



Are Generational Welfare Trades Always Unjust?

Walter Veit, Julian Savulescu, David Hunter, Brian D. Earp & Dominic Wilkinson

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and ethics. While there is still room for further discussion of overarching ethical debates, Malm and Navin provide a comprehensive and detailed overview of the relevant literature related to the complexities of new vaccine introduction and set out the dilemma for chickenpox vaccination.

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OPEN PEER COMMENTARIES



Are Generational Welfare Trades Always Unjust?

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In their thoughtful article, Malm and Navin (2020) raise concerns about a potentially unjust generational welfare tradeoff between children and adults when it comes to chicken pox. We share their concerns about the inherent dangers in policies that trade the welfare of one group against another, especially if the group has no meaningful political representation, and is therefore liable to having their interests neglected or overruled. Children are among the most, if not the most, vulnerable groups in society, and we must be on guard against threats to their welfare or rights (Earp 2019).

In order to guard against these threats effectively, however, we must have a clear sense of what is owed to children, morally speaking, and why. This in turn

requires a coherent set of ethical principles that can withstand scrutiny without devolving into absurdity. One aspect of the account by Malm and Navin, we think, does not meet this standard. And that is the idea that we should *never* implement policies that lower the welfare of children for the benefit of the elderly:

[W]e maintain that it is *always unethical* to adopt a policy that necessitates that children become worse off, in order that the vulnerable elderly become better off, even if doing so saves money or advances aggregate wellbeing. – (Malm and Navin 2020, 54) [emphasis added]

Let us call this the ‘no child disadvantaging intergenerational trading principle’ (NCDIT). This

principle, while it may at first seem intuitively appealing, is never defended in the article. But it is a strong claim, and it does need defending. Malm and Navin (2020) seem to hold an exceedingly strong view on what justice entails. In taking an absolutist position on NCDIT, they could be seen as adopting a view analogous to that of Browning and Veit (2020a) who redefine the concept of *humaneness* from minimizing unnecessary harms to something much stronger: “for a practice to be truly humane, it must not cause any (or minimal) harm to welfare, which includes harms of deprivation” (2). Browning and Veit argue that because animal slaughter incurs a loss of (future) welfare, it can *never* be truly humane.

Similar to children, animals lack political representation and deserve to be treated humanely. Yet, this alone cannot make animal slaughter always impermissible, for it would disallow the actions of, say, a stranded sailor who has to kill doves to survive. Many ethically defensible policies will undoubtedly involve tradeoffs such as the presence of roads that leads to roadkill, and yet, this “is not taken to be sufficient reason to cease driving” (Browning and Veit 2020b, 2). None of this stops us from recognizing that there are better and worse ways of treating animals or protecting their welfare. Malm and Navin, however, seem imply that NCDIT makes all tradeoffs that disadvantage children impermissible.

It is this strong view we cannot agree with. In our view, it is untenable to hold that wherever there is a tradeoff between the wellbeing of children and the elderly (or adults for that matter), a sacrifice toward the interest of the older generation must *always* be unethical. Imagine a world where a single child was forced to forgo one lollipop as a necessary means to extending the life of hundreds of elderly people for several years. The NCDIT principle would forbid this trade—but it seems intuitively clear that this is absurd. However, we do not need to reach for bizarre thought experiments to illustrate why we should reject the principle. We can take two simple real-world examples to illustrate our point.

Strategies to increase influenza vaccination rates and reduce mortality from influenza have typically targeted healthcare professionals and individuals in various high-risk groups such as the elderly. However, children suffer higher influenza incidence rates than any other demographic group, and are major drivers of seasonal influenza epidemics. Moreover, the elderly may not mount effective antibody responses to vaccination. Influenza vaccination strategies that serve to increase uptake rates in children are likely to be more effective in reducing influenza-related morbidity and

mortality than those targeting HCPs or the elderly. This is true even though influenza-related morbidity and mortality amongst children is low, except in the very young (see Bambery et al. 2018). The principle which should govern whether the imposition of such risks is justifiable is a collective duty of easy rescue:

If a collective could realise herd immunity, then this collective ought to realise herd immunity, provided that the collective cost is small and can distributed in such a way that the cost borne by each individual is also small—(Giubilini, Douglas, and Savulescu 2018)

The key aspect of this proposal is that the cost to the child should be small in absolute terms (and not zero as NCDIT states). The risk of harm to which children are exposed must be reasonable, which includes that is minimized and proportionate to the benefits (Giubilini, Savulescu, Wilkinson *forthcoming*). Moreover, as a part of harm minimization, and out of respect for the child, every effort should be made to include the child in the decision-making process and help them understand how they will be benefitting others.

