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COVID-19 Superheroes

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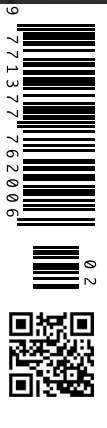
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Fighting the Supervillain with Everyone's Superpowers

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The new superheroes of today – those on the frontlines of the COVID-19 fight – are widely acclaimed, but not always properly rewarded. While foundational changes of the system are necessary, there is a much simpler way to acknowledge their efforts, an ethics expert opines. This way, in fact, would turn anyone into a superhero themselves.

Key Points

- Superheroes are an indelible part of our culture, and COVID-19 – a supervillain – has created a new narrative for them.
- While the input of the 'new superheroes' is being acknowledged, this does not suffice without systemic changes.
- One such change may come from anybody, because anybody is capable of superpowers.
- Those who are selfish and careless lose, and – from a strategic perspective – solidarity wins.

"Heroes are made by the path they choose, not the powers they are graced with."

Iron Man

Grand Récit d'Pandémie

What would we be without heroes? As long as people hope, dream, worry and overcome challenges, we tell their stories. The spectrum ranges from art to pulp, from Homer's Gilgamesh, Iliad and Odyssey, the Attic tragedies, the medieval heroes, Judeo-Christian traditions, Nordic myths, Marvel; to Nietzsche's anti-Christian superhuman programme of revaluation of all values, and Wagner's ancient-Germanic heroes, amalgamated into an unsavory, ominous-eclectic mixture in National Socialism; to post-heroic (Münkler) and U.S. comic super(!)heroes of late modernism. In all these cases, the archetypes of the heroic, such as special physical and mental abilities, mostly occur together with basic ethical orientation. That is why we do not speak of good and bad (super)heroes, but only of superheroes and supervillains.

Superheroes are people distinguished by heroic deeds that have a particular impact, but also by moral importance. Their

drive is to bring the good into the world, to make a difference (Neiman 2012). Of course, sometimes even a hero fails, or is seduced and fails. However, this tension usually dissolves – in the good direction. And currently, there is a lot to do – with the COVID-19 crisis.

The corona crisis has created a new, global and somewhat anti-postmodernist narrative – Grand récit d'pandémie ('Grand story of a pandemic') – that calls new heroes to battle. This narrative did not arise in a cultureless space: "Publics bring their knowledge and past experiences with infectious diseases into their interpretation of media messages and they dwell in cultural contexts in which narratives on pandemics are in circulation" (Davis 2017, p. 7). The heroes are called to fight a new enemy, SARS-CoV-2, that seems cryptically harmless but is really a supervillain, with flexible incubation time; high infectivity in a-/pre-symptomatic COVID-19 sufferers; a tendency towards mysterious chronicity with surprising symptoms; and a final chance of immunisation nowhere in sight. Apparently, immersing in fictional superhero stories is emotionally relieving and motivating, but the ground truth can be found in clinics (and

apartments, retirement homes, etc) of this world. At the end of the day, everything depends on the triad of research, local containment and healthcare in concert with digital solutions like tracing apps (as long as immunity – natural or not – is just hope). Medical actors are assigned new, haunting roles. Virologists become, so to speak, priests of a new religion, superheroes that ‘man the frontlines;’ nurses and doctors are fully aware they are risking their own lives under sometimes unbelievable conditions (too little protective equipment, too little staff, etc) to – ideally, if possible – save the lives of others.

Superheroes & Us

The fact that those people who are so admirably committed certainly do not have any employment and/or job design alternatives in some cases does not detract from the effort and the result. Without a substantial, intrinsic piece of a noble spirit, this hard work is not sustainable. Unfortunately, there are various victims to complain about; a significantly higher, in comparison, rate of COVID-19 sufferers and fatalities among healthcare professionals is relevant (paying tribute does not reduce it; resources and systematic support do).

A hospital physician in northern Italian city of Cremona, Francesca Mangiatordi, has attracted media attention (eg, Jeffries 2020) as an example of fate, as she was forced to use triage medicine. Whether it is a [media-show](#) or not, in this case it is certainly useful to point out the factual situation with more drastic pictures.

The massive burdens, especially where triage is virtually unavoidable and healing action is no longer possible without the most serious ethical considerations, can only be dismaying. Even suicides among healthcare workers are to be lamented. Even if in many parts of the world – not in all – these professional groups are (finally) accorded ‘systemic relevance,’ failures (extreme as in the U.S., less drastic but also noticeable in Germany’s ‘nursing emergency’) will not be made up for in months, perhaps not even in years. Even if the reputation, if you can measure it by applause and frenetic acknowledgements, was immense at times, the salary structures of the healthcare industry are sad almost everywhere in the world. This is at least surprising for such a fundamentally important activity whether it is organised by the state or the private sector (although there seems to be a growing case for state-protected, adequate basic care combined with legitimate private business models that drive innovation – the patient must be the centre of attention, but the professionals must also be valued and fairly paid).

