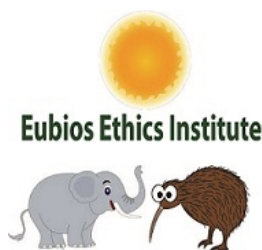


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## Editorial: Risks, war and pandemics

One of the critical pillars of bioethics as the love of life is the preservation of life. It is already difficult for living organisms including human beings to prosper without adding in gross human irresponsibility. As we start 2022 war has shattered the presumption of state sovereignty that is one of the bedrocks of modern human rights. At times there are demands of human rights to intervene across national borders to protect against cross human rights abuses, but the war in Ukraine is unethical. Although many countries have fought wars and abused human rights, there is no excuse for any of these kinds of interventions.

We start this issue with a reminder of some traits and examples of an honourable warrior in a samurai tradition,

as explored by one of my mentors, Professor Seki and two of his colleagues from Kashima Shinryū. As we recently met to discuss this article and life, we reflected on how timely it was that this paper submitted in 2021 was being published now. It was written prior to the war. There are age-old lessons, that apparently some of the modern generation have forgotten on the horrors of war.

The next paper is suitably entitled Ethics of Freedom: Comparing Locke, Sartre and Gandhi, contributed by Prof. Moorthy and colleagues. It is also timely to reflect on the philosophical foundations of the basis of human rights and how we should uphold the essence of nonviolence and protect human rights. These concepts are found not only in British, French and Indian traditions, but globally.

This is followed by a review of a novel of Shichiri Nakayama on euthanasia by Prof. Asai. Himself the author over the decades of a number of empirical studies of the topic, he has taken the time to explore how literature on this topic may also be shaping our perceptions of assisted suicide and euthanasia. What roles should doctors play? Certainly honorable ones, the same as samurai and all of us, as we exercise our responsibilities.

The COVID-19 pandemic continues to challenge us all and reform the way we consider development ethics. As vaccines have become more available, the obvious question that we can ask is at what stage should it become our clear moral responsibility to get vaccinated in order to protect others? There are four papers exploring this topic in this issue, including three from Prof. Bayod and colleagues in the Philippines and one from Nigeria. At what stage do we move from vaccine skeptics to enthusiasts? While my personal; and professional advice is to get vaccinated, it is up to each person. As discussed in the WeCope Committee report on COVID-19 vaccination, there are existing mandatory vaccinations, found in many countries.

The final paper explores ageism which is an interesting issue for COVID-19, given that in general the mortality associated with COVID-19 doubles every 6 years of age. EJAIB does not endorse any particular policy but we welcome discussion of the science and associated ethical issues in these pages, and in the frequent International Public Health and Bioethics Ambassador Conferences.

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## Warrior's Bravery

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In any great warrior, bravery is a defining characteristic.

Shimozawa Kan's historical essays on the Shinsengumi (the Kyoto-based special police force established by the Edo Shogunate from 1863 to 1869, constituted of first-rate warriors) record the story of Tani Sanjūrō, an illustrative example of the meaning of bravery and cowardice for warriors. Tani Sanjūrō was one of the foremost warriors of the Bichū-Matsuyama domain, a master of Taneda Hōzōin Ryū spear art, and the head teacher of spear technique for the Shinsengumi.

In this role, he was an outstanding teacher of warriors in the dojo, which drew favourable comparisons with warriors of an earlier age and so earned him a reputation as a "Sengoku Spear." However, during the famous Ikedaya incident, when he was supposed to attack the anti-shogunate Shishi-warriors as a member of the Hijikata corps, no witnesses could attest to his having achieved any victories or captured any prisoners during the battle.

He was further disgraced as he failed to keep proper composure and properly assist in the *seppuku* (formal suicide by disembowelment) for Tauchi Toshizō, injured in a private fight, when ordered by Hijikata Toshizō to act as *kaishakunin* (the second to the person committing suicide, beheading them after the disembowelment so as to preserve their dignity and that of the proceedings). As a result, he became unpopular, and his nickname changed from "Sengoku Spear" to "Dojo Spear." Eventually he was assassinated one month after the bungled *kaishaku* on the stone steps of Gion, most likely by Saitō Hajime under the orders of Kondō Isami.

As this example illustrates, when even a warrior like Tani Sanjūrō can be considered a "coward" for risking his life while serving under a poorly educated but determined leader such as Kondō Isami, it is truly a tragedy. We can contrast this with the example of Iwama Okurazaemon, who was blessed by an excellent lord as a vassal of the Takeda Clan.

Iwama Okurazaemon was a good looking man, but he was very timid, and repeatedly fled from the battlefield as he was unable to cope with stresses of combat. This became public knowledge in the Takeda clan and Takeda Shingen's retainer Oyamada Shingen recommended that Iwama should be exiled from the clan. But instead, when Takeda Shingen witnessed this cowardly behaviour during a battle, he decided to teach Iwama to be brave. His method of "tough love" was as follows:

In the first month of the 19<sup>th</sup> year of Tenbun (1550), during the attack on the Toishi castle in Shinano, Iwama was bound in a sitting position, facing the enemy. As the thunder of gunshots roared, he was terrified nearly to the point of death yet luckily none of the shots hit. He then realized that "if you are lucky, even a storm of bullets won't hit you". With this, he ceased to be frightened by death, and went on to become a heroic warrior.



Figure 1: "Kintoki wanders between this world and the beyond" Kawanabe Kyosai (1863-1866): Dream of Sakata Kintoki, in *Kyosai hyakuzu* (the first printing by woodblockprint)

Citing this example, Prof. Kanō (1860-1938) concluded: "If you expect the worst possible outcome and fully accept it, your *tanden* (a focus point within the abdomen for internal meditative techniques) will naturally settle ... cultivate your courage through training, and you will not be disturbed even if the earth and the heavens suddenly change places."

In the same vein, there are countless examples of "cowardly" people that have been cultivated into courageous warriors in favourable social environments. There are, of course, also people who are brave by nature. This is illustrated by the Japanese saying "Sandalwood is already fragrant as sprout", meaning that a great person will display their potential even in childhood.

For example, there is the story of Sakata Kintoki (official name with military rank: Sakata Shume-no-jo Kintoki: 956-1012), a mid-Heian period warrior (Fig. 1). Serving under Minamoto no Yorimitsu, he achieved great deeds and became one of the Four Heavenly Kings. He made notable contributions in defeating both Shutendōji and Tsuchigumo.

When Sakata Kintoki was asked how to become a brave warrior, he instantly replied "You must know cowardice". One should bear this in mind always.

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## Ethics of Freedom: Comparing Locke, Sartre and Gandhi

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## Introduction

What is *freedom*? The contemporary history of humanity is a quest for enduring human freedom over oppression, subjugation and tyranny of many forms. In that pursuit, many wars have been fought, and millions of lives have perished, and many ideologies were born. In simple terms, freedom is the ability to act or change without being constrained. Freedom manifests when obstacles to initiate change or to express free will are removed. From a *needs* perspective, freedom is when an individual can pursue his or her needs, wants and aspirations freely. However, freedom may not be absolute; some constraints or caveats can manifest from personal ethics and morality, family, cultural, faith systems and governance structures. It may also differ from one society to another. From a religious or philosophical perspective, freedom is often associated with *liberty* and *autonomy*, and only exist in a human realm. This type of freedom is also known as political freedom expressed in the forms of human rights and civil liberties, which are often legislated and protected by laws. Nonetheless, the limits and depths of political freedoms such as freedom of choice, assembly, association, and freedom of expression are often debated and sometimes challenged through modern history.

As previously said, freedom is a regulation, and self-determination can be described as the human capacity to act (or not act) as we choose or like, without being compelled or restrained by external forces (Cevizci, 1996:408). Further, it also refers to a presumption of moral responsibility, in which actions have the consequence of being favoured or desired and receive praises, or it may be something which is undesirable or disfavoured and receives disapproval and punishment. Whatever the intentions and responses, those actions are performed freely, as a rational human being. Individuals are presumed to act morally and rationally based on their

own choices and reasonable decisions. As such, human freedom is considered as an inherent and inalienable right, which exist within the framework of human knowledge (Gokalp, 2012). Individuals are regarded as moral agents, acting voluntarily in accordance with their personal preferences and rational choices. As moral agents, individuals take into account the *Self* and others in making decisions based on individuals' free will. Individuals should be aware that their freedom to create a foundation for moral considerations is a fundamental feature of human beings.

This paper seeks to compare the *thoughts of freedom* from three imminent philosophers and social thinkers of modern human history: John Locke, Jean-Paul Sartre, and Mahatma Gandhi. John Locke's theorizes based on *freedom of action* and *freedom of will* that has had an impact on the philosophy of action and moral psychology. Locke provides unique explanations of action and forbearance, will and willing, voluntary (in contrast to involuntary) acts and forbearances, and freedom (in contrast to necessity). Jean-Paul Sartre is a key figure in the philosophy of existentialism and phenomenology. "*For Sartre, existence precedes essence, freedom is absolute, and existence is freedom. It has been made clear that Sartre does not believe that any essence or substance can be attributed to individuals prior to their existence. Individuals, first of all, exist, and there is no 'human nature' which exists outside or inside beings. Freedom is therefore limitless, but the physical limitations of the world are taken into consideration*" (Manzi, 2013). Mahatma Gandhi, the father of the Indian independence struggle, is seen as a proponent of freedom from colonial oppression throughout the world. According to Gandhi, freedom refers to some total of self-respect, self-restraint and maturity, which can alone be attained through non-violence. He claims that "*no society can be built on the denial of individual freedom.*" It goes against man's very nature. Deprivation of liberty is the equivalent of death. True freedom is one that can be attained solely through one's own efforts, with no outside assistance. Freedom is always necessary because a nation or an individual cannot fully develop without it (Bhardwaj & Basumatary, 2013). The following sub-sections discuss the views of these philosophers.

### John Locke on Freedom

John Locke (1632-1704) is celebrated as the founding father of liberalism who proposed his ideas about freedom in response to the 17th-century political environment in Europe and particularly in England. He was a strong critique of the theories of absolute monarchy as mainly advocated by Thomas Hobbes, R. Filmer, Tully and many others. Scholars believe that Lockean freedom is a single power, the power to do one's will (Locke, 1975:96). Locke describes freedom as a "two-way" power, really a combination of two conditional powers belonging to an agent, that is, to someone endowed with a will. Human beings or agents are free with regard to a specific action or forbearance inasmuch as if the individual wills to do the action and then the individual has the power to do the action and if she wills to forbear doing an action. Locke notes that agents who are unfree to take some

action as acting under, or by, necessity. So freedom, according to Locke conception, is a property of substances meant as persons, human agents.

Locke does not find "freedom of will" meaningful but allows that "freedom to will" could mean that, when any action in a man's power is proposed to his thoughts as something to be done by him, the man is free either to will or not-will on the matter (Moulds, 1961). Lockean scholar, LoLordo (2012) holds that Locke conceives of active power not as the underlying source of the ability to make changes, but has the capacity to make changes by one's own power (rather than by the power of another); that active power is not unique to the soul and should not be identified with the will, which is merely one among many active powers that Locke's conception of freedom of action is merely the ability to do as one's will. Freedom of action, properly conceived, includes neither a voluntariness condition nor a counterfactual condition; that although (non-human) animals have many active powers, they do not possess wills or freedom of action, and hence animals provide no reason to think that something in addition to freedom of action is required for moral agency; that there is indeed only one notion of liberty, namely freedom of action. The capacity to suspend is merely a species of this freedom. That what differentiates moral agents from beings who are not morally bound is freedom of action which includes the power to suspend and that suspension of desire can and indeed must be voluntary. Locke may be agnostic about the metaphysical grounds of moral agency, but he is not thoroughly agnostic about all metaphysical aspects of his theory of freedom.

It is to be noted that Locke's conception of freedom as the power to perform what one's will is held to be only incidental to the real problem of the freedom of the self. His theory is criticized as minimizing man's rational and spiritual nature, and that they exclude freedom of thought and choice, they make God responsible for all human's acts even for the evil acts and thus smudge the differences between good and evil, thus failing us to see that ideas frequently determine desires. Locke's views pertaining to incoherent hedonism is inconsistent with his objective altruism. He admitted that no man's knowledge could go beyond experience, so the principle of necessity is not necessary knowledge, and the adequate grounds of moral judgment are destroyed. As a result of his narrowly empiricistic interest in what men can know, his concept was not successful enough in determining how and why men can know. Despite the various inconsistencies, his theory of freedom supports an enlightened pursuit of happiness and moral responsibility for avoidable ignorance and inadvertency for thinking and choices.

### Sartre on Human Freedom

How to define freedom? Strictly speaking, a formal definition of it is not possible. It is because human reality, being free, is continually making itself. The past can be defined, but the present cannot be defined but only be described. Freedom though indefinable, is describable. Man learns his freedom through his action; therefore, freedom can be best understood by describing the structure of human actions. Sartre says that freedom has

no essence and hence cannot be defined. For Sartre, nihilation, temporalization, freedom and choice are one and the same. He further says that consciousness has appeared to us as freedom. Freedom is not a property of subsisting in consciousness but rather the inner structure of consciousness. In Sartre's play, *The Flies*, when Orestes realizes his position among his people of Argos, he becomes a "freedom-conscious consciousness". To be free, he does not mean to obtain what one has wished, but rather to project towards specific goals.

In other words, for Sartre, every human consciousness is a free choice from which it acts to express itself. Man is condemned at every moment of his life to create himself. Sartre defines consciousness as "a being such that in its being, its being is in question insofar as this being implies a being other than itself." (Sartre, 1963:23) Sartre spoke extensively on the doctrine of non-egology. For him, consciousness is non-egological. Sartre rejects the doctrine of the transcendental ego of Husserl. Sartre claims that there is no permanent self or ego within or behind the stream of consciousness. This means that consciousness is egoless or not-self. For Husserl, the transcendental ego is important for unifying the stream of experience. One can say that this is the subject-pole of experience. In other words, the ego here is nothing but the epistemological self. In the transcendental ego, there is something permanent residing in the stream of ever-changing conscious acts. This permanent thing in consciousness is known as the "transcendental ego", which is rejected by Sartre.

Freedom is identified with the human consciousness. For Sartre, human freedom is neither a quality gained by an individual through his experience; nor is freedom something a man lacks within his human constitution. Freedom is the human being itself. For Descartes, consciousness is identical to thought, but for Sartre, it is identical to freedom. For Sartre, it is not possible to distinguish between human reality and freedom because freedom is a human reality. In *The Flies*, Sartre shows that Orestes does not exist first in order to be free later. There is no difference between his being and his being free. This means that freedom constitutes the existential structure of man. Sartre argues that a man is ontologically free, which cannot be taken away from him. He is of the view that man is free even in the hands of the executioner (Sartre, 1963:25)

In *Existentialism and Human Emotions*, Sartre says that to exist is not merely to determine the relationship between my for-itself and my in-itself, but to determine my existence with respect to others. He talks about the abstract possibility that there could be an isolated human being for whom others would not exist, but such a possibility is meaningless for us. He says: "It would perhaps not be impossible to conceive of a For-itself which would be wholly free from all For-others...But this For-itself simply would not be 'man'" (Sartre, 1963:376) Just as the for-itself stands in a relation of "internal negation" to the in-itself, so it stands in a comparable relation to the Other. Insofar as it discloses the existence of another person, this second negation has a radically alienating effect on the for-itself. Sartre says that the relationship of the for-itself to the Other as one of

irreducible conflict. This relation is conflictual in nature because it is impossible for each of the two to recognize the other as a for-itself at the same time.

Is there anything called "omnipresence of freedom"? Sartre answers this by saying that first of all, the omnipresence of freedom does not mean that it is always possible to resist the red-hot pincers "but simply that the very impossibility...must be freely constituted". His example of the torture victim points to the relationship between facticity and freedom. His existentialism deals with the constituting freedom of consciousness. In *Search for Method*, Sartre says that when the bare constituting freedom of consciousness and real possibility coincide, a new philosophy of freedom will emerge. *"As soon as there will exist for everyone a margin of real freedom beyond the production of life, Marxism will have lived out of its span; a philosophy of freedom will take its place. But we have no means, no intellectual instrument, no concrete experience which allows us to conceive of this freedom or of this philosophy,"* says Sartre (Sartre, 1944:34).

