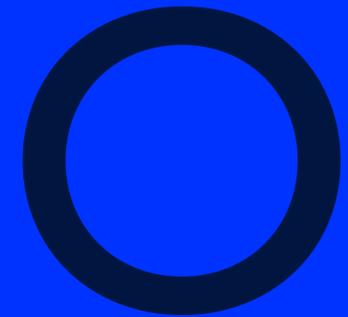# Assigning obligations and accountabilities for "Virus X"

Australian public perceptions of who is responsible for what in a future pandemic

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Being responsible in a public health emergency

- Distribution of responsibility is a key ethical issue during pandemics

- Claims about an agent's responsibility rest on assumptions about of their capacities and causal role in producing a specific outcome

- During COVID attributions of responsibility by governments and in public discourse became increasingly normatively charged

- How we conceptualise and operationalise responsibility has implications for how we allocate blame and how we distribute risk of future harms

- Implicitness of assumptions and ambiguity of concepts-in-use have limited our understanding of responsibility in discussions about pandemic decision-making

Solidarity & Responsibility

- Responsibility concepts also operate within communitarian responses

- Solidarity & Responsibility are (somehow) interconnected concepts that both promote collective action

- Dynamic interrelationship - shared values or circumstances can lead to:
  - forms of civic/political commitment
  - Enactments of values such as reciprocity
  - mutual duties and obligations

- Has been argued that that some form of solidarity is a precondition for willing enactments of civic responsibility in emergencies

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PANDEMIC SOLIDARITY

Mutual Aid during the Covid-19 Crisis
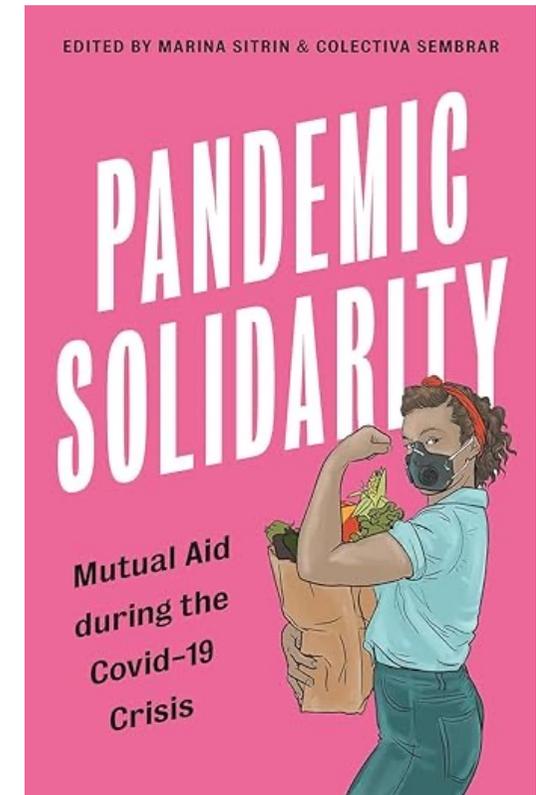
# It's a pandemic - WHO is responsible for WHAT?

- Public trust in government increased in the first year of COVID in Australia
- But as the pandemic progressed, the introduction and then removal of public health measures became catalysts of public dissent and civil unrest
- At issue were conflicts about competing accounts of the responsibilities and roles of different actors (government, social actors, individuals)
- Research/governments are concerned about public trust
- But empirical studies during COVID showed that a duty to support authorities dominated compliance decisions (Murphy 2020)
- Highlights gaps in understanding how the public:
  - perceive responsibility during a health crisis, and
  - how these perceptions shape responses to emergency measures

Two round Delphi survey with Australian Public

- Based on hypothetical pandemic scenario

- Round 1 (n=1510) then Round 2 (n=1150)

- At risk group varied to capture how judgements about capacity influenced obligations and blame

- Questions focused on:
  - General trust in different agents
  - Willingness to take on burdens for near and distant others
  - Key responsibility concepts

