

Brazilian Public Health Policy Admits Misthanasia: During the COVID-19 pandemic, death reveals itself

Política de Saúde Pública Brasileira Admite Mistanásia: Durante a pandemia COVID-19, a morte se revela

La política de salud pública brasileña admite la misthanasia: Durante la pandemia de COVID-19, la muerte se revela

Received: 06/03/2021 | Reviewed: 06/11/2021 | Accept: 06/15/2021 | Published: 06/30/2021

Ângelo Augusto da Silva Araújo

ORCID: <https://orcid.org/0000-0002-0630-1432>
University of Porto, Portugal
E-mail: angeloaugusto@hotmail.com

José Rodrigo Santos Silva

ORCID: <https://orcid.org/0000-0002-1918-7122>
Federal University of Sergipe, Brazil
E-mail: rodrigo.silva@academico.ufs.br

Valéria Aparecida Bari

ORCID: <https://orcid.org/0000-0003-2871-5780>
Federal University of Sergipe, Brazil
E-mail: valbari@gmail.com

Miguel Ricou

ORCID: <https://orcid.org/0000-0002-8190-9587>
University of Porto, Portugal
E-mail: mricou@med.up.pt

Abstract

Here, we report the findings of a case study (qualitative) addressing issues related to government discourse, with emphasis on economic protection and disregarding the magnitude of COVID-19's pandemic consequences on the population, instituting misthanasia as a measure of conduct. The decision to prioritize the cases troubles all health services, which might involve abandoning aggravated patients or members of risk groups. We note that the poorly planned mitigation policy and the unbalanced supply-to-demand ratio of health services will cause an increase in the number of fatalities among the cases that could have been avoided, misthanasia. Therefore, we conclude that the number of deaths by COVID-19 might even be hidden; nevertheless, the pain caused by deaths of a political-social etiological nature demonstrates sorrowing, mournful, precocious, and avoidable deceases.

Keywords: COVID-19; Right to health; Human rights; Social responsibility; Health professionals.

Resumo

Aqui, relatamos os resultados de um estudo de caso (qualitativo) abordando questões relacionadas ao discurso governamental, o qual enfatiza a proteção econômica e desconsidera a magnitude das consequências pandêmica pela COVID-19 para a população, instituindo a mistanásia como medida de conduta. Sobre os serviços de saúde pairam as decisões de privilegiarem os casos de cura mais viáveis, abandonando pacientes agravados ou membros dos grupos de risco à própria sorte. Destaca-se que, a política de mitigação mal planejada e o desequilíbrio da relação oferta / demanda dos serviços de saúde causarão aumento nos números de fatalidades entre os casos que poderiam ter sido evitados, portanto mistanásia. Concluímos que o quantitativo das fatalidades pela COVID-19 poderá até ser ocultado, entretanto, a dor causada pelos óbitos de cunho etiológicos político-sociais, figura a morte sofrida, infeliz, precoce e evitável.

Palavras-chave: COVID-19; Direito à saúde; Direitos humanos; Responsabilidade social; Profissionais de saúde.

Resumen

Aquí, informamos los hallazgos de un estudio de caso (cualitativo) que aborda temas relacionados con el discurso del gobierno, con énfasis en la protección económica y sin tener en cuenta la magnitud de las consecuencias pandémicas de COVID-19 en la población, instituyendo la misthanasia como medida de conducta. La decisión de priorizar los casos preocupa a todos los servicios de salud, lo que puede implicar el abandono de pacientes agravados o miembros de grupos de riesgo. Observamos que la política de mitigación mal planificada y la relación desequilibrada entre la oferta y la demanda de los servicios de salud provocarán un aumento en el número de muertes entre los casos que

podrían haberse evitado, la misthanasia. Por lo tanto, concluimos que el número de muertes por COVID-19 podría incluso estar oculto; sin embargo, el dolor que ocasionan las muertes de carácter político-social etiológico demuestra fallecimientos dolorosos, tristes, precoces y evitables.

Palabras clave: COVID-19; Derecho a la salud; Derechos humanos; Responsabilidad social; Profesionales de la salud.

1. Introduction

After 6 months of the appearance of the first cases of the new Coronavirus (COVID-19) in Wuhan - China, Brazil has one of the highest incidences of new cases and daily mortality rates of the world (Johns Hopkins University & Medicine, 2020; Worldometer, 2020). In the month of June of 2020, Brazil became the global epicenter of infection, only behind, in absolute numbers of total cases and deaths, the United States of America (USA) (Dyer, 2020). With the title of the world's epicenter of contamination by the new coronavirus, the globe looks to the country as the central focus of contamination, observing Brazilians as a means of possible reinfection (U.S. Embassy & Consulates in Brazil, 2020). Therefore, what could this represent for the country, from the current public management perspective, and international relations? Border isolation, road flow obstruction, reduction in commercial transactions, and an uneven trade balance. Aside from the listed economic matters, Brazilian citizens might encounter misguided and careless attitudes, characterizing a relation of immense exposure and vulnerability to viral contamination.

The World Health Organization (WHO) has made recommendations about how countries can limit the spread of the virus (Bedford et al., 2020; Cohen & Kupferschmidt, 2020; Tanne et al., 2020; WHO, 2020), including the distribution of information regarding personal care and of the professionals engaged in the pandemic; the structuring of the hospital offers based on statistical projections; and the epidemiological knowledge with tracking, massive testing and, mainly, the isolation of those infected. These efforts can reduce the risk of contamination as well as the spreading of Sars-CoV-2, thus avoiding hospital overcrowding and enabling a cautious reopening of the economy (Angulo et al., 2020). The control measures for COVID-19 in Brazil have never been well established nor coordinated (Ricard & Medeiros, 2020; Werneck & Carvalho, 2020), with conflict and confusion between state and federal governments. The lack of consensus and the resulting inaction has contributed to the growing numbers of cases and deaths. Meanwhile, the country shows no signs of pandemic control.

