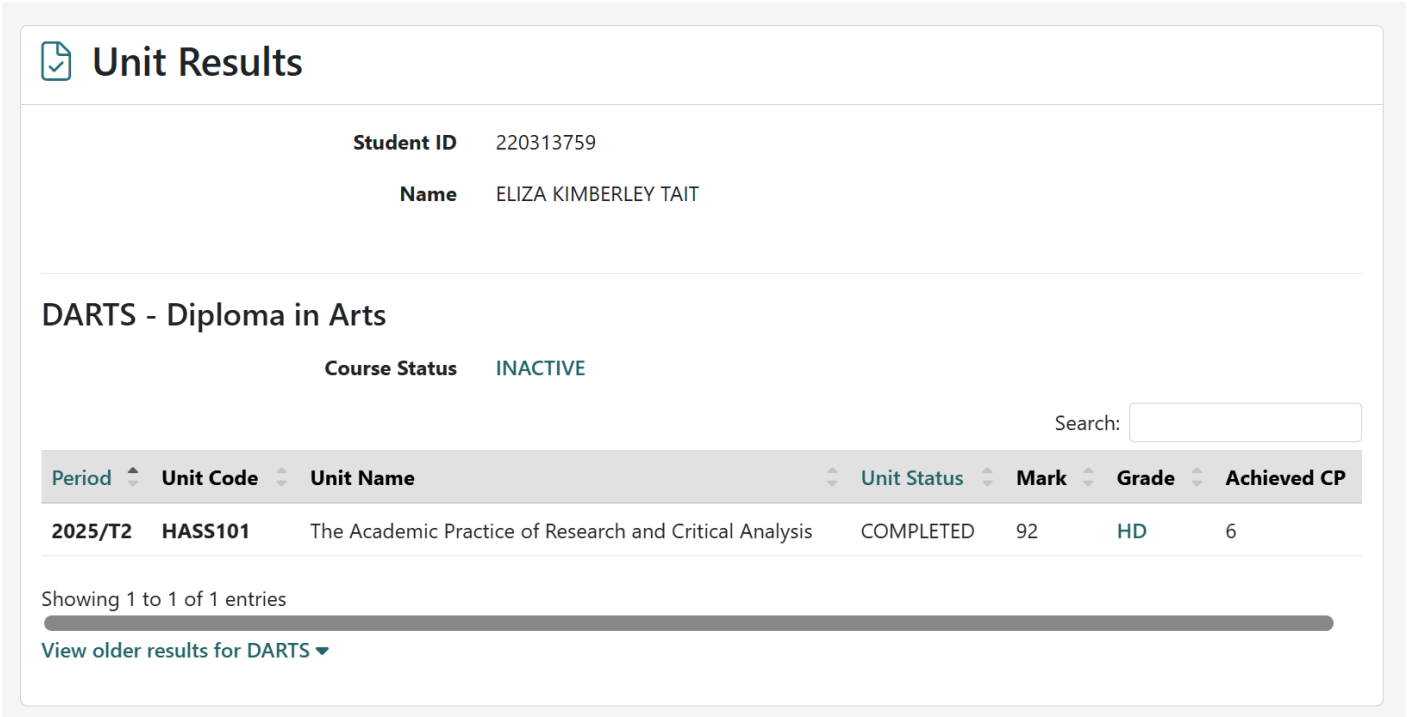
Eliza Tait - University of New England results

The academic practice of critical analysis and research

	Grade
Assessment 1	100%
Assessment 2	95%
Assessment 3	86%
Overall	91.5% (High Distinction)



Unit Results

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DARTS - Diploma in Arts

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2025/T2	HASS101	The Academic Practice of Research and Critical Analysis	COMPLETED	92	HD	6

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Example of my work

Assessment 3: Critically examine Swedish government policy responses to COVID-19 using individual and collective rights and legitimacy

Feedback

Grade	86.00 / 100.00
Graded on	Thursday, 2 October 2025, 4:11 PM
Feedback comments	–

Excellent!