### **Gandhi on Freedom**

Gandhian ecologism emphasizes the importance of living a life of concern and care, applying ethical and spiritual principles to all aspects of nature. The importance and functions of ecosystems are central to human ecology. It is a clearly value-laden topic. Life becomes much more meaningful when lived from within, more self-consciously, deliberately, in perfect harmony with spiritual values—and the process of transformation is never exclusive, but always inclusive. The Gandhian philosophy of development should be studied alongside the philosophy of happiness. It arose as a critique of the dominant western-centric approach to development, with its misplaced emphasis on promoting individual growth and self-advancement, harnessing nature, attaining technological sophistication, accelerating urbanization, and increasing the use of marketplaces for the distribution of economic goods and services. A human ecology viewpoint is comprehensive and holistic. Gandhi did not advocate separate rules for different aspects of human life, but rather treated all aspects as a whole, which best exemplifies the human ecological perspective.

Consumption and sustainability are intertwined. While neoliberals advocate a consumerist trend, ecologists emphasize the type of development that allows future generations to meet their basic needs. An ideal discourse on sustenance should cover a wide range of topics, including the nature of human need, the social, cultural, and ethical influences that shape consumption patterns, and the most important question of 'sufficiency.' The question of how much is enough, however, remains relevant. The instrumental view of nature is frequently contrasted in this debate with a "deep ecology" perspective, which sees the preservation of ecological integrity as an ultimate necessity. The preservation of ecological integrity carries a sense of obligation. The instrumental viewpoint can accommodate a view of nature as serving many different purposes for humanity. This reflects the anthropocentric aspect once more. Given that we do not have a universally agreed-upon understanding of either the functioning of nature or the

dynamics of human society, uncertainty is a significant complicating factor. There is considerable disagreement about the risks involved in either disturbing nature or foregoing economic development. Thus, the Gandhian Philosophy is concerned with the question of what value pattern to follow for the sustenance of earth's resources.

Human ecology is associated with the ecological consequences of everything humans do. We are also interested in resource generation, sustainable use, and human adaptive growth and development. All of this occurs in an environment in which the critical interconnections between humans and nature are recognized and reinforced. This entails refraining from doing anything that may harm our fellow beings, nature, or future generations. At its heart is a profound sense of responsibility for other humans and the environment, as well as love for all living things. Gandhi's daily life included conservation. He would be extremely frugal with water. The same could be said about money and other personal assets. He also discovered the need to save his sexual energy for bigger goals. They could be dismissed as austere practices associated with him on a personal level. Gandhi emphasized the importance of conserving resources for future generations. In all of this, he embodied a true ecologist, whose practices were models of ecological living worthy of imitation.

Gandhi's concept of swadeshi, or self-reliance, has many implications for the creation of a non-exploitative society. According to Johan Galtung, the father of modern peace research, self-reliance is inextricably linked with ecological balance. *"When ecological cycles contract the consequences of production and consumption, in terms of depletion and pollution, will be not only more visible, but also more direct. The farmer who by and large produces what he consumes and consumes what he produces has the gut knowledge that pollution and depletion will be detrimental to him and his off-spring, and this very knowledge initiates the type of negative feedback that may prevent ecological problems from surfacing at all. Depletion cannot be relegated to some far-off corner of the world, because in that corner they are also practicing self-reliance and do not let raw materials out except to neighbours at the same level"* (Galtung 1976).

It reaffirms Gandhi's belief that everyone has equal capabilities, while also emphasizing the importance of having governance through elected representatives. In the modern era, Amartya Sen and Martha Nussbaum, advocates of development ethics, emphasize on the goal of development as the development of human capabilities. In response to the question, "What is development?" Sen and Nussbaum's response is – the improvement of certain human functions and the expansion of human capabilities to such functions. Freedom and capability expansion are well-known definitions of development (Sen, 2008). Nonetheless, there are a variety of ways to become free, and emphasizing economic freedom does not serve the post-scientific conception of development well.

### **Conclusion**

The notions of freedom developed by Locke, Sartre, and Gandhi appear to converge at some points while diverging in other areas of study. Nonetheless, all of them appear to

extrapolate the idea of *freedom* based on the philosophies, trends, geography and experiences of their times. In analyzing *freedom*, they seek to explain the fundamental principles such as the nature of human existence, rights and justice as human beings, and societal and governance structures that influence human actions. One of Locke's most novel ideas was that all people are born equal and endowed with the same right to seek self-preservation and happiness. This is a widely held belief today, but it was a revolutionary idea in Locke's time because it contested the belief that there is a certain natural hierarchy of individuals. Finally, Locke's perspectives on freedom and rights set the groundwork for modern societies with equal rights for all. Sartre had a different take on the notion of freedom. He argues that *existence precedes essence*, which means God did not have a grand plan when he created humans. As such, by just existing, humans have absolute freedom of choice and actions. In fact, human is condemned to be free because he did not create himself. The only option we do not have is not to have options. Freedom is absolute, and existence is freedom. It has been made clear that Sartre does not believe that any essence or substance can be attributed to individuals prior to their existence. Individuals first must *exist*, and there is no 'human nature' outside or inside beings. Freedom is therefore limitless, but the physical limitations of the world are taken into consideration. On the other hand, Gandhi broadened the concept of freedom from intrinsic individual freedom of expression and choice to a nationalistic and patriotic quest for self-rule in the face of colonialism. According to Iyer (2000), freedom is also the notion of obligation to others as well as to oneself while retaining the element of voluntariness that is the very foundation of freedom.

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## Euthanasia in Japan as portrayed by Shichiri Nakayama's novel, *The Legacy of Dr. Death*

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### Abstract

Over the past several years in Japan, cases of voluntary euthanasia or assisted suicide, rarely disclosed until recently, have occurred in close succession. The purpose of this short essay is to examine euthanasia-related issues considered important in modern-day Japan by presenting and analyzing a novel by Japanese novelist Shichiri Nakayama, *The Legacy of Dr. Death*. This novel was made into a commercial film by director Yoshihiro Fukagawa, entitled *The Legacy of Dr. Death: Black File*, which was released in 2020 (5). I also compare the novel with the film and discuss the ethical significance of some of the differences between the two works. Euthanasia-related issues to discuss include perception of oneself as a burden on others as a primary reason for requesting euthanasia; relationship between law and ethics; and ethical implications of differences in Dr. Death's depiction in the two works. Fiction works such as novels and films can mirror real social situations from which they are produced. I feel that this novel teaches us that we need to keep thinking about euthanasia issues, difficult as they are.

**Keywords:** Japan, Euthanasia, Fiction, Burden, Law, Ethics, Jack Kevorkian, Medical assistance in dying

### 1 Introduction

Over the past several years in Japan, cases of voluntary euthanasia or assisted suicide, rarely disclosed until recently, have occurred in close succession (1-3). Inspired by these events, ethical, legal, and social debates about a patient's right to self-determination of death—in other words, their right to die—have arisen in Japan, as has happened in many other countries. The purpose of this short essay is to examine euthanasia-related issues considered important in modern-day Japan by presenting and analyzing a novel by Japanese novelist Shichiri Nakayama, *The Legacy of Dr. Death* (4). This novel was made into a commercial film by director Yoshihiro Fukagawa, entitled *The Legacy of Dr. Death: Black File*, which was released in 2020 (5). I also compare the novel with the film and discuss the ethical significance of some of the differences between the two works. Below, I present a spoiler-free essay that will not reveal to the reader the identity of Dr. Death in either the novel or the film. For the purposes of this paper, euthanasia is defined as the act of killing an individual who is suffering severely in a peaceful

and painless manner, in compliance with the individual's own or someone else's request.

## **2 The Legacy of Dr. Death: A summary**

In this detective novel, detectives in a police murder investigation department try to arrest a mysterious person, self-named "Dr. Death," for murder. Dr. Death receives requests from people who want to die due to severe illness-related suffering (requester: patient) or those who want to end the painful dying process of their family member (requester: a member of the patient's family) through a euthanasia request site made by Dr. Death; the patient in question is euthanized directly by Dr. Death. Dr. Death states on the euthanasia request site that this mission and cause was inspired by a US doctor, Jack Kevorkian, who performed 129 assisted suicides and one active euthanasia during the decade between 1989 and 1998, earning him the title of "Dr. Death." Accordingly, Dr. Death in Japan also inherited Dr. Kevorkian's nickname (4, 6, 7).

Believing in an individual's right to die and the importance of self-determination of death, Dr. Death has euthanized many people suffering from an illness or disability in order to end their agony. Dr. Death has also attempted to transform Japanese society (where euthanasia remains illegal) and build a society where a patient's right to die would be respected through medical assistance in dying. Dr. Death has no intentions to earn money through the practice of euthanasia, offering these services at a very low price.

The police investigation finds at least three end-stage cancer patients and an end-stage dilated cardiomyopathy patient who have been euthanized by Dr. Death. There is also an elderly patient with heart failure and severe dementia, and her death is strongly suspected to have been due to euthanasia at the request of her son, her only family member. In a case of attempted euthanasia, a patient with severe collagen disease died a natural death at the hospital; plans for euthanasia at her own home by Dr. Death had been made for after her discharge. Patient ages varied from the early twenties to 90 years old, as did their medical conditions, prognoses, and financial statuses. In some cases, the suffering patients made their own requests for euthanasia to Dr. Death, while in other cases, the patient's family member did so on their behalf. Some patients consulted with their families and were in agreement about the euthanasia, while others made their requests to Dr. Death without their families' knowledge.

The team of detectives, Hayato Inukai and Asuka Takachiho, follow Dr. Death. During this process, most of the bereaved family members express their deep gratitude toward Dr. Death, as their loved one's intolerable suffering was ended peacefully and comfortably through the practice of euthanasia. The two detectives are shocked by the families' appreciation of Dr. Death. Inukai has a daughter in her early teens who has been hospitalized for persistent renal failure; she has been undergoing chronic dialysis and is in considerable suffering. Inukai is conflicted by the desire to end the pain of his daughter, feeling that there may be some justification of euthanasia, and the strong sense of his professional calling to catch this serial killer. While the

detective team eventually succeeds in arresting Dr. Death, Inukai and Takachiho are still confronted by the remaining ethical dilemma about the ethicality of euthanasia.

## **3 Main issues regarding euthanasia in modern Japan as depicted in the novel**

### *1: Perception of oneself as a burden on others as a primary reason for requesting euthanasia*

The wording on Dr. Death's euthanasia request site differs between the novel and the film. In the novel, it reads, "Are you worried about end-of-life treatments for your loved one? Do you not lead a hard life because your loved one was given a hopeless diagnosis from his or her doctor and you have serious financial problems and mental distress? Dr. Death promises to give your loved one a peaceful and painless death." In the film, however, the sentences depicted on the site are as follows: "It is very noble and precious that a patient wants a peaceful death for the sake of their beloved family. Every patient suffers from the knowledge that he or she has put a heavy burden on the family, sometimes more than his or her own suffering from the illness."

It seems that the euthanasia site depicted in the novel caters more to patient families, recommending that they relieve the patient's pain, while also emphasizing the financial and mental burden of the patient on their family. In the film, however, Dr. Death's site speaks more directly to the patients to end the inconvenience or trouble to their families, emphasizing the heavy burden that the patient has created on their families. In any case, both works emphasize the burden on others caused by the patient's treatment and care.

The novel suggests that an increasing number of patients in Japan require long-term care due to the declining birthrate and aging population, and that it is difficult to utilize existing end-of-life decision-making guidelines due to the lack of a clear definition of 'end-of-life' and a stark absence of end-of-life related laws. It also suggests that patient families are left without hope or alternative options with regard to handling their difficult predicaments and increasing medical expenses, and that the endless practice of high-cost life-prolonging treatment just contributes to the physician's income. Thus, aside from the patient's desire to end their intolerable suffering, the financial burden on both the family and the nation often appears as a primary reason for requesting euthanasia.

One mother, interrogated in the novel by a detective about the death of her son who had suffered from dilated cardiomyopathy but was euthanized by Dr. Death at the age of 24, explains that their family experienced serious financial difficulties and were unable to pay the hospital bills, leaving them no other choice than to switch the patient from inpatient care to home care. Clearly, quick elimination of the financial burden on both the patient and his family had become one main reason for requesting euthanasia in this case. Japan has had a universal health insurance system since 1961, but the novel reveals that medical care for critically ill patients can impose a heavy financial burden on families. In the novel, the wife of another euthanized patient told

detective Inukai that she and her husband both felt "abandoned" by the Japanese healthcare system because she couldn't afford financially to continue with hospitalization.

If a family of a patient with a serious and incurable disease cannot pay the hospital bills and the hospital demands that the patient leaves and switches from high quality inpatient care to unsatisfactory home care, then it is certainly fathomable that the physical and mental burden on the family would become unacceptably greater than that when the patient was hospitalized. This is especially true when mental illnesses such as dementia complicate any devastating physical illnesses the patient already has. One son, suspected of asking Dr. Death to euthanize his elderly mother with heart failure and dementia, said accusingly to Inukai, "Dr. Death is much more competent than the police—at least Dr. Death could resolve the problem of long-term care in society."

The novel also notes, "*euthanasia is a sweet temptation for those with a sick family member.*" *Euthanasia may liberate the patient from intolerable pain and endless distress, while also relieving the patient's family from physical, psychological, and financial burdens caused by nursing and long-term care of the patient. That said, I would argue that the burden on others must not be the primary reason for one's choice of death, as many social interventions are available to shoulder this burden. I would also agree with the view presented in the novel, which was "Don't threaten a patient's right to life in order to reduce national medical costs."*

### 2: The relationship between law and ethics

The relationship between law and ethics is also depicted as one of the major issues related to euthanasia in the story. The law comprises rules and the enforcement of such (8). The law is a required order that allows many people to lead a happy social life together in a community in a manner such that the community itself can be sustained. To some extent, the law limits each person's freedom in order to achieve its purpose. The law is fair in that it treats everyone the same (8). In 2017, when The Legacy of Dr. Death was published, and in 2020 when the corresponding film was released, both assisted suicide and commissioned murder were illegal under the criminal law in Japan (2); this remains true as of today in 2022, and no laws or official guidelines exist in Japan with regard to medical assistance for dying. In other words, implementation of euthanasia by Dr. Death would still be considered murder in modern-day Japan. In all past cases of euthanasia brought to the courts, Japanese doctors that performed them have been convicted of murder. It is safe to assume, therefore, that euthanasia violates social justice norms in Japan.

Interestingly, while many of the characters in the novel are fully aware of the illegality of euthanasia, they do not necessarily think that the act is ethically wrong. Many characters seem to believe that there is something more important than the legality of the act when it comes to human lives, and views on the ethical permissiveness of euthanasia differed depending on the character's position or role. Dr. Death is, of course, a convicted criminal, with no doubt about the ethicality of euthanasia. Dr. Death

argues that the practice of euthanasia may violate Japanese law, but that the act is humane. Speaking about Dr. Death, one of the characters in the novel says to Inukai, "No one holds any grudge against the doctor. Will they still be considered guilty?" Detectives Inukai and Takachiho become increasingly more uncertain about the moral impermissibility of Dr. Death's actions as the story progresses. Inukai asks himself, "If my daughter's condition worsens and Sayaka (his daughter) wanted to die herself, would I have the courage to let her choose euthanasia as an option?" There are many voices of sympathy toward patient family members who are arrested for assisted suicide in the novel.

During police interrogation, the wife of the patient who died in the first case in the novel remarks to the detectives, "It's certainly illegal because the law in Japan says it is, but so what?" For the spouse whose husband endlessly suffered from terminal cancer and who had a young child to rear, given her situation in which her family income had been cut off, she was financially distressed and physically and mentally exhausted from caring for her husband. Her husband's comfort and the survival of her family were more important than the legality of her actions. Placed in the same situation, I would imagine that many people would feel the same way. The law exists to allow community members to survive safely and securely, and not the other way around. We must not harm others, but complying with the law is not our main objective in life. I believe that the issues of law and ethics in euthanasia require more attention in Japan and feel that the popular claim that legalizing medical assistance in dying in Japan would inevitably cause significant harm to socially vulnerable individuals must be re-examined. The meaning and significance of an individual's right to live must be considered, along with Dr. Death's statement in the novel about deliberating the importance of an individual's right to die.

### 3: Ethical implications of differences in Dr. Death's depiction in the two works

The representation in the novel of Dr. Death's motive for practicing illegal euthanasia for those who want to die in Japan is quite different from that of the film; given these differences, the image of Dr. Death portrayed to each audience would also vary between the two works. In the novel, the reader learns about Dr. Death's experience working with *Doctors Without Borders* in several war-torn areas. During this time, Dr. Death often witnessed scenes where doctors working there had euthanized soldiers who were suffering from extreme pain because they were unlikely to be saved in battlefield hospitals. In addition, when another doctor, highly respected by Dr. Death, suffers a fatal serious injury, this doctor begs Dr. Death to kill him, saying, "grant me the right to die." Dr. Death reluctantly euthanizes the respected doctor.

