Veselin Mitrović

Institute of Social Sciences, Belgrade

Detecting Resilience Issues among Marginal Groups as a Bioethical Goal*

Abstract

Bioethical judgments specifically impact actual medical and political practice, which, in turn, impacts the living conditions of marginalized groups.

In this article, we analyze the Resilience of marginalized social groups in two ways: 1) through a normative aspect of Bioethics concerning moral judgments and their justification and 2) through an empirical aspect concerning the actual living conditions and changes of marginalized groups.

We hypothesize that Resilience during the COVID-19 pandemic is not closely related to pre-existing medical issues of a group. Alternatively, structurally deep-rooted racial, social, and economic conditions significantly reduce a group's resilience.

The main concern is converting the miserable survival of the most endangered, marginalized, and discriminated groups into an acceptable one. However, the recent pandemic of COVID-19 put even more pressure on vulnerable groups, thus weakening their Resilience even more.

In five sections, we will first show what it means to be marginal before the pandemic. Secondly, how racism and discrimination lower the resilience of marginal groups, i.e., making them even more vulnerable in case of a disaster and endangering their survival in the mid and long terms. Consequently, we assume that the general request for the normalization of the everyday lives of the majority makes COVID-19 an ongoing disaster, i.e., a longstanding crisis for discriminated and marginal groups. Avoiding such an outcome is in the holistic picture that many bioethicists and clinicians must accept.

Keywords: Bioethics, Resilience, Vulnerability, COVID-19, Racism, Discrimination

* The paper presents findings of a study developed as a part of the 2023 Research Program of the Institute of Social Sciences with the support of the Ministry of Science, Technological Development and Innovation of the Republic of Serbia.

1. Introduction

Bioethical judgments specifically impact actual medical and political practices which, in turn, impact the living conditions of marginalized groups. In this article, we analyse the resilience of marginalized social groups in two ways: 1) through the normative aspect of bioethics concerning moral judgments and their justification, and 2) through the empirical aspect concerning the actual living conditions of and changes in marginalized groups.

We hypothesize that resilience during the COVID-19 pandemic has not been closely related to the pre-existing medical issues of a group. Alternatively, structurally deep-rooted racial, social, and economic conditions significantly reduce the group's resilience.

Considering these hypotheses, the main concern is to convert the miserable survival of the most endangered, marginalized, and discriminated groups into an acceptable one (Potter, V. R., 1971; 1988; Potter, V. R. & Potter, L., 1995). However, the recent COVID-19 pandemic has put even more pressure on vulnerable groups, thus weakening their Resilience even more (Samour, 2020; Zack, 2015).

Resilience to an unwanted situation, e.g., a disaster, is one of the essential survival capacities interconnected with the vulnerability of a group (Mitrović, 2015). One of the essential inner features of such capacity is the group's anticipation potential, in planning improvements to their lives and avoiding potential threats. The same potential is vital for the group's survival in the bioethics framework, which ranges from miserable to ideal, including the acceptable survival as the minimum aim worth striving for.

Considering that racism undermine resilience of the discriminated groups, we are going here to define it from the liberal angle: "Liberalism generally defines racism as the result of an illegitimate racial consciousness or racial awareness, in which the race of an individual is noted and taken to be significant, setting aside the question of who is noting who or how the significance is understood" (Alcoff, 2021). However, this concept is criticized from the point of decontextualisation of racism. Defining racism from a more contextual and empirical angle various scholars perceive racism as a form of exploitation, deprivation, racial profiling, and homicide contributing to the premature mortality of Black lives (Zack, 2015).

Considering the concept of racism, the endangered population's vulnerabilities are primarily the result of racism and other forms of discrimination. Discrimination and injustice occur in our interpersonal relations and institutions and influence people's access to fair health outcomes.

In the following sections, we will first show what it meant to be marginal before the pandemic. Secondly, here will be presented the ways in which racism and discrimination lower the resilience of marginal groups, i.e., making them even more vulnerable in case of a disaster and endangering their mid- and long-term survival. Consequently, we assume that the general request for the normalization of everyday life for the majority, has made COVID-19 an ongoing disaster, i.e., a longstanding crisis for discriminated and marginal groups.

