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Mandatory Covid-19 Vaccination:

Should We Choose Between Paternalism and Individual Autonomy?

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Abstract

The global rollout of Covid-19 vaccination has amplified concerns regarding vaccination hesitancy, which presents a formidable challenge for public health authorities. While widespread vaccination is imperative for containing the virus, hesitancy arises from multiple factors, including apprehensions about potential long-term vaccine side-effects and misconceptions about vaccination. This has prompted discussions about the feasibility of mandating Covid-19 vaccination, especially for specific groups like healthcare professionals and the general public. This paper critically examines the tension between a paternalistic approach and individual autonomy, advocating for a balanced strategy that considers both public health imperatives and individual rights. Drawing insights from existing literature, the study emphasizes the need for a nuanced and pragmatic approach to address vaccine hesitancy effectively.

Key words: Covid-19 vaccination, Hesitancy, Paternalism, Individual autonomy, Mandatory Vaccination

By gradual implementation of the Covid-19 vaccination worldwide, vaccination hesitancy- the resistance of part of people to receive vaccine-has become a new concern for authorities. On the one hand, the widespread inoculation is a necessary condition for containing the spread of the virus and, therefore, vaccine hesitancy can undermine the effectiveness of vaccination. On the other hand, people have various reasons to resist the vaccination; from the lack of rigorous studies for the potential long-term side-effects of the available vaccines [2] to the ideological and sometimes paranoid stories about vaccination. It is, therefore, no surprise that mandatory Covid-19 vaccination, both for special target groups like physician and nurses and for public in general, is now being discussed by thinkers [2, 4, 8].

Here it might be suggested that as a paternalist policy, the mandatory vaccination should be adopted by authorities. Paternalism is defined as the “use of coercion to achieve a good which is not recognized as such by those persons for whom the good is intended” [5]. This means that people are sometimes not competent enough to discern their own good and, for this reason, other people (like authorities) should decide on their behalf, even if it is against their will. Governments appeal to many paternalist policies; The requirements to wear helmets for motorcyclists and seatbelts for drivers are paradigmatic examples in this regard. Anti-drug legislation and laws enforcing enrollment in basic health insurance programs can also be mentioned as examples. These policies aim at enforcing people to achieve certain goods which might otherwise be put at risk. Paternalism has long been criticized by thinkers advocating the autonomy of human beings, i.e., their capacity to make decisions for their own lives as far as it does no harm to others. As John Stuart Mill has put it: “the sole purpose for which power can be rightfully exercised over any

member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant” [7]. Individual autonomy is a value that is stressed in most ethical frameworks, from deontology ethics where respecting the autonomy of people is considered to be a categorical imperative [9] to consequentialism in which the good to be maximized is sometimes construed broadly enough to encompass liberty and autonomy as well [3]. Given this, we can speak about “paternalist policy” as against “autonomy-fostering policy” [1] where by undermining the autonomy of people, the paternalist policies run the risk of being immoral.

Here we want to examine the case of mandatory Covid-19 vaccination through the lens of paternalism-autonomy debate. In particular, we want to see whether mandatory Covid-19 vaccination should be adopted as a policy and, if it should, whether it would be a form of objectionable paternalism that compromises the autonomy of individuals. As we will argue, in most cases mandatory vaccination is not required and in cases where it is, mandatory vaccination is not an instance of paternalism. Let’s discuss these points each in turn.

First of all, we should note that the mandatory Covid-19 vaccination in general is not clearly a paternalist policy. Because, here it is not only the good of the person to be vaccinated that is at stake. Rather, preventing the potential harm to other people is also equally important. As it is well demonstrated, an infected person can infect several other people and this can seriously diminish the success of containing the widespread of the virus. Therefore, it is not only the good of the person that is at stake here. Rather, the safety and convenience of other people in the society is also undermined by a person’s decision to avoid vaccination. And since protecting the lives and rights of citizens are among the primary responsibilities of the states, mandatory vaccination would be obviously justified. Put differently, mandatory vaccination is more like the law banning over

speed driving than the law requiring wearing the seatbelt. While in the former, both the safety of the driver and the others are taken into account, in the latter it is only the safety of the driver which is at stake.

The best vaccines available so far show up to 94% effectiveness rate. This means that there is at least 6% probability that even those vaccinated will be susceptible to infection. Therefore, those resisting the vaccination can, further to themselves, put the others at risk. Vaccination is a relief because those who are vaccinated can brush aside the precautionary measures they used to observe (for example social distancing, wearing masks, etc.). Nevertheless, with the presence of a considerable number of unvaccinated people among the society, even those who are vaccinated would be advised to stick to these protocols. Similarly, consider the mandatory vaccination of those who are at higher risks of infection, for example physicians and nurses who are in regular contact with the infected. Further to the fact that their safety is at risk, this target group is more prone to infect other people. If this is so, then mandatory Covid-19 vaccination is not again an instance of a paternalist policy.

So far, we showed that mandatory Covid-19 vaccination is not an instance of a paternalist policy. There is another important point here concerning whether or not mandatory vaccination is necessary. So far, the demand for vaccine has outstripped the supply and it is predicted that it will take until 2022 that all people can access the vaccine. During this interlude, certain prioritization policies are inevitable. For example, high risk target groups like those with background diseases and elderly are candidates for early inoculation. What should we do if part of these target groups is unwilling to receive the vaccine? Given the imbalance between demand and supply, we believe that there should be no coercion and the vaccines should be allocated from the prioritized but

unwilling people to less prioritized people who are willing to receive the vaccine. This is so because here mandatory vaccination yields three results;

- 1) it compromises the autonomy of the person,
- 2) it makes him/her immune to the virus, and
- 3) it deprives the vaccine from another person (among the less prioritized groups) who is willing to receive it.

In other words, given the greater demand than supply, in the cases that we force an unwilling person to receive the vaccine, further to compromising his/her autonomy, we have also denied the vaccine from another person who is willing to receive the vaccine. The situation is, therefore, more complicated than a simple case where the good of a person is put against his/her will. Although the prioritized person is at higher risk, respecting his/her autonomy *along with* the benefit of immunizing a willing person outweigh the potential harm that this person might suffer due to non-vaccination.

To wrap up, we have drawn two conclusions; first, in the case of the Covid-19 pandemic, vaccination is not only about the good of the person vaccinated and also includes preventing the potential harm to other people and, as such, mandatory vaccination is not a paternalist policy. Since, as we saw, paternalism arises only when we make a decision for somebody's good which is against his/her will [3]. Second, when the demand outstrips the supply, there should be no mandatory vaccination. How about when the vaccine becomes available for all people? Do we have any reason to pursue the mandatory vaccination, particularly for target groups who are most vulnerable to the virus? We think it is the only place where adopting a paternalist policy might be in order. Unlike the previous case, here nobody else will receive the vaccine that is rejected by the

unwilling person. However, the answer to this question, we believe, depends on the number of people who has been vaccinated. If the number is big enough to contain the widespread, then undermining the autonomy of these people to forestall a tiny probability of harm to them is not ethically justified. Even when the pandemic is not still under control, the best way to balance between respecting the autonomy of these people and protecting them against the virus is to let them choose between vaccination and observing the strict precautionary measures. In view of all these considerations, this is good news that we are not forced to make a hard decision between a paternalist and an autonomy-fostering policy in this case. Table 1 outlines the results of this study.

	Those most prone to infection (physicians, nurses, etc.)	Those most vulnerable (elderly and those with background diseases)	Public in General
Mandatory Vaccination	Justified	Not Justified	Not justified
Paternalist	No	No	No

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