

Proof of COVID-19 Vaccination to Study-A Biomedical Ethical Analysis

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Abstract

SARS-CoV-2 infects children far less frequently than adults and when infected, children experience no or benign symptoms. Children further do not transmit the virus in any meaningful way. Despite these facts, many public health authorities recommend that all children above the age of 12 get vaccinated to mitigate the spread of SARS-CoV-2. As a result, many schools, colleges, and universities require proof of vaccination for students to attend class, essentially coercing students to get the COVID-19 vaccine. The rationale presented by public health officials for recommending COVID-19 vaccination for children is threefold: a) To keep children from contracting COVID-19 and becoming seriously ill; b) To stop children from transmitting SARS-CoV-2 to each other, teachers, parents and grandparents; c) It is needed to reach herd immunity. Consequently, this research investigates whether these hypotheses are correct and supported by the science and empirical data. If the principal points of departure are flawed, it follows that a policy to vaccinate children against COVID-19 would be irrational. The four main biomedical ethical principles, that is beneficence, non-maleficence, autonomy, and justice, are defined and explained to provide a universal, moral analytical framework that can aid public health policymakers in making morally and ethically sound decisions. The four main ethical principles are then applied to the policy and practice to coerce young people to get the COVID-19 vaccine.

Keywords: COVID-19 • Vaccine • Biomedical ethics • Children's Right to Education

Introduction

Early in the pandemic doctors and policy-makers became well aware that COVID-19 is much less dangerous for children than it is for adults and the elderly [1]. In fact, a key aspect of this pandemic is that children and young people seem to be infected by SARS-CoV-2, the virus that causes COVID-19, far less frequently than adults and, when infected, typically have no symptoms at all or mild symptoms [4-12]. Additionally, numerous studies confirmed that children do not transmit the virus in any meaningful way. Despite these scientific facts, governments across the globe have implemented a wide range of Non-Pharmaceutical Interventions (NPIs) targeting children and young people to mitigate the spread of SARS-CoV-2, including recommending that all children above the age of 12 get vaccinated.

In the USA, many colleges and universities will require proof of vaccination for all students attending in-person classes in the fall of 2021, essentially making COVID-19 vaccines mandatory, as the choice between getting vaccinated and not being able to get an education is no choice at all. The U.S. Department of Health and Human Sciences and Centers for Disease Control and Prevention ("CDC") recommends everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19. According to the CDC: "Getting a COVID-19 vaccination can help protect your child from getting COVID-19. Early information shows

that the vaccines may help keep people from spreading COVID-19 to others. They can also help keep your child from getting seriously sick even if they do get COVID-19 [2]. Widespread vaccination is a critical tool to help stop the pandemic."

The rationale presented by public health officials for recommending COVID-19 vaccination for school children, adolescents, and young adults are therefore:

- a) To keep children safe and to protect children from contracting COVID-19 and becoming seriously ill [2].
- b) To stop children from transmitting SARS-CoV-2 to each other, vulnerable children, teachers, parents, and grandparents [2].
- c) Widespread vaccination which includes children is needed to reach herd immunity [2].

In order for this recommendation to be rational, reasonable, and ethical public policy, the hypothesis is thus that:

- a) Children are at risk of becoming seriously ill from COVID-19 and therefore need to be protected through vaccination.
- b) Children are responsible for the transmission of SARS-CoV-2 and therefore other children, vulnerable children, teachers, parents, and grandparents need to be protected through the vaccination of children to keep children from spreading COVID-19 to others.
- c) Vaccinating children is the only way herd immunity can be achieved given that children are a substantial part of the population.

Consequently, it is critical to investigate whether the above principal hypothesis is correct and supported by the science and data. If the principal points of departure are flawed, it follows that a policy to vaccinate children against COVID-19 would be irrational, unnecessary, and unreasonable. It is further crucial to consider the medical ethical implications of such a policy.

Children and COVID-19-Following the Science

Are children at risk of becoming seriously ill from COVID-19?

A general pattern has been reported from multiple countries and that is that children who test positive for COVID-19 experience no symptoms or a mild form of the disease. This means that children and younger adults have a much lower risk of severe forms of COVID-19 than other age groups [3]. Children have a different reaction to the SARS-CoV-2 virus compared to adults. The immune systems of children and adults are different both with respect to their makeup and functional receptiveness [3-5].

COVID-19's Case Fatality and Crude Mortality Rate for children range between 0.003% and 0.0003%, respectively [3]. A total of 99.997% of all school children under the age of 18 who contract COVID-19 will have mild to no symptoms and survive [3].

Data by the American Academy of Pediatrics showed that "0.00%-0.003% of all child COVID-19 cases resulted in death." [4].

Therefore, there is no medical basis or rationale for vaccinating children and young people against COVID-19 "to protect them" or "keep them safe".

