other than the fact that nobody knows for a fact the set of consequences of replacing social traditions for a relatively long period of time, replacing tradition might not be a light choice to make for someone. Said plainly, there is no need to reason anything against anybody, let alone prove to others, when it comes to basic individual human decisions. This takes us to the second point.

Second, assuming that one is to reason a personal choice against social agreements, the load of the argument needs not be placed on the single individual over against larger social entities, institutions, or popular beliefs. This means that it is not the responsibility of the speaker alone to articulate one’s arguments in a way that others can be convinced of their choices. Rather, it is the responsibility of the larger groups to also understand that something might be escaping their reasoning. If this were not the case, the single individual would stand no chance against the organized institutions that get overwhelming support of expert and dedicated teams. This is popularly known as the situation where wealthy criminals have the capacity to buy expert advice where the destitute victims do not. Jeffery and Coleen Johnson write “our thesis is a simple one: Capital punishment in the United States is administered in an economically

discriminatory way” (29). Our claim here is not so much based on economic wealth but on the capacity to accumulate expert advice. Said plainly, once again we would be dealing with the gruesome intimidation of single individuals. That a solution has not been found yet to eliminate such advantages over against single individuals with no access to expert advice does not change the situation. This is because governments, employers and media can simply argue that this is how the situation stands.

## 2.10 The claim that some should choose for others

A very common argument in the mouths and minds of most of us when it comes to regulations surrounding the Covid-19 pandemic could be roughly articulated as follows:

*Should people with less knowledge in general be guided by expert advice?*

Here again the limits of the exercise are at stake. We have discussed this in detail already in the introduction and sections 2.2, 2.3, 2.5 and 2.9 but we want to build up other arguments here regarding the question of knowledge. First, one extreme argues that human beings must remain autonomous and make their own decisions when it comes to fundamental choices. The other extreme claims that individual autonomy should have its limit when it interferes with the communal good. The popular maxim “your freedom ends where mine starts” is again at stake. Asking if I should choose for others or not tacitly answers the question because I am already involving other people and their decisions in my questioning. We do not comment on this in order to claim that we should not speak of others, but rather, we do so to emphasize that appealing to such simplifying maxim without understanding the complexity of the problematic is absurd.

So where do knowledge and information stand in relation to decisions? The media and others are rapidly to request that information is gained before deciding. Besides the lack of neutrality of the expert that we have already emphasized, there is a more dramatic implication in this argument. The formal argument goes:

*People with the right amount of knowledge and equipped with sufficient understanding would make the right decision.*

This can be arguably thought about as a mathematical problem that has to do with finding optima. A problem that is well known to scientists working on narrow artificial intelligence (AI), and this means algorithms that are good at strictly solving single problems by finding an optimized solution, such as the algorithms employed to auto-drive cars and give people advice on the internet or other. Such software is also known as an expert system. According to Wikipedia, “in AI, an expert system is a computer system that emulates the decision-making ability of a human expert”. These programs “emulate” decisions and they might ultimately make equivalent or better decisions than experts. Nevertheless, algorithms themselves can hardly decide anything no matter how much information is fed into the software. Rather, they compute to optimise a function  $f_1$  that agrees with human advice. In the last instance, the claim that the right amount of knowledge leads the person to the right decision implies that there is a single optimum function, or decision, among all possible functions  $f_1 \dots f_N$ , where N is infinite. The implication is that in front of a problem there is only one valid type of human

comportment. This is a known problem in formal semantics and mathematical logic which would be arguably equivalent to saying that the selected collection of information cannot prove itself as optimum or best. In other words, a set of people choosing a set of information cannot invoke such information to show the correctness of their option.