Likewise, lockdowns in response to COVID-19 have been a common reaction in many countries. Given that COVID-19 appears to be much more dangerous for older people and less dangerous for younger people this is a policy which clearly violates the NCDIT. This is even more clearly the case when the burdens of some aspects of lockdown primarily disadvantage children, such as the closure of schools to reduce the potential spread of disease. While there may be important arguments to allow children to go to school or otherwise be exempted from certain features of a typical lockdown, our point is that, if the loss from not attending school were mitigated (so far as possible) and the third-party benefits of locking children down sufficiently great, then it would be permissible to require that children stay at home even if this did violate NCDIT.

One ethical reason in favor of childhood influenza vaccination and closing schools in a pandemic is consequentialist in nature: the goal is to save lives, avoid illness, and maximize overall wellbeing. Of course, objections to child-disadvantaging policies could be consequentialist as well. For example, some have argued that strict COVID lockdowns might actually lead to worse consequences, both for children and for people overall (Savulescu, Persson, & Wilkinson 2020). However, Malm and Navin are not (pure) consequentialists, rejecting such suggestions outright: “*even if doing so would save money or advance aggregate wellbeing.*”

Invoking the language of rights or duties, they argue that making children worse off is “inconsistent

with the obligations that parents have to children and paediatricians have to their patients.” Yet, in its strong form, the NCIDT seems itself to contradict the ethical obligations of health professionals and parents. The virtuous parent does not promote their child’s well-being at the cost of all others. Indeed, encouraging attitudes of caring for elders (even at some sacrifice), donation to charities, conservation of the environment (for future generations) and recognition of obligations to the rest of the community (e.g. through service and taxation) seem paradigmatic examples of parental virtues. Likewise, paediatricians do not, and should not, demand unlimited healthcare resources for their patients, without regard for the wellbeing of others. Paediatricians regularly recruit children into research studies that involve some inconvenience, disruption or minor harms for the sake of benefit to others. Again, so long as the child is treated with respect, such research is entirely compatible with the ethical values of paediatric medicine.

Malm and Navin’s principal concern appears to be that not vaccinating children uses them as a *mere means*. But children may be able to give at least hypothetical consent to policies that affect their future (see Veit 2018). If, from behind a veil of ignorance, one were asked to consider a policy that would mildly harm them in the short term (as children) but greatly benefit them in the long term (as adults), it seems highly plausible that they would agree to such a trade off.

First, it is by no means clear that children *could not possibly consent* to policies that affect their future (see Veit 2018). If children stand to be harmed from the policy in the short term but would benefit from it once they are adults, it seems highly plausible that they would agree to such a trade off.

To categorically forbid any policy of disadvantaging children for the sake of the elderly, or (by logical extension) disadvantaging the current generation for the sake of future generations, no matter how slight the disadvantage or how great the benefit at stake, is unjustifiable. Not only would this rule prohibit failing to vaccinate children (for the sake of others), it would also prohibit vaccinating children (to benefit others), as well as much of the currently enacted measures to reduce spread of the pandemic, and a large proportion of paediatric research.

There are many reasons to prioritize the interests of children. But tradeoffs are inevitable. We disagree with the authors that such policies are “always unethical,” a principle that would make many intuitively

unproblematic policies unjust. Rather than ruling out certain tradeoffs by fiat, careful argumentation is needed to establish different limits in different contexts. Inter-generational tradeoffs can be justified on both utilitarian and contractarian grounds, and even dyed-in-the-wool Kantians will usually recognize threshold cases or limits to categorical rules when the welfare tradeoffs are sufficiently asymmetrical. In order to ensure that children are treated ethically, we need to ground their rights and interests in stable principles that do not force us accept untenable conclusions.

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