

A stylized, light-colored illustration of a plant with several leaves and a cluster of small, round buds or flowers, positioned on the left side of the slide against a dark background.

# 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*

- Legal distress: document, document, document! Is a good preventative strategy.



## 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.



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# ALTERNATIVE VACCINE SCHEDULES: PART II: ETHICAL ACTION