- Delphi methods permit participants to revise their view after exposure to the views of others
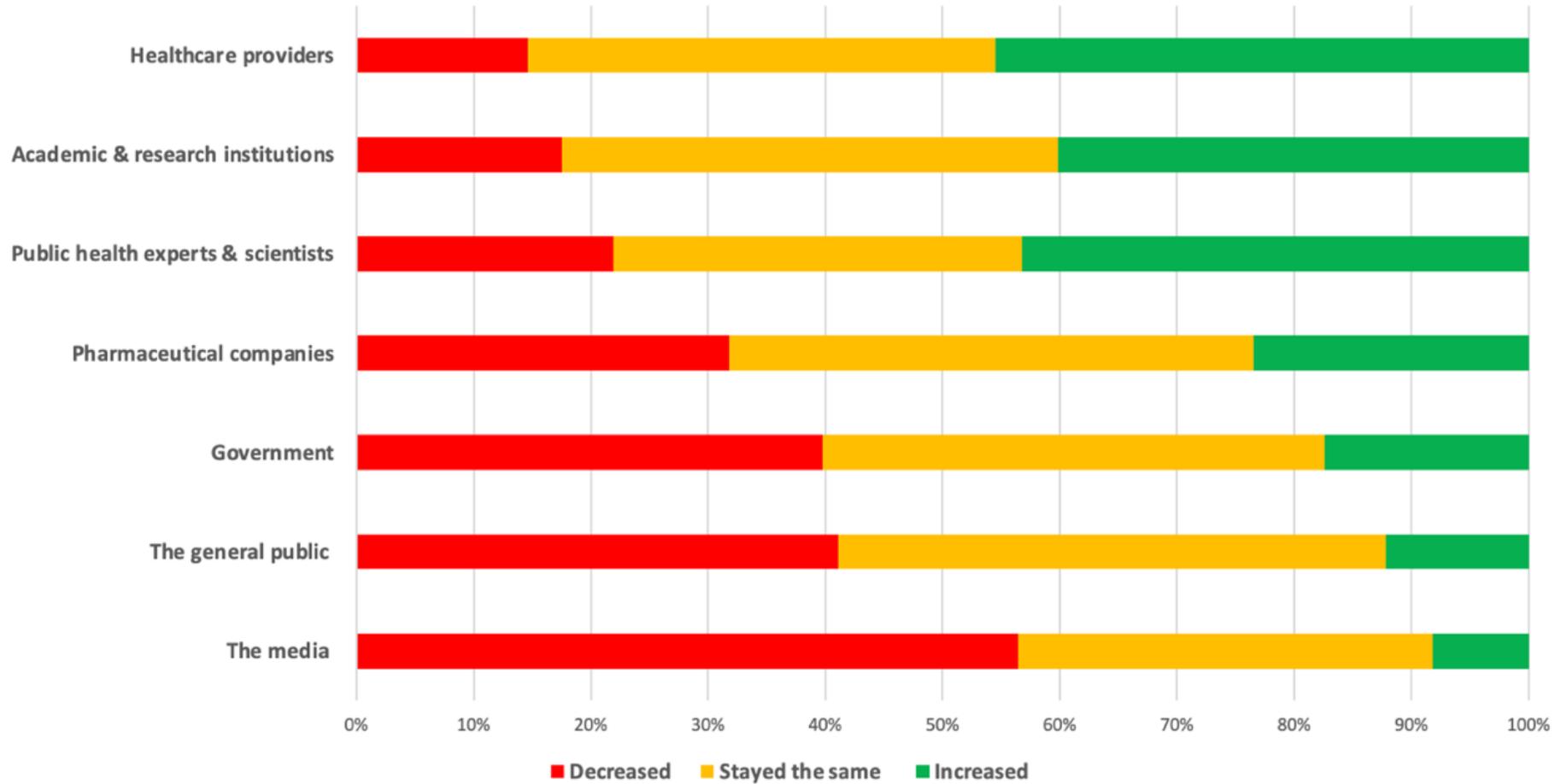
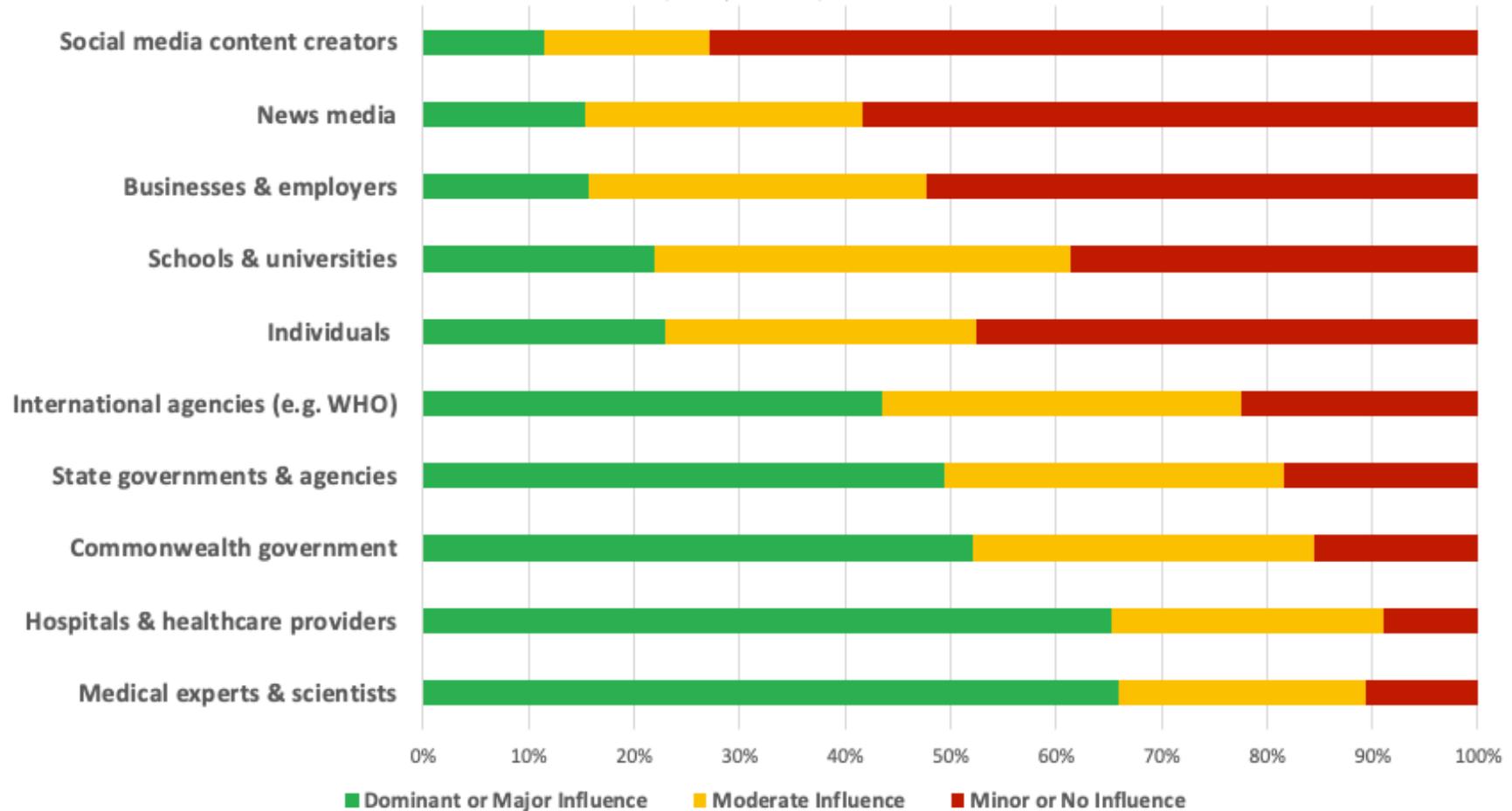# Vincent's (2011) taxonomy of responsibility concepts
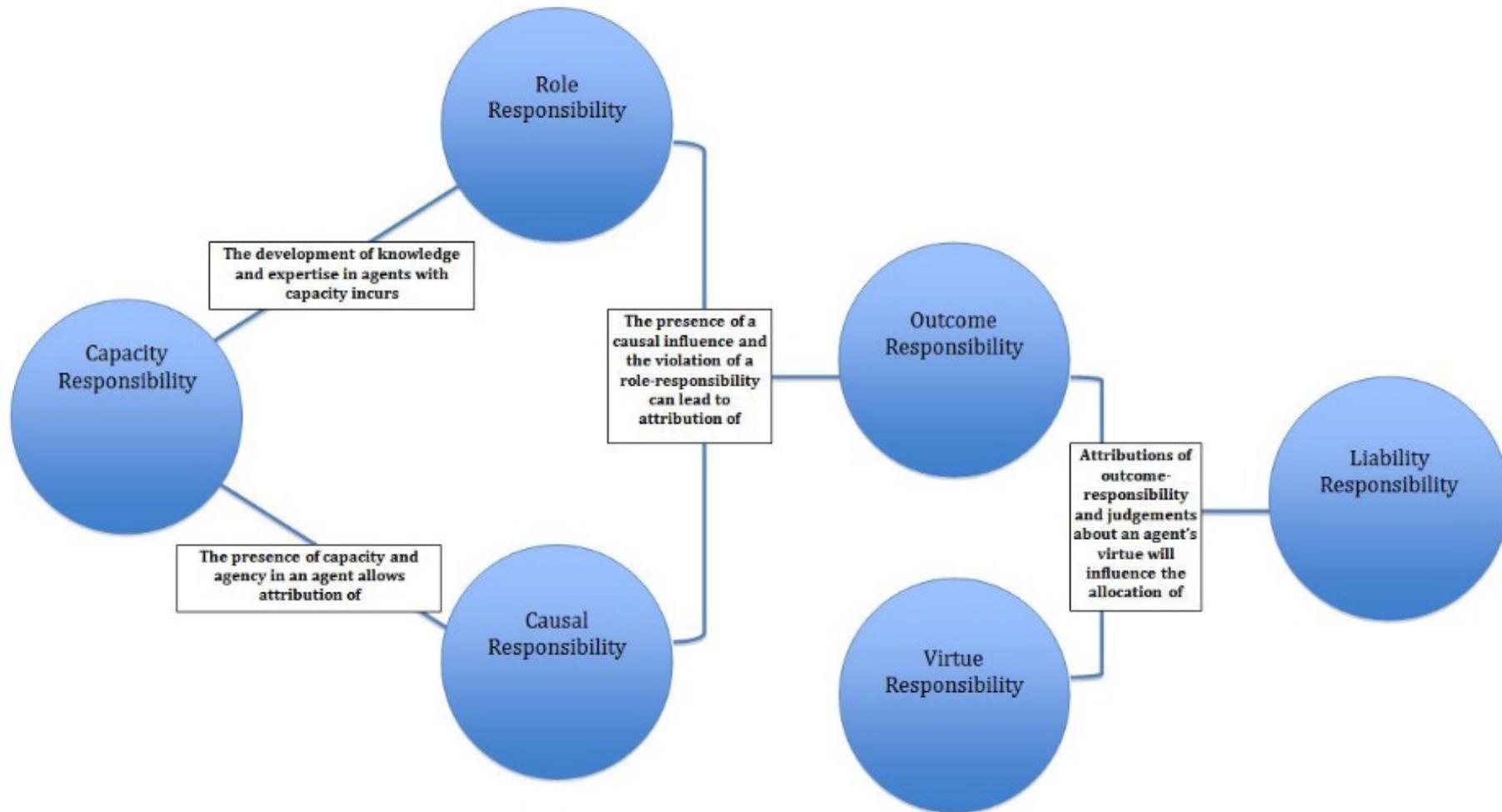
Since the COVID-19 pandemic, how much, if at all, has your trust in the following actors changed?
(Survey Round 2)

