

Epicurean Priority-setting During the COVID-19 Pandemic and Beyond

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The aim of this article is to study the relationship between Epicureanism and pandemic priority-setting and to explore whether Epicurus's philosophy is compliant with the later developed utilitarianism. We find this aim interesting because Epicurus had a different way of valuing death than our modern society does: Epicureanism holds that death – understood as the incident of death – cannot be bad (or good) for those who die (self-regarding effects). However, this account is still consistent with the view that a particular death can be bad for everyone else but those who die, such as family, friends, and society (other-regarding effects). During the pandemic, the focus has been on the number of deaths more than on the suffering and reduced well-being of those infected and the rest of society. However, since the pandemic requires prioritization, it is, on a utilitarian account, important to consider priorities that do the most good overall. In this article, we approach the harm of death from an Epicurean point of view, seeking to flesh out potential implications for pandemic priority-setting, and healthcare in general, using a case study of COVID-19 priority-setting. We also explore whether this would conflict with utilitarianism. We conclude that an Epicurean pandemic priority-setting approach would be different but, surprisingly, not radically different from many of the actual priority-setting decisions we saw under the COVID-19 pandemic.

Introduction

Strategies to limit the number of deaths have been the main focus of governments during the pandemic, and the number of deaths has also been what media have focused on. We, as authors, have different opinions about the Epicurean account of death. One of us supports Epicureanism, while the other supports deprivationism. Deprivationism, the orthodoxy today, holds that death is prudentially bad because it deprives the subject of life, the rest of life that the subject would have lived had not death occurred when it did. Epicureanism holds that death is nothing to us, i.e., it has no value, it does not matter for the dead because death is non-existence, and existence is taken to be necessary for anything to matter.

Although we differ in our views on Epicureanism and deprivationism, we both have an interest in Epicurean philosophy and explore whether the acceptance of Epicurean

philosophy, especially its idea of the non-value of death, could make a difference for governmental vaccine strategies. This article, therefore, seeks to compare the vaccine strategies used to fight the COVID-19 pandemic with an Epicurean view on death. Furthermore, as extensive restrictions and lockdowns were used, in addition to vaccines, to limit the consequences of COVID-19, we (the authors) were motivated also to include a discussion on utilitarianism versus Epicureanism, as utilitarianism holds that maximizing pleasure and minimizing pain is the goal. And if one accepts this goal, there seems to be a conflict between the reduced pleasure caused by the restrictions and utilitarianism. The hypotheses, at the start, were that Epicureanism could agree with radically different vaccine strategies than those implemented by most governments. Furthermore, it seemed plausible that utilitarianism, with its focus on maximizing pleasure and minimizing pain, could be seen as similar to the hedonistic Epicureanism.

This article proceeds as follows. We first present the key messages from the recent Lancet Commission on the Value of Death (hereafter, the Commission). Then, we discuss the recommendations for COVID-19 vaccine strategies as presented in three sources: WHO SAGE,¹ an article published in *The New England Journal of Medicine*,² and a report from an expert group in Norway.³ To broaden the scope, we then discuss the implications of other measures used to prevent COVID-19 infections and their effects, focusing on an article by Savulescu et al.⁴ Subsequently, we briefly present the two main philosophical accounts of the individual harm of death: deprivationism and Epicureanism. While deprivationism is the philosophical orthodoxy, we here consider the implications of an Epicurean position for pandemic priority-setting. We then briefly present Epicurean ethics and, comparing this with utilitarianism, argue that Epicurus's philosophy has elements similar to utilitarian principles. Finally, we compare Epicurean ideas with the strategies used for preventing COVID-19 effects and the consequences of Epicureanism for other health-related questions.

The Lancet Commission on the Value of Death

According to the Commission,⁵ the COVID-19 pandemic has brought death and dying high up on the agenda, as witnessed by the daily updates on the numbers of COVID-19 fatalities worldwide. Moreover, for many priority-setting strategies, such as vaccine allocation, minimizing COVID-19 fatalities has been a chief objective.⁶ More generally, in the Western world, there is evidence for the overuse of aggressive care for dying patients and the underuse of palliative care; the Commission estimates that in high-income countries,

¹ The WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination (14 September 2020). Stable URL: <https://www.jstor.org/stable/resrep28175>

² Ezekiel J. Emanuel et al., Fair Allocation of Scarce Medical Resources in the Time of COVID-19, *The New England Journal of Medicine* 382:21 (2020), pp. 2049-2055. DOI: 10.1056/NEJMsb2005114

³ NIPH. 2020. Advice on priority groups for coronavirus vaccination in Norway (2020). [norwegian-ethics-advisory-report-for-corona-vaccination.pdf](https://www.niph.no/medie/etikk-og-ethikk/etikk-og-ethikk-2020/norwegian-ethics-advisory-report-for-corona-vaccination.pdf)

⁴ Julian Savulescu, Ingmar Persson, Dominic Wilkinson, Utilitarianism and the pandemic, *Bioethics* 2020;34 (2020), pp. 620-632. DOI: 10.1111/bioe.12771

⁵ Report of the Lancet Commission on the Value of Death: bringing death back into life (2022). [https://doi.org/10.1016/S0140-6736\(21\)02314-X](https://doi.org/10.1016/S0140-6736(21)02314-X)

⁶ NIPH. 2020. Advice on priority groups for coronavirus vaccination in Norway (2020). [norwegian-ethicsadvisory-report-for-corona-vaccination.pdf](https://www.niph.no/medie/etikk-og-ethikk/etikk-og-ethikk-2020/norwegian-ethics-advisory-report-for-corona-vaccination.pdf); WHO SAGE. (2020).

between 8.0% and 11.2% of the annual health expenditure occurs for the less than 1.0% who die in that year.⁷

The report of the Commission further paints contrasting pictures of overtreatment and undertreatment in hospitals and cites that many die of preventable conditions without access to pain relief. The Commission observes that COVID-19 fatalities have been in the media's spotlight and that healthcare systems have been overwhelmed.⁸ Noting that fear of death has increased, the report suggests rebalancing is necessary.

Although the Commission does not advertise its philosophical positions (there are, in fact, several, as Fig. 1 on page 5 in the Commission report shows), it appeals for a more balanced attitude toward death, dying, the length of life, and life's quality. Concerned by the excessive use of end-of-life interventions, the Commission argues that death and dying must be recognized as normal – and even valuable.⁹ It also asserts that the priority has been on reducing deaths, not suffering, and endorses approaching a more balanced weighing of life, well-being, death, and grieving.¹⁰ Moreover, the Commission's report also recommends further research on promoting such rebalancing and revaluing death and dying.¹¹

The above observations included in its report, even if not compatible with the Epicurean philosophy of death, can be seen as criticizing the view that death is the worst that can happen to one. For instance, the Commission seems to suggest that, in some cases, one should accept that preventing suffering is more important than using resources to postpone deaths. Attaining the utopia the Commission wishes for¹² – a future where “life, well-being, death, and grieving are in balance” – might require a change in values comparable to the world-changing effects of the rediscovery of Epicurus's philosophy in the 15th century through the publication of Lucretius's poem “De Rerum Natura” (“On the Nature of Things”). The heretic ideas of materialism and no afterlife had profound implications for the development of ethics and philosophy.¹³ The Epicurean philosophy, directed at giving advice on how to live a good life, is best known, perhaps, for the arguments for the non-value of death. Epicurus identified the fear of death as one of the main causes for distress, and argued that the material body, the atoms that one's body is made of, will be dispersed at death, and thereby one will cease to exist. And when one no longer exists, one cannot experience anything, because existence is necessary for experience. And as pleasure and pain, what Epicurus held was what matters most in life, must be experienced, one should not fear death.

