

The COVID-19 Pandemic Between Bio-Ethics, Bio-Law and Bio-Politics: A Case Study on The Italian Experience of The DuPre Commission



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Abstract: The aim of this qualitative study was to consider the question of whether the Italian political management of the pandemic respected the European bio-ethical and bio-juridical approaches in light of the principles of autonomy, dignity, integrity and vulnerability. As no specific consolidated literature exists on the subject, the Italian situation was taken into consideration, specifically the work of a spontaneous commission (DuPre) that collected the reflections of academics and researchers interested in discussing political decisions for the management of the emergency, which was the coronavirus disease (COVID-19) pandemic. The analysis took into account the contributions of scholars during two conferences (without proceedings), which were transcribed and examined. From the texts processed with a thematic analysis, three main themes emerged: 'pandemic as a state of exception, sovereignty and crisis of democracy', 'the value of doubt and refutation' and 'elimination of informed consent between persuasion and blackmail'. In this paper, the final bio-political considerations on the European approach and the management of the COVID-19 pandemic in Italy are presented.

Keywords: COVID-19 pandemic; bio-ethical and bio-juridical european approaches; biopolitics; DuPre commission; state of exception.

Introduction

The relationship between bio-ethics and bio-law is significant because of its power to shed light on the factors implied in the intersection between science, technology and life (Kemp, Rendtorff & Johansen 2000; Valdés 2021a). In this complex scenario, which has undergone several decades of growth, the European approach assumes that the principles of autonomy, dignity, integrity and vulnerability are fundamental, which orient all European norms for respecting the human person in bio-medical and bio-technological developments (Rendtorff 2015). The basis of this approach indicates the intention to guarantee the protection of any persons in relation to the rapid changes in bio-medicine and bio-technology, in the light of human rights, which sustain not only the right to self-determination but also the right to protect the private sphere of the individual (Palazzani 2018; 2021).

More specifically, in the analysis of Rendtorff (2015), autonomy may be considered as the individual capacity for decision and action without external constraints; individual

self-legislation and insight into the moral law; individual autonomy as self-creation and political approach that permits the expression of individual self-determination. However, this first principle, which is considered in a universal moral way, including the political recognition of pluralism, is limited by many factors such as human dependence on internal and external situations, among which is limited capacity of reasoning or lack of information. Dignity expresses the inviolability of individual human life and the intrinsic equality of all human beings, from which they derive the respect for the moral agency of any people, that is, the impossibility of considering giving a price to or commercialising an individual or degrading anyone. Integrity refers to the negation of any action that destroys bio-psycho-social-spiritual individual dimensions. This concept, which can be understood as individual wholeness or completeness and personal self-determination, indicates the untouchability of persons and their bodies, which must not be subject to externally imposed medical interventions. The fulfilment of this basic condition requires a relationship of trust between individuals, the state and the medical system, from which any possible therapeutic alliance between sick persons and health professionals derives. Vulnerability indicates the basic human fragility that requires essential policy making by a proportion of European members to develop the welfare state pluralistically. Respect for vulnerability requires the fulfilment of all the other principles indicated above and the connection with the concrete dissemination of social solidarity and responsibility for the protection of those who are vulnerable and weak (Rendtorff 2015; Valdés 2021b).

The Oviedo Convention and Barcelona Declaration were developed along these lines, and the European Commission has designed its policies for financing and supporting member countries on the basis of the four principles. However, as discussed by Valdés (2021b), these principles still lack normative content. This is because they point to metaphysical definitions but do not yet clearly indicate any strategy to promote a legally binding force. This means that the deliberative framework could work better by juridifying the principles to make them legally compulsory.

The exigence of such juridical operationalisation is due to certain ideological interferences being linked to the political apparatuses that may hinder their actualisation. At the moment, we can say that in Europe, the effort to respect these principles is constant and increasingly so in conditions of average normality, where the development of citizens' well-being goes hand in hand with policies that are attentive to the needs of different human conditions. In particular, in the health area, where these principles are constantly discussed and monitored, the principles of end-of-life decision making and palliative care have emerged owing to their importance (cf. Coyle 2014; Guevara-López, Altamirano-Bustamante & Viesca-Treviño 2015).

