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## Civil Responsibility Standards in Containing and Treating Persons Afflicted with The Emerging COVID-19

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### Abstract

**Context:** The value of legal research is reflected in its ability to find descriptions and solutions to facts that emerge in life in order to put existing legal texts, judicial understanding, and jurisprudence up against a real challenge: determining the extent of the ability to control the provisions of those facts in a way that preserves the philosophy of the legal system originally founded on man's interest embodied in his civil rights. The most important is the right to life and its consequences. Today's topic is COVID-19 and the widespread threat it poses, which has increased the number of people infected in many countries and demonstrated, at least for the time being, the inability of health and biological institutions to treat and even control it. For the reasons stated above, discussing the civil responsibility criteria distributed among medical and health policy-based staff, as well as between the same patients and their families, is a necessary and even inevitable matter in legal studies, because legal jurisprudence falls on its shoulders to determine the legal dimensions of this virus and the problems it emerges worthy of legal and judicial consideration within the scope of Any litigation related to the publication.

**Methods** The importance of the research comes from its direct impact on modifying the legal conditions surrounding the right to life, as well as the governmental health institution's consequent responsibility to supply what is necessary to carry out its responsibilities relating to that right a disease-causing virus

As a result, the criteria for that medical failure and the exclusion of civil liability within its scope were determined by civil provisions related to it, such as personal compensation for the patient if he survived, or compensation for his family for material and moral damages, depending on the establishment of one of the civil liability criteria that we seek to study and clarify within the framework of this research.

**Findings:** The researcher had to depend on his own funds to cover the costs of collecting statistical data and field visits to isolation facilities in order to obtain a better understanding of the practical aspects of dealing with COVID-19 infected patients. Expenses associated with moving to the governorates of Al-Basrah and Maysan in southern Iraq in order to compare data and compute statistical differences between the governorates of Thi-Qar, Basra, and Maysan.

**Conclusions:** The study intends to achieve the following objectives in this research

- 1- The balance between the virus's lack of biological control (for its phasic evolution) and the incapacity to define the patterns and standards of civil liability and the individuals who bear that responsibility as a result of that lack of biological control.
- 2- The lack of biological control (requires) limiting the topics of that virus to (its symptoms, effects, aggravation) in a way that allows the development of a legal system that serves as the regulatory guide for civil liability within the scope of this emerging virus and its effects, as well as any disease that falls within the virus's family or diseases with similar effects Health of the emerging COVID-19 .
- 3- A declaration of the virus's side effects in terms of surpassing the extent of the right to personal private, particularly in terms of hiding the illness, as well as the implications of government measures aimed at preventing the sickness from infringing on individual and family privacy.
- 4- The balancing criterion between the supreme human trait of humans and raising that trait to the idea of making humans the subject of therapeutic and vaccine laboratory

experiments, as well as distinguishing it from the subjects of volunteering to perform those tasks and the controls of its legal organization.

- 5- The extent to which the duty to vaccinate is incompatible with the right to life or individual choices in whether or not to take the vaccination, as well as the methods for establishing a standard weight that gathers the parties involved in a given control.
- 6- The distinction between civil obligation to a goal (outcome) and civil commitment to a method (care) in the dimensions of infection with the emerging COVID 19 and its health consequences.

**Keywords:** COVID 19, Medical responsibility, Biological control, Legal system.

The notion of a minimum for medical advice in the literature of the medical sciences termed (medical ethics), where the human purpose for the idea of medicine is ethically oriented and related to delivering medical counsel to the situation under medical evaluation. From a moral standpoint, all of this falls within the category of minimal medical duty ( Wagenaar, W. A., & Sagaria, S. D .1975)<sup>1</sup> In terms of civil liability, it is directly related to a technical and scientific effort related to the task of medical diagnosis and the therapeutic roles of surgical interventions or psychological instructions related to the type of disease - the subject of treatment - biological or psychological, and according to each treatment case. At this point, civil responsibility arises from a legal standpoint<sup>2</sup>, and it has progressed to the point where it can be said that technical medical accountability is connected with the use of medical technology (such as medical robots) in the completion of various types of medical procedures<sup>3</sup>. The failure of medical biological control specified for medical tasks, whether curative, preventive, or procedural indicative, assigned responsibility exclusively within the indicative scope from an ethical standpoint, and thus established the structure of preventive medical responsibility structure in civil liability or medical civil liability in the case of the COVID-19 ( Wilkinson, D. 1982 ) At this point, the question is: to what degree does moral duty extend to civil accountability ?

Is there a practical synergy between guiding and preventive policies, given that advice is the foundation of prevention and a key component? To answer the first question, we believe that ethical, humanitarian, or religious standards are insufficient to establish the obligation in its civil capacity because it is practical in nature, and those standards are theoretical and bear the organ quality more than practical. Obligations and duties that allow the judiciary to determine the tasks and the extent to which they are abandoned in medical duties<sup>4</sup>

In response to the second question, it has been established that advice is the foundation of preventative duties and labor (Baker, M., Yokoe, D. S., Stelling, J., Kaganov, R. E., Letourneau, A. R., O'Brien, T., Kulldorff, M., Babalola, D., Barrett, C., Drees, M., Platt, R., & Huang, S. S. 2015). Medical precaution is a part of the virus's practical containment that aims to restrict the virus's impacts and forms of epidemiological transformation. The preventive aspect's tasks and responsibilities are directed at containing or limiting the virus's spread in society in a way that validates the virus's epidemiological expression, based on the personal criterion defined by infected individuals, or the social criterion related to the statement of the virus's spread in society in a way that validates the virus's epidemiological expression (Cepaluni, G. 2014). The deliberate provision of incorrect disease prevention instructions, arranging civil liability based on harming the injured by exacerbating the disease condition of individuals.

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<sup>1</sup>Note: In general, the stage of the medical responsibility report is determined by data of technical and scientific progress, and thus the scope of responsibility is in light of great progress in technical journals related to the medical field, such as gene therapy, the secrets of the genetic map, and immunity data. The virus is on the verge of infecting it.

