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## The Politics of Measles: Ethical Considerations in the National Vaccination Debate

### Male Speaker:

I've heard of many tragic cases of walking, talking normal children who wound up with profound mental disorders after vaccines.

### Dr. Brian McDonough:

Hello. I'm Dr. Brian McDonough, and welcome to Primary Care Today on ReachMD. That voice is that of Republican Senator Rand Paul, and he was speaking about measles and other vaccines, and questioning whether or not they could lead to greater health problems. The fact that Paul, a potential presidential candidate, speaks about this and has a platform...is it problematic? Is it a concern? Is he saying something that needs to be heard, or is he making the situation worse? Could lives depend on him saying this?

My guest is Dr. Art Caplan. All of what you just heard was a set up to talk with Dr. Caplan about one of the biggest controversies and discussions in the country right now...which is the measles vaccine, other vaccines, whether or not people have the right to get these vaccines, to not have the vaccines...and clearly as an audience of physicians and health care providers, I think this is something that we are all interested in and discussing.

You've probably heard Dr. Caplan on many broadcasts and through many articles over the years. He is one of the nation's leading bioethicists, he's at New York University, he's been a guest on our program before, and Dr. Caplan first of all, thank you for your time.

### Dr. Arthur Caplan:

Thanks for having me.

### Dr. Brian McDonough:

My first question for you is that we heard Rand Paul, Governor Christie made some comments, and then has backtracked. First of all, my question to start off, I mean, Rand Paul is a former Ophthalmologist. He's a physician, so that then carries the political weight as well as that of a physician, and yet he is not really talking from a standpoint of evidence...it sounds more anecdotal. What do we do with that?

### Dr. Arthur Caplan:

I think he's really talking from ideology. Rand Paul is a libertarian. He doesn't make any bones about that. He puts free choice and freedom first, but I think he makes a grave mistake when he says, "Look, I've heard of many cases of harm." 'I've heard' is not science. 'I've heard' is not evidence. Testimonials are evidence. In fact, I don't think the evidence bears out what he is saying. I think he's letting his drive to sort of let people choose distort the reality of the safety of vaccines.

### Dr. Brian McDonough:

So, when that happens, and that gets involved, it's really hard for someone who maybe doesn't have medical knowledge...a mother or father of a young to child to hear this...it's got to be confusing.

### Dr. Arthur Caplan:

Really confusing, and you know, you don't want to send out those mixed messages in the middle of a measles epidemic...that's even worse. It's still would help people if they went out and got a shot. If they never had one, it would help kids to go get vaccinated, if they hadn't been vaccinated. The vaccine acts very quickly, confers immunity. You don't want to be in the middle of epidemic saying, "Well, I don't know. You could really get injured by this."

I mean, it's that kind of fear mongering that set up the conditions for the epidemic in the first place. Should also add, Brian, you know, not so many years ago, Michele Bauchmann got into trouble for suggesting that the HPV vaccine could cause autism and other mental

problems. She got challenged. I certainly challenged her. It ultimately ended her campaign. I think that could be the fate of Rand Paul on this one.

Dr. Brian McDonough:

Well, what happens is...it's very interesting, because we do get more or less an immediate response. I put something up on Facebook just talking about the general thing, and I was curious to see what the response would be. I did it to make it a point, but also at the same time, I was curious. Thus far, at least at this point, 100 percent of people...and, I'm sure it's not that way...but 100 percent of people are agreeing with the thought that we need to be responsible, that we need to get these vaccines, and there's a cause for protection. I do think there seems to be a shift as a result of this, maybe because we're seeing this increased number of cases.

Dr. Arthur Caplan:

I do, too. I think there's been sort of a sea change. For a long time, opponents of vaccination, critics of vaccination were kind of getting heard rightly or wrongly. The media was picking up on their sort of arguments that this was dangerous, or it was a plot of the pharmaceutical industry. When you have an epidemic take place, and I might add, one that takes place in Disneyland...pure, wholesome Disneyland...and then begins to sort of roar across the nation, I think people are paying attention to that. I think doctors, nurses, we've got a sea change going on out there that provides an opportunity to sort of push vaccine education. People are listening.

Dr. Brian McDonough:

Now, Chris Christie has come out, and he has talked about the importance of people making choices...parents making a choice. From an ethical standpoint, I mean, I understand the concept that people should have choices, and we all want to have choices. Are there certain things from a health standpoint that should be 100 percent, and that need to be done for the safety of others, and from an ethical standpoint, is that something that can or should be done?