Since then, Dr. Death has euthanized many soldiers in battlefields who were in severe suffering. Readers would understand that these experiences built in Dr. Death a strong belief that euthanasia, as a way to relieve the suffering of a dying patient, is a kind of salvation, and that it is important to respect the patient's right to die. After returning to Japan, Dr. Death continues to believe in the



legitimacy of euthanasia as a salvation and decides to perform euthanasia upon request from suffering patients and/or their families. While some ambiguity remains in the confirmation of the patient's voluntary intention to die, I think that Dr. Death's motive is understandable.

In contrast, the film does not mention Dr. Death's experience with *Doctors Without Borders* in war-torn areas. In fact, the original experience and understandable motive of Dr. Death are not depicted at all. Rather, Dr. Death of the film says that the moment a person ends his or her life in peace is "truly beautiful." In addition, there is a scene in which Dr. Death declares, "I am a savior" in a self-adulating manner. The film shows Dr. Death's collection and decoration of pictures of the many faces of euthanized people at the time of their death; this highly disturbing scene seems to suggest that Dr. Death is a murderer obsessed with the moment of an individual's death and the beauty of their dead face. The film essentially portrays Dr. Death as a psychopathic serial killer.

In one scene in the novel, Inukai writes a fake euthanasia request on Dr. Death's site under the guise of a father who desires active euthanasia for his daughter suffering from a chronic and devastating illness. Dr. Death sees right through this act. Despite being in the position of being able to kill Inukai's daughter quite easily, Dr. Death does no harm to her, saying, "Of course, euthanizing a patient against their will is against my rule, so I didn't do it." In the novel, Dr. Death and Inukai see in one another a mutual commonality in their perspective on life, and in one sense, the two maintain a respectful relationship to the end. Inukai seems to perceive Dr. Death as a professional in a sense.

Meanwhile, the film contains one scene in which Inukai harshly abuses Dr. Death, calling the latter a "dirty serial killer." Dr. Death, unable to forgive Inukai for this, approaches Inukai's teenage daughter hospitalized for dialysis treatment, saying "You're putting a lot of strain on your father." Dr. Death's brainwashing of Inukai's daughter causes the latter to desire her own euthanasia by Dr. Death. After leaving the hospital without permission, she is kidnapped by Dr. Death, who intends to kill her.

The novel also describes how a homeless person who assisted Dr. Death did so simply for money, completely unaware that Dr. Death had euthanized so many people. The film, however, suggests that this person was fascinated by Dr. Death's ideology on the right to die and the skill of killing a person without any pain. The assistant recognized that euthanasia took place and said, "I don't care about money." The depiction of this person's attitude and behaviors in the film is quite eccentric and highly suggestive of a psychological abnormality.

I am afraid that the audience of the film will be unknowingly imprinted that both those who practice euthanasia and those who agree with and accept the legitimacy of the practice have abnormal personalities, and that they are interested in human death. Another concern is that free and open debate about medical assistance for dying in Japan in the future would be hindered by images created by this film suggesting that euthanasia is something very weird and those involved in the practice are abnormal. Incidentally, this film was a hit

in 2020.

At the end of November 2019, two doctors euthanized a female patient in Japan with amyotrophic lateral sclerosis (ALS) at the patient's request. The doctors were arrested in July 2020 on charges of commissioned murder (3). The doctors were strongly criticized by many in Japanese society, and it is possible that this incident affected the production of the film, creating very negative images of Dr. Death. The film's depiction of Dr. Death may have also been affected by the mass murder incident of 2016, in which a former care worker U at the Tsukui Yamayuri Garden killed 19 residents with disabilities in Sagami-hara City, Kanagawa Prefecture. U was sentenced to death on March 31, 2020, but consistently attests that euthanasia was his motive for murder; these incomprehensible and unusual beliefs as well as fanaticism displayed in interviews with U were widely conveyed to Japanese society (9). However, as Dr. Death states in the novel, "If the patient does not die in comfort, it is not euthanasia; it is just slaughter." what happened at Yamayuri Garden was undoubtedly an unforgivable act of genocide. Confusion of an act that is permissible under certain conditions with unforgivable acts such as the Nazi genocide is unacceptable.

#### 4 Conclusion

In addition to the above, this novel also includes a case of abuse of the term "euthanasia", in which a murder was disguised as euthanasia, specifically related to inheritance issues. As mentioned in the synopsis of the story, the practice of euthanasia as depicted in the novel was often ambiguous in terms of whether or not the patient's deliberate request for euthanasia was made when they were fully competent; this is, I believe, the essential condition required for acceptance and allowance of this act. Overall, euthanasia 1) with unclear patient intentions to die, 2) primarily due to financial troubles, 3) without proper palliative care, and 4) with no safeguard or third-party oversight are all problematic. Accordingly, Dr. Death's practice of euthanasia would be neither ethically justified nor acceptable in my opinion.

However, due to the lack of clear legislation on end-of-life care and patient rights regarding medical care in Japan, Dr. Death, an "unlicensed" euthanasia contractor, may well emerge in Japanese society. The current domestic situation may be regarded as similar to that during the decade between 1989-1998 in the United States, when Jack Kevorkian actively performed assisted suicides (6,7). Multiple US states have now established legal medically assisted suicide systems and have maintained these.

In the last scene of the novel, Inukai's daughter, referring to euthanasia, says to her father, "It is the same compassion that makes us think that we don't want to let family members die, or that we don't want to let them suffer. The root is the same: compassion. It's not unconditionally happy for us to live for a very long time. The motivation is the same, but the approach is different." I would agree with this statement. Some people wish to let a loved one die out of compassion, while others wish to sustain their lives as long as possible, out of the very same compassion. Which approach is most ethical? No easy

answer or consensus will be reached. However, I feel that this novel teaches us that we need to keep thinking about euthanasia issues, difficult as they are.

Fiction works such as novels and films can mirror real social situations from which they are produced. Japanese novelist Shinya Tanaka once wrote in an essay, "It is often said that a writer is a canary in a coal mine ... they used to regard a writer as a person who senses danger earlier than others. A writer plays the role of quickly sniffing out any changes and putting them into words (10)." For example, Sugako Hashida, a well-known Japanese screenwriter, announced in her essay compilation, entitled "*Please let me die by euthanasia*," that she wanted exactly this: to die by euthanasia (11). Attitudes and perspectives concerning medical assistance in dying may be starting to change in present-day Japan. I advocate that it may be time to begin serious and practical discussions about the domestic applicability of an established system for medical assistance in dying, as is available overseas in places such as the US, Canada, and Australia.

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## Ethical Issues of COVID-19 Vaccination Requirement for On-Site Employees in Philippines

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### Abstract

The global health crisis brought by the COVID-19 pandemic calls for immediate vaccination, particularly of the vulnerable and most exposed members of the population, for increased protection from infection and mitigate severe effects of the virus. With the permission granted by the Philippine government to business establishments to resume operations, employers and employees have been required to undergo vaccination to stabilize the threat of increased infections due to direct exposure to potential carriers and create jobs for laid off workers during business closures as businesses will need manpower when it will resume operations. Conversely, some people rejected the mandatory vaccination due to religious beliefs, fear of side effects, doubts, and other personal reasons. This paper presents a discussion on both stands concerning the vaccination requirement with the concepts of utilitarianism and Kant's philosophy on human rights. These concepts weigh the benefits and costs when individual rights will be upheld at the expense of the general welfare and vice versa. This paper will then argue the necessity for suspending individual rights regarding vaccination as this is a case of global health emergency, where governments should prioritize the greater benefit for all.

### Introduction

The outbreak of COVID-19 has brought drastic global damages in health, employment, education, and business. It had halted all operations in business sectors and prohibited the traditional conduct of transactions and education due to the high transmissibility of the virus. In response to the pandemic, advanced pharmaceutical companies immediately developed vaccines to mitigate the damages on the global health and economy. Such responsiveness enabled mass vaccination all over the globe, including the Philippines. Concerning this, the paper intends to explore and assess the issues on vaccination requirement for on-site employees imposed by the government in the Philippine setting. The paper starts with a thorough discussion regarding the human rights advisory on COVID-19 vaccination issued by the Commission on Human Rights. It features the hesitancy of the employees to be vaccinated because of doubt, fear, and ignorance.

The paper then presents the vaccination requirement implemented by the government and its aim. Immanuel Kant's philosophy on human rights and utilitarian ethics by John Stuart Mill will scrutinize this requirement in consideration of employee and employer perspectives. The paper then argues that the action taken by the

government is ethically justified, as it is its responsibility to the governed to attain the common good. Mass immunization needs to be pushed through as the virus poses a great threat to human health. This was evident in massive increases in infection and death cases on a global scale. While vaccines may not cure the sickness, these help in boosting the immunity of the person to the virus. Thus, immediate vaccination of all eligible people is an imperative if we want to preserve life and resume our economic and social activities. For instance, vaccination is important to enable companies and other establishments to resume operations with higher security on health for both employees and employers. The paper further argues that it is necessary and justifiable to focus on the well-being of the people even if in the process, some individual rights might be suspended. After evaluation, the paper offers a recommendation that the government may opt to do to encourage the public effectively to be vaccinated.

Amid the pandemic, President Rodrigo Roa Duterte had promised on July 31, 2020 that things will be back to normal by December 2020. However, it took almost two years before face-to-face transactions were gradually implemented up to date because of the high transmissibility of the virus. This was made worse by various mutations recorded as the virus spread from one host to another, as well as its exposure to varying environmental conditions. The increasing cases of infections and deaths pushed the government to take measures in securing a sufficient supply of vaccines for all Filipinos. However, with insufficiency of budget, price, and production of vaccines, the Philippine government had difficulties in acquiring vaccines, which led to the establishment of prioritization program given the limited supply of vaccines in the earlier period of the pandemic. Nevertheless, with the exerted effort of the Philippine government, it was able to obtain a consistent inflow of supply of vaccines that enabled the implementation of vaccination programs nationwide.

However, a portion of the population is not supportive of the programs and still refuses the vaccination. Some are still in doubt of the actual existence of the virus despite its visible damage to society. They believe that it was a conspiracy to instill fear to the public and claimed that the massive infections and death cases recorded and declared as caused by the virus is not true (Fact check: The coronavirus pandemic is not a hoax or a conspiracy to control the general public, 2020). People like Roland Dicdican, a resident in Buenavista, Bansalan Davao del Sur, believed that hospitals opt to declare such numbers in order to receive the allotted budget by the Philippine government for the treatment of Covid-19 positive patients as covered by Philippine Health Insurance Corporation (Personal Interview)

Another reason why others are reluctant towards vaccination is due to the fact that the vaccine comes from the virus itself while some fear the future side effects of the vaccines to the human body. Mrs. Cuyag, a teacher in Metilla Daycare Center, narrated that she feared vaccination due to this particular reason. Even though it was explained to her explicitly that it cannot multiply and was merely administered to boost her immune system, the explanation fell on deaf ears. She believed that it could

destabilize one's health condition based on experience she heard from colleagues and acquaintances (Personal Interview). Furthermore, the public is not yet over the controversy surrounding Dengvaxia (Commission on Human Rights, 2021, p. 7). All the aforementioned are the primary reasons for the reluctance of some which are rooted from the lack of knowledge and research.

#### **Advisory of the Commission on Human Rights**

The Commission on Human Rights issued an advisory to ensure that the citizens can continue to exercise their human rights amid issues on COVID-19 vaccines and national COVID-19 immunization programs (Commission on Human Rights, 2021, p. 3). The advisory highlighted the right of every Filipino to access safe and effective vaccines without discrimination. This implies that the vaccines must have undergone "extensive and rigorous testing to ensure their safety and efficacy". The clinical testing for COVID-19 vaccines was categorized under different phases. It was tested on animals at first to determine the potential and side effects of the vaccine. The promising results led to the testing of the vaccines on human volunteers under three different phases (Commission on Human Rights, 2021, p. 4). With these series of tests conducted, the data that were gathered and analyzed became the basis of authorities in implementing mass vaccination. This proves that the emergency use authorization (EUA) granted by the Food and Drug Administration (FDA) guarantees the safety of the vaccine although it still requires monitoring in case of adverse effects to people with special health conditions (Commission on Human Rights, 2021, p. 5).

Further, the advisory highlighted that prioritization cannot be avoided due to the limited supply available during the earlier period of the pandemic. As deemed proper during the writing of the advisory, healthcare workers who are openly exposed to the patients infected with COVID-19 are prioritized for vaccination. The priority also included people with high chances of being infected brought by old age and existing health conditions, and the disadvantaged population at large (Commission on Human Rights, 2021, p. 6). Eventually, supply of vaccines stockpiled but the citizens remain unwilling to be vaccinated. There were even instances when health workers waited for several days yet very few individuals visited the vaccination sites.

In addition, the advisory also addressed the right to access information regarding the COVID-19 vaccines to impart knowledge to the public. Transparency is considered by the Commission on Human Rights as means to build trust and give assurance as to the safety and efficacy of the vaccines. Moreover, transparency can help clear the doubts of the public that are rooted in the controversy of Dengvaxia, a vaccine created to counter dengue that was used in a widespread school vaccination program and was linked to the deaths of children (Lo, 2019). The Dengvaxia controversy had instilled fear to the parents and became worse when claims were spread on standalone posts in Facebook stating that the COVID-19 vaccines were fifty times more likely to cause death of children than the virus (Funke, 2021). However, this claim was invalidated since no verified evidence can be

presented to support it. In order to counter this misinformation spread on social media and other platforms, the Philippine government coordinated with various agencies to implement information campaigns through accessible channels to permit the dissemination of legit and relevant information to the public and encourage many Filipinos to get vaccinated.

Despite these campaigns, there were still few who firmly refuse vaccination and insist on exercising their right to freedom of choice. This was addressed in the advisory stating, "COVID-19 vaccination should not be compulsory and should only be administered under the conditions of informed consent" (Commission on Human Rights, 2021, p. 8). This was asserted to emphasize that the vaccination should be carried out after securing consent from people who were informed beforehand of the relevant information regarding the vaccines such as the risks and its side effects. Furthermore, the noncompulsory provision in the advisory is a means of respecting religious or cultural beliefs that inhibit members from receiving any form of vaccines. Although this advisory was issued to protect the interest of the public, the provision of noncompulsory vaccination cannot be enforced without a condition as it compromises the interest of other members in the society. This implies that those who are not in favor of vaccination must bear the restriction on certain freedoms deemed appropriate and proportionate to the threat involved as a consequence of their decision.

#### **Vaccination Requirement Scope and Limitations**

The economic damage brought by the pandemic pushed nations to impose protocols that will enable the conduct of operations without compromising the health of the personnel involved. In the Philippines, people were required to wear face masks and face shields on public grounds to protect themselves from the virus. Moreover, a social distancing protocol was also implemented to prevent direct contact, which fosters fast transmission. Despite the limited resources and availability of vaccines, the government is making efforts to achieve herd immunization for increased protection and stabilizing national health security. However, many are hesitant to get vaccinated, which makes it hard for the government to achieve its goal of herd immunization. With the threat of the virus, and various requests from business establishments to lessen restrictions so they could conduct operations more efficiently, the government opt to require vaccination for on-site employees.

On the 12<sup>th</sup> day of November 2021, Presidential Spokesperson Harry Roque had announced the vaccination requirement for on-site employees of public and private establishments in areas with a sufficient supply of vaccines, which took effect on December 1, 2021 (Atienza, 2021). This statement implies that the mandatory vaccination applies to all workers who physically engage in the workplace and transact with customers like public transportation services, healthcare workers, construction workers, staff of fast-food chains, and many others. Mandatory vaccination was specifically tailored to on-site workers because they are directly exposed to the threat of the virus. This direct exposure

increases the magnitude of risks, which calls for measures of additional protection. However, mandating vaccination violates the right of individuals in exercising one's freedom of choice. Moreover, such mandate failed to consider the circumstance of employees with religious or cultural beliefs that inhibits them in getting vaccination. These issues were explicitly addressed in the advisory issued by the Commission on Human Rights, which infers that employees cannot be compelled to get vaccinated. Even so, the reality is far from this picture.

During the announcement, Roque said, "Eligible employees who remain unvaccinated may not be terminated but they shall be required to undergo regular RT-PCR testing, or antigen tests, at their own expense" (Atienza, 2021). This implies that the government will no longer shoulder the expenses for the tests. In such case, employees are burdened to consider the expenses for regular testing while weighing the capacity of their salary and expenses for basic needs. This strategy was employed to provide incentives for employees who get themselves vaccinated, while providing burden to those against it in the form of compulsory regular antigen testing which increases their expenses leaving a smaller net income. This particular condition to retain employment urges the labor force within the minimum wage threshold to opt for COVID-19 vaccination instead. This illustrates the fact that employees are being compelled to mandatory vaccination despite the issuance of the advisory, which aims to prevent such compulsion. Moreover, a pending bill in the House of Representatives is seeking to legally impose mandatory vaccination in the country, which can further hinder an individual's autonomy.