<sup>2</sup>The religious viewpoint is distinct from the scientific viewpoint. Religion looks at spiritual transcendence and moral values even in cases of self-harm, such as the concept of altruism for others over oneself and sacrifice for the sake of the group, whereas science is characterized by a realistic, practical nature that views harm as a negative element that harms the individual and makes judgments, whereas religion looks at the standards and rules of spiritual transcendence and moral values even in cases of self-harm, such as the concept of altruism for others over oneself and sacrifice for the In light of this, in an effort to repair the damage or lessen its negative consequences

<sup>3</sup>Note: According to official government statistics in Dhi-Qar Governorate southern Iraq, individual culture led to the spread of Covid-19, with an estimated increase of (18) percent, where the data revealed that the majority of those infected were not convinced by preventive measures, and some even stated that the virus did not exist. Until he got it, they had received incorrect information about the virus and its uprising, and some of them said that members of the community said it was merely propaganda or talk on the websites, and that they were not serious about the existence of such a virus.

<sup>4</sup>These three pillars (error and harm, as well as the causal link between error and damage) are used to determine civil responsibility in French civil law, Egyptian civil law, and Iraqi civil law, and they are also recognized in most civil laws across the world.

The epidemiological character at the social level are all evidence for the correctness of the preceding consideration. Because providing false information is a violation of the ethical standard in medical advice, we believe it is appropriate to use the term "black morality" in the preventive policy, which must be understood as removing the human aspect of medical work in order to harm individuals or society in a way that leads to that work by recognizing the criminal element (Anderson, R. M., Fraser, C., Ghani, A. C., Donnelly, C. A., Riley, S., Ferguson, N. M., Leung, G. M., Lam, T. H., & Hedley, A. J. 2005). Or, as appears to be the case in cases of falsely impersonating doctors or experts in research labs, this description was achieved with the goal of profiting illegally from the virus's pathological situation and people's panic by providing non-specialized or incorrect information about the virus and its effects, and this appears to be the case in cases of falsely impersonating doctors or experts in Research Labs<sup>5</sup>.

## **1- The Distinction Between Medical Responsibility and General Civil Culpability in The Civil Liability System**

Civil responsibility whether default or contractual, requires, in general, that the three pillars of it (mistake, damage, and a causal link between that error and the damage produced) be proved and enforced on a party<sup>6</sup>. Perhaps the aforementioned saying is an illusion that this is possible within the scope of the health effects of Corona virus infection, and there is a big mistake in this perception, because calculating the elements of civil liability, whether default or contractual, is not the resource in which the actual discharge of responsibility occurs, but rather the starting point from inflicting the error on a party bearing responsibility (Caines, D. E. 2007). The harm done and handled (the proportion of medical mistake accomplished in the prevention or real treatment of the virus) is inflicted by a party facing the repercussions of that civil error, which is the deciding factor in beginning the virus. And limitations (examining the proportion of medical mistake in the virus's prevention, containment, or real treatment) is connected to a party that bears the consequences of that civil error, which is the crucial factor in beginning to organize the effects of civil responsibility<sup>7</sup>.

### **1-1 Medical Malpractice Elements of Privacy**

The nature of the medical connection in the medical treatment contract or contracts of a preventive nature, such as medical vaccines or precautionary policies in preserving the lives of specialists in medical sciences from pollution within the scope of preparing for various types of treatments, particularly chemical ones.

When discussing responsibility, all types obligations related to the relationship between the recipient of the medical service and the provider with it in therapeutic cases for indication, containment, or prevention are assumed - to search, to achieve damage, for the party to whom the error is attributed, and to say the medical shortcoming in his health tasks and the mistake that caused the damage served as the foundation for that comeback. Finally, we know that culpability has not been established if there is no basis for returning the damage, for example, to a foreign cause. In order to establish culpability for the COVID-19, we must pursue one of two paths:

The first line of action is to demonstrate the error in a medical sense and connect it to a person that eventually wants to blame him for the error, whether in the carelessness of civil liability or the contractual scope (Danon, L., Brooks-Pollock, E., Bailey, M., & Keeling, M. J. 2020)<sup>8</sup>.

The second course: a differentiation between the interventions related to the medical issue, for example, the relationship of the surgeon's work to the work of the diagnostic doctor, as the first works to perform the surgery based on the diagnosis presented to him by the second doctor responsible for the diagnosis. In addition to the synchronization and its influence on the anesthesiologist's and surgeon's responsibilities in some surgical procedures, or the need of doing some medical tests such as checking blood pressure and diabetes in some therapeutic roles (Dawson, S. 2020)<sup>9</sup>. These considerations are critical because there is an absorption (absorption)

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<sup>5</sup>Natural disasters such as earthquakes, floods, and volcanoes are referred to as force majeure or celestial events in Iraqi civil law, with a disagreement over whether human actions such as declaring war are considered natural accidents because they affect the parties to the obligation and force them not to carry it out. If it happened without his involvement or fault.

<sup>6</sup>The same reasoning may be extended to the function of relevant laboratories in identifying COVID 19 infection, given that diagnosis is the first step in treatment and prevention.

<sup>7</sup>Assumption: There are two sorts of legal assumptions: the first is a mistake that can be demonstrated to be false, and the second is an error that cannot be proven to be false but is deemed fixed by the person to whom it is ascribed.

<sup>8</sup>My work began with the demonstration that experience is not medical responsibility, but rather performance in accordance with the medical profession's norms and standards, as well as each doctor's expertise.

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of one party's fault, such as the fault of the diagnosing doctor, for the perceived error of a second party, such as the surgeon (Dong, E., Du, H., & Gardner, L. 2020). We have two requirements for the advanced presentation:

The first is the standard criterion: It is decided by stating the elements of civil responsibility of fault, harm, and a causal link, and discussing the error by assumption. Health-care services

The second purely scientific criterion: This criterion is supplemented by identifying and differentiating medical and health duties, as well as connecting them to the various functions of the medical personnel. Each case that requires treatment or prevention, such as a vaccination or diagnostic, is addressed individually, taking into account the conditions involved in those roles as well as any outside causes or errors made by the victim himself<sup>10</sup>.

