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COVID-19, multiple emergencies, and moral entanglements: extraordinary and transcendental moral worlds as a new analytical framework

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Abstract

The COVID-19 pandemic resulted in a multitude of complex emergencies, extending beyond the realm of health and healthcare. The situation presented a significant challenge to *human security*. The content analysis and literature review provide evidence of varied choices and decision-making processes at individual, local, national, and global levels in response to the COVID-19 pandemic. These decisions were influenced by various factors such as time constraints, limited resources, unfamiliar situations, unpredictable outcomes, and the uncertainty surrounding the end of the pandemic. The necessity to make exceptional moral decisions posed a challenge to existing conceptual and analytical frameworks, including Arthur Kleinman's concept of "local moral worlds." An examination of emergency medicine, particularly in the context of a critical global event, revealed the presence of numerous ethical decisions that, I suggest, may better be termed *extraordinary local moral worlds* and *transcendental moral worlds*. Following the development of an effective vaccine and the official declaration of the end of the pandemic, a thorough assessment of these impacts has commenced at various levels. We have observed a growing sense of regret regarding numerous decisions made amidst this exceptional circumstance. Not only can individuals regret over their choices, but governments and stakeholders, including the World Health Organization (WHO), may also find themselves regretting decisions that were initially seen as pragmatic in containing the virus and flattening the curve. Individuals can also experience regret over their choices. To

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illustrate the exceptional impacts of the pandemic on "ordinary people", I specifically draw upon the case of thalassemia patients from Pakistan as these patients required blood to survive, thus, they serve as a significant example of making certain choices. Lastly, I contend that it is crucial to reexamine these choices in order to gain valuable insights that can inform more moral and practical choices in the future.

Introduction

The pandemic continued to stress people, socio-cultural norms, (geo-)political structures, and economic systems. People and institutions have adopted diverse moral choices to deal with this stress. We imagine the following six scenarios that demanded certain ethical choices and decisions amidst the pandemic:

1. Patients facing chronic diseases require ongoing treatment at all times and under any circumstances. However, they often could not receive it during the peak of the pandemic.
2. Wage laborers were obligated to engage in daily work activities in order to acquire sustenance and other necessary provisions. Yet, they were asked or compelled to stay at home to prevent the transmission of contagion.
3. A pregnant woman requiring a Caesarean section had to go to a hospital for prenatal care and deliver the baby there, regardless of the circumstances and expenses involved (Ali et al. 2020). Nonetheless, hospital resources have been redirected to deal with the pandemic.
4. The government of a country wanted to keep its country safe from a viral outbreak by implementing comprehensive measures to mitigate its spread. In response to the situation, the government decided to implement border closures with neighboring countries and those countries where the virus is widespread.
5. A low-income individual living in a high-income country decides to go for a vacation in their country of origin. However, unexpectedly, due to border closures, this individual is unable to return to their home.
6. A challenging situation in emergency medicine often requires additional resources, including economic and human capital, to effectively meet emergent needs.

The first five imaginary scenarios outline strategies for containing an infectious micro-agent, considering that the virus requires a host to spread. The final assumption pertains to preparedness programs, specifically the allocation of additional resources and the reallocation of resources from existing programs to address emerging challenges. All of these situations entail moral choices and decisions at the individual, national, and international levels. In this regard, my

focus is not on the pragmatic nature of these choices and decisions, but rather on their morality. Different choices and decisions, both appropriate and inappropriate, have been made at all levels. Among many other phenomena, ethics have—or should have—taken center stage during this pandemic, challenging individuals and institutions to distinguish between right and wrong with compelling justifications. In this article, I address some of the many wrenching moral choices and decisions that were made during the pandemic.

Anthropology's attempt to study morality has remained sporadic. One of the reasons was a difference in "theoretical commitment" (Klenk 2019). Morality can be defined as socially approved habits (Benedict 1934). Over time, morality has increasingly become a significant subject matter of anthropology, which seeks to explore and analyze the construction, negotiation, and expression of moral values in diverse cultures and contexts (Klenk 2019). The anthropological approach views morality as a concept that is not fixed or universal, but rather influenced by specific socio-cultural, historical, economic, and (geo-)political contexts. The concept of "moral worlds" has emerged as a key idea, suggesting that morality is not simply a collection of individual beliefs or values, but rather a shared social practice embedded within a larger cultural context. Fassin (2008) argues that "moral worlds" extend beyond mental categories and encompass social worlds that are shaped by relationships, practices, and institutions that regulate conduct and judgment.

Anthropologists have shown that definitions and understandings of what is right and what is wrong vary socioculturally and temporally. In addition to exploring the diversity of moral worlds, anthropologists have also sought to understand how moral values are constructed and negotiated within particular sociocultural contexts (Shweder 1991). Exploring and analyzing the role of power, inequality and social hierarchy in shaping moral values and ethical norms, anthropologists have shown that moral worlds are often contested and negotiated within complex sociocultural and political contexts (Zigon and Throop 2014).

The COVID-19 pandemic exemplifies this scenario. The scale of the mentioned event differed significantly, as it has been mentioned at the several places of this article since it was contested not only on a political level but also on a geopolitical level, as indicated in various sections of this article. Several studies have illuminated the negotiation processes and the ways in which the pandemic has revealed the dynamics "between the state and its citizens, social care, and the ethics of nearness and farness" (Strong et al. 2021). Fearnley and Wu (2022) conducted a study to examine the phenomenon of mask-wearing and its transformation into a desired and desirable behavior. They aimed to uncover the individual judgments and engagements embedded in the cultural stock of knowledge. Dannesboe and colleagues (2023) showcased the ethical dilemmas encountered by families as they navigate the delicate balance between meeting their own needs and adhering to societal norms. Additionally, Dannesboe and colleagues (2023) highlighted the growing prevalence of moral tensions in everyday family life during the pandemic. These tensions were often addressed through pragmatic solutions, but also through overt conflicts and intense debates regarding the necessary course of action. Various competing narratives that surrounded the pandemic vividly illustrated the interconnectedness between local and

global worlds, particularly in terms of the geopolitical dimension that reveal moral worlds (Ali 2021b).