It is believed that the federal government seeks to hide the epidemiological numbers of the setting disaster, given the concern with the economy's reopening and the related social consequences, conjecturing that its rule will fall if the economy collapses. Also, conjunctural disorganization and dehumanization are possible outcomes, as well as the false belief that Brazilians are resistant to infection [and because the numbers do not reflect the reality of the pandemic in Brazil (upwards manipulation)] (Mano, 2020; Ricard & Medeiros, 2020; The Lancet, 2020; Werneck & Carvalho, 2020).

In the growing trajectory of the human consequences related to the pandemic, the Brazilian government rejected the mandatory use of masks (Agência Senado, 2020; BBC News, 2020; Pedroso & Register, 2020). Also, the Federal Supreme Court of Brazil (STF) concedes an injunction solicited by several political parties as to resume exposure (Oliveira, 2020).

At present, Brazil does not have contamination control by Sars-CoV-2. In other words, with opposing evidence to the measures shown by the WHO and other international bodies, Brazil is demonstrating an accidental situation, or possibly intentional, of lack of control.

This article offers a qualitative analysis reasoned on a transformative project (Creswell & Clark, 2015), based on the case study through factual observation (Yin, 2015), based upon documents and records, as well as verification of indexes and numerical indicators disseminated by official organizations or national transparency associations. Moreover, the local social and environmental characteristics of the incidence of the observed phenomenon. The quantitative analyses are applied in data selection produced by legitimate methodology and released under source officialdom. The quantitative observation is of

contrastive character, with interpretive visualization of the evolutive curve concerning data, through graphs and panels, comparing to previous or present curves, having occurred in other territories. The qualitative analyses happen through medically, socially, legally, and epidemiologically specialized interpretation, due to the observation of the quantitative panels, linked to social conditions and regionalized political practices. The qualitative study is also of contrastive character with index interpretation and numerical indicators, previously observed by virtue of verification of the social effects described by on-field social observation, with the establishment of probable cause and effect relations in the Brazilian case.

Here we address the question: Why has the federal government assumed the attitude of not communicating the total number of cases and deaths regarding COVID-19 patients, belittling its consequences?

To answer this initial question, the research goes through the concept of *Misthanasia*, on account of the deaths caused by Sars-CoV-2, analyzed in its pandemic context within the Brazilian territory, along with the social-economic and constitutional matters. In the final considerations, after the exposition and analysis of candid data and facts, the social, philosophical and ethical debate is established on the federal public management's lack of energetic actions towards contamination control and handling, confusing the purpose of its role in the dilemma: to protect Brazilians or the economy.

2. Methodology

This is qualitative research based on a converging miscellaneous transformative project (Creswell & Clark, 2015) which has as a direct approach to the case study method (Yin, 2015), based on sources of documented evidence and archived records. It originates from the axiological and methodological philosophical assumption, with interpretive foundations related to social constructivism and transformative structures. Its objectives are descriptive and explanatory, using situational diagnostics that have been implicated in previous exploratory procedures. This is a case study, with constructivist and transformative philosophical foundations, verified and analyzed according to aspects of management, ethics, social responsibility, constitutionality, and in obedience to international agreements about the moment of the COVID-19 pandemic. The methodological option is dialectic, for it is about an observed social phenomenon using a group of antagonistic social forces of which, under analysis and data integration, will result in a synthesis.

For such a proposal, a specialized set of procedures of technical and scientific character were chosen and applied, considering as a limiting factor the dynamic of the phenomenon and the time of feasibility, with safety criteria of the systematic dialogical information of collation, with the immediate scientific production concerning the theme. The procedures that were applied were: search of concepts of specialized literature in a present context, for the construction of theoretical reference; documented analysis and qualitative factual records of the ephemerides connected to the COVID-19 pandemic; qualitative analysis of obtained data from official and secure sources through analytical observational statistics methods, emanating from public power and health executives; immediate verification of publications in qualified scientific periodicals regarding the theme.

As an element of verification, the chosen premise will be the concept of *Misthanasia* and its occurrence throughout the country, as a result of the public health policy deliberations in Brazil on a federal level and its repercussions and verifiable accomplishments through the selected polls for the case study. From the medical and political ethical point of view, in the analysis shall be inserted the fact of unconstitutional procedure of evasion of data and updates on indexes and numerical indicators related to the deaths caused by COVID-19, by the Ministry of Health of Brazil, according to Brazil's ranking on a global scale as the country leading in deaths and contaminations. The analyzed data, on account of indexes and indicators of public and official nature, were:

- Records of public relation with the pandemic;

- Data on the perception of the population about the pandemic and government;
- The epidemiological situation (Incidence and mortality rate);
- Aspects of inequalities (average income, Gini coefficient, the average number of people per family, the proportion of households with five or more residents, sewage system and septic tanks, and collected waste);
- Current hospital situation due to COVID-19 (occupation rate);
- Constitutional aspects (Articles 3, 5 and 196 of the Federative Constitution of Brazil of 1988 (CFB88)).

The data is sourced from the Brazilian Institute of Geography and Statistics (IBGE), Worldometer coronavirus, COVID-19 Map - Johns Hopkins Coronavirus Resource Center, and incident/occurrence reports from the Ministry of Health (MS). The aspects and legal fulcrums described are derived from the CFB88 and of Brazilian infraconstitutional legislations, as well as the recommendations and guidelines of international agreements of which the Brazilian state is a signatory.

3. Results and Discussion

3.1 Misthanasia: Memorable presence in Brazilian health

Bioethics offers a transdisciplinary panoptic view, changes seats and steps away from a position that debated knowledge frontiers to a daily attitude (Sodeke & Wilson, 2017). Setting aside the underlying principle rigidity of borderline Bioethics, Latin-American Bioethics draws the world's attention with an integrative vision, in which daily social matters are discussed (Garrafa & Porto, 2003). Within that perception, social euthanasia, the definition that conceptualized caused death due to problems of social-political order, suffers a neological transformation to a word that etymologically better defines this matter: Misthanasia (Anjos, 1989).

