

Review of: "Relevance of Medical Ethics in Public Health: Case Study of Polio Eradication"

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Potential competing interests: No potential competing interests to declare.

The authors raise a number of interesting and important questions about the choice of tOPV as the vaccine of choice for polio eradication, and cite numerous examples of a failure by eradication proponents to recognize and change behavior based on what the authors characterize as increasingly established scientific observations about the virus' mode of transmission and the vaccine's immunogenicity and safety.

However, the authors' framing the choice of OPV rather than IPV (or a sequential schedule) for polio eradication as a question of "ethics" can have the effect of reducing the debate to a dichotomous choice—ethical vs unethical. It suggests there are only two camps, and doesn't allow for nuances, the likely variety of motivations and influences, such as the very real constraints of vaccine availability and funding, not to mention the possibility of group think, nor the influence of a version of the sunken costs fallacy familiar to economists ("we've gone down the road with OPV so far at this point, very difficult to admit it may not have been or no longer is the best approach"). I think a broader discussion of these influences would be valuable.

The crux of the ethical argument strikes me as requiring a straw man—I think it is very difficult to argue that it is "the common perception" that public health actions are considered "beyond the purview" of medical ethics, namely beneficence, non-maleficence, and justice that they identify as its hallmarks, especially in light of the ongoing example of resistance and questioning of COVID public health measures on precisely those grounds. Similarly, I don't think there is a general "perception that public health can do no harm to individuals". In any intervention for public health, of any sort, there are always tradeoffs. And I'm not clear why "interpersonal interactions" involving pharmaceutical products need to be involved in order to invoke "medical ethics in public health interventions"—mandatory masking, social distancing requirements, and quarantining aren't pharmaceutical products but of course raise medical ethics issues. It would be much more meaningful if the authors could cite examples of such statements explicitly disregarding ethics from the polio eradication policy makers and funders.

Despite these overarching concerns, I think the authors do a valuable job of probing non-scientific motivations behind vaccine selection, and highlight the historical involvement and favoritism of WHO towards OPV. However, I'm not sure pointing to "hidden reasons" helps elucidate the motivation for that involvement. Referring to WHO, the authors state, "The potential 'conflict of interest' on account of the long-standing involvement in the development of OPV and its eventual ownership, remains unresolved and generally unknown." "Ownership" suggests that WHO profited in some way from the role in OPV, but the authors do not articulate what they mean. Financially? Organizational prestige? Power? It would be

helpful if the authors would elaborate here.

I'm curious about the statement "All other vaccines in general use then (BCG, DPT and Measles) were without sAEFI."

I'm not sure that DPT in that era was generally considered without sAEFI, and note that other common vaccines "in use" included variola, not to mention the very reactogenic cholera and typhoid vaccines provided to travellers.

Finally, I'm a bit surprised that the authors recommend that economists decide what is the appropriate compensation. Is it an economic question?