Moreover, the global pandemic has resulted in the emergence of new terminology and the resurgence of previously established terms (Ali and Davis-Floyd 2020). Discourses and debates pertaining to the Coronavirus were replete with militaristic terminology. For instance, "war," "fighting an invisible enemy," "chaos," "fear," "anxiety," "danger," "threat," "case," and "death." Varma (2020) elaborates on how terms such as "fighting an invisible enemy" conceals significant racial differences, and how large pharmaceutical industries, health insurance and private laboratories can hide their vast profits by cloaking themselves in moral purity.

Benefiting from these debates and discussions, I engage with the established theoretical framework known as "local moral worlds" in anthropology (Kleinman 1999, 2007; Parish 1994, 2008). Although this theory holds significant importance, the academic community has not yet given adequate attention to the theory pertaining to COVID-19. Based on my extensive ethnographic fieldwork on health and illness, with a particular focus on the COVID-19 pandemic, I find the concept under discussion to be thought-provoking. Simultanesouly, I believe that it may not be as applicable as two alternative analytical concepts that I propose: (a) *extraordinary local moral worlds*; and (b) *transcendental global moral worlds*. Briefly speaking, according to Kleinman and Parish (ibid), the "local moral worlds" refer to the ethical framework that guides individuals in their daily decision-making, determining what is considered right and wrong under normal circumstances. In contrast, the concept of "extraordinary local moral worlds" aims to capture and explain the choices that human beings make during extremely challenging and dynamic situations at a local level, while also addressing similar phenomena on a global scale. This concept is closely linked to another concept I introduce, namely "transcendental global moral worlds." I operationalize the latter concept to illustrate those moral choices and decisions that have a global connection and impact. I look at morality from a perspective of scale, as I believe that each community, regardless of its size, possesses its own distinct moral system. Due to globalization, there is a (contested) global model of morality in existence, as discussed by Davis-Floyd (2018). In the subsequent section, a concise overview is provided for the analysis of certain moral choices and decisions that have been made at the individual, national, and global levels. The case of thalassemia patients in Pakistan is presented as an illustrative example of moral choices and their consequences. Furthermore, an analysis of the proposed models is conducted, followed by a discussion on their potential applications.

Methods and Materials

It is of utmost significance to emphasize that the contextual data utilized in this article have been derived from my ongoing ethnographic fieldwork on health and illness in Pakistan. The specific data on COVID-19 presented here are a result of my ethnographic fieldwork conducted in the country, which was approved by the National Bioethics Committee of Pakistan. The study primarily employs research methods such as participant observation, content analysis, and literature review

to acquire a comprehensive comprehension of the choices made at the individual, local, national, and global levels during the pandemic. The analysis of relevant literature pertaining to the COVID-19 pandemic offers significant insights into the diverse responses, ethical challenges and decision-making processes faced both in Pakistan and worldwide. The case of thalassemia patients in Pakistan provides valuable insights into the extraordinary impacts of the pandemic on the everyday experiences of "ordinary people" and the ethical dilemmas faced by healthcare practitioners and policymakers.

Employing thematic analysis to examine the different choices made, key themes and patterns have been identified in order to comprehend the choices made at various levels during the pandemic. Additionally, the literature review has furnished essential concepts to establish a theoretical framework for analyzing these data.

This research study presents several limitations. It is based on a single case, which restricts the generalizability of the findings. The inclusion of additional cases would enhance the understanding and analysis of the diverse moral choices under investigation. In addition, the utilization of pre-existing documents and literature may introduce inherent biases associated with those sources. Since this article has not utilized the aforementioned theoretical frameworks to conduct ethnographic research explicitly, I extend an invitation for ethnographic investigations to collect empirical evidence regarding these moral choices and their ramifications across different contexts.

Results and discussion

The challenged life: multiple emergencies, multiple moral choices

For the field of anthropology, it is of great significance and relevance to study the various ways in which different societies and cultures generate and respond to a wide range of human experiences, even those that are deemed difficult or complex. Anthropology has been paying attention to the ways and processes in which social structures and institutions influence the lived experiences of individuals facing various challenges in life. For instance, the presence of economic poverty, different manifestations of discrimination, and limited availability and accessability of healthcare and education can all pose substantial obstacles for both individuals and communities (Ali 2023; Farmer 1996). It is noteworthy that anthropology is also concerned with the domain of interest that involves examining how individuals navigate and derive meanings from their experiences of a challenging life. This exploration encompasses various aspects such as the development of coping mechanisms, the formation of social support networks, and the construction of alternative sociocultural narratives that challenge dominant understandings of a fulfilling existence. Despite the obstacles encountered, anthropology seeks to understand how individuals find ways to make sense of their lives and redefine the concept of a "good life." To deal with an extraordinary challenge, it is necessary to consider the complex interplay of sociocultural, economic, (geo-)political, and historical factors that influence and transform human encounters with diversity and adversity. The effective

management and resolution of the situation require the active involvement and coordination of various social, economic, and political institutions. Even amidst the pandemic of COVID-19, these institutions demonstrated their proactive engagement at local, national, and global scales.

