

ACADEMIC: LETTER TO THE EDITOR

Addressing the issue of coercive vaccination policies

Albert Andrew

Dear Editor,

I read with great interest the article by Tay titled “Lessons from the COVID-19 pandemic: the ethics of coercive vaccination policies – where should we draw the line?” I would like to delve further into the broader ethical rationales for coercive vaccination policies.

In accordance with the Millian paradigm, the justification for state coercion and the restriction of individual liberty for mandatory vaccination becomes relevant when there is a ‘grave’ threat to public health and individuals are at risk of causing harm to others.¹ However, as noted by Savulescu,¹ the term ‘grave’ can be subjective and ambiguous as there is no set of specific criteria for determining the severity of a threat. Nonetheless, coercive vaccination policies should be based on their necessity and proportionality to achieving important societal objectives, particularly those related to public health. These public health objectives involve: halting viral transmission, preventing morbidity and mortality, protecting at-risk populations, and maintaining the functionality of vital healthcare systems. While coercive vaccination policies might seem ethically contradictory to personal freedom, it is crucial to note that individual liberty should not be viewed in isolation from societal wellbeing. Public health interventions follow a utilitarian approach, striving to maximise overall welfare and minimise harm. Therefore, the ethical justification for coercive vaccination policies becomes stronger when they effectively mitigate significant morbidity and mortality risks and yield substantial societal benefits.

In densely populated countries such as Singapore, where studies have shown an increased likelihood of COVID-19 transmission,² COVID-19 vaccines remain one of the most effective tools for protecting individuals against severe disease and death resulting from COVID-19 complications.³ An American study found that within densely populated communities, individuals who have been vaccinated and subsequently experienced breakthrough infections were less likely to transmit the virus to others, compared to those who were unvaccinated.⁴ This finding is particularly notable due to the heightened vulnerability of unvaccinated individuals to contract and disseminate COVID-19 within densely populated settings. Thus, coercive vaccination policies emerge as a fundamental step towards protecting the collective wellbeing of communities in densely populated regions.

While less intrusive strategies such as vaccination education campaigns exist to promote voluntary COVID-19 vaccine acceptance, I consider them inadequate in this current situation. In today’s digital age, there is a relentless battle between accurate and false information. Addressing vaccine hesitancy, fuelled by the spread of misinformation, poses a significant challenge. Although education campaigns can help counter misinformation, their impact is hampered by the vast amount of false information disseminated through various communication and social media platforms. Implementing alternative non-educational measures, such as lockdowns, which can halt virus transmission, is often viewed as a less desirable approach and problematic, as

it also intrudes on individual liberty. In situations where a public health threat could result in serious health consequences, delaying mandates until all other non-intrusive options have been thoroughly considered and tried could result in avoidable harm. This undermines the government’s ethical obligation to protect the public from severe harm.

References:

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