

# A Moral Duty



## Vaccine: Compulsion

*“Getting vaccinated is a moral duty. It is part of our mutual responsibility,” said the health minister, Yuli Edelstein. He also has a new mantra: “Whoever does not get vaccinated will be left behind.”*

[NEW YORK TIMES 23 FEB 2021](#)

Israel is leading the way in making the unvaccinated a new disenfranchised class. In the UK talk of vaccine passports and ‘no jab no job’ arrangements continues apace. The UK government called for comments on “whether COVID-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety” to be made between March 15 and March 29:

*The government is reviewing whether COVID-status certification could play a role in reopening our economy, reducing restrictions on social contact and improving safety.*

*COVID-status certification refers to the use of testing or vaccination data to confirm in different settings that individuals have a lower risk of getting sick with or transmitting COVID-19 to others. Such certification would be available both to vaccinated people and to unvaccinated people who have been tested.*

*The government will assess to what extent certification would be effective in reducing risk, and its potential uses in enabling access to settings or relaxing COVID-secure mitigations.*

*The government is looking to consider the ethical, equalities, privacy, legal and operational aspects of a potential certification scheme, and what limits, if any, should be placed on organisations using certification.*

*We are issuing this call for evidence to inform this review into COVID-status certification, to ensure that the recommendations reflect a broad range of interests and concerns. We welcome views from all respondents.*

#### [COVID-STATUS CERTIFICATION REVIEW – CALL FOR EVIDENCE](#)

There can be little doubt that the use of COVID-status certification to restrict access by the unvaccinated to services, employment and participation in other forms of social engagement would constitute coercion to be vaccinated. We read in the previously cited article on Israel:

*Dr. Maya Peled Raz, an expert in health law and ethics at the University of Haifa, defended some limits on personal liberties for the greater good. Employers cannot force employees to get vaccinated, she said, but they might be allowed to employ only vaccinated workers if not doing so could harm their business.*

*“That may involve some damage to individual rights, but not all damage is prohibited if it is well-balanced and legitimate in order to achieve a worthy goal,” she said. “It’s your choice,” she added of leisure activities. “If you are vaccinated, you can enter. As long as you aren’t, we can’t let you endanger others.”*

#### [NEW YORK TIMES 23 JANUARY 2021](#)

To force compliance with an act of physical penetration through threats of effective starvation and social exile is conceptually identical with rape.

There are arguably situations where the rights to life, to liberty and to the autonomy of an individual over their own body might have to be set aside because that life, liberty and autonomy present clear and serious danger to the lives and well being of others. There is certainly an ethical debate to be had regarding the balance between the most fundamental rights of individual and the well-being of the many. It would be beneficial to have wide ranging debate on these fundamentals. But before having such a debate we need to ask whether there is a threat posed to the well being of the many by a refusal by the few to be vaccinated. We need to weigh the case for individuals being vaccinated against the case for them not being vaccinated and then determine whether the case for them being vaccinated so greatly outweighs the case for them not being vaccinated that it also outweighs their fundamental human rights in this matter.

I contend that what we know of the safety, efficacy and necessity of the Covid-19 vaccines does not constitute a sufficient reason to recommend them to everyone let alone force them on anyone.

#### **Vaccine: Safety**

*“Norway has been one of the most successful countries in Europe in the fight against Covid-19, with only Iceland experiencing fewer deaths relative to the size of its population. So when, after vaccinating 120,000 of its 5.3m people with the Oxford/AstraZeneca jab, Norway found six cases of severe blood clots in recipients that led to the death of four people, the number stood out. “It is quite remarkable. For the young nurses, young doctors who have been vaccinated, it is not good news for them. The sentiment in Norway because of this is a little special,” Steinar Madsen, medical director at the Norwegian Medicines Agency, told the Financial Times.”*

#### [FINANCIAL TIMES MARCH 21 2021](#)

Several European countries suspended use of the Astra Zenica vaccine.

In an [open letter to the European Medicines Agency](#) a number of doctors and scientists “question whether cardinal issues regarding the safety of the vaccines were adequately addressed prior to their approval by the European Medicines Agency (EMA)”. The letter suggests a mechanism that might result in the blood clots reported. I commented on this in a [previous article](#).

