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# Vaccination : Who's right and whose right to say so?

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## Vaccination : Who's Right, and Whose Right to Say So?

This essay extends Brenkert's (2001, 2002) exploration of some of the ethical issues that confront, or perhaps *ought* to confront social marketers. It contributes to social marketing by adding to the list of 'mythunderstandings' offered by Donovan (2011) as follows: social marketing is not inherently and ethically good (even though "social good" is the objective). The implication for social marketing is that the notion of "doing good" needs to be subject to reasonable doubt and critical thinking rather than supported by untrammelled belief.

### Who is Right?

The central selling proposition behind vaccination programs is that "prevention is better than cure." So wrote Dutch philosopher, Erasmus long before vaccinations were invented. But not everyone agrees. Vaccinations have been controversial since their introduction. Voltaire (2001) outlined the issues when he commented on the English practice of inoculating children with smallpox adopted from practices in India and Turkey: "*[Europeans consider] the English are fools and madmen. Fools, because they give their children the small-pox to prevent their catching it; and madmen, because they wantonly communicate a certain and dreadful distemper to their children, merely to prevent an uncertain evil. The English, on the other side, call the rest of the Europeans cowardly and unnatural. Cowardly, because they are afraid of putting their children to a little pain; unnatural, because they expose them to die one time or other of the small-pox.*"

When Jenner (1798/2001) created the first vaccination using cowpox to immunise against smallpox, opposition came from theological and medical camps (e.g., White 1893/1996). The British government proceeded to ban the practice of inoculation with smallpox and promoted vaccination by offering it free with the Vaccination Act of 1840, later introducing the Compulsory Vaccination Act in 1853. These early social marketing efforts were according to Offit (2011) countered by anti-vaccinators who "were great at mass marketing. It was a print-oriented society. They were great pamphleteers" (Wallace 2009). The anti-vaccinators today are equally marketing-savvy delivering their messages via websites (e.g., [www.avn.org.au](http://www.avn.org.au), [www.procon.org](http://www.procon.org)) as well as books, magazines, seminars, videos, educational materials, public relations, etc. Both sides clearly apply the principles and techniques of marketing which is half of most standard definitions of social marketing (e.g., Andreason 1995, 2006, Donovan & Henley 2010, Greir and Bryant 2005).

Do the pro- and anti-vaccinators both offer a social-good, the other half of social marketing? Donovan and Henley suggest that "If the well-being of the community is not the goal, then it isn't social marketing" (p.1). Is the well-being of the community being served by each? Many might be inclined to question the social-good of the anti-vaccinator stance. For instance, pro-vaccinators point to considerable evidence showing the effectiveness and safety of the MMR (measles, mumps, and rubella) vaccine (Dimecheli et al. 2012). Offit (2011) argues that non-vaccinators endanger the population at large. This is a primarily utilitarian view: the greatest benefit for the greatest number (Bentham, 1789/1961, Mill, 1859/1991). Anti-vaccinators however argue that measles is not a dangerous disease to children, offers

lifelong immunity when contracted as a child, safety of the MMR vaccine is not perfect, and that vaccine manufacturers are motivated to cheat in their studies and disguise any adverse events in order to protect their products and profits. Their position is essentially libertarian defending the rights of the individual (Nozick 1974). The good of vaccination does not have a right to violate individual rights. As Rawls (1971) noted in his critique of utilitarianism, “interests requiring the violation of justice have no value” (p.31).

The anti-vaccinator stance is justified by defence of individual rights to freedom of choice and self-determination, especially in the face of uncertainty. It is perhaps ironic that the anti-vaccinator stance is one that good researchers would generally acknowledge. Scientific knowledge is not perfect, and that what counts as knowledge is what emerges after arbitrary choices are made that affect the frequency of Type I errors (false alarms) and Type II errors (misses).

### **Who Has the Right to Say?**

Both sides are engaging in social marketing. Ethical goodness is not necessarily inherent to social marketing – if it were, there would be no battle. Is the battle a good one? Does it represent a waste of effort? Promotion for and against vaccination represents at its extreme, a conflict between life and liberty. The battle is a good one, and not a waste of effort just as science progresses by challenge from opposing ideas (e.g., Platt 1964, Popper 1963).

Brenkert (2002) uses this conflict as a basis to invite social marketers to develop a theory of welfare. I doubt that such a theory can be feasible based as it almost certainly must be, on judgments about what constitutes value for others. Some have tried to suggest that social marketers use some external standard to establish the welfare of the targeted individuals such as the [UN Declaration of Human Rights](#) (e.g., Donovan and Henley 2010). This does not appear to resolve the conflict however, as *both* those for and against vaccination for instance could argue that they are defending Article 3: “right to life, liberty and security of person.”

Acknowledging the lack of an absolute ‘right’ to social marketing allows us more clarity in examining issues. For instance, criticism of fast-food marketing is mis-guided. The marketing tools are *not* the target; if they were, social marketing would be no better. Fast-food marketers and social marketers are distinguished only by their goals. Social marketing’s goal is not inherently good, profit-motive is not inherently bad – e.g., it provides gainful employment to many, contributes taxes, etc. If fast-foods *per se* are not bad (they are not banned), and the marketing efforts are not wrong, then the problem is one of conflicting goals.

