

THE MORAL QUESTION

No justification yet for compulsory vaccination

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Should the Covid vaccine be mandatory or not? There are many indications and statements to suggest this is the crossroad we've arrive at. Hence, the inevitable question is whether, morally speaking, governments can force people to get vaccinated. The answer is yes, provided certain conditions are met that seem missing today.

Let's proceed in proper order by attempting to answer to the following question

: when can a legal system force human behaviour? The answer is when such behaviour contributes greatly and necessarily to the common good but does not involve life's most personal plans (e.g. marriage contributes greatly to the common good and is even necessary for its existence, but it must be a decision left to individual freedom). In this answer, we can identify three criteria to be met in order to impose any obligations on our fellow human beings (excluding criterion meant for personal life plans).

The first criterion: any such behaviour must relate to a good of high value and collective interest such as life, health, economy, social relations, protecting the homeland, etc.. For example, taxes are compulsory (the noun "tax" comes from the past participle of the verb "to impose") because they are functional to goods of high value for all such as health, public services, social security, education, etc.. With regard to vaccinations, in theory, they concern goods of great importance such as life, health and, in turn, the economic structure of a country, social relations, etc.. So this first criterion is met.

The second criterion to be met regards the state of necessity. Taxes, in order to meet the above purposes, are necessary (i.e. there is no other means of equal effectiveness to achieve the above mentioned results). This would apply to the vaccine: if it were truly effective, it would certainly be the ideal means for fighting the pandemic and, therefore, would become a necessary, albeit not exclusive, means of leading us out of the Covid tunnel.

The third criterion is this: the necessity of having certainty or high probability that any obligatory action will be effective, that is, bringing more benefit than harm to the common good. Concerning the compulsory nature of a vaccine, it should be noted that, to date, there are many dissenting authoritative voices. They could be right or wrong, the problem is we can't know. In fact, one of the most debated aspects is the vaccine's long-term side effects which, indeed, can be known only after a few years. It is

in the case of actions that are certainly or probably effective that the state should force its citizens to comply. Once again in relation to vaccinations, without verification of their efficacy, they shouldn't even be commercialised.

The following statement is taken from a recent paper entitled *Vaccines and Covid-19: Ethical Aspects for Research, Cost and Distribution* published by Italy's National Bioethics Committee (NBC): "Before taking a vaccine and making it available to citizens, the state must continue conducting research for the purpose of comparing approved vaccines and to establish a comparative risk-benefit ratio." (n. 2).

The cost-benefit comparison is feasible, while considering other factors, only if we know to what degree each cost or benefit is realised. Furthermore, as previously mentioned, the margins of uncertainty in this regard currently seem high. As we read in the NBC publication: "For now, (.....) scientific data on safety and efficacy [of the vaccines] are not yet available concerning the specific population on which they were tested, the duration of immunity, the degree and level of immunity achievable in the different population segments (also with reference to those who have already been infected), the possibility of re-infection and viral transmission (even after vaccination)." (n. 4)

Should the risk-benefit calculation informs us the vaccine is safe, but not with a high probability of safety, then it would be reasonable not to oblige the entire population to take it - including even those who, if they got sick, would have little risk, but only those who are particularly at risk and those who, due to their work, bring a great benefit to the collective good, such as hospital workers, law enforcement officials and whoever keeps the country running. In other words, the mere possibility (but not to the lowest degree) that a vaccine is effective is offset by the benefits expected for categories of workers who, if not vaccinated and getting sick, might cause themselves and others far greater harm than what is feared by getting vaccinated.

Given the lack of certainty / probability that the vaccine is effective, people should be left free to decide whether to get vaccinated, and this freedom could only materialise after receiving adequate information.

Given the lack of certainty/probability of the vaccine's effectiveness, people should be free to decide whether to be vaccinated and this freedom would only be fully realised after receiving adequate information about the vaccine itself. In this regard, we once again cite the NBC document: "Communication to citizens must be transparent, clear, comprehensible, consistent and coherent, and based on scientific evidence and data. It should involve communication that is not propagandistic nor paternalistic and which leaves no room for uncertainty, indicating the expected benefits and risks. Expected benefits should refer to achievable immunity, the degree of immunity and its duration, the expected time of protection against the virus, prevention or reduction of transmission and protection against possible re-infection. Potential risks should refer to side effects and adverse reactions." (n. 4)

We might object as follows: given the seriousness of the current situation, we accept the risk of not knowing what side effects the virus may have. This reasoning is not acceptable because, at the present moment, nothing excludes that the number of possible deaths or serious health complications caused by the vaccine, even long afterwards, will be higher than the number of deaths or serious complications caused by the coronavirus. In short, we do not know if the vaccine will be more dangerous than the virus itself, that is to say, if the cure will be worse than the disease. To be sure, let's bear in mind that world health authorities intend to vaccinate globally. It is on this scale that we should calculate the ratio of positive to negative effects, including deaths and serious diseases which potentially, in turn, could also be quite high in number, much higher compared to fatalities caused by the virus.

Having said all this, it seems a possible future scenario would involve governments not obliging citizens to be vaccinated, yet banning those who chose not to from various activities, such as boarding transport (many airlines are already thinking about a global digital health passport), going to cinemas, stadiums, theatres, churches, restaurants, gyms, and even attending schools and universities.

While formally there will be no legal requirement to get vaccinated, the constraint will exist in substance. Suppose you do not want to be vaccinated: you are free to do so, but you will have to pay the consequences. This seems to be the trend, and in fact there is already talk of a proof of vaccination. Siddhartha Datta, of WHO

Europe, announced in early December the possibility of "working with [EU] member states to achieve something like an electronic certificate of vaccination."

No one wants to paint a negative picture. However, nothing prevents us from believing that any such list of vaccinated people will soon become a list of privileged people, and those who elect not to be vaccinated will also be excluded from the exercise of a number of constitutionally protected freedoms.