Vaccine Strategies During the COVID-19 Pandemic

Vaccination prevents both morbidity and mortality (directly) and spread by infection (indirectly). By contrast, conventional treatments have mostly direct effects. This is one of

⁷ Shannon Brownlee et al., Evidence for overuse of medical services around the world, *Lancet* (2017), p. 161. [https://doi.org/10.1016/S0140-6736\(16\)32585-5](https://doi.org/10.1016/S0140-6736(16)32585-5); Lancet omission, p. 1.

⁸ Ibid.

⁹ Ibid., p. 2.

¹⁰ Ibid., p. 3.

¹¹ Ibid., p. 40.

¹² Ibid.

¹³ Stephen Greenblatt, *The Swerve, How the World Became Modern* (New York, London, W.W. Norton & Company, 2011).

the reasons why the priority-setting of vaccines is more complicated than priority-setting of conventional treatment.

During the first wave of COVID-19, vaccines were scarce; thus, setting priorities became important. The scarcity of beneficial interventions is at the root of any priority-setting system. The media focused on the numbers of deaths and practical solutions to prevent infection, such as using masks, limiting social interaction, working from home, closing restaurants and bars—and later—who should receive the first vaccine doses. However, there was less focus on the grounding principles for these measures, especially philosophical attitudes toward death.

Three sources discussing the priority-setting of vaccines (the WHO SAGE report, the article in *The New England Journal of Medicine*, and the Norwegian expert group report¹⁴) illustrate the relevant questions. We first discuss the WHO SAGE report,¹⁵ which aims to offer “guidance globally on the allocation of COVID-19 vaccines [...] and to offer guidance nationally on the prioritization of groups for vaccination within countries” (p.1). The report identifies six goals: (a) human well-being, (b) reduction of deaths, disease burden, and societal effects, (c) equal respect, (d) global equity, (e) national equity, and (f) reciprocity.¹⁶ Reduction of deaths and disease burden could be achieved by prioritizing older adults, groups with comorbidities, and populations with a significantly elevated risk of being infected.

The WHO SAGE report does not emphasize preventing deaths or the loss of lives or life years. Instead, it states as overarching goals both the utilitarian value of maximization of good, here defined as health benefits achieved through the promotion of well-being (see above), and equitable access to the benefits, that is, fair treatment of the interests and rights of all relevant groups.¹⁷ Although these two goals seem to conflict, there is no theoretical discussion of this problem in the report.

We next look at the article published in *The New England Journal of Medicine*, where deaths are more in focus.¹⁸ This article identifies four values: maximizing the benefits produced by scarce resources (understood as saving the most individual lives or as saving the most-life-years by giving priority to patients likely to survive longest after treatment), treating people equally (understood as using a first-come, first-served allocation, or by random selection, such as a lottery), promoting instrumental value (understood as giving priority to those that can save others, or reward those who have saved others in the past, e.g., healthcare workers), and giving priority to the worst off (understood as the sickest first or youngest first).¹⁹ Moreover, on the basis of these four values, the authors then propose six recommendations for the allocation of COVID-19 vaccines: (a) maximize benefits, (b) prioritize health workers, (c) use random allocation, such as a lottery rather than a first-come, first-served allocation (although used for example for such resources as transplantations, this could unfairly benefit patients living nearer to health facilities), (d)

¹⁴ WHO SAGE. (2020); Emanuel et al., *Fair Allocation of Scarce Medical Resources in the Time of COVID-19*, pp. 2049-2055; Eli Feiring, Reidun Førde, Søren Holm, Ole Frithjof Norheim, Berge Solberg, Carl Tollef Solberg, Gry Wester, *Advice on Priority groups for coronavirus vaccination in Norway*, NIPH, 15. November 2020.

¹⁵ WHO SAGE. (2020), p. 1.

¹⁶ *Ibid.*, pp. 10-11.

¹⁷ *Ibid.*, p. 6.

¹⁸ Emanuel et al., *Fair Allocation of Scarce Medical Resources in the Time of COVID-19*, pp. 2049-2055.

¹⁹ *Ibid.*, p. 2051.

be responsive to evidence, (e) recognize research participation, and (f) apply the same principles to all COVID-19 and non-COVID-19 patients.²⁰

In explicating the first of these recommendations, Emanuel et al. argue that saving lives and maximizing improvements in an individual's post-treatment life are values with consensus across expert reports. They also argue that these values are consistent with utilitarian ethical perspectives and the paramount value of each human life; saving lives is to be prioritized over extending lives. Moreover, the scholars assert that the quality of future life will not be considered because of practical challenges. They further argue that it would be right to prioritize those with the best chance to recover if given treatment. An added benefit of this principle is that this prioritized group would probably comprise many young patients, who are the "worst off in the sense of being at risk of dying young and not having a full life."²¹ It is also supported by, for example, Persad et al.,²² who call for the prioritization of those who would have had the fewest life years, if dying of the infection, and therefore are the worst off (p.425).

The third source on the COVID-19 vaccine strategy we discuss is a Norwegian report by an expert group. This group was appointed to "establish clear goals for what the Coronavirus Immunisation Programme should achieve, as well as to make recommendations for which groups should be given priority in the first phase of the programme."²³ The group argues that five fundamental values must direct the vaccination priorities: equal respect, welfare, equity, trust, and legitimacy. Based on these values, they then propose five goals:²⁴

1. Reduce the risk of death.²⁵
2. Reduce the risk of severe illness.
3. Maintain essential services and critical infrastructure.
4. Protect employment and the economy.
5. Reopen society.

In Norway, three categories for priority-setting were established from the above values and goals: risk factors for severe illness and death, infection situation, and occupation. Based on these groups, the following recommendations were made:²⁶ Risk groups and healthcare workers should be prioritized in this order as long as the pandemic is under control. However, when the pandemic is more severe with widespread transmission, healthcare workers should be prioritized over risk groups, and critical societal functions should be a third priority group.

Clearly, among the three sources we have presented, there is an overlap regarding values, goals, and priorities. The article in *The New England Journal of Medicine* is the most explicit about identifying the prevention of deaths as the top priority because it holds that

²⁰ Ibid.

²¹ Ibid., p. 2052.

²² Govind Persad, Alan Wertheimer, and Ezekiel J. Emanuel, Principles for allocation of scarce medical interventions, *Lancet* 373:2009 (2009), pp. 423-31.

²³ Feiring et al., *Advice on Priority groups for coronavirus vaccination in Norway*.

²⁴ Ibid. p. 13.

²⁵ The number of deaths, or the number of life-years should be used as a measure. The latter if the vaccines have different effects in different age groups and if there is scarcity and indirect effect of avoided deaths on behavior and welfare will be small.

