

# Ethics Dispatch

*"The object of philosophy is the logical clarification of thoughts. Philosophy is not a theory but an activity."*

- Ludwig Wittgenstein

## Hot Topic: Ethical Dilemmas in Vaccinating Children

There's been much controversy about vaccinating children with COVID-19 vaccines. A recent article published in [ABC News](#) suggests parents are worried about the COVID-19 vaccine's effects on a child's immune system, prompting them to space out immunizations. Some have argued that the COVID vaccine poses too high a risk in children to be justified. In October 2021, Melissa Healy of the Los Angeles Times wrote a news article titled "It's Harder to Justify COVID Vaccine for Children if Pandemic's End is Near." She writes:

*If this were December 2020, or August 2021, the argument for vaccinating young children against COVID-19 would be easy to make. . . . But it's late October 2021. . . . New infections and deaths have both plunged more than 45% since a surge in September. . . . All that is good news, but it also means that widespread vaccination of the nation's grade-school population offers less of an upside than it would have before. This makes it harder to say there's enough to be gained by the shot to offset the theoretical possibility of heart risks—a downside that has not yet been measured.*

### Weighing Risks and Benefits

There are many issues with Healy's argument. For starters, she assumes that the pandemic is waning. Her evidence for this is that COVID-related deaths and infections have decreased significantly since a peak in September. Healy then lists myocarditis— inflammation of the heart—as a [possible](#) side-effect in children. According to [Mayo Clinic](#), symptoms of myocarditis include difficulty breathing and chest pain in children, with heart failure and cardiac death listed as potential complications. Given that the pandemic is waning significantly, Healy concludes that the risk and cost of vaccinating children against COVID *may* outweigh the benefits.

This news article has been the subject of much criticism, with [some](#) noting that the "logic" of the article is "deeply flawed." For example, Healy fails to specify precisely how the costs of immunizing children outweigh the benefits. Her article makes mention of myocarditis as a possible adverse side-effect, but it does not offer any data about *how likely* these adverse events occur, or *how much* they outweigh the benefits of vaccination. According to the [CDC](#), some cases of myocarditis have indeed been reported in the VAERS (Vaccine Adverse Event Reporting System) database; however, the database itself notes:

*VAERS accepts reports of adverse events and reactions that occur following vaccination. Healthcare providers, vaccine manufacturers, and the public can submit reports to the system. While very important in monitoring vaccine safety, VAERS reports alone cannot be used to determine if a vaccine caused or contributed to an adverse event or illness. The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. In large part, reports to VAERS are voluntary, which means they are subject to biases. This creates specific limitations on how the data can be used scientifically. Data from VAERS reports should always be interpreted with these limitations in mind.*

The disclaimer on the VAERS website indicates that some reports of myocarditis are incomplete, requiring further investigation (which is currently [underway](#)). Most importantly, this suggests we are no more justified in saying that pediatric myocarditis is a calculable adverse side-effect of the COVID-19 vaccine than we are in saying that the benefits of the COVID-19 vaccine do not outweigh the costs. More research is needed to confirm these claims.

Additionally, Healy fails to consider the long-term benefits of vaccinating children. For example, Armin Schulz recently [pointed out](#) that the COVID-19 vaccine not only confers protection against COVID infection, but also reduces the likelihood of a deadly variant emerging. The rationale here is that viruses evolve, and the more they evolve, the more likely they are to give rise to more easily transmitted and deadly variants, as evidenced by Delta. The Omicron variant is still being studied as of this writing, but appears at least to be highly infectious, and among small children also. What we know now is that current versions of COVID vaccines significantly reduce the spread of SARS-CoV-2 and provide protection against serious illness and death. With increased rates of vaccination comes reduction of further viral mutations into new and worse variants. Given this, the long-term benefits of vaccinating children seem much greater than Healy anticipates.