The argument under consideration more readily identifies a human with a machine that makes optimum decisions. Smoking is an example of this. Expert advice has almost unequivocally decided that smoking kills. Still, it is down to the individual to decide what type of positive meaning smoking brings to their lives. A related popular maxim globally invoked by the media is that “people should make informed decisions”. This maxim hardly solves the problem. This is because it implies that there is a minimum amount of information to be known. Besides the fact that it is impossible or at least problematic to state what this minimum amount of information should be, who is to make the decision regarding the minimum amount of facts I should know? In terms of the problem above, who is to select a collection of function  $f_i$ ? An equally troubling and related problem is that it is well known that the output, i.e. recommendation of an expert-system, strongly depends on the selected input and this provides a pathway for the media and decision makers to bias personal decisions.

In summary, was the situation up until the pandemic not sufficiently flexible to allow people to decide the type of information they wanted to feed themselves so to make personal decisions based on the complex interactions beyond a mere collection of facts?

What can we conclude about individual rights, decisions, and choices from everything said so far? When a single individual has a particular conviction and makes a particular decision in life, this decision is typically referred to only pejoratively by reducing it to mere opinion or subjective view. This “personal view” must elevate itself to the formal status of minority to be granted credibility. This implies that it is only when the individual manages to build up a sufficiently strong set of arguments to convince others, others that, to be sure, typically must already have a set of convictions partially in line with the arguments one must build in order to reach an agreement, that the individual becomes sufficiently visible socially as to be given the status of discriminated minority. The expectations on the single individual by the majority are indeed overwhelming if one considers that some people could 1) not be particularly skilful at building up strong arguments, 2) not be sufficiently skilled socially to even win others over by influencing them with their personality and character, 3) the convictions of the majority and larger groups, including what are formally considered minorities by the media and governments, are supported by slogans and skilful arguments conscientiously and sophisticatedly planned by experts and professional supporters. One could hardly imagine that society today expects that a homosexual must build up their own arguments to convince others regarding their choice. Sexual orientation is private and needs not be supported by arguments. The same could be said about religious views. Other issues such as the personal right to abortion or euthanasia are still being debated. By being debated however, some topics come with enough social awareness regarding the non-triviality of choice. What happens with the right to not confine oneself, not wearing a mask, or generally continuing with normal life during a viral pandemic? The fate of this decision has already been decided by the masses and organized institutions.

## 2.11 The rush of the mask and the rapid evolution in proclaiming scientific findings

### *Should I wear a mask?*

Even asking this question seems unreasonable in many situations involving Covid-19 when, let us not forget, not long ago nobody had made up their mind yet as to whether the mask would even prevent the viral expansion. Let us repeat this again:

*The scientific community had not reached consensus, after many years of debate, research and experimentation, on whether wearing masks by the general public could prevent a pandemic.*

In April 2019 (WHO) we find:

“Medical masks should be reserved for health care workers. The use of medical masks in the community may create a false sense of security, with neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes, result in unnecessary costs, and take masks away from those in health care who need them most, especially when masks are in short supply.”(30)

Scientifically here we must consider the following: it is at least suspicious that common sense is now invoked in the claim that wearing a mask by the general public protects others during global pandemics. It seems to us that if it were so easy to prove this sentence it would have been proved long ago rather than rushed in a matter of weeks. It is now sometimes claimed that the WHO made such a statement because there were not enough masks. This would imply sentences such as “neglect of other essential measures, such as hand hygiene practices and physical distancing, and may lead to touching the face under the masks and under the eyes” would have been falsified and it would now be true that wearing masks in general is a good measure. We do not find final scientific evidence supporting this claim. Nevertheless, this claim is still used to make it mandatory for people to wear masks in many situations thus violating individual personal choice.

In summary, we are now (July 2020) told in many countries that “wearing masks in public is mandatory in order to save lives”. This slogan is repeated by many as ultimate evidence that individual choice is here irrelevant. To us, this sort of unscientific rushed conclusion makes others suspicious. We could examine for example 1) the irrelevance of performing statistical analysis based on relatively meaningless data, and 2) the insistence in the possible coming of second waves even when data conclusively shows that, for example in Europe, deaths are near or below the baseline since the second half of May 2020 ([www.euromomo.eu](http://www.euromomo.eu)). We next focus on the second question.