As stated by Barry (2005, 5) in his book The Great Influenza, "It is also a story of science, of discovery, of how one thinks, and of how one changes the way one thinks, of how amidst near-utter chaos a few men sought the coolness of contemplation, the utter calm that precedes not philosophizing but grim, determined action." The same stands true in the COVID-19 pandemic. The COVID-19 pandemic posed significant challenges to life as a whole. To successfully face these challenges or, at the very least, mitigate the gravity of their repercussions, a range of difficult moral choices were made at different levels, including individual and collective, at the local, national, and global scales. Undoubtedly, we found ourselves in a critical juncture where the accuracy of their assertions, and the extent to which they were correct or incorrect, is yet to be determined. I reiterate here, the purpose of this article is to provide comprehensive information on these choices and to encourage a thoughtful discourse and thorough investigations.

The first glocal moral choice

Not only were choices made on an individualistic basis. Institutions, depending on their scale, have made choices that have had significant impacts on the lives of countless individuals. The initial moral decisions that emerged can be characterized as "glocal" in nature, as described by Robertson (2020). In accordance with Robertson's viewpoint, glocalization can be understood as a phenomenon characterized by the coexistence of universalizing and particularizing tendencies in contemporary social, political, and economic systems. COVID-19 was an outbreak then a pandemic that contained such tendencies and caused global impact had a local context that provided fertile ground for a microorganism to infect and affect people. That outbreak exhibited both universalizing and particularizing tendencies, which had multifaceted implications. The initial decision regarding the emerging virus in December 2019 in China's Wuhan city was made by biomedical doctors, scientists, epidemiologists, and other relevant stakeholders. It appears that the action taken to influence its trajectory was carried out at a local level without fully recognizing the potential global ramifications. Of course, the practicality of such decisions was contingent upon the adherence to a particular "morality" that was specific to the subjective orientation, such as disciplinary, geographical, and political factors. A "moral" choice or decision is predicated upon the principles of right conduct and discerns between what is right and wrong, irrespective of cultural norms or legal frameworks. For instance, it is customary for the World Health Organization (WHO) to designate an outbreak as a pandemic once it has been reported globally. This declaration revealed the global influence of the organization and served as a reminder of the organization's authority. For instance, despite the first confirmed case of COVID-19 being reported on 7 January 2020, the virus was not officially regarded as a significant threat. WHO initially "underestimated" the severity of the virus, adhering to its existing protocols and guidelines. Not until January 30, 2020, following the

departure of millions of tourists and travelers from Wuhan, who unknowingly carried the virus with them, did this organization declare the outbreak of COVID-19 as a public health emergency of international concern (WHO 2020a). Furthermore, it was not until March 11, 2020, that WHO officially declared it a global pandemic (WHO 2020b). Although it had become evident that the global spread of the phenomenon was already well underway, the decisions made at that point were driven by moral considerations rather than purely practical ones. Both in practical and moral terms, these decisions seem to be open to interpretation and debate. On one hand, the delayed declarations by WHO appeared ethically questionable as they may have impeded prompt global efforts to control the worldwide transmission of the virus. Swift alerts could have the potential to save millions of lives and mitigate socio-cultural, economic, and geo-political disruptions. On the other hand, it can be argued that WHO may have encountered difficulties in accurately assessing the situation during its initial stages. Declaring the outbreak prematurely could have resulted in panic and inappropriate responses. The organization may have chosen to delay taking immediate action until they had access to evidence-based information. Ultimately, the moral correctness or incorrectness of these decisions is contingent upon the varying interpretations of the ethical obligations of WHO in the midst of rapidly evolving and uncertain crises.

Moral choices at a governmental level

Other consequential choices and decisions were made at the national level, which have had far-reaching global implications. Every country continuously evaluated choices that must be made, including the option to safeguard their own borders, provide assistance to those severely affected, and support countries with insufficient resources, particularly in terms of healthcare infrastructure. For instance, during the progression of the pandemic in 2020, Pakistan opted to send its blood samples to both China and the United States for testing purposes. Subsequently, Pakistan imported 1,000 test kits from China (Ali and Ali 2020). Since these choices had a significant global impact, they unveiled profound moral realms that extend beyond national boundaries. Various decisions were made by countries in order to contain the spread of the virus. At the international level, rituals of containment were performed to contain the virus and safeguard the well-being of their populations and economies, thereby generating and reinforcing social and cultural meanings (Ali 2021a). I will provide a more detailed explanation of these points in the subsequent sections.

Despite the global challenge posed by an "invisible enemy," each country adopted distinct strategies to deal with it. Many national governments exhibited a delayed response to the situation; however, they subsequently introduced and implemented a range of measures aimed at managing the rapid escalation of the virus and minimizing its impacts. They made many moral choices that would have previously been deemed "immoral," and many "normal" attitudes and behaviors that were once considered "normal" have now become labeled as "abnormal." Despite our inherent social nature, governments advised and mandated that we, as human beings, should and must stay at home, practice isolation and self-quarantine, and maintain physical

distance from others. This advice appears to be solely based on practical considerations; however, disregarding it can be deemed immoral, as it jeopardizes the safety of others.

Politically, a concept of the "new normal" emerged, characterized by the measures implemented by governments to encourage individuals to stay at home, practice frequent handwashing, wear masks, and maintain physical distancing in public spaces. The second "new normal" primarily pertained to Europe, specifically the implementation of border closures aimed at preventing the spread of the virus. Austria took immediate action at the Italian-Austrian border and subsequently implemented train restrictions for travel to and from the Czech Republic, Switzerland, Hungary, and Germany, extending these measures to all countries. For a certain period, exclusive travel privileges were granted solely to the residents of those nations. Some individuals regarded the implementation of border closures and travel restrictions as alarming and contrary to the principles of the European Union (EU). We can inquire whether such considerations were morally objectionable.