How much influence should different groups have in deciding what actions governments, businesses & citizens should take, & what rules are needed to keep Australians safe from Virus X?

(Survey Round 2)

- Social media content creators
- News media
- Businesses & employers
- Schools & universities
- Individuals
- International agencies (e.g. WHO)
- State governments & agencies
- Commonwealth government
- Hospitals & healthcare providers
- Medical experts & scientists

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Dominant or Major Influence ■ Moderate Influence ■ Minor or No Influence

Capacity responsibility

Generally speaking, do you believe the general public is capable of understanding and following public health rules like mask-wearing or social distancing?
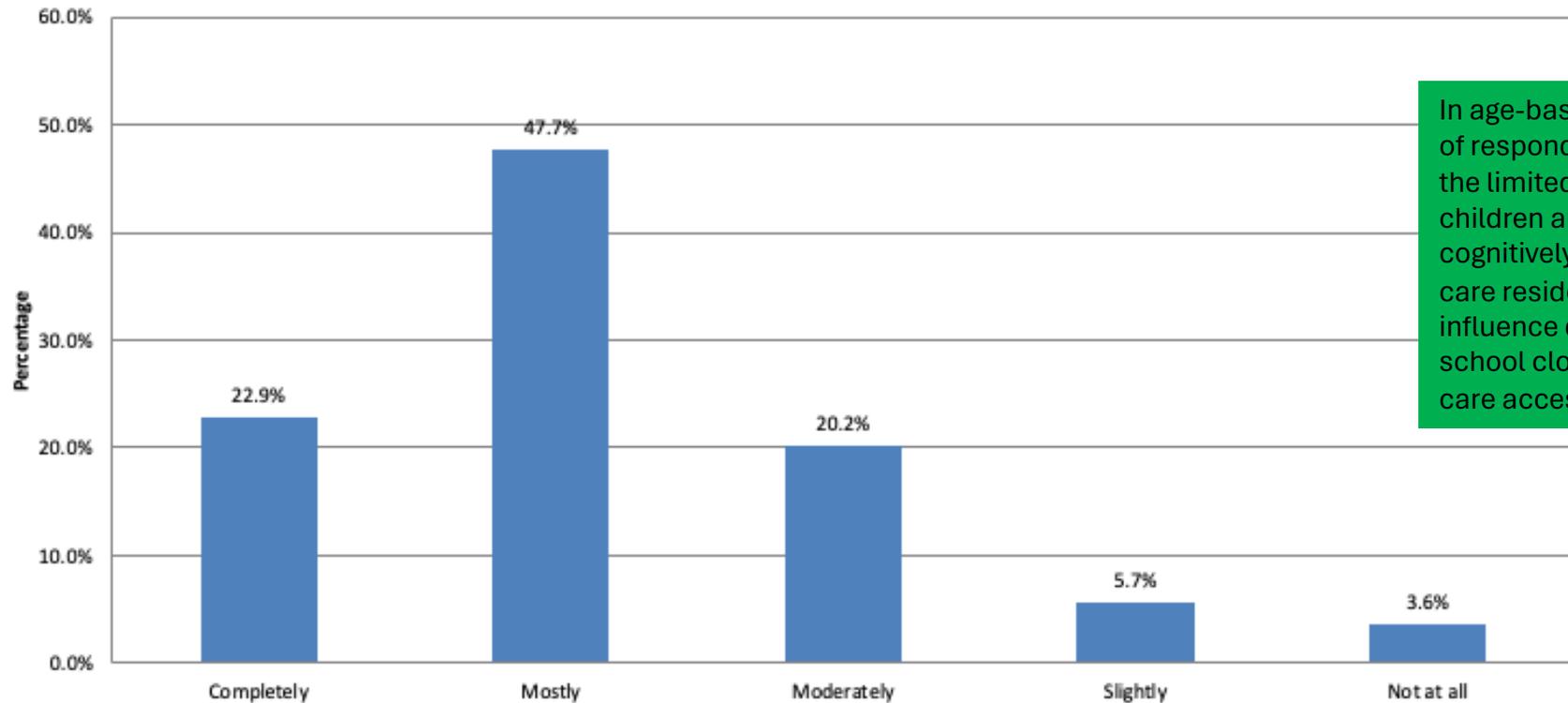
In age-based scenarios >2/3 of respondents believed that the limited capability of children and the most cognitively impaired aged-care residents should influence decisions about school closure and aged care access
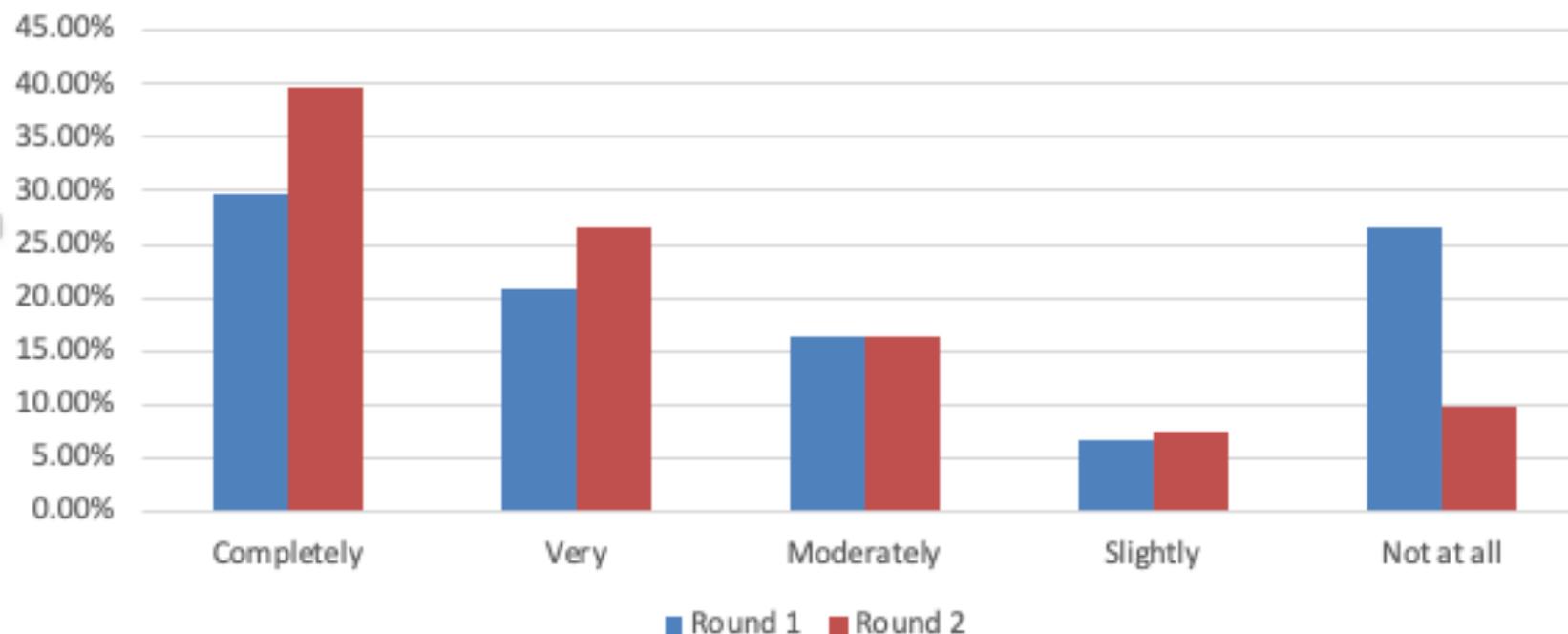
Role responsibility

