

Mandating Vaccination

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The race to develop a vaccine for COVID-19 is on. Finding a vaccine is the most promising route to lifting the public health restrictions currently in place to prevent the spread of coronavirus, which has already killed hundreds of thousands of people and infected many more. It is possible that a viable candidate may emerge in the not too distant future.

At the height of the pandemic, Canadian Prime Minister Justine Trudeau was asked whether he would consider making vaccination for COVID-19 mandatory. He opined that “we have a fair bit of time to reflect on ... [the best vaccination protocol] in order to get it right”. But the time to reflect is now. The legislative changes needed to develop and implement a policy are complex. Reflecting on the various policy options and their moral justification will put us in the best position to select the most effective one available. Here we reflect on some arguments for a mandatory scheme (for other arguments, see Brennan 2018, Flanigan 2014, Giubilini et al. 2018, and Giubilini forthcoming).

There is some enthusiasm for mandating that parents vaccinate their children in several jurisdictions (including in Italy, in provinces in Canada and states in the United States). In these jurisdictions, parents are required to vaccinate their (young) children in order for them to attend school or daycare.

Might the best arguments in favor of mandating the vaccination of children also lend support to mandating vaccination more generally?

One of the most compelling arguments for mandating the vaccination of children rests on the claim that sending unvaccinated children to school involves imposing a very significant risk to other children, especially those who cannot be vaccinated for medical reasons. The imposition of this cost is easily and safely avoided, because vaccination poses only a very small risk. If it is possible for a

parent to prevent their child imposing a significant cost on others by imposing only a very minor risk on their child, then a parent ought to impose the minor risk and the state ought to compel them to do so. Hence, parents ought to be mandated to vaccinate their children.

The same reasoning seems to justify a mandatory vaccination scheme comprising adults, since anyone not vaccinated imposes a risk on others, especially the most vulnerable, that is safe and easy to avoid. If the imposition of significant risk that is easy to avoid is a reason that is sufficient to justify preventing parents taking advantage of schools and daycares, why can't it justify other coercive policies that we might put in place to mandate vaccinations generally?

A second argument in favor of mandating the vaccination of children goes as follows. Parents or guardians are not permitted to expose their children to substantial risk of death and suffering when it is easy to avoid doing so. When parents neglect to vaccinate their children against serious illnesses they impose such a risk of death and suffering on them. Therefore, parents are not permitted to neglect to vaccinate their children (for non-medical reasons). The state has a duty to protect children from exposure to avoidable risk of death and suffering. Therefore, the state is justified in mandating that children be vaccinated (Pierik 2018). If the COVID-19 vaccine is as safe and effective as, say, the measles vaccine, then there is a low-cost way to avoid an infection that may cause death or serious disability. The state ought to mandate that parents vaccinate their children against COVID-19.

This is a compelling argument for mandatory vaccination of children, but it may not easily translate to the case of adults—at least not adults who are autonomous or have decision-making capacity. It is generally accepted that there are important differences between children and adults that justify differences in how we treat each class.

Children, at least when young, do not have decision-making capacity. When an individual does not have decision-making capacity, it is generally taken to be permissible to treat her in her best interests. If a vaccine is safe and effective in preventing a disease that is infectious and carries significant risks of death or serious suffering, there seems to be a compelling case for vaccination being in many incompetent individuals' best interests—whether the individuals in question are children or adults.

But when adults possess decision-making capacity, it is generally taken to be impermissible to treat them paternalistically. Adults with decision-making capacity are generally taken to have a right to refuse medical interventions even when those interventions are clearly in their best interests and not undergoing the interventions will lead to death or serious suffering. While the vaccination of children and incompetent adults might be justified on grounds of it being in their best interests, vaccination of competent adults would be hard to justify on grounds of their best interests on many moral views.