### **Vaccine: Efficacy**

In [an October 2020 article](#) published in the British Medical Journal Peter Doshi writes:

*Peter Hotez, dean of the National School of Tropical Medicine at Baylor College of Medicine in Houston, said, “Ideally, you want an antiviral vaccine to do two things . . . first, reduce the likelihood you will get severely ill and go to the hospital, and two, prevent infection and therefore interrupt disease transmission.”*

*Yet the current phase III trials are not actually set up to prove either. None of the trials currently under way are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.*

[HTTPS://WWW.BMJ.COM/CONTENT/371/BMJ.M4037](https://www.bmj.com/content/371/bmj.m4037)

Doshi notes that “in all the ongoing phase III trials for which details have been released, laboratory confirmed infections even with only mild symptoms qualify as meeting the primary endpoint definition.” So claims that a vaccine is 60% or 90% effective in preventing serious illness (I’m not sure exactly what is being claimed) are an extrapolation from trials in which the majority of symptomatic infections are mild.

I might infer from this that if, in a trial, you had a cough and did not test positive for Covid and I had a cough and tested positive for covid then my cough might be attributed to covid while yours, of course would not. It would not be justified to make extrapolation regarding the prevention of serious illness from results like this.

With regard to evidence of transmission reduction Doshi quotes Tal Zaks, the chief medical officer of Moderna:

*“Our trial will not demonstrate prevention of transmission, because in order to do that you have to swab people twice a week for very long periods, and that becomes operationally untenable.”*

From reading Doshi’s article it appears that claims regarding the efficacy of vaccines are somewhat spurious.

### **Vaccine: Curious Coincidences**

- [Covid Spiking In Over A Dozen States—Most With High Vaccination Rates via @forbes](#)  
Why would covid infections be spiking particularly in states with higher than average vaccination rates? A puzzling and unfortunate coincidence maybe but not certainly not supportive of the case for infection reduction as a result of vaccination.

### **Vaccine: Necessity**

A question worth asking is whether the Covid-19 vaccines, even if safe and efficacious, are the best, most appropriate, individual, national and global response to the Covid-19 virus. The following

paragraph from [Peter Doshi's BMJ article](#) argues that severe disease is relatively rare as a proportion of symptomatic infections.

*“Data published by the US Centers for Disease Control and Prevention in late April reported a symptomatic case hospitalisation ratio of 3.4% overall, varying from 1.7% in 0-49 year olds and 4.5% in 50-64 year olds to 7.4% in those 65 and over. Because most people with symptomatic covid-19 experience only mild symptoms, even trials involving 30 000 or more patients would turn up relatively few cases of severe disease.”*

While Doshi uses the figures to argue that the trials claiming efficacy for vaccines in ameliorating symptomatic disease are of questionable validity, they also relate to issues of appropriateness of response. Is it reasonable that we should seek vaccination for an infection that, if symptomatic, is severe in 3.4% of those cases? Is it reasonable that we should force others to be vaccinated in response to the known probabilities of severe illness? Is it reasonable, on the basis of what we know about the disease and its medical consequences, that the whole of society should be changed and fundamental principles of individual rights eclipsed in our response to it?

## **OODA**

OODA stands for Observe, Orientate, Decide, Act. It seems like an eminently sensible and obvious approach to any achieving any objective, military, medical or otherwise. [Malcolm Kendrick argues on his blog](#) that this approach has not been followed with regards to the pandemic because ***while a lot of data has been gathered about morbidity and mortality there are unexplained inconsistencies that call all of this data into question and render it inadequate as a basis for right understanding of the pandemic*** and therefore right decisions and right actions in responding to it. It is important to ask these questions of all the data because it is on the basis of clear understanding that public policy can be properly made and public trust for policy properly engaged. Before we proceed any further with plans to conscript and compel compliance, before we sacrifice and demand sacrifice of the individual rights that are the very basis of rational morality, we need to fully observe and fully orientate as a society through full debate and questioning. We need to reason together, calmly, consciously, compassionately, creatively and courageously.