#### **Immanuel Kant's Philosophy on Human Rights**

Human dignity is the center of Kant's moral philosophy. This pertains to an individual's worth regardless of rank or status in a society that should be respected as recognition for an individual's autonomy (Hill, 2015). This autonomous characteristic of humans makes them rational beings, who can decide and act on their decisions, which makes them an end in themselves. With rationality and autonomous characteristic, people are endowed with dignity, which ought not to be violated. This implies that treating others as means for one's interest is wrong, as it is an act of disrespect of the former's dignity. Meaning, as individuals have the same intrinsic worth in society, one does not have the right to compel and manipulate or use another for his endeavors.

Through manipulation, a person restricts the other from exercising judgment with full knowledge of the situation, which technically means the manipulator leads the decision-making of the other party. Thus, the manipulator himself most likely makes the decision rather than the other individual thereby disrespecting the dignity of the latter as a human person. On the other hand, treating a person as an end allows him/her to exercise the freedom to decide for oneself, which shows how one respects the rationality of this person (Velasquez et al., 2014). However, as rational beings, humans have the capacity to weigh the gravity of one's self interest as against the common good. This posits that individuals need not be manipulated nor compelled in order to act for

the benefit of the majority. Furthermore, in the case of public emergency situations, such as the COVID-19 pandemic, suppression of some individual rights in favor of public good, can be justifiable as per the statement of Dr. Ramon Lorenzo Luis R. Guinto (Atienza et al., 2021), and as beings with logical reasoning, people need not question why this has to happen.

Hence, the rationality and autonomous characteristic of human beings are the grounds of human dignity and the respect it demands founded the notion of human rights. As individuals with equal intrinsic worth, we are entitled to protect such dignity by upholding our rights for respect and doing the same to others. This concept was further explained in an article by Velasquez et al. (2014) stating, "Kant's principle is often used to justify both a fundamental moral right, the right to freely choose for oneself, and also rights related to this fundamental right." According to them, the related rights to the fundamental right come in two categories, negative and positive rights. Negative rights refer to claims that impose a negative duty or "duty of not doing" from others such as privacy and the right to live. On the contrary, positive rights allow the interference of another party in an individual's affairs for the benefit of the latter, such as the assistance for health and education, to help the needy attain the minimum standard of well-being. Respecting these rights of individuals and interfering when needed, especially when the circumstance demands so such as in the present when the society is battling the pandemic, show that we value their dignity and autonomy as a person whose worth is neither greater nor lesser than ours. Thus, the presence of dignity in every human person brings forth equality and respect for the worth of each.

### **Kant's Principle on COVID-19 Vaccination Requirement for On-site Employees**

Human rights is a concerning issue amid the COVID-19 pandemic, particularly in vaccination which was proposed in the House of Representatives to be mandated legally. With the supply of vaccines that could last until first half of 2022, the government encourages the public to get vaccination shots to increase protection against the virus and prevent severe symptoms in case of infection (Kabagani, 2021). Subsequently, this urged employers to uphold their right to health security and the conduct of business by pleading to be allowed to require vaccination on their employees and to not accept unvaccinated applicants. Employers fear for their safety as well as the operation of their business due to the great risk posed by unvaccinated employees.

Manpower plays a significant role in business. This factor of production makes the business run as equipment and raw materials cannot process themselves without the aid of humans. In service sectors, the absence of manpower itself equates to the closure of the business. The possibility of immobilization of the business due to complications in manpower is the primary reason why employers running a business want to make vaccination a requirement. This reduces the risk of spreading the virus and getting severe infection that could cause hospitalization of employees reducing the manpower, which could threaten the immobilization of the entire

business. Further, a case of infection of one employee can cause the business to cease operation for a few days to disinfect the vicinity, quarantine close contact employees, and confirm their negative antigen tests. This duration can cause foregone profits of the business that would have been earned had the business's operations were not interrupted. Further, the news of recorded infection of the establishment could instill fear among customers and avoid the place for the meantime, which could further increase forgone profits as a result of a temporary decrease in customer patronage.

On the other hand, employees can also insist on their right to freedom of choice. They pled for respect of their refusal to vaccination due to personal reasons. Some fear the fact that the vaccine is cultured from the virus itself. Although vaccination campaigns meticulously explained that the virus in the vaccine cannot multiply and is simply administered for the production of antibodies, the mere idea of injecting a virus into one's body caused their refusal. There were also some whose reasons for refusing vaccination are rooted in the side effects of the vaccine that is yet to be discovered. This was further fueled by speculations of the people who linked the death and paralysis of some individuals to the COVID-19 vaccines as these events occurred after a period passed since the individuals were vaccinated. Due to this circumstance, people were reminded of the Dengvaxia controversy, which increased their fear of vaccination. That being the case, their reasons are without basis except for obvious lack of knowledge about vaccine development and the benefits of vaccines. Nevertheless, these reasons of employees who firmly refuse COVID-19 vaccines are merely defense mechanisms for the uncertainty of the future. With this negative mindset plaguing the mind of many bothered citizens, information dissemination is a crucial factor for neutralizing such fear and embracing the positive mindset that the current situation demands.

With the conflicting rights of employees and employers, the government faces an ethical dilemma whether to uphold the rights of employers against the employees' or to uphold the employees' rights at the expense of the employers. More than this, the government is more concerned for the welfare of the country. The recently announced limited vaccination requirement, which pushes minimum wage earners to opt for vaccination, as well as the bill pending in the House of Representatives, implies that the government is taking steps towards mandatory vaccination for the entire population of the country. This makes us question whether the action taken by the government will justify the probable violation of the rights of the citizens.

### **Utilitarian Ethics of John Stuart Mill**

Utilitarianism is a form of consequentialism whereby the end justifies the means (Abumere, 2019). This theory is based on the proposition that the moral rightness and wrongness of an action and inaction depends on the consequences it derives. The classical utilitarianism of Bentham and Mill accounts for benefit and harm in terms of happiness/unhappiness and pleasure/pain (Abumere, 2019). The principle of utility holds that an action or inaction taken results in greater happiness and less harm

as compared to other alternatives, the action or inaction is deemed morally right. However, if the action or inaction results in less happiness and more harm as compared to other alternatives, the action is morally wrong. This implies that the benefits enjoyed by an individual brings the happiness that one desires, thereby making happiness as the only thing desirable as an end (Mill, 1863). Utilitarianism aims to achieve the common desire of every member in the society that is called happiness. With the focus of attaining the desired end, it had failed to consider the morality of the means taken thereby compromising the rights and distinctness of individuals. For instance, the mandatory vaccination drive of the government is a kind of utilitarian approach, which aims to provide a stable health security to the public amid the pandemic. Even though it was implemented to promote the common good, the government compromised the right of individuals to choose upon imposing the mandate which thereby tarnished the goodness of the action taken by the government. Nevertheless, the happiness enjoyed by majority is presumed to have justified the sacrifice of a few as proven by the increase in net utility.

#### **Utilitarianism on COVID-19 Vaccination Requirement**

The government was established to manage affairs on local, national, and international levels that will benefit the people within its jurisdiction. The public elected the candidates they deemed responsible and worthy of the authority that will be given by them. Consequentially, the government must serve the people and act for the interest and welfare of the latter. Amid the COVID-19 pandemic, massive death and infection cases were recorded in the Philippines. This pushed the government to do what it can to acquire a sufficient supply of vaccines for the citizens up to the extent of incurring debt from other countries.

Further, they coordinated with other agencies to implement vaccination campaigns as means of persuading the public to get the shots. Despite these efforts, a portion of the population remains hesitant to accept vaccination shots. With the gradual reopening of business establishments and resuming operations of other industries, employees are expected to report in their respective workplaces. In such case, the risk of infection through close contact is increased brought by a greater population transacting in public grounds. This risk is even greater for unvaccinated employees as infection of one poses a great threat to his/her health as he/she may experience severe symptoms. Moreover, this also poses a great threat to his/her co-workers and other unvaccinated employees as they tend to be infected faster than vaccinated individuals brought by weak protection from the virus, and will suffer severe symptoms as compared to vaccinated individuals. Nevertheless, the government perceived that infection in an unvaccinated population could potentially balloon death cases in the future at an alarming rate, which could then again cause the implementation of enhanced community quarantine.

This threat left the government no other choice but to propose mandatory vaccination to fulfill its duty of providing health security to the entire population. However, individuals who cannot take the shots due to restrictions from religion, health conditions, and personal

choice are not compelled to comply but with the condition of regularly undergoing antigen tests to monitor their condition and help mitigate the outbreak of infections. This condition provides additional burden to the poor since antigen test is costly and being required to undergo such test from time to time will compromise their budget for basic needs. Hence, to compensate for the gap between the poor and rich, the government offers the vaccines for free to every Filipino regardless of status to provide protection for all against the virus, even if it means making vaccination mandatory.

#### **Opposing Positions on COVID-19 Mandatory Vaccination**

The human rights advisory issued by the Commission on Human Rights highlighted that COVID-19 vaccination should not be compulsory (Commission on Human Rights, 2021, p. 8). This provision emphasized the right of individuals to choose whether to accept vaccination shots or not. This view is practically anchored on Kant's principle on human rights, which is rooted in human dignity. For him, humans have equal intrinsic worth due to their autonomous characteristic and are thereby granted to make their own decisions, as they are an end in themselves. This enables individuals to weigh their options and the corresponding consequences before choosing the option they deemed as best. Consequently, they are held accountable for their choice as they decide on such act freely. Therefore, unvaccinated on-site employees should bear the consequence of paying for the regular antigen testing if they opt to continue working while remaining unvaccinated. While some employees shoulder this condition as a consequence, the majority of the labor force, particularly the minimum wage earners, view this as a compulsion to accept vaccination. The speculation was further strengthened when news of a pending bill seeking mandatory vaccination came out.

While many may argue that individual rights should be respected concerning this issue, some experts believe that the action taken by the government is necessary to attain the common good. As per the statement of Ramon Lorenzo Luis R. Guinto, a medical doctor and associate professor, the right to choose is not absolute especially if there is a strong case of improving the overall public welfare (Atienza et al., 2021). In this pandemic, wherein national health security is at stake, the government has the authority of mandating vaccination so that the majority (if not all) of the population will be protected. This action is anchored on utilitarian ethics, which upholds the benefit of many at the expense of the rights of a few. Through mandatory vaccination, the country will achieve herd immunization. The increased protection of individuals against the virus prevents fast transmission thereby mitigating the chances of increased infection and death cases in the future. Further, herd immunization could lessen restrictions and allow business establishments to operate, which is beneficial for both employers and employees, as well as job applicants. With the mobility that is gradually taking place brought by decreasing infections and risks as a result of pushing through vaccination programs, the Philippine economy is starting to recover repairing the damages attained on the

first few months of the COVID-19 outbreak. The aforementioned benefits prove that the positive consequences of mandatory vaccination outweigh the negatives.

### Conclusion

This paper presents the opposing sides and the facts considered in implementing mandatory vaccination for on-site employees. On one hand, the government intends to mandate vaccination to uphold the welfare of all as anchored on utilitarianism. The government considered potential benefits that will be reaped upon its implementation such as stabilization of health security, availability of jobs, and conduct of business operations among others that will enable mobility promoting improvement in the economy of the country. On the other hand, the Commission on Human Rights, an independent government office, represents the right to choose of individuals whether to accept or refuse vaccination. Such representation depicts the free and democratic Philippine government that has no absolute power of enforcing authority to the people at the expense of personal freedom and choice. This was evident in its issuance of the human rights advisory to protect the interest of every citizen and allow them to decide freely.

While the right to choose of every individual matters in every affair, this paper argues that the government's act of disregarding this right in the implementation of mandatory vaccination may be ethical considering the situation of the country. Despite the efforts of vaccination campaigns, the country is still far from achieving herd immunity. With almost two years of battling the pandemic, the decreases in cases recorded daily imply the slow pace of improvement, which reflects the state of the economy. It was only recently when restrictions were lessened and businesses started to resume their operations, slowly regaining the losses they incurred during the halt of operations. Subsequently, self-employed individuals are back in the streets making a living through offering transportation services, street foods, eatery, etc. However, this progress is being threatened by the great risk posed by unvaccinated individuals, particularly by on-site employees who are constantly on public grounds who might cause another breakout that could disrupt the gradual mobilization of the Philippine economy.

More than this, the government's utmost concern is the survival of its people. Studies show the fact that vaccination helps an individual's body, particularly the immune system, respond rapidly and effectively clear the infection caused by the virus before it causes the disease. This was made possible due to the immune memory developed from effective vaccines (COVID-19 vaccines & immune response, 2020). Such immunization lessens the severity of the symptoms an infected will experience making the disease less deadly than before. Many are blinded by their fear from the fact that getting the shots and achieving herd immunization would make COVID-19 not any different to influenza, which also caused the death of many decades ago but has now become just an ordinary disease that could be treated with medication available in pharmacies. With the intention of the government to promote general welfare, it opts to make vaccination

mandatory as a way of achieving the aforementioned goals. However, the government may also choose to incentivize those who is fully vaccinated to further entice the public to participate in the mass vaccination such as discounts in purchases and fare. The government must formulate other methods of persuading the public to make the mandatory vaccination more voluntary and less burdensome. Nevertheless, the goal is to achieve herd immunization and stabilize health security to enable mobilization of the overall economy and provide happiness that will be enjoyed by all.

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## The Perpetuating Global Online Propaganda of the Anti-Vaccination Philosophy in the midst of the COVID-19 Pandemic

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### Abstract

In the context of pandemic-stricken modern societies, the internet has allowed the circulation of all kinds of online propaganda with the introduction of COVID-19 vaccines. We argue that immoral deceptions perpetrated by anti-vaccination believers need to be stopped before inflicting more significant damage to humanity. To justify our contentions, we will use a discourse analysis approach to refute anti-vaccination arguments. Furthermore, living by the morally valuable character traits of beneficence and benevolence in rejecting the philosophy of anti-vaccination reflects the virtue of other-centeredness. In an era that is continuously threatened by the COVID-19 pandemic, anti-vaccination movements primarily imperil the lives of many. Perpetuating attitudes, beliefs, and behavioral intentions grounded on anti-vaccination philosophy is neither reasonable nor ethical.

**Keywords:** *Online Anti-Vaccination Propaganda. Anti-Vaccination Philosophy. Covid-19 Pandemic.*

### Introduction

Over the centuries, humankind has been threatened by several endemics, epidemics, and pandemics, with smallpox and measles being the earliest forms of diseases to be recorded in history. Although the Chinese pioneered the first inoculations against smallpox (The College of Physicians of Philadelphia, 2021), Edward Jenner successfully adopted a scientific approach in developing a vaccine against smallpox in 1796 (Tafari et al., 2011; Children's Hospital of Philadelphia, 2021). Since then, other vaccines have undergone development through clinical trials and were subsequently distributed across countries to immunize both children and adults against life-threatening diseases. Nonetheless, despite the respective success rates of various types of vaccines and the fact that vaccine development has been considered one of the most outstanding achievements in public health, instances of vaccine hesitancy are still prevalent and continue to be a threat to vaccination programs spearheaded by the World Health Organization.

As a matter of fact, a growing number of individuals have developed negative perceptions of vaccines and considered them to be both unsafe and unnecessary (Dubé et al., 2013). With this, cases of vaccine hesitancy

have increased the transmission risks of epidemics and pandemics that could have been prevented through immunization. Undeniably, the internet contributed to the mass dissemination of misinformed opinions against vaccines as the influence of modernization spread across several countries worldwide (Kata, 2010). In an era that is continuously threatened by the COVID-19 pandemic, anti-vaccination movements imperil the lives of many. This paper will argue that refusing to get vaccinated is unethical based on our moral duty and responsibility to protect and preserve lives. To justify our contentions, we will use a discourse analysis approach to refute anti-vaccination arguments. In this way, we will provide the readers with a thorough understanding of the subject matter by discussing the issue through an ethical lens, supporting these arguments with research-based evidence, and establishing a position regarding the problem based on ethical principles and relevant studies grounded on both ethics and science. Furthermore, this paper may minimize vaccine hesitancy levels, increase community cooperation and participation in vaccination programs, and develop supplementary moral and ethical grounds for getting vaccinated, especially in the Philippines, where the Department of Health has reported sluggish vaccination rates among different age groups.