Economically, the pursuit of employment, job searching, participation in educational institutions, acquisition of new skills, and the development of capacity were essential attributes of advanced societies. Before the pandemic, the primary focus of most governments revolved around these aforementioned factors. During the pandemic, there was a shift in prioritization towards emerging factors related to COVID-19, while pre-existing factors were either ignored or postponed. For example, nearly all nations have made the choices to allocate a substantial portion, if not the entirety, of their resources—both financial and human—to combat the COVID-19 pandemic. Prior to COVID, apart from a few countries, the provision of financial assistance for individuals to stay at home and refrain from engaging in any productive activities was not a common practice. However, in contrast, several countries, including the United States, have allocated million dollar[1] budgets during the pandemic to support individuals in this regard. Analysts have been discussing the occurrence of economic "meltdowns" in addition to the implementation of lockdown measures. It is evident that the global economy has been and continues to be in a state of recession.

In addition, each country made moral choices, ranging from implementing complete lockdowns to adopting more strategic and targeted measures, "smart lockdowns". These choices were made with the intention of flattening the curve and minimizing the impact on public health, while also considering the need to sustain economic activity and protect vulnerable populations, such as those already hospitalized or infected with COVID-19. These practical choices were not only driven by practical considerations, but also by moral considerations, as they involved determining what was "wrong" and "right." As previously mentioned, there was a moral aspect to the decisions made by individuals and institutions, which aimed to protect both individuals and countries from the infection, as well as address the implications of the virus.

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[1] If the budget is converted into Pakistani Rupee (PKR), there will be difficulties in accurately counting the amount due to the limitation of available digits in PKR.

Individual **moral** *choices*

The perception of this virus as being relatively harmless was held by a significant number of individuals. A multitude of conflicting rumors and conspiracy theories surfaced and became "viral" (Ali 2020b). People started to generate and disseminate humorous jokes and memes pertaining to the Coronavirus, predominantly on various social media platforms. Nevertheless, as noted previously, cultural "norms" were completely overturned. The normative handshake, which was once considered the only appropriate way to greet someone in certain societies like Pakistan, was seen as potentially deadly and should be discontinued for the time being. In various countries, including Iran, Austria, Germany, and France, the act of hugging, bringing the cheeks close, and symbolically kissing upon meeting have been regarded as crucial forms of social interaction. Prior to the pandemic, the failure to adhere to these customary greeting practices was widely regarded as unethical and potentially indicative of anger and animosity, especially within the cultural context of Pakistan. The practice of frequent handwashing has become a widely accepted norm, with a failure to do so being viewed as morally incorrect. Throughout the ongoing pandemic, no other part of the body received as much attention and care as the hands. It is imperative to acknowledge that certain measures implemented in certain locations were adopted voluntarily, while others were enforced through regulations.

Globally, the unprecedented circumstances brought about by the COVID-19 pandemic forced individuals to make difficult moral decisions regarding the burial of their loved ones in the absence of their immediate family and friends. In the context of funeral practices in Pakistan, it became a new normal that a limited number of individuals, typically ranging from 3 to 5 people, would participate in the funeral prayers (Namaz-e-Janaza) and the final farewell rituals. These individuals usually included the officiant and the funeral workers (Ali 2021b, c). The choices and decisions made can be seen as pragmatic from a certain standpoint, with pragmatism being based on a moral framework that aligns with the current understanding of what is "right," and "wrong."

In these Covidian times, we all were continuously engulfed with ongoing concerns and uncertainties regarding ethical choices, particularly in determining what is morally correct and prioritizing our actions. For instance, one of the dilemmas faced by many individuals was whether to adhere to the recommendation of staying at home... Alone? With the family? To engage in social interactions with members of the community? To determine whether it was more appropriate to transport the ill to a medical facility or provide them with care in their own homes? The dilemma arose between choosing to go to work to earn money to feed one's family, thereby exposing oneself to the risk of contagion, or to stay at home and face the potential consequences of malnutrition and starvation.

The moral dilemmas and decisions individuals faced as a result of the pandemic serve to demonstrate my argument that the COVID-19 crisis necessitated numerous moral choices and judgments from individuals, governments, and global actors. These choices involved determining what actions were ethically right or wrong in the face of the unprecedented challenges brought about by the pandemic, which disrupted our previously established norms and conventions. The emergence of new

normalities and abnormalities were often undergirded by a moral framework that provides rationales for these choices, which can vary between countries and individuals. All of these moral worlds are intricately interconnected and causally interdependent. One entity has a corresponding impact on the other. Undoubtedly, there are numerous potential case studies and entry points that can aid in comprehending the intricate relationship between the aforementioned moral realms and the choices made within them. These may include chronic diseases, individuals experiencing homelessness, and daily wage earners. Here I present a case of thalassemia in Pakistan in Covidian times.

Thalassemia in Pakistan: a regular need during an exceptional situation

According to Ansari and colleagues (2011), an estimated 5,000–9,000 children with β-thalassemia are born in Pakistan each year. β-thalassemia has led to a rise in disease burden in Pakistan, putting pressure on the healthcare system due to the need for regular blood transfusions and effective iron chelation for these patients. Since the majority of patients come from low-income backgrounds, they are unable to afford the necessary bone marrow transplantation that could potentially cure their disease (Ahmed et al. 2002). This situation leads to significant financial burdens and psychological stress. Regular blood transfusions can also lead to additional issues, such as the risk of contracting communicable diseases like hepatitis due to the use of blood from external sources. At the country level, these add to the overall burden of disease—as treating one annual birth cohort for one year requires 90,000 units of blood plus $22 million US dollars' worth of deferoxamine (Ahmed et al. 2002).