## 2.12 The speculation regarding a second wave in Covid-19

Governments’ line of action towards the Covid-19 pandemic was apparently based on the solution of a trade-off between economic disaster and excess deaths (total deaths per day or week minus average deaths per day or week between 2015 and 2019).(31, 32). This last sentence implies that there is an attempt to reduce a hard problem to a simple one. This whole document has been dedicated to show that this is a process of problem substitution and

cognitive misery. Finally, while we do not want to enter predictions or modelling, we want to discuss a few indicators as to why we regard the coming of a second wave as scientific speculation.

1) The situation with asymptomatic individuals is unresolved(33). With this point we do not mean to say that we should not look for antibodies. Rather it could very well be that the virus simply does not affect most people to the extent that they need to produce antibodies. Said plainly:

*It is very possible that most people are simply fully unaffected by the virus in a way that they do not even require making antibodies other biological pathways protect them.*

Some evidence for this is emerging. This is a plausible solution to the otherwise mysterious problem of asymptomatic responses. Spanish media is an example of inconsistent headlines. La Vanguardia, for example, claimed in a May's headline that "98.7% of people who have contracted the Covid virus and have mild symptoms generate antibodies that immunize them during the following months, according to the largest study in the world in this patient population.(34)" Accordingly, having antibodies meant to be able to go to work and being immune. In July they claimed "40% positive without symptoms do not have antibodies, but they do have specific T cells"(35).

If our claim holds, the virus is not as lethal as one might think. We find support to our interpretation not by searching for biological pathways but by indicating the following. No countries have had mortalities exceeding 1 per thousand in Europe, except for San Marino with about 34 thousand inhabitants and with a total of 42 deaths reported as Covid-19 deaths ([www.worldometers.info/coronavirus](http://www.worldometers.info/coronavirus)). In fact, the same source can be cited to show that worldwide the mortality rate due to Covid-19 is inferior to 1 per thousand in all countries except for San Marino. It seems implausible to us that, if Covid-19 was indeed as lethal as some claim, all countries have managed to maintain such relatively low mortality rate.

2) The few countries that have not enforced confinement or other drastic measures have z-scores related to excess deaths lower or similar to those that have undertaken strict measures. z-scores are normalized, and this implies that it is irrelevant to make claims on the size of the population or typical rates of death in that country. For example, Sweden has a peak z-score for Covid-19 of 13 (negligible lockdown) compared to Spain with 43 (strict lockdown) and comparable but still lower to the Netherlands with 22 (moderate to strict lockdown) ([www.euromomo.eu](http://www.euromomo.eu)). We could claim that z-scores and deaths should be compared to countries near Sweden, but this biased form of comparison does not seem reasonable. In fact, the search for cofactors(36, 37) and sub-populations is typical in statistics(38). In this respect we mention the following:

3) It seems more plausible that the careless situation surrounding global public health and decisions in "normal" situations, i.e. obesity, the food industry and air quality(39), has acted as a trigger for excess deaths in certain regions and with a sub-set of individuals. This would account for sub-populations where Covid-19 has had particularly influence in excess deaths. Madrid, Lombardy, New York and New Jersey are all well known for air pollution. According to governmental sources in New York City(40):

“New York City’s air quality has improved in recent decades, as the City and State have worked to lower emissions from regional and local sources. Despite this progress, air pollution remains a leading environmental health threat to all New Yorkers.”

The situation with air pollution in Madrid is also well known. Deutsche Welle reported in 2013(41):

“You don't have to step into the street for Madrid's roads to pose a hazard to your health: air pollution from cars in the city might just knock you over. Scientists are finding links between the gases and disease.”