To learn as much as possible about the causes of harm from the scientific perspective of medical understanding of its various roles in diagnosis, treatment, or prevention with the vaccine (Dyer, O. (2020).), in order to reach the instructions provided and advice that is generally assumed to be valid because it is issued by specialists in various medical sciences<sup>9</sup> There is no harm in combining the two criteria above by combining the three pillars based on differentiating roles to assign a proportion of the damage that varies from one party to the next, even if solidarity towards the damage is chosen within the scope of the civil responsibility decision<sup>11</sup>.

## 1-2 The Requirements for Establishing Medical Responsibility

Talking about the circumstances leads to the assertion that the pillars of that obligation, as previously described in the first criterion, have been met, and this matter is required as a starting point to define these requirements<sup>12</sup>.

Furthermore, the essential criteria are those based on the concept of medical mistakes in order to portray the conditions in the medical profession in general, the following hypotheses must be discussed:

The first theory (based on personal experience) is as follows: Medical disciplines, for example, had different instruments 200 years ago than they have now previously, the primary and last factor in the therapeutic medical mission was solely subjective human experience

As a result, the concept and culture of prevention are essentially non-existent. In assessing the effectiveness of the doctor and his aides in their therapeutic goal, the personal standard is set within that time period. The second hypothesis (based on the combination of experience and medical equipment) is as follows: This theory integrates the doctor's and his staff's personal experience, as well as the function of medical technology in the diagnostic and treatment phases, in a disciplined and particular scientific approach. This is referred to as the double standard. In this hypothesis, the link between a user's medical equipment in a diagnostic or therapeutic function and the personal role of the medical personnel is interwoven. The third hypothesis (technical independence) is as follows: The role of so-called artificial intelligence in the field of medical devices is evident in this theory, as there is talk about conducting major procedures with medical robots or the robot doctor who was able to fully execute the surgery and the nature of what can be accomplished. Damage is ascribed to him in the event of a technical program for a computer failing, for example, or mistakes in operation and installation by a human technician based on the doctor of a robot. In general, from a practical standpoint, medical responsibility is predicated on the three instances defined for the conditions, which are as follows:

- 1- Determining the medical responsibilities for each medical situation individually, regardless of whether it is in the roles (diagnostic, curative or preventive)
- 2- Solidarity report on infringing responsibility within its scope for the personal side, to be combined in solidarity in deciding the error between the medical staff and the medical technology or unilaterally in deciding the responsibility by casting it on the personal center of the staff in the case of individuals or solidarity between the staff regarding one medical case (Elfouly, F. H., Ramadan, R. A., Mahmoud, M. I., & Dessouky, M. I. 2017)<sup>13</sup>.
- 3- Maintaining the individual or joint personal position, i.e., the party that must take responsibility, regardless of whether the center is defined by a personal character (human) or a moral character (natural personality) (Erasmus, Z. 2020).

<sup>10</sup>My work began with the demonstration that experience is not medical responsibility, but rather performance in accordance with the medical profession's norms and standards, as well as each doctor's expertise.

<sup>11</sup>Note: This topic is about using technical services to provide medical services through their participation in therapeutic and diagnostic duties, as well as calculating the periods between 1800 and 1900. They were known as medical equipment, which was rudimentary, laboratory and therapeutic equipment from 1901 to 2000, and technical and digital gadgets from 200 to the current day.

<sup>12</sup>Individual personal responsibility is the legal focus for medical liability " Several people are responsible for each other's personal actions and Medical institutions and entities are legally responsible.

<sup>13</sup>Medical response to therapy, or immunization in the case of anti-vaccines that enhance the immune system, refers to these disparities in therapeutic impact

### 1-3 The Role of Corona Virus Bio Control in Determining In Deciding Medical Duties

After numerous tests on the lifespan of business and medical specializations, medical science progressed via cutting The ultimate conclusion is that we do not deal with possibilities in medicine, but rather options, that is, medicine provides the scientifically reliable possible. In terms of treatment success in one case, an individual (a) may be compatible with the treatment pattern (b), whereas the same health condition in another person (c) may not respond to treatment (b) due to a medical reason such as a difference in immunity level, necessitating a change in treatment pattern. The treatment, and the alternatives that come with it, start as medical offers The doctor offers the patient a clear medical statement about his health condition and shows him the treatment options, as well as the impact each technique has on his health and the considerations that must be made in that or other ways This follows a medical examination that included a battery of tests relating to his health and the issues that must be identified and established (Galli, B. J. 2018) and (Galli, B. J. 2020) The patient's comprehension of his treatment or vaccination options is comprehensive in all of these areas if he is completely aware of the doctor's statement about his health condition and treatment or vaccination techniques. On his guardianship or guardian's behalf, and in a way that practically accomplishes complete precaution in providing treatment or immunization against his health condition In the framework of medical practice, the preceding curative and diagnostic circumstances occur in the middle of a routine and well-known medical course. From a medical standpoint, the cholera bacilli component of a medically defined composition, its effects, treatment techniques, and vaccine precautions are all recognized and specified. In summary, we have two fixed items in the medical, therapeutic, or preventative, and diagnostic aspects:

1. The case has been scientifically diagnosed, with the structure of the virus, its evolution, kinds, and effects being defined as precise topics of scientific conclusiveness, free of possibilities, doubts, or concerns.
2. Therapeutic patterns and kinds, as well as preventative vaccinations, are quite particular, to the point where the stage of experiments or research on them has gone beyond the bounds of being within the stage of experiments and assumptions to the constants and medical accreditation The existence of a therapy or vaccination regarded as scientifically acceptable, with reference to its side effects according to the medical description, is referred to as the attained level 17 (Gao, Q., Hu, Y., Dai, Z., Wu, J., Xiao, F., & Wang, J. 2020).