Social euthanasia has its etymology rooted in euthanasia (good death) (Ricou & Wainwright, 2019). In euthanasia, the medic facing the dilemma caused by the terminally ill and the suffering due to the illnesses, decide to end the life of the patient. In social euthanasia, death by social-political factors is not good; it is a painful and unhappy death that mitigates the longevity of the individual.

Misthanasia presents itself as a definition for a socially more adequate unhappy death, having been proposed in 1989, by Márcio Fabri dos Anjos (Anjos, 1989). The etymology of misthanasia has a Greek origin and is part of the junction between *mis* (unhappy) + *thanos* (Death). Consequently, the word means an unhappy death. Conceptually, the word can act as a noun or adjective, depending on its usage. Misthanasia represents suffered death, caused by mitigating social factors that remove people's lives prematurely (Penteado Setti da Rocha et al., 2017). It is a painful death, one of hard acceptance among family members and friends; it's death conditioned to an adverbial subordinate clause with "if".

Examples:

- "If" there were less social inequality, there wouldn't be as many people starving to death.
- "If" we had had measures that looked after pandemic control in an effective manner, we wouldn't have so many people dying of contamination and no assistance.
- "If" there had been vacancies for ICU beds, I wouldn't have lost my father.

Misthanasia, as explained, involves matters related to premature social death, defining a concept that demonstrates the loss of years of possible survival, of the longevity of people lost due to social affairs, and lack of positioning of public powers.

The concept of Misthanasia as an adjective can be found in the path of death through hunger, car accidents, work incidents, murders, lack of hospital vacancies, medical flaws, and others.

3.2 Records of public relation with the pandemic, standpoint of a few observers

In this topic, some of the declarations of the President of Brazil Jair Messias Bolsonaro will be highlighted as a verifiable source of filed record, his public appearance without a face mask, and the veto on the mandatory use of face masks. Furthermore, the Federal Supreme Court's (STF) injunction demanding the resumption of communicating the data and the segments of the interpretations of different speakers.

Board 1: About the presidential viewpoint of the pandemic

Speeches/Attitudes of President Jair Bolsonaro	Commentary
The president's answer when questioned about the pandemic's magnitude: "Little flu."	"While half of the world's population remains on lockdown, Jair Bolsonaro is advocating for Brazilians to go back to work... With a faulty public healthcare system, the country could be hit hard by coronavirus" (Borges, 2020)
When questioned about the growth in the number of cases: "So what? What do you want me to do?"	"... leadership at the highest level of government is crucial in quickly averting the worst outcome of this pandemic, as is evident from other countries... The challenge is ultimately political, requiring continuous engagement by Brazilian society as a whole to secure the right to health for all Brazilian people." (The Lancet, 2020)
About his public appearance without a face mask and the veto on the mandatory use of face masks for the population	"With the example set by the president of Brazil, everything becomes harder for us" (Pedroso & Register, 2020)
Veto on the mandatory use of masks regarding the population	"Allow, under any circumstances, that Bolsonaro continues with his genocide project throughout the country" (Agência Senado, 2020) "He has refused to acknowledge the gravity of Brazil's Covid-19 outbreak, despite it having the world's second-highest numbers of cases and deaths." (BBC News, 2020)
About the injunction that demands the resumption of disclosure of total statistical data	"The worry is that the new model simply transforms the results' delay in a way to weaken the gravity of the pandemic in the country." (Oliveira, 2020) "Today, we see the realization of a collaborative partnership between several communication vehicles to give transparency to the pandemic's data in the country. Transparency is a constitutional commandment. All measures that seek to reinforce it are welcome." (Oliveira, 2020)

Source: Authors.

3.3 The population's perception of the pandemic and the government

Through research developed by Datafolha, an organ whose objective is to consult public opinion on various matters, important aspects of the Brazilians perception of the pandemic are described. In this topic, by means of verification, a few important aspects will be presented, about public opinion, that can be seen on the institution's website:

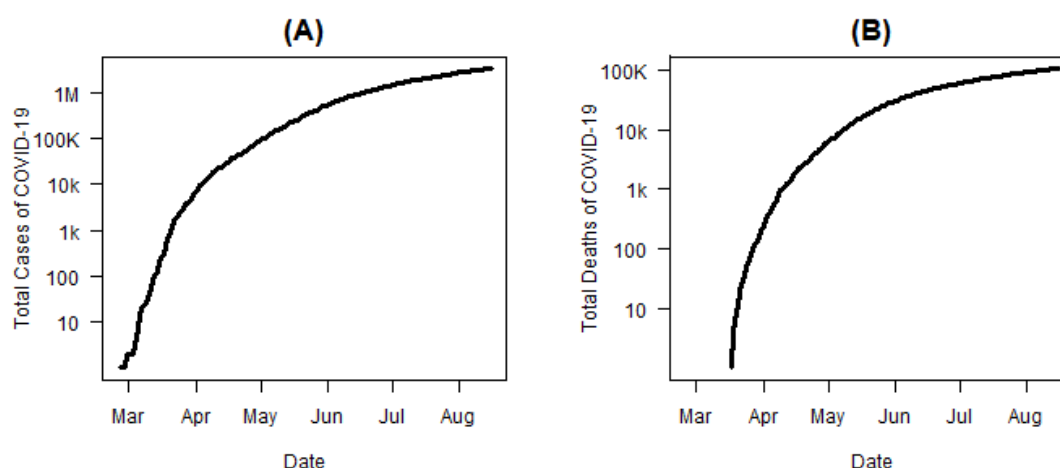
- 60% are in favor of a complete lockdown to contain the coronavirus – 27/05/2020.
- The ministry of health's evaluation worsens concerning the coronavirus crisis – 29/05/2020.
- The fear of being contaminated by the coronavirus rises – 02/06/2020.
- Reaching 65%, the coronavirus pandemic is aggravating in Brazil – 29/06/2020.