Dr. Arthur Caplan:

So I think our ethical duty is to protect children. I think vulnerable children can't decide whether they want vaccines or not. When you have diseases that are preventable, \_\_\_\_\_ (5:07) have an interest in protecting them, and particularly, children who can't be vaccinated who have immune diseases, or might be in the middle of cancer therapy, or newborns who can't build immunity. They need protection too, and the only way to protect them is to make sure we get to very high levels of vaccination so we can produce herd immunity, probably above 90-92 percent.

So, when you hear Chris Christie say, "Well, let's think about choice," I have to wonder, "Well, where are your priorities?" We wouldn't say to people, "You know, there are car seats, and if you choose, you can put your kid in a car seat. If you don't want to, you know, that's something you could choose. Or, you can keep a gun in your home. That's something you can choose to do, but if you want to put it on the dining room table when kids come over, you know, you can do that, too." Clearly, we have to restrict freedom when it starts impacting the health of children, when it starts impacting the health of our neighbors.

Dr. Brian McDonough:

So, when you have these kind of debates...and by the way, I love when these debates occur, because people become more educated...they have an opportunity to learn. When you have a debate like this...I'll give you an example...I was doing a report for KYW Newsradio, which is based in Philadelphia, and we were preparing it for the network, and we were talking about German measles versus measles.

This is something I totally forgot when I was thinking about rubella, but what's very important is that if someone is exposed to Rubella when they're pregnant, they can have a miscarriage.

Dr. Arthur Caplan:

Right.

Dr. Brian McDonough:

They can have fetal abnormalities, birth defects, in which a lot of people don't even know. They just heard of the measles vaccine, but measles is part of measles, mumps and rubella, and there could easily be issues with rubella or German measles in this country. Then, all of the sudden, you can be in a situation where pregnant women and unexpected people could be impacted.

Dr. Arthur Caplan:

You know, one of the terrible arguments is that a lot of pregnant women are worried vaccination might hurt their fetus. Obviously, the best thing you can do is to be vaccinated, and the next best thing is to have everybody else around you vaccinated so they're not communicating to you. We've forgotten these diseases. Measles probably kills three out of a 1,000 people from encephalitis. You probably get about one in 100 hospitalizations. I had measles when I was little. I got old, and it's no fun. It's definitely a debilitating illness to go through.

So, we forget that, and I think some of the parents were saying, “Well, I don’t know. I’m not sure I want to vaccinate my child.” They’re trying to be protective, but they forget the thing they have to protect against the most is these rapidly, communicated diseases. The safety profiles, even if one said, “You know, there’s a tiny bit of risk here,” it doesn’t even get close to making any sense to avoid vaccines.

You know, let me add one other thing about Governor Christie. Listeners may remember, when we were in the middle of the Ebola break...if anybody remembers that...it was last October, when we were all nervous about Ebola. He locked up a nurse who came back from Sierra Leone, Kaci Hickox, and said, “You’ve got to stay in a plastic tent with no water, and no heat, and no videos, and you’ve got to stay there 21 days because you might be a risk.” She said, “I don’t have any symptoms. You shouldn’t keep me here.” He said, “I’ve got to put the public health first.” Well, if he’s going to put people in plastic tents, why doesn’t it make sense to \_\_\_\_\_ (8:24) the public health first, and let’s really make it tough to avoid vaccines?

Dr. Brian McDonough:

Well, the next question comes up, and it’s an important one...whether your Republican, Democrat, Libertarian, whatever...it seems as if people, politicians, tend to jump on these things, and feel as if they have to comment about it, and make some sort of point. That’s got to be an issue as well.

Dr. Arthur Caplan:

You know, with a measles epidemic, you’re going to get politicians asking questions. What I think is appropriate is what the American Association of Pediatrics suggested. “Don’t talk unless you know the science.” You could say, “I have to research this, or I have to look it up, or I’m going to have someone on my staff get back to you on that, so I make sure I don’t say anything inaccurate.”

Instead, what we get is a lot of playing to perceived audiences. People like freedom, people like self-determination. Some politicians say, “I’ll play it that way.” Other people are going to say, “Look, you know, politically I think people are scared about this epidemic. I’m going to promote vaccines.” What we want is sound, evidence-based, scientifically based...not the anecdotes, \_\_\_\_\_ (9:29) ideology... but good public health policy, and that hasn’t really been in evidence in the political discussion of vaccines. It has hasn’t been in evidence for, sadly, many decades.

Dr. Brian McDonough:

You’re listening to Primary Care Today on ReachMD. I’m Dr. Brian McDonough, your host, and with me is Dr. Art Caplan, one of the premier bioethicists in the country. We’re talking about the measles vaccine, and the controversy, and the ethics surrounding it, and the issues, and a little bit about politicians and their voice. When you talk about something like this, we have another phenomenon. We’ve talked about it with Ebola, and other issues. We have all these 24 / 7 news stations that have to fill time, and not only that, you’ve have 24 / 7 news stations that have one political view or another, and they’re appealing to certain audiences. That also can be an issue, can’t it?