The last section is devoted to the relationship between racial profiling and health issues, a health barrier for the discriminated population.

2. Being Marginal before the Pandemic

Marginal and discriminated groups live in a state of collective stress. Enduring miserable lives and various existential risks, Black, Indigenous, People of Colour (BIPOC) and Gypsies, Roma, and Travellers (GRT) are victims of a slow disaster, not unlike a sudden one, such as war or natural disaster. It determines the catastrophic everyday lives and survival routines of the vulnerable and marginalized population, whose capacity for planning and response is low, i.e., anticipation is decreased due to uncertainties which are the results of the lack of basic living requirements, e.g., fresh water, medicines, shelters, or living space, as well as of the general social and economic autonomy, necessary for the well-being and survival in the long run. Slow disasters, or crypto-catastrophic living conditions, directly increase apathy and decrease anticipation and, consequently, the resilience of vulnerable and marginal groups, endangering survival in the long run for discriminated populations.

From the time perspective, all marginals live for very long time in a state of collective stress, generally marked with enormous social and economic discrimination.

Among the various definitions of discrimination, considering their many critics, here is one which may cover a range of the issues in this article. Namely, according to Eidelson's account "acts of discrimination are intrinsically wrong when and because they manifest a failure to show the discriminates the respect that is due them as persons." (Eidelson, 2015: 7).[1] Transgenerational discrimination of one population makes them highly susceptible and vulnerable to different sudden disasters, ranging from floods such as those in New Orleans (Zack, 2012) to the pandemics such as the recent caused by COVID-19.

The most visible pre-pandemic institutional forms of racism were identifiable in the systems of justice and Police. One of the many relevant indicators is "sentence statistics, racial Police profiling, and detained-by stop and frisk-practice of the Police," which indicate structurally rooted racism (Zack, 2015: 28; 46–48).

Such discrimination was the product of homogenization of one group at the expense of another which became an enemy and was held responsible for larger social ills – a legitimate and punishable prey. Such a pattern is a kind of "hunting schema" (Zack, 2015: 79–85).

Considering this, it is not surprising that attention of many bioethicists, as well as that of general public, is caught by the discriminatory and institutional forms of racism and by the racial ideas closest to the hearts and minds of racists (Russell, 2021; Ganguli-Mitra et al., 2022).

3. How Marginalization and Discrimination Lower Resilience

In this section, it is analyzed the ways in which racism, marginalization, and discrimination influence the resilience of marginalised groups.

Such empirical relation could help in making bioethical judgments, which in turn may help in preventing the causes for the

[1] See more in the online edition of the Stanford Encyclopedia of Philosophy (2020). "Discrimination." Cit. from Altman, Andrew, "Discrimination", *The Stanford Encyclopedia of Philosophy* (Winter 2020 Edition), Edward N. Zalta (ed.), URL = https://plato.stanford.edu/archives/win2020/entries/discrimination/

decrease in resilience during and after disasters, i.e., preserving the most vulnerable lives.

A part of examining the marginal's resilience involves detecting their susceptibility. From the bioethical perspective (UNESCO, 2005), racial profiling is one of the causes of susceptibility for individuals and groups.

Besides vulnerable jobs (World Bank),[2] ghettoization leads to social apathy among and towards those groups. Longstanding apathy could decrease action potential, i.e., loss of life plans, aspirations, and perspectives. It can also be associated with carelessness towards weaker group members, i.e., erode caring potential. Contrary, the caring and action potential of the groups are recognized as an indicator of the resilience of a community (Mitrović, 2015).

Along with the previously described racial profiling, abstaining from moral action against discrimination and racism leads to the loss of duty to act toward subject well being in the broader society. The defined context in critical situations such as pandemics and other sudden disasters, opens the door for decisions based on age, ethnicity, and race (Mitrović, 2015: 197). The following section will classify and analyse those indicators in various social and ethnic groups.