The COVID-19 pandemic in 2020 has had a significant impact on thalassemia patients in multiple ways. Firstly, these patients were considered part of the "vulnerable groups at-risk" due to their underlying health conditions, making them more susceptible to contracting COVID-19. This new disease was found to have a severe impact on individuals with preexisting health conditions, especially those that affect the immune system (Chen et al. 2020; Chen, Zhou et al. 2020).

Additionally, how will patients in need of blood receive it during this chaotic and overwhelming situation? To slow the spread of the coronavirus 2, Pakistan, like numerous other countries, implemented a lockdown and other appropriate measures such as physical distancing, isolation, and quarantine. It could be extremely challenging, if not impossible, to visit a healthcare provider for a blood transfusion during these situations. Economically disadvantaged individuals often rely on blood donors from their families, friends, and acquaintances. Nevertheless, they could not ask someone for a blood donation from someone that would expose the donor to risk of a potentially fatal infection. What if the donor was already infected? In that scenario, the blood transfusion could transmit COVID-19 to the patient. In Pakistan, it is currently impossible to determine exactly who was already infected or not.

The third factor is related to the healthcare system. Healthcare systems in nearly every country were overwhelmed and found themselves in situations that necessitated moral decision-making by their practitioners. In both high-income and low-income countries, the majority of healthcare resources diverted their focus on

addressing the COVID-19 pandemic. This resulted in moral and ethical decisions being made to prioritize the treatment of COVID-19 patients in hospitals. Countries with ineffective and inadequate healthcare systems, like Pakistan, faced significant challenges in making such choices—considering the current ratio of one doctor for every 963 persons, 9,413 persons per dentist, and one hospital bed for every 1,608 people (Government of Pakistan 2019).

Extraordinary local moral worlds and transcendental global moral worlds

As mentioned earlier, morality has received convincing attention in anthropology (see e.g., Fassin 2008; Mattingly 2012; Mattingly and Throop 2018). In this discussion, I focus on the idea of "local moral worlds" as discussed by Kleinman (1999, 2007) and Parish (1994, 2008), which denotes a form of consciousness that functions in relation to a type of awareness that operates in connection with a shared moral sensibility. Here, consciousness plays a significant role in posing important questions about what truly matters and what is fundamentally at stake in human concerns, especially during any emergency. Both questions aim to define the essence of humanity by asking the question, "What does it mean to be human?"

Like any emergency characterized by acute time pressure, limited resources, and unfamiliar circumstances (Simm 2020), COVID-19 has compelled us to make numerous moral choices by challenging local, national, and global moral worlds. In response to the extraordinary circumstances caused by COVID-19, I propose using the terms "extraordinary local moral worlds" and "transcendental global moral worlds" to describe the moral landscapes that emerge during uncertain, unfamiliar, and challenging events. This rephrasing is necessary because words have the power to shape human attitudes, beliefs, behaviors, and ultimately, our perceptions of "reality" (Ali and Davis-Floyd 2020).

I propose the concept of "extraordinary local moral worlds" to describe the choices that individuals make and justify in highly challenging situations at a local level, which then become the new normal. In Pakistan, there is a socio-cultural perspective that views maintaining a distance as "wrong," especially in daily life. As a result, "social distancing" is seen as a form of punishment in normal routines, referred to as Huqa Pani Band. This is a social institution that ostracizes individuals who have committed serious crimes or sins, causing the people in a village or community to cease interacting and communicating with them. This is an example of ordinary local moral worlds. During the pandemic, the implementation of "social distancing" measures became imperative in order to mitigate the spread of the virus and safeguard individuals. Both contexts appear to present contrasting viewpoints, yet they are both suitable to be adhered to. The operationalization of morality in distinct circumstances sheds light on the generation and functioning of local moral worlds and extraordinary local moral worlds.

These extraordinary actions and behaviors, stemming from critical events, deviate from the "normal" choices and decisions. Extraordinary circumstances compel us to make choices and decisions that may appear abnormal. This concept will enable us to address the complex decisions and choices that have emerged during

Covidian times. Helping direct our attention towards the phenomena that arise in emergency situations, which disrupt prevailing moral boundaries and necessitate the redefinition of what is considered "normal" when the previously accepted norms become "abnormal." This analysis will specifically examine how actions that were once deemed morally correct can be perceived as morally wrong in the context of an emergency situation. Analyses of extraordinary local moral worlds will differ across cultures and contribute captivating and innovative perspectives to the current body of knowledge.

Additionally, notwithstanding the presence of multiple "local moral worlds," it can be contended that there exists a "global moral world" that influences international or global matters. Institutions such as the United Nations bear the responsibility of assessing and implementing global moral choices. These moral frameworks, when put into practice, contribute to the formation of transcendent global moral worlds by determining what is considered morally "wrong" or "right" for the global community. I examine the concept of morality from a contextual perspective, recognizing that different communities and countries possess their own distinct moral frameworks. Due to the phenomenon of globalization, there exists a (contested) global model of morality that influences the formulation and implementation of international policies and practices (Davis-Floyd 2018).

The COVID-19 pandemic invoked the implementation of various measures, including the imposition of border bans by multiple countries. In the European context, the perceived integrity of the European Union was disrupted due to the implementation of border closures between neighboring countries. The proposed concepts have the potential to illuminate the moral implications associated with these choices and decisions.