The now-familiar picture of Banksy’s ‘[Nurse-superhero](#)’ expresses what many people felt: admiration for the new superheroes of the corona crisis – an NHS nurse, one of today’s frontline healthcare Heroes and Heroines. The important question now is, what can – and should – we all do in the face of the pandemic (Heinemann and Richenhagen 2020)?

1. Hygiene rocks 2. Celebrate Face Masks



Source: <http://dx.doi.org/10.13140/RC.2.13251.43043/1>

3. Distance means Closeness

Figure 1. The Big Three to Become a True Hero (Heinemann and Richenhagen 2020).

We can and should work for the superheroes, support them. Yes, we can become heroes ourselves if we use our superpowers for good. We can become heroes by making our own little ‘sacrifices’ that may restrict our way of life, but certainly not destroy, for example, democracy or ruin our lives.

Our Superpowers: Do What We Can

Attitude is crucial: confronting the situation even if it is difficult for all of us. Because it is about life or death, good life or suffering but also about livelihoods – yes, the economy and the society at large is being put to the test. Proactive action frees you up. It is better to wear masks (voluntarily), maintain hygiene and keep your distance (Fig. 1) than worry about toilet paper, and so on. It helps immensely to not generate any weighed-up scenarios forcing you to make decisions that clearly go beyond reason.

As far as it is medically and humanly reasonable and feasible, we can all make a substantial contribution and help the superheroes. Let us become a global ‘Sidekick Army’ fighting COVID-19 – and all the pandemics that are sure to come. We can set an example. Our children can and should be included, too (the UNICEF Project ‘[My Hero is You](#)’ – a new fictional book developed by and for children and aimed at helping families understand and cope with COVID-19 provides didactic support here). Our old people also deserve special attention; they often resist change the most, and this must be sized up safely.

Our superpowers are ordinary – or not. Only when we use them, do we grow beyond ourselves and our beloved everyday life because we protect ourselves and others, show



Figure 2. WHO Initiative to Thank Our Heroes Within the 'COVID-19 Solidarity Response Fund for WHO' (Source: WHO Facebook)

compassion, solidarity and discipline. Even if our mask may look less heroic, nobody knows our names and our actions go unpraised – they make a difference. It is our superpower to be strong against the pandemic together. Where, at first glance, systems, cultures and many more may divide, common understanding of basic values – to help people just because it is the right thing to do – also brings us together. It is not about doing the impossible, because duties imply ability. But what can be done, should be done. This is the path for Heroes.

Many organisations also support Superheroes, Heroes, etc in healthcare (Fig. 2) with campaigns. In addition, other professions are rightly recognised for their efforts, such as supermarket sales staff, those in delivery services, service staff at petrol stations, and so on. That in itself is a welcome development, but, as I have said, more than just statements must follow; real structural changes are needed. Why else would anything improve during the next pandemic, which is sure to come, if action is not taken today and healthcare is not developed into a place of the highest humanity, professional quality, inspiring innovation, high workplace attractiveness, and last but not least, optimal patient outcome? Digital

transformation is key to making such changes. This would also be a win-win situation for the system's usual losers – the people with neither purchasing power nor a voice. The best 'medicine for all' is not communism, it is justice. This by no means excludes legitimate business, even if, for example, the question of whether and how business can and should be possible with health data is controversial and requires deep ethical reflections (Heinemann 2019).

Many private initiatives have revealed a noble spirit in the communities. People help each other and thus also are superheroes. Some volunteers even actively participate in non-medical support for the COVID-19 treatment in clinics. There are many ways to help. The least anyone can do, as I said, is not to make the superheroes' work more difficult by their own careless behaviour. There may be no glory in prevention, but there is certainly no glory in carelessness. Our superpowers are not elitist, practically everyone has real anti-pandemic potential. Nor can we all change the grand narrative. But we can all together shape a future with such a strong society that there is no need to choose between factual survival and economic livelihoods.

This choice can only ever be made in favour of life. Even those who reject masks, for example, are probably well-advised to wear them in their own interest. Even those who still think COVID-19 is a sniffle and the real superheroes are not systemically relevant and admirable, can join in. The pandemic turns any purely selfish behaviour into a disadvantage for the egoist. Reciprocally altruistic or, even better, solidarity-driven brings better strategic results. Free riding at the expense of all those who restrict themselves to do the right thing, will not pay off. For the externalisation of the responsibility that everyone bears for everyone else in the pandemic is simply impossible (and ethically reprehensible).

