

DR. JOHN McCULLOCH

2678 YONGE STREET

TORONTO M4N 2H7

Telephone 483-8363

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Address.....

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Date.....

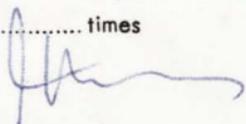
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HEALTH COMMUNICATION FROM CONNAUGHT

Vol. 5, No. 1

Ethics of immunization

The claim that immunization is morally questionable is currently being made on both the popular and the professional level.

In his best-seller, *Confessions of a Medical Heretic*, Dr. R. S. Mendelsohn of Chicago appeals to a sensationalist public: "Medical ethics are usually the opposite of traditional ethics"; "In America what can be done will be done"; "Doctors turn out to be dishonest, corrupt, unethical, sick, poorly educated and downright stupid more often than the rest of society."

The renegade doctor has filled his book with such tub-thumpings and imprecations.

Mendelsohn questions why immunization against diphtheria, polio, and whooping-cough continues, even though the diseases have all but disappeared. He queries whether mumps vaccine merely increases the risk of exposure later in life; whether measles vaccine raises the attendant risk of encephalitis to the level of 1 in 1000 cases; and whether the entire 'flu shot program is little better than a "massive roulette game."

To hang Mendelsohn with the petard he supplies on page 10 of his own book . . . "When a doctor mixes roles he has to be extremely careful" is tempting. So is pointing out that this best-selling physician has been anything but careful in his citing of examples and cases.

In Canada much the same issues were raised in 1979 by Dr. F. M. White, then director, Communicable Disease Control and Epidemiology with the Alberta Social Services and Community Health Department, and currently with the B.C. Ministry of Health.

Dr. White writes in a different style, for a different readership. He is concerned with the ethical considerations of immunizing in the light of what he characterizes as "the present lack of precise knowledge of the field." Nevertheless his message is the same as that of Dr. Mendelsohn.

White stated the problem as he saw it in the following manner:

"There is an important ethical distinction between treatment and preventative (sic) programs. When a sick person seeks medical advice the physician cannot fairly be blamed when the state of medical knowledge does not enable him to treat effectively or even to diagnose accurately the patient's condition. The position is quite different when a physician or public health authority takes the initiative to prevent disease in persons who may at the time be quite healthy. This amounts to a greater undertaking that the preventive measures will benefit the individual or society as a whole."

ETHICS page 2

Award winner announced

Dr. Connie Hull of St. John's, Newfoundland, has been named third winner of the Connaught Fellowship in Tropical Diseases.

Dr. Hull, a 1980 graduate of Memorial University, describes herself as "strongly oriented toward international health." As an undergraduate, she spent training time as a paramedic in an inner-city ghetto in Denver, Colorado; as a 'flying-doctor' in Labrador; and as a member of a John Hopkin's University research expedition in Nepal's high Himalayas.

The Connaught Fellowship in Tropical Diseases is awarded annually through the Canadian Society for Tropical Medicine and International Health. Its funds help toward the winner's further training in tropical medicine. Dr. Hull, for example, is now registered in a diploma course in tropical health and hygiene at the University of Liverpool, England.