3.4 The epidemiological situation of covid-19 in Brazil

The WHO, on the 30th of January of 2020, sent alarming signs to the world, declaring a state of Emergency in Public Health and Calamity. On the 11th of March of 2020, the WHO declared a worldwide pandemic regarding SARS-CoV-2 (OPAS, 2020). On the 26th of February of 2020, the first case of infection of the new coronavirus was registered in Brazil (Reis et al., 2020). Since then, the fatality and contamination indicators have been on the rise, in a continuous and extremely worrying manner, characterizing the country as the record holder in deaths, lodging into second place in the world ranking (Baqui et al., 2020). The lack of well established strategic epidemiologic planning demonstrates just how much the pandemic gained hold in Brazil. The Presidency of the Republic, continuously, deauthorized measures and guidelines set out by the Ministry of Health, dismissing two ministers amid the pandemic, currently acting upon an interim administrator without any higher education degree in Medicine (Londoño, 2020; Pfrimer & Barbosa Jr, 2020; Phillips, 2020).

The public policies on a federal level, in short, have overlooked or disqualified the alarming signals emitted by WHO, allowing collective diffusion to escalate, placing themselves in a situation of epidemiological obscuration, heightening by the day (Ricard & Medeiros, 2020). As a frequently used argument in public declarations, the “immunity of the horde” has been overvalued, due to the recommended social distancing measures (Borges, 2020; Pfrimer & Barbosa Jr, 2020). According to the information on the national newsletter on the 4th of July of 2020, disclosed by the National Association of Press Vehicles, Brazil has 1.577.004 cases, placed 2nd in the ranking of absolute numbers of contamination by the new coronavirus, with an incidence rate of 750.4 cases per 100 thousand inhabitants, in addition to, having been in second place for absolute numbers 64,265 of deaths, with a mortality rate of 30.6 deaths per 100 thousand inhabitants (Ministério da Saúde, 2020). This record is what was officially released; however, because of low testing, there have been studies that foresee a greater number of cases (Reis et al., 2020). Two states in the Brazilian North (Amazonas and Pará) and Northeast (Ceará and Pernambuco) regions are among the six that contain the largest absolute number of deaths in the country.

Figure 1: (A) Number of accumulated cases of COVID-19 in Brazil, logarithmic scale. (B) Total number of COVID-19 deaths in Brazil, in logarithmic scale.



Source: Ministry of Health (<https://covid.saude.gov.br/>) (16/08/2020).

The logarithmic curves that demonstrate both the incidence and death rate in Brazil don't present signs of pandemic control. They clearly reveal the rising viral proliferation; when we analyze through observational statistics, it demonstrates a growth proneness. From the epidemiological point of view, the country is awash with pandemic lack of control, with high

communal contamination, alerting public health to a state of emergency and calamity, in which social distancing and/or lockdown is recommended, in addition to, massive tracking (Schneider, 2020).

3.5 Brazil: aspects of social inequalities

Social inequality is a chronic disease that is becoming pandemic (Ahmed et al., 2020). Brazil won't give up stacking titles that showcase the lack of attitudes and social policies that solve this complete social ignominy we live in. Throughout the country, there are 13.5 million Brazilians living in conditions of extreme poverty (Nery, 2019), generating a large array of people in a state of vulnerability. Brazil has an average income of R\$ 2,308.00 per inhabitant (equivalent to US\$ 585.00 at a currency rate of US\$ 1.00 being R\$ 3.945), with a Gini Coefficient of 0.543 (the Northern and Northeastern Brazilian regions with average income and the Gini Coefficient smaller in the other regions), and is positioned among the countries with the highest inequalities (Herculano et al., 2017), Table 1. The 2018 Continuous National Household Sample Survey (PNAD) shows that 6.5% of Brazilians live below the line of international poverty (US\$1.90 a day), and 25.3% live below the line of national poverty (US\$5.50 a day, converted by the purchasing power parity).

Table 1. Income Indexes in Brazil, 2020.

Brazil and Great Regions	GDP per capita ⁽¹⁾		Average Monthly Income ⁽¹⁾		Gini Coefficient ⁽¹⁾
	R\$	US\$	R\$	US\$	
Brazil	34533.0	8753.6	2308.0	585.0	0.543
North			1687.0	427.6	0.537
Northeast			1588.0	402.5	0.559
Southeast			2650.0	671.7	0.527
South			2549.0	646.1	0.467
Midwest			2506.0	635.2	0.507

Source: Data obtained through IBGE: (1) 2019 Continuous PNAD (2) Continuous PNAD (1st Trimester of 2020).

The Sars-CoV-2 is a virus with no respect for estates, reaching all classes without any predilections. Logically, the people that find themselves in conditions of extreme vulnerability are more exposed to contamination and to the serious consequences of viral infection (Ahmed et al., 2020; Anderson et al., 2020; Baqui et al., 2020; Werneck & Carvalho, 2020).

In Brazil, there is a great number of families that share dwellings among many people (Table 2). Dwellings that, most of the time, do not have minimal hygienic conditions, especially in the Northern and Northeastern regions. The problems related to sanitary conditions pile up, demonstrating the inefficiency of public offices in the resolution, Table 3.

Table 2: Average number of people per family; Households with five or more residents in Brazil, 2019.

Brazil and Great Regions	Average Number of People Per Family	Households with 5 or More Residents (%)
Brazil	2.9	11.6
North	3.3	20.9
Northeast	3.0	13.9
Southeast	2.8	9.7
South	2.7	8.5
Midwest	2.9	11.8

Source: Data obtained through IBGE (2019), Continuous PNAD.

Table 3: Households with Sewage and septic tank, collected waste, and electrical lighting in Brazil, 2019.

