

A pandemic is not a private matter

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Beyond any possible personal involvement, events such as the current COVID-19 pandemic are always also collective events. To overcome a pandemic, social cooperation and solidarity on the part of individuals is needed. Many of the strategies which are necessary to deal with the pandemic such as social distancing rules, wearing masks, testing and vaccination are significant invasions of personal freedom when they are mandated by the government. The behaviours demanded, however, are very much of a nature of necessary acts of solidarity on the part of individuals in society.

For various reasons, vaccinations are currently the most promising strategy for overcoming the pandemic. They follow the general principle in medicine that preventive actions should always take priority over treatment, they prevent the most severe cases and have the best risk/benefit and cost/benefit ratio for society from both a medical and economic perspective compared to testing and subsequent treatment. Vaccinated people have a lower risk of becoming infected and infecting others, so by getting vaccinated, people are not only protecting themselves, they are also protecting others. These facts are deliberately denied by some actors, and uncertainty arises for some people as a result of misinformation. Against this background, the question arises of how the goal of higher vaccination coverage can be achieved, taking into account individual freedom and self-determination.

On the one hand, every vaccination is an intrusion of physical integrity. This affects the right to physical and health-related self-determination, and informed consent is needed, as is the case for all physical interventions. Decisions not to get vaccinated must be respected even if the reasons for this do not seem comprehensible to others or from a medical perspective.

On the other hand, vaccination against COVID-19 definitely has a significant social dimension. It is not just a person's own body and own health that is at stake when they make a decision on vaccination. Decisions for and against vaccination affect the wellbeing of others and society in many ways. They do not simply protect the vaccinated from serious illness and death, they also significantly reduce the risk of infecting others. In some contexts, such as in schools and in healthcare and nursing, these connections are especially tangible and also entail a particular moral responsibility, especially in the case of groups that are at particular risk. In addition to a person's own right to health-related self-determination, the corresponding rights of others are also affected, for example, the rights of parents not to expose their children to avoidable risks in school. The state not only has to ensure scope for individual decisions but is also obliged to ensure the health of all members of society.

Of course, vaccinations are also associated with risks. However, responsible, ethical handling needs to balance these risks against the burden and damage that can be expected as a result of the threat of an infectious disease and the contribution that vaccines make to the wellbeing of third parties. In this context, after more than 6.5 billion doses of vaccine administered worldwide, the risk of getting seriously ill with SARS-CoV-2 or experiencing long-term consequences is certainly much higher than the risks associated with a vaccination. A responsible vaccination policy, however, should also include the fact that in addition to the possible risks, there is also objective and impartial information about the frequency and severity of breakthrough infections, and that work is ongoing to identify the reasons for this. But even these do not call into question the fundamental usefulness of vaccinations.

If a person does not get vaccinated, although it would be medically possible for them, overall, this means they are choosing not to make an act of solidarity despite being a beneficiary of social solidarity in many ways in the COVID-19 pandemic in particular.

Vaccinations help efficiently to prevent intensive care units from being overloaded. The intensive care of COVID-19 patients is considerably more complex than that of other groups, leading to beds running out more quickly. The available intensive care resources, however, need to be kept available for all critically ill patients. If there are insufficient beds that can be occupied, this means that other procedures that are needed, such as heart operations, transplants, tumour surgery, and neurosurgery have to be cancelled or postponed. This results in the patients affected being disadvantaged in their medical care due to this “implicit triage”. This can have a negative impact on their physical and mental condition and may lead to massive damage and even death.

Ultimately, doctors in this situation are forced to make explicit triage decisions – which of several patients in need gets an intensive care bed in an emergency. This situation should be avoided at all costs. Unlike often assumed, the number of intensive care beds cannot be increased at will as there are not enough qualified medical staff, nursing staff, and other healthcare professionals. The “free intensive care beds” figure, for example, shown on the Austrian Agency for Health and Food Safety (AGES) dashboard (“currently free beds”), often does not take into account that not all of the intensive care beds in the system can be occupied for this reason.

In the long term, if too many people remain unvaccinated, there is a risk of further school closures for children and young people. A new lockdown may be needed, which will cause society even more economic damage in addition to the physical and mental toll it takes. A high number of infected people also brings with it a greater risk of new mutations. Some of these consequences, such as the economic costs and the ineffectiveness of vaccinations that have already been administered due to newly emerging virus variants, also affect those in a society who are vaccinated and, therefore, their rights.

In a society based on solidarity, responsibility needs to be taken for the protection of other people in addition to the aspect of protection of a person’s own health. If this is not achieved by means of vaccination, other means of protection, such as access restrictions, the wearing of masks, and regular testing, are necessary, particularly while vaccinations remain unapproved for children. Unlike vaccinations and physical protection measures, however, tests do not protect against infection and can therefore only have a very limited impact on the occurrence of infection.

Access restrictions for those who are not vaccinated, for example, in hospitality or retail, should therefore not be understood as a sanction or a hidden vaccine mandate. Any possible difference in the way vaccinated people, and unvaccinated people are treated should be based on objective criteria relating to the extent to which they could be a danger to others. Anyone who no longer poses a health risk to others must be able to exercise their freedoms to the full extent. Persons who are not immunised (vaccinated and/or recovered) must therefore accept further restrictions as they are putting others at risk.

The pandemic affects individual people and society as a whole. We will, therefore, only be able to overcome the pandemic together.