### **Child Consent**

Criticisms aside, Healy's argument raises a slew of ethical questions about vaccinating children. Let's grant, for argument's sake, that the harms and benefits of vaccinating children with a COVID-19 vaccine are known, and that the benefits of the COVID vaccine outweigh the harms. All other things being equal, are parents morally required to vaccinate their children? If a parent decides *not* to vaccinate their child, does this constitute a harm? What should clinicians do if there is disagreement between the parents and the child, or among parents? In a recent editorial, Dominic Wilkinson and Antonia McBride highlight several ethics dilemmas associated with vaccinating children:

**Scenario 1:** Two parents disagree about vaccinating their child against COVID-19.

**Scenario 2:** Parents agree, but the child is extremely resistant to the COVID-19 vaccine.

**Scenario 3:** Child requests COVID-19 vaccine absent parental permission.

**Scenario 4:** Parents unanimously decline the vaccination, but the child wants to be vaccinated.

These scenarios highlight various obstacles to getting children vaccinated for COVID. These are not unique to COVID vaccines, however. Some people have been “anti-vaxxers” all along, with reasoning similar to those listed by McBride. Back in 1992, clinical ethicists Jonsen, Siegler and Winslade noted that declining any type of medical treatment, which would include vaccinations, is oftentimes a competent refusal by patients or parents who are well-informed but hesitant for various reasons. For example, actor Matthew McConaughey consented to the COVID vaccination of his adolescent son [Levi](#), while expressing hesitancy about vaccinating his younger children when vaccine became available for 5-11 year olds. McConaughey is not “anti-vaccine,” but noted that he needed more information about this vaccine’s effect on young children. This is a reasoned refusal. Jonsen et al. (1992) highlight that patient refusal of recommended medical treatment may also be grounded in unusual or unreasonable beliefs, i.e., beliefs with no basis in evidence or fact. Indeed, we can imagine cases where a parent refuses to vaccinate their children, fearing that a microchip will be implanted along with the vaccine or that their child will become sterile.

### A Possible Solution

For some parents, vaccine hesitancy may be addressed as medical providers provide them with information the parent lacked. This is what McConaughey likely is needing in regard to vaccination of his younger child. When seeking informed consent from a patient or parent, [Katz et al.](#) (2016) note:

*[P]atients and their surrogates should be provided explanations, in understandable, developmentally appropriate language, of the nature of their illness or condition; the nature of the proposed diagnostic steps and/or treatments and the probability of their success; the existence and nature of the risks and anticipated benefits involved; and the existence, potential benefits, and risks of potential alternative treatments, including the option of no treatment.*

Of course, in regard to COVID vaccination during a public health crisis such as pandemic, one might wish to place less emphasis on the “the option of no treatment.” Still, it is an option, and one that many parents and adult patients have been choosing, whether for lack of information or on account of having believed mis/disinformation about COVID vaccines. Trust and distrust are key components of this current dilemma situation. Katz, et al. place the onus for trust-building upon providers:

*How one shares this information is also crucial to building a successful, trusting relationship with children, adolescents, and their parents/guardians and is critical to achieving the goals of treatment.*

When encountering something like Scenario 1 or 4, above, where parents disagree with one another, or disagree together with medical advice to vaccinate their child, it may be

that information is lacking to which the parents are amenable when provided by their child's physician. In Scenario 2, a child's concerns may be quelled if medical providers communicate precisely how the vaccine works in the body. In some cases then, provision of information *might* help resolve vaccine hesitancy or refusals.<sup>1</sup> In cases where the distrust of medical information and advice is engendered from outside sources over which medical providers have no authority, it is no longer their responsibility, but one belonging to the parents themselves and to society at large. That is a much bigger problem for which we are still seeking solutions.

