Mandatory Influenza Vaccine

Dr. Jane Orient’s article on influenza vaccine is superb, and should be handed out to every hospital in the country that is mandating that its staff obtain these inoculations. I sent a copy to the chief executive officer of my hospital.

I would also like to call attention to an excellent lecture on the subject given to the Vegetarian Society of Chautauqua and Allegheny by Dr. Lawrence Huntoon.

Every year I stage my solo protest against the mandate at my hospital with a little more emphasis. This year I finally pointed out that I believe the mandate violates not only an individual’s right to privacy and self determination but is in conflict with the principles of Nuremberg on human experimentation. Alas, we still carried on as if this were of no significance.

Of course there are the safety issues—how can it really be safe when researchers say things like this: “MF59, an oil-in-water emulsion, is currently licensed for use in the elderly as an adjuvant in seasonal influenza vaccines. Its mechanism of action is not fully understood, but enhancement of the interaction between the antigen and the dendritic cell seems to be involved” [emphasis added]. In other words, it affects the immune system in unknown ways, but we are sure it is safe. Comforting?

But this issue is much bigger than safety: It is at the heart of what medicine will be in the future. As we approach implementing a federal mandate on vaccination, it is more critical than ever that physicians recognize the principle that is being adopted, and refuse to participate. The principle is simple and evil—that individuals’ rights are subservient to the needs of the state. If we accept these vaccinations, if we accept this principle, it is a short slide once again to Dachau where anything can be justified for the survival of the body politic.

I personally hope that AAPS, when allocating scarce resources, will make this issue a priority.

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Recertification

In 2011, Dr. Martin Dubravec described the pros and cons of the recertification process. One particularly important observation, with which most physicians would agree, is that the board process that started as voluntary is taking on the force of a mandate.

Robert Wachter, new board chairman of the American Board of Internal Medicine, was quoted as saying: “If somehow MOC went away, it would be quickly replaced by more regulatory external bodies that ultimately would be more burdensome to physicians.”

But isn’t that the same argument that we physicians heard and embraced about managed care? We were told that managed care would give us the opportunity to control our professional destinies, and that if we didn’t accept managed care, some other group would enforce stricter regulations.

We should have learned by now to question that line of argument because using fear to replace reason in shaping a mandate that affects almost every physician in the U.S. is not a good idea.

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Erratum

Nicholas Drapela was professor of chemistry at Oregon State University, not Ohio State University as stated by Arnett.


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5. We should have learned by now to question that line of argument because using fear to replace reason in shaping a mandate that affects almost every physician in the U.S. is not a good idea.