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COVID

Human guinea pigs: legitimate in theory, but not advisable for COVID

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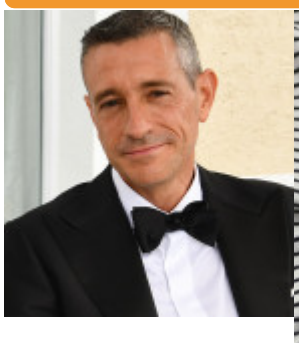

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We have already published an article in the *Nuova Bussola Quotidiana* on the appeal made by 150 scientists to the director of the National Institute of Health (NIH) in the United States. The NIH is looking volunteers in vaccine trials, who are willing to get

infected with coronavirus so as to test the effectiveness of vaccines. Is there a moral question about whether or not it is legitimate to get infected? Indeed, it is so. But we must, first, consider certain conditions.

The answer is also one based on intuition: it is licit to expose yourself to risks that compromises your own safety to protect your own property or that of others, such as personal wealth, health, life, faith, etc. In wartime we might think of frontline soldiers and of civilians who hid the Jews. In peacetime, we can similarly think of frontline doctors and nurses who treat COVID patients, of firefighters responding burning homes, police officers who respond to robberies, and even ordinary individuals who dive into water to save drowning swimmers. There are infinite examples just like these.

Now let's examine the proper criteria for making getting voluntarily infected a licit action. The “double effect” principle can be applied here, since we have a material action (getting infected) that produces (at least) two opposite effects: a positive (producing a possible defense against the virus) and negative one (potential damage to the human body). In order for this action to be morally legitimate, all the following conditions must be met.

First: the end sought must be itself morally licit. “Getting infected” is justified by "getting cured", that is, inoculating oneself with the virus order to find an effective vaccine.

Second: the possible negative effect is not sought directly, but only tolerated. Volunteers would not have the virus injected into them for the sole purpose of getting sick or even risk dying. Any pathologies developed as a consequence would be merely endured, but undesired.

Third: negative effects must not be the cause of the positive effect. Any pathologies would signal that a vaccine might be ineffective. They would only serve as indicators that wrong action is probably being taken. Technically we could consider them "conditions" and not “causes.” In fact, the eventual effective vaccine would not be caused/produced by such pathologies encountered in previous experimental phases, but by the work of researchers who would also have taken into account pathologies found in previous trials.

Fourth: it is necessary that any positive effects are of equal or greater importance than the negative effects, also weighing the probability that both may occur. Reflecting on the first aspect of this principle, we might give the go-ahead for

vaccine experimentation: putting the health or life of a few at risk, with their consent, to cure or save the life of many is a proportionate and effective act (provided that universal access is guaranteed for the vaccine). But considering the second aspect - the degree of probability of positive effects occurring and the degree of risk regarding negative effects - is much more doubtful and must be solved by technicians. On the one hand, there is low risk of severe illness or death, since volunteers would be young. On the other hand, however - and this is the key consideration of our moral question - we must ask ourselves what chance do we have, in the next three, four months, to produce an effective vaccine? If the probability is remote, given that production times are very tight, the risk is not acceptable. If it is near, then the risk is acceptable. It is up to the experts to decide.

Fifth: the state of necessity is a criterion that requires us to adopt such an attitude. This is so, because it is the only one capable of producing those positive effects with that degree of probability. Translated in our case: in order not to make people sick with COVID we can only go through the voluntary infection procedures. This criterion depends on the previous one, that is on the probability of having an effective vaccine with this procedure –a calculation of the probabilities which, as we have already said, is the key element to solving the initial question. In fact, with the tight timing, as previously mentioned, could compromise the effectiveness of the vaccine. If this were certain or highly probable, having volunteers exposed to some health risks would be a disproportionate choice, without considering the huge amount of economic resources that are spent unnecessarily.

The infection procedure would, therefore, not only be unnecessary, but not even advisable. Therefore, while waiting to find an effective vaccine and in order to stem infection, thus not making people sick, we can adopt some common preventive measures (e.g. social distancing, the use of masks, hand hygiene) . Such measures would be unreasonable if perpetual, when obviously there is a possibility of having a vaccine, yet reasonable if temporary, that is, until a vaccine is obtained without needing to have volunteers infected. So, to repeat, taking into account the cost-benefit ratio and the calculation of probabilities, it appears more effective to follow the normal production process of a vaccine, albeit slower, because it is a more reliable procedure. In the meantime, we can continue with the now usual tools of prevention and treatment, should a vaccine end up not being found. It is not necessary, because it is probably ineffective, to adopt the voluntary infection protocols.

We would have to make a different assessment if the state of affairs told us that

ordinary prevention measures are difficult to apply worldwide, due to local culture, attitudes of rebellion towards established authorities, psychological conditioning, impatience, etc. In brief, if it were foreseeable that ordinary containment measures would not be adopted by a population and if the contagion data started to rise, the solution of voluntary infection would be morally licit, even if the certainty of producing an effective vaccine was lacking. The gamble would be worth it in such a state of real emergency.

Let's go back to the first criterion: you get infected because you want to find a vaccine. This is surely the end sought by the volunteers. Instead, we have some doubts about the vaccine companies and governments that are pushing for a vaccine. With virtual certainty, we believe that pharmaceutical researchers can burn the stages of vaccine development via voluntary infection because the vaccine is the hen lays the golden eggs. The first person who gets his hands on this hen will become very rich, because it will involve vaccinating the entire world population. Thus, those who want this special procedure are afraid that volunteers will refuse infection, not just because the earlier the vaccine is found, the more lives are saved, but because if they find the vaccine first, then then they will become wealthy beyond their wildest imagination.

Finally, regarding governments, finding a vaccine as soon as possible - in addition to raising the economic and social fortunes of a country (both are laudable purposes) – means going down in history as being saviors of a nation and mortgaging many more years more of power. If these were the real aims pursued, which we could summarize as "private interests vs. the common good", then it is assumed we are not go too far in assessing the health risks of volunteers and the real effectiveness of the vaccine. In this sense, individual volunteers willing to get infected for the good of others would mean pursuing a morally legitimate end. On the other hand, the pharmaceutical industries and governments advocating voluntary infections to protect private interests at the expense of the health of volunteers and the community would mean pursuing morally illegitimate ends.