This essay demonstrates a high level of clarity and organisation. The way you frame the argument through legitimacy and rights gives the essay structure and authority, and the sections are well organised and purposeful. The introduction and conclusion work together to frame and close the discussion, which makes the essay coherent and persuasive.

Your research base is another major strength. You have drawn on comparative studies, Swedish commission findings, and international frameworks, which gives the essay real depth. To raise the quality of your work even further, the next step would be to place sources into more direct dialogue with one another, showing how they agree, diverge, or complicate each other's claims. This would highlight synthesis and make your own independent reasoning even clearer.

The evaluation is thoughtful and demonstrates maturity. You identify the paradoxes of Sweden's approach and the uneven impact on vulnerable groups, which shows strong critical insight. At the same time, you balance recognition of legitimacy with attention to its limits. Your writing is fluent, polished, and carefully proofed, which allows the argument to be presented with confidence.

Introduction

Examining Sweden's COVID-19 strategy reveals a distinctive balancing act: the government consistently privileged individual rights, voluntary compliance and legal norms over coercive public health measures, thereby challenging conventional notions of legitimacy in crisis governance by redefining the scope of collective obligation. The Swedish government's policy can be reflected through the analytical frames of legal-rational, democratic and performance based legitimacy. Legal-rational legitimacy is a concept by Max Weber, the German sociologist, who posited that authority and power are considered legitimate and accepted by the public because they are derived from a system of formal laws. Democratic legitimacy stems from the consent of citizens and the belief that its ruling institutions are appropriate for the society. Finally, performance legitimacy is grounded in a government's ability to effectively meet the needs and expectations of its citizens by delivering benefits such as economic development and

social stability (HASS101 Politics Lecture 2025). Sweden's expert-led, voluntary COVID-19 strategy relied heavily on legal-rational authority and high social trust to prioritise autonomy and social functioning; however, performance failures for vulnerable groups and accountability gaps complicate both its democratic legitimacy and its claim to have balanced individual rights and collective rights. This essay will critically examine the legitimacy of Sweden's policy response, assessing its impact on both individual and collective rights.

Legitimacy

Nordic responses to the COVID-19 pandemic all involved delegating crisis power to expert agencies, however they differed in the choice to lockdown the country, marking Sweden as an outlier in the region (Sperre Saunes et al. 2024). While Sweden chose a diverging path, it is important to note that their political landscape was similar to that of its neighbours, allowing for comparative analysis. For example, Finland quickly closed borders and used legal enforcement to regulate social behaviour. This resulted in delayed mortality in 2022; there were 130 deaths per 100,000. In comparison, Sweden's excess mortality in 2020 was 75 per 100,000 (Forthun et al. 2024). In Sweden, three government agencies acted as the primary communicators to the general public, with the Public Health Agency of Sweden (PHA) having the greatest oversight (Svenbro and Wester 2022). Their authorities as expert bodies increased public understanding and strengthened the government's legitimacy, without relying on disciplinary language to enforce conformity. Citizens were provided information, filtered through the media landscape, and were expected to make seemingly independent decisions.

Furthermore, the government attempted to honour this 'trust' through temporary legislation, amending the Communicable Diseases Act (April - June 2020), which formally allowed far-reaching restrictions. However, this legislation was never used. Instead, the government relied on more moderate public order acts (Sperre Saunes et al. 2024) to increase its legitimacy.

This choice symbolised the nation's egalitarian values, especially pertinent when compared to mass lockdowns elsewhere. These values are further embedded in Sweden's constitutional framework, which prohibits declaring a state of emergency in peacetime (Sperre Saunes et al. 2024). This reliance on legal frameworks and delegating power to experts increased institutional trust and thereby strengthened the nation's legal-rational legitimacy. Yet, while this strategy increased trust, its democratic legitimacy was contested.

Democratic legitimacy in the country at this time was constrained by the dominance of select expertise in public debate. Svenbro and Wester (2022) highlight how the Swedish government shaped official messaging using epidemiological rationalities, thereby limiting criticism and the media's influence. The general public and journalists struggled to engage due to a lack of scientific literacy, which in turn created an asymmetrical power structure (Svenbro and Wester 2022).