²⁶ Risk groups are those with a risk of being infected and/or becoming seriously ill if infected. At the beginning of the pandemic, little was known about the consequences of being infected.

death is the worst that can happen to one and that death causes one to lose life years; moreover, the more years one loses (by dying young), the worse off one is.²⁷

Utilitarian Strategy for Preventing COVID-19 Infections

In their article on utilitarianism and the pandemic, Savulescu et al.²⁸ defend utilitarian ethical principles for guiding the course of action during the pandemic.²⁹ They argue that people will suffer or die avoidable deaths if one does not adopt utilitarianism as a guiding ethical theory during the COVID-19 pandemic.³⁰ The authors further point to the effects of restrictions on movement, employment, and everyday life of billions and at huge costs.³¹

It may be helpful to just briefly sketch deprivationism and Epicureanism before we start the discussion of this article. Deprivationism is the thought that death deprives one of the life one could have lived if death had not occurred when it did. The idea is that a longer life, on balance, contains more well-being than a shorter life (if the life is good). One therefore loses well-being by dying. Epicureanism, on the other hand, which holds that pleasure and pain is what matters most, holds that death is not bad and does not deprive one of life and well-being, because the deprivation one is supposed to suffer, is caused by death and therefore takes place after one has ceased to exist, and existence is necessary for one to experience a loss or a deprivation. Therefore, Epicurus held that death has no value, it is nothing to us. He did not, however, argue that life has no value. Life can, and following Epicurus's advice, will be good, and a good life it is rational to want to prolong. Life can be good, but death has no value.

Savulescu et al.'s article focuses on deaths and the cost of saving lives, but it also acknowledges the importance of quality of life, referring to the utilitarian principle of achieving the most well-being. They argue that for the utilitarian, QALYs (quality-adjusted life years) lost should be more important than the number of deaths. This observation could make one think that Savulescu et al. are sympathetic to Epicureanism, stressing well-being as the important issue instead of the number of deaths. However, other parts of their article focus on the number of deaths caused by COVID-19 and by the measures implemented to prevent infections, such as lockdowns. The scholars, in fact, cite certain "rules of thumb" for use in emergencies:³² *Number*—save the greatest number from dying, taken to be an obvious goal and to be used in different situations; *Probability*—save the one with the highest probability of survival; *Duration of treatment*—use medical equipment, such as ventilators, on patients requiring the shortest treatment; and *Resources*—prioritize less costly treatments. Nevertheless, in addition to *number*, they also consider *length of life* to be important; thus, they suggest considering age and prognosis when prioritizing patients.³³

While Savulescu et al. stress (I) saving lives and (II) safeguarding well-being as important goals during a pandemic, they do so without explicitly discussing the possible

²⁷ This line of thinking is compatible with the construct of disability-adjusted life years (DALYs); the quality of life (understood as negative compared to full health) is combined with years of life lost, i.e., the number of years one could have lived if one had died at a pre-set age, to form one number that symbolizes the DALY.

²⁸ Savulescu et al. (2020).

²⁹ We consider utilitarianism to be a well-known ethical theory and therefore do not comment on the presentation by Savulescu et al. in their article.

³⁰ Savulescu et al., p. 630.

³¹ Ibid. p. 620.

³² Ibid., p. 623.

³³ Ibid.

conflict between these two goals. Furthermore, they point out that there are more cost-effective ways of saving lives than the strategies used to prevent COVID-19 infections, such as preventing malaria. There is, therefore, a certain inconsistency in their article. However, the authors can be identified as deprivationists when they say, "We will, however, see that what is morally relevant from a utilitarian perspective isn't death in itself but rather the length and quality of life the deceased would have had if they hadn't died."³⁴

Deprivationism and Epicureanism on Death

Per the orthodoxy in contemporary analytic philosophy, death is a comparative counterfactual harm to the one who dies.³⁵ As most philosophers accept that *being dead* is not to be in a harmed state, they promote *the deprivation account*—the most prevalent anti-Epicurean view of the harm of death. The deprivation account is based on the idea that death deprives the dying of the future that they *could* have had, had they not died. The deprivation account relies on a narrative of counterfactual harm: the life one could have had (i.e., a counterfactual) had death not occurred when it did (i.e., the factual). When the counterfactual, longer life would have conferred more well-being than the shorter, actual life, then death is a harm—a counterfactual comparative harm.³⁶

The upshot of the deprivation account is that it seems to avoid the tough challenges of Epicurus, Lucretius, and their modern followers, i.e., tackling the *experience* (experience of the badness is necessary for anything to be bad for one), *time* (one is dead when the supposed badness occurs), and *symmetry* (the state of being dead is relevantly like the state of not being borne) arguments. However, it also carries its own problems. Given the truth of the *person-affecting principle*, namely that an outcome is worse only if it worse for someone – (which supporters of Epicureanism tend to presume)³⁷ – death as a harm cannot

³⁴ Ibid., p. 622.

³⁵ Hilary Greaves, Against the Badness of Death, in *Saving People from the Harm of Death*, edited by Espen Gamlund and Carl Tollef Solberg, (Oxford, Oxford University Press, 2019), pp. 189-202. <https://doi.org/10.1093/oso/9780190921415.003.0014>; Leonard Wayne Sumner, A Matter of Life and Death, *Noûs*, Vol. 10, No.2, Symposium on Utilitarianism (1976), pp. 145-171; Harry S. Silverstein, The Evil of Death, in *The Metaphysics of Death, Stanford Series in Philosophy*, edited by John Martin Fischer, (Stanford, California, Stanford University Press, 1993), Ch. 6, p. 98; Anthony L Brueckner and John Martin Fischer, Why is Death Bad?, in *The Metaphysics of Death, Stanford Series in Philosophy*, edited by John Martin Fischer, (Stanford, California, Stanford University Press, 1993), Ch. 12, p. 222; Ben Bradley, *Well-Being and Death*, (Oxford, Oxford University Press, 2009), Ch. 2. <https://doi.org/10.1093/acprof:oso/9780199557967.003.0002>; Greaves, Against "the Badness of Death", p. 191; Ole Martin Moen and Axel Braanen Sterri, *Aktiv dødsbistand. Etikk ved livets slutt*, (Oslo, Cappelen Damm Akademisk, 2019); Carl Tollef Solberg, Ole Frithjof Norheim, Mathias Barra, The disvalue of death in the global burden of disease, *Journal of Medical Ethics*, 44:2018 (2018), pp. 192-198. doi:1136/medethics-2017-104365; Jeff McMahan, Death and the Value of Life, *Ethics*, Vol. 99, No. 1 (1988), pp. 32-61.

³⁶ Travis Timmerman, A dilemma for Epicureanism, *Philosophical Studies* 176:2019 (2019), pp. 241-257. <https://doi.org/10.1007/s11098-017-1014-2>; Carl Tollef Solberg, Døden som et onde, En oversiktsartikkel, *Norsk filosofisk tidsskrift*, årgang 54, nr. 3, (2019b), pp. 167-186. <https://doi.org/10.18261/issn.1504-2901-2019-03-05>

³⁷ Larry S. Temkin, Intransitivity and the Mere Addition Paradox, *Philosophy & Public Affairs* Vol. 16, No. 2 (1987), pp. 138-187, p. 166; Derek Parfit, Future People, the Non-Identity Problem, and Person-Affecting Principles, *Philosophy and Public Affairs* 45, No. 2, (2017), pp. 118-157.

affect the postmortem person; rather, the incident of death must affect the antemortem person.³⁸

Some further argue that if death can be good—say, when it ends one's suffering caused by extreme pain—then death can also be bad. Others typically reply that there is no symmetry in this argument³⁹ and that the goodness–badness nexus concerns not the incident of death, but rather what happens before death occurs: When death has occurred, there is no longer a subject for goodness–badness attribution.