We have a responsibility to comply with the public health rules and guidelines enforced by the government during a public health emergency.
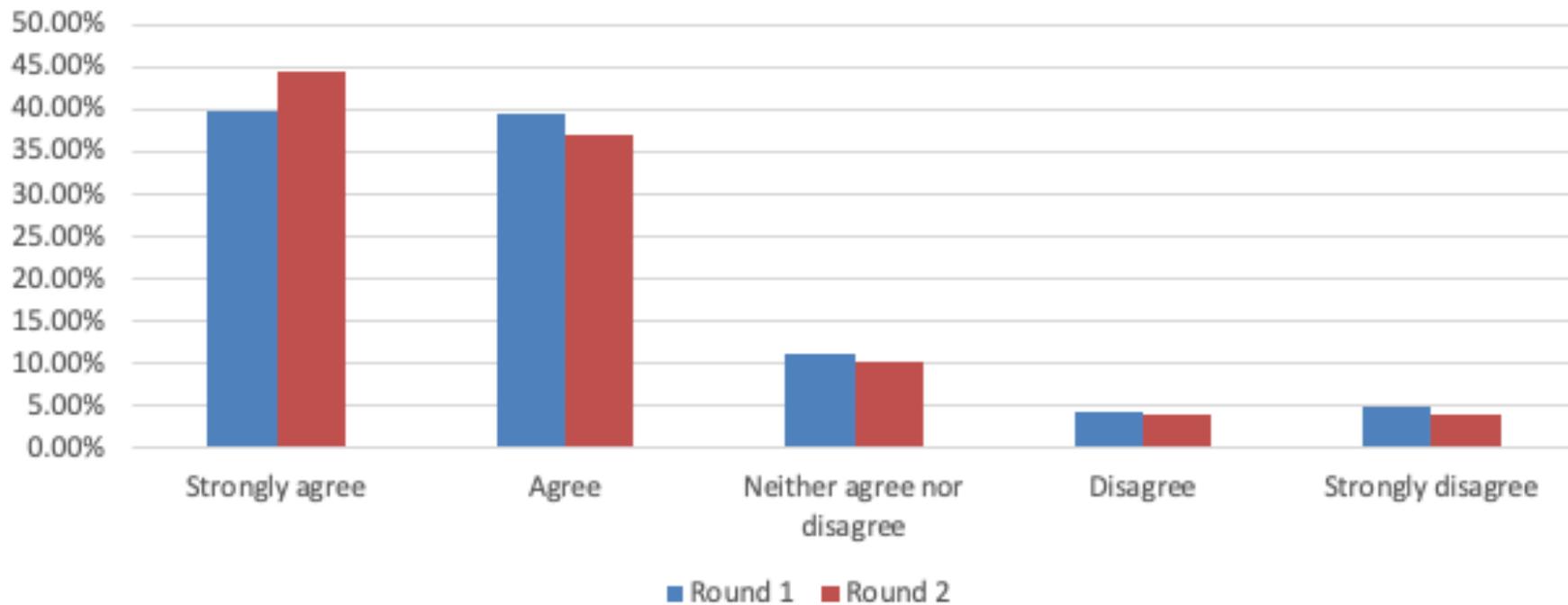
Outcome responsibility

Overall, how responsible do you think someone is if they choose not to follow public health advice (such as wearing a mask or social distancing) and end up getting infected?


In the age-based scenarios there was much more willingness to allocate outcome responsibility for actions.

>75% believed parents or aged-care worker should be blamed if they knowingly attend school / an aged care facility and someone else become infected

