

PERSPECTIVE

Mandating Vaccination – Is it Justified? David A. Fleming, M.D., MA, MACP, FRCP

Center for Health Ethics, University of Missouri School of Medicine, Columbia, MO, USA

Corresponding author: David A. Fleming. Email: flemingd@health.missouri.edu

Received: May 22, 2021. Accepted: June 14, 2021. Published: June 30, 2021.

Am j Hosp Med 2021 June;5(2):2021. DOI: <https://doi.org/10.24150/ajhm/2021.006>

The answer is yes...and no. It depends...

Personal and Public Obligations

Freedom from oppression, the right to choose, and self-determination are bedrock values upon which our country was founded. They are also central building blocks of patient autonomy that physicians are obligated to respect. But rights of autonomy are not without limits. As members of society, we are governed by rules and laws created to control behavior and protect all members, especially the most vulnerable. We live with an understanding that our freedoms must be proportionately tempered if there is a possibility that others could be harmed by the choices we make (or do not make) daily.

The recent pandemic has created an environment of fear and we have found ourselves in an existential crisis as a society. In response to the surge of critically ill patients and growing scarcity of resources, many health care systems have been forced to shift guidance of their practices from primarily patient-centric to an ethics of public health, where the greatest good can be provided to the greatest number. In some areas, rationing of critical care resources and altered standards of care have been necessary to treat and save as many as possible, knowing all cannot be saved. In addition, public health officials have encouraged or required face masks, distancing, and social

avoidance proportional to the severity of situation and risk in each locale.

Vaccine Hesitancy

With the availability of effective vaccines, the public health concern now is whether, when and where vaccines should be required or just strongly encouraged in the interest of both individual and public safety. Lack of trust and resistance to vaccination are substantively making a mandate for vaccination problematic in terms of social acceptance overall.

Most Americans (82%) support requiring measles, mumps, and rubella vaccines for healthy children to attend school. They see a high preventive health benefit, few side effects, and benefits of vaccination that outweigh potential risks. Yet, public concern about vaccines lingers and seem more evident in the present pandemic.

First available were the mRNA COVID-19 vaccines that are 94–95% effective, with side effects minimal and gone in a few days. Still, while most U.S. adults overall (60%) say they will get the vaccine, 50% of white evangelicals and 59% of black Protestants say they will not. Vaccine hesitancy is a serious problem and was ranked among the World Health Organization's top 10 threats to global health in 2019, before the arrival of COVID-19.

Reasons for declining vary from ethical and religious concern about how they are made to concerns about safety.

In a 2020 survey by RAND, over 33% of black participants said they would not get the COVID-19 vaccine, 25% said they were unsure, and only 40% indicated they planned to be vaccinated. Vaccine hesitancy stemmed from a general mistrust of the government's motives and transparency surrounding COVID-19. Additionally, Black Americans reported general mistrust of health care systems and skepticism of COVID-19 vaccines stemming from a long history of discrimination and medical racism in healthcare. These are troubling but not surprising observations that pose difficult barriers to surmount. From the lead author of the report: "Messaging about COVID-19 vaccines should first acknowledge systemic racism as a justifiable reason for mistrust before providing transparent information about the vaccine, including specific information about efficacy and safety."

Albert Mohler, president of the Southern Baptist Theological Seminary, encourages those who see vaccination as a personal choice, having consequences that affect only them, to think more broadly about the common good. He wrote, "The general principle of the common good comes down to benevolence, love, care for others, laying down personal priorities for the service of others." While faith leaders like Mohler encourage voluntary vaccination, they stop short of supporting coercive efforts or requirements to get vaccinated.

One issue of trust is that the vaccines, issued late last year by the U.S. Food and Drug Administration, were with Emergency Use Authorization (EUA). This raised some public concern about development being rushed and a Kaiser Foundation survey found that 34% would get it now; 39% would wait; 9% would get it only if required for work or school; 15% would not get it.