Yet another argument for the badness of death is based on the ideas that (a) life must be seen as a whole and (b) the life seen as such has suffered if death occurs prematurely, that is, before one has lived a complete life.⁴⁰ This line of thinking is closely related to an argument from *The Nicomachean Ethics*. Aristotle argues that one cannot judge a life's quality before it has ended.⁴¹ Aristotle's idea is that life is a project that can be valued. Life can be a success, a failure or something in between. This evaluation, made after the subjects' death, is, however, not necessarily about the prudential badness of death but about a life project seen from the outside, not from the view of the dead, as the dead does not have a view.⁴²

What is the Epicurean position?⁴³ Epicurus (341–270 BCE) held the following:

³⁸ “Post-mortem person” is an oxymoron from an Epicurean perspective since we are referring to a non-existing entity. However, this term is often used in the philosophy-of-death literature; Fred Feldman, *Confrontations with the Reaper, A Philosophical Study of the Nature and Value of Death*, (Oxford, Oxford University Press, 1992), p.89; Joel Feinberg, Harm to others, in *The Metaphysics of Death, Stanford Series in Philosophy*, edited by John Martin Fischer, (Stanford, Stanford University Press, 1993), Ch. 10, pp. 171-190; George Pitcher, The Misfortunes of the Dead, in *The Metaphysics of Death, Stanford Series in Philosophy*, edited by John Martin Fischer, (Stanford, Stanford University Press, 1993), Ch. 9, pp. 159-168.

³⁹ David Benatar, Still Better Never to Have Been: A Reply to (More of) My Critics, *Journal of Ethics*, 17, (2013), pp. 121-151.

⁴⁰ Ezekiel J. Emanuel, et al., Fair Allocation of Scarce Medical Resources in the Time of COVID-19, p. 2052; In one study, researchers also surveyed preferences regarding treatment that would increase life span among people who had lived a long life and among those who were younger. The majority's view was that differences in patients' remaining lifetime without treatment did not matter, but total lifetime inequalities should be reduced. Jan Abel Olsen, Priority Preferences: “End of Life” Does Not Matter, But Total Life Does. *Value in Health* (2013), pp. 1063-1066.

[Http://dx.doi.org/10.1016/j.jval.2013.06.002](http://dx.doi.org/10.1016/j.jval.2013.06.002)

⁴¹ Aristotle, *Nicomachean Ethics*, translated by C.D.C. Reeve, (Indianapolis, Cambridge, Hackett Publishing Company, 2014), p. 16, 1101a15.

<https://doi.org/10.23943/princeton/9780691158464.003.0003>

⁴² Derek Parfit, *Reasons and Persons*, (Oxford, Clarendon Press, 1984) p. 495; Øyvind Rabbås, Eudaimonia, Human Nature, and Normativity?, in *The Quest for the Good Life: Ancient Philosophers on Happiness*, edited by Øyvind Rabbås, Eyjolfur K. Emilsson, Hallvard Fossheim, Miira Tuominen, (Oxford, Oxford University Press, 2015), Ch. 4, pp. 88-112, pp. 95-96.

<https://doi.org/10.1093/acprof:oso/9780198746980.003.0005>; James Warren, *Facing Death, Epicurus and his Critics*, (Oxford, Clarendon Press, 2004), pp. 50-52.

⁴³ David B. Suits, *Epicurus and the Singularity of Death*, (London, Bloomsbury Academic, 2020); David B. Suits, Death and Other Nothings, *The Philosophical Forum*, (2012), pp. 215-230; David B. Suits, Why Death Is Not Bad for the One Who Died, *American Philosophical Quarterly*, Vol., 38, No. 1, (2001), pp. 69-84; Stephen E. Rosenbaum, How to Be Dead and Not Care: A Defense of Epicurus, in *The Metaphysics of Death, Stanford Series in Philosophy*, edited by John Martin Fischer, (Stanford, California, Stanford University Press, 1993), Ch. 7, pp. 117-134; Stephen E. Rosenbaum, The Symmetry Argument: Lucretius Against the Fear of Death, *Philosophy and Phenomenological Research*, Vol.1, No.2, (1989), pp. 353-373; Stephen E. Rosenbaum, The Harm of Killing: An Epicurean Perspective, in *Contemporary Essays on Greek Ideas: The Kilgore Festschrift*, edited by Robert M. Baird, William F. Cooper, Elmer H. Duncan, Stuart E. Rosenbaum, (Waco, Texas, Baylor University Press, 1987); David B.

Get used to believing that death is nothing to us. For all good and bad consist in sense-experience, and death is the privation of sense-experience [...]. For there is nothing fearful in life for one who has grasped that there is nothing fearful in the absence of life [...]. So, death, the most frightening of bad things, is nothing to us; since when we exist, death is not yet present, and when death is present, then we do not exist. Therefore, it is relevant neither to the living nor to the dead since it does not affect the former, and the latter do not exist.⁴⁴

This relatively compact passage contains the roots of several different arguments: the necessity of sense experience for anything to be good or bad (Epicurus was a hedonist⁴⁵), that one should not fear something that is not bad in itself, a necessary condition of coexistence for causation, and also a necessary condition of existence for experience.

Epicurus's project was therapeutic: to show his followers that they had no reason to fear death and dying. He wanted to teach his followers how to live the best life possible, a life without mental or physical pain or suffering (*ataraxia*, lack of distress in the soul, and *aponia*, lack of pain in the body), a moderate life of complete happiness. (The understanding of happiness as the lack of mental distress and bodily pain, is much discussed, but we cannot follow up on that here.)

To be clear, Epicureanism⁴⁶ does not necessarily hold that death cannot be bad in any sense: Death *can* remain bad for family, friends, and others. To permanently lose a beloved friend or relative can undoubtedly be bad for one. Importantly, the Epicurean position is that the incident of death cannot be prudentially bad.

Although the arguments in the letter to Menoeceus, cited above, are directed at human beings fear of being dead, dying can be bad because the dying process can be painful. But Epicurus also had arguments for those who feared physical pain. In *Kyriai doxai* 4, he argues that the most severe pain is short and lesser pain can be tolerated,⁴⁷

Hershenov, A More Palatable Epicureanism, *American Philosophical Quarterly*, Vol. 44, No.2 (2007), pp. 171-180; James Stacey Taylor, A full-blooded defence of full-blooded Epicureanism: responses to my critics, *Journal of Medical Ethics*, Vol. 40, Iss. 9, (2014), pp. 1-4; James Stacey Taylor, *The Metaphysics and Ethics of Death: New Essays*, (Oxford, Oxford University Press, 2014); James Stacey Taylor, *Death, Posthumous Harm, and Bioethics*, (London and New York, Routledge, 2012, paperback 2014); James Stacey Taylor, Harming The Dead, *Journal of Philosophical Research*, Vol. 33, (2008), pp. 185-202; James Stacey Taylor, The Myth of Posthumous Harm, *American Philosophical Quarterly*, Vol. 42, No 4 (2005), pp. 311-322; Alex Voorhoeve, VIII- Epicurus on pleasure, a complete life, and death: a defence, *Proceedings of the Aristotelian Society*, Vol. CXVIII, Part 3 (2018). DOI: 10.1093/arisoc/aoy018; James Warren, *Facing Death, Epicurus and his Critics*, (Oxford, Clarendon Press, 2004); James Warren, Lucretius, Symmetry Arguments, and Fearing Death, *Phronesis*, Vol. 46, No. 4 (2001a), pp. 466-491.