### 2- Confirmation Of the COVID 19 Prevention Strategy

The description stage, it has been stated in the medical sciences, terminated in the earliest periods of medicine and therapy The interesting thing is that medical science passed through this period more than 300 years ago, and universities and medical schools did not embrace the description of sickness, preferring instead to accept the hadith as part of the components or established medical postulates (Jin, H., Liu, J., Cui, M., & Lu, L. 2020) It appears that returning is not an option for humans, but rather a challenge (current challenge), until the reliance on the description became a manifestation of helplessness in the face of the study's subject COVID 19, so he described it as the coronavirus and swung and even contradicted statements about its composition and effects, as well as the inability of health institutions to deal with it Thus, the complete inability to (biological control) the virus, i.e., understanding its composition and methods of development in order to reach its effects in order to find treatment methods for it, results in the inability and absence of biological control, i.e., the lack of a basis for determining the medical tasks of the medical staff in order to establish certain roles in the vaccine or therapeutic practices of the virus As a result, in the absence of medical duties, it is almost difficult to claim a city duty within the framework of a therapeutic or preventative role aimed against the emerging COVID 19 because assigning the impossible is prohibited in civil duties, including medical requirements, the assertion of responsibility has no foundation and is not justified in any way within the scope of civil obligations Given the lack of (biological control), which results in a lack of definition of medical tasks and, as a result, a lack of civil liability for medical obligations, the question of the role of health or private institutions in the issues of containing the COVID-19 and its effects, as well as its treatment, is a duty from the standpoint of jurisprudence and scientific honesty in the field<sup>14</sup>

As a result, we have two choices:

The alternative is: It is a matter that establishes the elimination of the human character and the medical responsibility, which is the foundation of medical activity, and it is a thing that exempts the health institution from any scientific assignment (Livingston, E., & Bucher, K. 2020). The positive option is represented by saying that the health institution's and cadres' mission is transferred to probabilistic tasks, which means that a variety of work

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<sup>14</sup>Note: Because medical duties are not specified, a government policy in the medical sector is established based on criteria such as the regions covered by new medical policies, their standards and regulations, and the amount of money given to implement them. All of these data must be made public so that public opinion, civic activists, and specialists, as well as the media in its different forms and expressions, may exert social control over them

related to the virus is carried out as a precaution or weighting, such as providing preventive advice (Dutta, P. 2017). To limit the spread of the epidemic, or assisting the injured in strengthening his immune system with a variety of positive nutritional elements.

The recipe for this possibility is (medical obligation) for health workers, owing to the lack of scientifically defined jobs, comparable to the cuts accessible in other illnesses or virus families, with regard to injuries that benefit the public or private health institution. Because the foundation of establishing and establishing these centers, especially research centers and institutions in developed countries, is based on these tasks<sup>3</sup>, specialized identification of virus composition, development, and effects falls within the work of centers specialized in advanced types and strains of viruses. As a result, the predominance of the probabilistic character over the medical pieces, which allows us to determine medical tasks (Koh, G. 2020). In order to determine responsibility, is the starting point in discussing the dimensions of civil responsibility, a preventive option in the face of the COVID-19 health effects (Kizito, A., & Semwanga, A. R. 2020)<sup>15</sup>.

### Data and Measures

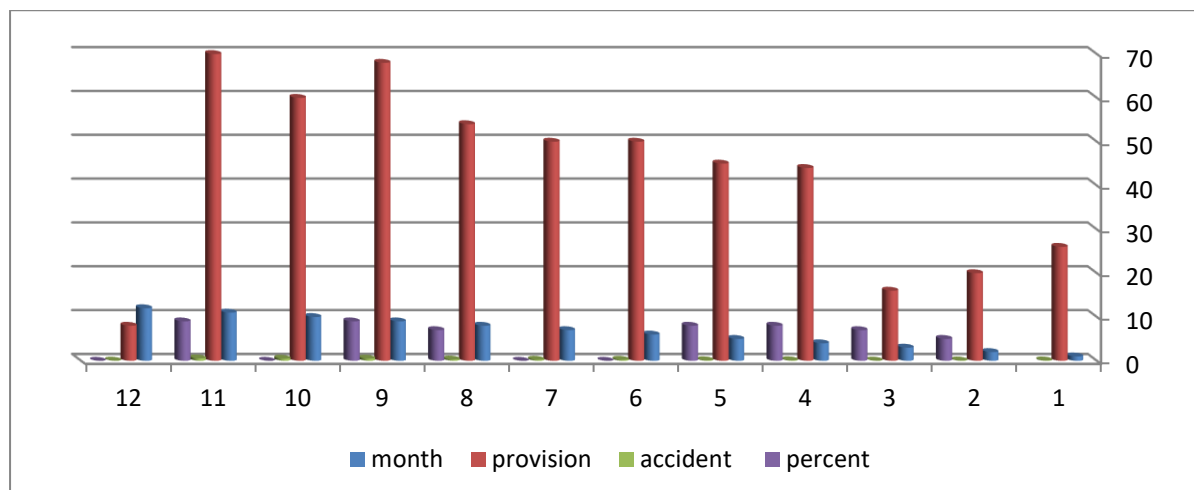
Determining and measuring accurate legal standards in the context of confronting the effects of COVID 19 that are influenced by the level of government preventive policies as an essential part of the state's general responsibility for health conditions, which is branched from the citizen's right to life, and the study of standards of responsibility is accurate if it uses statistics and official government data on specific topics. Within the framework of four standards, we shall explore the measurement of these civil liability standards.

During the statement and census, we will examine each criterion separately, as well as the facts linked with each criterion, in order to accurately and clearly unite civil responsibility in light of each criterion.

### First

According to researcher understanding, the first criteria is the availability of medical equipment and human resources to battle the effects of the Covid-19 epidemic, which is known as the government's duty against COVID 19.

