

COVID-19 vaccine mandates have come and mostly gone in the US—an ethicist discusses the implications

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Ending pandemics is a [social decision, not scientific](#). Governments and organizations rely on [social, cultural and political considerations](#) to decide when to officially declare the end of a pandemic. Ideally, leaders

try to minimize the social, economic and public health burden of removing emergency restrictions while maximizing potential benefits.

Vaccine policy is a particularly complicated part of pandemic decision-making, involving a variety of other complex and often contradicting interests and considerations. Although COVID-19 vaccines have [saved millions of lives](#) in the U.S., [vaccine](#) policymaking throughout the pandemic was often [reactive](#) and [politicized](#).

A late November 2022 Kaiser Family Foundation poll found that [one-third of U.S. parents](#) believed they should be able to decide not to vaccinate their children at all. The World Health Organization and the United Nations Children's Fund reported that between 2019 and 2021, global childhood vaccination experienced its [largest drop](#) in the past 30 years.

The Biden administration formally [removed federal COVID-19 vaccination requirements](#) for federal employees and international travelers in May 2023. Soon after, the U.S. government officially [ended the COVID-19 public health emergency](#). But COVID-19's burden on [health systems continues globally](#).

I am a [public health ethicist](#) who has spent most of my [academic career](#) thinking about the ethics of vaccine policies. For as long as they've been around, vaccines have been a classic case study in [public health and bioethics](#). Vaccines highlight the tensions between [personal autonomy and public good](#), and they show how the decision of an individual can have [populationwide consequences](#).

COVID-19 is [here to stay](#). Reflecting on the ethical considerations surrounding the rise—and unfolding fall—of COVID-19 vaccine mandates can help society better prepare for future disease outbreaks and pandemics.

Ethics of vaccine mandates

Vaccine mandates are the [most restrictive form](#) of vaccine policy in terms of personal autonomy. Vaccine policies can be [conceptualized as a spectrum](#), ranging from least restrictive, such as passive recommendations like informational advertisements, to most restrictive, such as a [vaccine mandate](#) that fines those who refuse to comply.

Each sort of vaccine policy also has different forms. Some recommendations [offer incentives](#), perhaps in the form of a monetary benefit, while others are only a [verbal recommendation](#). Some vaccine mandates are mandatory in name only, with [no practical consequences](#), while others may trigger [termination of employment](#) upon noncompliance.

COVID-19 vaccine mandates took many forms throughout the pandemic, including but not limited to [employer mandates](#), [school mandates](#) and [vaccination certificates](#)—often referred to as [vaccine passports](#) or [immunity passports](#)—required for travel and participation in public life.

Because of ethical considerations, vaccine mandates are typically [not the first option](#) policymakers use to maximize vaccine uptake. Vaccine mandates are [paternalistic by nature](#) because they limit freedom of choice and bodily autonomy. Additionally, because some people may see vaccine mandates as invasive, they could potentially create challenges in maintaining and garnering trust in [public health](#). This is why mandates are usually the last resort.

However, vaccine mandates [can be justified](#) from a public health perspective on multiple grounds. They're a [powerful and effective](#) public health intervention.

Mandates can provide [lasting protection](#) against infectious diseases in various communities, including schools and health care settings. They can provide a public good by ensuring widespread vaccination to reduce the chance of outbreaks and disease transmission overall. Subsequently, an increase in community vaccine uptake due to mandates can protect immunocompromised and vulnerable people who are at higher risk of infection.

COVID-19 vaccine mandates

Early in the pandemic, [arguments in favor](#) of mandating COVID-19 vaccines for adults rested primarily on evidence that COVID-19 vaccination prevented disease transmission. In 2020 and 2021, COVID-19 vaccines seemed to have a [strong effect on reducing transmission](#), therefore justifying vaccine mandates.

COVID-19 also [posed a disproportionate threat](#) to [vulnerable people](#), including the immunocompromised, older adults, people with chronic conditions and poorer communities. As a result, these groups would have [significantly benefited](#) from a reduction in COVID-19 outbreaks and hospitalization.

Many researchers found [personal liberty and religious objections insufficient](#) to prevent mandating COVID-19 vaccines. Additionally, [decision-makers](#) in favor of mandates appealed to the COVID-19 vaccine's ability to [reduce disease severity and therefore hospitalization rates](#), alleviating the pressure on overwhelmed health care facilities.

However, the emergence of even more transmissible variants of the virus dramatically changed the decision-making landscape surrounding COVID-19 vaccine mandates.

The public health intention (and ethicality) of original COVID-19

vaccine mandates became less relevant as the scientific community understood that achieving herd immunity against COVID-19 was [probably impossible](#) because of uneven vaccine uptake, and [breakthrough infections](#) among the vaccinated became more common. Many countries like [England](#) and [various states in the U.S.](#) started to roll back COVID-19 vaccine mandates.

With the rollback and removal of vaccine mandates, decision-makers are still left with important policy questions: Should vaccine mandates be dismissed, or is there still sufficient ethical and scientific justification to keep them in place?

Vaccines are lifesaving medicines that can help everyone eligible to receive them. But vaccine mandates are context-dependent tools that require considering the time, place and population they are deployed in.

Though COVID-19 vaccine mandates are less of a publicly pressing issue today, many other vaccine mandates, [particularly in schools](#), are currently being challenged. I believe this is a reflection of decreased trust in public health authorities, institutions and researchers—resulting in part from tumultuous decision-making during the COVID-19 pandemic.

Engaging in transparent and honest conversations surrounding vaccine mandates and other health policies can help rebuild and foster trust in public [health](#) institutions and interventions.

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