However, in an exceptional state, what happens to all the principles? How well do they stand up against the impact of real, concrete social life? The analysis of the coronavirus disease (COVID-19) pandemic experience may offer some ideas in this regard. Can the principles provide practical guidance for behaviour when citizens are engaged in

solving major collective problems that jeopardise everyone's health, as in the case of the pandemic?

The problem seems to be with the situation in Italy, which is struggling to deal with a minority of people who do not want to be vaccinated at all (the so-called no-vax). The media and public opinions seem to condemn them, but perhaps the issue is worth considering in more detail. As no current systematic analyses have focused on this specific problem, in this study, we investigated the problem with research on the Italian experience, which can be considered important because of the no-vax phenomenon that runs in parallel to the recent international commendations for its political management of the vaccine.

I. Bio-Ethical and Bio-Juridical Reflections on Exceptionality and Dissent

The pandemic has strongly forced clinical research because of the need to find a treatment, preventive measures or a cure in the shortest possible time. This worldwide exceptional state has been characterised by uncertainty in parallel with pressure on researchers, which caused a climate of confusion and generalised anxiety (Eisenbeck et al. 2022), widely exacerbated by the media and internet (infodemia) (Tkhostov & Rasskazova 2020). In this context, bio-ethical and bio-juridical reflections have been considered particularly valuable (Silveira 2021), but studies on the sense of exceptionality of the COVID-19 pandemic and its consequences in social life are scarce.

It is particularly interesting to analyse the Italian situation because this country was the first to be affected by the pandemic immediately after China, and the effects were tragic (Remuzzi & Remuzzi 2020). After the critical situation of the first phase of the pandemic, starting with the health sector and numerous victims, Italy has recently been internationally distinguished for its approach and intervention in the management of the pandemic, which contained the virus and reduced mortality. Numerous commendations and recognitions came from many parts of the world that appreciated the Italian government and community for the way they reacted strongly to the epidemic through the measures they implemented. The most impressive and probably the predominant reason for such success was the Italian state officials who decided to prioritise public health over the country's economy, with a series of science-based measures, particularly the adoption of drastic political intervention measures to promote repeated mass vaccination of the entire population.

The drastic solution was due to the serious consequences of the first and second pandemic waves on public health and patients' medical care worldwide, especially in Italy, including the enormous surge in the number of seriously ill, infected patients, which overwhelmed the healthcare system (Labrague & Santos 2020; Ministero della Salute 2020; World Health Organization [WHO] 2020a). In 2020, it was impossible for healthcare

professionals to respond to patients' exigencies because of overcrowding in hospitals and insufficient staffing, which had a dramatic impact on the mental health of healthcare professionals and on the quality of the care provided (Hossain, Sultana & Purohit 2020).

The excessive number of working hours and the lack of medical devices made 80.9% of healthcare professionals more susceptible to experiencing anxiety, depression, burnout and insomnia, post-traumatic stress disorder (PTSD), compassion fatigue, burnout, fear of contracting the coronavirus or infecting loved ones because of inadequate personal protective equipment (Cao et al. 2020; Chirico, Nucera & Magnavita 2020; Sultana et al. 2020; Testoni et al. 2021a), while a 40% increase in compassion fatigue was observed (Van Mol et al., 2020). The most significant bio-ethical problem was that physicians and nurses were forced to make ethical decisions, considering the exceeded capacity of hospital wards and the medical needs of patients with COVID-19 (Xiang et al. 2020). The experience of moral distress has led health professionals to excessive exposure to suffering, and studies on the existential effect of such circumstances remain scarce (Testoni et al. 2021a; 2021b). As described by Testoni et al. (2021a), moral distress was related to the perception that everything was unmanageable owing to the substantial disorganisation within the healthcare system, which rendered all relationships unrecognisable and meaningless.

