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Item Type	Article
Authors	Wiwanitkit, Somsri
Publisher	Asociación Española de Bioética y Ética Médica
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Download date	2026-11-19 18:55:55
Link to Item	http://hdl.handle.net/20.500.12424/203369

COMPULSORY VACCINATION: A TOPIC TO BE DISCUSSED

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Sir, the recent report on "About «responsibility» of vaccination" is very interesting [1]. Indeed, the vaccination is the medical measure aiming mainly at primary prevention. The mass scale should be the primary focus. The existed dilemmas on vaccination include "free VS charge" and "non compulsory VS compulsory". Indeed, the situation might be simple if there is no outbreak of disease. In case with pandemic infection, the concern on mass immunization is required and the provision of vaccination by the government without charge is usually done. Nevertheless, forcing of population to receive vaccine is still controversial whether it violates the right or not. Despite serious outbreak, the poor compliance of the vaccination can still be seen [2] and this can be problematic. In case that a risk person denies vaccination, "can medical staff force he/she?" is usually the problem. A fact to be thought is whether it is right if the one who denied vaccination get infection and spread it to the others. In this case, the next question is "Is it his/her right to spread infection to the others?"

The authors report no conflicts of interest

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1. Di Pietro ML, Refolo P, González-Melado FJ. About "responsibility" of vaccination. Cuad Bioet. 2012 May-Aug; 23(78): 323-36.
2. Doganis D, Tsolia M, Dana H, Bouhoutsou D, Pourtsidis A, Baka M, Varvoutsi M, Servitzoglou M, Kosmidis H. Compliance with Immunization Against H1N1 Influenza Virus Among Children with Cancer. Pediatr Hematol Oncol. 2013 Jan 9. [Epub ahead of print]

Contestación/Reply

ABOUT VACCINATION: TWO NEEDED CHANGES

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The objective of our article[1] is to demonstrate how at the base of the issue on compulsory versus non compulsory vaccinations in general, and more specifically in pediatrics, there is a debate on the moral model of reference: a normative ethic (of the third

1 Cfr. Di Pietro, M.L., Refolo, P., González-Melado, F.J. «About "responsability" on vaccination», Cuadernos de Bioética 78, (2012), 323-336.

person[2]) or a virtue ethic[3] (of the first person). We propose that it would be possible to pass from the normative ethic to the virtue ethic if we refer to the ethic of responsibility.

The concept that must change so that this can be possible is the concept of prevention. In the normative ethics, which sustains the compulsory vaccination, the concept of prevention identifies itself with the reduction of risk. In this sense, a health system can obtain a better prevention when the risk of contracting a disease is lower and in the case of vaccinations, this occurs when a higher number of individuals is vaccinated. This justifies the compulsory vaccination of the largest number of people possible.

This concept of prevention, meant as the reduction of risks, appears in the utilitarian ethics[4] and in the ethics that are based on the theory of rights[5]. We propose a different concept of preventive medicine. For us, prevention consists in favoring the acquisition of virtues (moral behaviors) that aim towards the attainment of the individual's and the community's health. We believe that through a first person ethic it is possible to create the alternative of a personal responsibility[6] that, along with a series of political laws, can assure an effective protection of all of the community and, at the same time, guarantee the responsible expression of personal autonomy.

It is clear that an individual has the right to choose to not vaccinate himself. A vaccination is a treatment applied to healthy people who are not suffering from a disease. Therefore, the medical justification is not based so much on the protection of the individual as on the protection of the community (herd immunity). The principle of the respect of individual autonomy, allows the individual to refuse a treatment and therefor also a vaccination[7].