### The Philosophy of Anti-Vaccination

Modern anti-vaccination movements accelerated in 1998 when Andrew Wakefield published an article claiming that the vaccine against measles, mumps, and rubella (MMR) could put children at risk for regressive autism and colitis. Such claims caused some parents in the United Kingdom and the United States to refuse to vaccinate their children (The National Academy of Sciences, 2017), although the paper was retracted as a false paper. The contentions made by Wakefield were even more patronized when news regarding the failure of Dengvaxia, a dengue vaccine manufactured by Sanofi Pasteur, in the Philippines broke out. Since then, declines in vaccine coverage have been recorded in different countries and have put more people at risk of being infected by several life-threatening yet vaccine-preventable diseases.

Wakefield's philosophy's cascading effects have become evident in the long run, especially during the onslaught of the COVID-19 pandemic. Despite the efforts of the World Health Organization (WHO) and private vaccine developers to achieve herd immunity, many people from all over the globe abide by the retracted article written by Wakefield. Globally, vaccine hesitancy levels were relatively high in the Middle East, Russia, Africa, and most European countries (Sallam, 2021). In the United States, people were hesitant towards receiving the COVID-19 vaccine mainly because of the possible side effects, the novelty of the vaccine, the odds of the vaccine's efficacy, and infection risks (Momplaisir et al., 2021). Meanwhile, vaccine hesitancy in Asia, particularly in India, Pakistan, and Bangladesh, can be associated with the circulation of false information, insufficiency and non-transparency of vaccine information, lack of trust for government and public agencies, and even religious factors in addition to previously held knowledge about Wakefield's claims (Kanozia & Arya, 2021). In the



Philippines, where majority residents are hesitant about getting vaccinated, De Leon et al. (2021) encouraged religions to embrace values that promote vaccine acceptance and even recommended that the government mitigate conspiracy theories regarding the COVID-19 vaccine. With this, the Filipino were constantly reminded about the dangers of being unvaccinated.

Since anti-vaccination movements and high levels of vaccine hesitancy are commonly reported by several countries nowadays, understanding the anti-vaccination philosophy will be an avenue for refuting it through principles anchored on ethics and morality aside from medical sciences. As a prevailing problem encountered by the public health practice in the aspect of vaccination, there is an urgent need to end the characterization of anti-vaccination philosophy, attitudes, and behaviors.

Conventionally, rampant negative perceptions towards vaccination can be resisted through justifying vaccination programs based on the interrelated ethical principles of beneficence and benevolence. To define with, beneficence is manifested through courses of action with the purpose of benefiting others. Meanwhile, benevolence pertains to the characterization or tendency to act for the benefit of others. In biomedical research ethics, both principles are the grounds for developing a form of medication that will not harm the recipients during the process and combat risks with benefits (Stanford Encyclopedia of Philosophy, 2019). Grounded on the ethical principles aforementioned, it is understood that the government and private vaccine manufacturers should make public disclosures about the ethical compliance to the protocols and procedures in producing the vaccines.

Equally important is the fact that justifying the benefits of the COVID-19 vaccines can be done through an ethical approach that highlights each person's duty towards promoting the common good. While it may be true that rebuilding public trust and confidence for vaccines is primarily be carried out by the government, each person is still responsible for exercising mindfulness and thinking critically about the personal and social benefits of getting vaccinated (Capulong, 2021). Thus, as rational beings, it is our moral responsibility and obligation to protect ourselves and the people surrounding us. Furthermore, living by the morally valuable character traits of beneficence and benevolence in rejecting the philosophy of anti-vaccination reflects the virtue of other-centeredness. It promotes attitudes and behaviors geared towards achieving herd immunity for the benefit of all. Nonetheless, it is our right to demand transparency and disclosure on the vaccine manufacturing process and how the benefits of getting vaccinated outweigh the risks associated with getting infected by the virus. This the crucial task of governments and medical scientists.

### **A Growing Multitude of Anti-Vaccination Believers in Social Media**

Undoubtedly, the internet has been deemed a potent and helpful tool in providing information that could improve almost every aspect of life over time. However, just like anything that is used above moderate and acceptable levels, it could also bring about adverse effects, especially

in the dissemination of various types of information. Although the internet has been used to raise awareness on several advocacies and movements, it has also been the primary tool for global online propaganda that constantly challenges governments, public agencies, and even private organizations and consistently deepens the influence of globalization and consumer culture in almost all aspects of our lives. Following the global online propaganda for spreading misinformed judgments regarding vaccines, it has been previously established that arguments supporting and popularizing anti-vaccination philosophies are circulated in different social media platforms where anti-vaccination believers create online spaces for discussing their perceived detrimental effects of vaccines (Smith & Graham, 2019).

Commonly dubbed as "anti-vaxxers," people who refuse to get themselves and their families vaccinated make use of social media in spreading online false information about the about the vaccines and the vaccination processes. As early as February 2020, Facebook, one of the world's biggest social media platforms, allowed the publication of misinformed posts and conspired concerns regarding the lack of trust and confidence for vaccines against COVID-19 (Kalichman et al., 2021). Additionally, Yang et al. (2021) concluded that vaccine misinformation spreaders had a remarkable ability to effectively coordinate different communication strategies across anti-vaccination discourses increasing on Facebook. Meanwhile, anti-vaccination believers and supporters on Twitter share and exchange conspiracy theories using emotional language in successful and engaging online discussions, which are alarming due to the strong sense of community among groups of anti-vaxxers (Germani & Biller-Andorno, 2021). Similarly, YouTube has previously been a matter of concern for the WHO since it was reported to allow a significant volume of misinformation regarding vaccines (Machado et al., 2020) and even perpetuated tons of conspiracy theories regarding the COVID-19 pandemic. All things considered, the perpetuation of misinformation regarding vaccine safety and the pandemic itself is an ethical issue that needs to be acted upon and resolved.

It has been previously established that a significant number of parents belonging to the Boomer, Gen X, and Millennial generations were the ones who most likely upheld anti-vaccination philosophies, displayed negative attitudes towards vaccination programs, and developed mistrust for vaccine safety and efficacy. In fact, the findings of a study conducted by Jenkins and Moreno (2020) revealed that parents tend to have their own "research" and rely more on misinformed claims from anti-vaccine communities established online than scientifically-based facts backed by medical experts. Repeatedly encountering misleading news and article headlines across different social platforms encouraged people to believe that spreading misinformation is not as unethical as it seems (Effron & Raj, 2019). The inclination towards spreading misinformation can be considered an adverse moral consequence of misleading fake-news headlines.

Currently, there exists a necessity to discuss the unethical premises of fake news and misleading article

headlines. Although resolving such tendencies can be challenging, it can start with anchoring online publications with the basic tenets of media ethics. In addition, educators and policy makers should also look into more feasible ways of combating the proliferation of fake news in the social media. Basically, media ethics appropriately addresses moral issues concerning the acquisition, disclosure, and dissemination of data and information in mass media. In line with this, social media platforms should be held responsible for perpetuating misinformation regarding vaccine safety and benefits since its democratized access allowed anti-vaccine believers and supports to take advantage of the opportunity to reach multitudes of audiences on a global scale. This is where policy makers of governments should come into the scene by crafting laws that would discouraged and even penalized people who promote fake news in the social media.

Additionally, it is a social networking site's responsibility to establish and implement standard and ethical measures for ensuring that fake news and misleading article headlines containing anti-vaccination conspiracies and beliefs are not capable of reaching a significant number of readers, supporters, and sharers. Being one of the main sources of information nowadays, these sites should abide by the ethical principle of impartiality by prioritizing the realization of mechanisms geared towards overcoming transmission risks and putting an end to the devastating effects of the COVID-19 pandemic. This where researchers and ethicists should also be sought by these social networking sites to provide them input and guidance in dealing with fabricated information and fake news to be published in their website. Hence, immoral machinations and deceptions perpetrated by anti-vaccination believers should be stopped before inflicting more significant damage to humanity. Moreover, encouraging and facilitative, rather than coercive, vaccination programs should be implemented by different governments worldwide that the most prominent social medial platforms should help the government in this campaign and advocacy.

### **Moral Implications of Anti-Vaccination**

In Kant's deontological ethics, the morality of an act is evaluated according to the motive or the intention of the doer while in utilitarian ethics, it is assessed according to its consequences rather than the intention. While we do not know the intentions behind the attitudes and behaviors of those who perpetuated anti-vaccination philosophy in the social media, it is of no doubt that it had resulted to vaccine hesitancy of many people. To further elaborate the influence of a person's attitudes on their behavioral intentions, we utilize Fishbein and Ajzen's Theory of Reasonable Action. In this paper, the "beliefs" held by an anti-vaxxer refer to the link between anti-vaccination and some attributes that were perceived to be the benefits of not getting vaccinated. Meanwhile, an anti-vaxxer's "attitude" pertains to their negative evaluation of COVID-19 vaccines. Based on the premises of the theory of Reasonable Action, it can be inferred that an anti-vaxxer's belief in the immediate community's attitudes towards a subject matter is identified to be the determining factor of

that individual's behavioral intention. Since an anti-vaxxer believes that there are positive outcomes of being unvaccinated, they seek support from other people who share the same beliefs. Identifying themselves with a community of anti-vaxxers will most likely strengthen their behavioral intentions to refuse getting vaccinated, hold adverse perceptions towards vaccination programs and drives, and instill their beliefs on other people, including their families, friends, and colleagues.

Years of consistently abiding by the philosophy behind anti-vaccination and intending to carry out courses of action in line with it can be evaluated ethically and morally. It is a fact that intentions are the determinants of the morality of human acts according to Immanuel Kant's Deontological Ethics. In fact, intentions are how an action is willfully done by a person whose state of mind is in a conscious state. Accordingly, the intention for doing an act should align with our sense of duty that requires us to choose to do the good because it is good. Relating this moral principle to the subject matter of this paper, let us imagine a man who voluntarily decides to get himself vaccinated based on the virtues of beneficence and benevolence. Strongly driven by this moral responsibility to protect his life and the lives of others, he critically evaluates the benefits of getting vaccinated and the dangers of getting infected by COVID-19 and subsequently comes to a generalization that educating himself with facts and scientifically-based evidence is part of his moral obligation. In such a case, the acts of critically thinking about his decision to get vaccinated and seeking vaccination after that are considered moral and ethical. His behavioral intention is well-aligned with the decision to do the good because it is good. Hence, anti-vaccination philosophies and movements perpetuating worldwide cannot be held as either moral or ethical since the behavioral intentions associated with it is not in itself good, for it does not consider the well-being of other people and do not, in any way, promote the common good.

We believe that neither the personal welfares nor those of other people should be willfully neglected in performing moral and ethical acts. This is mainly because morality is anchored on our personal decision to choose what is right, not just for the good of ourselves but also for the benefit of other people. In addition, we agree with Kant's contention, explicitly mentioning that consistent moral actions develop virtues. In his Deontological Ethics, Kant also highlighted that it is correct to do and practice what is good because it is good. Conversely, voluntarily choosing not to do what is good can equate to not doing good deeds, just like in the case of anti-vaxxers' intentions and actions evident in embracing the precepts of the anti-vaccination philosophy, failing to educate themselves properly, and refusing to get vaccinated.

Most importantly, the impartiality of Kant's ethical principle on deontology reconciles justice and fairness with a person's intentions to act and the consequences of carrying out such a course of action. In such a case, Kant explained that acts that were done with ill motives are unlikely to be considered morally right, even though the actions resulted to positive outcomes. For the utilitarians, the acts are considered good even if the intention of doing the action is bad so long as the outcomes of such action is

good. Remarkably, even if the philosophy behind anti-vaccination is to “protect” people from the perceived “dangers” of vaccines, the motive is not good enough because it deprives people of the potential benefits of minimizing the risks of transmission and increasing the likelihood of achieving herd immunity which is the first towards finally putting an end to the most destructive pandemic ever recorded in history.

Furthermore, Kant’s ethical inquiry promotes and gives importance to each person’s sense of duty, respect for dignity, and autonomy. In fact, he emphasized letting the good will be our guiding principle as we choose to do what is good is our moral duty, responsibility, and obligation as members of society. In addition, Immanuel Kant’s ethical philosophy encourages us to exercise our gifts of freedom and rationality. In light of the COVID-19 vaccination, our dignity as human persons is evident in acknowledging that our freedom is not absolute. This generally means that being free on choosing what to do should still be anchored on our ability to reason out and the inclination to do what is good. Finally, the Deontological Ethics emphasizes that we can exercise autonomy since we are in complete control of our destiny based on our respective decision-making process, involvement of reason through thinking critically, and letting goodness prevail in everything that we intend and choose to do. Our freedom and autonomy should lead us to do good. Indeed, we are free because as a rational being, we are able and capable of doing good.

### Conclusion

Truth be told, beliefs and attitudes associated with anti-vaccination movements, whose roots can be traced to Wakefield’s contentions, on a global scale have been consistently perpetuating even before the occurrence of the COVID-19 pandemic. In the context of pandemic-stricken modern societies, the internet has allowed the circulation of this global online propaganda with the introduction of COVID-19 vaccines. Notwithstanding the fact that it is ultimately that this issue requires government intervention, we should bear in mind that deciding on what philosophies to abide by and believe in should not hinder us from exercising our gift of freedom and reason. This generally means that as rational beings, it is our moral obligation to conduct a fact check with information that we encounter online, correct misinformed judgments regarding vaccine safety, and let the good prevail under any circumstance. To reiterate, perpetuating attitudes, beliefs, and behavioral intentions grounded on anti-vaccination philosophy is neither reasonable nor ethical. For this reason, it is safe to say that choosing to get unvaccinated increases the risk of transmission, decreases the probability of creating safe spaces for everyone, and is not in line with our moral obligation to do what is good and necessary for the benefit of the people around us.

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## Challenge of Legitimacy in the Implementation of COVID-19 vaccination requirements for on-site workers

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### Abstract

The Philippines is currently implementing the mandatory vaccination for eligible on-site employees in areas with plenty of COVID-19 vaccine supplies as per IATF resolutions 148-B and 149. Accordingly, these workers may still choose not to get vaccinated provided that they undertake regular RT-PCR or antigen testing at their own expense. This new directive draws disparate views from the affected labor sector, with some workers seeing it as necessary to combat the COVID-19 pandemic, while others remain skeptical of the effects of vaccination on human health following the Dengvaxia controversy in 2017. With such contrasting viewpoints among its citizens, this paper will seek to answer the question, "Can the government legitimately use its coercive political power to impose the vaccine or test rules for on-site workers despite the different opinions?" This paper will incorporate John Rawls' Political Liberalism, primarily the notion of a political conception of justice, into solving the problem of legitimacy brought on by obligatory immunization. This paper will then argue that the government cannot enforce mandatory vaccination legitimately as it obstructs workers' ability to exercise their rights, liberties, and freedom of choice. However, the government may continue to encourage citizens to get themselves vaccinated through different forms of incentives, impose minimal health protocols such as social distancing, mandatory use of face mask and following health and safety standards to all the citizens.

**Keywords:** Covid-19 Vaccination, Legitimacy, Individual Rights, Public Good. Government Intervention.

### Introduction

The Philippines is currently implementing a nationwide vaccination program to combat the damage brought by the COVID-19 pandemic. This initiative provides citizens with free immunizations against COVID-19. Vaccination is not legally mandated among the citizens, except for the specified workers in the labor sector. In connection with this, the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID) issued

resolution 148-B, approving the mandatory vaccination for eligible on-site workers in locations with plenty of COVID-19 vaccines supply starting December 1, 2021. These on-site workers include employees who need to be at their working site like construction workers, food servers, and among others. The said resolution states that those ineligible workers may present medical clearance issued by a Municipal Health Office, City Health Office, and/or Provincial Health Office or birth certificate to prove such ineligibility for vaccination. In addition, employees who refuse to get vaccinated can still work, provided that they will undertake regular RT-PCR or antigen testing at their own expense (Valente & Mendoza, 2021). Regarding the frequency of testing, IATF resolution 149 (2021) clarified that it shall be construed as that determined by the employer but which should be at least once in every two weeks.

However, the vaccine-or-test rules for on-site workers draw opposition from different agencies. The House of Representatives Committee on Labor and Employment, under its chairman Pacman Partylist Rep. Enrico Pineda, has recommended the suspension of the said policies introduced by IATF (Sarangay, 2021). Trade Union Congress Party (TUCP) party-list Representative Raymond Mendoza also criticized the resolutions, citing that they were confusing and lacked consultation (Mercado, 2021). According to Makabayan bloc (an alliance of leftist legislators in the lower house of the Philippine government) which is the coalition of twelve party-list in the House of Representatives, the regular testing requirement poses an additional burden to the workers. In addition, Senator Risa Hontiveros has called for the IATF's decision requiring mandatory vaccination in the workplace to be recalled, claiming that these workers should instead be encouraged to get vaccinated rather than imposing a punishment (Tilo, 2021).