Owing to the lockdown and repeated vaccination campaigns, the pressure on hospitals was increasingly reduced, with normal oscillations due to the appearance of COVID-19 variants. The scope of the literature on the bio-ethics and bio-juridical reflections on these issues is wide but dispersed in various specific topics, which is inherent to the effects of the scarcity of medical tools and devices in hospitals and the degraded patient-physician relationship due to the moral dilemma caused by the lack of medical cures. Further specific issues were the inadequately archived administration of informed consent and data protection (Denisenko & Trikoz 2020; Pallanzani 2021); the discrimination in access to care and resources (Mithani, Cooper & Boyd 2020); and how the medical devices were used. With regard to emergency management in the healthcare system, that is, the management problems that arise when certain wards are suddenly flooded with infectious patients, the literature has been quite attentive to bio-ethical implications (cf. Bhuiyan 2021; Boyle, Dotson, Ellison, & Hayanga 2020; Skapetis, Law & Rodricks 2021). Many studies are inherent to the bio-ethical implication of the vaccine (Yale 2020). However, no bio-ethical and bio-juridical studies have discussed the forms of social dissent as regards the implications of preventive interventions (vaccine and restriction of freedom of movement). Given the absence of systematic studies on this subject, we wanted to start by considering the Italian situation, as it has been praised by the international press for its pandemic management policy, which has essentially consisted of compulsory vaccination and the introduction of control strategies (*Green Pass*). In fact, few other countries in the world have implemented compulsory vaccinations. Only a few states have introduced unconditional compulsory vaccination for all, including

Indonesia, the Federated States of Micronesia, Equatorial Guinea, Libya, Kazakhstan and Turkmenistan. Many other states have made it compulsory to vaccinate by age group or sector of work to carry out certain activities or by zone, according to the spread of the epidemic. Leaving aside those countries that cannot make vaccination compulsory because of poverty, such as Afghanistan, it is worth considering that South Korea, Japan and Taiwan have rejected authoritarianism and relied on the civic sense of their citizens, both for vaccination and compliance with prevention policies (Reuters 2022). The Green Pass is recognised in EU countries and approved in 33 other non-European countries. However, in those countries, it does not necessarily lead to an obligation or conditioning of lifestyle, as is the case in Italy.

II. The Italian Background and the Formation of the DuPre Commission

As one of the first countries in Europe to be faced with exponential growth during the COVID-19 pandemic, Italy has experienced unprecedented humanitarian and economic crises. The most difficult phase began in 2020, when, on 31 January, the Italian government proclaimed a state of emergency and implemented the first measures to contain the infection, such as the suspension of all flights to and from China, implementation of airport controls and use of thermoscanners. In February, following outbreaks in the northern region, some municipalities were isolated and suspended educational, cultural, economic, commercial and recreational activities, and in March, the suspension was extended to the country and remained in force until 4 May. The health system nearly collapsed, with overcrowded hospitals staffed by overworked doctors. After an almost-normal summer in which it seemed that the infection and mortality rates portended the end of the pandemic, the worst reappeared in the autumn of 2020 and lasted until May 2021.

The More in Common ([MIC] 2022) study showed that in that period, a third of Italians had seen their own or their beloved ones' health and family life deteriorate due to the pandemic, while the financial situation of almost half of Italians (48%) had worsened, and many were worried about losing their jobs (42%) or facing future financial difficulties (55%). With respect to the social situation, Italians seemed unsatisfied with their government's handling of the pandemic, with only 47% expressing confidence in the government's ability to tackle the COVID-19 crisis. In the opinion of MIC, trust in both national and local governments had severely deteriorated, with more than one-third of Italians not trusting the former and almost one-fourth not trusting the latter. However, the same report (MIC 2022) describes how Italians seemed to be more suspicious of the media than they were of the government, notwithstanding the conviction that the latter was withholding important information.