## Case Study

A five-year old child is eligible to get a recommended COVID vaccine recently approved for children 5-11 years. He is at the pediatrician's office with his parents. Though the child is perfectly compliant—with the help of a small toy he is given by the nurse—the parents have a heated exchange in the examination room. They disagree over the effectiveness and efficacy of the vaccine, but especially so about its safety. Citing something persuasive he found online about the potential adverse side-effects of COVID vaccine, Dad begs Mom to reconsider vaccination of their child. They simply disagree, having believed contradictory sources of information. The child still seems willing to get jabbed but is visibly frustrated by his parents' squabble. The clinician is torn between trying to mediate between the parents, obtain consent for vaccination from the parent who seems most reasonable (Mom), or just reschedule the appointment for a time when the parents have come to consensus—if ever. In the meantime, a pandemic rages, placing all unvaccinated persons, including his young patient, at higher risk. What should be done?

## Bioethics in the News

[Ethics of Digital Food Technology](#)

[Bioethics Podcast: Interview with Dr. Jennifer James](#)

[What Does It Cost to Be a Black Bioethicist?](#)

[Legal and Health Experts Discuss Widespread, Dangerous Health Misinformation](#)

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<sup>1</sup> Providing information, however, may not always help providers obtain informed consent. As [Katz et al. \(2016\)](#) note, the provision of information is part of a much larger process, a process that may not always see results. Parents may continue to disagree with one another, or even medical staff, about the vaccine's benefits and risks. Additionally, children may still be fearful as they may not be in a position, cognitively, to fully discern how the vaccine works.

## Ethical Musings: Our Negative Responsibility to Children?

Consider the following case:

*Tom wraps up a job interview. Believing the interview went well, Tom hurriedly walks to his car as he's eager to share the news with his family. As he walks, he sees a child drowning in a shallow pond. If he attempts to rescue the child immediately, Tom will ruin his brand-new suit, but the child will be saved. If he continues walking to his car, the child will die. What should he do?*

The answer to this question seems obvious. Tom should rescue the child. But let's consider a possible scenario where Tom continues walking to his car, ignores the child, and does nothing. In this world, did Tom act wrongly? Suppose the child drowns, is Tom blameworthy? If so, why? Can Tom be held morally accountable for an act he did not perform?

### **The Bystander Effect**

Tom's scenario may seem obtuse, but it generalizes to real-life scenarios. For example, social psychologists investigate the *bystander effect*, i.e., cases in which wrongdoings occur in the presence of large groups of people who fail to stop it. In 2019, Khaseen Morris, a 16-year-old child, was killed in the presence of over twenty people. Are these individuals blameworthy for Khaseen's death in the same way that, say, Tom is responsible for the drowning of the child?

The concept of *negative responsibility* may help shed light on these cases. Negative responsibility is the idea that we are responsible not only for the actions we perform, but also the actions we do not perform. This concept provides a possible framework for understanding why Tom and Khaseen's onlookers acted wrongly. Tom acted wrongly for not saving the drowning child, because he is morally responsible for his actions and inactions. The same, we might say, follows for Khaseen's onlookers, who are responsible for not preventing his murder.

### **Harm from Inaction**

The concept of negative responsibility may also be useful for understanding the ethics of child consent. Parents, we might say, bear a negative responsibility to their children. Suppose a healthy child, who fully understands the benefits of the vaccine, consents to getting vaccinated, is denied a vaccine by her parents. By choosing not to vaccinate their child, it may be that the parent failed to uphold their negative moral obligation; they are morally responsible for their inaction and the potential harms that ensue from their inaction. Extending these considerations to healthcare, we might say medical providers also bear a negative responsibility to patients, including children who are eligible and able to receive the COVID-19 vaccine. Is that so?

### **The Moral Nexus**

The concept of negative responsibility is not without its problems. Many have argued that the concept places too high of a demand for what and to whom moral agents are responsible. Certainly we are responsible only to the degree that we have authority to act. Despite these worries, the concept may nevertheless help us see that we occupy what R. Jay Wallace calls [the moral nexus](#). A moral nexus contains all the people—family, friends, and non-friends—we bear a moral obligation towards. If we are morally responsible for our inactions, then it may be that we are also morally responsible for the effects that our inactions have on the network of individuals around us.