Furthermore, the Swedish government employed crisis communication influenced by the 'Swedish Welfare State', a comprehensive social system built on ideologies of universal access, greater autonomy and equality (Svenbro and Wester 2022). Prime Minister Stefan Löfven reinforced this framework, urging citizens to "do the right things, take responsibility for ourselves but also for each other and our society' (Sommar et al. 2024). This rhetoric framed individual compliance as a national duty, tying legitimacy to collective solidarity. However, by embedding conformity within epidemiological jargon and nationalistic appeals, the government somewhat limited democratic debate, undermining the inclusiveness of its legitimacy.

Subsequently, Sweden's performance legitimacy revealed mixed outcomes. The National Commission, established in June 2020, determined that Sweden's COVID-19 strategy failed the elderly community due to high excess mortality at the onset of the pandemic. The commission

concluded this was a result of poor organisation, neglect and a lack of medical resources provided to the health of this cohort (Ludvigsson 2023). However, Sweden's mortality rates dropped significantly in 2021, while Denmark, Finland and Norway all experienced delayed mortality rates, with a steep peak in 2022 (Forthun et al. 2024). Although mortality rates across Nordic countries did not differ greatly, the substantially different timing of deaths undermined Sweden's legitimacy. However, the Commission's scepticism toward lockdowns in fact reflects a belief that prioritising the broader functioning of Swedish society over maximum protection of the elderly was a legitimate compromise. Overall, these outcomes raise critical questions about their accountability and claiming performance legitimacy when vulnerable populations were disproportionately harmed.

Collective Rights

Sweden has historically prioritised wellbeing over individual rights, such as during the HIV/AIDS epidemic with the quarantine of infected patients (Sommar et al. 2024). During COVID-19, this approach re-emerged: while many countries imposed strict school closures, Sweden kept preschools and primary schools open. Globally, 169 million students experienced no in-person classroom learning throughout the pandemic, which greatly affected learning outcomes (UNICEF 2021). In contrast, Swedish students' educational outcomes and grades were largely unaffected (Ludvigsson 2023). This exceptional stance highlights Sweden's prioritisation of collective rights, ensuring social and economic continuity. It came with significant costs to the vulnerable in Sweden's population; therefore, it is evidence of a collective rights failure itself.

Sweden prioritised social continuity as a collective right, framing mental health protection as a rights-based justification for its exceptional strategy. Under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), mental health is stated as an essential human right, central to overall well-being and dignity (United Nations, 1966).

Pandemic preparedness plans generally have two main aims: first, to reduce mortality and morbidity in the population, and second, to minimise the broader negative consequences for individuals and society. While Sweden focused their attention on the latter, global analysis shows other countries neglected this outcome, with increased levels of clinically concerning anxiety, economic recession and psychological distress (Hosseinzadeh et al. 2022).Sweden's decision to keep schools and much of society open as a measure to protect collective rights was justified through measurable statistics such as the Nation's zero per cent increase in psychiatric diagnoses in 2020.

The policy decision to keep workplaces largely open in Sweden during the COVID-19 pandemic was justified by the opportunity for economic continuity. Without the introduction of prolonged lockdowns and suspension of large sectors of the business community, the nation's pandemic economic performance was considered relatively strong. The use of expansionary fiscal policy to prop up the economy by supporting businesses and households. This is highlighted by Sweden's smaller contraction of GDP in comparison to the European Union average loss (OECD 2021). Collective protection of the right to education, psychiatric safety and economic stability are highly important, yet health outcomes were unevenly distributed across the Swedish population, forcing into question who the beneficiaries of these policy responses were.