There is perhaps one way in which the second argument might generate a case in favour of mandating vaccination for all. The reason that the state has to prevent parents from inflicting risk of death or serious illness on their children might be that it has a more general duty to protect the vulnerable. If this is the reason for mandating vaccination of children, this argument, too, might justify a general scheme for mandatory vaccination. The protection of the vulnerable seems a very good reason to adopt a mandatory vaccination scheme for everyone, since vaccination protects very young children and those unable to be vaccinated for medical reasons. If the protection of the vulnerable is a reason to mandate the vaccination of children, why is it not also a reason to mandate vaccination more generally (for at least serious conditions like COVID-19)?

A third argument for mandating the vaccination of children turns on differences between adults and children in terms of the nature of their well-being. Children might fare well in a different way

than adults (Wendler 2012; Skelton 2018). It is plausible that what matters most to the well-being of adults is their subjective attitudes (authentic happiness or the satisfaction of their rational desires). This may not be true of (especially young) children. While happiness and the satisfaction of desires matters to children's well-being, it might not be what matters most. Perhaps so-called "objective goods" (things that make one better off without satisfying a desire or making one happier) play a significant role in children's well-being, e.g., valuable relationships and intellectual engagement.

Suppose that one such objective good lies in making a contribution in some way to some socially worthwhile endeavor (like research with the potential to find a cure for a serious disease). A child might do this by being enrolled as a research subject (Wendler 2012). If it is good for children to make a causal contribution to a valuable social practice in the sense that it makes their lives more choice worthy, it might be good for them to be vaccinated in the event that being vaccinated involves making a causal contribution to achieving the good of herd immunity. This might justify mandating the vaccination of children but not adults. For adults who find no happiness or desire satisfaction in being part of socially valuable practices it might not be good for them to participate in socially worthwhile endeavors like the creation of herd immunity. But of course many adults do, and more might if we inform people properly about what a socially worthwhile endeavor vaccination is.

It may be that making vaccination mandatory would increase resistance to it, either by making more people unwilling to undergo vaccination or by making some people more determined not to undergo it. This, some have suggested, could lead to lower vaccination rates under a scheme that mandates vaccination than under one on which vaccination is voluntary.

If, empirically speaking, instituting a mandatory vaccination scheme would decrease vaccination rates, we might have to concede that a scheme of this sort is not all things considered best. It is worth noting, though, that this type of 'resistance effect'—if real—might apply to other

proposed solutions (such as lockdown or physical distancing measures which might be alternatives to vaccination) that involve some element of coercion too, and so it will not be obvious that a mandatory vaccination scheme would be any more problematic on this score than these, other coercive measures. If it is the case that mandatory vaccination schemes will face resistance, it may be better to use nudges or some other mechanism, but, we submit, governments should at least consider making vaccination mandatory, based on a comparison of the costs and benefits of the full range of the alternatives.

References

- Brennan, Jason, "A Libertarian Case for Mandatory Vaccination," Journal of Medical Ethics 44 (2018), 37-43.*
- Flanigan, Jessica, "A Defense of Compulsory Vaccination," HEC Forum 26 (2014), 5-25.*
- Giubilini, Alberto et al., "The Moral Obligation to be Vaccinated: Utilitarianism, Contractualism and Collective Easy Rescue," Medicine, Health Care, and Philosophy 21 (2018), 547-560.*
- Giubilini, Alberto, "An Argument for Compulsory Vaccination: The Taxation Analogy," Journal of Applied Philosophy (forthcoming), <https://doi.org/10.1111/japp.12400>.*
- Pierik, Roland, "Mandatory Vaccination: An Unqualified Defence," Journal of Applied Philosophy 35 (2018), 381-398.*
- Skelton, Anthony, "Children and Well-being," The Routledge Handbook of the Philosophy of Childhood and Children, eds., Anca Gheaus, Gideon Calder, & Jurgen De Wispelaere (London: Routledge, 2018), 90-100.*
- Wendler, David, "A New Justification for Pediatric Research Without the Potential for Clinical Benefit," American Journal of Bioethics 12 (2012), 23-31.*