Italy's vaccine has somehow changed the direction of the crisis. The immunisation plan was rolled out in December 2020 and followed a prioritisation strategy to vaccinate healthcare and teaching professionals, police forces and elderly and vulnerable people. At

the end of 2020, the Italian Ministry of Health launched an immunisation plan to reach herd immunity among the Italian population. At the beginning of 2021, two types of vaccines were administered: the viral vector vaccine, Vaxzevria (by AstraZeneca), and the mRNA vaccines, Moderna (by Moderna Biotech) and Comirnaty (by Pfizer/BioNTech). Because COVID-19 vaccination is voluntary, popular hesitancy could hamper the vaccination plan. The delay in the acceptance or refusal of vaccination compromises the success of any immunisation plan, and in Italy, recent vaccine hesitancy movements have caused a growing mistrust of vaccines that have forced the Italian Ministry of Health to increase the number of mandatory infant vaccines (D'Ancona et al. 2019). With respect to the COVID pandemic, studies have confirmed that mistrust in biomedical research and vaccines in Italy could have hampered the effective stoppage of the spread of the disease (Palamenghi et al. 2020). That is why in September 2021, vaccination was made mandatory for public and private sector workers who otherwise faced the risk of suspension and fines. Despite vaccination efficacy being demonstrated through the reduction of mortality risk and adverse social and economic impacts (Antonini, Calandrini & Bianconi 2022; Marcellusi et al. 2021), not all of the population that could or should have exercised this right or duty got vaccinated. The precautionary and temporary suspension of Vaxzevria due to cases of thrombosis and contributed to increasing hesitancy (Gallè et al. 2021). To date, it is possible for everyone to have at least three doses of the vaccine, yet only 67 percent of the population has completed the three phases of the vaccine cycle to protect themselves against the most fearsome variants (Lab 24 2022).

In a climate of conflict between the government and the population expressing doubts about vaccination, the spontaneous *Commissione Dubbio e Precauzione* (Doubt and Precaution Commission; abbr. DuPre) was born. DuPre was not born explicitly out of anti-vaccination intentions, but rather with a desire to combat infodemics and to allow the expression of all points of view. Among the promoters of these initiatives are two important Italian thinkers, Giorgio Agamben and Massimo Cacciari; Mariano Bizzarri (oncologist); Ugo Mattei (jurist); and Carlo Freccero (journalist). What unites these thinkers is fundamental democratic thinking and a commitment to controlling any possible authoritarian political drift. Starting from the concept of the “State of Exception,” developed in the biopolitical sphere by Agamben and Cacciari, this core group of founders of DuPre intended to activate a critical discussion – not so much to prevent vaccinations as to verify that the processes put in place were not subject to economically motivated forms of instrumentalisation. DuPre was initially composed of 22 members (academics, scholars and researchers, including eight philosophers, eight scientists and six jurists), and in their manifesto, explained through two conferences, the most important aim was to restore open and critical public debate with respect to pandemic management policies in general. The Italian media seem not to have fully understood DuPre’s goals. For this reason, this study aimed to evaluate the merits of the content discussed within the committee.

III. Qualitative Research

This contribution pertains to the field of qualitative research (Camic, Rhodes & Yardley 2003) and is founded on the grounded theory methodology (GTM) (Bryant & Charmaz 2019), which was developed in the area of constructivism, whose perspective, meaning and behaviour are intertwined in a constant search for shared meaning in the relationship between people and their environments (Charmaz 2021). According to this theory, the world may be understood by interpreting human relationships on the basis of narrations and explications. Furthermore, the GTM was born in the area of death studies (Glaser & Strauss 1965; Glaser & Strauss 1967). This approach was particularly adapted in our study because it focuses on social processes and works starting from any kind of research question, allowing the researcher to use all kinds of symbolic materials. The GTM is particularly suitable when considering a topic that has rarely been explored or has not been studied. This analysis reveals and allows for the conceptualisation of the latent social patterns and structures of any specific topic inherent in the research question, opening new horizons with a scarcity of literature (Glaser 1992). Given the lack of specific studies on the topic covered in this research, the GTM appears to be the most appropriate methodological foundation.