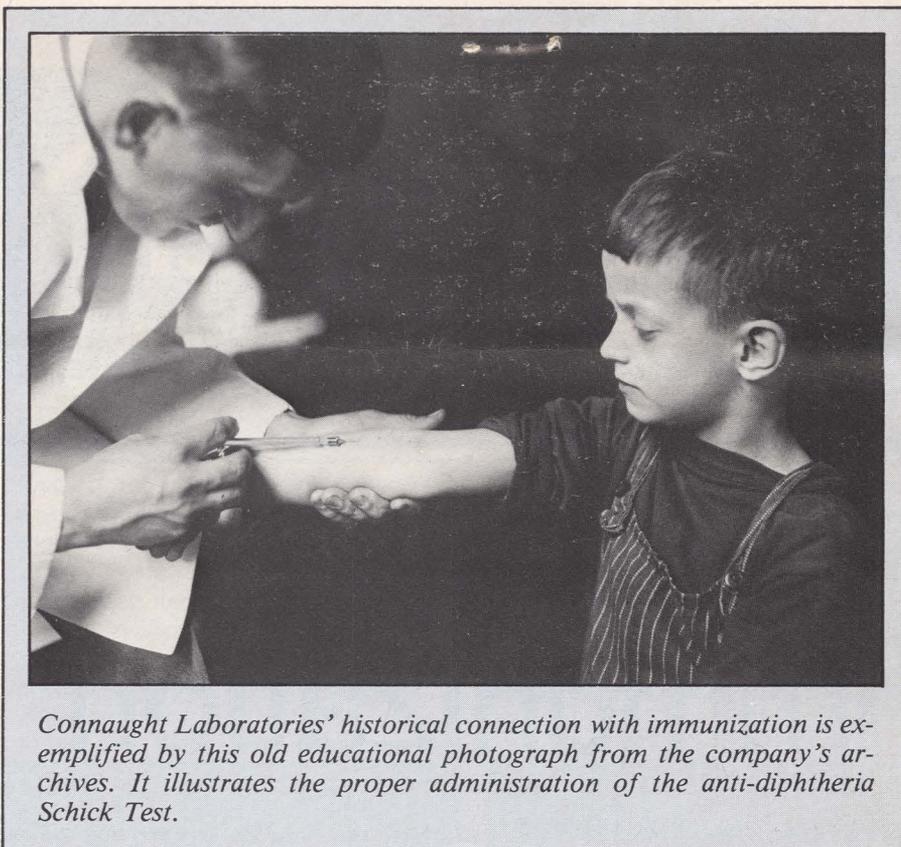
Dr. White asked: "Are all immunizations of proven value, and do we really know what we are doing? Are the ethical values derived from our sickness care system truly adequate for the ever growing number of preventive programs intended primarily for healthy persons."

In reviewing the field of vaccination, White is stylistically more cautious than Mendelsohn: "At one extreme are programs of proven public value while at the other extreme are programs which may, in the long term, provide little or no value at all."

Dr. White's views were initially presented in a paper to the Second National Conference on Health and Law in Ottawa. In a recent interview with BIOLINES, he re-affirmed his position.

Dr. White stresses that the "dependency relationship" that exists when a sick person goes to the doctor is ethically distinct from that of a well person seeking immunization for himself or his children against potential future sickness. He stands convinced that 'Murphy's Law' will inevitably apply to vaccination procedures, and that this should have the effect of a moral deterrent. When BIOLINES asked Dr. White whether his position on immunization against mumps had changed, in view of the fact that the B.C. Ministry of Health is at present pursuing an active policy of mumps immunization for children, he replied that the decision to implement such a preventive measure was a "group decision" and it was incumbent upon him to comply.

Most of Mendelsohn's and White's concerns hark back to a landmark publication in the field of immunization — **The Hazards of Immunization**, by Sir Graham Wilson published in London in 1967. This stark volume, with its disclaimers against being "anti-immunizing" laid the foundations of ethical concern over the practices of immunizing well over a decade ago: "I regard it as fundamental that any doctors applying a remedy to a patient should be conversant, so far as possible, with its ill effects as well as with its good effects. This is doubly true when prophylaxis is concerned." More seminal than



Connaught Laboratories' historical connection with immunization is exemplified by this old educational photograph from the company's archives. It illustrates the proper administration of the anti-diphtheria Schick Test.

many of the reservationists that followed him, Sir Graham Wilson had a good grasp of the ethical complexities that accompanied immunization in the nineteen sixties: "... once a vaccine has been introduced, with apparently good results, it becomes extremely difficult ever to find out its real value. Moral objections may be too strong to permit a properly controlled trial." He illustrates this with reference to rabies. "Rabies, when it develops in man, is uniformly fatal. We have no cure for it, so that, even if we believed that rabies vaccine was of no value at all, we could not morally carry out a trial to find out its efficacy or usefulness. We shall have to go on using it until some other method is found of preventing the disease." It is interesting to note how subtler was Wilson's grasp of the moral determinants in the case of vaccination.