However, the actual racial issues do not open only the question of the role of society at the historical crossroad of racial injustice in the US (Russell, 2021: 9–11) but rather that of the role of the health care system, professionals, as well as of the ethics of surviving in the long run for discriminated groups, which is also one of the bioethical issues. At the first sight, the justified social request for post-pandemic life normalization has produced fertile soil for the ignorance of the entire range of both old and new forms of racism and discrimination. The COVID-19 has revealed adverse health effects and deaths for BIPOC and GRT populations. Analysing the relationship between such health results and racism is of fundamental importance during disasters (such as the COVID-19 pandemic), and of vital interest for the survival of vulnerable populations and marginal groups in the long run (Mitrović, 2015).

[2] Definition of such jobs are given in the Meta glossary of the World Bank, Vulnerable employment is contributing family workers and own-account workers as a percentage of total employment. World Bank, https://databank.worldbank.org/metadataglossary/world-development-indicators/series/SL.EMP.VULN.ZS

In the following section, we will use the data from relevant literature (Ganguli-Mitra et al., 2022) to analyse the ways in which racism influences vulnerabilities and resilience indicators, such as vulnerable jobs, action, and caring potential, in BIPOC populations during disasters.

4. Decreased Resilience during the COVID-19

This section analyses how racism and discrimination lead to a non-resilient state of an individual or a relevant community during the pandemic. Moreover, with the requests for normalization of everyday lives for individuals and groups and restoration of pre-disaster patterns, resulted in continuation of spreading racism, ageism, and other forms of discrimination in the aftermath of the disaster.

Nevertheless, before we start with analysing this claim, let us see how race is comprehended today:

"Everything about race, including perceived physical differences and distinctions, is today recognized as a social construction of race, and the idea of biological race is abandoned among scientists. Many in medicine and ordinary life continued associating social races with some illnesses and diseases biologically because some diseases occurred more frequently in some races. In all cases, no racial identity itself, but social factors and inequalities, such as poverty, bad nutrition, access to health care, etc., are responsible for disproportionate racial frequencies of illnesses" (Zack, 2021).

Considering that race itself is unrelated to infection risk, the COVID-19 pandemic has revealed three kinds of racism: heart and mind racism, discrimination, and institutional racism (Ganguli-Mitra et al., 2022; MacDuffie, 2022; Zack, 2021). "Hearts and minds racism is explicit, conscious, and deliberate contempt or hatred of people because of their race" (Zack, 2021). However, in this type of racism, prejudice based on race could exist on the borderline between conscious and unconscious. Even though, there have been several vulnerable and marginal groups, especially prone to infection and high probability of death in this pandemic due to pre-existing social inequalities. Endangered groups' vulnerabilities do not originate from their race, or social construct, but rather from the social and

economic status, gender, and age, both in the USA and in general (Zack, 2021).

The resilience of one marginal group could be detected through indicators of the group's vulnerabilities (Mitrović, 2015). Here the groups' pre-existing risks and vulnerabilities based on race, ethnicity, gender, and age in the USA and Europe are summarized. Similarly, we distinguish the marginalization of certain groups based on age, health/disabilities, and residence/exile (Tables 1 and 2). Such characteristics are crucial to a group's resilience and survival during COVID-19.

For African Americans, the population which comprises 13 percent of the US population, the death ratio during COVID-19 was 24 percent, due to structural reasons, such as public and social care politics, and as a direct result of the voting will (Abbasi, 2020).

Besides these issues, health risks resulting from racism and vulnerable employment during the pandemic have influenced a prolonged tension and stress imposed on family and children (Zack, 2021), affecting personal health conditions (Joanee, 2023). The following section will analyse these issues from the bioethical and healthcare perspectives.

Exposed to structural poverty, frontline-extensive work, and multigenerational living with vulnerable elders, the population of Latinx Americans is susceptible to the high risk, affecting all, and especially vulnerable members of the family and the group in general. Asian Americans face physical and verbal assaults and discrimination due to the virus's origin. Discrimination of this group leads to existential and health risks for individuals and their families, e.g., losing their jobs and health risks of infection due to assaults (Zack, 2021).