Similar statements could be found about New Jersey and Lombardy. In the United States, for example, 46 thousand of the 128 thousand deaths reported in relation to Covid-19 (2020 – June- 28) have occurred in NY or NJ ([www.worldometers.info/coronavirus](http://www.worldometers.info/coronavirus)), even though they accounts for 29 million people compared to the overall 328 million . The ratio of deaths to population is  $0.36/0.09= 4$ . Similarly, in Madrid the excess deaths ([www.isciii.es](http://www.isciii.es)) is approximately 14 thousand (2020 -June -28) as opposed to the 44 thousand for Spain. The population is 6.6 million as compared to the 47 million in Spain. The ratio is  $0.31/0.14= 2.2$ .

### 3 Conclusion: summary of claims and counter arguments

- 3.1 Prevention is better than cure.
- 3.2 The cure is worse than the disease.
- 3.3 The application of invasive procedures.
- 3.4 Assessing a posteriori is easy.
- 3.5 Decisions are justified by outcomes.
- 3.6 Together we will defeat the disease or “one goal, one will”.
- 3.7 Your freedom ends where mine starts.
- 3.8 It is your responsibility to protect innocent others to not get infected.
- 3.9 The virus is an isolated problem that takes priority because it kills.
- 3.10 Wearing a mask and confining yourself is not extremely bad for you.
- 3.11 Flattening the curve is our responsibility.
- 3.12 Wearing a mask and confining oneself is a demonstration of solidarity.
- 3.13 The problem of slogans and the repetition of oversimplifications.
- 3.14 Experts must inform so people can make the right decision.
- 3.15 Why would all governments and media lie?

<b>Claim</b>	<b>Counter Argument</b>
Prevention is better than cure.	Not in all cases, and certainly this maxim should not be used in complex situations related to global economy, wellbeing and intrusion into culture and individual choice. In general complex situations where the input does not relate one to one to the output in a simple way, this maxim is absurd.
The cure is worse than the disease.	Sometimes. This is partly why applying a cure is not always the best option.
Invasive procedures should be applied only when it is strictly known that doing nothing or other has far worse consequences	This is the case in the medical field, a field that shares with the current situation the fact that medical doctors and institutions sometimes must make rushed decisions but still do so considering all scenarios, including and most importantly with consideration of the possible negative outcomes.
It is easy to assess a posteriori what should have been done a few months ago.	While it is arguably simpler to understand problems a posteriori, this is not an excuse for experts dedicated precisely to assess the future outcome of their actions. Their job is precisely to make decisions amidst uncertainty and be responsible of the consequences.
Provided the decision results in positive outcomes, the reasons and intentions behind the decisions can be disregarded.	This claim is absurd on several counts. First it disregards intentionality. Second, it does not consider the relevance of the aptitude of the persons, governments, or institutions in general, being assessed.
Together we will defeat the disease or “one goal, one will”.	This maxim sounds honourable and might target honourable objectives, but it enforces one will and it is hardly as harmless as one might first appreciate. Maxims enforcing one will have been notoriously instrumentalized as popular slogans by dictatorial regimes such as Nazi Germany.

