

Pretty Places and Pandemics: Ethico-Aesthetic Obligations?

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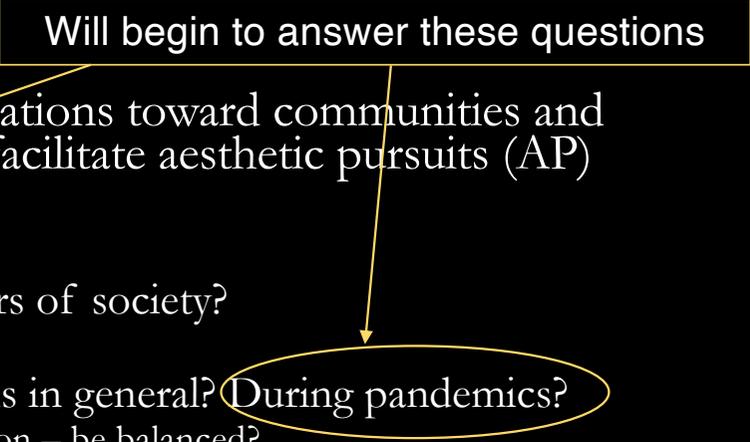


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Preamble and working thesis

- Fleshing out ideas and arguments (please help me!)
- *Working thesis*: the state and society have ethico-aesthetic obligations toward communities and individuals during prolonged infectious disease outbreaks to facilitate aesthetic pursuits (AP)
 - What are ethico-aesthetic obligations?
 - Why would/do we have them at all?
 - Does the state's obligations differ from those of other members of society?
 - Do communities and individuals have a right to art and beauty?
 - How do ethico-aesthetic obligations relate to ethical obligations in general? **During pandemics?**
 - How should these competing obligations – assuming they're in tension – be balanced?
- The 'I can't believe I need to state this but it's 2025' bullet point
 - COVID19 was real, long-COVID is real, I'm pro-vaccines, yay for science!, I'm a liberal but liberals believe in constraints, etc.

Will begin to answer these questions



[insert inspirational quote about art and life here]

note to self: include screen grab of Julia Roberts in *Eat, Pray, Love*



So what?

What stands out to me about these two examples of AP?

- Pleasurable + other emotions/states of mind
- Happened in public
- Shared with others, including strangers
 - Shared language

- Some art *only* exists in the public sphere, public places
- Some art might be enjoyed *in private or public*, but the public, shared element is a necessary component of that particular aesthetic experience
 - Watching sports at home v. in stadium; listening to music at home v. concert
 - Different kinds of embodiment associated to enjoying art in private v. in public

- The *place* where AP happen matters and some AP
 - (a) cannot exist except in public, or
 - (b) publicness alters nature of the pursuit itself

Contactless Lives

“Architectural choices shifted [during COVID] around considerations for how to prevent contact. Contactless design environments became so pervasive that dwellers now must be encouraged ‘to use handrails’ to avoid the risk of falling.... As greater awareness of hygiene emerged, urban space was re-arranged and buildings were re-architected in ways that did not focus on aesthetics or functionality, but rather around the primordial aim to minimize physical surface contact.” p. 66-7

-- Albena Yaneva, *Architecture After COVID*



Liza Pooor, unsplash.com

Public art and contact/less

- Enjoyment of AP in public or public-only AP requires some kind of contact with others
 - Sharing space, sharing air
- During respiratory outbreaks, can be made safer but not risk-free
- Making it safer reduces (eliminates?) pleasure + of AP
 - E.g., What is the value of the 'roar of the crowd' at a game?

What are ethico-aesthetic obligations? (partial response)

- Obligations state and society have to facilitate AP in private and public spheres for communities and individuals
 - Facilitate v. non-interference?
- Public insofar as
 - (a) occur outside of private domain or
 - (b) require coordination where state is at least one key stakeholder
 - (i.e., could be privately owned space but occurs in public sphere – Moroni & Chiodelli 2013)

Why are there ethico-aesthetic obligations? (partial response)

- Because some (a lot? all?) AP cannot happen without facilitation of the state and society
- And public sphere AP *necessarily* require – at least – non-interference of the state

Ethico-aesthetics obligations during pandemics (partial response)

- Ethico-aesthetic obligations do not disappear during pandemics because *need* for AP never go away
 - Need for public sphere AP remain during outbreaks, too
 - Facilitation of only private sphere AP during prolonged outbreaks are not enough for communities and individuals, e.g., Netflix fatigue
- Critique (stipulating/need to argue for): during COVID19, ethico-aesthetic obligations toward AP were not taken seriously enough since public sphere AP were treated as nice-to-have not a human necessity
- Outstanding questions
 - How do we strike the balance between infection control and facilitating public sphere AP?
 - Would state, via public health, facilitating public AP during outbreaks build/maintain public trust?
 - Can we – and should we – develop greater contactless forms of AP? Is this enough?