Majorities of the Native Americans are more or less residential isolated and socially marginalized in a broader way. Their social and economic vulnerability is ubiquitous in the COVID-19 pandemic. On the one hand, most of the high income comes from the Casinos on their territories, which were closed due to the pandemics, and the group became exposed to the existential risks of losing their jobs and vital income. On the other hand, the poverty rate in this community is some 25 percent, and on some reservations, this rate is even higher and amounts to about 40 percent. Over one-third

of the Navajo population has no running water, and the number of households entirely lacking plumbing is even higher (Schultz, 2020).

This group suffered from pre-existing unfavourable health conditions, like cardiac disease and high blood pressure, which made them susceptible to the complicated forms of the infection of COVID-19, and the death rate was twice as higher as in the white population (Schultz, 2020).

The pre-existing residential marginalization was enhanced by the preventive self-isolation in reservations, to minimize the infections inside the group. However, this isolation may have been one of the factors to increase mental health issues. During COVID-19, the community faced the highest rate of mental health challenges. Almost 75 percent of the Native-American households reported at least one member of their family experiencing various mental-health problems, while the rate was 52 percent in white population (Chatterjee, 2021).

A significant indicator of preserved resilience is respecting and "caring for the weaker and older family member and groups" (Mitrović, 2015: 192–193). This cultural factor influences the relatively high rates of vaccination among Native Americans. Half of this population is fully vaccinated, and about 60% have received at least one dose, compared to only 42% and 47% of all whites (Chatterjee, 2021).

The most detectable, yet not publicly visible, inequalities in Europe are those related to Roma, Gipsies, and Travellers (GRT) population. These populations face hindered or no access to fresh water and sanitary means, which are crucial in the times of a pandemic. One of the health-related characteristics of this community is premature death due to miserable health conditions, poor residential conditions, and multigenerational living. Defaults like "online school lectures were not accessible to children of the Roma population in their non-sanitary residential locations due to no access to computers, internet, or electricity" (Reljić & Simeunović, 2021). This group has less or no health and social insurance and is more prone to infection than the white population.

Considering residential isolation like living in ghettos or slums, they were additionally isolated and guarded by the Police, soldiers, and drones, as all exits from these slums were controlled

during the pandemic. Moreover, surveillance was more present than medical doctors, nurses, and medical supplies in those communities. Aside from similar mistreatment in Italy, Spain, Hungary, and Romania, GRT people were also presented as a source of infection on some social media in Bulgaria and Slovakia (Korunovska & Jovanović, 2020).

However, such outside isolation of the GRT population differs from the self-isolation by Native Americans. Yet, it yields almost the same results regarding the infection rates, as well as poor institutional care for those populations in their respective societies. Moreover, "the call for vaccination in the GRT population was constantly low for different sorts of vaccines, not just against COVID-19 infection" (Korunovska & Jovanović, 2020: 8).

Women's and children's inequalities and vulnerabilities reflect in the risk of restoring job, or income rates after returning to work. The usual housework and childcare are supplemented by extra domestic work, such as supporting school activities after online courses. Besides the pandemic casualties, this group has shown a 20% rise in domestic violence in the US and Europe (The Economist, 2020).

Table 1. COVID-19 and Inequalities

Inequalities	**Racial/Ethnic**					**Sex and Age**
Pre-existing risks and potentials	**USA**				**Europe**	
	African Americans	Latin Americans	Asian Americans	Native Americans	Gypsies, Roma, and Travellers (GRT)	**Women and Children**
Vulnerable jobs	+	+	+	+	+	+
Action potential	–	–	–	–	–	–
Caring potential	–	–	–	+	+	+
COVID-19 casualties	↗	↗	↗	↗	↗	↗

+/– Presence/Absence

↗ Increasing trends regarding mortality in the relevant population

Table 2. COVID-19 and marginalization

Marginalization	Age	"Exiled"		Health condition
Pre-existing risks and capacities	Elderly	Prisoners	Homeless	Disabled
Action potential	–	–	–	–
Living in a cramped/ crowded space	+	+	+	+
Social isolation	+	+	+	+
Mortality effects of the pandemic	↗	↗	↗	↗

+ Presence of pre-existing risks

↗ Increasing trends regarding mortality in the relevant population

Aside from inequalities, marginalization is a part of the vulnerability puzzle. During COVID-19, some of the most susceptible groups were extra marginalized, this having catastrophic effects.

