



Vaccine Hesitancy, Autonomy, Community and The Trolley

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Abstract: Immunization against COVID-19 is our best hope to triumph over the present pandemic. There is urgency in vaccinating about 70% of the community to achieve herd immunity. Without the vaccine, we will be stuck in the lifestyle of masks, isolation and social distancing for a long time, as numbers of infections and deaths keep on increasing. The problem of vaccine hesitancy haunts vaccination programs. The term encompasses outright refusal to vaccinate, delaying vaccines, accepting vaccines but remaining uncertain about their use, or using certain vaccines but not others. In exercise of state paternalism, several government leaders have imposed the obligation of vaccination on citizens. Anti-vaxxers, the people opposed to vaccination, object more strongly to mandatory vaccination. Their reasons for opposition can be grouped into four categories: (1) Vaccines are unsafe (medical), (2) vaccines are unnatural, (3) mandatory vaccination violates religious freedom, and (4) violates respect for autonomy (philosophical). Philosophical analysis is used to expose the falsity of their claims as we argue for the moral permissibility of vaccination, including mandatory vaccination. We argue that (1) strict standards are in place to determine safety and efficacy of vaccines, (2) what is unnatural is not necessarily wrong, (3) mandatory vaccination does not discriminate against religious convictions, and (4) the right to self-determination is better understood in the context of communitarianism which emphasizes the common good rather than individual rights.

Key Words: vaccine hesitancy; autonomy; individualist; communitarian

1. INTRODUCTION

Immunization against COVID-19 is our best hope to triumph over the present pandemic. At present, there is worldwide scramble for the limited supply of COVID-19 vaccines as countries start vaccination of their population. We need to vaccinate about 70% of the community to achieve herd immunity. If successful, it is expected that there will be fewer susceptible targets, and the disease is less able to spread. Without the vaccine, we will be stuck in the lifestyle of masks and shields, lockdowns, isolation and social distancing for a long time. Considered as one of the most important discoveries in medicine and public health, vaccines protect individuals and communities from infectious diseases.

The problem of vaccine hesitancy confronts vaccination programs. WHO considers it as one of the top ten global health threats of 2019. The term encompasses outright refusal to vaccinate, delaying vaccines, accepting vaccines but remaining uncertain about their use, or using certain vaccines but not others (WHO, 2019).

While public support for vaccines is higher than the vaccine-opposition (about 10% globally), the latter's messages are received widely especially in social networks like Facebook, Twitter and Instagram. The danger that they could undermine global efforts to attain herd immunity against COVID-19 (Ball 2020). In contrast, pro-vaccine pages "seem to be in an echo chamber and their preaching doesn't seem to go any further than the choir" (Wadman, 2020).



The consequences of vaccine hesitancy can be very serious. If the target population number is not reached, we will not be able to control the spread of infectious diseases. The unvaccinated population can infect communities, and those who are immunocompromised are more likely to suffer from serious complications from infections (CDC, 2019).

Exercising state paternalism, a good number of government leaders have imposed the obligation of vaccination on their citizens. A recent survey (Gravagna et al, 2020) shows that 105 out of the 193 countries (54%) have a national mandatory vaccination policy that required at least one vaccine. There are 62 countries (out of 105) that impose penalties on its citizens for noncompliance, ranging from minor penalties like paying of fines to jail time. Children may also be denied school enrollment and access to playgrounds until vaccination requirements are met. In Australia, a policy of “No jab, no job” has been implemented. Not long ago, the Vatican issued an order where employees who refuse COVID-19 vaccination may be subjected to “varying degrees of consequences that could lead to dismissal” unless they have legitimate health issues (Brockhaus, 2021). It is assumed that vaccination deniers do not take into consideration the threats to public health caused by an increased number of unvaccinated individuals leading to increased susceptibility to infection in the community.

Drawing from Mill’s utilitarian ideas, Savulescu (2021) argues for moral permissibility of mandatory vaccination on the condition that the following are met: (1) There is a grave threat to public health, (2) The vaccine is safe and effective, (3) Mandatory vaccination has a superior cost/benefit profile compared with other alternatives, and (4) The level of coercion is proportionate. His paper, however, does not deal with the reasons we examine here.

2. METHODOLOGY

This paper uses philosophical analysis to respond to the issues raised by anti-vaxxers. Our task is two-fold: to expose their erroneous claims about vaccines, and argue for the moral desirability of vaccination, including mandatory vaccination against COVID-19. This involves exchange of arguments, clarification of the meaning of concepts used, and determining the truth or falsehood of their claims. Counterarguments and counterexamples are used to expose inconsistencies and weaknesses of their claims.