Social marketing might like to see itself in the light of inoculation theory (e.g., McGuire 1961, Pfau et al. 1997), but vaccination is not that different from measles. Contagious diseases and vaccination programs (and marketing) are socially transmitted! Neither is inherently good nor bad, but each has the potential to benefit some individuals (childhood measles provides lifetime immunity), and may harm others. Like Simpson’s paradox in statistical analysis (Malinas and Bigelow 2009), what holds for the aggregate may not hold at the individual level. The challenge of individual rights is a good one. It helps us in targeting and aiming our communications – and it moderates our sense of ‘right’.

## References

- Andreason, A. R. (1995). *Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment*. San Francisco, CA: Jossey-Bass.
- \_\_\_\_\_ (2006). *Social Marketing in the 21<sup>st</sup> Century*. Newbury Park, CA: Jossey-Bass
- Bentham, J. (1961/1789). *An Introduction to the Principles of Morals and Legislation*. Garden City: Doubleday.
- Brenkert, G. G. (2001) The ethics of international social marketing. In A. Andreason (ed.) *Ethics in Social Marketing*. Washington, DC: Georgetown University Press, pp. 38-69.
- \_\_\_\_\_ (2002) Ethical challenges in social marketing. *Journal of Public Policy and Marketing.*, 21(1), 36-69.
- Demicheli, V., Rivetti, A., Debalini, M. G., Di Pietrantonj, C. (2012) Vaccines for measles, mumps and rubella in children. *Cochrane Database of Systematic Reviews*, 2 (CD004407), DOI: 10.1002/14651858.CD004407.pub3.  
<http://www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004407/frame.html>, accessed 16 February 2012.
- Donovan, R. (2011). Social marketing's mythunderstandings. *Journal of Social Marketing*. 1(1), 8-16.
- Donovan, R. and Henley, N. (2010). *Principles and Practice of Social Marketing*. Cambridge University Press.
- Jenner, E. (1798/1909-1914), *The Three Original Publications on Vaccination Against Smallpox*. Vol. XXXVIII, Part 4. *The Harvard Classics*. New York: P.F. Collier & Son, 1909–14; Bartleby.com, 2001. [www.bartleby.com/38/4/](http://www.bartleby.com/38/4/), accessed 13 February 2012.
- Greir, S. and Bryant, C. A. (2005). Social marketing in public health. *Annual. Review of Public Health*. 26, 319–39. doi: 10.1146/annurev.publhealth.26.021304.144610
- Malinas, G. and Bigelow, J. (2009). "Simpson's Paradox", *The Stanford Encyclopedia of Philosophy*, Fall, Edward N. Zalta (ed.),  
<http://plato.stanford.edu/archives/fall2009/entries/paradox-simpson/>, accessed 12 Feb 2012.
- Mill, J. S. (1859/1991). *On Liberty and other essays*. J. Gray (ed.). Oxford University Press.
- McGuire, W. J. (1961). The effectiveness of supportive and refutational defenses in immunizing defenses. *Sociometry*, 24, 184-197.
- Nozick, R. (1971). *Anarchy, State and Utopia*. NY: Basic Books.
- Offit, P. (2011). *Deadly Choices: How the anti-vaccine movement threatens us all*. NY: Basic Books.

Pfau, M., Tusing, K. J., Koerner, A. F., Lee, W., Godbold, L. C., Penaloza, L. J., Yang, V. S., and Hong, Y. (1997). Enriching the inoculation construct: The role of critical components in the process of resistance. *Human Communication Research*, 24, 187-215.

Platt, J. R. (1964). Strong inference. *Nature*, 146 (3642), 347-353.

Popper, K. (1963). *Conjectures and Refutation: The Growth of Scientific Knowledge*. Routledge.

Rawls, J. (1974). *A Theory of Justice*. Cambridge, MA : Harvard University Press.

de Voltaire, F. M. A. (2001). *Letters on the English*, Vol. XXXIV, Part 2, "Letter XI: On inoculation". New York: P.F. Collier & Son, 1909–14; Bartleby.com, 2001.  
<http://www.bartleby.com/34/2/11.html>, accessed 12 February 2012.

Wallace, A. (2009). An Epidemic of Fear: How Panicked Parents Skipping Shots Endangers Us All. *Wired*, October 19, 2009,  
[http://www.wired.com/magazine/2009/10/ff\\_waronscience/all/1](http://www.wired.com/magazine/2009/10/ff_waronscience/all/1), accessed 12 February 2012.

White, A. D. (1896/1993). *A History of the Warfare of Science with Theology in Christendom*. New York: Appleton. [Theological opposition to inoculation, vaccination, and the use of anæsthetics.](#)

[www.avn.org.au](http://www.avn.org.au) MMR information,

[http://www.avn.org.au/index.php?option=com\\_content&view=article&id=217:admin&catid=91:admin&Itemid=75](http://www.avn.org.au/index.php?option=com_content&view=article&id=217:admin&catid=91:admin&Itemid=75), accessed 12 February 2012

## **Vaccination : Who's Right, and Whose Right to Say So?**

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