⁴⁴ Epicurus, Letter to Menoeceus, in *Classics of Moral and Political theory*, edited by Michael L. Morgan, (Indianapolis/Cambridge, Hackett Publishing Company, 1992), pp. 417-419.

⁴⁵ Although in a different way than most think of hedonism today. Epicurus can be understood to hold that there are two types of pleasures in life. One type of pleasure is the static pleasures that comes from the removal of all mental and physical distress. This kind of pleasure, once achieved, cannot be increased. In Greek, this is the state of *ataraxia* and *aponia*. There is, however, also a second kind of pleasure according to Epicurus, the kinetic kind. This is pleasure one experience when doing pleasurable things, enjoying oneself. Epicurus advocated static pleasure as the way to a good life. This two-fold understanding of the Epicurean hedonism would deserve more space but that would exceed the limits of this article.

⁴⁶ We use the terms *Epicurean*, *Epicureanism*, and *the Epicurean position* interchangeably.

⁴⁷ Alex A. Long, David N. Sedley, *The Hellenistic Philosophers, Vol. 1*, (Cambridge, Cambridge University Press, 1987), p. 115. "Pain does not last continuously in the flesh: when acute, it is there for a very short time, while the pain which just exceeds the pleasure in the flesh does not persist for many days; and chronic illnesses contain an excess of pleasure in the flesh over pain."

placing supreme weight on the mental capacities for tolerating pain.⁴⁸ Further, in his last letter, which Epicurus wrote on his deathbed while suffering what most probably would have described as extreme pain (with urinary retention and diphtheria), he calls it the most blessed day of his life, contemplating his past discussions with Diogenes Laertius.⁴⁹

A moderate Epicurean position does not necessarily imply that one should be indifferent to the length of one's life. An Epicurean can enjoy life and want it to continue but simultaneously think that death does not harm her when it occurs. It is the quality of life, not the quantity, that matters to an Epicurean.⁵⁰ Dying sooner or dying later does not matter (ex-post), because when dead, nothing matters anymore. The Epicurean position, ultimately, is that life matters (ex-ante) and can be of value *as long as it lasts*.⁵¹ After death, the length of life does not matter: It has no value because a subject is required for anything to matter and to have value, but the relevant subject is no more. Therefore, the Epicurean question to the deprivationist may be: Why or how is it bad not living a longer life?

Accordingly, the notion of *premature death* is problematic even for a moderate Epicurean.⁵² The Epicurean may simply critically ask, *premature compared to what?* One response is *premature compared to average longevity*. The average is what one is supposed to expect. However, even if the average may say something about probabilities, it is no guarantee. However, the actual⁵³ trumps the probable for the Epicurean.⁵⁴ To illustrate this idea, for the Epicurean, calling a death premature is akin to calling a piece of string too short: A piece of string may be too short for one's purpose (and even too long for another purpose), but not too short simpliciter. To call a life too short or a death premature is to make a comparison, which needs at least two relata. According to the Epicurean, an ended life has only one relatum: the actual life as it were until death.

A comparison between the actual and the counterfactual life is, therefore, problematic for several reasons. First, the comparison takes place after the subject's death, so the subject no longer exists.⁵⁵ The deprivationist, therefore, needs to overcome the "missing subject" problem, that is, the subject for whom the comparison is supposed to

⁴⁸ Eric Brown, Politics and Society, in *The Cambridge Companion to Epicureanism*, edited by James Warren, (Cambridge, Cambridge University Press, 2009), pp. 179-196, pp. 184-185 and p. 185., n. 22.

⁴⁹ Long and Sedley, *The Hellenistic Philosophers*, p. 50; Most of today's readers of Epicurus would find it, if not hard to believe, hard to accept for oneself the possibility of mentally blocking out painful sensations. In his *Tusculanae Disputationes*, Cicero too finds this prospect hard to accept and argues that he does not think philosophical insight has this kind of power. Those who have seen the pictures of the monk Thích Quảng Đức burning himself to death may, however, come to believe that pain can be mentally blocked out.

⁵⁰ Long and Sedley, *The Hellenistic Philosophers*, p.154.

⁵¹ "But the wise man neither deprecates living nor fears not living. For he neither finds living irksome nor thinks not living an evil (...) he enjoys the pleasantest time, not the longest." Epicurus, Letter to Menoeceus, in Long and Sedley, *The Hellenistic Philosophers*, p. 148.

⁵² Nevertheless, we use it in this article to mean deaths caused by COVID-19, directly or indirectly.

⁵³ An interesting and underexplored issue is the relationship between Epicureanism and actualism and that between deprivationism and possibilism. However, a discussion of this will be outside our article's scope.

⁵⁴ Cfr. a similar argument in Stephen Hetherington, Where is the Harm in Dying Prematurely? An Epicurean Answer, *Journal of Ethics* 17:2013 (2013), pp. 79-97, p. 95, and John Broome, The Badness of Death and the Goodness of Life, *The Oxford Handbook of Philosophy of Death*, edited by Ben Bradley, Fred Feldman and Jens Johansson, (Oxford, Oxford University Press, 2013), pp. 218-233, p.222. <https://doi.org/10.1093/oxfordhb/9780195388923.013.0010>

⁵⁵ This may be more complicated than that. The discussion on what existence is and whether it is a property, as the Meinongians hold, seems to be important for this issue, but takes us away from our focus here.

matter.⁵⁶ Second, the comparison is between one known relatum (the actual life as it was) and an unknown relatum (the counterfactual, unknown longer life).⁵⁷ Whether one stipulates the counterfactual life to be long or short, happy or painful, does make a difference in this comparison. Third, death that follows a short life does not seem premature for the dead: No one experiences having lived a short life or having met a premature death.⁵⁸

For the Epicurean, life, when it ends, has been lived to its full length. There is nothing lost. There is no “rest life” that the Epicurean was predestined to live, but lost due to some unexpected incident, and therefore neither can death be premature.⁵⁹ Accordingly, we may surmise that the main difference between Epicureanism and deprivationism does not concern the *value* of life, as both positions value life. The main difference instead relates to the *disvalue* of death: The Epicurean holds that the incident of death itself cannot have any prudential value, whereas the deprivationist holds that it has a negative (or sometimes positive) value.

To summarize, both Epicureans and deprivationists can agree that life can be good, can matter, and can be valued. Moreover, they also agree that one's death can be bad for others and that life is neither good nor bad for the dead. Their point of disagreement relates to the proposition, “My death is neither bad for me when I am alive nor so when I am dead,” which only Epicureans accept.

Epicureanism and Pandemic Priority-setting

Healthcare systems have at least two fundamental goals: saving lives and improving quality of life.⁶⁰ Vaccination and other infection-preventing or -reducing strategies have the same goals, but Epicurus held that death “is nothing to us.”⁶¹ Does this imply that an Epicurean position on death would mean a radically different pandemic attitude? It does not seem unreasonable to think that Epicureanism would affect considerations about

⁵⁶ This argument about the counterfactual life does not apply to similar arguments about a possible longer life. When we are alive, we normally want to keep on living if we have a life worth living.

