

Vaccine Q&A: Do I have a moral obligation to wear a mask or get vaccinated?

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While there has been much discussion about how effective various public health measures are against COVID-19, there has been less

discussion about the moral and ethical issues raised by the pandemic. What are our moral obligations in the face of COVID-19?

To discuss these issues we reached out to Karey Harwood, a bioethicist and associate professor of religious studies at NC State. Harwood's work focuses on [ethical issues](#) related to biomedicine and biomedical technologies, as well as how religious beliefs inform our understanding of these issues.

The Abstract: Does anyone have a moral obligation to get vaccinated or wear a mask?

Karey Harwood: Yes, people who are healthy enough to be vaccinated have a [moral obligation](#) to get vaccinated.

Simply put, no person is an island. Our immunity to disease is a shared resource that we all have a responsibility to protect. It can be difficult in a highly individualistic society to find ways to think about collective responsibilities. But really, it's not at all strange or radical to think about responsibilities that we willingly share for the good of the human community. What's strange is how Americans have grown alienated from these ideas. For the same reason it would be wrong to poison drinking water (a shared resource), or to abandon all the rules of the road (also a shared resource) while driving, it is also wrong to knowingly endanger our collective immunity to disease.

A utilitarian argument for universal vaccination would say herd immunity is a worthwhile and defensible goal because it creates the "greatest good for the greatest number." Utilitarianism would even tolerate some risk of harm to a few individuals for the benefit of the many. However, we don't need absolutely everyone to get vaccinated to create and sustain herd immunity. People who cannot safely be

vaccinated should receive a medical exemption, period. No one is asking for heroic sacrifice. We just need more people to step up. Unfortunately, the goal of herd immunity keeps slipping away because far too many people are refusing vaccination without a good reason. As we all know, this gives new variants of the virus a continual supply of hosts.

It is remarkable that people were so much more willing to take the risk of trying the experimental polio vaccine in the 1950s—or I should say subjecting their children to trying the polio vaccine—than they are now to take the fully FDA-approved Pfizer vaccine for COVID-19. The science and safety of vaccines has improved significantly since the mid 20th century. Why hasn't public confidence kept pace? I think the answer to that is complicated. The fear, paranoia, and misinformation surrounding the COVID vaccines have clearly affected people's judgment, but the reasons for the alienation—from a sense of community and shared humanity—run deep.

As for masks, wearing one has seemed from the beginning of this pandemic like such a small ask. We see old black and white photographs of people wearing cloth masks during the 1918 flu pandemic, going to ballgames, going about their business. We don't get the sense that these people were angrily protesting masks and shouting, "live free or die." Unless there is a medical reason why a person cannot safely wear a mask, yes, there is a moral obligation to wear one to reduce the transmission of disease. Notwithstanding the cases of violence that have erupted over the issue of masks, my sense is that most Americans, most of the time, have adapted quite readily to mask wearing. Because that is what humans do—they innovate, adapt, and work together for the good of the community.

TA: Does anyone have a moral obligation to get tested if they are experiencing symptoms?

Harwood: Getting a definitive test result is always a good idea if the illness being tested is transmissible and the test to identify the illness is accurate. A [false positive](#) or a false negative doesn't provide any useful knowledge. But knowing for sure that you have strep throat rather than allergies, for example, is crucial information for getting the right treatment and justifying isolation from others.

Individuals who are experiencing symptoms of COVID—which by now we know better how to recognize—should get tested with the most reliable test (PCR test) because the results (whether positive or negative) provide crucially important information for the good of the local, state, national, and global community. Being sick with COVID is not a solitary event. It is contracted from others and can be passed on to others—family members, fellow students, co-workers, fellow shoppers at the grocery store. People who test positive should notify the people close to them, insofar as they are able to do that work, and notify their employers or schools. We could and should build better systems for contact tracing and notification that would share the responsibility and the labor of notification. I think that would be prudent and fair. But step one is getting tested so that steps can be taken to reduce further transmission of disease.

TA: Does anyone have a moral obligation to tell others if they have been diagnosed with COVID?

Harwood: With a positive COVID test, there is unquestionably an obligation to quarantine. It's almost unthinkable that someone who knows they are positive for COVID would step onto an airplane, or attend a social gathering, and yet we know there are instances of this happening. People have their reasons for thinking their personal priorities trump public health, but such thinking demonstrates an appalling disregard for others. Indeed, one can easily imagine criminal

liability for such behavior. [Editor's note: here is an example under North Carolina law.]

As for an obligation to tell others of a positive COVID diagnosis, it depends on the nature of the contact and the nature of the relationship. Notifying people with whom you share living space, e.g., family members or roommates, would be obligatory, as would be notifying the guests at a party you threw while unknowingly coming down with COVID. But calling up everyone in the lecture hall where you attended class? Such an obligation would be burdensome, unrealistic, and arguably an erosion of your privacy. Better would be to notify the school and let a team of paid and capable contact tracers promptly identify and notify those individuals who need to know.

TA: What are the ethics of workplaces requiring vaccination?

Harwood: Now that the Pfizer vaccine has received full FDA approval, employers are justified in requiring vaccination of their employees. They are not asking their employees to do something dangerous or take an unnecessary risk. They are not being unduly paternalistic. Requiring vaccination protects everyone in the workplace and it reduces community spread overall, thereby protecting vulnerable people who cannot get vaccinated and all children younger than 12 who are not yet eligible.

TA: In places that are requiring vaccination, there are often religious exemptions. Given your expertise on the relationship between religious traditions and biomedical ethics, what are the theological justifications for these exemptions?

Harwood: It certainly seems that people are straining credulity in what

they characterize as a "religious" reason for requesting an exemption from vaccination. Some are turning to religious exemptions as a last resort, when the "nonreligious personal belief" exemption is no longer available. So there is an expediency to this use of the religious exemption that undermines its authenticity in many cases.

One might expect a group like Christian Scientists to refuse vaccination across the board, but this is not the case. Although Christian Scientists normally rely on the power of prayer for healing, rather than modern medicine, they recognize their obligations to public health: "For more than a century, our denomination has counseled respect for public health authorities and conscientious obedience to the laws of the land, including those requiring vaccination. Christian Scientists report suspected communicable disease, obey quarantines, and strive to cooperate with measures considered necessary by public health officials. We see this as a matter of basic Golden Rule ethics and New Testament love."

By contrast, some white Evangelicals have adopted a problematic understanding of moral purity that compels them to avoid what they perceive to be polluting or contaminating medical procedures. It is not hard to see this fear of contamination among people seeking religious exemptions from vaccination. However, as philosopher Ruth Groenhout has observed, Evangelicals' obsession with purity puts them, ironically, "into precisely the position of the Pharisees, the only group of people consistently criticized by Jesus for privileging their own moral purity and observance of the finer points of the law over providing assistance to the needy or care for the ill (Matt. 23:1-39. Luke 11: 37-54). The New Testament provides little comfort for religious believers who focus so exclusively on their own moral purity that they are willing to see others suffer for it."

Groenhout goes on to say that in her reading of the New Testament, Jesus "advocated an ethics of service and assistance to all (Matt.

26:14-39, Luke 22: 24-27, John 13: 1-17), but especially to those seen as one's enemies (Matt. 5:43-48, Luke 6: 27-36) and to the sick and poor (Matt. 25:31-46)."

So, although people may cite verses from the Bible to explain their desire to refuse the vaccination, and they may claim that their beliefs are "sincerely held," these things by themselves do not constitute a plausible and coherent theological justification for a vaccine refusal.

Provided by North Carolina State University

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