Pre-existing health issues related to the late stage of life, living in elderly centres, and loneliness are the most relevant yet publicly invisible risks of extra marginalization of the elderly. During the pandemic, such circumstances have led to higher death rates and dying alone, in addition to the concerns related to the destiny of the descendants in the pandemic. Moreover, there have been cases during the pandemic where the patients' age figured in the decisions concerning life-saving procedures, thus deepening the ageism already existing in everyday life (Jecker, 2022).

Practically, prisoners are an isolated and exiled community within the same country. Considering their living in cramped and closed spaces, the health issues related to COVID-19 for this group include high blood pressure, cardiac diseases, isolation, and risk of infection transfer during transfers of prisoners. These issues are one of the disaster's major causes of the death ratio among prisoners that is multiple times higher than in the free population. Accepting previous ethical approaches may lead to prolonged discrimination, favouring one life, instead of another.

Usually, disaster is comprehended as an extraordinary event. Ordinary or regular everyday routines are altered to a critical or catastrophic point. However, the everyday life of some social groups, such as the homeless, can already be described as a catastrophe. Homeless people live in the condition of a slow disaster (Mitrović & Zack, 2018). In general, such living conditions are described as miserable survival. Besides such conditions, they are susceptible to transmitting or getting viruses due to sleeping in overcrowded shelters during the winter. This community's death ratio has been constantly increasing, especially during the pandemic, and it is multiple times higher than in the common population.

The main concerns related to persons with disabilities during the COVID-19 pandemic involved health issues and losing tutors, or personal caregivers due to the pandemic, which resulted in multiple times higher death ratios. Considering the cases of the pandemic triage in elderly population, where the age has been a factor in deciding about the life-saving procedure, disabilities may become a latent proxy in making such decisions during a disaster triage which is different from the "standard triage" (Jecker, 2022: 2–3). Potential decisions in disasters that use disability as a proxy, represent a latent and dangerous threat to this population, and a clear case of a eugenic choice.

5. Post-pandemic Normalization as an Ongoing Disaster in Healthcare

The pandemic caused by the SARS-CoV 2 virus infection is a disaster that raises or amplifies pre-existing crises in various social systems and affects the lives of individuals or groups. That crisis led to various breaking points and contributed to the premature death of individuals belonging to non-resilient groups.

One of the worldwide proclaimed aims during the pandemic was to return to everyday routines, i.e., the pre-pandemic state in different countries. In a broader sense, the bioethical momentum was a situation in which the conditions and issues of the discriminated collided with the social request of the so-called normalization and restoration of the pre-pandemic life. The request of the privileged to return to normal life for the discriminated and vulnerable

groups implied returning to daily racism. Such general demands of normalizations are not an issue of the marginal. From the marginal's perspective, it means to accept the premature death of members of the marginal groups.

However, the general desire developed during the pandemic to return to normal could imply a slow disaster in the aftermath of the pandemic, i.e., returning to the normal racism and marginalization. The general sentiment has, thus, been expressed by the privileged groups, rather than by the marginalized and vulnerable groups.

Unlike sudden disasters, discrimination in health and care is a type of a "slow disaster", not very much different in its effects (Mitrović & Zack, 2018). However, slow disasters threaten to become crises that, unlike sudden disasters, may be ongoing (Mitrović, 2020; 2021).[3]

The combination of the slow disaster and the pandemic (sudden disaster) is crucial in comprehending the way in which racism works against the resilience and as a barrier to the health care of the BIPOC and GRT population. The general will and efforts to return to the normality of everyday routines following the pandemic, means the return to daily racism for discriminated populations.