3. RESULTS AND DISCUSSION

The reasons given by people opposed to vaccination, also known as anti-vaxxers, can be grouped into four categories.

3.1. Medical reasons.

The Latin maxim: *primum non nocere* --- “First, do no harm” --- is embodied in the bioethical principle of nonmaleficence. It requires the avoidance, of causing harm to others. It prohibits health care workers from providing harmful and ineffective treatments to patients (Beauchamp & Childress, 2013) This also requires using of the most appropriate treatment for a medical condition.

Anti-vaxxers highlight the side effects and possible negative outcomes of vaccination. They claim that vaccines in general cause illnesses, and as such must be avoided. For one, it is claimed that most polio victims get the symptoms of polio from the polio vaccines, just as many people get the symptoms of flu from the flu vaccines (Associates Online, 2020).

Vaccine hesitancy due to possibility of harm is directly associated with Wakefield’s study published in *Lancet* (1998) that linked MMR (measles, mumps and rubella) vaccine to the occurrence of autism. “The number of autistic children has risen in exact proportion to the increase in vaccinations over time.” (Associates Online, 2020) This, however, faces a problem of evidence. Serious errors were discovered in his study, and the article was retracted. Wakefield’s medical license was also revoked. Harms could come from vaccination, but not as serious as the study purportedly showed. A big volume of statistical data confirms the success of vaccination in disease prevention.

Scientific information concerning the safety and efficacy of the Covid-19 vaccines, including risks and adverse reactions, are now readily available in the *CDC.gov*, *HHS.com*, *Med.stanford.edu*, *Vaccines.gov*, and websites of other research centers and journals.

COVID-19 vaccines, anti-vaxxers claim, are rushed and unsafe. Medical authorities have assured the public that despite the increasing pressure to speed up the vaccine development process, safety was not compromised. The director of NIH has declared that this is an effort to try to achieve efficiencies, but not to sacrifice rigor. Advancements in biomedical



technology, enormous funding, and overwhelming number of cases are the main factors that contributed to the speed of development of COVID-19 vaccines.

“A wise man apportions his beliefs to the evidence” (Hume, 1784). Hesitation based on medical reasons can be defeated by scientific evidence.

3.2. Unnaturalness argument

Anti-vaxxers claim that being vaccinated goes against nature because combating diseases using vaccines causes the body to be insufficiently prepared to combat more severe diseases. The body may not become strong enough to handle diseases not targeted by each vaccination. Natural immunity is preferable. Building a strong immune system, controlling exposure to disease, good hygiene and personal habits are sufficient to render vaccination unnecessary. While developing natural immunity per se is not objectionable, several issues can be identified.

First, the present global conditions make it difficult for us to appreciate the rationality of merely waiting and hoping for natural immunity. Millions of COVID-19 infections and resultant deaths are going to increase every day until immunity is reached.

Second, natural immunity is not guaranteed nor permanent. Natural immunity happens *after* a person gets sick with a disease. The body may recover after several days of rest, but re-infections can happen, and may still result to death. Worse are cases where bodies simply cannot recover and then die.

Third, though vaccines are unnatural, they are much safer. A vaccine protects you from a disease *before* it makes you sick. “When you get a vaccine, it sparks your immune response, helping your body fight off and remember the germ so it can attack it if the germ ever invades again. And since vaccines are made of very small amounts of weak or dead germs, they won’t make you sick” (CDC, 2015).

Fourth, the argument in its core asserts that what is natural is good, and what is unnatural is bad or wrong. Here’s a reconstruction of the argument:

Premise 1: Any action A that goes against what is natural is immoral.

Premise 2: Vaccination is unnatural (because it introduces unnatural objects into the body).

Conclusion: Therefore, vaccination is immoral.

There is a problem concerning the ambiguity of the expression “natural”. What is natural about being humans could refer to what we share with other animals and to be natural is to be unchanged by human intervention. Understood as such, civilization, culture and language, which are unnatural, would be morally wrong. If changing something from a given, primitive and unmodified state is unnatural, then many human pursuits to extend human abilities, say education, will be considered immoral. Developing a new rice variety that is resilient to climate change does not seem to be immoral. These counterexamples defeat premise 1 and the entire argument.

