

Ethical principles applied to vaccine coercion.

Headless Chook or Lack of applied Ethics?

The fear associated with the messaging about the pandemic has split our society into 'believers' and 'skeptics'. If this polarisation isn't bad enough, now mutual respect is being sacrificed because the 'believers' want to cancel the 'skeptics'. Without any scruples voices are raised to segregate the unvaccinated through 'vaccination passports' and restrictions of liberties and even 'no jab no job' mandates are introduced for large groups of workers.

To coerce people to take the vaccine by taking away liberties or even their job is pushing people at risk against their will. No matter how low the vaccination risk are being portrayed, it is generally acknowledged that vaccinations do involve risks. These can be life debilitating or even deadly.

Vaccine coercion is basically deliberately forcing people to give up some rights (either freedom of movement or freedom of bodily autonomy). To some extent it entails deliberately causing victims of adverse effects amongst those that did not want to take that risk in the first place.

On what ethical principles can the 'believers' justify the disrespect for the 'skeptics' and endorse vaccine coercion?

Assumptions

Before we explore several ethical principles and how they apply to the vaccine coercion dilemma one important element in the debate must be acknowledged. There are certain assumptions made about the vaccine roll-out.

During the unprecedented short development of the current C19 vaccines many elements have not been determined during the rushed phase 3 trials and the current roll out is in fact a continuation of normal phase 3 trials. As clearly outlined in the 'provisional' approvals of the vaccines by the TGA there are 2 important aspects not determined:

- The long-term efficacy and safety
- The efficacy in avoiding asymptomatic disease and reduction of transmission

The assumption that the vaccines will be as safe as other vaccines in the long term may be false. You cannot assume historic experiences with vaccines with the current C19 vaccines as they incorporate a materially different technique. This uncertainty weakens any ethical ground for vaccine coercion in the first place.

The elephant in the room.

It is generally assumed that the vaccines will reduce the spread of the vaccines. This assumption is based on the generic reasoning that the vaccines will reduce symptoms and thus will reduce 'viral load' which will reduce the spread.

To what extent this will outweigh the effect that asymptomatic infected will not be aware they are infected and thus will be more likely to continue the spread of the disease versus symptomatic infected (with assumed some higher viral load) that are more likely to self-isolate? This is still not quantified.

With the emergence of the delta variant worldwide, evidence is emerging that in countries with high vaccination rates the ratio of people that are reporting to hospital with covid are in the ratio of the whole population with respect vaccinated/unvaccinated. This is evidence that the vaccines do not have the efficacy in preventing serious disease when infected with the delta variant than initially assumed.

It becomes more and more questionable that 'herd immunity' can be reached with a mass vaccination program, especially with the emergence of new variants. The grounds for an ethical explanation for the push for vaccine coercion becomes rather unsolid with that fact.

Universalism, Virtue Ethics and the Common Good principle

Universalism is a principle that considers the welfare and risks of all parties when considering policy decisions and outcomes. Universalism is the outward expression of leadership character and is made manifest by respectfulness for others, fairness, cooperativeness, compassion, spiritual respect, and humility.

Virtue ethics focuses on the type of person we ought to be, not on specific actions that should be taken.

Identifying and basing decisions on the common good requires us to make goals and take actions that take others, beyond ourselves and our self-interest, into account.

Looking at these ethical principles 'believers' may conclude that these principles have guided the vaccine coercion proponents. The messaging like "we are all in it together" and that it is "selfish" not to get vaccinated may be built on these principles.

But that is a misguided application of these principles as they are only really applicable when they pertain to 'absolute virtues'. What is virtuous about disrespecting those who differ from your opinion? What is virtuous in forcing people and sacrificing the lives of a few 'skeptics'? Instilling involuntary risk to groups conflicts with the universalism principle and is it in the interest of the common good to segregate society in vaccinated and unvaccinated?

Rights principle and Justice principle.

Another rather absolute way of approaching the dilemma is the rights principle. This principle is grounded in both legal and moral rights. Given the Nuremburg Code principles, which are embedded in many international even some state legislation, this principle would lead to a condemnation of the vaccine coercion drive. It is not about the argument if they can legally be circumvented by 'emergency powers', but about the ethical principle that rights that are historically embedded in our set of rules, must be guiding our ethical decision making.

The Justice principle is approaching the moral dilemma by asking; Is it fair? Is it right? Who gets hurt? Who has to pay for the consequences? It is obvious that this principle is ignored by the 'believers' supporting any vaccine coercion.

Ethical relativism.

Opposite to the more absolutism driven principles there is ethical relativism. This concept is mostly used in the context of different cultural settings that drive different moral standards. When applied

as generic concept that people set their own moral standards for judging their actions, it isn't much of a principle, but merely an explanation why people may flip from one ethical principle to another. Obvious limitations of relativism include following one's blind spots or self-interests that can interfere with facts and reality.

It could be that political opportunism or dogmatically holding on to initial strategy leads to ethical relativism in the context of vaccine coercion.

Utilitarianism.

Utilitarianism is an ethical theory that determines right from wrong by focusing on outcomes. It is a form of consequentialism. Utilitarianism holds that the most ethical choice is the one that will produce the greatest good for the greatest number.

This principle deals indeed with a moral dilemma that involves a choice between 2 bad outcomes. In the ethical debate around vaccine coercion this seems to be the leading principle. Let's explore this principle. A good guide to the dynamics of this principle is to look at the 'Trolley Dilemma'.