Brazil and Great Regions	Households with Sewage and Septic Tank (%)	Households with Collected Waste (%)
Brazil	68.3	84.4
North	27.4	72.4
Northeast	47.2	70.8
Southeast	88.9	92.1
South	68.7	89.6
Midwest	60.0	87.8

Source: Data obtained through IBGE (2019), Continuous PNAD.

3.6 The current hospital situation due to covid-19 in Brazil

The Unique Health System (SUS) ideologically is the model to be followed. Nevertheless, this model's struggles for survival are used as arguments in political rhetoric. Theoretically, the model that would assure health and protection of all Brazilians has been struggling to survive, mainly, in recent years with consecutive budget cuts (Agência Senado, 2019).

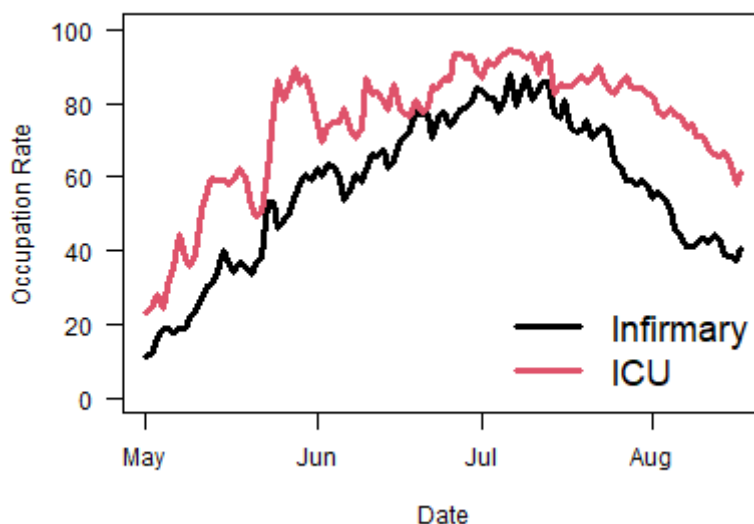
SUS, since its founding in 1988, has never had conditions to attend all Brazilians, as was outlined in ideological purposes, it uses the private sector to tend to deficiencies caused by demand, resulting in the opposite of the equity set by the federal constitution. Even with the private sector's support, the public health attention situation has always demonstrated inefficiency, attendance lines, and patients gathered on floor mattresses and chairs, and in the hallways of large hospitals.

One of the former Health Ministers highlights social distancing as part of the solution for vacancy issues in intensive care units (ICU) of SUS:

Our roads kill too much. We have many traffic accidents, especially involving motorcycle riders. Therefore, by determining a standstill [social distancing], the number of accidents and traumas have lowered. Thus, more hospital beds are made available to be used for this virus (Peduzzi, 2020).

With the unrestrained rise in the number of new contagions through Sars-CoV-2, the Brazilian health system is on the brink of collapse (Valadares et al., 2020). Some federation units preemptively built campaign hospital structures and amplified the existing structure. For example, in Sergipe (Figure 2), approximately 81.37% of hospital beds are being used, and 90.10% of the ICU beds are occupied.

Figure 2: Occupation rate of infirmary and ICU beds exclusively for COVID-19, in the state of Sergipe, Brazil.



Source: Data communicated by the Secretary of Health of the State of Sergipe (17/08/2020).

3.7 Brazilian constitutional aspects

From the legislative power's point of view, the Brazilian agents find themselves paired with public policies and international agreements. Nevertheless, the social application and political practices violate even the immutable clauses of the current legislation, making them "dead words". The Federative Constitution of Brazil of 1988 (CFB88) presents as constitutional principles those contained in the following articles (Brasil, 1988):

Article 3rd Are constituted as fundamental objectives of the Federative Republic of Brazil:

I – build a free, just and solidary society;

II – guarantee national development;

III – eradicate poverty and marginalization and reduce regional and social inequities.

Article 5th – every and any citizen must be treated without distinction and without violation of rights to liberty, equality and safety

Article 196th – states that health is a right to all and duty of the state, guaranteeing political-social and economic measures that seek to reduce the risk of illnesses and their consequences, along with, the universal and equal access to actions and services that guarantee promotion, protection and recovery

In Brazil, the CFB88 determines that it is the Nation-State's obligation to pursue means to maintain the individual safe, at home, conveying a feeling of collectiveness and not of individualism (Borges, Luna; Palácios, Marisa; Rego, 2020; Brasil, 1988). During this moment of pandemic crisis, however, the public policies applied on a national level threaten the physical, mental, and social integrity of the country's citizens, hence leading to its population's abandonment and of cyclical aspects of identity as a nation.

The fostered attitudes to contain the epidemic's expansion (Rego, 2020; Ricard & Medeiros, 2020), as stated and exposed in the verifiable effects through the official data, are being inefficient, appended to problems of a social and economic order that lead to low populational adherence to social distancing (Reis et al., 2020). In this moment of pandemic crisis, the problem belongs to everyone, and everyone is represented by the state, and the state has as a constitutional duty to preserve life, the mental, physical, economic and social health of the individuals that compose it (Brasil, 1988; Werneck & Carvalho, 2020). On the contrary, the mitigation policies will not reach their objectives. By not reaching the objectives of lowering the

pandemic curve, the mitigation policies, as the aforementioned causal effect, will raise the demand for hospital aid to a critical level (Ainslie et al., 2020; Bastos & Cajueiro, 2020; Mellan et al., 2020; Sudré, 2020; The Lancet, 2020). Consequently, there'll be a lack of availability in aiding the ill and possible medical errors given the heavy workload, increasing the number of deaths, as well as leading health professionals to having to “choose” the more viable cases in order to distribute resources and scarce procedures to their entirety.

