Philosophical Perspectives on Covid-19

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The Covid-19 pandemic is a generation-defining health crisis. For philosophy of medicine, it casts familiar problems in a new light, while generating new questions about modeling, policy, evidence, values, and expertise. In this issue of *Philosophy of Medicine,* readers will find a special section of research papers devoted to Covid-19. This section arose from a four-day series of events (online, of course) running 10–13 May 2021, organized in partnership with the Institute for the Future of Knowledge at the University of Johannesburg and the Department of History and Philosophy of Science at the University of Cambridge.

In the first of the resulting articles to be published, **Maria Cristina Amoretti and Elisabetta Lalumera** (2022) critically review the science and limitations of the reproduction number (R) used in pandemic modeling and policy.

Lucie White, Philippe van Basshuysen, and Mathias Frisch (2022) defend the initial imposition of lockdown in the UK in 2020 by examining the role of uncertain evidence and poorly constrained epidemiological models in public policy. Their important point is that to use R as a proxy for the general dangerousness of the virus is mistaken. This is incontestable from an epidemiological point of view, and yet was generally under-appreciated. They furthermore argue that this error leads to an inaccurate impression that the dangers posed can, by proxy, be "read off" nature.

Robert Northcott (2022) evaluates the strategies employed by two Covid-19 models produced by Imperial College London, and argues for the centrality of a missed distinction between "contextual" and "master-model" strategies. This distinction crosscuts familiar distinctions between types of models, and between causal and noncausal interpretations.

Eli I. Lichtenstein (2022) considers limits to the argument from inductive risk, using as an example the US establishment's initial motivation for recommending against asymptomatic mask-wearing to protect against Covid-19. He considers statements on mask-wearing early in the pandemic by many authorities, using the prominent Anthony Fauci as an illustrative but impersonal example, where such authorities originally recommended against mask-wearing, then later explained the earlier recommendations as deceptions motivated by the need to prevent hoarding. Lichtenstein argues that this justification

(attempted) cannot be accommodated within the framework of acceptable weighing of inductive risk.

Victor Karl Magnússon (2022) uses an in-depth analysis of Iceland's pandemic response to argue that trust is central if policymakers are to overcome the twin challenges of determining reliability and relevance of expertise during pandemic decision-making.

Finally, in a Perspective, **Alex Broadbent** (2022) challenges philosophers of medicine to do more to intervene in public debate during health crises like the pandemic.

We are equally pleased to present three articles on topics other than Covid-19. **Stephen John** (2022) explores an analogy between medicalization and criminalization, in particular diagnosis and judgment, and relates this analogy to the early detection of cancer. **Miriam Solomon** (2022) argues for a reassessment of the traditional approach to defining psychiatric categories, through a careful history of recent psychiatric research. And **Bengt Autzen** (2022) considers whether the application of principles of parsimony in diagnosis (whereby a single diagnosis explaining a constellation of symptoms is preferred to multiple diagnoses) can be justified by reference to probability theory. These original research articles are accompanied by two book reviews (by **Massimiliano Simons** (2022) of *Vital Norms: Canguilhem's "The Normal and the Pathological" in the Twenty-First Century* and by **Maël Lemoine** (2022) of *Explaining Cancer: Finding Order in Disorder*), as well as two letters from **Charlie Kurth** (2022) and **Thomas Milovac** (2022).

We believe that the depth, subtlety, and variety of this excellent philosophical work speaks to the continued evolution of the field of philosophy of medicine, and as part of that process, to the increasingly sophisticated integration between interrelated cognates and subfields, such as philosophies of epidemiology, public health, psychiatry, biomedical science, and ethics.

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No competing interest was reported by the authors.

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