Individuals are more likely to distrust vaccine mandates under emergency use, often viewing it as ongoing medical research. Lawrence Gostin argues that broadly mandating COVID-19 vaccination under an EUA is problematic and unjustified because an EUA requires less safety and efficacy data than if fully approved.

Consequences of Mandates

Legal mandates implemented without wide and voluntary support from the populace may be seen as unfairly overriding autonomy and liberty rights. The resulting backlash of resistance may ultimately lead to diminishing rates of vaccination beyond what might otherwise occur. Mandates implemented in any setting should be done after thoughtful consideration of potential consequences. There should also be clear, respectful, and transparent communication with those affected as to the justification for mandating compliance and the overarching benefit that will result if all participate. Inviting trust, transparency, and garnering public support is critically important for public health maneuvers that require universal participation.

Justifying Mandates

Mandates may be indicated in certain settings that are both high risk and high value, one in which there is an ethical duty to provide a safe environment as well as critically important services. These include primary, secondary, and post-secondary education; health care facilities; and many businesses in which the personal autonomous right of refusal must be balanced with the right of everyone to work and thrive in a safe environment. Ethical justification for legally placing limits on personal freedom considers the proportional nature of risk involved, whether a precedent demonstrating that limitations on personal freedom have been successful, what restrictive level was needed,

the social and cultural context in which the restriction would occur (infrastructure sustainability), and whether there is sufficient access to the goods and services mandated (supply meets demand). This approach argues that some interventions are ethically justified if they preserve social stability, foster trust in government, and diminish the public health threat.

What We Can Do

We as health care professionals are also a critical resource. While we invite trust and encourage wellness, our professional gravitas can be leveraged to advocate for vaccination broadly. We can also encourage those vaccinated to likewise encourage others in their social networks to get vaccinated. Hopefully, as more are vaccinated, these conversations will become less threatening, more common, and social norms about vaccination will begin to change.

As a people we are strong despite our differences. Our society was founded on the ideals of personal freedom, the need for unity, and concern for the less fortunate. As we turn the corner on this pandemic embracing these ideals with mutual respect will ensure our success as a society, as it always has.

References

¹ Pew Research Center. February 2017. Vast Majority of Americans Say Benefits of Childhood Vaccines Outweigh Risks.

¹ Funk G, Tyson A, and Nolan H. Pew Research Center. December 2020. Intent to Get COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases.

¹ World Health Organization. <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>

¹ Bogart L., Dong L, Gandhi P, Ryan S, Smith T, Klein D, Fuller L, and Ojikutu B. What Contributes to COVID-19 Vaccine Hesitancy in Black Communities, and How Can It Be Addressed? Santa Monica, CA: RAND Corporation, 2021. https://www.rand.org/pubs/research_reports/RRA1110-1.html

¹ Dalsania, A., Fastiggi, M., Kahlam, A. et al. The Relationship Between Social Determinants of Health and Racial Disparities in COVID-19 Mortality. *J. Racial and Ethnic Health Disparities* (2021). <https://doi.org/10.1007/s40615-020-00952-y>

¹ Mohler A. <https://albertmohler.com/2020/12/14/vaccines-and-the-christian-worldview-principles-for-christian-thinking-in-the-context-of-covid>

¹ Randall R. 3 Bioethical Questions about COVID-19 Vaccines. *Christianity Today*. January 15, 2021. <https://www.christianitytoday.com/ct/2021/january-web-only/covid-19-vaccine-christian-ethical-questions-fetal-cells.html>

¹ Hamel L, Kirzinger A, Muñana C, Brodie M. Kaiser Family Foundation. December 16, 2020. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

¹ Gostin L, Salmon D and Larson H. Mandating COVID-19 Vaccines. *JAMA*. 2021;325(67)532-533

¹ Shachar C and Reiss D. When Are Vaccine Mandates Appropriate? *AMA J Ethics*. 2020;22(1):E36-42