Causal responsibility

Who is most responsible if a supermarket worker dies from an infection caught at work from a member of the public
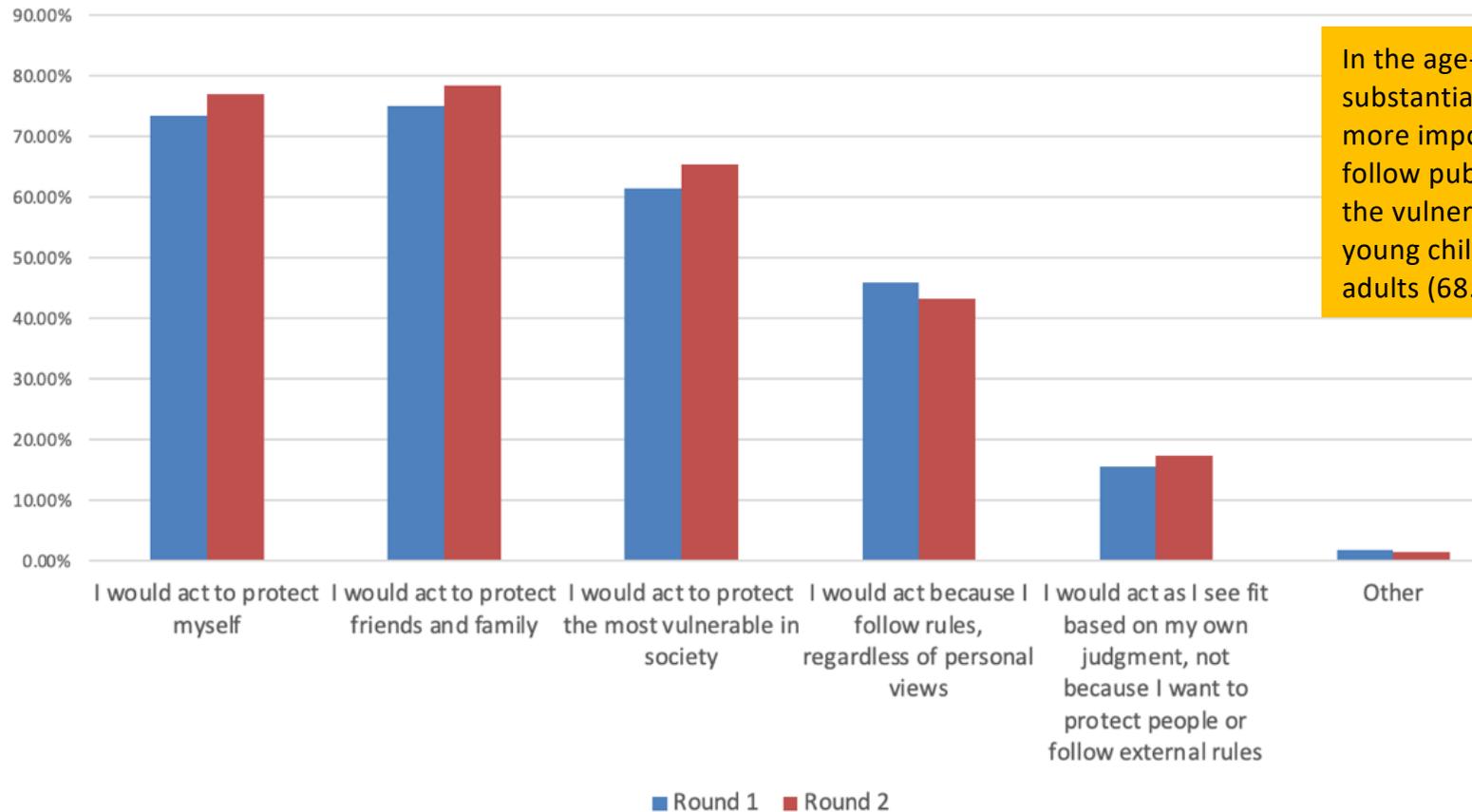### (Round 2)
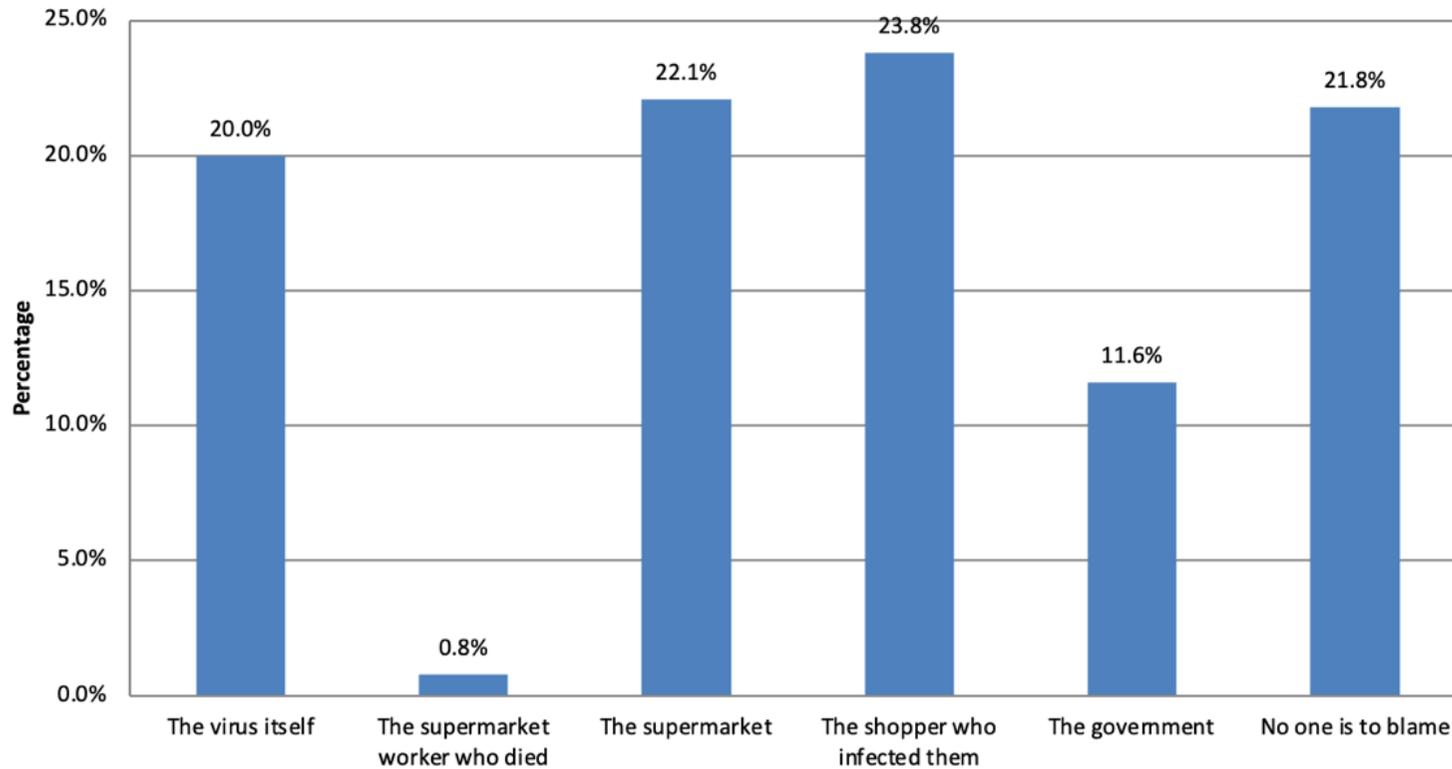
In the aged-based scenarios social institutions and governments were viewed as having heightened duties to protect vulnerable groups.