3.3. Religious reasons

Vaccination may go against religious convictions. The Amish believe that vaccines are unnecessary because they weaken the immune system that acts as the body’s natural protection and may compromise the bodily integrity. Christian Science does not recognize the use of any drugs, including vaccines, as it is believed that the body is a temple that cannot be defiled. It would take a coercive effort to vaccinate people whose religion goes against vaccination. Mandatory vaccination would violate the freedom of religion, and as such, is morally wrong.

Research and production of certain vaccines and immunoglobulin require the use of components like aborted fetal cells which have been obtained by immoral means, Catholics may find vaccination as cooperating in the evil of abortion. The Vatican’s Congregation for the Doctrine of the faith (2021), however, has issued this guidance: “When ethically irreproachable COVID-19 vaccines are not available, it is morally *acceptable* to receive COVID-19 vaccines that have used cell lines from aborted fetuses in their research and production process.” And there are alternatives. There are inactivated vaccines which are made up of killed coronaviruses, making them safe for injection into the body.

Mandatory vaccination is not a matter of coercing people to accept or reject a particular religious claim; neither is it a matter of discriminating believers of a particular religion. Duty to vaccinate applies to all, regardless of religious convictions, Muslims and Christians alike. Mandatory practices like having to pass through metal detectors in airports applies to all passengers including atheists and believers. The crucial dimension of religious liberty is that it is a protection against discrimination, and it



never relieves an individual of the obligation to comply with a valid and neutral law of general applicability. "There is no room for religious objection because if the policy is universal, the constitution doesn't allow religious exemptions. It only says you can't discriminate against religion which is why you can't order churches closed but you can order anything closed that has more than a certain number of people in attendance, and that would include churches" (Dershowitz, 2020).

3.4. Philosophical reason

The anti-vaccine campaign finds an ally in the bioethical principle of respect for autonomy. The patient as an autonomous individual has the right to self-determination which includes the right to informed consent. This entitles the patient to refuse treatment after determination of competence. Anti-vaxxers claim that no one, much less the government, should interfere with the individual's right to undergo or refuse medical treatment including vaccination.

3.4.1 Autonomy

The patients' bill of rights safeguards the fundamental right of the patient to receive or reject medical treatment. Health care professionals should respect the autonomous decisions of competent adults. Patients have the right to make their own choices and decisions about medical care and treatment they receive on the condition that those decisions are within the boundaries of law. There is a legal presumption that they are fit and competent to make those decisions until a court determines otherwise (Beauchamp & Childress, 2013).

The Greek words *auto* and *nomos* combined immediately leads to the thought of self-rule, self-determination, self-governance. Individual autonomy is an idea that refers to the "capacity to be one's own person, to live one's life according to reasons and motives that are taken as one's own and not the product of manipulative or distorting external forces, to be in this way independent" (Christman, 2020).

The notion of autonomy has a history of association with individualism. The core idea of autonomy is expressed in terms of sovereignty over oneself. An agent is autonomous if it is self-governing or self-determining. It provides grounding for claims such as: I own my body, I own my life, so I have the right to do with it what I want, and thus nobody, no

society and not even the state can interfere with this liberty. The right of self-determination is, thus, an almost absolute "trump" against the abrogation of individual autonomy by state or private actors (Dworkin, 1977). From the individualist point of view, vaccination ought to be a matter of consent, not of coercion. Mandatory vaccination is a violation of individual rights, specifically, the right to refuse medical treatment. We argue that this individualist conception of autonomy is mistaken, and that the communitarian perspective of autonomy explains it better.

3.4.2 Community and The Trolley

3.4.2.1 Communitarianism

In response to the increasing atomization of western societies, communitarians call for a balance between autonomy and social order. "The 'me' needs a 'we' to be" (Etzioni, 2011). Humans are not free-standing isolated individuals. Individuals are already "embedded" in societies. Each one thrives in the context of lasting and meaningful relationships with others like family, friendship, a village community and the like. Individuals are always faced with responsibilities for their families and communities above and beyond the rights that autonomous individuals command.

As MacIntyre (2007) puts it, each one is a bearer of a particular social identity: "I am someone's son or daughter, someone else's cousin or uncle; I am a citizen of this or that city, a member of this or that guild or profession; I belong to this clan, that tribe, this nation. Hence what is good for me has to be the good for one who inhabits these roles."

The notion of right implies that the community has some common moral ground on the basis of which the community can agree that in certain circumstances some actions between agents should be compulsory or outlawed. "The concept of a right belongs to that branch of morality which is specifically concerned to determine when one person's freedom may be limited by another's" (Hart, 1984). Rights have corresponding duties.