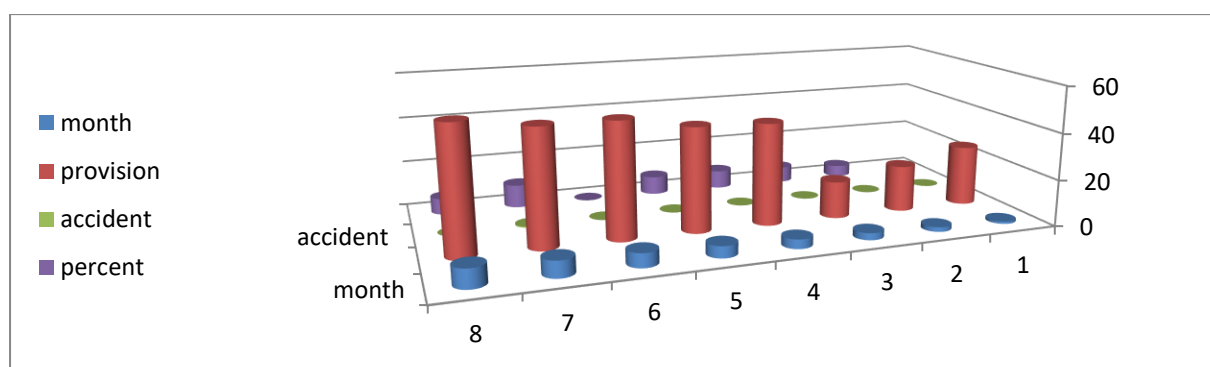
The government's tort liability for the exacerbation of the effects of COVID19 is determined by noting the percentages associated with (providing medical supplies and human resources) and the percentage of government achievement specific to incidents related to confronting the virus, which must not be less than the acceptable limits that unite with the application of preventive measures at the minimum. To reduce the epidemiological character of infection by achieving herd immunity in accordance with the medical concept of this immunity, which stipulates that the number of non-infected people should be greater than 70% compared to the number of infected people, which should not exceed 30% of the population or the number of people in the county who are sanitary isolated<sup>16</sup>.



<sup>15</sup>More information See Report: Association between peripheral blood oxygen saturation (SpO<sub>2</sub>)/Fraction of inspired oxygen (FiO<sub>2</sub>) ratio time at risk and hospital mortality in mechanically ventilated patients. (2020). The Permanente Journal. Advance online publication. doi:10.7812/tpp/19.113.

<sup>16</sup>The word pandemic refers to the virus's widespread infection and quick fatality, given that pandemic refers to a deadly infection that kills the person who infects it.

**Figure 1- Preventive** accomplishment percentages in government policy against COVID 19 for the year 2020 in Iraq

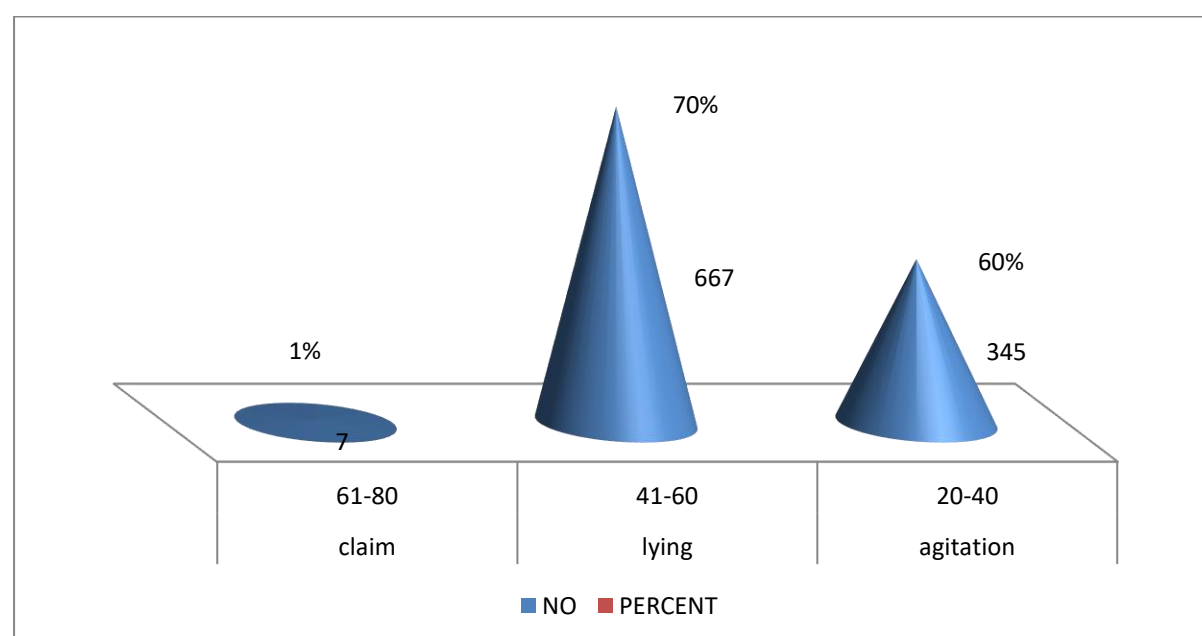


**Figure 2 - Preventive** accomplishment percentages in government policy against COVID19 for 8 month from the year 2021 in Iraq.

## Second

Irresponsibility social conduct that leads to the worsening of illness and Infection rates are rising as a result of inducement to refuse the vaccination or the dissemination of inaccurate and misleading information about COVID 19 and it health effect. And this standard called the social tort liability standard is the suitable name for this standard <sup>17</sup>.

Within the scope of the second criterion, civil law imposes a general obligation on society not to harm others, such as by providing false information to the public about the dangers or effects of COVID 19, or by claiming that there is no COVID 19, or by inciting people not to receive the vaccine Alternatively, fraudulently claiming to be an expert on immune system viruses and disorders. And in a way that misleads people in general and causes them personal harm as a consequence of their exposure to injury or harm to society as a result of the spread of infection and worsening of the COVID 19 epidemiological condition, as defined by the model below<sup>18</sup>



**Figure 3** Counting the number of people who have been charged with tort owing to incitement to non-prevention and refusal to obtain the vaccination.

<sup>17</sup>The data comes from the Directorate of Health in Dhi Qar Governorate in southern Iraq, which was gathered from a COVID-19 isolation center.