Dr. Arthur Caplan:

It can because you basically have somebody saying, “Well, we’re going to put on the air people who maybe are representing tiny minority points of view in the middle of this debate because we have time to fill, or we want to draw eyeballs while people are paying attention to us.” You know there were all kinds of crazy views that were \_\_\_\_\_ (10:35) in the media about Ebola, where it came from, what it was going to do in the United States.

It was pretty clear it wasn’t going to do much. We could control it. We knew what to do with it. Even when there was a mistake in Dallas, we knew how to handle it, and it never really was a huge threat. There were people screaming, “Armageddon” on the 24/7 cable channels.

Suddenly with measles, you’ve got all kinds of people spouting all kinds of, let’s say, theories, delay vaccines, spread them out, you don’t want to take them all at once...this sort of thing. I’m not sure those people deserve a platform, but basically, the media runs out of gas, wants to keep you watching, so up and come somebody who says, “You know, I know for a fact that people who’ve gotten the measles vaccine, have grown a second head.”

Dr. Brian McDonough:

The more things change, the more they stay the same. Twenty-four years ago, I covered a measles outbreak in Philadelphia.

Dr. Arthur Caplan:

The Philly one, yes.

Dr. Brian McDonough:

Five children died at that time, and I remember saying, “We should learn from this, and continue to vaccinate,” and yet now, you see a

situation where...fortunately, we have not seen the deaths...but we're starting to see rising numbers. I heard a statistic where it's one out of 1000 exposed to measles could die, and we're now up to almost 700 cases in the United States, which is making it fearful that, you know, statistically, we're coming closer to that point as well.

The other issue is, many years ago while he was alive, I had the chance to hear

C. Everett Koop, and I was debating him shortly after the chicken pox Varicella vaccine was approved. "Why we need this, you know, we don't need this as an excuse to let people go to work. Is this to make money for a drug company?" I mean, I went through all these arguments, and he said, "All good points, Dr. McDonough." But as only the Surgeon General could say," he said, "Where were you when they were debating this, because now that it's been approved, we need 100 percent, or this isn't going to work."

Dr. Arthur Caplan:

Yes, and so part of the problem is if you don't get that community buy-in...if people don't worry about their neighbor as much as they worry about themselves...then none of this vaccine stuff is going to work. I think the Surgeon General was probably right then to yell at you. My hunch is even now, when you look out there quietly in the middle of this measles epidemic, I noticed that there was a \$50 million cut in the health care budget that has been proposed for vaccination. Well, you know, I'm not in love with enriching drug companies, but I'd much rather see \$50 million spent on preventing diseases that's going to save us money, and a lot of suffering, than I am in treating diseases. So cutting the budget in the middle of a measles epidemic to pay for kids to get shots...that makes no sense.

Dr. Brian McDonough:

That's a very interesting point. Maybe this is one thing we could wrap up with, because I know I could talk with you all night long. The whole concept in health care now...we talk a big game about prevention and \_\_\_\_\_ (13:23)...but it always seems we're still trapped in the...what's the next big procedure, the next gee whiz, and we still don't put those dollars into helping problems with obesity, looking at the foods were taking, trying to understand vaccines. All of these things, we just always seem to be behind the curve, and yet it is so logical to do it. How is there a way to impact those who fund these things to think that way?

Dr. Arthur Caplan:

You know, ethically, you've got to get people to think, "What about your kids? What about the future of kids?" You can't just spend continually trillions of dollars on us. It's not the best way to use money if we don't have the best cures. So, politically, politicians say, "Well, let's spend on folks in the here and now." They don't spend enough on research. You know, we've got a \$20 billion research budget on a trillion dollar plus health care bill, and that doesn't make any sense. It's politically silly.

We should be spending more on research to improve things. On prevention, you know sadly, what we usually have is a guy from the Public Health Department with a poster of an apple going up against Ronald McDonald. So, if you're going to really make a difference, we've got to be more committed, not just to talk about the value of prevention, but to enact it in our policy. I think doctors should be talking, nurses should be talking with their patients about the fact that that is important.

Dr. Brian McDonough:

Dr. Art Caplan, I want to thank you. We've run out of time, but I really appreciate you taking the time to join me.

Dr. Arthur Caplan:

Thank you for having me.

Dr. Brian McDonough:

This is Dr. Brian McDonough. If you've missed part of this discussion, please visit [ReachMD.com/primarycaredtoday](https://ReachMD.com/primarycaredtoday) to download the podcast, and you can learn more on the series. Thanks again for listening.