Vaccination : Social good or social evil?

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Vaccination – social good or social evil?


“Prevention is better than cure” said the Dutch philosopher, Erasmus. Today social marketers promote vaccination programs based on this notion. However, there are others who campaign against vaccinations using the same tools as those promoting vaccination (e.g., wwwavn.org.au, www.procon.org, www.vaccines.me). This conflict raises some interesting issues about the ethics of marketing in general, and social marketing in particular. Is social marketing a good thing? Why? And does that give them rights over other types of marketers?

Early Social Marketing

Let us just look at vaccination as a case in point. Smallpox is an untreatable disease of humans that kills as many as 20-30% of those infected, and leaves many of the survivors scarred, blinded, or both. Fortunately, this “ancient scourge” which roamed the earth for over 3000 years can be prevented¹ and indeed today, has been eliminated.

In ancient India and Turkey, immunity to smallpox was induced by exposing people to smallpox blisters often as infants. The practice was brought to Britain in 1721 by Lady Montagu, wife of the

¹ http://www.who.int/mediacentre/factsheets/smallpox/en/
British Ambassador to Turkey. However, many were sceptical as Voltaire details argument for and against in the opening of his letter “On inoculation”

“[Europeans considers] 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.”

In 1796, Edward Jenner showed that vaccinating people with cowpox, a relatively benign disease in humans, protected against smallpox. While this proved safer than inoculation with smallpox, vaccination was doubted and publicly mocked (see cartoon). Nonetheless, the British government actively promoted vaccination against smallpox (by offering it free) with the Vaccination Act of 1840 and later introduced the Compulsory Vaccination Act in 1853. This counts as an early example of social marketing. While some social marketers consider their domain only covers the promotion of “voluntary behaviour change”, social marketing more generally accepts that this is not a defining feature, and that law and mandatory requirements are a part of their toolbox.

Of course, governments (and other social welfare agencies) do not always get it right, and even if they did, people resent being told what to do. Once vaccination was made compulsory in England, the anti-vaccine movement became organised. Paul Offit, a paediatrician in Philadelphia says these anti-vaccinators “were great at mass marketing. It was a print-oriented society. They were great pamphleteers. And by the 1890s, they had driven immunization rates down to the 20 percent range.” Offit claims that an outbreak of smallpox in England and Wales in 1893 led to over 1400 unnecessary deaths.

Social Marketing Challenge

Today, both pro-vaccinators and anti-vaccinators are both great marketers. Each use the full range of tools available to them including and not limited to advertising, brochures, education programs, presentations, PR (public relations), websites, social media to promote what they believe is the appropriate individual behaviour that supports the common good.

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3 The words inoculation, vaccination and immunisation are often used today synonymously. Inoculation was the word originally used for using smallpox to immunise people against smallpox; vaccination was the word created (by Jenner) for using cowpox to immunise people against smallpox; immunisation is the outcome of either process.


The primary conflict between pro-vaccinators and anti-vaccinators is around beliefs on the “common good”. Pro-vaccinators believe that vaccinations are good for preventing disease threats – and the evidence clearly suggests that they are. Offit regards anti-vaccinators as a significant social threat as he explains in his 2011 book, *Deadly Choices: How the anti-vaccine movement threatens us all*. People opting out of vaccination allow for outbreaks of diseases such as whooping cough (pertussis) and meningitis caused by *Haemophilus influenzae* type b (Hib) that had virtually disappeared in the Western world. The resultant tragedy is that unvaccinated children can contract a preventable disease which can result in permanent brain damage or death.

Anti-vaccinators believe that the vaccinations themselves may pose risks. In the 18th and 19th century, it was the spiritual risks that were highlighted by clergy such as Rev. Edward Massey who declared vaccination dangerous, sinful and diabolical*. Today, the threat to the after-life barely rates a mention, but the threat to health in this life is a critical issue. Anti-vaccinators claim that vaccination can pose serious risks. One widely reported claim is that the MMR (measles, mumps and rubella) triple-vaccine has been linked to autism*. While a meta-analysis (i.e., an examination of multiple independent studies together) finds no support for the claim that MMR causes autism*, this same meta-analysis does report evidence that the vaccine has been associated with some serious albeit infrequent adverse events. Responding to similar findings in the early 1990s, Japan ended the use of the MMR triple vaccine in 1993. Anti-vaccinators use such information to support their arguments that vaccine manufacturers are motivated to cheat in their studies, and disguise adverse events in order to protect their products and their profits.