Although WHO officially declared the end of the global emergency caused by COVID-19 in May 2023, the lasting impact of this pandemic will continue to necessitate ongoing ethical deliberations and decision-making. Family systems will undergo modifications as numerous individuals will be closely monitoring their members, particularly those who are deemed "at-risk and vulnerable." The category of "at-risk" encompasses older individuals, persons with preexisting health conditions, healthcare providers, volunteers (who have not yet received significant attention in this context), and homeless individuals. Given the specific needs of these individuals, both families and governments were faced with ethical dilemmas regarding whether to admit them to healthcare facilities for necessary medical care or to keep them at home to prevent potential transmission of diseases. In the latter scenario, there was a risk that they may not receive the required treatments or medications.

Similarly, both governments and family members were considering various options regarding the exposure of healthcare providers to the virus in order to fulfill their work obligations or alternatively, to remain at home to safeguard their families, particularly those with preexisting health conditions. Our local and global economies necessitate reconstruction, prompting governments to consider implementing "draconian measures" as a means to achieve this objective. My proposed concepts aim to facilitate the analysis of these measures from multiple perspectives. They can contribute to research on two main aspects: (1) the ways in which governments

adopt new moral frameworks to make crucial choices and decisions in exceptional circumstances, and (2) the impact of these choices on lay individuals, who often struggle to comprehend the rationale behind the introduction of new government policies. Some governments have already initiated and enforced stringent policies pertaining to refugees.

Moreover, as previously stated, there have been consistency and differences in the implementation of WHO's transcendental moral worlds in different parts of the world. This concept will facilitate the exploration of the underlying rationality. For example, despite the unified requirements and moral world of WHO, there are great differences in mask, isolation, and vaccine policies across different countries and at different points in time. Some have even referred to this as "vaccine apartheid, highlighting the stark contrast in COVID-19 vaccine distribution. High-income countries have administered an average of 133 doses per 100 people, while low-income countries have only administered four doses per 100 people (Bajaj, Maki, and Stanford 2022; Lanziotti et al. 2022). One can dig deeper that what is the rational moral choice when faced with moral entanglement? Can one argue that it is related to global disparities, hegemony, affordability, or the meaning of people's lives? Transcendental moral worlds can provide a framework for analyzing and understanding the differences and similarities in the structuration of the global world. These moral worlds are constantly negotiated and take on different forms depending on the context. It may be beneficial to gather evidence on the classification of the previous world order, commonly referred to as the "first world, second world, and third world."

The proposed concepts of extraordinary local moral worlds and transcendental moral worlds reflect practical factors that can impact future life at local, national, and global levels. Many of our new moral dimensions have already become part of our cultural norms. For example, in Pakistan, new masks have replaced old veiling patterns for women. It is currently more popular and convenient to wear a mask rather than a veil. Here, the interaction between two concepts, local moral worlds and extraordinary local moral worlds, is evident.

Needless to say, there is a relationship among the local moral world, extraordinary local moral worlds, and transcendental moral worlds, which remain applicable but in different contexts. How do they impact one another? Given the prolonged impact of COVID-19 and the anticipation of other extraordinary emergencies, the proposed concepts of extraordinary local moral worlds and transcendental moral worlds should not be considered temporary. However, these concepts will continue to serve as valuable guiding analytical lenses for future inquiries, alongside other theoretical discourses. The choice of theoretical framework depends on the research question that needs to be studied.

The purpose of reframing the concepts of "extraordinary local moral worlds" and "transcendental global moral worlds" within the context of the COVID-19 pandemic is to provide a novel viewpoint and framework for comprehending the moral dimensions of human behavior and decision-making during times of criss. These newly introduced terms present a multitude of analysis opportunities. A nuanced examination of moral landscapes is facilitated through the process of rephrasing, which enables a more profound comprehension of the ethical challenges that arise during

crises such as COVID-19. By distinguishing between "extraordinary local moral worlds" and "transcendental global moral worlds," researchers and scholars have the opportunity to investigate the distinct moral dynamics that exist at the local, national and global scales. This analysis can offer valuable insights into the responses of different communities and societies when faced with moral dilemmas during times of crisis.

The new concepts offer a theoretical framework for comparing and contrasting moral responses at various levels. Researchers can analyze how local communities cultivate their distinct moral sensibilities and ethical frameworks as a means of addressing immediate challenges. They can also examine the ways in which these local responses intersect with or diverge from wider global moral considerations. These concepts will provide an opportunity to analyze the processes that individuals and groups use to make ethical decisions during crises. Researchers can acquire valuable insights into the various determinants that influence moral choices, such as cultural values, social norms, and individual agency, through the examination of how individuals navigate the tensions between local and global moral worlds. These concepts can guide the study of policy and intervention strategies during crises as policymakers align their approaches with the moral sensibilities of the communities they aim to impact, thereby enhancing the effectiveness of interventions and promoting greater cooperation.

By employing these theoretical frameworks, we can acquire a deeper understanding of the psychosocial, economic and (geo-)political impacts of crises. The manner in which individuals and communities reconcile their local moral values with global concerns can have a significant impact on mental health, social cohesion, and resilience in challenging times. It will also allow to study various terminologies. The significance of language in shaping moral narratives during crises highlights the influential role of words in shaping attitudes, beliefs, and behaviors. Analyzing the use of these terminologies in public discourse and media can yield valuable insights into the formation of moral narratives and their impact on public perception and behavior.