Filipinos are divided regarding this issue. Some agree with the said policy as it will ensure the safety of these employees, who are also frontliners during this pandemic. Others are still hesitant about the vaccine and are now protesting against the new directive. Accordingly, a study revealed that 90% of the respondents worry about possible side-effects of the vaccines, 87% were concerned about their effectiveness, and 78% were hesitant about the safety of such vaccination against COVID-19.

One of the causes of their hesitancy can be traced back in 2017 during the Dengvaxia controversy when concerns about the vaccine's health effects were raised, with some even claiming in the media that the vaccine was directly responsible for children's deaths (Mendoza et al., 2020). Furthermore, disinformation propagated by the media, the society, and the health-care system has a significant role in influencing the perceptions of Filipinos, particularly given the quick spread of such misconceptions through social media. Similarly, vaccine refusal is further exacerbated by structural barriers such as political issues and poor implementation (Amit et al., 2022). Finally, resistance to receive vaccinations is sometimes linked to philosophical or moral attitudes about health and immunity, such as a preference for "natural" over "manufactured" medications. Refusal of vaccines has also been linked with strong religious

convictions citing the belief that vaccination contradicts religious beliefs about the “origin of illness, the need for preventive action and the search for a cure” (Dubé, 2013).

The aim of this paper is to address the challenge of legitimacy in the implementation of COVID-19 vaccination requirement for on-site workers using Rawls' Political Liberalism Theory. More specifically, this paper answers the question, “Can the government legitimately use its coercive political power to impose the vax or test rules for on-site workers despite the different opinions?” The paper then argues that, based on the notion of a political conception of justice, the said vaccination requirement cannot be enforced against on-site workers. Finally, this paper recommends for vaccination to remain voluntary while continuing on strictly imposing minimal health protocols as measures to combat the COVID-19 pandemic without violating workers' rights. To entice citizens to get vaccinated, the government should grant incentives to fully vaccinated individuals instead of forcing them to do so.

### **Political Liberalism: A Political Turn of John Rawls**

John Rawls' (1999) *A Theory of Justice* introduces the idea of a well-ordered society. In this kind of society, the primary institutions are regulated by the principle of justice that everyone accepts wholeheartedly. However, an ideal society that adhered to authority seems impossible in the liberal society we live in. In a democratic society, citizens are entitled to rights and freedom, including the freedom of thought, speech, and conscience. These entitlements would lead people to have contrasting viewpoints of what justice is. Such conflicting opinions would lead society to chaos if people only followed their respective beliefs. Thus, there should be laws and policies to attain order and peace in society. However, Rawls' discussion about congruence and stability in “A Theory of Justice” seemed to be at odds with the assumption of pluralism because he plotted his ideas about justice and how to attain it using the assumption of a well-ordered society.

In response to this problem, John Rawls' (1993) *Political Liberalism* will account for a pluralistic society. It recommends concepts and principles to resolve disagreements of citizens and to come up with rules that everyone should abide by despite their respective beliefs. Political liberalism attempts to address the challenges of legitimacy and stability in a diverse citizenry. This paper only caters to the issue of legitimacy in connection to the vaccination requirement for on-site workers.

### **Plurality of Conceptions regarding the Vaccination Requirement**

In a liberal society, people will have diverse worldviews. We have different views about religion and how the world works. Our diverse culture also contributed to our perspectives about right or wrong, good or bad, and other aspects of our lives. Even in a communitarian state like the Philippines, we cannot deny the fact that each of us have our own viewpoints evidenced by how Filipinos debate on certain issues on social networking sites like Twitter or Facebook. In connection to this, the issue on the mandatory COVID-19 vaccination also stirred diverse

responses from the citizens. According to a survey conducted in May 2021 by Statista Research Department (2022), majority of individuals who are willing to receive vaccinations against the coronavirus (COVID-19) cited their safety and protection against the virus as the primary reason for vaccination. Safety and protection against COVID-19 is vital for on-site workers because the nature of their work requires them to interact with people frequently. Getting vaccinated will protect them against the virus for them to serve their customers well.

However, some people are against the new directive. They are hesitant about the vaccines for a variety of reasons. First, they are concerned about the side effects of the vaccines following Dengvaxia issue, where deaths of children were reported after getting vaccinated (Fatima & Syed, 2018). They also have their individual perceptions about the vaccines which are influenced by misinformation spread through social media (Amit et al., 2022). It was also found out that the problem of vaccine hesitancy is strongly related with a lack of trust in government, wherein some people still doubting the existence of the virus (CUNY Graduate School of Public Health and Health Policy, 2020). Aside from that, the series of calamities in 2020, like the earthquakes in some parts of Mindanao, Taal Volcano eruption, typhoons, and the COVID-19 outbreak, heightened their religious belief that these are punishment of God.

Despite differing people's views, there is only one policy for every aspect of our lives that must be followed. The purpose of this is to attain order and peace in the community. Moreover, this is where the lawmakers do their job to make laws that will be implemented throughout the nation. Nevertheless, how can the government impose its political power to enforce citizens to follow the rules like the resolutions mentioned earlier in a pluralistic society?

### **The Liberal Principle of Legitimacy**

In a democratic society with diverse citizens, enforcing political power is challenging. It is difficult to impose one policy or law with different interpretations from the people. Rawls' Liberal Principle of Legitimacy permits the use of a democratic state's coercive political power within the bounds of the law, where subjects will presumably obey. Rawls' (1993) Liberal Principle of Legitimacy states that: “*Our exercise of political power is fully proper only when it is exercised in accordance with a constitution the essentials of which all citizens as free and equal may reasonably be expected to endorse in the light of principles and ideals acceptable to their common human reason*” (p. 137)

This principle implies that political power can be wielded over the citizens if they can be reasonably expected to support it. Though the directive imposed on on-site workers gained opposition from different groups and agencies, most workers already got their shots. They were forced to do so because they were afraid of losing their jobs, which they hoped would help them survive this pandemic. As the new rules were implemented, another set of workers were being coerced to receive vaccines as they will get punished by the burden of paying for tests if they will do otherwise. According to Bernardo Wabe, 46, a

security guard at a state-owned bank in Manila, the vaccination requirement compelled him to get vaccinated because he feared he might end up using his earnings just to pay for his swab tests. He added that he was hesitant about the vaccines stating, "I was afraid I'd get even more sick if I get vaccinated, but this time I really had no choice" (Lopez & Calonzo, 2021).

Nevertheless, as the COVID-19 cases rose, they realized the necessity of the vaccines to protect themselves and their family. According to the Department of Health, 86% of hospitalized COVID-19 cases were not fully vaccinated between March and November. In data recently shared by DOH, unvaccinated Filipinos are twice as likely to develop severe COVID-19 and nearly three times likely to die from the disease (Tomacruz, 2021). Over time, the mandatory COVID-19 vaccination gained endorsement from the majority of the public but the way these workers are being forced to get vaccinated implies that such policy cannot be legitimately enforced.

### Reasonable Citizens

According to Rawls (1993), reasonable citizens are citizens living in a society where they are willing to obey rules provided that others will do the same. Even if such a policy contradicts his views and interest, he is still willing to follow them. Rawls says that these citizens have their comprehensive doctrine, their personal views about how the world works. For instance, the Philippines is divided, in terms of religion and various sects. Majority of the population embraced Catholic as their religion, while there are other Christian denominations like Evangelical Christians, Baptists and other protestant groups. There are also members of the local sect which is the *Iglesia ni Kristo*. The remaining members of the population embraced Islam as their religion. Though they strongly believe in their respective religions, they are unwilling to impose such religions as the standard. They are unwilling to force other reasonable citizens to live according to their own religious beliefs.

This notion is true, especially when we think of workers' reactions after the imposition of the mandatory vaccination. Though some of them think that vaccination should be legally mandated, they do not disregard the perceptions of other workers. Other workers who were hesitant about the vaccine did not insist to pro-vaccine workers their beliefs. Both parties allow each other to do what they think is right for them, whether to get vaccinated or not. They both accepted their counterparts' explanations for their contrasting views.

### Reasonable Pluralism

Rawls' idea of reasonable citizens highlights his view of humans as not irredeemably self-centered and dogmatic. This primary concept of citizens gives cause to aspire for reasonable pluralism. Accordingly, the concept of reasonable pluralism suggests that citizens' different doctrines will motivate them to support a specific rule in society. Rawls anticipates that people' accepted religious, moral, and philosophical views will embrace toleration and accept the principles of a democratic regime. In the case of the vaccination requirement, both perspectives of the anti and pro-vaccine workers are

reasonable because of their respective motives. First, the viewpoint of the first group of workers to be vaccinated for their own and for the general population's sake, for example, is reasonable because it will protect them and it will aid the entire population in combating the same enemy. If the entire community is vaccinated, the likelihood of getting infected by the virus will be minimal. On the other hand, other workers may also choose not to be vaccinated to avoid adverse health consequences. Despite the FDA's approval, hesitancy is understandable considering that the Dengvaxia vaccine has also been approved by the European Commission and the US Food and Drug Administration (Lo, 2019). Thus, such differing decisions and viewpoints are not merely pluralism, but are reasonable pluralism.

However, the notion of reasonable pluralism does not address the issue of legitimacy, that is, what law can be legitimately enforced on diverse citizens. For example, it was previously stated the Philippines is divided into different religions and because of citizens' reasonableness, no religion was enforced as the basis of religious beliefs and practices in the country. Though majority of Filipinos are Catholics, it is unreasonable to expect everyone to endorse Catholicism as the only religion that must be followed in the country. It is also unreasonable to force Catholics to follow Islam or atheism. Similarly, even if there is reasonable pluralism in a society, it would be unreasonable to impose a mandatory vaccination, given that citizens are hesitant about it. It will also be unreasonable to insist that the pro-vaccine workers refuse vaccinations because they have the freedom to do so. Therefore, reasonable pluralism only softens the legitimacy problem that obligatory vaccination currently faces.

### Political Conception of Justice

With the goal of addressing the problem of legitimacy in imposing policies in a democratic society, Rawls introduced the concept of a political conception of justice. According to Rawls, a policy can be legitimately enforced on its citizens if a state's political power is exercised in accordance with a political conception of justice. In the first section of his book *Political Liberalism*, he defined this term by presenting the three characteristics of a political conception of justice. Accordingly, a political conception of justice is a moral conception that applies to the basic structure of a society, which includes its primary political, social, and economic institutions, and how they interact to form a cohesive system of social cooperation from generation to generation. A political conception of justice is presented as a freestanding view whose content is established independently of the comprehensive doctrines affirmed by citizens. Finally, the content of political conception of justice is expressed in terms of certain fundamental ideas seen as implicit in the public political culture of a democratic society. This public political culture, according to Rawls, "comprises the political institutions of a constitutional regime and the public traditions of their interpretation (including those of the judiciary), as well as historic texts and documents that are common knowledge" (Rawls, 1993, p. 13-14).

As mentioned earlier, each reasonable citizen has their respective comprehensive doctrine. In instances where reasonable pluralism is not applicable, these comprehensive doctrines should not be employed as political conception of justice must be established independent from such individual doctrines. For Rawls, the society's public political culture can be used as a foreground to make such laws. In connection with this, Rawls proposes a solution to the problem of legitimacy. To remedy this dilemma, he believes that political power should be used in line with a political conception of justice that can be derived from fundamental beliefs in a society's public political culture.

According to Rawls, the three most fundamental ideas from a democratic society's public political culture are the notions of free and equal citizens plus a fair system of society. These ideas prompted Wenar (2021) to conclude that political conceptions of justice will have three key basic features. Accordingly, a political conception of justice will: ascribe to individual rights and liberties of citizens; prioritize these entitlements over other general interests, and ensure that citizens' freedom is used effectively.

Given these basic features, we will then examine IAFT's resolutions if they are implemented according to a political conception of justice. The first aspect emphasizes the importance of safeguarding individual rights and liberties. The resolutions specified that COVID-19 vaccination should be mandated for all eligible personnel. If they refuse to get vaccinated, they will be asked to undergo regular RT-PCR or antigen testing at their own expense. These rules continue to value workers' rights to choose whether or not to receive immunizations. However, the requirement to pay for their RT-PCR or antigen testing is unacceptably harsh. Employees' salaries are barely adequate, and most of the time, insufficient to cover their living needs. Will they be able to support their family if they have to pay for the testing as well? Of course, people would prefer to be vaccinated rather than incur additional costs. This demonstrates that these workers continue to be without a choice and cannot fully exercise their rights.

The second feature states that a political conception of justice will prioritize citizens' rights and liberties over demands of the general public good. The primary goal of the IAFT's new guidelines is to increase the number of vaccinated Filipinos at the same time decrease the cases of COVID-19. During this pandemic, on-site employees are one of the first responders. Since they are exposed to a variety of people on a daily basis, they might get infected or if they are already infected, they might pass the virus to their customers. This means that mandatory vaccination is aimed at the greater public good than each workers' welfare.

The third feature states that a political conception of justice will ensure sufficient means to use their freedoms effectively. IAFT's resolutions 148-B and 149 implicitly obstruct workers' ability to exercise their freedom of choice. Though it was explicitly stated that they can still choose to get vaccinated or not, the provision about the testing rules is just a pretense. The government sought to demonstrate that workers have freedom, but such rules

are simply propaganda that will benefit them in the long run, preventing people from successfully exercising their rights. Thus, based on the examination, the requirements for on-site workers seems to be at odds with workers' rights and freedom.

### **The Idea of Overlapping Consensus**

COVID-19 vaccination is viewed as a means of containing the pandemic by preventing everyone from getting infected by the virus. However, based on the notion of political conception of justice, mandatory vaccination for on-site workers cannot be legitimately enforced. Thus, what measures should the government impose to help combat the COVID-19 pandemic?

As previously stated, each citizen has their own comprehensive doctrines, which includes their ideology regarding mandatory vaccination, with which some citizens agree and others disagree. In addition, it was mentioned earlier that political conception of justice is freestanding, that is, it is independent from any of the comprehensive doctrines of each citizen. In an overlapping consensus, each citizen will end up endorsing the same political conception of justice for a variety of reasons, allowing the country to impose a policy that everyone is willing to abide.

In this instance, both the anti and pro-vaccine advocates will agree on vaccination remaining voluntary while still imposing minimal health protocols on all residents, such as social distancing, mandatory use of face mask and adherence to health and safety standards. Anti-vaccine workers will agree on such policy since they will not be obligated to get vaccinated and will still be protected against COVID-19 due to health protocols. Meanwhile, pro-vaccine workers will support the policy given their primary motivation for advocating for obligatory vaccination is their own safety. Thus, both parties will agree for reasons internal to their own comprehensive doctrine.

Furthermore, if such health protocols will be consistently implemented and strictly followed, vaccination does not need to be mandatory. The rationale behind imposing mandatory vaccination is to compel the community to get vaccinated to attain herd immunity. Instead of imposing such punitive policies that are against the rights of workers, the government should instead grant incentives to fully vaccinated individuals to encourage them to receive the vaccines. It is also important to address misinformation that heightens hesitancy among Filipinos by continuing on educating Filipinos about the vaccine and its benefits.

### **Conclusion**

In a democratic society with pluralism in the people's worldviews, legitimately enforcing coercive political power over its citizens poses a big challenge. This is the issue that the mandated vaccination for worksite employees is attempting to address. John Rawls' liberal principle of legitimacy states that laws or policies can only be enforced if citizens endorse them despite their contrasting viewpoints. He introduces the idea of reasonable citizens who want to live in a society where they may work with their fellow citizens on terms that are

acceptable to all. In the case of on-site workers, they have different perspectives on the guidelines. Some of them think that it will be best for everyone to get vaccinated, while others' hesitancy drove them away from the idea of getting vaccinated. Since both parties have reasonable justifications, requiring mandatory vaccination for anti-vaccine workers while forbidding pro-vaccine workers from receiving the vaccine is just unreasonable.

Following the failure of Rawls's "reasonable pluralism" approach, we shift to the political conception of justice. Accordingly, policies must be applied in accordance with a political conception of justice, which has three essential features. Upon examining IATF's regulations on on-site workers, we found out that these rules do not coincide with the three key features and, therefore, cannot be imposed legitimately. First, these workers' need to pay for their testing forces them to get the shot because it will be added to their long list of bills to pay. Second, the government's primary purpose is to serve the common good because fully vaccinated on-site workers mean protecting the entire population. Finally, the overall impact to the employees is the obstruction of their capacity to use their freedoms in a sufficient manner.