The pro-vaccinators argue that in balance, it does appear that vaccinations save more people than they harm. The pro-vaccinators are therefore adopting a utilitarian stance*: the greatest good for the greatest number. The utilitarian view has been challenged in multiple ways, but one relevant to the discussion here is that it subordinates individual rights to group rights. As noted by the political philosopher, John Rawls: “interests requiring the violation of justice have no value”.

The anti-vaccinators pick up on exactly this criticism when they argue that vaccination programs deprive individuals of their freedoms and their right to choose for themselves and their children.
The anti-vaccinators are adopting what is known as a libertarian stance: individual rights cannot be dominated by the group.

**Aggregate vs Individual Benefits**

At the heart of this issue is benefit to the group as a whole versus individual, personal choice. Governments around the world have promoted vaccination programs in the interests of public health, often offering partially or fully-subsidised vaccinations. Some vaccinations are widely promoted and people are encouraged to take them (e.g., influenza, pneumococcal, HPV). Other vaccinations (e.g., pertussis, measles) are required for entry to school although typically with exemptions allowed for those who have religious, health or personal reasons for refusing. Meanwhile, anti-vaccinators promote a non-compliance alternative which directly competes with the typically government sponsored marketing efforts (e.g., avn.org.au, vaccines.procon.org, www.vaccines.me/).

Ultimately, pro-vaccinators and anti-vaccinators at an individual level differ primarily in terms of the risks that they wish to take. Those that vaccinate are not willing to risk contracting a preventable disease; those that do not vaccinate are not willing to risk an adverse reaction to the vaccination.

The marketing efforts of both pro-vaccinators and anti-vaccinators rely on the successful transmission of their respective (and conflicting) messages through society. The conflicting marketing efforts of both sides almost certainly contribute to confusion in the market.

It is ironic that the marketing battle between pro-vaccinators and anti-vaccinators parallels the biological battle. Just as marketers rely on social networks in successfully transmitting their message through the population, contagious diseases such as smallpox, measles, pertussis and influenza rely on social networks for their transmission and distribution throughout a population!

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Questions

1. Research the evidence both for and against the MMR vaccine (you can use some of the sources offered in the case). What do you think? Would you use this vaccination? Would you recommend the vaccination to others? Would you vaccinate your children? Should this vaccination be promoted to others? Should it be mandatory?

   *The key to the exercise is to see that there is evidence on both sides. The issue is not easy to resolve. It is one thing for one person to make a decision for themselves, it’s another for one person (or group of persons) to make a decision for others.*

2. Do all government efforts to increase vaccination rate all social-marketing?

   *Some definitions of social marketing explicitly limit their scope to ‘voluntary behaviors’. However, most social marketers now take the view that this is an artificial distinction. The argument is made that commercial marketers ‘force’ compliance wherever they can by using exclusive distribution agreements (e.g., one coffee brand offered at coffee shops, one vending machine supplier on campus, etc.)*

3. Does a government have a right to decide for the public what is best? Do parents have a right to decide for their children what is best? Who should have the right to decide if there is a conflict?

   *Most people will think that government-mandate is inappropriate and that parental-mandate is okay. It is interesting to explore why we allow one (parental control of children) but resist the other (government control of adults).*

4. One of the features of social marketing is that the goal is for some social good. Does this mean that social marketing is always ethically good?

   *The case highlights that social marketing is not inherently and ethically good just by reason of aiming at a social good. In the case of vaccination, both public health and individual rights are generally viewed as being valuable at the community level. And yet they seem to be opposed to one another. The fact that a conflict exists highlights that social marketing is not inherently good.*

5. Is marketing ethical? What determines whether marketing is ethical or not?

   *Social marketing and commercial marketing use the same marketing tools, so it is difficult to argue that the tools themselves are a problem. The tools of marketing are probably neither ethical nor unethical.*

   *What differentiates social from commercial marketing is not the tools, but the objectives. Social marketing is aimed at social good, commercial marketing at making a profit. This leads to the question of whether making a profit is unethical. Some might think so, but of*
course, corporations provide employment, and pay taxes, essential contributions to the successful operation of the economy.

This will likely challenge students who might want to argue that ‘marketers’ cigarettes, alcohol, junk food are not ‘good’. But if the product is legal, then are they not justified in using the marketing tools available to them – just as would a social marketer? Put another way, why shoot the marketer (messenger) if it is the product that is the problem?