Lily Fremaux
HPPA 514- Biomedical Ethics
Professor McGarry, PA-C, MPAS
June 15, 2025

Parental Vaccine Refusal- Autonomy vs Beneficence vs Nonmaleficence

Vaccine hesitancy is a significant and growing challenge for clinicians. In one example, a 6-year-old girl in New York is scheduled to receive her latest dose of DTaP, MMR, IPV, and varicella immunizations from her family physician. However, the mother now does not want her 6-year-old daughter to receive the latest vaccine dose believing that her 1-year-old son developed signs of autism after receiving his 1-year shots. (Center for Practical Bioethics, 2019). There is a clear ethical dilemma seen in this case- autonomy vs beneficence vs nonmaleficence.

The physician should try their best to convince the mother of the safety of vaccines. She should explain to the mother that studies linking vaccines to autism were flawed and have since been widely debunked. Additionally, the reason this myth exists is because the first signs of autism tend to appear after the age of first-year vaccinations (Gabis et al., 2022).

If after engaging in dialogue with the mother she continues to refuse, the physician must engage in the ethical dilemma at hand- autonomy vs beneficence vs nonmaleficence. Parents have the autonomy to make medical decisions for their children. However, it is in the child's best interest to complete the vaccine series so that she does not contract serious disease. Additionally, the physician has to consider nonmaleficence, not harming, and withholding the vaccine has the potential to cause serious harm to the child as well as pose a public health risk to others.

In a world in which minors can consent for themselves, the child would be involved in the decision-making process. The physician should explain to the mother the risks and consequences of not receiving the vaccinations including serious diseases that can lead to

disability and even mortality, along with not being allowed to attend public school (New York State Senate, n.d.). Additionally, the physician has the right to not see patients who are not vaccinated out of the safety of her other patients, and the physician must inform them that declining this vaccine would result in the end of their patient-physician relationship. If the child hears this and wants the vaccine, ultimately the child should receive the vaccine without the mother's consent as the child has autonomy. This would also allow the physician to uphold beneficence and nonmaleficence.

This approach, however, would not be supported by the law which states this decision is up to the parent. The reality of this moral dilemma is that the physician's hands are tied. The physician would have no choice but to uphold the parent's autonomy and not vaccinate the child, regardless of the child's wishes in addition to informing the parent of the subsequent consequences. Once all of this is explained, the mother would have to sign a form stating that she was informed of the risks of not vaccinating her child. Some might argue that they should vaccinate the child regardless of the mother's position, due to beneficence and a responsibility to uphold public safety. However, clinicians must act within the law and the mother ultimately has the right to make decisions about her child's healthcare.

This case study highlights the growing issue of declining vaccine rates due to misinformation, and the public health consequences as seen in the measles outbreak in Texas. The physician must do their best to inform the parents of the benefits of vaccination and the origin of this misinformation. If the parent still refuses, the physician has no choice but to not vaccinate the child and inform the parent of the consequences. Therefore, while vaccine refusal is concerning, physicians must ultimately respect parental autonomy until laws evolve to support broader public safety considerations.

References:

Center for Practical Bioethics. (2019). *Case study: Vaccination and autism*. https://www.practicalbioethics.org/professional-education-and-clinical-ethics/pediatrics/case-study-vaccination-and-autism/

Gabis, L. V., Attia, O. L., Goldman, M., Barak, N., Tefera, P., Shefer, S., Shaham, M., & Lerman-Sagie, T. (2022). The Myth of Vaccination and Autism Spectrum. *European journal of paediatric neurology : EJPN : official journal of the European Paediatric Neurology Society*, *36*, 151–158. https://pmc.ncbi.nlm.nih.gov/articles/PMC8694782/#:~:text=Other%20contributing%20factors%20to%20the,the%20health%20of%20their%20children

New York State Senate. (n.d.). *Public Health Law § 2164: Immunization of children*. https://www.nysenate.gov/legislation/laws/PBH/2164