

Should all vaccines be mandatory?

“That the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others; his own good, either physical or moral, is not a sufficient warrant.” Stuart Mill, 1859.¹

Mandatory vaccination was first attempted in the 1850s² during the small pox epidemic, but was met with hostility. Compulsion was admitted as being ineffective and was seen as government interference. Conscientious objection to vaccination was duly recognised with the passing of the less restrictive Vaccination Act in 1898.

Childhood vaccine uptake in the UK remains consistently high, with herd immunity rates over 80% for most diseases. At the peak of the MMR-autism controversy in 2012, when sporadic outbreaks of measles were regularly reported, Dr Salisbury, Director of Immunisation at the Department of Health argued, “Compulsion is unnecessary, unenforceable and does more harm than good.”³

The evidence that mandates improve or sustain high vaccination rates is unconvincing. They are counterproductive; fuel conspiracy theories, encourage defiance and recruit others to the cause of the “anti-vaxxers”. They also put healthcare staff delivering the vaccine in a difficult position. Imposition

¹ Mill, J., 1859. *On Liberty*. 1st ed. London: John W. Parker, p.13.

² Batniji, R., 2021. *Historical evidence to inform COVID-19 vaccine mandates*. The Lancet. Available at: <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00267-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00267-1/fulltext)> [Accessed 30 December 2021].

³ Salisbury, D., 2012. *Should childhood vaccination be mandatory? No*. The BMJ. Available at: <<https://www.bmj.com/content/344/bmj.e2435.full>> [Accessed 30 December 2021].

of a medical treatment, where consent is obtained by coercion, is an assault on the autonomy of the patient. Informed consent by those who do not lack capacity is enshrined in ethical medical practice.⁴

Compulsion is hard to enforce - it requires legislation and would be challenged as an inappropriate intrusion by the government. How is it possible to criminalise large groups of individuals, restrict school entry or forcefully vaccinate against parental will? In some US states, where childhood vaccinations are compulsory for school entry, the rates of home schooling are high and some parents can easily avail exemptions on religious or personal grounds.

Successful rollout of any vaccination programme relies on trust, communication and education. Polio, once endemic, was eradicated by engagement with social and religious leaders and understanding the concerns of parents.⁵ Improving education and investment in delivery of the vaccines worked - a mandate was never needed. The concerted efforts of researchers, journalists and the General Medical Council helped in discrediting Andrew Wakefield's fraudulent research linking MMR vaccine with autism twenty years ago.⁶ Anti-vaccine groups now have an alarming presence on social media, broadcasting false information without any barriers. Resources aimed at countering and exposing them would have a greater impact than enforcing mandatory vaccination.

Vaccination is vital in saving lives and building healthy communities. However, the UK should only mandate vaccines if there is no alternative, and to the least extent necessary. Mandates for those at

⁴ Kollek, R., 2009. *The UNESCO Universal Declaration on Bioethics and Human Rights*. [online] unesco.org. Available at: <<https://unesdoc.unesco.org/ark:/48223/pf0000212116>> [Accessed 30 December 2021].

⁵ Bhaumik, S., 2012. *Polio eradication: Current status and challenges*. [online] National Center for Biotechnology Information. Available at: <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893965/>> [Accessed 30 December 2021].

⁶ Schneider, L., 2020. *Brian Deer's book on Andrew Wakefield: "The Doctor Who Fooled the World"*. [online] For Better Science. Available at: <<https://forbetterscience.com/2020/10/13/brian-deers-book-on-andrew-wakefield-the-doctor-who-fooled-the-world/>> [Accessed 30 December 2021].

most risk or for healthcare workers who could infect the most vulnerable is a more measured approach. According to the Nuffield Council of Bioethics, mandatory vaccination is justified for selected “highly contagious serious diseases”⁷, provided the vaccine is safe and effective with a distinct cost/benefit advantage compared with other alternatives, and the level of coercion is proportionate. During the COVID-19 pandemic, isolation, quarantine and selective lockdowns proved effective in controlling case numbers in South Korea and Singapore.

We need more investment in disease prevention and public health. We need laws to control anti-vaccine propaganda disguised under the umbrella of “free speech”. We need better communication, education, and access to vaccines – not compulsion.

⁷ The Nuffield Council on Bioethics. 2021. *Mandatory vaccinations for health and social care workers: Nuffield Council on Bioethics urges Government to gather more evidence and explore other options more thoroughly before introducing coercive measures - The Nuffield Council on Bioethics.* [online] Available at: <<https://www.nuffieldbioethics.org/news/mandatory-vaccinations-for-health-and-social-care-workers-nuffield-council-on-bioethics-urges-government-to-gather-more-evidence-and-explore-other-options-more-thoroughly-before-introducing-coercive-measures>> [Accessed 30 December 2021].

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