<sup>18</sup>The data comes from the Directorate of Health in Dhi Qar Governorate in southern Iraq, which was gathered from a COVID-19 isolation center

According to the aforementioned facts, irresponsible social duty is connected to exhortation not to vaccinate, lying to the public, or fraudulently claiming to specialize in viruses or immune system illnesses

### Third

The practice standard of medical experimental performance in the range of dosages (blood plasma) collected from persons who have recovered from COVID19 infection, which causes blood clotting fatalities For individuals who got the blood plasma dosages Which resulted in death due to a blood clot created by getting plasma from People who had previously been infected with COVID 19 and had recovered And we'll track the number of people who die as a result of it for three months in southern Iraq's Dhi Qar governorate<sup>19</sup>.

**Table 1** Government data on the number of persons who received plasma dosages from people who recovered from COVID 19 infection, as well as the number of people who died from a stroke after receiving plasma for April, June and July from year 2021.

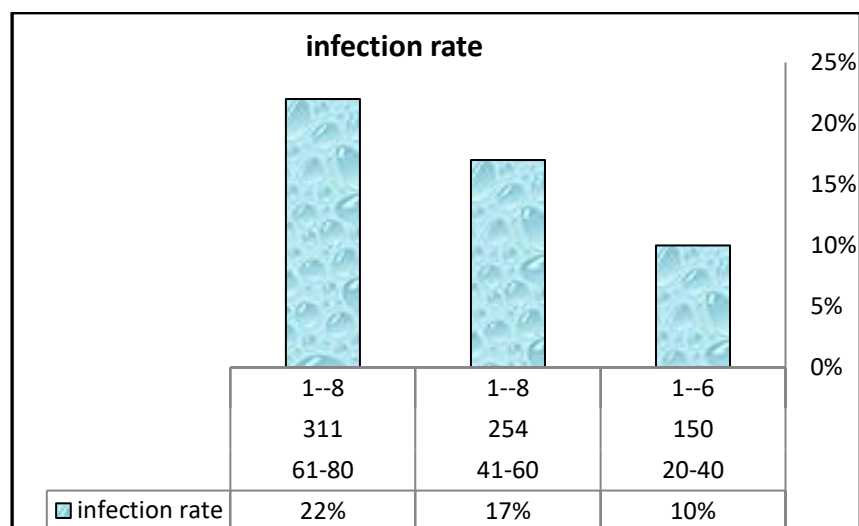
Death	healing	Age	the number	plasma dose
110	10	20- 40	120	2 dose
177	23	41- 60	200	2 dose
149	16	61-80	265	2 dose

### Fourth

The personal standard in isolation centers for people infected with COVID19 who are exposed for infection at random through visits that are not followed medical safety by prophylactic measures and social separation Between people infected with COVID-19 and non-infected people they visit<sup>20</sup>.

**Table 2** Statistics from health authorities on random visits to persons in isolation centers who are infected with COVID 19 and the rate of infection as a result of such visits for April , June and July from year 2021 .

health-care policy	infection rate	Daily visitors	the number	Age
0	10%	1-6	150	20-40
0	17%	1-8	254	41-60
0	22%	1-8	311	61-80



**Figure 4** Infection rates with COVID 19 for age groups 20-40, 41-60, and 61-80 as a result of random visits to isolation centers that which mentioned in table 2.

<sup>19</sup>The data comes from the Directorate of Health in Dhi Qar Governorate in southern Iraq, which was gathered from a COVID-19 isolation center

<sup>20</sup>The official Iraqi Ministry of Health website (link) is the source of statistics and data. <https://www.health.gov.il/arabic/Pages/default.aspx>



## 2-1 The Notion of Contributing in The Framework of Corona Covid 19 Detection Experiments

All models and types of chemical and herbal medicines are subjected to numerous laboratory tests in a variety of animal cells and experimental hosts, such as mice, rats, and birds, or some of the biological component structures, such as blood and its compositions, so the drug passes through various stages demonstrating its direct curative effect (Maier, B. F., & Brockmann, D. 2020) and, if its adverse effect is identified in some health conditions, its side effects and contraindications to its usage. To eventually accept it, complete with scientific medical descriptions, from health agencies such as the Ministry of Health and allied research institutions, or international organizations such as the World Health Organization<sup>21</sup>. The difference in the subject of volunteering or donating to conduct tests of new treatments or vaccines on humans and conducting them on laboratory organisms exists because demonstrating the practical effect on the human structure is required and differs from tests on other animals<sup>22</sup>, in order to distinguish the genetic and biological component of humans from animals in a way that gives them a specificity that distinguishes them even in the most extreme cases of convergence between humans and animal structures under test (Mesel-Lemoine, M., Millet, J., Vidalain, P., Law, H., Vabret, A., Lorin, V., Escriou, N., Albert, M. L., Nal, B., & Tangy, F. 2012)<sup>23</sup>. The Volunteering to get the vaccine contains an implied Endorsement of any possible harm he may suffer as a result of receiving the therapy or receiving the vaccination being tested (medical test dangers) (Munster, V. J., Koopmans, M., Van Doremalen, N., Van Riel, D., & De Wit, E. 2020). On the issue of donation, it may be done on an individual's component or organ for the person who is donating to him, or the individual may be a host for a vaccination or treatment experiment to determine the health impacts on the donor within a time limit set to respond to the vaccine or treatment.

## 2-2 Care Method's Entire Duty Is the Basis of Civil Liability for The COVID 19

There is a civil duty known as an obligation with a result or an end (that the obligor must fulfill the subject of the obligation, and that if he does not accomplish the outcome that is the topic of the obligation, he is deemed unfulfilled of his commitment). For example, in a surgery such as heart surgery, the doctor is required to achieve the result with the success of the operation in a way that achieves the actual recovery of the patient with heart disease, so it is not acceptable for him to claim that he put forth the necessary effort to achieve the result, but he failed to achieve it. Another duty is (obligation by means or care), which implies that an obligation linked to a topic is deemed met if the appropriate effort and adequate care are made in accordance with the laws and regulations applicable to the area and kind of obligation to be taken care of. By putting in adequate medical effort and attention, and having no doubts about achieving the desired result, even if he fails to do so and here is where the issue of scientific relativity comes into play (Nesteruk, I. 2020). For example, whether removing a pimple on the hand or sewing a wound, the commitment within its scope must be based on the ease of the surgical operation compared to the expertise of the middle medical staff at the very least, or the surgeon as being more experienced at the very most<sup>24</sup>.