⁵⁷ There may be high probabilities for how the counterfactual life could have been, but no certainty. I could say, “If I had opened the window, it would have been open,” or, “If Jones had not taken arsenic, he would have been in better shape than he now is” (Timothy Williamson, Knowledge of Counterfactuals, *Royal Institute of Philosophy Supplement*, 64, (2009), p. 47.

doi:10.1017/S135824610900006X.) These examples seem to be true counterfactuals, but not so. The window could have been closed by the wind or somebody else, and Jones could have been killed in a traffic accident. This, however, brings us to a discussion of another exciting field of philosophy which exceeds the scope of this article.

⁵⁸ Rhys Southan, *Life has value, but Non-Existence Does Not: In Defence of the Epicurean Reconciliation Strategy*, [Master's thesis], (The University of Oxford, 2018), pp. 19-27.

https://ora.ox.ac.uk/objects/uid:2613a24b-325a-4259-a46b-52295590d963/download_file?file_format=pdf&safe_filename=Rhys-Southan-Epicurean-Reconciliation-Strategy-BPhil-Thesi.pdf&type_of_work=Thesis

⁵⁹ Even if the future is open, it manifests itself as we move along the timeline and then becomes fixed. Possibilities become actuals and counterfactuals. There are, however, those who argue that an Epicurean can hold that a certain death is premature, i.e., when it comes before one has reached the state of ataraxia; see, e.g., Hetherington (2013). We cannot follow up on that here.

⁶⁰ Carl Tollef Solberg and Espen Gamlund, The badness of death and priorities in health, *BMC Medical Ethics* 17:21, (2016), pp. 1-9. DOI 10.1186/s12910-016-0104-6

⁶¹ Epicurus, Letter to Menoeceus, in *Classics of Moral and Political theory*, p. 417.

prolonging lives. For instance, the philosophy might imply that morbidity reduction should receive higher priority than mortality reduction.⁶²

As shown in the previous section, Epicurus directed his philosophy on death at removing the fear of being dead, which he saw as a disturbance that made people's lives less pleasurable. We argue that if accepted, this idea of removing the fear of being dead would also imply reducing the fear of dying, as it would be irrational to fear something that in itself is not bad (letter to Menoeceus).⁶³ This Epicurean line of thinking might also imply that mourning the deaths of others for their sake is irrational. Precisely, Epicurus argued that at the death of one's friend, one should not mourn, but instead reflect upon the time they had together.⁶⁴ He further argued that physical pain could be handled through mentally focusing on pleasurable memories. As shown in the previous section (f.n. 49), this feat may be possible, although not reachable for most people. Therefore, avoiding pain remains essential. Nevertheless, this does not conflict with an Epicurean understanding of how to live one's life. Moreover, even in an Epicurean understanding, we hold that an aim of avoiding pain is true for entire communities, not just for oneself or one's friends. As Long and Sedley argue, the Epicurean philosophy on justice, friendship, and social institutions "[F]orecasts Mill as well as Bentham in justifying courses of action and social practices by reference to their utility in promoting pleasure and diminishing pain, for communities as well as for the individual that compose them."⁶⁵

In an Epicurean society, anxieties and fears can be handled with the support of friends and with the mental capacity to focus on more pleasurable experiences. Although it is hard to accept that intense pain can be blocked out mentally, it is relatively easy to think that the fears and anxieties associated with the pandemic might feel less burdensome with the support of family and friends.⁶⁶

To summarize, the challenges in a pandemic situation—the fear of dying prematurely, the fear of others (one's family and friends) dying prematurely, and the fear of a painful ending caused by COVID-19 infection—can be met through accepting Epicurean philosophy. Epicurus would probably hold the effects of lockdowns and restrictions, including isolation, to be rather less serious if he could be in isolation with his friends. In fact, he argued for a kind of isolated life among his philosopher friends, shielded from the disturbances of the world outside his garden walls, since living such a life would be the best way to achieve aponia and ataraxia.

Parallels Between Epicureanism and Utilitarianism

Could the Epicurean strategies for a good life be identified with the utilitarian strategies recommended by Savulescu et al., namely, that “maximizing what is good for all is all there

⁶² Carl Tollef Solberg, Epicurean Challenges to the Disvalue of Death, in *Saving People from the Harm of Death*, edited by Espen Gamlund and Carl Tollef Solberg, (Oxford, Oxford University Press, 2019), Ch. 6, p.11. DOI: 10.1093/oso/9780190921415.003.0007.

⁶³ Long and Sedley, *The Hellenistic Philosophers*, pp. 149-150.

⁶⁴ Anna B. Christensen, Epicureans on Friendship, Politics, and Community, in *the Routledge Handbook of Hellenistic Philosophy*, edited by Kelly Arenson, (New York and London, Routledge, Taylor and Francis Books, 2020), Ch. 25, pp. 307-318, p. 313.

⁶⁵ Long and Sedley, *The Hellenistic Philosophers*, p. 134.

⁶⁶ Emily Austin, Epicurus on Sense-Experience and the Fear of Death, in *the Routledge Handbook of Hellenistic Philosophy*, edited by Kelly Arenson, (New York and London, Routledge, Taylor and Francis Books, 2020), Ch. 14, pp. 171-183, pp. 181-182.

is to morality”?⁶⁷ Utilitarianism focuses on increasing happiness and decreasing pain in the whole population, which relates to the pandemic strategy. It seems plausible that by reducing pain and suffering for as many as possible, the result is also an increase in happiness.⁶⁸ For Epicurus, his views on pleasure, pain, friendship, justice, and society would have been sufficient to make him adopt a positive attitude toward vaccination strategies against COVID-19, regardless of their compatibility with utilitarianism.

Whether Epicurus's philosophy can be seen as compatible with utilitarianism is not straightforward. On the one hand, some hold that Epicurus's egoistic hedonism, and his advocacy of isolation from society and politics, make this less obvious. Malte Hossenfelder, for instance, argues that for Epicurus, it is all about his own pleasure, and the consideration of others is only to further this aim.⁶⁹ Phillip Mitsis, referring to Guyau's readiness to form associations between Epicurus's ethical concerns and those of his own contemporaries, finds more differences than similarities and suggests that such comparisons may be misleading.⁷⁰ Scarre, in his discussion of Epicurus and utilitarianism, argues that Epicurus, judging from his advice to withdraw from the turmoil of the world, does not seem to support utilitarianism.⁷¹ However, he also argues that one may understand Mill as holding that utilitarianism and Epicureanism were, in essential respects, the same.

Although Scarre does not accept Epicurus as a utilitarian, he accepts that Epicurus's ethics had much in common with utilitarianism. First and foremost, Epicurus took a consequentialist approach to right and wrong, judging whether some action made life better or worse. Further, he seems to have been critical of deontological constraints.⁷² His ethics also resembles utilitarian principles in that both stress the value of pleasure over pain.⁷³ However, Scarre finds it challenging to identify Epicurus with utilitarianism since Epicurus's focus on ataraxia contradicts the promotion of public welfare.⁷⁴ Julia Annas argues that “Epicurean hedonism is agent- rather than act-centered,” because his philosophy concerns only how to live life (virtuously), not which actions to engage in to maximize happiness and minimize pain for all.⁷⁵ Gianni Paganini, discussing the *neo-Epicureanism* of Pierre Gassendi, holds that Gassendi always centered on the individual, not on the utilitarian principle of maximizing happiness for the greatest number of people, even when included in a community.⁷⁶

⁶⁷ Savulescu et al. Utilitarianism and the pandemic, p. 621.

