ALTERNATIVE VACCINE SCHEDULES: ETHICAL THEORY & ACTION

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PART I: ETHICAL THEORY
Outline/ Objectives

Ethical Theory

A) General Ethical Considerations
   1) The Basic Problem
   2) The Harm Principle
   3) The Duty Not To Infect

B) Ethical Considerations of the Public Health Practitioner
   1) Moral Distress
   2) Resource Allocation
A) General Ethical Considerations

1. The Basic Problem
   - Individual rights and freedoms vs. The needs of the greater society.
   - Freedom to raise our children as we see fit vs. Safety of the community.
A) General Ethical Considerations

1. The Basic Problem (continued)
   - Immunization programs one of the most successful public health endeavors ever.
   - Q: Why do people still not immunize themselves or their children?
   - A: The risk (real or imagined) of the vaccine is too great to take. Genuine concern for the health and safety of themselves and their children.
A) General Ethical Considerations

1. The Basic Problem (continued)

- Given that there is no perfect vaccine:
  - Is it morally appropriate for individuals to refuse vaccines?
  - Can the “state” impose compulsory mass vaccination campaigns and determine the schedule?
A) General Ethical Considerations

2. The Harm Principle
   - Mill: “the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.” (On Liberty, 1859)
   - So, if not getting immunized threatens harm to others, the state can act to enforce compulsory immunization.
A) General Ethical Considerations

2. The Harm Principle (continued)
   - Can be applied twice:
     • Alternative vaccine schedules threaten the broader society.
     • Alternative vaccine schedules threaten harm to children.
   - Harm to children intensifies the argument.
   - Tug-of-war between parental autonomy vs. state interest to protect vulnerable children.
   - No clear answers – consider each case separately.
A) General Ethical Considerations

3. The Duty Not to Infect
   ➢ What are the moral duties of individuals not to infect our fellow citizens?
   ➢ How much of a burden must individuals bear?
   ➢ We shouldn’t sneeze on people when we are sick... But what about diseases we don’t even have?
A) General Ethical Considerations

3. The Duty Not to Infect (continued)
   - Here too, consider case-by-case basis.
   - Obligations are more compelling during a pandemic.
   - Commitments to cultural, religious, philosophical beliefs are more compelling at other times.
B) Ethical Considerations of the Public Health Practitioner

1. Moral Distress
   - Definition: where one knows the right ethical action to take but one is prevented from acting by system constraints or external forces.
   - Link from *ethical choice* to *ethical action* is blocked.
   - What is the public health care worker’s:
     • Jurisdiction?
     • Obligations?
B) Ethical Considerations of the Public Health Practitioner

1. Moral Distress (continued)
   - We believe that vaccinations are, in general, good...
   - When children don’t get immunized that is bad...
   - When we are prevented from immunizing children we have somehow done something wrong... (?)
B) Ethical Considerations of the Public Health Practitioner

1. Moral Distress (continued)
   - How far can we go in convincing parents?
   - How strongly must we argue?
   - Pondering whether we have done enough leads to moral distress.
B) Ethical Considerations of the Public Health Practitioner

2. Resource Allocation
   - The ethical principle of Distributive Justice.
   - **You** are a valuable and finite resource!
   - Discussing and constructing alternative vaccine schedules places burdens on an already strained system.
B) Ethical Considerations of the Public Health Practitioner

2. Resource Allocation (continued)
   - A fair and just healthcare system such as ours means equitable distribution of healthcare—
     to each according to need.
   - But there are limits to what can be taken up by the system.
Part I: Ethical Theory

Summary

A) General ethical considerations:
   • Individual Liberties vs. Needs of Society
   • “Harm principle” and “duty not to infect” sanction some form of compulsory immunization... but how far can they go?

B) Ethical concerns of public health workers:
   • Moral distress: “Have I done enough?”
   • Resource allocation: Unfair burden of Alternative Schedules on a strained system.
ALTERNATIVE VACCINE SCHEDULES: PART I: ETHICAL THEORY
PART II: ETHICAL ACTION
Outline/ Objectives

ETHICAL ACTION

A) Balancing Parental Rights and Children's Interests

B) Education, Knowledge Translation, Facilitation

C) Child Protection

D) Dealing with Moral Distress
A) Balancing Parental Rights and Children's Interests

- Vaccination is like any other medical intervention:
  - Informed consent is necessary.
  - Refusing an intervention is ethically acceptable if it does not create the risk of significant harm.
A) Balancing Parental Rights and Children's Interests (continued)

- Assess how much the parents understand. Are they behaving rationally?
- Objectively assess the risk to the child.
  - At one end of the continuum there is little risk.
  - At the other end of the continuum there is clear and imminent risk.
  - Much can be done before we reach the extremes.
B) Education, Knowledge Translation, Facilitation

- Aggressive confrontation is rarely effective.
- Most parents won’t refuse all vaccines, many just want to understand what they’re signing up for.
- Before speaking it is important to listen. “Help me understand your concerns?”
B) Education, Knowledge Translation, Facilitation

- Most parents only concerned about one or two vaccines.
- Discuss vaccines individually – no need to try to impose the whole program at once.
- At the end of the day strive for the best possible outcome. Not all-or-none.
- You are a wealth of information! Make use of brochures and other literature as well.
B) Education, Knowledge Translation, Facilitation (continued)

- Forging a strong therapeutic alliance through repeated contact.
- Multiple opportunities to reconsider and revisit decisions.
- Respecting decisions and working together is a powerful tool.
B) Education, Knowledge Translation, Facilitation (continued)

- The principle of *least invasive and coercive means*: try to achieve public health goals with the least amount of intrusion into people’s lives.

- The principle of *reciprocity*: if a public health policy is mandatory, the state must do all it can to facilitate participation.
C) Child Protection

- A paucity of information on this topic.
- The role of child protection services is limited, but this is nevertheless an important question.
C) Child Protection (continued)

1. The child with a deep penetrating wound with a rusty, dirty, contaminated object. Then unimmunized or under immunized child. Parents refuse Td or TIG...

2. A witnessed confrontation with a possibly rabid animal resulting in an obvious open wound. Parents refuse the vaccine or RIG on religious or philosophical grounds...
D) Dealing with Moral Distress

D) Dealing with Moral Distress (continued)

Moral distress is a real problem. Leads to:

- Denial and trivialization.
- Disengagement and cynicism.
- Losing the capacity to care.
- One of the main reasons for nursing burnout.
- Workers leaving their jobs or even their professions.
D) Dealing with Moral Distress (continued)

1. Recognize and confront moral distress.
   - Putting a name to that uneasy feeling.
2. Normalize moral distress.
   - Working in public health is difficult!
   - Grappling with moral distress is a normal part of our jobs.
D) Dealing with Moral Distress (continued)

3. The importance of community.
   - Feeling safe enough to voice concerns.
   - “This is not my problem, this is our problem.”
   - Feeling supported when making judgment calls.
   - Ability for individual members of the work community to make changes to the work environment and the organization.
D) Dealing with Moral Distress (continued)

4. Moral reconciliation:
   - We live in a pluralistic society – right & wrong, good & bad are defined many ways.
   - Different people have different stories.
   - On some level we have to accept different ideas and values.
Part II: Ethical Action

Summary

A) Rightful parental authority vs. Children’s interests

B) Education, knowledge translation, facilitation: doing what we can through strong and respectful therapeutic alliances to ensure the best possible outcome.

C) Child protection...?

D) Moral distress: recognize it, normalize it, seek the support of the work community, moral reconciliation.
REFERENCES


ALTERNATIVE VACCINE SCHEDULES:
PART II: ETHICAL ACTION