There are indicators pointing that exhausted caregivers often use stereotypes in social and professional spaces, similar to racial profiling, which appears in other social systems (Jecker, 2022).

Moreover, Blacks and vulnerable groups in the US are often less insured than the whites, and consequently, they lack health care, or necessary medical supplies. The situation with the Roma population in the EU is similar, "where in some member states, only 50 percent of the GRT population have health insurance" (Korunovska & Jovanović, 2020). During COVID-19, "some non-EU European countries lacked medical treatment for the uninsured, although national law allows medical treatment for the uninsured in some instances, among which are infectious diseases."

[3] For a deeper insight into the epistemological crisis which is a part of the COVID-19 pandemic see the differentiation between the concepts of disaster and crisis in Mitrović, V. (2020) Double Effect of the Pandemic (Corona). *Sociological Review.* LIV(3): 609–626. Mitrović, V. (2021), and Crisis in the Time of Disaster (Coronavirus). *The European Sociologist*. 46(2).

Last but certainly not the least, racism is a barrier to better health care policies. One of the handful values of the series of examined papers[4] is the latent and complex bioethical risk rooted in racism and the race ideas presented through illustrative examples of the ways in which racism in health care policies endangered the health and the well-being of both the discriminated and the discriminators (and the health care system in general).[5] However, many such studies fail in developing these bioethical issues on the ethical and existential levels of the groups and not only of specific individuals. In the discriminated population of BIPOC responders, the absence of health care and insurance has not been the result of an autonomous and free choice, while in the population of the discriminators it is indeed a product of the free latent social, economic, and political choices, manifested through the health-care system, as free willed abstaining from participation in health insurance which would benefit both BIPOC and the Whites. Those groups who, due to racism, do not participate in the common health insurance system, are guided with a kind of heart and mind racism, i.e., racial ideas. However, relevant papers explain race as a bioethical issue, assuming that race is a biological and social category.

Observing race in a bioethical context, specific authors used a well-tailored sociological tool to emphasize practitioners' social roles and duties in medicine and science. All those professionals are

[4] See more in a series of papers which appeared seemingly and independently in different journals and editions. Ganguli-Mitra, A., Qureshi, K., Curry, G. D. & Meer, N. (2022). Justice and the racial dimensions of health inequalities: A view from COVID-19. *Bioethics,* 36(3): 252–259. https://doi.org/10.1111/bioe.13010; Russell C. Meeting the Moment: Bioethics in the Time of Black Lives Matter. *Am J Bioeth.* 2022, Mar; 22(3): 9–21. doi: 10.1080/15265161.2021.2001093. Epub 2021, Dec 2. PMID: 34854793; Zack, N. Op. cit. note 6.

[5] Russell followed Meltz's research with a focus group, analysing the acceptance of the supported health care system among Afro-American, as well as among the Whites. The results show that the majority of the white men show clear willingness to literally die, rather than to embrace legal measures that would give more access to health care to vulnerable persons, even if it helped them as well. See more on this research in Metzl, J. M. 2019. *Dying of Whiteness: How the politics of racial resentment is killing America's heartland.* New York: Basic Books. Cit. from Russell C. Meeting the Moment: Bioethics in the Time of Black Lives Matter. *Am J Bioeth.* 2022 Mar; 22(3): 9–21. doi: 10.1080/15265161.2021.2001093. Epub 2021, Dec 2. PMID: 34854793. P.14.

embodied in society, and only a holistic social picture may explain the way that racist ideas (as a virus) can circulate and be replicated again and again in both spaces: wider society and science. Although the latest studies use cultural patterns and theories to explain this racial circulation and perpetuation, the authors miss adding deep and structurally rooted social and economic divisions of one highly developed and rich society, such as the US, finally reflected in health care and survival of individual groups. This bioethical distinction (surviving privilege) results from the high standards and lifestyles, impacting the population's health.

Researching the social and economic indicators of the marginal's resilience opened the question of the existential risks for the marginal and vulnerable groups when an apathetic society meets an unwanted situation (Mitrović, 2015). An apathetic society is mainly represented through the reduction of anticipation and action potential in marginal groups due to miserable living conditions, and the higher social strata that refrain from acting in cases where they are obliged to act.