Are children responsible for the transmission of SARS-CoV-2?

A further cardinal question is the capability of infected children to spread SARS-CoV-2 [5]. Numerous studies have shown that children and young people do not readily transmit the SARS-CoV-2 virus, and the theory

of symptomless spread has been debunked, especially for children [5-10].

There are many studies that perspicuously show that school children, if infected, do not spread SARS-COV-2 to other children or adults in any significant way [5-10]. A number of international family cluster studies found that children were not likely to be the index case in households, only being responsible for around 10% [5,6]. Data from Guangzhou, China have supported this, finding an even lower rate of children as index cases in households at 5% [5,7]. A case study of a cluster in France included a child with COVID-19 who failed to transmit it to any other person, despite exposure to more than a hundred children [5,8]. In a school study from New South Wales, Australia, a proportion of 863 close contacts of nine children and nine teachers were followed for seroconversion as a marker of recent exposure. No evidence of the children infecting teachers were found [5,9]. In the Netherlands separate data from primary care and household studies suggest SARS-COV-2 mainly spread between adults and from adult family members to children [5,10]. In the Republic of Ireland, results echo the experience of other countries, where children are not considerable drivers of the transmission of COVID-19. In a study among 1,001 child contacts there were no confirmed cases of COVID-19. The study found no evidence of secondary transmission of COVID-19 from children attending school in Ireland [11].

It is further well documented that symptomless COVID-19 cases are not the drivers of the pandemic, which is particularly important in relation to children as they are mostly symptomless [8-10]. A study from Wuhan, China calling into question 'asymptomatic' spread of SARS-Cov-2, showed that in a sample of ten million people, when all positive 'asymptomatic' cases were followed and all close contacts were traced, there were zero instances of symptomless contagion [12].

The World Health Organization's ("WHO") also confirmed that "From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual" [5,26].

Are vaccinating children needed to achieve herd immunity?

Herd immunity is the general protection of a population from a disease due to enough individuals possessing antibodies (whether by previous infection and recovery, or by immunization). Vaccinations ensure that a large portion of the population maintains immunity to certain contagious diseases.

The disputation that states can only get to herd immunity by vaccinating children is preposterous. Children can become naturally infected as they do with other pathogens that cause innocuous infections [11,26]. Children have a 99.997% probability of recovering from COVID-19 and will have no to only mild symptoms while at the same time developing naturally acquired immunity that is superior to that which might be caused by a vaccine [13,26]. This approach would also accelerate the development of the much-needed herd immunity [13,26].

No mass vaccinations of children and young people are reasonably required to combat a disease with a population-level crude mortality rate ranging between 0.0001% and 0.5% [14,26].

Medical Ethical Considerations

Ethics is the application of values and moral rules to human activities. Biomedical ethics is a subsection of ethics, that uses ethical principles and decision-making for solving actual or anticipated dilemmas in medicine and biology [15,16,24].

Ethics seeks to find reasoned, consistent, and defensible solutions to moral problems. Judging medical interventions through the lens of medical ethics provides a simple, straightforward, and politically neutral approach to finding acceptable solutions and guiding prudent public health policy [15,16,24]. Medical ethics is based on four common, moral commitments:

Respect for autonomy, beneficence, non-maleficence, and justice [16]. It offers a universal, essential moral analytical framework and principles that can aid policymakers, doctors, and other health care workers to make morally sound decisions.

Respect for Autonomy

Respect for autonomy is the moral duty to respect the autonomy of others. In health care respecting people's autonomy requires health care policymakers and health care workers:

To consult people and obtain their agreement before embarking on a course of treatment- hence the obligation to obtain informed consent from patients [16].

To tell the truth and not to deceive people as "the absence of deceit is part of the implicit agreement among moral agents when they communicate with each other" [15,16].

To communicate well with people. Good communication requires, most importantly, listening as well as informing and is necessary for giving patients sufficient information about any proposed medical intervention and for enquiring whether patients want such medical intervention [16].

The practice by school, college and university boards to require proof of vaccination for all students, in effect coercing and forcing students to get vaccinated with an experimental Emergency Use Authorized (EUA) vaccine (with no medium- or long-term safety and efficacy data) contravenes the moral obligation to respect the patient's autonomy. It also violates the Nuremberg Code that determines that the voluntary consent of the human subject is absolutely essential and no one may be coerced to participate in a medical procedure without his free and informed consent.

The World Medical Association (WMA), an international and independent confederation of free professional medical associations representing more than ten million physicians worldwide, further confirmed that "Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary" [17].

From a medical ethical perspective, it is highly unethical to vaccinate people under threat and duress, especially people who aren't at risk from a disease.