Virtue responsibility

What motivations would you have for taking preventive actions like wearing masks, isolating or social distancing in a future pandemic like Virus X?
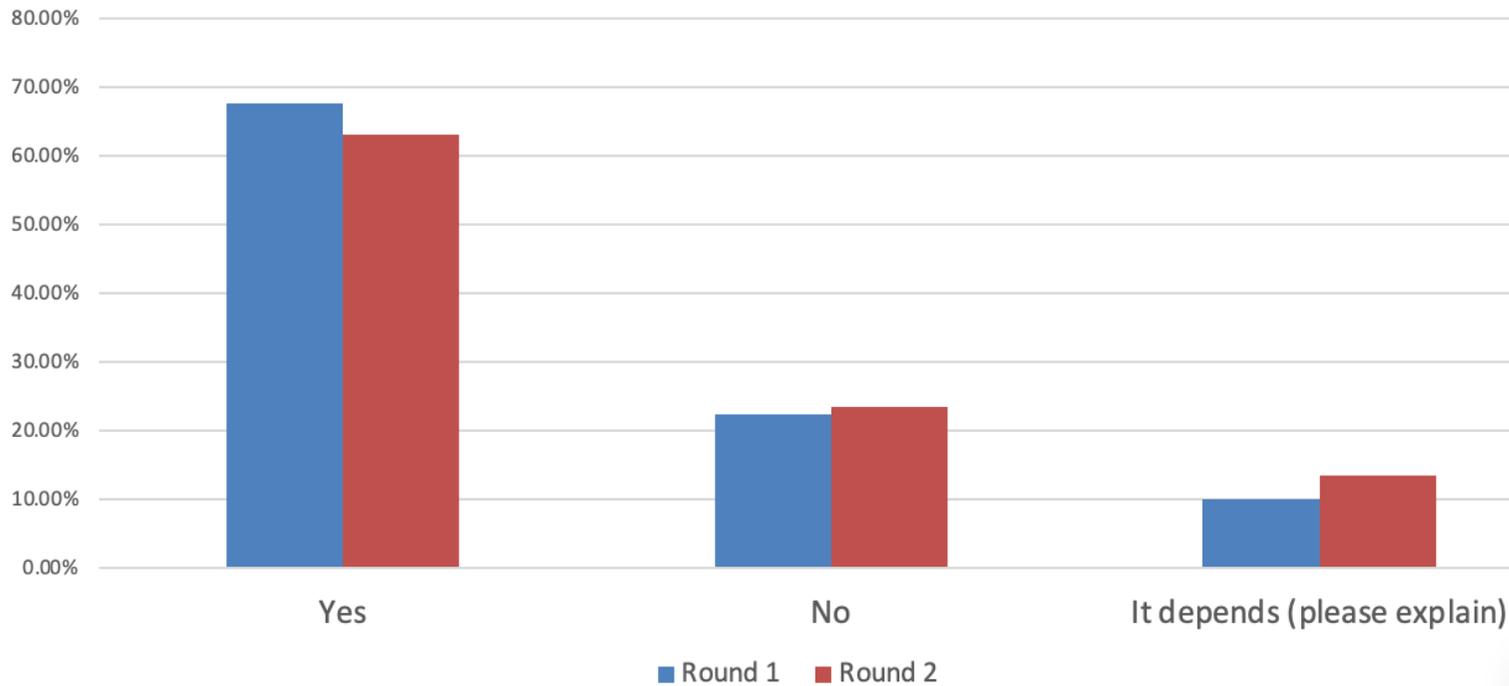(Select all that apply)

In the age-based scenarios a substantial majority believed it is more important for people to follow public-health rules when the vulnerable population is young children (76.5%) or older adults (68.6%).

Liability responsibility

Should people who knowingly break public health rules face legal consequences (e.g. a fine or criminal conviction)?


Most respondents supported imposing punitive measures (fines or criminal penalties) on parents (72.2%) or family members (76.6%) who send their child to school or visit an aged care facility while knowing that the child or visitor is infected.