Unlike other delicate and difficult surgeries, such as spinal cord surgery, brain, heart, or kidney transplantation, where the obligations within the scope are not based on saying that the result must be achieved because it is one of the most dangerous and delicate surgeries, in addition to the same surgery and its medical conditions, the obligations within the scope of this surgery are based on saying that the result must be achieved because it is one of the most dangerous and delicate surgeries and, because there are no universal therapeutic or vaccine methods for immunizing against the Corona virus (Nesteruk, I. 2020), it is impossible to predict the outcome (at least for the time being) due to the lack of (specialized) medical tasks for cadres and doctors in the context of confronting the COVID-19 and its health effects. The essential preventive care or labor to avoid exacerbating the sickness and to improve the immune system responses state and psychological motivation, and therefore the description of the

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<sup>21</sup>Note: Within the context of the effects of COVID 19, the discussion of ethics and civil commitment is divided into two categories: the first, which is the minimum moral obligation not to harm others in the event of injury, and this level represents a personal choice; and the second, which is the tort responsibility for breaching the injured person in the event of mixing or releasing inaccurate statements or information, or calling for non-prevention or rejection.

<sup>22</sup>The emergence of a new type of sustainable development course and concept known as social planning, which emphasizes the concepts of precaution and solidarity in the face of risks, and there are large groups of young people who have adopted this concept in the issues of providing oxygen to those infected with COVID 19 and volunteering to transport them to isolation and care centers, as well as providing information from specialized sources and combating misleading advertisements. The health effects of COVID 19.

<sup>23</sup>Describe the job of volunteering to test vaccinations for COVID 19, which includes relinquishing legal liability for any potential damages coming from willingly taking the vaccine.

<sup>24</sup>Note: The cautious strategy for preventing COVID 19 effects or worsening of COVID 19 effects is to adopt all feasible and proven steps to minimize and protect against COVID 19.

methods or care is compatible with the preventive policy's premise and provisions. In contrast to the relentless efforts of national and even international health institutions to contain the disease and limit its effects in an effort to reach the immunity of the largest group of people, whose percentage is roughly specified at (50 percent), it is necessary to discuss the self-option of fully qualified persons in the matter of refusing to receive the vaccine (Pierce, D., Shepherd, S., & Johnson, D. 2019).

### **2-3 Keeping the Balance Between Personal Preference and Practical Damage**

In general, the following principles must be explored in order to understand the influence of individual choice on the amount to which it may be adhered to in order to refuse vaccination, and to respond to it.

- 1- The worth of the person is centered in his free will decision to save his life in return for establishing the disease's deadly character as well as the worldwide pandemic.
- 2- Does the individual's decision to (abstain) from taking the vaccination have a part in negating the social component of the vaccine's harmful impact?
- 3- The role of expertise and specialization in making informed decisions, and the extent to which they are required of non-specialists and non-experts within the scope of a specific vaccine (the virus family subject to the vaccine) or a close field, such as specialization in immune system diseases, or specialization further within the same scope, which is general sciences and medical specialties.

The first question:

In order to answer the first question, we show that the individual's position determines a right for him that is characterized by the autonomy established for a choice, such as his right to conclude contracts (except for contracts of submission) or to participate in companies while the subject of the vaccine, even if he (the recipient) is his, but it is not considered personal in its effect. In the abstract, the amount of influence on the latter is achieved by other options, such as freedom of meeting, movement and peaceful assembly, so infection spreads and the virus spreads, realizing this epidemic on the first side.

The individual's position in refusing vaccination, on the other hand, is the claim to preserve life, which is completely removed from its origin and argument by establishing the fatal character of the disease, so that vaccination is most likely to come for the same reason, which is to preserve life, due to the lack of seriousness and the process of abstinence in preserving life.

The second question is whether the individual center means the individual's independence in obtaining the right to its origin and scope, as well as controlling its effects, whereas abstaining from vaccination does not prove the individual's independence from the effects, and thus his right is probabilistic rather than fixed in his position based on the option to refrain from vaccination or not (vaccination).

The final concern is whether the scientific difference in specialty represents a true medical distinction between harmful and helpful. As a result, the position of medical sciences in connection to human existence and society, whether directly or indirectly, is of paramount importance. As a result, awareness of the location and its influence, which is (vaccine), is a critical component in choosing the best option among the possibilities connected to duty. Vaccination or leaving it up to the person. Furthermore, if the vaccination is rejected by the government, it is subjective since it is not based on the notion of profit and trade accomplished in the private sector. What further supports the vaccine's efficacy is that the same dedication to the means or care in treating or containing the COVID-19 is at the forefront of beginning vaccination because it is the best and most systematic way to contain and determine the effects of the epidemic virus, and it is also consistent with the established preventive policy as a minimum in the performance of national and international health institutions.

### **3- Conclusion**

Throughout the investigation, we came to a number of conclusions and recommendations, which were divided into six demands within a two-pronged strategy, in which we wanted to explore the standards of civil responsibility within the scope of the COVID-19.

- 1- The uniqueness of civil responsibility in the context of medical civil obligations stems from its direct and indirect connection to the life of society and the individual's right to life, as well as the responsibility that this right entails on the public institution to provide what is required to cover the requirements of that right, such as treatment, vaccines, and all preventive policies that enshrine those rights.
- 2- It is not feasible to combine the norms of conventional responsibility in their three pillars of satisfaction, place, and reason to declare that medical responsibility has been accomplished in the end. Rather, medical performance within the emerging COVID-19 is challenging, and the virus's ability to govern and limit biological activity is difficult.