III.1. Aims and Materials

The main aim of this study was to consider the form of Italian dissent in terms of European bio-ethical and bio-juridical reflections through the analysis of the reflection of a critical spontaneous commission developed in Italy after reviewing its work. DuPre has held two conferences (12 November 2021 and 8 December 2021) at the International University College of Turin, Italy (Strippoli 2021). The two conferences included contributions from 45 speakers, who expressed critical views on the ethical, legal and political management of the pandemic. They were academics (67%) and non-academics (33%). Some of them were included in the medical-biological-chemical (16, 35.6%), philosophical-epistemological (12, 26.7%), political-juridical (7, 15.6%), psychological-sociological (5, 11.1%), communication area (1, 2.2%), engineering (1, 2.2%), statistical (1, 2.2%), journalism areas (1, 2.2%), deputy commissioner (1, 2.2%). The oral presentations were divided as follows: in the first conference 18 interventions, 13 speakers; in the second conference 28 interventions, 37 speakers. Five speakers spoke on both occasions.

The conferences were registered and charged on the internet by the promoters (DuPre 2021a; 2021b). All the interventions were transcribed to compose the corpora, which included 53.139 words. The corpora were thematically analysed (Braun & Clarke 2006) and developed as follows: listening to and reading all contributions, forming a first general idea and recognising the main themes and creating an initial set of codes to identify the basic elements of significant broader patterns of themes. In the subsequent

phase, all candidate themes were checked and refined. Next, a detailed analysis of the content of each theme resulted in the definition and final labelling of the themes for writing up the results.

IV. Results

From the thematic analyses of the corpora, the following issues emerged as fundamental: 'pandemic as a state of exception, sovereignty and crisis of democracy', 'the value of doubt and refutation' and 'elimination of informed consent between persuasion and blackmail'.

IV.1. First Area of Thematic Prevalence: Pandemic as a State of Exception, Sovereignty and Crisis of Democracy

The first and most general theme is philosophical and pertains to the bio-political field. It defines the general reference horizon of both events as the concept of 'state of exception', which has been echoed by several interventions. The state of exception is managed by the 'sovereign', who can stay on and above legality:

Sovereign is the one who has the power to decide on the state of exception. The state of exception and the normal state cannot coincide. Sovereign who holds together outside and inside the legal order, guarantees with his necessarily timely decision their possible coexistence. (He must act promptly in order to keep the stage set). The exception thus ends up becoming the rule, and consequently sovereign and decision lose their place (source: DuPre).

The crisis of democracy brought about by the state of exception is expressed through the following 'emergency decrees' that bypass parliamentary debate:

We have long been accustomed to the ill-considered use of emergency decrees through which the executive power effectively replaces the legislative power, abolishing that principle of the separation of powers that defines democracy. But in this case, all limits have been exceeded, and one has the impression that the words of the prime minister and the head of the civil protection service have, as was said of those of the Führer, immediate force of law. And it is hard to see how, once the temporal validity of the emergency decrees has expired, the restrictions on freedom can be maintained, as has been announced. With what legal devices? With a permanent state of exception? It is the task of the jurists to verify that the rules of the constitution are respected, but the jurists remain silent (source: DuPre).

The main problem that the state of exception creates is the risk that the state of exception managed by a decision maker (the sovereign) who has the power to contravene (democratic) rules will make this way of managing power 'normal', as expressed in the following:

The state of exception has become the rule of our time. In order to proclaim the state of exception, a pretext is needed, a false flag. The false flag is the COVID. Without this false flag, one cannot move from a democratic regime to a state of exception. The abolition of freedom is thus a direct consequence of the abolition

of truth, a truth that is missing. If the truth were revealed, the limitations of freedom would fall like a house of cards in which its foundations are drawn from the base (source: DuPre).

IV.2. Second Area of Thematic Prevalence: The Value of Doubt and Refutation

The second main issue pertains to the area of epistemology and is inherent in the need to maintain an active critical debate to analyse the actions carried out on the population in a more scientifically relevant way. It is focused on the deletion of any refutation to the current mainstream, which orients the management of the state of exception; that is, “Science is characterised by self-correction,” as Popper says in *Conjectures and Refutations: The Development of Scientific Knowledge*. “Science is falsifiable because it allows for precise predictions that can be disproved by experimental data. Science, therefore, inherently invites doubt”:

It seems that science has become a kind of religion because what should be the field of doubt has become the field of faith; a very dangerous aspect precisely because it cancels out doubt, which represents the centrality of science itself as an analysis of life in all its aspects (DuPre).