3.8 Misthanasia as a declared practice and public policy

The attitudes of the Brazilian government's central management clearly show the disregard towards the pandemic magnitude by observing different points of view (Agência Senado, 2020; BBC News, 2020; Borges, 2020; Pedrosa & Register, 2020; Ricard & Medeiros, 2020; The Lancet, 2020; Werneck & Carvalho, 2020). COVID-19, initially taken to as a “little flu” (Borges, 2020) in an official presidential announcement, has been expanding in the number of those contaminated and stacking deaths (Fig. 1). Behind the accounted deaths is the lack of attitudes related to pandemic control that could have “written another story to have been told”, reflected by the rise in the population's fear of contagion and the perception that the pandemic is worsening.

The spread of Sars-CoV-2 in Brazil reflects a complete lack of pandemic control, when the apparent attempts of the central government to hide the suffering (Ricard & Medeiros, 2020). As previously stated, the federal government declared that it would not disclose the total number of events related to COVID-19 in Brazil (Mano, 2020), as of June of 2020, having been replaced in this attribution by the collective National Association of Press Vehicles, composed of press entities, Brazilian scientists and municipal and state health secretaries, resuming the obligatoriness via actions of the STF (Oliveira, 2020).

This attitude reveals the face of unawareness, from a standpoint that values epidemiological information, and the government's dismissal related to pandemic control and constitutional principles (Werneck & Carvalho, 2020). All this leads to concepts that establish misthanasia. The foundations of thought that build the answer to the initial question of this research project shall be discussed in this topic.

As demonstrated, in Brazil, there are 13.5 million people living in conditions of extreme poverty (Nery, 2019), especially in the Northern and Northeastern regions (Table 3), with terrible sanitary and living conditions, many people sharing one small dwelling space, collective transportation and communal coexistence. Currently, there are families that expose themselves every day on the streets begging for food, who do not have lodgings or piped water services, not even soap to wash their hands, which is a minimal condition of mitigation policies. Demanding the use of face masks and hygiene for these people, without the examples of use and supply by public management, is an attitude just as hypocritical as most political speeches. Studies show that people in vulnerable conditions are more likely to suffer the consequences of COVID-19 (Ahmed et al., 2020; Anderson et al., 2020; Baqui et al., 2020).

As previously demonstrated, the situation of the hospitals in Brazil worsens by the day. SUS, before the pandemic, already experienced administrative hardships and decreased resources (Agência Senado, 2019). Since the COVID-19 outbreak, this situation has intensified. At present, there are many federation units that are on the verge of collapse (Valadares et al., 2020). Worryingly, it is speculated that the pandemic has yet to peak.

There is a lack of cooperation between the state and federal governments (Reis et al., 2020), and this has contributed to the spreading of the virus. The lack of articulation based on the unconstitutionality of federal public actions amidst the pandemic (Brasil, 1988; Rego, 2020; Ricard & Medeiros, 2020), considering the large social inequity and low family income, leads state governments in Brazil, worried about tax collection, unemployment and future political plans, to initiate economic reopening programs based on the occupation of available hospital beds, once most Brazilian states do not demonstrate

pandemic control (Cruz, 2020). The economic reopening programs, indirectly, create anxiety because of fear of contagion and the possibility of the pain of premature death. Attitudes such as this, of acceptance of grieving and other people's pain, as stated beforehand, seem to be common for Brazilian society whose characteristics are just as unequal and violent (Baqui et al., 2020; Olliveira, 2020).

Certain statistical analyses, such as those offered by the current interim management of the Ministry of Health, can "cover-up" the ugliness of the indicators produced by the pandemic. However, the size that COVID-19 has acquired due to lack of government control has already assumed immense proportions, and places the nation's concept and the country's political autonomy in difficulty.

Therefore, this study, as a miscellaneous project reasoned on converging transformative aspects (Creswell & Clark, 2015), concludes that, attached to this whole, there are numerous other morbidities that might not be considered in virtue of health problems' center of attention be faced towards COVID-19, let alone, overcrowded hospitals, increasing the number of social, painful, premature and aidless deaths, namely, *Misthanasia*.

3.9 Rivaling hypotheses

As contextualized in the introduction, the following rivaling hypotheses can be studied to justify the federal government's attitudes in choosing to hide the pandemic's numbers: Worries about the economy's standstill and the related social consequences, believing its administration will end if the economy collapses; the possible impacts of global considerations related to conjunctural disorganization and dehumanization; the belief in Brazilians' resistance towards infection; the numbers not reflecting the reality of the pandemic in Brazil (upwards manipulation)..

4. Conclusion

Misthanasia, mournful death, is part of the public administration and of the society that disrespects human dignity. It softens social order issues, focuses on individualism and excluding social-economic politics, not prioritizing the human being and diversity.

The acceptance of social suffering in Brazil seems to be something ordinary, given the massive social inequalities and branching problems. With impaired aid not meeting either the individual's or the community's needs, in this ongoing pandemic, we observe the unconstitutionality of public actions that disrespect Bioethical principles of human dignity. Integrative, everyday Bioethics has been evaluating these models and offering the world a transdisciplinary panoptic view, more active, that seeks to emphasize problems related to social inequity.

COVID-19 has been clarifying several weaknesses in public policies concerning Brazilian society, as well as in other countries. The concept of *Misthanasia* embraces all the aspects linked to precocious, mournful death, of a social and political character, of individuals. The pain caused by death on account of something that could have been avoided is much worse than natural death. The government's actions that try to statistically hide the tragic consequences of uncontrolled contamination by Sars-CoV-2 will not lessen the agony of affliction due to the loss of a loved one.

Hence, in Brazil, death reveals itself.

References

- Agência Senado. (2019). Na saúde, governo deve enfrentar desafio de financiar o SUS — Senado Notícias. Senado Notícias. <https://www12.senado.leg.br/noticias/materias/2019/01/25/na-saude-governo-deve-enfrentar-desafio-de-financiar-o-sus>
- Agência Senado. (2020). Senadores criticam veto de Bolsonaro a uso de máscara. Senado Notícias.