Different authors[6] proposed a similar momentum that professionals and bioethicists must recognize in the BLM protests. The open question is, is there enough power to face and process all the needed health care and other social reforms, to enhance the health and well-being of the BIPOC and GRT populations?

6. Conclusion

Considering the pre-existing risks such as isolation or marginalization of one community, shows that the consequences of COVID-19 are detrimental. Even though the isolation of one group may act as a protective measure, discrimination in the distribution of medical and social care, as well as of the scarce resources needed in containing the pandemic (from sanitary to medical supplies), and living in confined spaces, play a crucial role in the increased mortality of discriminated populations. Nevertheless, traditionally discriminated communities, such as indigenous peoples in the United States, responded en masse to vaccination when provided.

[6] For comparative examples, please see Russell, (2021); Zack (2015; 2021).

What would happen if racism did not figure in the American health-care system? In other words, what would happen to the mortality rate of the BIPOC population?

Would such a response reduce the mortality of the black population if discrimination, or racism and the inherent risks were absent from the health care system?

However, the question arises as to whether something like this could have happened, bearing in mind that catastrophes (pandemics) are transient, while crises can be long-term, tending to become permanent and ubiquitous. Such is the case with racism, a constant crisis that, in the face of a catastrophe, weakens the resilience of the population and their response to the catastrophe, precisely because of their long-term coping with stress. In addition, such normalization of the crisis ends in apathy and loss of deontology of the wider community, or the society and its systems, primary health care which also fails to adequately respond to an undesirable situation such as the COVID-19 pandemic.

According to the Universal Declaration of Human Rights, in some communities, collective consent could be sought from the community leader (UNESCO, 2005, Article 6, point 3, p. 23). Such a situation can be treated as a kind of paternalism. A pandemic also reveals another kind of paternalism in a case of discriminated and marginal populations. Disasters can be used for putting those populations under non-autonomous control, i.e., a catastrophe can be the reason for introducing new surveillance technologies (Hendl & Roxanne, 2022) and AI paternalism (Kühler, 2022).

It is necessary to set practical steps for clinicians and bioethicists considering the bioethical issues analysed in this paper. Hopefully, such actions will become a part of everyday life and work in the US (as well as in other societies). Hope lies in the holistic approach that many bioethicists and clinicians need to accept. However, tending to prevent the loss of duty to act toward subject well being should not push bioethics into the trap of becoming an omniscient and contingent discipline, striving to become a worldview. The primary goal of bioethics, i.e., the long-term survival with preserving social, bio, and cultural diversity, is real and possible only through the interaction between responsible professionals and broader society.

REFERENCES

Abbasi, J. (2020). Taking a Closer Look at COVID-19, Health Inequities and Racism. *JAMA*. 324(5): 427–429. doi:10.1001/jama.2020.11672

Alcoff, L. (2001). Critical Philosophy of Race. *Stanford Encyclopedia of Philosophy*. Retrieved from: Critical Philosophy of Race (Stanford Encyclopedia of Philosophy).

Altman, A. (2020). "Discrimination". Edward N. Zalta (ed.) *The Stanford Encyclopedia of Philosophy* (Winter 2020 Edition). URL = https://plato.stanford.edu/archives/win2020/entries/discrimination/

Chatterjee, R. (2021). Hit hard by COVID, Native Americans come together to protect families and elders. *NPR health news*. November 24, 2021. https://www.npr.org/sections/health-shots/2021/11/24/1058675230/hit-hard-by-covid-native-americans-come-together-to-protect-families-and-elders

Domestic violence has increased during coronavirus lockdowns. *The Economist*. April, 22nd 2020 (Updated Apr 24th 2020). https://www.economist.com/graphic-detail/2020/04/22/domestic-violence-has-increased-during-coronavirus-lockdowns?utm_medium=cpc.adword.pd&utm_source=google&utm_campaign=a.22brand_pmax&utm_content=conversion.direct-response.anonymous&gclid=EAIaIQobChMIs8zW_r_K-AIVl7t3Ch2CuQbeEAAYAyAAEgIKEPD_BwE&gclsrc=aw.ds

Eidelson, B. (2015). *Discrimination and Disrespect*. Oxford: Oxford University Press.