Beneficence and Non-Maleficence

Whenever public health officials and health care workers try to help others, they inevitably risk harming them. Public health officials and health care workers, who are committed to helping others, must therefore consider the principles of beneficence and non-maleficence together [16,18]. The principle of beneficence is the obligation to act for the benefit of the patient and supports a number of moral rules to protect and defend the rights of others, prevent harm and remove conditions that will cause harm. The practical application of non-maleficence is for public health officials to weigh the benefits against burdens of all interventions and treatments, to abandon those that are inappropriately burdensome, and to choose the best course of action for the patient [15].

The conventional Hippocratic moral imperative of medicine is the net medical benefit to patients with minimal injury. To achieve this moral objective public health policymakers are obligated to ensure that their policies and recommendations can in fact provide the benefits they profess to be able to provide [15,16].

To provide each patient with a net benefit it is important to consider each patient's unique circumstances and medical condition. What represents benefit for one patient may be harm for another [16]. For example, an, Emergency Use Authorization (EUA) experimental COVID-19 vaccine

may constitute a prospective net benefit for those above 75 or people with co-morbidities, while for children that are not at risk from COVID-19 it provides no benefit at all while introducing risk given the fact that there are no medium or long-term safety and efficacy data available for COVID-19 vaccines. The responsibility to provide net benefit to patients also requires public health policymakers and medical practitioners to be clear about risk and probability in assessments of harm and benefit [16].

From a net benefit perspective, children have a close to zero risk of severe ailment or death and thus no benefit from the vaccine but could be exposed to potentially significant adverse side effects from the COVID-19 vaccines (as reported in adults who have received the vaccines) [19, 26]. There need to be comprehensive long-term studies of the sequential connection between reported adverse events following the administration of the COVID-19 vaccines [35]. Between December 14, 2020 and May 7, 2021, more than 190,000 adverse events and 4057 deaths were reported to the US Vaccine Adverse Event Reporting System or VAERS [19,26]. There were more COVID-19 vaccine-related deaths in less than five months than deaths from all other safe and tested vaccines over a period of 15 years [19,26]. In Israel it has been reported that young men developed heart muscle inflammation called myocarditis following the COVID-19 vaccine [20].

In the presence of such potential risks, it would be impossible to credibly argue that coerced COVID-19 vaccines present children and young people with a net benefit and therefore the practice is unethical.

Justice

Justice in health care is generally interpreted as fair, equitable, and appropriate treatment of persons or as Aristotle said, "Giving to each that which is his due." This implies the fair distribution of goods in society [16]. The question of distributive justice (that exceeds the scope of this research) also depends on the fact that some goods and services are in short supply, thus a fair means of allocating scarce resources must be established [22].

In the context of the COVID-19 response, it is important to point out that equality is at the heart of justice, and as Aristotle argued justice is more than mere equality. People can be treated unjustly even if they are treated equally. It is important to treat equals equally and to treat unequals unequally in proportion to the morally relevant inequalities [15,16,22-24].

To treat children, who are not at risk of serious illness from SARS-CoV-2 and not in any meaningful way spreading the virus exactly the same as 65-75-85 year at-risk sections of the population is unnecessary, irrational, unreasonable and unethical [26].

Conclusion

Despite it being settled science at this stage that children are not at risk from COVID-19 and that children are not responsible for spreading the disease in any meaningful way, there are still several irrational public health policies such as coercive Covid-19 vaccination policies targeting children.

Authoritative and credible scientific data is needed regarding the probabilities of the various harms and benefits that may result from proposed health care interventions. This information must come from objective and independent medical research transparently debating wide array of scientific views. The judgment of national authorities cannot be accepted as conclusive and the only possible option. Many governments and public health authorities have politicized the COVID-19 response. Only narrowly tailored subjective 'scientific opinions' that support and justify the irrational COVID-19 public health policies that were embarked on were allowed, while ignoring the actual objective science and repressing much-needed robust scientific debate [16,22]. Suppression of science and lack of open debate has encroached tremendously on finding balanced, ethical solutions during the COVID-19 pandemic as public health policymakers, aided by the mainstream media and censorship by tech giants, controlled by the scientific narrative, even when the "science" that was followed and

relied upon was at complete odds with the views of many eminent world-class scientists [22,26].

It's not too late to implement evidence-based, ethically sound public health policies in the best interest of children and young people. Each one of the four principles of ethics is to be taken as a prima facie obligation that must be fulfilled [24]. Whatever the personal philosophy, politics, religion, moral theory, or life stance of public health policymakers they need to commit to uphold and adhere to the four biomedical ethical principles: respect for autonomy, beneficence, non-maleficence, and justice, constantly reflecting on their scope and application.

Normative medical ethical perspectives dictate that public health policymakers should not allow children and students to be coerced into taking the COVID-19 vaccine, in breach of international biomedical ethical standards.

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