Before Dr. Frank White echoed Sir Graham's moral objections to vaccination, the editor of the Canadian Medical Association Journal had reviewed **The Hazards of Immunization** in April 1969. The editor, while doing justice to Sir Graham's lists of hazards, concluded, "Disturbing though they are, the inherent hazards of vaccines are

no argument against the practice of immunization."

On the other hand, commentators in the British Isles were quicker to follow-up on the ethical dilemma posed by Sir Graham Wilson, also in proposing a serious response: "... a measure taken to protect not only individuals but also the community at large differs from one adopted solely for personal well-being. That being so, compensation from the community is surely the only equitable course when harm is caused," noted Bernard Dixon in the *New Scientist* (February 17, 1977).

Recognizing that the pro-immunization viewpoint has been expressed both in print, and in a number of recent interviews with leading epidemiologists, to health authorities and manufacturers of vaccines is instructive.

First, in reviewing some of the printed material on the subject, we may note that a special pediatrics issue of the New York-based **Family Health** in 1976 was uncompromising in its position: "Our national immunization levels are slipping ominously near the danger-point, leaving us exposed to outbreaks of

diphtheria, polio, whooping-cough, mumps and rubella," wrote Sherly Fitzgerald. "... until August, 1975, the same law that instructed New York schools to carry out the edict, prohibited them from dispensing the shots.!" The editor of the **Canadian Family Physician**, however, claimed in February, 1977 that the situation was far better in the United States: "... at least 30 states in the United States have compulsory immunization laws." The article warned that, unless preventive measures were taken, areas of Canada could have a polio epidemic within five years.

In England, however, great caution continued. Sir Charles Stuart-Harris, emeritus Professor of Medicine at the University of Sheffield felt compelled in June, 1978 to give an appraisal of the situation in the face of so many doubts and concerns: "Immunization against infectious diseases today presents a picture of great contrasts. At one extreme is the undoubted triumph of the conquest of smallpox, the promised control of diphtheria and the successful fight against poliomyelitis. At the other is the bleak picture presented by influenza and the common cold where the viruses appear to be able to defeat all our efforts."

By January, 1979, in print, the Canadian commentators were beginning to sound like the Americans: "... there is evidence that immunization may be lagging in Canada and that some vaccine preventable diseases such as diphtheria, may actually be on the increase ... It is clear that the public is being lulled into a false sense of security because of the absence of epidemics of the usual childhood diseases and is neglecting to have young people receive the recommended immunizations." (The Canadian Nurse, June, 1979).

Similarly, Dr. Robert Gold of the Hospital for Sick Children in Toronto, addressed himself to the immunization problem as he perceived it in an editorial in the **Canadian Medical Association Journal** of September, 1979: "... if the situation is unsatisfactory for young children in many parts of Canada, it is far worse for older children and adolescents. The im-

munization gap that exists at the time of school entry gets wider through childhood. No data on the immunization status of adults exists, but it must be even worse than that of children."

Various members of the Canadian medical establishment who hold orthodox views on the practices of immunization have not been slow to condemn the views of Dr. White and other conscientious objectors. Dr. Harding Le Riche, Professor of Epidemiology in the University of Toronto told BIOLINES in a recent interview that he found Dr. White "all too complicated," and that medical practitioners should not "get into all this ethical waffling." Dr. Le Riche claims that the immunization business needs trials, and these have to be done on people; there is no other way. Risks have to be taken. He points out that people are getting slack at the present time about immunization and that this is a result of conflict between the free choice of individuals and the state of technical knowledge. Le Riche illustrates his arguments with the case of measles which, he points out, may not be seen as serious for Caucasian Canadians, but which could be devastating for our native peoples — Indians and Inuits. "How much freedom do we have to damage children?" asks this doctor.