- Ahmed, F., Ahmed, N., Pissarides, C., & Stiglitz, J. (2020). Why inequality could spread COVID-19. *The Lancet Public Health*, 5(5), e240. [https://doi.org/10.1016/S2468-2667\(20\)30085-2](https://doi.org/10.1016/S2468-2667(20)30085-2)
- Ainslie, K. E. C., Walters, C., Fu, H., Bhatia, S., Wang, H., Baguelin, M., Bhatt, S., Laydon, D., Nedjati-gilani, G., Okell, L. C., Siveroni, I., Thompson, H., Unwin, J., Xi, X., Donnelly, C. A., Ferguson, N. M., & Riley, S. (2020). Report 11 : Evidence of initial success for China exiting COVID-19 social distancing policy after achieving containment. March, 1–8.
- Anderson, G., Frank, J. W., Naylor, C. D., Wodchis, W., & Feng, P. (2020). Using socioeconomics to counter health disparities arising from the covid-19 pandemic. *BMJ*, 369(June), m2149. <https://doi.org/10.1136/bmj.m2149>
- Angulo, F. J., Finelli, L., & Swerdlow, D. L. (2020). Reopening Society and the Need for Real-Time Assessment of COVID-19 at the Community Level. *JAMA*, 323(22), 2247. <https://doi.org/10.1001/jama.2020.7872>
- Anjos, M. F. (1989). Eutanásia em chave de libertação. *Boletim Do Instituto Camiliano de Pastoral Da Saúde*, 57, 6.
- Baqui, P., Bica, I., Marra, V., Ercole, A., & van der Schaar, M. (2020). Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study. *The Lancet Global Health*, 8(8), e1018–e1026. [https://doi.org/10.1016/S2214-109X\(20\)30285-0](https://doi.org/10.1016/S2214-109X(20)30285-0)
- Bastos, S. B., & Cajueiro, D. O. (2020). Modeling and forecasting the early evolution of the Covid-19 pandemic in Brazil.
- BBC News. (2020, July). Coronavirus: Brazil's Bolsonaro waters down law requiring face masks. BBC News. <https://www.bbc.com/news/world-latin-america-53287054>
- Bedford, J., Enria, D., Giesecke, J., Heymann, D. L., Ihekweazu, C., Kobinger, G., Lane, H. C., Memish, Z., Oh, M., Sall, A. A., Schuchat, A., Ungchusak, K., & Wieler, L. H. (2020). COVID-19: towards controlling of a pandemic. *The Lancet*, 395(10229), 1015–1018. [https://doi.org/10.1016/S0140-6736\(20\)30673-5](https://doi.org/10.1016/S0140-6736(20)30673-5)
- Borges, Luna; Palácios, Marisa; Rego, S. et al. (2020). O aparente dilema implicado pela pandemia da COVID-19 : salvar vidas ou a economia ? Observatório Covid-19, 1–4.
- Borges, A. (2020, April). “A little flu”: Brazil's Bolsonaro playing down coronavirus crisis. Euronews. <https://www.euronews.com/2020/04/06/a-little-flu-brazil-s-bolsonaro-playing-down-coronavirus-crisis>
- Brasil. (1988). Constituição da República Federativa do Brasil. In Brasil. Diário Oficial da União. <https://doi.org/10.1007/s13398-014-0173-7.2>
- Cohen, J., & Kupferschmidt, K. (2020). Countries test tactics in ‘war’ against COVID-19. *Science*, 367(6484), 1287–1288. <https://doi.org/10.1126/science.367.6484.1287>
- Creswell, J. W., & Clark, V. L. P. (2015). Pesquisa de Métodos Mistos-: Série Métodos de Pesquisa. Penso Editora.
- Cruz, E. P. (2020, May 27). Plano de retomada da economia em São Paulo terá cinco fases. Agência Brasil. <https://agenciabrasil.ebc.com.br/economia/noticia/2020-05/plano-de-retomada-da-economia-em-sao-paulo-tera-cinco-fases>
- Dyer, O. (2020). Covid-19 hot spots appear across Latin America. *BMJ*, 369(June), m2182. <https://doi.org/10.1136/bmj.m2182>
- Garrafa, V., & Porto, D. (2003). Intervention Bioethics: A Proposal For Peripheral Countries in A Context of Power and Injustice. *Bioethics*, 17(5–6), 399–416. <https://doi.org/10.1111/1467-8519.00356>
- Herculano, P., Ferreira De Souza, G., & Medeiros, M. (2017). The concentration of income at the top in Brazil, 2006-2014 The International Policy Centre for Inclusive Growth is jointly supported by the United Nations Development Programme and the Government of Brazil.
- Johns Hopkins University & Medicine. (2020). COVID-19 Map - Johns Hopkins Coronavirus Resource Center. COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU). <https://coronavirus.jhu.edu/map.html>
- Londoño, E. (2020, May). Another health minister in Brazil exits amid chaotic coronavirus response. The New York Times. <https://www.nytimes.com/2020/05/15/world/americas/brazil-health-minister-bolsonaro.html>
- Mano, A. (2020). Brazil takes down COVID-19 data, hiding soaring death toll - Reuters. Reuters.
- Mellan, T. A., Hoeltgebaum, H. H., Mishra, S., Whittaker, C., Schnekenberg, R. P., Gandy, A., Juliette, H., Nwin, T. U., Vollmer, M. A. C., Oupland, H. C., Awryluk, I. H., Ro-Drigues Faria, N., Vesga, J., Zhu, H., Hutchinson, M., Ratmann, O., Monod, M., Ainslie, K., Baguelin, M., ... Bhatt, S. (2020). Report 21: Estimating COVID-19 cases and reproduction number in Brazil. *Imperial College COVID-19 Response Team*. <https://doi.org/10.25561/78872>
- Ministério da Saúde. (2020). Coronavírus Brasil. <https://covid.saude.gov.br/>
- Nery, C. (2019). Extrema pobreza atinge 13,5 milhões de pessoas e chega ao maior nível em 7 anos. Agência Notícias IBGE. <http://abet-trabalho.org.br/extrema-pobreza-atinge-135-milhoes-de-pessoas-e-chega-ao-maior-nivel-em-7-anos/>
- Oliveira, J. (2020, June). Coronavírus: Moraes, do STF, manda Governo Bolsonaro retomar divulgação total de dados da covid-19. El País Brasil.
- Oliveira, C. (2020, May). Em Fortaleza, violência mata tanto quanto o coronavírus. The Intercept Brasil.
- OPAS. (2020). Doença causada pelo novo coronavírus (COVID-19). Organização Pan-Americana Da Saúde. Organização Mundial Da Saúde; Organização Pan-Americana da Saúde / Organização Mundial de Saúde. <https://www.paho.org/pt/covid19#:~:text=A COVID-19 é uma,febre%2C cansaço e tosse seca.>
- Pedroso, R., & Register, L. (2020, July). Brazil's president Bolsonaro ordered by federal judge to wear a face mask in public . CNN.