Hendl, T. & Roxanne, T. (2022). Digital surveillance in a pandemic response: What bioethics ought to learn from Indigenous perspectives. *Bioethics*, 36: 305–312. https://doi.org/10.1111/bioe.1301368It

Jecker, N. S. (2022). Too old to save? COVID-19 and age-based allocation of lifesaving medicalcare. *Bioethics*, 1–7. https://doi.org/10.1111/bioe.13041

Joanee, L. (2023). What are the effects of racism on health and mental health? *Medical News Today*. https://www.medicalnewstoday.com/articles/effects-of-racism

Korunovska, N. & Jovanović, Ž. (2020). Roma in the COVID-19 crisis. An early warning from the six EU states. *Open society Roma Initiative Office*.

Kühler, M. (2022). Exploring the phenomenon and ethical issues of AI paternalism in health apps. *Bioethics*. 36: 194–200. https://doi.org/10.1111/bioe.12886

MacDuffie, K. E. et al. (2022). Addressing racism in the healthcare encounter: The role of clinical ethics consultants. *Bioethics*, 36(3): 313–317.

Mitrović, V. (2015). *Apathetic Society*. Belgrade: Čigoja štampa and ISI.

Mitrović, V. (2015). Resilience: Detecting vulnerability in marginal groups, *Disaster Prevention and Management*, 24(2): 185–200. https://doi.org/10.1108/DPM-05-2014-0096

Mitrović, V. & Zack, N. (2018). The Loss of Deontology on the Road to Apathy: Examples of Homelessness and IVF Now, with Disaster to Follow. In: O'Mathúna D., Dranseika V., Gordijn B. (eds.). *Disasters: Core Concepts and Ethical Theories*. 229–240. Advancing Global Bioethics, vol. 11. Dordrecht. Springer. https://link.springer.com/chapter/10.1007/978-3-319-92722-0_16#citeas

Potter, V. R. (1988). *Global Bioethics. Building on the Leopold Legacy*. MI: Michigan State University Press.

Potter, V. R. & Potter, L. (1995). Global Bioethics: Converting Sustainable Development to Global Survival. *M&GS: Medicine and Global Survival*. September. 2(3): 185–191.

Potter, V. R. (1971). *Bioethics: Bridge to the future*. Englewood Cliffs, N. J. Prentice-Hall.

Reljić, M. & Simeunović, M. (2021). *Report on the Position of Roma Man and Women during the COVID-19 Pandemic in Serbia*. Belgrade: Civil Right Defenders. pp.15–20.

Schultz, H. A. (2020). Native American Communities and COVID-19: How Foundations Can Help, *Health Affairs Blog*, March 31. DOI: 10.1377/hblog20200331.659944.

Sobhi, S. (2020). Covid-19 and the Necroeconomy of Palestinian Labor in Israel. *Journal of Palestine Studies*. 49(4): 53–64. doi: https://doi.org/10.1525/jps.2020.49.4.53

Universal Declaration on Bioethics and Human Rights, UNESCO, 33rd session of the General Conference of UNESCO, 19 October, 2005, Article 11, p. 26.

Universal Declaration on Bioethics and Human Rights, UNESCO, 33rd session of the General Conference of UNESCO, 19 October, 2005, op. cit. note 4. Article 6, point 3. p. 23.

Zack, N. (2015). *White Privilege and Black Rights: The Injustice of U.S. Police Racial Profiling and* Homicide. Lanham, MD: Rowman & Littlefield.

Zack, N. (2021). *The American Tragedy of COVID-19: Social and Political Crises of 2020*. Lanham, MD: Rowman & Littlefield.

Zack, N. (2012). Violence, Poverty, and Disaster: New Orleans, Haiti, and Chile. *Radical Philosophy Review*. 15(1): 53–65.