Distributing responsibility and generating social solidarity
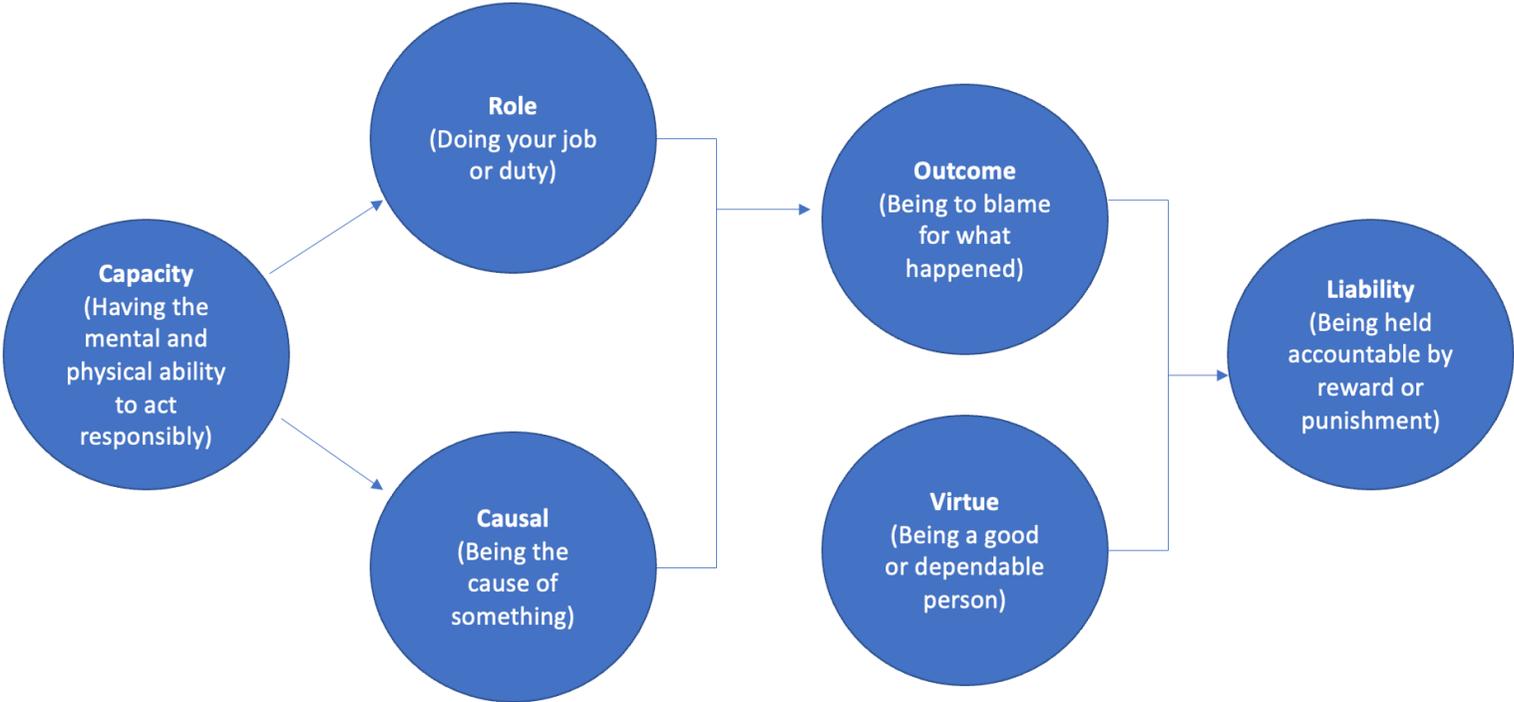
What does it tell us

- Public trust in institutional actors has changed because of how COVID was managed in Australia.

- After peaking in 2020 trust and social cohesion in Australia is lower now than before the COVID-19 pandemic (AIHW 2025)

- According to *COVID-19 Response Inquiry (2025)*, governments cannot rely on willing adherence to restrictions in the future

- Yet most participants remained confident in the public's willingness to comply with directives in future pandemics

- Participants indicated that institutions and individuals each had clear responsibilities.
    - Institutions should provide guidance and regulate risks for vulnerable groups
    - Individuals are expected to contribute to public protection

Commonwealth Government
COVID-19 Response Inquiry Report
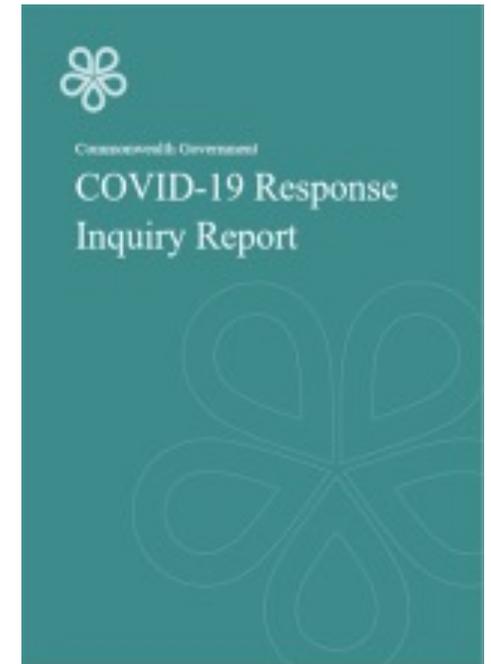
What does it tell us ...

- Most participants believe the presence or absence of institutional responsibility does not preclude personal responsibility

- Most see compliance not just as a duty, but as a reflection of good character

- Greater perceived vulnerability heightens expectations for morally conscientious behaviour.

- This strengthens public judgments about what responsibilities others hold and how blame should be assigned.

- Most view deliberate non-compliance leading to harm as deserving sanction, but prefer appeals to common goods over coercive policies.

- Role of Virtue responsibility opens up questions about whether duty and obligation can trump problems of public trust?

- Perhaps focus in preparedness policy and research should be on promoting a shared duty to each other rather than public trust?
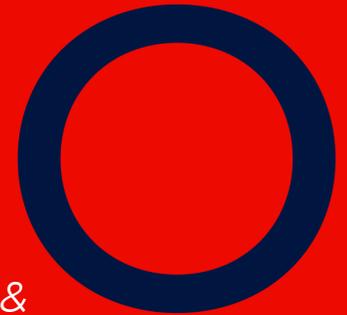
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Refs
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Murphy, K., et al. (2020). Why people comply with COVID-19 social distancing restrictions: Self-interest or duty? Australian & New Zealand Journal of Criminology, 53(4), 477-496.

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