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Eric A. Feldman

University of Pennsylvania Carey Law School

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Shots for Tots?

by ERIC A. FELDMAN

Like many parents, I would welcome an antiwhining vaccine that causes no physical harm to my child but makes the act of whining more unpleasant to her than to me. An antisugar vaccine would also be nice, eliminating daily demands for ice cream and other desserts. Some parents might be tempted by a vaccine that reduced or eliminated sexual pleasure until the age of consent, a vaccine that reduced the thrill that comes from the adrenaline rush of risky activities like bungee jumping, even a vaccine that increased a child's satisfaction when learning the multiplication tables. Why not do everything we can to shepherd our children along the road to a healthy and happy life? We already search for organic produce, hunt for the perfect daycare, and sock away every available cent to pay for the ideal college. Shouldn't we welcome a quick and effective vaccine that will spare our children the misery of lung cancer and other diseases?

By endorsing the use of a vaccine that makes the experience of puffing on a cigarette deeply distasteful, Lieber and Millum have taken the first few tentative steps into a future filled with medical interventions that manipulate individual preferences.¹ In doing so, they are careful to qualify their arguments, and they do so convincingly. They insist that the antismoking vaccine must benefit every vaccinated individual (no utilitarian calculations for them!), cause minimal or at most modest side effects, and be the best available alternative to ensuring that our kids don't fall victim to the lure of cigarettes (if only educational interventions were effective). And of course they worry about the impact a vaccine against smoking will have on pleasure, freedom, and personal responsibility, all of which they agree are essential elements of the human

experience. But their worries are short-lived. One by one they consider and dismiss the objections to an antismoking vaccine as insufficiently robust. They simply cannot resist the imperative of a single shot that relieves parents of the fear that they may raise a Marlboro-toting tot.

It is tempting to embrace the careful arguments of "Preventing Sin" and celebrate the possibility that the profound individual and social costs of smoking will finally be tamed.² Yet there is something unsettling about the possibility that parental discretion may be on the cusp of a radical expansion, on the strength of a new and unexplored approach to behavior modification. No doubt parents already spend a great deal of time trying to shape the behavior of their children, fostering what they consider "good" behavior and discouraging "bad." They mete out praise and punishment, impose timeouts, award privileges, and utilize subtle and not-so-subtle forms of psychological and physical coercion. Likewise, they seek to ensure the physical well-being of their kids by feeding them (nutritiously, one hopes), bringing them to the doctor for periodic checkups, protecting them from avoidable accidents and illnesses, and treating whatever maladies they suffer.

But vaccines targeting specific sensations, feelings, and preferences open the door to an entirely different type of parental control. Rather than relying on the moral authority of parents to instill in their children the ability to make sound decisions, vaccines determine that parental preferences be honored. No need to discuss the importance of appreciating the long-term consequences of a habit like smoking; a vaccine lets a parent impose a conclusion. Conversations about peer pressure and being "cool," about the power of advertising and the danger of addiction, about taking risks but avoiding disasters lose their fire, as *not* smoking ceases to be a smart, thoughtful, and volitional act and instead becomes a medical

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outcome. Encouraging sensible decision-making? How passé. Children would be nonsmokers not by choice but by medical coercion, deprived of the ability and the satisfaction of “owning” their decision.

Smoking poses serious health risks and exacts a huge social toll. But as disappointed as most parents would be if their children were to become smokers, they would be even more saddened if their kids were unable to think clearly about their life choices and make smart decisions about their welfare. A vaccine against smoking would not by itself be the death knell of parenting as we know it. But if it is indeed the first of many possible vaccine-like biological interventions aimed at medically manipulating the choices of our children, it invites us to think about our parenting priorities. What is it that we can and should do to improve what we consider to be the future welfare of our children? And are there any limits to our willingness to make decisions for our kids even when we are convinced that the decisions are in their best interests?

For many parents, the most significant challenge is figuring out how to positively influence certain critical decisions their children will make—the people they will love, the activities they will pursue, the values they will embrace. To do that, they need to help their kids develop sound judgment, teach them to overcome short-term difficulties for long-term gains, encourage them to respect themselves and others, and dissuade them from doing things that may appear seductive but involve an overly high degree of danger. A vaccine against smoking could eliminate one fork on the long road to adulthood, but only one, and surely not the most critical. Until a vaccine against self-destructive, harmful, or foolish decisions is available, kids will continue to be burdened by the need to figure out who they are and who they want to be. No shot in the arm will make it easier. And there is nothing that parents can or should do to eliminate that burden.

1. In fact, it is not clear that the so-called “vaccine against smoking” is a vaccine at all, if one takes literally the definition of a vaccine as “a preparation of killed microorganisms, living attenuated organisms, or living fully virulent organisms that is administered to produce or artificially increase immunity to a particular disease” (<http://www.merriam-webster.com/dictionary/vaccine>). For the purpose of this commentary, however, I will adopt the looser definition that Lieber and Millum employ.

2. Despite their care, there are a number of important issues they fail to address. Perhaps the most important is the fact that unless the antismoking vaccine is paid for by insurance, the children who could most benefit from it—those from families at the lower end of the education and income distribution, where smoking rates have remained stubbornly high—are the least likely to receive it. In contrast, kids from families that can afford the vaccine are relatively unlikely to need it, given the low incidence of smoking among those who earn college degrees.