- 3- The emerging COVID-19 is not under biological control for two reasons. The first is subjective, and it has to do with it being unique on the one hand, and advanced - focused on the other. Furthermore, research secrecy and what is connected to study findings and whether they are intellectual, moral, or financial rights form a voluntary basis for the scientist or the health institution to withhold from disclosing and disclosing. The virus's makeup is as follows.
- 4- Black morality is a phrase we used to describe the purposeful dissemination of false health information and instructions about the virus, as well as the importance of appropriate scientific honesty in medical aspects from both a medical ethical and a civil standpoint connected to medical commitment.
- 5- Because cutting off curative or preventative jobs is the consequence of the virus's specific outcome in its composition, damage, and scope of effects, and dimensions, medical obligations as a location for the commitment of health and medical personnel to all degrees of undefined.
- 6- Commitment to a result within the scope of a Corona virus treatment or vaccine is not possible - at least for the time being - because the origin of this commitment to the result is based on the subject's entry into the actual possibility, so the role of the will in adopting the possibility of the result is prominent and obvious from a realistic point of view.
- 7- Within the purview of the Corona virus, compliance with care or a method is connected to giving preventative advice and direction in order to restrict the virus's epidemiological spread.
- 8- The individual's position in the decision to abstain from the vaccine is supposed to be complete and limited within the scope of the person making the voluntary choice, but the virus's effects and spread by infection are not limited to the abstaining individual, so his right to abstain is subjective from this perspective.
- 9- Because the center of the individual right of the abstainer, which is the knowledge of scientific details and their practical feasibility during and after the stage of receiving the vaccine, is not fixed due to a lack of knowledge of the subject of the right, which is the knowledge of scientific details and their practical feasibility during and after the stage of receiving the vaccine, the voluntary choice in abstaining from vaccination or vaccination is assumed to be aware of the vaccine's feasibility, and this knowledge is in its origin a share of the specialists, the center of .
- 10- The claim of holding to the right to life and the free choices that flow from it, such as refusing to get vaccinated or disposing of the corpse, is at the root of the refusal to receive the vaccination. In the case of vaccination refusal, the right to life became the recognition of the reality of death.
- 11- The conspiracy theories concepts do not serve as a civil foundation for refusing to receive the vaccination since they are structural thoughts that lack the attribute of truth stability, making them subjective within the scope of abstaining justification.

#### **4- Suggestions**

- 1- We suggest the creation of a worldwide institution that comprises the world's most renowned scientists and experts amid viral epidemics or global crises such as global warming or natural disasters.
- 2- The impact of the COVID-19 crossing national borders and becoming an international epidemiological crisis, necessitating the establishment of a significant financial center in preparation for the virus's spread, as well as standing on the source in arranging international financial and punitive sanctions on the source and distinguishing between open errors and the concept of biological warfare .
- 3- Work to develop a general organizational formula, such as international conventions, that adopts the restriction and limitation of the individual center against general damages, while ignoring the epidemiological nature and deadly effects of epidemics and viruses, and establishing controls and determinants of the epidemiological nature, the scope of spread, and the international character of trans boundary damage.

#### **The Study Topic's Suggested Legal System**

The findings and Suggestions may be expressed in the form of texts that root and build the nucleus of a legal system in the context of developing epidemics such as the Corona virus and others, and we give this legal system the term (legal descriptions of epidemics and emerging illnesses).

The First Article: Within the purview of all medical sciences, specific therapeutic and hospital duties are founded on established science concerns to be categorized as medical specialties, which form the area of civil duty for medical personnel.

First - In the stage of scientific proof of the impacts of viruses or germs, preliminary tests on animal or plant species, as well as observation of medical occurrences and their laboratory influence, are among the forms of first detection.

Second, the officer who assigns civil duty to any member of the medical staff during the diagnostic and treatment phase does so solely for the purpose of assigning medical responsibilities as a medical specialty .Article Two: The transfer of medical tasks from the stage of scientific stability to academic study in academic institutions from the College of Medicine and Nursing, as well as all institutes operating within the framework of diagnostics and allied

sciences – is considered the original that determines the presumed responsibility for any error or omission within its scope .

First, the civil liability discussed in this article is based on the assumption that liability is not incurred by proving a foreign cause that cannot be defended and rectified, provided that the foreign cause is outside the biological therapist or biochemist's body relationships and other things that are included in the doctor's mission in the reserve and examination of everything that may affect the therapist or the person requesting the diagnosis .

Second, civil responsibility is shifted from the stage of medical civil commitment to the stage of preventative duty as a foundation for civil commitment if medical duties are not defined to derive the cause from a virus or germs and others.

Article three: The preventative strategy is inextricably linked to general cases of diagnosis and the medical aspect, and it is required and unavoidable to develop such policy when therapeutic duties are not stated.

First, the preventive policy's functions are based on illness or infection guidance and containment, as well as boosting immune capacity with therapeutic values targeting the immune system, as well as scientific components and knowledge in food sciences.

Second, exercising care is defined in the preventive policy as a commitment to a result, so that the commitment does not drive just the effort, with the exception of the recipient's failure to follow preventative counsel and guidance while putting his actions into action.

Article Four: Establishing an international organization to classify the names of experts in various rare and purely scientific disciplines in order to combat epidemics and the viruses that cause them by establishing an emergency deliberative protocol during the early stages of the epidemic, particularly in common aspects of science such as the relationship between general biology and cell biochemistry .

First, the scientific consideration of this piece is improved in order to establish the protocol with the financial capacities necessary to combat cross-border illnesses and epidemics with worldwide implications.

Second, an individual's ability to refuse vaccines or treatments based on his free will is restricted to the particular conscious decision, which means his correct scientific knowledge of the vaccine's harmful influence on his life or the aggravation of his bad health and immunological state. When there is no knowledge of that rejection based on ignorance, stubbornness, temperament, or any other objective and scientific cause, the source of the vaccination is at the center of the individual.

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