Offering an enhanced analytical approach to examining the moral dimensions inherent in crises, both concepts will provide a deeper understanding of the complex mechanisms of morality across various scales and give a lens to study the influence of these dynamics on human responses and decision-making processes in challenging circumstances.

The implications of COVID-19 are vast and complex. The effects and moral decisions resulting from this phenomenon provide a wide range of topics for academic exploration, including anthropology. Research explorations in this area can be conducted from a single or multidisciplinary perspective. Anthropology, specifically medical anthropology, has a wide range of research opportunities (Ali 2020a). The following are some important questions to consider: How was this event handled, perceived, interpreted, contested, and negotiated at different levels - local, regional, and global? What transformations have occurred and in what forms? What lessons can we learn from this pandemic to prevent or effectively deal with similar events in the future? What moral choices and decisions went wrong, and how could they have been improved? Importantly, what meaningful moral choices and decisions

– theoretically and methodologically – are necessary for our discipline to fulfill its essential roles during and after an emergency?

Conclusion

COVID-19 has had a profound impact on our world, sparking debates, opportunities and entry points for research, knowledge creation, and wisdom enhancement. In this article, I have demonstrated various distinct moral choices and decisions in response to challenging situations, examining what is considered "wrong" and "right." I have offered the case of moral choices and decisions regarding thalassemia patients as an entry point to emphasize this aspect of morality. In "glocal" pandemic responses, certain choices have proven beneficial, while others, such as initially denying COVID-19 as a pandemic, have had "harmful" consequences. The complexity posed by the pandemic demands multiple inquiries from various scientific disciplines to comprehend its origins and effects. Since the pandemic was declared over, it is necessary to thoroughly review and reassess all the actions taken at the local, national, and global levels. These inquiries will help determine the impact of these actions and to study the morality and ethical implications of the decisions made. As with other disciplines, anthropology may need to reconsider its moral choices and decisions, particularly regarding fieldwork and knowledge production. Traditionally, anthropology has relied on in-person ethnographic fieldwork, which proved impossible to conduct during the pandemic. Yet this pandemic has prompted anthropologists to explore new virtual and digital ways of conducting ethnography.

I have sought to provoke a critical debate to rephrase the concept of "local moral worlds" by introducing the terms "extraordinary local moral worlds" and "transcendental global moral worlds." The reframing will provide a fresh perspective for understanding crisis morality, such as that observed during the COVID-19 pandemic. Distinguishing between local and global moral dynamics allows for a more nuanced exploration of ethical challenges. This framework will support comparison of moral responses across levels, from local communities tackling immediate concerns to global moral considerations. The examination of how individuals and groups navigate moral decisions reveals the impact of factors such as values and norms. Recognizing the interplay between various factors is crucial for informing crisis policy and promoting cooperation. Aligning local values with global concerns impacts mental health and social cohesion. These concepts deepen our comprehension of the multi-faceted influence of crisis morality on human behavior. These expanded analytical concepts will provide new opportunities for analyzing extraordinary events such as the coronavirus pandemic at glocal levels.

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Availability of data and material The manuscript contains all data that it builds on.

Declarations

Ethics approval and consent to participate The research is part of a project on COVID-19 in Pakistan approved by the National Bioethics Committee of Pakistan.

Consent for publication I haven't mentioned any particular things that need consent.

Competing interests The author declares that he has no competing interests.

References

Ahmed, Suhaib, Mohammed Saleem, Bernadette Modell, and Mary Petrou. 2002. Screening extended families for genetic hemoglobin disorders in Pakistan. *New England J Med* 347 (15): 1162–1168.

Ali, Inayat. 2023. *Contesting Measles and Vaccination in Pakistan: Cultural beliefs, structured vulnerabilities, Mistrust, and Geo-politics*. London: Routledge.

Ali, Inayat. 2020a. Anthropology in emergencies: the roles of anthropologists during the COVID-19 pandemic. *Practicing Anthropology* 42(3): 16–22.

Ali, Inayat. 2020b. The COVID-19 pandemic: making sense of rumor and fear. *Med Anthropol* 39: 1–4. https://doi.org/10.1080/01459740.2020.1745481.

Ali, Inayat, and Robbie Davis-Floyd. 2020. The interplay of words and politics during COVID-19: contextualizing the Universal pandemic vocabulary. *Pract Anthropol* 42 (4): 20–24. https://doi.org/10.17730/0888-4552.42.4.20.

Ali, Inayat, and Shahbaz Ali. 2020. Why may COVID-19 overwhelm low-income countries like Pakistan? *Disaster Med Pub Health Prepared* 16 (1): 316–320.

Ali, Inayat. 2021a. Rituals of containment: many pandemics, body politics, and social dramas during COVID-19 in Pakistan. *Front Sociol* 6: 648149.

Ali, Inayat. 2021b. COVID-19 amid rumors and Conspiracy theories: the interplay between local and global worlds. In *Coronavirus Disease - COVID-19. Advances in Experimental Medicine and Biology*, ed. N. Rezaei. vol. 1318 Cham: Springer. https://doi.org/10.1007/978-3-030-63761-3_37.

Ali, Inayat. 2021c. From normal to viral body: death rituals during ordinary and extraordinary COVIDian times in Pakistan. *Frontiers in Sociology* (2021): 133. https://doi.org/10.3389/fsoc.2020.619913. eCollection 2020.

Ali, Inayat, Salma Sadique, and Shahbaz Ali. 2020. COVID-19 significantly affects maternal health: a rapid-response investigation from Pakistan. *Front Global Women's Health* 1: 591809.