The Trolley Dilemma

<https://ed.ted.com/lessons/would-you-sacrifice-one-person-to-save-five-eleanor-nelsen#watch>

This movie shows already the difference in how people apply or not apply this principle. It seems that when it becomes 'personal'; you directly pushing someone to his/her death the decision alters the application of the principle.

The messaging around covid is mainly focussed on covid victims. The government pays for scary ads showing young covid victims and even children are made 'responsible' for the death of Non & Pop when not adhering to the rules. On the other hand; no stories or images are disseminated by MSM about adverse effect victims. So the covid victims are made personal and the (very ?) few vaccination victims are abstract or even ridiculed as 'misinformation'.

This re-enforces the application of the Utilitarian principle; a few (abstract) victims are justified to stop the virus in it's tracks and save a lot of people. But this is a misguided application of the Utilitarian principle. The application of this principle is good when you have to make a choice between 2 inevitable bad outcomes. The principle is applied in medical triage when you have to make choice who you favour in allocating limited resources. Generally, the maximum outcome is chosen. If you have to chose between an 80 year old and a 30 year old in allocating a ventilator, it is generally accepted to favour the 30 year old if the medical survival rate is equal to both patients. In fact, in policy decision making about investments decisions about drugs, medical equipment and therapies it is quite common to quantify a life (e.g. in quality available life years) to determine the best investment distribution using the utilitarian principle.

Limitations of Utilitarianism

<https://ethicsunwrapped.utexas.edu/glossary/utilitarianism>

You don't slaughter a person and harvest the organs to save multiple people's lives.

Is it right to sacrifice a few lives to save others? The limitation of the principle shows that it is not ethical to make a one for one comparison if it involves an avoidable bad outcome. There must be a very profound reduction of one bad outcome with a very limited bad outcome of the deliberate action to justify it with the utilitarian principle. To properly apply this principle, you must quantify as best as you can the outcomes.

For vaccinations it must be considered that victims of adverse effects are generally much younger (and possibly also healthier) than the average C19 victim, which are mainly the elderly with co-morbidities. Any assumptions (Long term safety?, Certainty of the ability to reach herd immunity through mass vaccination?) absolutely weakens the validity to apply the utilitarian principle.

Do we have enough data to apply this principle properly? This is also pertinent given the fact that there are treatments developed with cheap and proven safe drugs that can also reduce the bad outcomes. But mysteriously (in ethical sense) these treatments have met immense resistance and the difference in effort to develop and approve 'vaccines' versus treatment methods is astounding. This raises an ethical question by itself. But this fact also invalidates the application of the utilitarian principle.

The double effect theory

The double effect theory is an effort to explain the limitation of the utilitarian principle.

<https://ethics.org.au/ethics-explainer-double-effect-theory/>

According to the theory, an action with both good and bad effects may be ethical as long as:

1. Only the good consequences are intended (we don't want the bad effects to occur, they're just inescapable, even if they can be foreseen).
2. The good done by the action outweighs the harm it inflicts.
3. The bad effect is not the means by which the good effect occurs (we can't do evil to bring about good – the good and bad consequences have to occur simultaneously).
4. The act we are performing is not unethical for some other reason (for example, violating human rights).
5. We seek to minimise, if possible, the unintended and inadvertent harm that we cause.

Can utilitarianism be applied appropriately to vaccine coercion?

Now look at a strategy that solely relies on mass vaccination and add coercion to this strategy:

1. Are bad outcomes inescapable? What about focussing on treatment methods instead of mass vaccination? Is the intention realistic? How sure are we that mass vaccination will lead to herd immunity? If it only reduces symptoms and is very limited in reducing the spread, coercion is absolutely inappropriate.
2. The age-risk profile of the victims of covid should be weighted against age risk profile of the adverse effects. See for an example calculation:
<https://www.excogitatoris.site/Documents/Risk%20Benefit%20Man%20Vac%20Aged%20Care.pdf>
3. Purely relying on mass vaccination? There are alternative strategies and even alternative treatment methods to be considered. Adding coercion to this mix is definitely violating this guideline.

4. Applying coercion is violating human rights
5. If this is not met, the conspiracy theorists are right!

Because of the many assumptions applied and the dogmatic focus on one solution, the grounds are thin for applying the utilitarian principle to a mass vaccination program. ***When coercion is applied within this context, it pushed the issue into the unethical realm.***

In many guidelines for ethical decision making, it is described that if a decision is conflicting when applying ethical principles, you look at the methods. A method of 'forcing' is always regarded as wrong.

The Rule of Rescue

https://en.wikipedia.org/wiki/Rule_of_Rescue

If there are no ethical principles that can explain the justification of vaccine coercion. What drives our leaders to push this?

The rule of rescue is based on the human trait to want to act when personally confronted with an endangered life. It is the drive that have people run into a burning house to rescue someone. It is the drive that pushes the statistic that when children drown in sea often fathers drown as well in an effort to rescue the kid. It is the reason why in every rescue protocol of emergency workers, it is paradigm to first assess personal safety and safety of bystanders before acting on the emergency. This is to avoid the unintended consequences of running around like a headless chook in response to an emergency versus standing back and giving it some thought before acting on the situation.

Given the focus on covid victims by the MSM, these are most confrontational to the health officials, and these are the focus of our leaders and the abstract negative consequences of all C19 response policies are not considered (enough). The rule of rescue could explain their behaviour.

Although; 1.5 years after the beginning of the pandemic one would expect that government officials find some time to stand back for a moment and give some thought to;

“Is it right what I am doing?”