Debates about self-determination and public safety should begin not by assuming one side that cancels the other, but by being concerned with both in the context of the common good. Individualists tend to forget that our moral commitments shape who we are. The exercise of the parents' refusal to vaccinate their



children is set against the backdrop of the family and the community to which their family belongs. The obligation exists prior to their choice and civic duty conditions the basis for their decision. We do not choose our values and commitments from the position of being autonomous individuals. "I inherit from the past of my family, my city, my tribe, my nation, a variety of debts, inheritances, rightful expectations and obligations. These constitute the *given* of my life, my moral starting point" (MacIntyre, 2007: 220).

Individualists may see the society as a threat to the individual, thinking that certain actions by the community impinge on individual sovereignty. When they do, they neglect to acknowledge that the actions and goals of the community include the protection of individual rights, and among its tasks include defining the boundaries of the harm principle (Sandel, 1998). Smoking in public places, if it harms the community, can be prohibited in the name of the common good. In the absence of other means to stop or even prevent the epidemic, the promotion of common good may require vaccination.

3.4.2.2 The Trolley

Through the years, there have been many versions of the Trolley Problem. To forward our arguments, we now present an unusual version of Trolley problem in the context of the COVID 19 vaccine hesitancy.

Let us suppose that the individual (an anti-vaxxer) is faced with a dilemma. The well-being of his family, friends and peers are at stake and even his own if he does not vaccinate.

Anti-vaxxer A puts utmost value on his autonomy. He believes that vaccines (a.) are a potential harm to one's own health due to the possible side effects and negative outcomes (b.) are unnatural (c.) are imposed on him though contrary to his own religion, and (d.) are being imposed against his will. All in all, A finds it to be in his best interest not to be vaccinated.

Let us suppose further that A grew up with a loving family, supportive friends and helpful peers. Most of these people around him are not anti-vaxxers yet A holds them dearly in his heart. There is unfortunately a pandemic (in our context the COVID 19) which has worsened and has proven itself to be a threat to anyone's life. This pandemic in turn has also created various lockdowns, economic distraught and

death tolls resulting to various levels of discomfort and problems. Suppose that vaccines are readily available and free of charge as they are being distributed by the state. Person A is now presented with a dilemma.

a.) Choosing not to vaccinate, Person A is a great risk to the people that he holds dearly. A, however, secures his autonomy and beliefs.

b.) Choosing to vaccinate, A could be a great help to the people within his community and help establish herd immunity that leads to eventual lifting of lockdowns, quarantine, and isolation.

What we are facing here is no longer the standard five individuals versus one but autonomy versus the common good. "Autonomy and the common good are two such core values that need to be balanced" (Etzioni 2014). The balance between these two things may promote even better situations compared to being seen as extremes. In the situation provided, we could suppose that "some people might object to the idea that there is a duty to protect other members of the community against diseases" and argue instead for their autonomy and their bodily integrity (Brooks, 2019). What is overlooked here is the possible relationship of autonomy and our obligations to the members of the community. This idea of balancing autonomy and the common good may seem difficult and counter-intuitive as there are people who would put one on top of the other, but as Etzioni (2014) argues, even the courts of democratic societies and their legislatures are clearly balancing, and very much in the communitarian way, without being aware of this philosophy or at least its terminology. Decisions are made with the relationship of these two core values in mind.

Communitarianism supports the fact that we are social animals (Etzioni, 2014). As we are surrounded by other individuals, finding a balance between autonomy and common good can benefit both parties. If a communitarian mind-set is being employed here, A would choose to vaccinate. Not only does it help his community but in turn he can enjoy his autonomy at the fullest as well. By helping in establishing herd immunity, the society would also be freed from forced isolations, lockdowns and basically restrictive living. In this argument, A's best interest shifts from the individual to social. To focus on the best interests of the community could also prove to be beneficial to oneself and his autonomy.



4. CONCLUSION

In response to the four reasons for vaccine hesitancy, we argue that (1) strict standards are in place to determine safety and efficacy of vaccines, (2) what is unnatural, like the COVID-19 vaccine, is not necessarily wrong, (3) mandatory vaccination does not discriminate against religious convictions, and (4) the right to self-determination is better understood in the context of communitarianism which emphasizes the common good rather than individual rights. The pivotal question is not about the rights that a subject has, but what duty each person has as a consequence of being part of the community of persons working together in pursuit of the common good.

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