- Peduzzi, P. (2020). Brasil tem 3.904 casos e 114 mortes por covid-19. Agência Brasil. <https://agenciabrasil.ebc.com.br/saude/noticia/2020-03/Brasil-tem-3904-casos-e-114-obitos-por-covid19>
- Penteado Setti da Rocha, A. S., Rocha da Cunha, T., Souza, W., & D'Espindula, T. (2017). Human Dignity, Mishthanasia, Public Health and Bioethics in Brazil. *Revista Iberoamericana de Bioética*, 5, 1. <https://doi.org/10.14422/rib.i05.y2017.006>
- Pfimer, M. H., & Barbosa Jr, R. (2020). Brazil's war on COVID-19: Crisis, not conflict—Doctors, not generals. *Dialogues in Human Geography*, 204382062092488. <https://doi.org/10.1177/2043820620924880>
- Phillips, D. (2020, May). Brazil loses second health minister in less than a month as Covid-19 deaths rise. *The Guardian*.
- Rego, S. (2020). O direito à renda básica no Brasil em tempos de Covid-19. *Observatório Covid-19*, 1–3.
- Reis, R. F., de Melo Quintela, B., de Oliveira Campos, J., Gomes, J. M., Rocha, B. M., Lobosco, M., & Weber dos Santos, R. (2020). Characterization of the COVID-19 pandemic and the impact of uncertainties, mitigation strategies, and underreporting of cases in South Korea, Italy, and Brazil. *Chaos, Solitons & Fractals*, 136, 109888. <https://doi.org/10.1016/j.chaos.2020.109888>
- Ricard, J., & Medeiros, J. (2020). Using Misinformation As A Political Weapon: Covid-19 And Bolsonaro In Brazil. *Harvard Kennedy School Misinformation Review*, 1(2), 1–7. <https://doi.org/10.37016/mr-2020-013>
- Ricou, M., & Wainwright, T. (2019). The Psychology of Euthanasia. *European Psychologist*, 24(3), 243–256. <https://doi.org/10.1027/1016-9040/a000331>
- Schneider, E. C. (2020). Failing the Test — The Tragic Data Gap Undermining the U.S. Pandemic Response. *New England Journal of Medicine*, NEJMp2014836. <https://doi.org/10.1056/NEJMp2014836>
- Sodeke, S. O., & Wilson, W. D. (2017). Integrative Bioethics is a Bridge-Builder Worth Considering to Get Desired Results. *The American Journal of Bioethics*, 17(9), 30–32. <https://doi.org/10.1080/15265161.2017.1353174>
- Sudré, L. (2020). Mais de 80% dos leitos de UTI estão ocupados nos 5 estados com mais casos da covid-19. *Brasil de Fato*. <https://www.brasildefato.com.br/2020/05/06/mais-de-80-dos-leitos-de-uti-estao-ocupados-nos-5-estados-com-mais-casos-da-covid-19#:~:text=Com altas taxas de ocupação,máximo da capacidade de atendimento.>
- Tanne, J. H., Hayasaki, E., Zastrow, M., Pulla, P., Smith, P., & Rada, A. G. (2020). Covid-19: how doctors and healthcare systems are tackling coronavirus worldwide. *BMJ*, 368(March), m1090. <https://doi.org/10.1136/bmj.m1090>
- The Lancet. (2020). COVID-19 in Brazil: “So what?” *The Lancet*, 395(10235), 1461. [https://doi.org/10.1016/S0140-6736\(20\)31095-3](https://doi.org/10.1016/S0140-6736(20)31095-3)
- U.S. Embassy & Consulates in Brazil. (2020). Health Alert: Extension of Brazil's Border Closures. *News & Events*. <https://br.usembassy.gov/health-alert-extension-of-brazils-border-closures/>
- Valadares, J., Toledo, M., Albuquerque, A. L., Maisonnave, F., Moraes, C., Machado, R., Sperb, P., Baran, K., Canofre, F., & Passos, Ú. (2020, June 10). Nove estados estão com mais de 80% das UTIs lotadas - 10/06/2020 - Cotidiano - Folha. *Folha de São Paulo*. <https://www1.folha.uol.com.br/cotidiano/2020/06/noves-estados-estao-com-mais-de-80-das-utis-lotadas.shtml>
- Werneck, G. L., & Carvalho, M. S. (2020). A pandemia de COVID-19 no Brasil: Crônica de uma crise sanitária anunciada. In *Cadernos de Saude Publica* (Vol. 36, Issue 5). <https://doi.org/10.1590/0102-311X00068820>
- WHO. (2020). Preparing for large-scale community transmission of COVID-19. *World Health Organization*. <https://www.who.int/publications/i/item/preparing-for-large-scale-community-transmission-of-covid-19>
- Worldometer. (2020). Coronavirus Cases. *Worldometer*. <https://doi.org/10.1101/2020.01.23.20018549V2>
- Yin, R. K. (2015). *Estudo de Caso: planejamento e método* (5th ed.). Bookman.