These are complex relationships, but it seems clear that SARS-CoV-2 has no interest whatsoever in game theory (see Pejo and Biczok 2020 for a game theory study about the 'Corona Game') and simply wants to successfully complete its evolutionary programme. If everyone behaves intelligently, the probability of being infected decreases for those who are not able to apply tempered discipline – or even want to take advantage of others' discipline. That is correct, but for the free riders this probability does not drop to zero, and if free riders are not smart enough to keep their secret, they inspire others to follow and as a result weaken their own advantages. With each new infection, new exponential spread is easily possible as long as no final immunity has been achieved. Of course, it cannot be proven that my car has not been stolen because I usually lock it. But minimising risks in a pandemic works better in cooperation than purely with self-interest.

Admittedly, the above thoughts are extremely simplified at the level of individual decisions. However, modelling appropriate strategic situations makes sense because it enables deeper understanding of the factors that prevent, impede or promote broad agreement on the necessary and



valid measures in the context of individual responsibility for pandemic control. As long as we have the free choice to listen to wise recommendations, we should not wait until the state power sees no alternative to introducing tough sanctions and drastic measures. After all, they may well pose a risk to fundamental rights, at least in democratic states.

clean clothes.

5. Try to keep cool when you walk and warm when you ride and sleep.
6. Open the windows – always at home at night; at the office when practicable.
7. Food will win the war if you give it a chance – help by

There may be no glory in prevention, but there is certainly no glory in carelessness

Back to the Future

In 1919, *Science* published a paper on the major takeaways from the Spanish flu pandemic. Even then, prevention was described as an extremely difficult undertaking, and key factors were identified that made it so difficult to implement. “First, public indifference. People do not appreciate the risks they run. [...] The second factor which stands in the way of prevention is the personal character of the measures which must be employed” (Soper 1919, pp. 501-502).

How similar this looks to today’s picture. One could also say that the superpower that everyone has is in breaking through these factors (Bavel et al. 2020). The ‘superpowers’ recommended by a U.S. hygienist George A. Soper are as timely today as they were 100 years ago:

1. Avoid needless crowding – influenza is a crowd disease.
2. Smother your coughs and sneezes – others do not want the germs which you would throw away.
3. Your nose, not your mouth was made to breathe through – get the habit.
4. Remember the three C’s– a clean mouth, clean skin, and

choosing and chewing your food well.

8. Your fate may be in your own hands – wash your hands before eating.
9. Don’t let the waste products of digestion accumulate – drink a glass or two of water on getting up.
10. Don’t use a napkin, towel, spoon, fork, glass or cup which has been used by another person and not washed.
11. Avoid tight clothes, tight shoes, tight gloves – seek to make nature your ally not your prisoner.
12. When the air is pure breathe all of it you can – breathe deeply” (Soper 1919, pp. 505-506).

Unless the context requires otherwise, words in singular always include plural and vice versa; words implying gender always include all genders.

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REFERENCES

Bavel JJV et al. (2020) Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav*, 4:460-471.

Davis M (2017) “Is it Going to be Real?” Narrative and Media on a Pandemic. In: *Qualitative Social Research*, [S.L.], 18(1). Available from ij.ij.1443

Heinemann S (2019) Grundlinien eines ..Ethikatlas der digitalen Medizin und Gesundheitswirtschaft [Guidelines on ‘Ethical Atlas of

Digital Medicine and Healthcare’]. In: *BARMER Gesundheitswesen aktuell* 2019:146-168.

Heinemann S and Richenhagen G (2020) Was können und sollen wir alle tun im Angesicht der Coronakrise? Plädoyer für eine wohltemperierte Disziplin im pandemischen Zeitalter [What can and should we all do in the face of the corona crisis? A plea for a well-tempered discipline in the pandemic age]. Berlin: Medizinisch Wissenschaftliche

Verlagsgesellschaft [preprint]. Available from ij.ij.1444

Höste V (2013) *Eine kurze Geschichte der deutschen Philosophie [A brief history of German philosophy]*. Munich: C.H. Beck Verlag.

Jeffries S (2020) Italy’s Frontline: A Doctor’s Diary review – a superhero more Beckett than Marvel. *The Guardian*, 29 June. Available from ij.ij.1445

Neiman S (2012) *Victims and Heroes*. In: Matheson M, ed. *The Tanner Lectures on Human Values*, 31. Salt Lake City: University of Utah Press.

Pejo B and Biczok G (2020) *Corona Games: Masks, Social Distance and Mechanism Design* [e-print]. arXiv:2006.06674v2 [econ.TH]

Soper GA (1919) *The Lessons of the Pandemic*. *Science*, 49(1274):501-506.