⁶⁸ Ibid. p. 630.

⁶⁹ Malte Hossenfelder, *Epikur*, (München, Verlag C.B. Beck, 1991) p. 144 (..sie fehlt vollständig in Epikurs strikt egoistischem Hedonismus, dem es aussliesslich um die eigene Lust geht und die Rücksicht auf andere nur Mittel zu diesem Zweck ist.).

⁷⁰ Phillip Mitsis, *Epicurus' Ethical Theory, The Pleasures of Invulnerability*, (Ithaca and London, Cornell University Press 1988) p. 12 and f.n. 5.

⁷¹ Geoffrey Scarre, Epicurus as a Forerunner of Utilitarianism, *Utilitas* Vol. 6, No. 2 (1994), pp. 219-231. (But it is, of course, an exciting point that isolation in the pandemic has been an instrument for preventing the spreading of infection and therefore is well in line with the utilitarian value of reducing pain because it is in the best interest of all.)

⁷² Ibid., p. 225.

⁷³ Ibid., p. 226.

⁷⁴ Ibid., p. 228.

⁷⁵ Julia Annas, Epicurus on Pleasure and Happiness, in *Philosophical Topics, Ancient Greek Philosophy*, Vol. 15, No. 2, (1987), pp. 5-21, p. 16. <https://www.jstor.org/stable/43154002>

⁷⁶ Gianni Paganini, Early Modern Epicureanism: Gassendi and Hobbes in Dialogue on Psychology, Ethics, and Politics, in *Oxford Handbook of Epicurus and Epicureanism*, edited by Phillip Mitsis, (Oxford, Oxford University Press, 2020), Ch. 26, pp. 1- 44, p. 21. DOI: 10.1093/oxfordhb/9780199744213.013.26

Norman Wentworth De Witt, on the other hand, holds Epicurus to be an altruistic hedonist and a utilitarian in ethics.⁷⁷ Guyau argues that Epicurean egoistic hedonism is not incompatible with utilitarianism and proposes that Epicurus's egoism should be called “philanthropic egoism” (*philantropischen Egoismus*).⁷⁸ The reason for his idea that egoism and utilitarianism are compatible is, according to Ágúst Bjarnason, grounded in Guyau's view of life itself: that life, in its essence, is such that it is altruistic.⁷⁹

Long, in two papers, argues that since Epicurus's philosophy seeks to promote the greatest happiness of the greatest number, it should be seen as utilitarian.⁸⁰ He moreover dubs Epicurus a great multiplier of happiness,⁸¹ holding Epicurus to be “the hoariest forerunner” of utilitarianism.⁸² Long's compelling arguments—referring to Epicurus's educational mission, his philanthropy, Lucretius's praise of him as the savior of humanity, Seneca's references to Epicurus's maxims addressed to *everyone*, and the inscriptions by Diogenes of Oenoanda for the benefit of his fellow citizens⁸³—make one justified in accepting Epicurus as someone who would support utilitarian ideas of promoting the most pleasure and least pain for everyone.⁸⁴ This view is also in line with Greenblatt's understanding of Thomas More's opinion that “It would not be enough for Epicureanism to enlighten a small elite in a walled garden; it would have to apply to society as a whole.”⁸⁵

Utilitarianism differs in several ways from Epicureanism. In addition to the differences already mentioned, Epicurus does not mention the possibility of interpersonal aggregation—not within his garden among his friends and not in society at large. Although he did care for the well-being of his friends and directed his therapeutic arguments at them, he may not have had a theory of aggregation, at least not to our knowledge.

Evidently, there are different opinions on Epicureanism versus utilitarianism, and no one can be certain what Epicurus would have thought of utilitarianism. Although the crucial utilitarian notion of interpersonal aggregation of pleasure and pain seems to be lacking in Epicurean philosophy and thereby makes it difficult to identify Epicureanism with utilitarianism, we think we have established (or at least made it plausible) that Epicurus did have concerns about others' well-being and happiness, although perhaps not in the utilitarian understanding of aggregating pleasure or pain. Moreover, we find it intuitively obvious that he would support the modern healthcare system, including

⁷⁷ Norman Wentworth de Witt, *Epicurus and his Philosophy*, (Minneapolis, University of Minnesota Press, 1954), pp. 8 and 297. (“This shifting of the good and the evil in conduct from the action to the effect and the emphasis upon the advantage and the disadvantage marks Epicurus as a utilitarian in ethics”).

⁷⁸ Jean-Marie Guyau, *Die englische Ethik der Gegenwart*, translated by A. Pevsner, (Leipzig, Alfred Kröner Verlag, 1914), p. 34.

⁷⁹ Agust Bjarnason, *Jean-Marie Guyau, En fremstilling og en kritik af hans filosofi*, (København og Kristiania Gyldendalske Boghandel, Nordisk Forlag, 1911), p. 88.

⁸⁰ Alex A. Long, Pleasure and Social Utility: The Virtues of Being Epicurean, in *From Epicurus to Epictetus: Studies in Hellenistic and Roman Philosophy*, (Oxford, Oxford University Press, 2007), Ch. 9,

⁸¹ Alex A. Long, Epicureanism and Utilitarianism, in *Oxford Handbook of Epicurus and Epicureanism*, edited by Philip Mitsis, (Oxford, Oxford University Press, 2020), Ch. 9, pp. 1-22, p. 16. DOI: 10.1093/oxfordhb/9780199744213.013.28

⁸² *Ibid.*, p. 1.

⁸³ *Ibid.*, p. 15.

⁸⁴ See also Long and Sedley, *The Hellenistic Philosophers*, p. 134, where they argue that “...he also foreshadows Mill as well as Bentham in justifying courses of action and social practices by reference to their utility in promoting pleasure and diminishing pain, for communities as well as for the individuals that compose them.”

⁸⁵ Greenblatt (2011), p. 230.

vaccination and other governmental actions for preventing suffering, as such actions do not presuppose the aggregation principle.⁸⁶

One could ask whether the vaccination priorities would be different if suffering were not to be followed by death, that is, if COVID-19 never caused anybody to die. That seems unlikely, since these deaths often follow extensive suffering. Thus, it seems that even from an Epicurean perspective, risk groups would have had the priority, not to avoid deaths, but to avoid suffering. Furthermore, hospitals would still have had to reserve capacity for expected COVID-19 patients and thus to hold the treatment of other patients. From a utilitarian perspective, this would seem to be a very bad scenario, irrespective of the number of deaths.

The pandemic, however, also had other severe effects. First, deaths caused by COVID-19 infection or by the lockdowns are, from an Epicurean understanding, of no importance for the dead (the self-regarding effects are nil), but the other-regarding effects are high when many additional deaths occur (additional compared to the statistically normal number of deaths). Family, friends, and society are severely affected, and the well-being of those affected is reduced. Second, lockdown measures reduce the well-being of everybody, and those not infected may be even more than those infected, because they do not understand or accept the importance of preventing infections from spreading.

In a late phase of the pandemic, the focus shifted from the number of deaths to these other-regarding effects (at least in Norway) – not because the badness of death was no longer accepted, but because it became obvious that all societal effects outweighed the steadily reduced risk of being infected followed by severe illness or death, occurring in smaller and smaller groups (of mostly unvaccinated persons). This shifting of the weight follows from utilitarian aggregation. It seems that the deaths caused by COVID-19 gradually became part of the unofficial deaths outside the media's focus.