Ansari, Saqib H., Tahir S. Shamsi, Mushtaq Ashraf, Muneera Bohray, Tasneem Farzana, Mohammed Tahir Khan, Kousar Perveen, Sajida Erum, Iqra Ansari, Muhammad Nadeem, Masood Ahmed, and Faizan Raza. 2011. Molecular epidemiology of β-thalassemia in Pakistan: far reaching implications. *International Journal of Molecular Epidemiology and Genetics* 2 (4):403–408.

Bajaj, Simar, Lwando Singh, Maki, and Stanford Fatima Cody. 2022. Vaccine apartheid: global cooperation and equity. *The Lancet* 399 (10334): 1452–1453.

Barry, John M. 2005. *The great Influenza: the Epic Story of the Deadliest Plague in History*. New York: Penguin.

Benedict, Ruth. 1934. Anthropology and the abnormal. *J Gen Psychol* 10 (1): 59–82. https://doi.org/10.1080/00221309.1934.9917714.

Chen, Huijun, Juanjuan Guo, Chen Wang, Fan Luo, Xuechen Yu, Wei Zhang, Jiafu Li, Dongchi Zhao, Dan Xu, Qing Gong, Jing Liao, Huixia Yang, Wei Hou, and Yuanzhen Zhang. 2020. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 Infection in nine pregnant women: a retrospective review of medical records. *The Lancet* 395 (10226): 809–815. https://doi.org/10.1016/S0140-6736(20)30360-3.

Chen, Nanshan, Min Zhou, Xuan Dong, Jieming Qu, Fengyun Gong, Yang Han, Yang Qiu, Jingli Wang, Ying Liu, Yuan Wei, Jia'an Xia, Ting Yu, Xinxin Zhang, Li Zhang. 2020. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. *The Lancet* 395 (10223): 507–513. https://doi.org/10.1016/S0140-6736(20)30211-7.

Dannesboe, Karen I., Nanna J. Jørgensen, Nana Clemensen, Dorte Kousholt, and Ida W. Winther. 2023. We also need to exist somehow – families negotiating everyday ethics during Covid-19 in Denmark. *Journal of Family Studies* 1–20. https://doi.org/10.1080/13229400.2022.2164207.

Davis-Floyd, Robbie. 2018. The rituals of hospital birth: enacting and transmitting the technocratic model. In *Ways of knowing about birth: Mothers, midwives, medicine, and birth activism*, ed. Robbie Davis-Floyd and Colleagues, 45–70. Long Grove IL: Waveland Press.

Farmer, Paul. 1996. On suffering and structural Violence: a view from below. *Daedalus* 125 (1): 261–283.

Fassin, Didier. 2008. Beyond good and evil? Questioning the anthropological discomfort with morals. *Anthropolog Theory* 8 (4): 333–344.

Fearnley, Lyle, Xiaomeng Wu. 2022. Beyond asian mask culture: understanding the ethics of face masks during the Covid-19 pandemic in Singapore. *Critical Public Health* 1–12. https://doi.org/10.1080/09581596.2022.2114315.

Government of Pakistan. 2019. *Pakistan Economic Survey 2018-19.* Islamabad: Ministry of Finance.

Kleinman, Arthur. 1999. Experience and its moral modes: culture, human conditions, and disorder. *Tanner Lectures Human Values* 20: 355–420.

Kleinman, Arthur. 2007. *What really matters: living a moral life amidst uncertainty and danger*. Oxford: Oxford University Press.

Klenk, Michael. 2019. Moral Philosophy and the ethical turn in anthropology. *Zeitschrift für Ethik Und Moralphilosophie* 2 (2): 331–353. https://doi.org/10.1007/s42048-019-00040-9.

Lanziotti, V.S., Y. Bulut, D. Buonsenso, and S. Gonzalez-Dambrauskas. 2022. Vaccine apartheid: this is not the way to end the pandemic. *J Paediatr Child Health* 58 (2): 228–231.

Mattingly, Cheryl. 2012. Two virtue ethics and the anthropology of morality. *Anthropological Theory* 12 (2): 161–184. https://doi.org/10.1177/1463499612455284.

Mattingly, Cheryl, and Jason Throop. 2018. The anthropology of ethics and morality. *Annual Rev Anthropol* 47: 475–492.

Parish, Steven. 1994. *Moral knowing in a Hindu sacred city: an exploration of mind, emotion, and self*. New York: Columbia University Press.

Parish, Steven. 2008. *Subjectivity and suffering in American culture: possible selves*. New York: Springer.

Robertson, Roland. 2020. The glocal turn. *Challenges Glob Prospect Inter-civilizational World Order* 24: 25–38.

Shweder, Richard A. 1991. *Thinking through cultures: expeditions in cultural psychology*. Boston: Harvard University Press.

Simm, Kadri. 2020. Ethical decision-making in humanitarian medicine: how best to prepare? *Disaster Med Pub Health Preparedness* 15 (4): 1–5. https://doi.org/10.1017/dmp.2020.85.

Strong, Thomas, Susanna Trnka, and L.L. Wynn. 2021. L'enfer, c'est les autres: proximity as an ethical problem during COVID-19. *Cultural Anthropol* 36 (3): 341–349.

Varma, Saiba. 2020. A pandemic is not a War: COVID-19 urgent anthropological reflections. *Social Anthropol* 28 (2): 376.

World Health Organization. 2020a. *International Health regulations (IHR) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV) edited by World Health Organization*. Geneva: WHO.

World Health Organization. 2020b. *WHO Director-General's opening remarks at the media briefing on COVID-19–11 March 2020*. Geneva: WHO.

Zigon, Jarrett, and C. Jason Throop. 2014. Moral experience: introduction. *Ethos* 42 (1): 1–15.

Comments

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