Because the vaccine or test rules for on-site workers cannot be legitimately enforced on its citizen, we shift to the idea of overlapping consensus in determining what measure should instead be imposed to help the fight against COVID-19. According to the notion of overlapping consensus, citizens with contrasting opinions about the mandatory vaccination will still agree on the same policy, which is to continue making vaccination voluntary while strictly imposing minimal health protocols on all residents, such as social distancing, mandatory use of face mask and adherence to health and safety standards. Though they have different viewpoints regarding the imposition of compulsory vaccination, they will adhere to the new policy for different reasons. Anti-vaccine advocates will agree to prevent them from getting vaccinated as they are concerned for the adverse effects of the vaccines, whereas pro-vaccine workers will do so since strict adherence to health protocols and their capacity to choose to get vaccinated will protect them from getting the virus, without forcing others to do the same.

We argued that for citizens to be enticed to get vaccinated, the government must refrain from utilizing measures that are punitive in nature. They should instead formulate incentive plans to persuade people to get their jabs such discount in the purchase of medicines and even fuel. There are gasoline stations and pharmacies that implement this. If you have vaccination card, you will get 10% discount. McDonalds and other food establishments also did this. However, it is not yet institutionalized. Maybe, the government can look into this scheme and implement a nationwide incentive program to entice people to be get themselves vaccinated. Aside from that, they should start addressing the problems with the spread of misleading information that promotes misconceptions and hesitancy among Filipinos.

We also found out that even though Rawls' Political Liberalism is coming from a liberal perspective, the sense of community can still be observed given the

fact that both parties affected by the mandatory vaccination, who are considered reasonable citizens, still think of others welfare by not enforcing their respective comprehensive doctrines. This notion is particularly relevant to a communitarian society like the Philippines where the importance of community is emphasized even in the political aspect of our lives.

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## Utilitarianism and Compulsory Covid-19 Vaccination in Nigeria

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### Abstract

The COVID-19 pandemic is one of the health challenges facing humanity. Covid-19 evolved into a serious global emergency, leading to its declaration as a pandemic by the World Health Organization (WHO). Covid-19 has affected all members of society, no matter their status or position of power. Equally, anyone who is irresponsible or refuses to protect oneself would put others at risk. To avoid worsening the health crisis; the Edo state government proposed compulsory vaccination of all residents in the state to prevent the further spread of the Covid-19 virus. The ethical-legal implications of compulsory vaccination include human rights violation. The moral justification of compulsory vaccination entails debates. From the consequentiality standpoint, compulsory vaccination turns out to be good for the greatest number of persons, and then it should be permitted to avoid worsening the health crisis. Although some may argue that Covid-19 virus would not stop spreading irrespective of the mandated choice. Nevertheless, adherence to COVID-19 protocols is essential for the common good of humanity. This paper concludes that sensitization instead of compulsory vaccination to curtailing the spread of the Covid-19 pandemic.

**Keywords:** legal, Compulsory vaccination, ethics, COVID-19, social distance, facemask and lockdown

### Introduction

Coronavirus was first reported in Wuhan, China, in December 2019. It evolved into a serious global emergency leading to its declaration as a pandemic by the World Health Organization (WHO) (Monday, 2020). Corona virus is a RNA-virus found in animals including birds, camels, cattle, cats, pigs, and bats. "Among these animals, the rhinolophid bats are the most dangerous carriers and they do not exhibit clinical signs of infection. In other animals, the virus develops severe illness such as infectious bronchitis (IB) disease in chicken, which could

lead to serious economic losses to the poultry industry" (Heshu et al., 2020).

COVID-19 has led to over 3 million deaths globally (ECDPC, 2022). The COVID-19 pandemic has also led to increased post traumatic disorders. While some individuals may cope well with posttraumatic disorder, some develop further psychological distress including depressive symptoms, anxiety, or stress (Noemi et al., 2021; Ravi, 2020).

The mode of virus transmission occurs via direct (deposited on persons) or indirect (deposited on objects) contact and airborne (droplets and aerosols) routes (Renyi et al., 2020). "Previous experimental and observational studies on inter-human transmission have indicated a significant role of aerosols in the transmission of many respiratory viruses, including influenza virus, SARS-CoV-1, and the Middle East Respiratory Syndrome coronavirus (MERS-CoV)" (Renyi et al., 2020). For this reason, governments and researchers are investing millions of dollars in increasing human understanding around vaccine production or preventative drugs to avert further health crises due to Covid-19 (Monday, 2020).

Many measures have been specified to stop the spread of the coronavirus. The measures include physical distancing, wearing of facemasks publicly, ventilation and air-filtering, hand washing, covering one's mouth when sneezing or coughing, disinfecting surfaces, and monitoring and self-isolation for people exposed or symptomatic (Heshu et al., 2020) (WHO,2020) (Monday, 2020).

Physical distancing is the reduction in personal contacts between people in or outside a community. It is a non-medical intervention, which helps to curtail the spread of Coronavirus (Ben, 2020),(Eric,2020). To implement social distancing, governments have closed down churches, mosques, markets, airports, schools and have the established quarantined centres, which helps to delay the rise in the number of infections in a pandemic (Monday, 2020).

Physical distancing has affected relationships and invaded the privacy of all citizens. It negates the traditional assertion that man by nature is a social being. Human beings are social creatures. Fisher et al., (2021) maintain that personal and daily decisions about how to promote self-care place them in a chain of global responsibilities and interdependencies. We rely on each other not only for the goods and services, also for the emotional basics we need, such as compassion, understanding, friendship and love (Human Right Watch, 2020). Physical distancing reshapes social experience and economic losses. It also decreases the African sense of communalism and increases impersonality and individualism among the African community. Social distance seem plausible, it helps to flatten the curve of a pandemic.

The use of facemasks is one of the strategies to stopping the spread of covid-19. The prevalence of evidence suggests, "Mask wearing reduces the transmissibility per contact by reducing transmission of infected droplets in both laboratory and clinical contexts. Public mask-wearing is most effective at reducing the spread of the virus when compliance is high. The

decreased transmissibility could substantially reduce the death toll and economic impact while the cost of the intervention is low" (WHO, 2020). The effects of facemask can include making the individual uncomfortable, skin rashes, headaches, it reduces airflow, and this can adversely affect children or others who are incapacitated (Howard, 2020).

Indiscriminate disposal of facemasks is discouraged, to avoid contamination of the environment. We contend facemasks are used only in public places to improve hydration and skincare, and citizens should use only medically designed facemasks to avoid a decline in health.

However, the aforementioned strategies for combating the Covid-19 virus are not sufficient to stop the spread of the plague but "vaccination" would be an effective strategy to combat the Covid-19 pandemic. This research is concerned with the ethical implications of compulsory vaccination in Nigeria.

### **Compulsory vaccination**

Governor Godwin Obaseki of Edo state Nigeria has announced plans to make vaccination of Covid-19 compulsory for residents to stop the spread of the Covid-19 virus. The Edo state government announced that residents must present proof of Covid-19 vaccination before accessing public places from the second week of September (Vanguard, 2021).

Compulsory vaccination "compels direct or indirect threats of imposing restrictions in cases of non-compliance. It is a policy, which limits the individual choice in non-trivial ways by making vaccination a condition of, for example, attending school or working in particular industries or settings, like health care in Nigeria. Vaccines administration reduces the risk of infection. It builds body mechanism for natural defences (WHO Vaccine, n-d). "Vaccines work by training and preparing the body's natural defences – the immune system – to recognize and fight off the viruses and bacteria they target. After vaccination, if the body is later exposed to those disease-causing germs, the body is immediately ready to destroy them, preventing illness. (WHO Vaccine, n-d). However, the COVID-19 vaccine will help to prevent serious illness and death. "We still don't know the extent to which it keeps you from being infected and passing the virus on to others" (WHO Vaccine, n-d). We maintain that citizens should continue to take actions to stop the spread of the virus through adherence to Covid-19 protocols.

### **Ethical-legal Issues**

Ethics deals with distinctions between the right and wrong of human actions. Ethics is the study of "moral principles and why people make moral and immoral decisions. It focuses on how people ought to behave based on their moral compass or values, and society's shared values, laws, and traditions" (Monday<sup>c</sup>, 2020). Ethics focuses on fundamental issues of practical decision-making, which enhances the safety of citizens during and after a pandemic (Monday<sup>c</sup>, 2020) (Peter, 2019).

The ethical issues surrounding compulsory vaccination of Covid-19 requires a philosophical analysis to identify the right approach to address them. Some may

argue that compulsory vaccination is a rule utility. Rule utility is an effective strategy to preventing the spread of infectious diseases such as Covid-19. However, compulsory vaccination repudiates human dignity (Michael, n-d).

It is a policy option, which interferes with individual liberty and autonomy. It could be considered only if it would be of benefit to the greatest number of person and/or promote significant and unequivocal public health benefits (WHO, 2021). For the utilitarian's, compulsory vaccination would help to increase the happiness or welfare of many persons for the common good of the people.

On the other hand, vaccination should be informed consent. The principles of bioethics should follow diagnostics, testing of drugs or vaccines. Research participants have the right to make choices on vaccination. The individual choice must not infringe on the rights of others. We maintain that governments; health care providers must assist research participants in making informed choices. Communicating relevant information openly and truthfully in a language clearly understood by participants, and that vaccine are distributed based on the principle of justice.

International Human Rights law guarantees everyone the best attainable standard of health. It is an unethical threat to public health and is to supply medical aids to those who need it (Human Right Watch, 2020). Emergency restrictions such as compulsory vaccinations would be justified, to stopping the spread of infectious diseases such as COVID-19. WHO recently issued a position statement that national authorities and conveyance operators should not require COVID-19 vaccination as a condition of international travel or accessing public offices (Human Right Watch, 2020). Vaccination is value rooted and goal-directed to solving health crises confronting humankind. Mandatory vaccination when considered from the utilitarian standpoint, it is a proportionate attempt to address public health emergency and to legitimate public health authority (WHO, 2021).

### **Utilitarian Standpoint on Compulsory Covid-19 vaccination**

Jeremy Bentham first formulated the concept of Utilitarianism and was developed by John Stuart Mill (Monday<sup>b</sup>, 2020). Utilitarianism holds that the "morally best action is that which brings about the greatest amount of pleasure or happiness to the greatest amount of people" (Monday<sup>b</sup>, 2020). This view says that the most important feature of an action is the consequences, rather than the intention or motivation behind it. Utilitarianism is a moral theory of rightness, what is good, is the wellbeing of all or utility. Moral action is that which results in the highest overall "wellbeing" for all stakeholders. Here, Compulsory vaccination should be permitted and morally justified, provided it will be beneficial to humankind who acted upon the interest of large numbers of persons (Monday<sup>b</sup>, 2020) (Dave, 2020). Vaccination robustly improves their lives rather than worsening the health crisis ravaging the world. Some argue that compulsory vaccination is to maximize utility. For

this reason, utilitarianism cannot be overruled in solving the health crisis ravaging the world.

It is a common good geared for the greatest good of the greatest number of people. Vaccination is a plausible clinical practice, geared for the good of the greatest number of persons. We argue that Covid-19 vaccines be distributed based on the principle of justice for the happiness of all (WHO Vaccine, 2020).

### Conclusion

These reflections upon the ethical implications of compulsory vaccination, show that personal disposition, beliefs and libertarianism influence the choice of vaccination against Covid-19. Nevertheless, the collective efforts of citizens is important to confronting Covid-19 ravaging the world. We maintain that sensitization instead of compulsory vaccination is an essential contributor to aiding human understanding of a pandemic and avoid worsening the global health crisis. We hope that this paper will open the entrance to scholars, who are curious about the moral dimensions of compulsory vaccination against Covid-19.

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## Allocation of Healthcare Resources During Public Health Emergencies Should Not Perpetuate Ageism

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### Abstract

Making ethical decisions in the context of a pandemic emergency due to the limited availability of healthcare resources is a pervasive problem that health organizations are trying to counter. As the coronavirus disease emerged worldwide, some countries were experiencing unanticipated challenges regarding resource allocation. While some were consistent with following the ethical guidelines in allocating these scarce resources, others acknowledged a different approach in their respective jurisdictions. A committee in Italy recognized the need to set an age limit for ICU admissions after seeking ethical counsel because the demand for critical care surprisingly exceeded supply. On the other hand, Philippine healthcare systems responded in a way that is

not the same. They allocate resources reasonably and seek help from the Philippine government to avoid the scarcity dilemma. This paper will explore how scarce medical resources should be administered by healthcare systems without leaving the elderly behind. Afterward, this gives a possible approach to be taken in dealing with pandemics and other emergencies in the future. This paper will argue that in public health emergencies, age is an irrelevant characteristic when determining healthcare resource allocation amid the COVID-19 pandemic, and decisions should not be based on how scarce resources are. This paper supports an egalitarian view, specifically John Rawls' theory of justice, to ease the deep-rooted ageism in societies. The author believed that overlooking the most vulnerable populations during the pandemic must not be perpetuated despite the lack of preparedness for this sudden public health emergency.

*Keywords: resource allocation, ageism, elderly, COVID-19, John Rawls*

### **Introduction**

The coronavirus (COVID-19) outbreak caught everyone by surprise when it emerged. The World Health Organization (WHO) declared it a pandemic that changed the capability of healthcare systems, particularly intensive care units (ICUs) worldwide. The demand for critical care services in some parts of the world, such as Italy and some developing countries, rapidly exceeded. Given this, healthcare organizations and individuals face unforeseen challenges in providing the best healthcare to those who need it the most. The COVID-19 has disputed medical, ethical, and social challenges which health organizations are trying to counter because of the increasing demand for healthcare services. It has led to many concerns, especially pushing healthcare organizations to make ethical decisions regarding resource allocation.

Even in the wealthiest countries, life-saving ventilators have become scarce, and physicians were left with no choice but to weigh these resources by following the guidelines in their respective jurisdictions. This circumstance was true in China and Italy (Patel et al., 2020). The United States, Spain, United Kingdom, and the Philippines also face the same problem. Although the guidelines did not suggest that age should be a factor in resource allocation in Italy, the committee decided to set an age limit for ICU admissions due to the fact that it has been impossible to meet the needs of many. They seemed to be more focused on saving people with the highest chance of surviving this deadly disease, followed by those with the lowest survival chance (Rosenbaum, 2020).

Meanwhile, the Canadian Geriatrics Society (CSG, 2020) reported that age should not drive the decisions for resource allocation. The CSG community did not consider age as a factor in deciding access to limited healthcare resources. According to them, decisions on access to medication for adults should be individualized by measures of patient frailty. From an ethical perspective, decisions during public health emergency should not be based on the consequences of having limited healthcare resources. Just because resources are scarce it does not have to consider a utilitarian approach in admitting patient where the old people have to suffer. In fact, since

they are the most vulnerable members of the population during the pandemic, they should be prioritized in terms of hospital admission. This paper tries to understand the reasonable resource allocation option of healthcare systems in a situation of scarcity. The paper starts with the definition of rationing and ageism. It then explores how scarce medical resources should be allocated ethically. This paper further argues that in public health emergencies, age is an irrelevant characteristic in determining healthcare resource allocation amid the COVID-19 pandemic.

### **Rationing (Egalitarianism and Utilitarianism)**

If healthcare resources are scarce, how should they be distributed? Rationing in the allocation of scarce resources in the face of limited availability, which in health care necessarily means that beneficial interventions are kept from some individuals (Truog et al., 2006). It refers to intentionally excluding certain people from getting what they need, such as treatment. Rationing resources during a pandemic suggests making unfavorable choices, but these choices can be morally justified through ethical principles. Because of the increasing demand and the growing healthcare expenditures that limit supply, rationing is said to be exercised.

There are two main theories relevant to rationing limited resources and distributive justice in healthcare: egalitarianism and utilitarianism. For egalitarians, all people should get the same treatment for equal needs. It speaks about making things fair. Egalitarian theories of justice believe that persons should receive an equal distribution of goods such as health care. However, no prominent egalitarian theory requires equal sharing of all possible social benefits. Egalitarianism gives people the same starting points to have the same opportunity regardless of race, gender, religion, and the likes. However, the real question is how to get it? It says that we should put equal shares on both sides of the scale, bringing the ratio closer to equal. Meaning it will never make the two scales equal. It will only improve the ratio and make the situation a lot better. In contrast, according to utilitarianism, the right course of action maximizes overall benefits at the societal level. Father of utilitarianism, British Philosopher Jeremy Bentham is famous for his phrase, "the greatest good for the greatest number." The correct action is the one that makes the greatest balance of happiness over suffering. However, utilitarianism has a problem with values like justice and human rights. For example, assume a hospital has five people, and the doctor has four doses left of medicine. All patients need the medicine to survive. However, one of them will survive only if the doctor gives him the five doses of the drug. The remaining four patients can only survive on a single dose each. In this situation, utilitarianism tells us to divide the drug, save the four patients, and allow the other patient to die. Why? Because saving the four patients maximizes the benefits and preserves much more happiness than saving one life. However, more needs to be done to make society fair. This paper also uses John Rawls' theory of justice - the most widely discussed theory of distributive justice that he proposed.

