The Ethics Dispatch

January 2026

"Functioning as our better selves leads to better outcomes for patients and everyone."

-- Tarris (Terry) Rosell, PhD, DMin, HEC-C

Hot Topic

Doing Harm:
Vaccine Policy in the Age of Distortion

By Cassie Shaffer Johnson, MA, Program Director of Ethics Services

Primum non nocere. That phrase is the Latin version of a maxim that all healthcare workers know, practice, and uphold. It means "first, do no harm," and it forms the basis of one of the four core principles of bioethics: nonmaleficence. It is the primary obligation of all of us who have sworn to serve others. The use of the word "first" further implies that it is the most important principle to which we must adhere.

And yet, we are currently witnessing what can only be described as a mass hysteria led by the head of the Department of Health and Human Services, Robert F. Kennedy Jr., who is calling for the reduction or even elimination of childhood vaccines. These are vaccines that have saved more than 150 million children's lives worldwide. Vaccines that have made life possible for many of us here today. Clearly, eliminating lifesaving, scientifically proven vaccines for the most vulnerable members of our population would be **doing harm**. This seems obvious. So why is this madness happening?

Myths about Overvaccination

The Hastings Center for Bioethics recently published a timely and incisive essay by Arthur Caplan entitled *The Bizarre and Dangerous Concept of Over-Vaccination*, and it is crucial reading in these challenging times. Caplan examines Kennedy's fearmongering and demonstrably false claims about the "danger" of vaccinations, including the assertion that current practices are "forcing over-vaccination."

Caplan explains that “nearly all American children receive 30 vaccinations against 16 diseases” not the “92” that Kennedy is claiming, which “brings the over-vaccination argument back full circle. It is only meaningful if one believes that vaccines don’t work or, worse, are dangerous. Which, of course, is utterly false. So, talking about overvaccination, throwing around numbers like 72 or 92 shots, is buying in to the anti-vaxx allegation that vaccines are bad for kids and more are worse.” (Caplan, 2025).

Misuse of Authority

When evaluated through the principle of nonmaleficence, Kennedy’s claims fail outright. Discouraging or eliminating scientifically proven vaccines is not a passive policy preference; it is an affirmative choice that predictably exposes children to preventable illness, suffering, and death. Such choices violate the most basic ethical obligation in healthcare: to avoid causing harm when that harm is both foreseeable and preventable. Yet the deeper ethical danger does not end there. When these claims are amplified by someone occupying a position of public authority, they do more than jeopardize individual patients – they corrode public trust in medicine itself, a trust upon which ethical healthcare practice depends.

This misuse of authority stands in stark contrast to the training, professional standards, and ethical oaths that healthcare workers are bound to uphold. Clinicians are taught – repeatedly and deliberately – to weigh risks against benefits, to rely on the best available evidence, and above all, to protect patients from preventable harm.

Crossing a Moral Threshold

When public officials charged with safeguarding health instead undermine those same evidence-based practices, they place healthcare workers in an untenable position. Clinicians are left to manage the downstream consequences of misinformation while attempting to remain faithful to their ethical commitments. This dissonance fuels moral distress: the psychological and ethical harm experienced when professionals know the right course of action but are constrained by forces beyond their control. And the damage extends further still. As authoritative voices distort scientific and ethical norms, public confidence in medicine erodes – weakening the very trust that makes ethical, effective healthcare possible.

Primum non nocere is not a slogan or a historical flourish; it is a moral threshold. It marks the line between responsible care and preventable harm, between ethical leadership and reckless authority. When those entrusted with public health abandon this principle, the consequences are neither abstract nor theoretical – they are borne by patients, clinicians, and communities alike. The obligation to “first, do no harm” applies with even greater force to those whose words and decisions reverberate far beyond a single bedside. To violate this principle at the highest levels of health leadership is not merely an ethical failure. It is a betrayal of medicine itself.

Source

The Bizarre and Dangerous Concept of Over-Vaccination - The Hastings Center for Bioethics

Bioethics in the News

[How do health care professionals determine eligibility for medical assistance in dying?]
medicalxpress.com

[Changes to the US vaccine recommendations are sowing confusion and could harm kids]
AP News

[NIH resignations: Scientists, administrators on why they left in protest]
STATnews.com

Case Study

When Vaccination Status Leads to Conflict
Physicians Question Their Response to Anti-Vax Parents

Emilie Amelian is a 6-year-old female who presented to the emergency department with her parents, James and Ester Amelian, after a brief episode of dizziness and loss of consciousness while playing with friends. Emilie quickly recovered and told her parents that she felt fine, but they chose to take her home to rest as a precaution.

Although Emilie appeared fully recovered later that day, Ms. Amelian remained concerned and wanted her evaluated at the hospital. Mr. Amelian felt this was unnecessary but agreed there was no harm in seeking medical evaluation.

Child Admitted with Vague Symptoms

At the hospital, the emergency physician, Dr. Tasnoe, examined Emilie and believed she was likely mildly dehydrated or had not eaten enough that morning. She recommended discharge with instructions to eat, hydrate, and rest. Dissatisfied with this assessment, Emilie's parents became increasingly insistent that she be admitted and undergo further testing. Exhausted after working a double shift, Dr. Tasnoe agreed to admit Emilie for observation.