BIOLINES conducted a joint interview with Dr. Stan Acres, Head of Communicable Diseases Branch of Health and Welfare Canada, together with Dr. A. G. Jessamine, a Field Epidemiologist in the same department. These practitioners characterize the positions adopted by Mendelsohn in the United States and by White in Canada as hypocritical. They illustrate the current vaccine dilemma with the hypothetical case of a vaccine against gonorrhoea effective for 15-year olds. What would parents' reactions be in Canada? It could never happen to my child? The doctors point to the outcry in the British Isles in recent years over pertussis vaccine, to the effect that hundreds of parents denied immunization to their children without scientific proofs. The result was a new high in the incidence of pertussis, far outweighing the natural costs of the program. They add that the proof for any immunization program is always the reduction in cases.

Dr. W. A. Cochrane, Chairman of Connaught Laboratories Limited, concurs with Doctors Acres and Jessamine of Health and Welfare Canada in ascribing Canadian over-concern about vaccinating to the British experience of the 1970s. He also refers to the significant drop that occurred in pertussis vaccination in Britain due to a purported high incidence of encephalopathy.

Although epidemiological refutation of the public attitude has since followed, unfortunately that attitude has fossilized and, in spite of the higher incidence of pertussis and mortality, the British public is still sceptical.

Dr. Cochrane points out that the present debate arose from a low level of intensity. Based on sporadic adverse reactions and allergic responses in the public, a small number of people began to suggest that a benefit cost analysis of immunizing practices in fact revealed more harm than good. Dr. Cochrane told BIOLINES that although he had no wish to re-invent the wheel, he was constrained to point out that the worldwide eradication of Smallpox simply would not have been possible without immunization. Similarly he affirms that poliomyelitis can be likewise eradicated, provided immunization against disease is maintained. In view of such facts and probabilities, Dr. Cochrane feels that the views expressed by Dr. Mendelsohn and Dr. White are challenging and thought-provoking but are lacking in scientific fact and are somewhat misleading.

Documentation points to an apparent impasse between the ethical concerns of doubters and the urgent vision of believers in their debate over immunization.

How are theoreticians, practitioners and public to make up their minds? There are a number of options open. Possibly the most useful comments in the debate have been made by Irving Ladimer S.J.D. in a long and thorough article entitled "Mass Immunizations: Legal Problems and a Proposed Solution" which appeared in the **Journal of Community Health**, in the Spring of 1977. Dr. Ladimer writes:

"... the drug company is not at fault when it produces and offers an

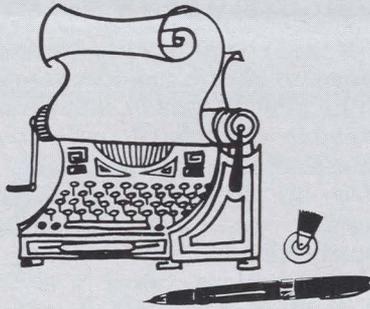
approved product, accompanied with proper instructions; nor is the physician at fault in administering, or directing, the immunization in accordance with instructions. Nor is the patient at fault when he accepts the vaccine as required by law — “no shot, no school” . . . in the majority of cases, there is no-one at fault, and dyspractice, not malpractice, has occurred.”

These comments provide the answer to the concerns of White and his colleagues. Ladimer then takes the next logical step: “If society is to benefit from recent advances in immunization practices . . . then society . . . should be logically responsible for immunization dyspractice. Society — not the manufacturers, the physician, or the patient — should support those who suffer the adverse consequences of our laws . . . Denmark, Germany and Japan have enacted legislation to reimburse those who are victims of the immunization laws.” On this progressive note, Dr. Ladimer makes the unapologetic plea for the application of a public health ethic as the “obligation to act positively to protect the public, as in immunization programs and in other research that may benefit future generations.”

In sum, there appears to be some danger in putting undue emphasis on the British experience with vaccination. Canadian physicians, normally aware of different medical experiences and practices south of the border, seem to have a blind spot in their critical apparatus when it comes to reflection on the United Kingdom.