From an Epicurean position, life's quality is of supreme importance. What this means for a vaccination strategy is that avoidance of suffering should take priority.⁸⁷ Thus, the most effective strategy would be the one that affords top priority to the most vulnerable – the oldest with comorbidities – as this group, if infected, has the highest probability of getting severely sick. This is the same group that had the highest priority because they also had the highest probability of death from infection. To prioritize the most vulnerable thus reconciles the Epicurean and non-Epicurean positions on choosing the best vaccine strategy.

Potential Implications for Pandemic Priority-setting – and Beyond

What would it be like to live an Epicurean life during the pandemic? Epicurus compared philosophy to medicine and the philosopher to the medical doctor.⁸⁸ Thus, philosophy is

⁸⁶ And possibly, premature deaths, cfr. Hetherington, Where is the Harm in Dying Prematurely? based on Warren, *Facing death. Epicurus and his Critics*, pp. 109–159. He argues that dying before having attained ataraxia can be what should be called premature death. Not because death is bad, but because life at the time of death without ataraxia is bad. We will not follow up on that here.

⁸⁷ This presupposes not the utilitarian premise that pain and pleasure can be aggregated but just that more people will be prevented from experiencing severe suffering.

⁸⁸ Voula Tsouna, Epicurean therapeutic strategies, in *The Cambridge Companion to Epicureanism*, (Cambridge, Cambridge University Press, 2009), Ch. 14, p. 249.

Martha Nussbaum, Therapeutic arguments: Epicurus and Aristotle, in *The Norms of Nature, Studies in Hellenistic ethics*, edited by Malcolm Schofield and Gisela Striker, (Cambridge, Cambridge University Press, 1986/1988), Ch. 2, pp. 31-74.

therapeutic, and in the Epicurean understanding, the objective is to remove whatever disturbs the soul—either mentally or physically. While this Epicurean philosophy supports the vaccination strategy used during COVID-19, it could also have implications beyond the pandemic. Acceptance of the Epicurean philosophy of death would allow rebalancing palliative care versus medical treatment, as recommended in the Commission report and by Brownlee et al. (f.n. 5 and 7). The Commission points out that by the end of 2021, there were signs that governments had attempted to reduce only the number of deaths and not the amount of suffering. Their focus had been more on ventilators and intensive care and less on palliative care. Furthermore, anxiety about death and dying seemed to have increased.⁸⁹

During the pandemic, the media focused on the number of people dying of COVID-19 or, sometimes, with COVID-19, but not on the number of deaths due to most other cases. Generally, the media directs our attention to deaths that deviate from the “normal,” for example, murders, accidents, suicides, mass killings, deaths of women and children, and deaths caused by sickness or infection. While media outlets usually seek to grab the attention of their readers and viewers, in the case of the COVID-19 pandemic, they did so, apparently neglecting the possible anxiety that strategy could cause in parts of society.

To an Epicurean, all deaths, for the dead, are of the same nonvalue, regardless of cause, age, or gender. A more relaxed, or should we say Epicurean, attitude toward death could potentially have reduced the fear and anxiety among many, especially at the beginning of the pandemic. An Epicurean COVID-19 strategy could also have involved fewer restrictions; the denial of close relatives from being with the dying during their last hours is an especially terrible example of the impacts of such restrictions.⁹⁰

However, the Epicurean project to alleviate the fear of death—a deep-rooted, probably evolutionary trait—has still not found much success more than 2000 years after Epicurus. Nevertheless, genuine acceptance of death as nothing to be feared could mean happier lives for many who dread death. Today, with technical possibilities not even dreamt of in antiquity, the chances of influencing people are better than ever before. Therefore, helping people realize that they should not let the thought of death make their lives worse should be possible.⁹¹

⁸⁹ Lancet Commission, p. 3.

⁹⁰ Sweden initially accepted more COVID-19 deaths, for the benefit of keeping society, and importantly schools, open. However, it has been placed among the nations with the least excess deaths in Europe. See Emma Frans (2022) for a balanced/positive comment (<https://theconversation.com/did-swedens-controversial-covid-strategy-pay-off-in-many-ways-it-did-but-it-let-the-elderly-down-188338>) and Nele Brusselaers et al. (2022) (for a critical evaluation, focusing on the number of excess deaths. (Evaluation of science advice during the COVID-19 pandemic in Sweden, *Humanities and Social Sciences Communications*, 2022. <https://doi.org/10.1057/s41599-022-01097-5>)

⁹¹ There is a debate in the philosophy-of-death literature on whether the dead has interests. We do not comment on that here, but we do note that intuitions regarding dead bodies may prevent the use of tissues, organs, cells, DNA, and other biomaterials obtained from the dead—a use that could be of great significance for the living. Ultimately, accepting the nonexistence of the dead and accepting the nonidentification of the dead body with the former living person could possibly be very significant for different areas in healthcare. John Harris, Doing Posthumous Harm, in *The Metaphysics and Ethics of Death: New Essays*, edited by James Stacey Taylor, (Oxford, Oxford University Press, 2013), Ch. 12, pp. 1-8. DOI: 0.1093/acprof.oso/9780199751136.003.0012

Conclusion

Our aims with this article were to study the relationship between Epicureanism and pandemic priority-setting and to compare Epicureanism with utilitarianism. We highlighted the Lancet Commission's arguments for a more balanced view on death and suffering, not least since the pandemic has given the number of deaths a prominent place in the media and in the worldwide strategies for dealing with it. We cited the WHO SAGE framework (2020), Emmanuel et al.'s article on the fair allocation of scarce medical resources (2020), a Norwegian expert group's advice on the prioritization of vaccines (2020), and Savulescu et al.'s (2020) article on utilitarianism and the pandemic as examples of the current thinking on the prioritization of COVID-19 vaccines. We further showed that pandemic strategies have been focused on reducing the risk of deaths, contrary to Epicureanism, and then broadened the scope of our inquiry to consider other effects of the pandemic than the number of deaths, such as suffering, societal effects, and the reduction of well-being. We started out with the hypotheses that Epicureanism's non-value of death and utilitarianism's principles of maximizing pleasure and minimizing pain would converge in agreeing that pandemic strategies have had the wrong focus and priorities. After arguing that Epicurus could have supported utilitarian ideas, we discussed balancing morbidity, mortality, and well-being. We argued that, at some point, other effects outweigh the badness of deaths. However, since preventing these other effects, especially suffering caused by infection, would require the same governmental actions as taken during the pandemic, an Epicurean position would not necessarily have led to a different pandemic strategy. However, instead of only following the number of deaths in their reports, governments should have put more weight on the effects of restrictions and lockdowns on total well-being.

The experiences from the pandemic strategies based on an Epicurean background, is that although an Epicurean might accept the strategies used by governments, they would probably have preferred fewer restrictions, focused more on palliative care and less on the number of deaths, and adapted the media coverage to reduce the general fear and anxiety.

The fear of death has implications for personal happiness as well as for prioritizations in pandemics and more broadly, in the way of thinking in the whole health-care system. We have pointed to an unbalance between resources used for curative versus palliative care. Accepting death as part of life, not to be feared and not to be avoided at any price, but to be weighed against quality of life and what is in the best interest of the patient, would give us a more rational, and sometimes even a more caring health care system.

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