

Mandatory COVID-19 vaccines versus personal freedoms: An imperfect balance

Jaime A. Teixeira da Silva

Independent researcher, P. O. Box 7, Ikenobe 3011-2, Kagawa-ken, 761-0799, Japan

Received: 13 Spetember 2021

Accepted: 16 September 2021

**Corresponding author: jaimetex@yahoo.com*

DOI 10.5001/omj.2022.50

Abstract

The COVID-19 pandemic has brought with it an expansive set of new rules and limitations that were initially set to limit or control the spread of the SARS-CoV-2 virus, such as masks and social distancing. Vaccines were eventually developed, providing individual immunity and protection against the virus, that personal protection also offering protection to surrounding individuals as a 'shield'. Initially, many governments' hopes was that a sufficient percentage of the population would acquire immunity against the SARS-CoV-2 virus, but these hopes have not materialized as initially desired, hampered by anti-vaccination ideologies, misinformation, mistrust, and practical limitations. Mandatory vaccination would be the most effective way of achieving populational immunity, but at the cost of personal freedoms.

Keywords: COVID-19; freedom of choice; pandemic; population immunity; SARS-CoV-2; stringency measures; vaccine

Dear Editors,

Despite the existence of a number of vaccines that were developed in a bid to prevent infection by coronavirus disease 2019 (COVID-19), the pandemic continues, having already claimed more than 4.5 million lives to date, even though 5.2 billion doses of vaccines have been administered.¹ This suggests that vaccines alone cannot control COVID-19, and government-imposed stringency measures and policies, such as those related to social distancing and masking, are still needed.² Stringency measures affect education (schools, universities), work, travel and social events (e.g., sports competitions, festivals), all of which are intricately linked to personal freedoms. How can vaccinations (physically invasive technique) and other measures such as masking (more passive techniques) be mandated while reducing the accumulation of stress and anxiety caused by their long-term imposition,³ and still respect personal freedoms and choices, including of movement?

A mandatory COVID-19 might only be mandated in the absence of effective vaccine campaigns, i.e., lack of containment due to insufficient voluntary choice hampering the achievement of population immunity.⁴ Given that receiving a COVID-19 is not risk-free, and that there are vaccine-related deaths, and risks for those who may suffer allergic reactions, the socio-economic benefits of a vaccine still outweigh the risks.⁵ Even though a workplace-wide vaccination campaign among healthcare workers might offer a safer working environment for hospital staff and patients, congregation members in a religious setting, or business clients (e.g., in the hotel, restaurant and travel industry), with exceptions based on valid religious or disability-related reasons, there are still legal and ethical considerations of mandating a vaccine, which becomes difficult to impose absent long-term safety data.⁶ In a school vaccination campaign, data related to immunogenicity, transmission, and morbidity is needed, as is a sense of acceptance by parents/caregivers, the community, and the public.⁷ A vaccine passport or COVID-19 vaccination certificate for access to an airplane, restaurant or concert, for example, might be perceived by unvaccinated individuals as an unfair advantage to those who are vaccinated.⁸

Knowing that the SARS-CoV-2 continues to be transmissible, despite the existence of vaccines, makes it difficult to argue in favor of personal freedoms such as no masks or crowds in public places where the vaccinated and/or infected status of surrounding individuals is unknown. It is also difficult to argue that a personal freedom is superior to the health and well-being of another individual, if a risk of transmission of SARS-CoV-2 exists. Such an attitude might be perceived as selfish. At the same time, there needs to be a modicum of common sense, flexibility, respect and understanding of both sides of the vaccination argument. Even if a vaccine is mandated in the workplace, schools, restaurants or other private or public places where there is contact with other individuals in close proximity, there needs to be respect of those with valid health, religion or other bases for vaccine exemption⁹, provided that they, too, respect the health of vaccinated individuals surrounding them, e.g., by using masks. Yet, violation of mandates might also imply penalties (fines, job loss, rejection, bans, arrest) that might invoke anger and resistance. Those resistant to or against vaccinations could be encouraged to get a vaccine through financial or freedom-related incentives¹⁰, but they should also be aware of the consequences of mandate violations.

After all, even with a vaccine and mask mandate, one should not be expected to wear a mask on a hiking trail where nobody is present. Nor should one expect party-goers at a music concert with thousands in a cramped space to be maskless. Ultimately, it boils down to practicality, common sense, but always the respect of health (of oneself and of fellow citizens). Education and public campaigns of appreciation and understanding are needed to build trust and dispel misinformation and unfounded fears about vaccines, but to also realistically note that such mandates are not risk-free.

Acknowledgement

The author thanks discussion provided by Panagiotis Tsigaris (Thomson Rivers University, Canada).

Conflicts of interest

The author declares no conflicts of interest.

Funding

This research received no funding.

Author's contributions

The author contributed to all aspects of the paper.

References

1. Johns Hopkins University & Medicine. Coronavirus Resource Center. COVID-19 Dashboard. <https://coronavirus.jhu.edu/map.html> (data: August 30, 2021; last accessed: August 31, 2021)
2. Our World in Data. COVID-19: Stringency Index. <https://ourworldindata.org/grapher/covid-stringency-index> (data: August 30, 2021; last accessed: August 31, 2021)
3. Teixeira da Silva JA. Corona exhaustion (CORONEX): Covid-19-induced exhaustion grinding down humanity. *Curr Res Behav Sci* 2021;2:100014. doi: 10.1016/j.crbeha.2021.100014
4. Largent EA, Persad G, Sangenito S, Glickman A, Boyle C, Emanuel EJ. US public attitudes toward COVID-19 vaccine mandates. *JAMA Netw Open* 2020;3(12):e2033324. doi: 10.1001/jamanetworkopen.2020.33324
5. Klimek L, Jutel M, Akdis CA, Bousquet J, Akdis M, Torres MJ, Agache I, Canonica GW, Del Giacco S, O'Mahony L, Shamji MH, Schwarze J, Untersmayr E, Ring J, Bedbrook A, Worm M, Zuberbier T, Knol E, Hoffmann-Sommergruber K, Chivato T. ARIA-EAACI statement on severe allergic reactions to COVID-19 vaccines - An EAACI-ARIA position paper. *Allergy* 2021;76(6):1624-1628. doi: 10.1111/all.14726
6. Gostin LO, Salmon DA, Larson HJ. Mandating COVID-19 vaccines. *JAMA* 2021;325(6):532-533. doi: 10.1001/jama.2020.26553
7. Opel DJ, Diekema DS, Ross LF. Should we mandate a COVID-19 vaccine for children? *JAMA Pediatr* 2021;175(2):125-126. doi: 10.1001/jamapediatrics.2020.3019
8. Lacs JEM. COVID-19 vaccine passports: A mandatory choice or a mere option? *J Public Health* (in press) 2021;fdab258. doi: 10.1093/pubmed/fdab258
9. Rothstein MA, Parmet WE, Reiss DR. Employer-mandated vaccination for COVID-19. *Am J Public Health* 2021;111(6):1061-1064. doi: 10.2105/AJPH.2020.306166
10. Fradkin C. An incentive-based approach may be the only approach to achieve COVID-19 herd immunity. *Ethics Med Public Health* 19:100686. doi: 10.1016/j.jemep.2021.100686