The absolutisation of certain scientific content to justify certain norms creates forms of discrimination and condemnation of those who think differently:

From the epistemological point of view, when we speak of doubt we mean the proliferation and multiplication of theories, from which the critical dimension derives. This is what is currently missing from scientific and civil debate. The absolutization of certain contents leads to a deformation of language. Very strong epithets are used in journalism: vaccine deserter, pandemic of the unvaccinated, vaccine evader. These expressions block any attempt at dialectical confrontation. In the formalisation process, a lot of work should be done on language in order to re-establish a correct form of communication.

The consequence of the elimination of dialectical confrontation is that those who are suspicious of a certain medical practice are seen as ‘champions of superstition’, ‘advocates of anti-science’ or, at best, ‘very weak individuals who are in the grip of an irrational sense of fear’. There is never a one-size-fits-all strategy for dealing with a problem, there is always an alternative to be explored. It is never understood that vaccination doubt can be interpreted as the precipitate of a completely different way of looking at the same phenomenon (source: DuPre).

IV.3. Third Area of Thematic Prevalence: Elimination of Informed Consent between Persuasion and Blackmail

From the point of view of bio-ethics and bio-law, the most heated criticism, as expressed in the following statement, was levelled at the compulsory vaccination and introduction of the *Green Pass*, which gives greater freedom to those who have it and reduces the freedom of those who do not have it (being restricted from entering restaurants, bars, theatres, public transport, etc.):

Then I heard eminent constitutionalists say that there is no right not to vaccinate. The problem is not whether the existence of a right becomes vaccination or not, in the absence of obligations and prohibitions does not one have the right to do everything that is not prohibited not to do everything that is not obliged? The very foundations of the concept of freedom are at stake. It is also said that the 'Green Pass' is only a burden since there is no right not to vaccinate, which consists in excluding or severely restricting the enjoyment of fundamental rights for a completely legitimate choice. This is the politics of blackmail, if you start with social rights, if you get to political rights and then end the civil rights of freedom there is something to be structured is not an episode circumscribed (source: DuPre).

The constriction established by law is accompanied by the persuasive work of the media: 'According to mainstream propaganda, all the decisions currently being taken by the world's governments have the sole aim of defending our health, and this lofty goal justifies the repeated violations of fundamental freedoms and all other human rights'.

Finally, according to DuPre, the freedom of individual citizens to give or withhold their consent to the vaccine was not respected: 'The choice to undergo the vaccine is not an informed one, but an obligatory one (informed consent)'; 'The current political-legal dimension is a legal dimension of degradation based on a distortion of informed consent, of respect for privacy'; 'If compulsory vaccination wins, sovereignty over one's own body ends'; 'People felt cheated, humiliated and forced to vaccinate, and had to comply with the Green Pass rules. The *Green Pass* has health inconsistencies: it is not aligned with vaccination, its validity continues to fluctuate (5 months, 9 months, etc.)'; 'The prospect is not of an emergency ending, the prospect is of turning this Green Pass into a permanent form of control and surveillance' and 'We have moved from a discipline society to a control society.'

V. Discussion

In this study, we considered if the bio-ethical and bio-juridical European approach is respected in exceptional situations or whether it is useful only in normal situations and, if so, what this may cause. Particular attention was dedicated to the way vaccination is managed in Italy.