Claim	Counter Argument
Your freedom ends where mine starts.	Reality is much more complex than commonly quoted maxims want to make us believe. The complexity of human relationships makes it practically impossible to decide how the freedom of one person gets intertwined with that of another. The problem is to precisely act by considering the invasiveness of actions not to completely remove invasiveness. A possibility which, in our opinion, seems absurd. A rule is established precisely to invade private decisions. The question is not whether a rule invades personal privacy, but rather, 1) in which ways do they do so, and 2) the extent in which we invade individual human rights to the extreme.
It is your responsibility to protect innocent others to not get infected.	The simple slogan “a virus might kill you and others” together with “it is your responsibility to protect innocent others to not get infected” acts here as a gross misinterpretation of human interactions and complex societal relations. We are constantly stepping on each other’s freedom in many complex and subtle ways. It is only the obviousness of the situation with Covid-19 that creates the illusion of the relevance of protecting others over choice in standard society or “normal” societal conditions.
The virus is an isolated problem that takes priority because it kills.	Any human action might kill in ways we cannot control. Even the decision of preventing Covid-19 deaths will kill in ways we cannot predict. Possibly even many more people than it saves. Claiming that preventing human deaths by radical imposition of confinements and similar does not have dangerous consequences is absurd and naïve. It has the advantage however of killing in complicated ways, so the perpetrators of the crime do not have to feel the responsibility and do not feel accountable. Even physically, what you do here with this object might have physical consequences in an object extremely far from here in ways that are almost impossible to predict and control. The global expansion of the pandemic from possibly a single individual is an example.
Wearing a mask and confining yourself is not extremely bad for you	This claim is based on the presupposition that average or clinical findings precede in hierarchy the evaluation of the actual person feeling pain, discomfort, repression, anxiety or other. In this way the weight of the average is enforced on the individual. The theory of the average is used to overwrite the raw data and premise that forms the basis for any possible theory.
Flattening the curve is our responsibility where solidarity must prevail over choice	This quote is extremely misrepresentative of social freedom and choice. It gives the impression that we are free to choose only when important things are not at stake because it gives privilege to the immediate. It has a further advantage for the person choosing what is important and what is not, since it allows to select whatever and whenever it is convenient to them to remove human rights and free choice and to support them otherwise. It disregards, for example, that people are free to use their time and money under normal conditions on entertainment when it could be easily claimed in order to save lives or to prevent possible catastrophes.
Wearing a mask and confining oneself is a demonstration of solidarity	This view is extremely one-sided because it gives the impression that what is actually mandatory is followed by citizens on account of altruism and free choice. It further reinforces the belief that the freedom of the ones that want protection from the virus has privilege over the ones that would rather live their lives without fear.

Claim	Counter Argument
The problem of slogans and the repetition of oversimplifications	Slogans might be psychologically advantageous as the “lazy” option since it gives the person repeating them the illusion of responsibility when in fact, they do not feel accountable for their claims. The reduction of hard questions with complex relationships to oversimplified questions with simple answers creates the illusion of doing that which is correct, where, in fact, one simply does not know what one is doing neither can an explanation be given. The whole weight of the argument rests on the repetition of the slogan.
Experts must inform so people can make the right decision	This sentence is misleading in several counts. First it comes with the presupposition that an expert is neutral. It has been shown that experts are biased with regards to their knowledge. For example, if an expert in X knows how to solve a problem applying Y, the tendency is that they will tend to press to employ Y. Second, this slogan also fails at understanding the hierarchy in decision making by overemphasizing knowledge over preference in at least two ways. 1) When an expert in decoration suggests designs to a person, advice must follow the direction of the preferences of the house owner not the preferences of the person with knowledge. 2) An expert cannot overwrite the choice of the person because choice is premise. There is no single right decision. If there was, given a set of data only the optimum possibility would follow so there would be no decision to make. 3) This slogan might be used to claim that the more knowledge one has the better the decision is. Ultimately this maxim is supported by the view that people are machines seeking optima.
Why would all governments and media lie?	The simplification here would be to consider ideology only. It is not a problem of making up lies based on a strategy to support ideology, but rather to enhance profit and maintain one in power. We need to only consider that neither the press nor political parties are without proprietors. They depend on popular demand, readership, and support. This network is entangled in such a complex way that one could say that it is even hard to know who made the first step supporting a cause. Provided there is a cause and mass support, there is profit and something to gain. The issue is not to make up lies but to support a cause disproportionately because of interests. One must “jump on the train of opportunity” as they say. Claiming that the media and political parties have nothing to gain from supporting the cause is therefore absurd. Once enough inertia is gained in supporting a campaign for whatever reason, the campaign itself is the drive. Evidence of this during the Covid-19 pandemic is that some want to get support in relation to improving the environment by invoking that this pandemic has (randomly) shown us the way.

## Acknowledgements

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