Emilie was subsequently evaluated by Dr. Wallace, who reviewed her medical record and discussed the events with her parents. They reported no clear explanation but mentioned concern about possible environmental factors, including fungus in their yard. While reviewing Emilie's chart, Dr. Wallace noted that she was behind on her vaccinations and asked whether they planned to update them.

Parents Deny Vaccine Relevance

The Amelians reacted defensively, stating that vaccinations were unrelated to the episode and asserting that Emilie had strong natural immunity. They expressed distrust of modern medicine and refused further discussion about vaccinations, insisting instead on additional diagnostic testing, which Dr. Wallace ordered.

All test results returned negative, and Emilie was deemed medically stable for discharge. Her parents expressed anger, stating that the hospital was giving up on her and that they intended to take her to a specialist. They requested a referral to assist with scheduling and insurance, which Dr. Wallace provided despite some ethical discomfort. Emilie was discharged, with an appointment scheduled with an out-of-state specialist.

Physicians Request Consultation

Following Emilie's hospitalization, the medical team requested an ethics committee consultation, involving both Dr. Wallace and Dr. Tasnoe, seeking guidance on how similar situations might be managed in the future to reduce conflict and improve communication.

Ethical Musings

The Necessity of Trust
Efforts to Erode Trust Threaten Health Outcomes

By Ryan Pferdehirt, D.Bioethics, HEC-C, Vice President of Ethics Services, Rosemary Flanigan Chair

The ethical practice of medicine, more often than not, takes the form of a relationship between a provider and a patient. As with most relationships, the essential element required is trust. Patients must trust that providers are acting in their best interests, are not lying or withholding important information, and are not morally compromised by secondary gains or competing interests. This is such an essential aspect of medicine that it is truly foundational, originating in the Hippocratic Oath. While the specific details of the Oath have changed over time, its intention has not. Providers must swear to minimize harm, value patients, and act in the best interests of those they serve. These elements remain unchanged because they are essential to establishing trust.

Who Do You Trust?

If you live on the East Coast of the United States and travel to the West Coast for a vacation, and during that vacation you experience severe chest pain, you would understandably be concerned. You go to a healthcare provider to put your mind at ease. You have never met this provider, have no prior relationship with them, and will likely never interact with them again.

How can you trust that this provider is being honest and acting in your best interests when they tell you that you should be fine and encourage you to enjoy your vacation? You can have some degree of trust because of the standards of the medical profession. Other professions do not command the same level of public trust. Would you trust a car mechanic not to overcharge you for repairs if they knew they would never see you again? Probably not. Yet you can place trust in an unfamiliar provider because of the professional expectations and standards inherent in the field of medicine.

Trust Yourself?

This situation becomes more challenging as the educational divide between providers and patients continues to widen. To continue the car analogy, if a mechanic claimed that they needed a “left-handed screwdriver” and that it would cost extra, someone with basic knowledge of cars and tools would recognize the lie. Most people, however, do not have the same level of medical knowledge as their cardiologist. This disparity further underscores the necessity of trust. Without it, providers cannot practice to the best of their abilities, and patients may be less likely to follow medical recommendations, potentially resulting in worse outcomes.

Of course, no profession or practice is perfect. There will be bad actors, unqualified professionals, and individuals who seek personal benefit without living up to professional standards. There will be providers who are financially compromised or focused on self-interest rather than the well-being of their patients. This is an unfortunate aspect of human nature. However, it does not mean that the field as a whole is morally compromised or more interested in personal gain than in upholding its ethical obligations. Yet this has become a growing narrative in public discourse. There is a real effort to erode trust in healthcare providers, often under the guise of patient education and empowerment: *do not trust your doctor, trust yourself.*

When Trust Erodes

This criticism and subsequent review are important. They are how individuals —and the profession as a whole—grow and improve. Even the greatest athletes rely on coaches to continue developing their skills. Medicine, like all human endeavors, is an imperfect art. Many decisions must be made based on “the best judgment of a healthcare provider.” That judgment may not always be absolute truth, but it is far closer to the truth than an uninformed opinion.

You cannot build anything by tearing it down. You do not establish trust by sowing distrust. Healthcare depends on trust to function effectively, beneficially, and ethically. Trust must be continually examined and strengthened, but unilateral criticism, cynicism, and demonization do not contribute to that goal. In the end, it is patients, communities, and the public who suffer most when trust in medicine is undermined.

Ethics Committee Consortium Resources

All ECC Resources *bookmark this page*

Previously Written Ethics Dispatches

Ethics Committee Resources

Bioethics Case Studies and Resources

The Ethics Dispatch is Written By

Ryan Pferdehirt, D.Bioethics, HEC-C, Vice President of Ethics Services,
Rosemary Flanigan Chair
Cassie Shaffer Johnson, MA, Program Director of Ethics Services

Center For Practical BIOETHICS

www.PracticalBioethics.org
816-221-1100

DONATE