The analysis of the Italian situation can be considered of particular importance because, on the one hand, Italy was the first country, immediately after China, that had to deal with the pandemic, suffering from a significant negative impact (Saraceno, Benassi & Morlicchio 2020), and on the other hand, it has obtained great recognition at the international level for the strict prevention policies it adopted (cf. Ministero della Salute 2021), including compulsory vaccination and the Green Pass. Moreover, because these measures have been taken by only a few countries in the world (Reuters 2022a) and are particularly demanding on the population, a strong dissent has arisen in that country from a minority of people who have been called no-vax. To understand the reasons for these critical attitudes, which are much stigmatised by the media (cf. Reuters 2022b),

the work of a spontaneous committee of DuPre scholars was analysed, and in particular, in two conferences, critical aspects of the health policies adopted to stem the pandemic were debated. Despite the fact that the DuPre participants do not call themselves 'no-vax', their activity is oriented towards the comprehension of the social effects of Italian vaccine politics.

The texts of the lectures during the two DuPre conferences were qualitatively analysed, and some important issues were identified. The first dimension was that of the bio-political concept of the state of exception state, which has been widely philosophically discussed by the Italian philosopher Giorgio Agamben, who is one of the founders of the DuPre Commission. The 'state of exception' is a concept introduced by the German jurist and philosopher Carl Schmitt (1921) and further widely developed by Agamben (2008). It refers to a state of emergency where the sovereign can transcend the rule of law in the name of the public good. Basically, DuPre states that Italian politics has translated the pandemic emergency into a state of exception, which implies a substantial eclipse of democracy. The further concern she expressed was that this process may establish a lasting change that will not allow a return to the pre-pandemic condition of normality. In this scenario, two other themes emerged: the value of doubt and refutation and the elimination of informed consent between persuasion and blackmail.

With respect to the elimination of doubt, many procedures that eliminate the possibility of a dialectical comparison between asseverations and refutations have been described. Information has presented political choices guided by scientific and technical knowledge. On the contrary, the only form of information was 'confirmatory' of the success of the vaccine. The discussion refuting this constant confirmation was missing. On the other hand, scientific work should always rely on conjectures and refutations. Starting with Popper's (1963) contribution, the ways in which it was assumed, for example, that the vaccination strategy adopted was the only possible solution were highlighted. It was questioned, for example, why Italian research was not valorised; therefore, the "ReiThera" vaccine, which has been shown to work, was not developed. The precautionary principle was discussed, as was why the possibility of compensating those who had suffered damage as a result of administering the vaccine had not been considered. Emphasis was placed on the ways in which no-vaxers were stigmatised in the media and the forms of discrimination these people faced because they are not vaccinated. The elimination of any possibility of objection has thus led to the formation of a dissident front that can generate significant social conflicts.

The issue more specifically inherent to the bio-ethical and bio-juridical fields is that all the most critical aspects relating to informed consent were developed. Informed consent was practically eliminated in the treatment in the early stages of the pandemic because of the unpreparedness of the health service to manage the emergency and became only an administrative instrument of control instead of genuine respect for the patient and the citizen, particularly with regard to the management of the vaccine. Since

the possibility of dissent has been eliminated, informed consent has lost its ethical value, which expresses respect for the point of view of the patient undergoing the vaccination intervention.

Therefore, we could say that from what emerges from the discussions of scholars, the European bio-ethical and bio-legal approaches have not been respected in Italy in the implementation of prevention policies against the pandemic. It has already been pointed out that bio-ethics itself has been accused of arriving too late, having too few ideational tools for combatting this emergency, and being only theoretical (mythological) and not applicable. The DuPre Commission affirms that the bio-ethical principle of informed consent has been transformed into a rhetorical issue without any operational value.

VI. Conclusions

A final consideration must be made with regard to the social conflict opened up against the no-vaxers. Italian citizens were becoming accustomed to health-promoting strategies of engagement in care, which replaced compliance principles (Graffigna 2016). The concept of 'engagement' is totally based on the European approach. However, evidently, in a pandemic emergency situation, everything must be reviewed or how engagement should be modified should at least be reassessed. What the DuPre Commission highlights is that it is not through silencing the opposition that the problem of dissent is solved.

VII. Limitations of the Study

The most important limitation of this study is that only the contents of the speeches made at the two DuPre Commission conferences were analysed. It would be useful to describe how the Commission manages its relationship with the media by analysing the debate of its main representatives in the media.

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