The public sphere is inundated with malicious messages about those who are fearful of or resistant to vaccination. Low hanging fruit that includes name-calling to overtly aggressive, vicious attacks abound (e.g. “bad parent,” “stupid” or “insane”). In addition to these being gratuitously callous, they serve no useful purpose and even exacerbate the problem by amplifying distrust. Dehumanizing others and polarizing camps into “pro” versus “anti” fosters ideology, not science. As someone in favor of vaccines who has personally administered too many to count and had innumerable conversations over many years with parents who are hesitant, I achieved success in vaccine compliance through mutual respect and recognition that people are messy and complicated with fears that hold nuance, not monoliths.

Hearts don’t open and minds don’t change when you yell at people. Or berate them. Or chastise them. Not with vaccination or any other medical intervention - and, certainly not in the long-term. Such tactics are not in line with a physician’s oath to first do no harm. They aren’t rooted in the empathy requisite to developing a trusted, therapeutic relationship.

*Nature* published an invaluable piece underscoring this point. (1) Researchers explored

> “Existing messaging interventions demonstrate short-term success, but some may backfire and worsen vaccine hesitancy. Values-based messages appeal to core morality, which influences the attitudes individuals then have on topics like vaccination. We must understand how underlying morals, not just attitudes, differ by hesitancy type to develop interventions that work with individual values.”
They determined [3]

“Our results demonstrate that endorsement of harm and fairness—ideas often emphasized in traditional vaccine-focused messages—are not predictive of vaccine hesitancy. This, combined with significant associations of purity and liberty with hesitancy, indicates a need for inclusion of broader themes in vaccine discussions. These findings have the potential for application to other health decisions and communications as well.”

In June 2018 [4], a multidisciplinary team from Texas published their work in PLOS Medicine [5] on U.S. vaccination rates in children, specifically focusing on nonmedical exemptions (NMEs) in states and counties. In it, they acknowledge the role of the pediatrician is essential to minimizing NME rates and communication between these stakeholders has demonstrated tremendous effectiveness with vaccine compliance (see here [4]). These conversations are quite time-intensive and entail frequent, cumulative discussions to yield the greatest dividends. For the busy practitioner with ever increasing patient volumes, the rampant internet shaming or public feuding has not helped. It has merely added more aspects to clarify (and debunk) that consume the office visit.

Fear does not discriminate. Bright people can be full of fears. As can people who are thoughtful, kind or otherwise. This reality applies well beyond the topic of vaccination. And, instilling fear is rarely a lasting solution too. Though it may prompt a rush to vaccinate during an outbreak, it tends to create no more than a quick fix.

In the end, what is most ironic is the fact that no matter which side the extremely polarized fall on with respect to vaccination, it tends to be those outside of the exam room with the loudest megaphones who contribute substantially to the problem.

To review the complexity of this issue and the dangers of such rhetoric (and coercive policies), please read the following pieces:

- Is Refusal To Treat Vaccine-Hesitant Families The Sanders-Red Hen Of Medical Practice, see here [6]
- Targeted, Regional Approach Likely Best To Improve Vaccine Rates, see here [4]
- Are We Actually More Paternalistic Or Patient-Centered These Days?, see here [7]
- AAP Policy On Vaccine Hesitancy Glosses Over Real World Solutions, see here [8]

Note(s):

1.
This study is well-examined in this Slate [9] article, *People’s Fears About Vaccines Aren’t Just About Vaccines: The More We Understand This, The Better We Can Allay These Fears.*

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