Sweden's framing of COVID-19 policy in terms of collective rights often placed disproportionate burdens on vulnerable groups, undermining the universality of rights. As a country with egalitarianism embedded within its national values, Sweden's approach was contradictory to this, as reflected in a letter to the editor written by a citizen in *Dagens Nyheter*, "All people should have the same rights. Everyone is equal. This is enshrined in a number of laws," (Hagren and Bellander 2023). In the first wave (spring 2020) of COVID-19, there were significant deaths among older residents, which drew great criticism both internationally and

nationally. Furthermore, the citizen went on to describe “the elderly who become seriously ill with COVID-19 are now being abandoned in a modern form of precipice. The National Board of Health and Welfare’s priority rules state that older people should not receive respiratory assistance to the same extent as younger people. This is a shame for Sweden,” (Idevall Hagren and Bellander 2023). Sweden’s excess mortality was relatively modest (+0.79% in 2020-21), lower than many European peers, yet it was concentrated heavily among older populations (Ludvigsson 2023). Therefore, while Sweden’s policy safeguarded collective rights to education, mental health, social and economic stability, its failure to extend equal protections to the elderly undermined the universality of collective rights.

Individual Rights

The International Covenant on Civil and Political Rights includes a right to personal autonomy for individuals to make their own decisions while respecting the autonomy of others (Egel and Patton 2022). Sweden’s COVID-19 policies upheld this right, grounding their response in non-coercive measures, which allowed citizens to maintain their freedom throughout much of the pandemic. No legally binding restrictions on the movement of people were imposed in Sweden between February 2020 and February 2022 (Sommar et al. 2024). Instead, the government's approach, which used nationalistic and epidemiological rationalities to urge citizens to make their own decisions, can be considered successful, as behaviour and movement data show that travelling during May 2020 compared to February 2020 decreased by 16% (Kavaliunas et al 2020). Moreover, citizens complied voluntarily, reinforcing trust and highlighting how autonomy itself sustained government legitimacy.

The National Commission concluded that preventive action should have been introduced earlier and on a larger scale due to the high mortality rates of the first wave (Ludvigsson 2023). The paradox of individualism-based rights and welfare paternalism highlights the complicated nature

of this political environment. It can be concluded that Sweden's liberal approach, while increasing trust and autonomy, transferred the burden of risk assessment onto individuals, exposing tensions between autonomy and state responsibility.

Significant debate within the academic community has emerged surrounding this paradox. Drawing on the ethical principle of non-maleficence, Varkey (2021) proposes that governments have a duty to ensure their policies do not cause unnecessary harm. The stated principles are 'do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense, and do not deprive others of the goods of life'. In the context of Sweden, the principle of non-maleficence brings into question whether avoiding a strict lockdown upheld or undermined the duty to prevent unnecessary harm. One perspective is that by preserving freedom of education, movement and economic continuity, the Swedish government respected citizens' individual rights and avoided potential harm such as mental health deterioration. However, critics of this view said the nation's measures exposed vulnerable populations to greater risk of infection and death, therefore failing to prevent avoidable suffering. Varkey (2021) identifies this tension in defining the greater ethical duty as both fit into the definition of 'causing harm'.

Reddy (2020) offers an alternative lens, analysing the interchange between health and non-health considerations in society, which can be applied to the Swedish COVID-19 context. The Quality Adjusted Life Years (QALYs) metric combines the length and quality of life to measure health outcomes (Reddy, 2020). Reddy uses QALYs as an alternative to the commonly used Aggregate Population Health Perspective (APHP). The key distinction is that QALYs weigh deaths among the elderly as representing fewer life years lost than deaths among younger cohorts, therefore lowering the apparent human cost of COVID-19 mortality (Reddy, 2020). In Sweden, this approach is useful in providing more balanced data extrapolation of societal health trade-offs. However, it should be noted that QALYs risks diminishing the equal value of elderly

lives, and therefore fails to uphold the principle that every individual, regardless of age, has an equal right to protection from avoidable harm.

Conclusion

Overall, while Sweden succeeded in protecting certain collective rights and individual liberties, this came at the expense of the government's universality and accountability. Sweden’s balance of individual and collective rights was largely successful in its prioritisation of national future success and younger generations through sustaining employment, education and social opportunities. However, it put into question Sweden’s legitimacy as a democratic liberal government through worldwide criticism. As the world reflects on COVID-19 and deals with the pandemic's outcomes, Sweden is a unique case study illustrating what a diverging path for balancing rights in crisis governance looks like for both the nation’s citizens and government legitimacy.

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