

Should Australia Make Medically Recommended Vaccinations Mandatory?

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In this essay, I argue that it is ethically permissible for the Australian Government to mandate medically recommended vaccinations under certain conditions. Whilst I am aware of other arguments, this essay will focus on the morality of mandatory vaccination for health reasons and will not consider points regarding the economic impact and arguments around the right to bodily autonomy. Penalties that restrict liberty should be applied conditional on vaccines having proven benefit(s), limited side effects, and there being a high risk of a disease outbreak that is vaccine-preventable, highly infectious, severe, and transmissible between humans. Inaction under these circumstances should be considered morally wrong because the Australian Government would be risking severe health consequences for its citizens.

The Australian Government should take action to protect the health of its citizens including from harm inflicted by one another. Kass (2001) presents a useful ethical framework that identifies public health as a 'societal approach to protecting and promoting health' and acknowledges the providers of interventions are often governments. Considering a stewardship model, 'governments have a responsibility to provide the conditions under which people can lead healthy lives', including the duty of 'protecting its citizens from harm caused by others' (Krebs, 2008). Krebs (2008) extends the responsibility of governments to protect public health to 'vulnerable groups such as children' and elderly people. The Australian Government is committed to public health approaches evident through the National Immunisation

Strategy which prioritises disease prevention over cure and attempts to equally distribute health burdens (Department of Health, 2018; Faden et al., 2022). Beauchamp (2019) demonstrates that all individuals have a moral duty to be beneficent and uphold non-maleficence, however, this duty is limited and depends on the individual's means. It cannot be said that all individuals will uphold moral duties and voluntarily participate in or consent to actions that protect health (Beauchamp, 2019). Therefore, it is ethically desirable for the Australian Government to implement public health interventions.

Medically recommended vaccinations have been shown to protect people's health against infectious diseases (Andre et al., 2008). Mandatory medically recommended vaccination is an example of a public health action 'exercising political power' to benefit existing Australian citizens (Faden et al., 2022). Medical research demonstrates that high immunisation rates with effective vaccines generate significantly greater good for all by reducing disease transmission, and lowering infection and hospitalisation rates, leading to decreased morbidity and death (Andre et al., 2008). A common good approach suggests that vaccinating a high proportion of a population is ethical (Jecker, 2021). This is because herd immunity allows all people including vulnerable people to avoid the risk of infectious disease and potential death that would otherwise prevent individuals from achieving goals valued by society (Jecker, 2021). Therefore, medically recommended vaccinations should be mandated by the Australian Government to protect the health of its citizens.

A significant argument against mandating medically recommended vaccinations is that vaccines can have negative side effects. Medical research has demonstrated that the risk of an adverse reaction to a vaccine is very small, however, with mass vaccination 'statistically, at some point side-effects will occur' (Giubilini and Savulescu, 2019). To address this concern, the Australian Government follows ethical guidelines when developing a vaccine which includes requirements for several stages of non-human and human clinical trials to ensure efficacy

and minimise side effects (Monrad, 2020). Furthermore, it is necessary for the Australian Government to provide full disclosure of the risks of side effects posed by vaccination, as this transparency reflects the principle of non-maleficence (Bowen, 2020). It would not be ethically permissible for the Australian Government to mandate a vaccine without disclosing potential side effects on individuals or completing appropriate clinical trials to ascertain vaccine efficacy.

However, the overall benefit of immunity gained for all people from mandating medically recommended vaccinations under specified conditions outweighs the small risk of side effects (Faden et al., 2022). Faden et al. (2022) illuminate that any public health approach taken by the Australian Government morally must ‘vigilantly monitor the health of systematically disadvantaged groups’ and assertively ‘intervene to reduce the inequalities’ identified. Whilst paternalistic approaches have been previously used, the ethical principles of beneficence and non-maleficence are useful to ethically justify mandatory vaccination which restricts individual liberty to prevent non-consensual harm to others (Saunders, 2016). These principles are justified as although some individuals may experience some side effects of vaccination, the risk of adverse health outcomes due to infectious disease is greater (Bowen, 2020). Furthermore, vulnerable individuals who have medical conditions or are too young or old are protected by very high rates of immunisation (Rodrigues and Plotkin, 2020). Therefore, the Australian Government should make medically recommended vaccinations mandatory as the benefit of herd immunity outweighs the risk of side effects.

Penalties that restrict choice for non-compliant citizens are ethically permissible under conditions where the vaccine has proven benefit(s), limited side effects and there is a high risk of a disease outbreak that is vaccine-preventable, highly infectious, severe and transmissible between humans (Savulescu, 2021). Measures on the Intervention Ladder (see Appendix A) underneath restricting choice including guiding ‘choice by disincentives or incentives’ for example, ‘pharmacy

coupons in exchange for getting vaccinated’, can support more restrictive choices in certain epidemiological conditions to compel individuals to consider their moral duty to the health of others (Faden et al., 2022). Increasingly less restrictive measures such as nudging or providing information on vaccination alone would fail to reduce harm to others and protect the health of citizens under the specified epidemiological conditions (Colgrove, 2019). Restrictive measures should ‘be ethically justified where the harm to others can be significantly reduced’, for example, restricted access to public institutions including schools and measures which eliminate choice including ‘compulsory isolation of patients with infectious diseases’ (Chantler, Karafillakis & Wilson, 2019; Krebs, 2008). Thus, penalties including measures of elimination and restriction should be applied to individuals who do not comply with mandatory medically recommended vaccinations to prevent harm to others.

In conclusion, this essay demonstrates that certain epidemiological conditions are required for the Australian Government to be ethically permitted to make medically recommended vaccinations mandatory and implement penalties restricting the choices of non-compliant individuals. Ultimately, the Australian Government should be ethically permitted to mandate this public health intervention given the significant benefits of vaccination to health outweigh the risks of side effects and potential harm to the health of all citizens.

Appendix

A. Intervention Ladder

The ladder of possible government actions is as follows:

Eliminate choice. Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

Restrict choice. Regulate in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.

Guide choice through disincentives. Fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.

Guide choices through incentives. Regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.

Guide choices through changing the default policy. For example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).

Enable choice. Enable individuals to change their behaviours, for example by offering participation in a NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.

Provide information. Inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.

Do nothing or simply monitor the current situation.

Reprinted from *Public Health: Ethical Issues* (p. 42), by Nuffield Council on Bioethics, Policy Process and Practice, 2007, Nuffield Council on Bioethics.

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