But there are many reasons to be cautious. One important instance is afforded by the different immigration patterns of the two countries. Canada receives a steady stream of immigrants from just about everywhere. Many of them are from third world countries where diseases which have been eradicated here are still flourishing — for instance poliomyelitis. How great a risk are we prepared to take in the face of this reality? The true ethical dilemma is not, with Dr. White, “how can we immunize?” but with Sir Graham Wilson, “how can we stop?”

OUR READERS WRITE . . .



Dear Sir:

As a member and volunteer for the “Canadian Society for Tropical Medicine and International Health,” I am particularly pleased at not only the total article on tropical diseases in the *Bielines* vol. 4, #4, but for the emphasis on the needed question, “Where have you been?”

Despite travels in both the Atlantic and Pacific tropical areas, (and picking up an ugly fungal infection for which no Canadian physician could be found to help me, in the early 1960s), no physician has ever asked me that question yet. The “medical ignorance” of such in this developed country is indeed deplorable, with world-wide travellers on trips short or long. Conditions of enlightenment improve far too slowly, for the rising need for such knowledge and skills.

After visiting the Sydney, Australia, “School of Tropical Medicine,” it seemed to me that if Australia, Japan, Holland, Belgium, England, etc., had mounted such “schools,” why not one for Canada, in the form of a “National Institute of Tropical Medicine”? One that would be affiliated only with any universities, to avoid certain jurisdictional problems; the teaching staff could be “visiting” specialists, with permanent staff mostly for administration; programs could be of varying lengths; medical technologists could have programs, and any others as

needed. (At present, Toronto’s Seneca College gives several excellent programs for RNs, taken even by American nurses who expect to serve abroad.) In time, “research” could be developed, for much appears needed, in the field of vaccines, and other preventive methodologies in particular. I have suggested to the Minister of Health for Ontario that all Medical Officers of Health are especially in need of at least an “awareness” program, if not a “curative” one. Young people, such as the two recipients of the Connaught Fellowship are very much needed, with Canada becoming the “Noah’s Ark” of the world, and apparently taking aboard its diseases, as well, and for which we are not really prepared.

It is realized that for some professionals, this concept of an Institute is not popular. However, some of us in the “Society” hope to see such arise yet, despite the negative attitudes of certain others. I am happy that our President, and Nan Mammina*, are in favour, for two important people. If only we had a site and a building, perhaps with the help of interested Foundations and citizens, we could eventually achieve the necessary equipment, etc. Politicians on all sides of the House of Commons are well aware of this “dream,” to increase the competence of Canadian physicians and other health workers of this travelling age. With the “BNA Act” patriated, I can see no reason why adjustments cannot be made to allow for some federal involvement for funding. Obviously, seminars are insufficient to increase the level of expertise necessary, with drug-resistance, side-effects, etc., complications, particularly for multiple infections.

At least Canada could follow the USA example, re: a “card” for returning travellers, adjusted to bilingualism and other Canadian needs. It is to be hoped that ACTION on this matter will eventuate, as our President wants.

For your interest.

Yours sincerely,
(Miss) A. Cecilia Pope, R.N.,
M.R.S.H.

* Executive-Director, Canadian Society for Tropical Medicine and International Health. Ed.

ROBERT S. MENDELSON, M.D.

1210 Lake Street, Evanston IL 60201

June 1, 1982

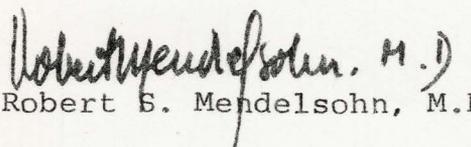
Norman S. Helm, Editor
BIO-LINES
Connaught Laboratories Limited
1755 Steeles Avenue West
Willowdale, Ontario Canada M2R 3T4

Dear Mr. Helm:

Your "Bio-Lines" deserves great praise for the lead article, "Ethics of Immunization" (Vol. 5, No. 1).

Is it possible to send me a dozen of this issue?
Please bill me.

Sincerely yours,


Robert S. Mendelsohn, M.D.

RSM/rrm