What are the reasons for which even in the situation of a pandemic, the percentage of vaccinated individuals is low?[8] Or, in other words, why does a person refuse a vaccination that could save them in a situation of pandemic? There are various factors that have changed the perception that the population has of vaccinations[9] and they can be summarized with the population's large loss of trust in the consequences of the vaccination on their health. This mistrust increases when a vaccination is promoted through a normative vision of ethics, which does not take in consideration the individual and according to which the licitness of actions (if an action is correct or not) is evaluated by an external judge: the third person. The same question that you have asked us: "Is it his/her right to spread infection to the others?" is part of a third person ethic. One is asked as a third person to evaluate if it is correct or not, if there is a right or not, for a person to spread a disease. From a first person ethic point of view, and from the point of view of an ethic of responsibility, two changes are necessary before we can answer the question:

a) *it is necessary to change the question*: it is the individual who must ask himself if he is taking the decision to not be vaccinated with the objective of obtaining the asset "health". From this point of view, the subject will understand that it is their moral responsibility to be vaccinated because it is a useful instrument in the direction of acquiring the asset "health".

b) *it is necessary that responsible governments promote prevention policies based on the ethic of responsibility of the individual in order to obtain a reduction in the distrust towards vaccinations*. It is clear

2 Cfr. Vendemmiati, A. *In prima persona. Lineamenti di etica generale*, Urbaniana Univeristy Press, Roma, 2008.

3 Cfr. Jori, A. *Aristotele*, Bruno Mondadori, Milano, 2003.

4 Cfr. Barreca, G. *L'utilitarismo*, Cuem, Milano, 2005; Beauchamp, T.M., Childress, J.F. *Principles of Biomedical Ethics*, Oxford University Press, New York 20096.

5 Cfr. Dworkin, R. *Taking Rights Seriously*, Harvard University Press, Cambridge MA 1977.

6 Cfr. Jonas, H. *Das Prinzip Verantwortung. Versuch einer Ethik für die technologische Zivilisation*, Suhrkamp, Frankfurt am Main 1979 (english edition, Jonas, H. *The Imperative of Responsibility: In Search of an Ethics for the Technological Age*, University of Chicago Press, Chicago 1985).

7 La ética médica actual reconoce, en el principio de autonomía del paciente adulto, el derecho a rechazar un tratamiento determinado, incluido también la vacunación. Cfr. Miller, B.L. «Autonomy», in Post, S.G. (ed.), *Encyclopedia of Bioethics*, Thomson, New York 20033, 246-251, 247.

8 Doganis D, Tsolia M, Dana H, Bouhoutsou D, Pourtsidis A, Baka M, Varvoutsi M, Servitzoglou M, Kosmidis H., «Compliance with Immunization Against H1N1 Influenza Virus Among Children with Cancer». Pediatric Hematology and Oncology. 2013 Jan 9. [Epub ahead of print]

9 Larson, H.D. *et al.* «Adressing the vaccine confidence gap». *Lancet*, 378 (2011), 526-535.

that when a person decides not to be vaccinated they do not decide this with the intention of spreading a disease but for fear and for a distrust that the vaccination will be useful for their health. Correct scientific information[10], training health care professionals[11], eliminating economical barriers[12], preparing an adequate system of control of infectious diseases[13] and a responsible introduction of new vaccinations[14], are all actions which we propose in order to increase the population's trust in vaccinations and to help every individual to assume their personal responsibility in mass vaccination campaigns.

Therefore, it is necessary to gain adequate levels of trust in vaccination programs in order to achieve the desired level of vaccination of the population even in a situation of pandemic. This will be possible only if we promote a concept of prevention that encourages moral behaviors directed towards the obtainment of the asset "health" for the individual and for their community.

10 Cfr. Caplan, A.L.,«*Duty to warn?* - The ethics of disclosing information about possible risks associated with H1N1 Vaccination». *Sleep* 33, (2010), 1426-1427.

11 Cfr. Diekema, S.D. «Improving childhood vaccination rates». *New England Journal of Medicine* 366, (2012), 391-393.

12 Cfr. Rees, H. - Madhi, S.A., «Will the Decade of Vaccines mean business as usual?». *Lancet* 378, (2011), 382-385.

13 Cfr. Levin, O.S., *et al.*, «The future of immunisation policy, implementation, and financing». *Lancet* 378, (2011), 439-448.

14 Cfr. Field, R.E. - Caplan, A.L., «Evidence-based decision making for vaccines: The need for an ethical foundation». *Vaccine* 30, (2012), 1009-1013.