### Ageism

Dr. Robert Butler, a psychiatrist, and gerontologist coined the term ageism in 1968, which describes "the systematic discrimination by a particular age group against older people." Ideally, *ageism* is broadly defined as prejudice or disapproval of older adults, whether through society's stigmatization or discriminatory practices and institutions. Much of the research exploring the content of older worker stereotypes in the United States is recognized but suggests that people often hold flawed and inaccurate beliefs about older workers (Konrad et al., 2005). For example, older individuals have been perceived as ineffective and are not performing well. On the contrary, there is also evidence that beliefs about older workers are not always seen as unfavorable, just like older workers are often perceived to be more reliable and have integrity. Ageism is manifested in how we think, feel, and act towards age and aging. It is directed towards people of any age group and can be positive and negative (Ayalon and Tesch-Romer, 2018). However, ageism is an internal experience and manifests in various settings and contexts. Ageism does not always begin at the individual level.

Groups, organizations, and other institutions can also be the perpetrators of ageism. A very concrete example is the rules in exiting and entering an organization. The labor force and the work setting is another critical social arena that reflects the depth and scope of ageism (Dennis and Thomas 2007). In the labor market, age can be a factor in seeking a company or withdrawing from a company. Furthermore, ageism is expected in the healthcare sector (Robb et al. 2002). According to Mahler (2021), a UN expert, the COVID-19 pandemic revealed widespread ageism and age discrimination against older persons. They are being blamed for lockdowns and labeled as vulnerable and burdens society. *On the occasion of the International Day of Older Persons on October 1, 2021, Claudia Mahler, the UN Independent Expert on the enjoyment of all human rights by older persons, calls for urgent action against ageism and age discrimination. A portion of her statement includes:*

*"Ageism and age discrimination violate the human rights of older persons and exacerbate inequalities in different ways, including leaving older persons behind in our increasingly digitalized world. For example, ageist assumptions make it more difficult for older persons to get equal access to medical care. The use of telemedicine and remote technology sharply increased during the pandemic without equivalent attention to improving digital literacy and access to digital technology, infrastructure and devices. This aggravated inequality in the enjoyment of the right to health by older persons owing to the existing digital divide and exclusion from information related to the pandemic and health care when provided only in digital or non-accessible formats" (Mahler, 2021 p.1).*

This statement means that ageism is not new. There is already an existing stigma of ageism in access towards medical care because older persons are left behind in the advancement of medical technology. The use of telemedicine during the pandemic in advanced economies has created a divide against older persons, with most of them facing limited access to digital technology. Without

proper attention to digital literacy it will be difficult for older persons to catch up and get equal access to medical care. Without improving digital literacy, they cannot enjoy their right to health. The same problem goes with allocating scarce resources by deprioritizing older persons just because resources are not enough to suffice everyone's needs. Old age has been a criterion for rationing health care resources and occurs at all levels in the health sector. The structure of healthcare systems which expects a lower chance from a senior's ability to recover should not be the problem because being old is not a status that people choose to become. Instead, it is what people inherit by virtue of living. Although ageism is universal, people do not always take ageism as a serious form of inequity. Treatment decisions should only be taken on individual basis and not on other factors such as age.

### Allocation of Scarce Medical Resources in the Time of Covid-19

In the context of the covid-19 pandemic, hospitals try to maximize benefits as much as possible. Is the distribution of healthcare resources fair and equitable? Who gets the ventilator? This questions raise difficult decisions about who will and will not receive these scarce resources. As a rule, the guidelines suggest that resources are allocated in such a way that "the greatest number of lives will be saved and will favor those with the most number of life-years." Maximization of benefits can be described as saving the most individual lives or the most life-years or prioritizing patients likely to survive the longest after treatment (Emanuel et al., 2020). But is it justifiable to prioritize those patients who can keep up with the treatment with a reasonable life expectancy? On that basis, it seems to have the effect of favoring those who are young and have a higher expectancy of remaining life years. It is awful to think of removing a patient from a ventilator or an ICU bed or looking at patients queuing for ICU care.

However, many guidelines but not all agree that the decision to remove a scarce resource to save others does not require the patient's consent because it is not an act of killing (Emanuel et al., 2020). In Italy, Marco Vergano, who worked on the recommendations between caring for critically ill patients in the ICU, said that the committee urged "clinical reasonableness" and what he called a "soft utilitarian" approach in the situation of scarcity. The committee acknowledged the ultimate need to set an age limit for ICU admission. Even if the guidelines did not suggest that age should be the only factor determining resource allocation, but they were asked to do it after seeking ethical counsel (Rosenbaum, 2020). Although approaches vary but it seems that age was given the most weight. But in the context of health emergencies such as the COVID-19, how can we agree with those guidelines? Is it ethical to favor those who can live longer to maximize scarce resources? Why do we need to prefer one over the other if all lives are said to be equal? Is it valid to exclude one because of age? According to the World Health Organization (2020), irrelevant characteristics, such as ethnicity, religion, race, ability, and gender, should not determine any resource allocation in any pandemic. They emphasized that it is their commitment to treating people with equal respect. It may also be inappropriate to use

critical care triage guidelines that have age-limits that exclude those who aged 60 years and above. This means that age and life expectancy cannot only be the sole basis for triage decisions and priority setting. Patients should have equal rights to appropriate medical care without discrimination. For this reason, medical professionals must recognize these rights and duties at all times, even in the situation of scarcity. Treating people equally could be done by assuring everyone that once treatment becomes available, age should not be used to discriminate elderly in allocating resources in the context of COVID-19 or any emergency. Equal opportunity in terms of access to scarce resources must be implemented to guard against partiality and bias. However, if the resources are really scarce and cannot sustain the needs of everyone, using Rawls's difference principle can be a possible solution. During a public health emergency, it is justifiable to prioritize those who work in the health sector. If they are given the priority, they can address the concerns of the least advantaged group without compromising the right to health of individuals. The difference principle sought to maximize the availability of primary goods without full exploitation of vulnerable groups. This principle holds that inequalities are just provided that they lead to increased benefits to the well-situated people and particularly the least-advantaged. Suppose if an advantage can increase the expectations of the vulnerable group, it can also increase the expectations of everybody. A very important argument against the stigmatization of aging, is the fact that people should have the same rights as others to receive if not better, a reasonable health care and the rights not need to be spurred as of the moment by considering their death as good. If professionals will be prioritized well, they can find ways on how to make the situation of those who most likely get infected a lot better because they have the talent and required skills to address the shortfall of critical care.

In the *Ethical Guidelines for Leaders in Health Care Institutions during the COVID-19 Pandemic*, the objectives of these guidelines are: (1) To offer key principles in two specific ethical dilemmas that are expected to occur during the pandemic; (2) To offer suggestions on how leaders of health care institutions can set up a mechanism for ethical consult and deliberation during the pandemic (de la Vega, 2020). In allocating scarce resources, principles of *Net Utility, Equity, Duty to Care, and Respect for Persons* guide decision-makers. In the guidelines, the "net utility" section is followed by a section on "the duty to care" that identifies a need to control what seems to be a utilitarian for allocating resources:

*To balance the principle of net utility, a conscious effort must be made to consider strongly those who are worst off or those who have lived [the] least number of years (the youngest). This is to be applied only insofar as it is consistent with the dictum to maximize benefits (TFG,2020 p.3).*

The following points to be taken in the statement are: (1) consider strongly those who are worst off (2) consider strongly those who lived the least number of years. The guidelines on the section of "the duty to care" can be understood as giving people an equal opportunity for admission, whether old or young. This

record is accurate, for there must be due diligence to those seeking care, particularly for the most vulnerable groups in society.

Elderly patients are one of those who are considered to be worst off in public health emergencies such as COVID-19 because the disease most likely infects them. There was a recent WHO declaration that reports over 95% of COVID-19 related deaths in Europe occurred in people older than 60 years (Carrieri et al., 2020). Internationally, health authorities and governments are reprimanding older people that they are at a higher risk of more serious and possible fatal illness associated with COVID-19 (Brooke & Jackson, 2020). More so, COVID-19 has contributed intensifying anxiety, loss of confidence in life, and exacerbating individuals' fear of the unknown. This setting calls for a program that prioritizes them. The author believed that during the COVID-19 pandemic, there is a need to focus on this since there are signs of such discrimination. The government and policymakers should find ways to prevent the scarcity of medical resources (Emanuel et al., 2020). How can we avoid the scarcity dilemma? Luckily, social distancing has flattened the curve but this is not always the case. Other restrictions were a general duty of home quarantine.

In the Philippines, the implementation of different quarantine measures by the Philippine national government through its Inter-Agency Task Force (IATF) has helped slow down the rate of infections and moderate demand on the health system. Local government units also adopt measures like prohibiting elders from going outside and keeping only essential businesses to operate, observing public health protocols (S. Talabis et al., 2021). This action taken by the government is indeed helpful to ensure that the cases in the country will not materially increase over time. Vaccination and other simplest and consistent way might as well help flatten the epidemic curve and prevent the short supply of resources. As a result, health workers can allocate scarce resources well. A health official in the Philippines reported that not all patients who test positive for coronavirus disease or COVID-19 have to be admitted to hospitals (CNN Philippines, 2020). As stated in the report, high-risk patients must be admitted so they will be adequately monitored. The health official said "coronavirus-positive patients who are not showing symptoms or only have mild flu-like signs will be advised to stay at home for quarantine and strict monitoring by health workers." Hence, this means that the Philippine healthcare systems were advised to strictly monitor and not neglect patients who are in critical condition. More so, those who undergo quarantine are also strictly monitored by health workers. In this way, alarming reports about abandoning older patients will not be a burden and decisions regarding the allocation of resources will not be so hard for healthcare systems.

### **John Rawls' Theory of Distributive Justice**

The most common criticism of the utilitarian approach concerning rationing in emergencies is that it does not promote equality for all. There is no fair way of distributing resources to those who demand them. Because for them, the right action will be that which

results in the maximum overall benefit. John Rawls, being anti-utilitarian, designed his book 'A Theory of Justice' based on the social contract theory. His theory's most prominent feature is its egalitarian conclusion about how economic goods are distributed rather than an overall benefit. Moreover, the concept of 'original position' is significant in his theory to ensure fair results. Individuals are said to be behind a veil of ignorance when they are in the original position. According to him, this concept gives us the idea to see ourselves in a free and equal position. Following this view would be rational for the people to choose his two principles of justice: the liberty principle and the difference principle. The first one requires everyone to receive equal basic rights and duties. The second principle is divided in two parts.

The first part requires equality of opportunity by pointing out that society should provide all citizens with basic means like access to education and health facilities. For instance, priority setting should only be based on clinical need and these services must not give preferential treatment to any individual patient. However, relying on the principle of equal access for equal need may not be sufficient to ensure fair treatment. Sadly, the Philippines still struggles with unequal access to medical care particularly public hospitals. Rawls realized that there is so much inequality in society. Because of these natural inequalities, Rawls insisted that society should find ways to minimize them. Hence, the other principle means that even if there is an unequal distribution of benefits and wealth, these inequalities are justifiable only if they benefit the least advantaged members of society. For instance, the COVID-19 leads to absolute scarcity and undeniably affects all patients. There is no absolute assurance that everyone can benefit from the scarce resources in public health emergencies. However, we cannot just ignore the minority for the sake of the majority and undervalue the unequal distribution of benefits and duties in society. The idea like individuals with comorbidities or aged people who are apt to be deprioritized just because they are less likely to get better is not a good solution. Allowing such cause further inequity. The goal of maximizing benefits can be prioritizing those who has the knowledge and talent to help the worst off rise from their current situation. Even though prioritizing health professionals causes inequity, it is justifiable so long as it improves the situation of the worse off in society. Each person possesses an inviolability based on justice that even the welfare of society as a whole cannot override. For this reason, justice refuses that the loss of freedom for some is made right by a greater good shared by others" (Rawls, 1999). Therefore, life must not be sacrificed for the sake of many. Denying older persons' right to health and life on the same basis as others should not be a criterion. However, if health professionals were prioritized well then their talents would be able to help improve the life of those older people who were the worst off in society.

When health professionals are able to perform their responsibilities and duties in addressing the shortfall of critical care in this uneasy situation, the situation will be a little better.

Given this, society has to exercise solidarity and better protect older persons suffering from the pandemic despite the inequality it promotes. This issue does not look into the greater benefit it receives but at society's values. A paper that examines the fairness of recommendations contained in resource allocation guidelines in the Philippines recommended that medical indications are more than demographic categories (De Castro et al., 2020). However, when countries are forced to prioritize the young and otherwise healthy, is that just? How would a world have to be created to ensure real justice? The answer is you must wear a blindfold and won't have to know what kind of person you are in the society so your decisions remain impartial. Behind that blindfold, you might end up young, old, white, black, born into a wealthy family, or living with extreme poverty. Given this, physicians or triage committees who are in the best place to provide a reasonable healthcare to society won't have to know what kind of person they are. They should stop thinking about their families or how they'll end up in this ongoing crisis. John Rawls' argued that we had chosen much from behind the veil for a fairer society that gives more freedom to people and fair equality of opportunity. While medical rationing is perhaps unavoidable, this situation should be based on medical necessity alone. It must not negatively consider individual identities or experiences such as disability or age (Chen et al., 2020).

Under the circumstances, everyone should agree with a few principles that make for a just society. According to the difference principle, inequality can be fair if it benefits the least in society. In other words, it is justifiable to see that the professionals get the best healthcare regardless of their age because there is no doubt that they can help treat those who most likely suffer from this deadly disease. The difference principle says that this distribution is just and will make the life of those older patients better because of their talent. This natural inequality should help favor the worst-off by providing them the healthcare facilities they genuinely deserve, especially in public hospitals. People can never argue with inequality as long as everyone benefits from it. Health care workers or even physicians should make sure not prefer any one over the other. John Rawls argues that if we assume ourselves to be in a situation in which we have to make choices about how society should be organized, we can arrive at a fair and just rule only if we do not know which position we would occupy in that society (Rawls,1999). But to get there, the greatest equal liberty principle takes priority, followed by the equal opportunity and difference principle. The problem with utilitarianism is one of rights. Certain rights should not be violated even if it maximizes benefit in society. It is important to fully realize these basic liberties. Positions must be open to all and each has the possibility to fully realize their capabilities. Discrimination must be prohibited and access to health should be open to all. These are some ways for those basic liberties to be protected. De Castro and his co-authors said that our pandemic experiences are proving that having an egalitarian society will serve the interests not only of disadvantaged sectors but also of everybody else, including the privileged. Response measures should

thus take the opportunity to promote equity by giving importance to the concerns of the underprivileged and vulnerable while giving preference to initiatives that can be sustained beyond the period of the current pandemic. Together, we will judge ourselves based not only on the number of lives that we would have been able to save but also on the effort that we place into caring for the worst-off citizens and human beings in society (De Castro et al., 2020).

### Conclusion

Allocating healthcare resources in COVID-19 can be challenging, particularly when the spread of new cases increases drastically. In some countries, due to the unpreparedness of healthcare organizations and increasing demand for health care, admission of patients undergoes with guidelines and policies. However, how rationing happens is crucial because it affects individual lives and expresses what values are the most important to society. The fairness and transparency in rationing scarce resources are essential and must be observed at all times to have a just healthcare system. The outbreak of COVID-19 affects the decision-making of physicians and gives rise to ageism (Dubey et al., 2020). Ageism is not new to the society. It is manifested not only during public health emergencies but also in regular times. Luckily, the guidelines for hospital admissions in the Philippines did not set an age limit despite the rising number of confirmed cases in the country. Instead, they prioritized high-risk patients, even those with mild symptoms. Other strategies like quarantine help prevent the transmission of COVID-19 and will not crowd hospitals.

Healthcare systems could do more in society to make things fair. Recommendations must support the principle of equality for all human beings and stop discrimination against vulnerable groups. Although we live in a world with endless needs and limited resources, this reality should not favor anyone. Physicians should not forget that addressing this pandemic aims to give people fair opportunities to cope with COVID-19, including the privileged in society. A patient's age should not be a sole basis in admission, and decisions must not be based on how scarce resources are and their benefits to society. Those who are in a good position to cure patients must look into the rights that everyone has. Giving people the same starting points in this difficult situation will make them feel loved and cared for. They must not think that they are excluded in society for the sake of the majority. Neglecting the most vulnerable populations in this time of pandemic will not address the problems and concerns of the healthcare systems. Instead, the deep-rooted ageism in societies has become even more apparent.

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