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PELTZMAN EFFECT AND ETHICAL DILEMMA WITH COVID 19 VACCINATION IN INDIA

KEY WORDS:

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COVID 19 infection and its variants are playing havoc with the health and economy of every nation in the world. The increase in the number of cases in many countries, including Europe and India, poses a threat to the countries' "economy and welfare." The tragic infection of babies and children with COVID 19 infection in Brazil sends shivers into the minds of people. The mothers who witnessed their children's deaths in ICU units of hospitals in Brazil via mobile phone are a human tragedy beyond comprehension, (BBC NEWS, April, 2021)

When nations began to accept the pandemic surge and waves of infection around the world have taken a toll on frontline health workers' physical and mental health. (CNBC News, 2021)

Taking the example of India, which is in the midst of the second wave of COVID 19, the nation faces a challenge to curtailing and containing the spread of the disease. The aerial view of Delhi, in particular, depicts a picture of a city bombed with cinders of cremating human bodies from different parts of the city, paints a great human tragedy. Hospitals were overflowing with patients, some sharing oxygen cylinders and beds, and the beeline of ambulances with patients awaiting admission spoke volumes of human tragedy. The government and other machinery are taken aback by shock by the second wave of COVID 19. The industrial production of vaccines and licensing given to the private sector sent encouraging pictures of vaccinations. Unfortunately, now, with the virus mutating with new strains, India is desperate to vaccinate all segments of the population. Unfortunately, the vaccine stocks are meager and the manufacturer of the vaccine appeals for raw materials to be imported from the USA. Funding from the government to speed up the manufacture of vaccines puts India in a very dangerous situation (BBC NEWS, 2021).

Several states reporting a surge in the number of cases every day. This wave of infection comes at a time when India is in the third phase of its vaccination drive. Now it is also facing a shortage of vaccine supply. Health care workers are mentally exhausted with crazy shifts and witnessing many deaths. The death scene is so overwhelming that many say that they have not seen so many deaths in their entire career compared to what they see now. (Ministry of Health and Family Welfare, 2021)

What could be causing such a sudden surge of infections, with 2 lac cases being registered in a single day?

Some say that the opening of pubs, eateries, and function halls has complicated the situation. Following social distancing, wearing face masks, and hand hygiene practices, political rallies, roadshows, and organized gatherings in Assam, Tamil Nadu, Kerala, and Puducherry have been completely disrupted. It is referred to as "caution fatigue", making people tired of being on guard and alert against the virus.

The scenario between 2020 and 2021 regarding COVID 19 cases:

At the beginning of 2020, there was fear among the population regarding the COVID 19 infection, though the number of cases was comparatively lower than what is now. In 2021, the

enormous increase in the number of cases in 2021, the population's fear of viruses and infection appears to be lower. Such a psychological change and perception of fear among the population is likened to

The Peltzman Effect.

"People are more likely to engage in risky behavior when security measures are mandated." Sam Peltzman (Peltzman, 1975)

He had conducted studies related to highway safety regulations to reduce road traffic accidents and deaths.

Safety measures like seat belts, airbags, disc brakes, and other precautionary measures did reduce the number of deaths but did not reduce road traffic accidents. It is suggested that when safety measures are introduced, people's perception of risk decreases. Rather, it made people take risks. It is shown that people adjust their behavior to the perceived level of risk.

This is what is happening with COVID 19 infection after vaccination. It has created a false sense of security. (Rudin-Brown and Samantha. 2013; Walker, Williams, and Jamrozik, 2006)

It is important to realize the following facts about vaccination:

1. It takes four weeks after the second dose for full-fledged immunity.
2. There is still no concrete scientific evidence that any of the current vaccines completely stop people from being infected. Rather, some cases were COVID 19 positive after vaccination.
3. After getting vaccinated, one can spread the infection without being infected.
4. Vaccinated people unknowingly carry pathogens and spread.
5. Research shows that vaccines can work against some viruses but not on all the variants. (WHO Bulletin, 2020)

Many vaccine-related ethical debates concern regarding access to vaccination associated to some extent with socioeconomic and racial-ethnic minority status. It is implied that whether or not all lives are of equal value, and equally deserving of opportunities to be protected by vaccination. (CDC 2018).

The ethical concern is not about access, equity or availability of vaccines. It is about relaxing and resorting to risk-taking behavior. The feeling that we are protected by vaccination. People around me are also vaccinated, so I need not follow personal protective measures.

Some state policies mandate certain immunizations, including school entry requirements, which cover significant numbers of children, including polio drops. Regarding COVID 19 vaccination, the problem of efficacy and safety, availability of many vaccines, Vaccine diplomacy along mental fatigue are considered as possible reasons for a sudden increase in the number of cases. Another mental attitude that may play a role in risk-taking behavior is the

tendency to relax after implementing personal protective measures.

"The Ethics of NIMBY Conflicts", deals with the NIMBY (Not In My Back Yard) conflict from an ethical point of view. People who are vaccinated personally and the community or nation with a large number of vaccinations may feel that they may not get infected with the virus because of vaccination. (Rabe,1994)

"A Three Party Model Tool for Ethical Risk Analysis", could be taken into consideration.. The key stakeholders here are categorized as the COVID 19 infection risk-exposed, the vaccinated beneficiary and the decision-maker.

Hedlund has identified four preconditions for an individual risk compensation response: 1) the intervention must be visible to the individual, 2) the intervention must affect the individual that gives rise to the perception of protection, 3) the individual must have a motivation to increase his risk-taking, and 4) the individual must have control and opportunity to adjust his behavior

To facilitate the study of risk compensation behavior, it is helpful to consider it as the effect of a psychological stimulus. That is, an individual's increase in risk-taking behaviors is a response to the belief that he or she is protected (to any extent) from harm. (Hedlund,2000).

Yet, with the rising waves of infection all around the globe with vaccine diplomacy, many factors have led to relaxing the rules of prevention. To compound these risks, mass political election rallies and religious congregations have added to the spread of the infection in India.

As a moral person, everyone needs to be responsible for following personal protective measures if the person is vaccinated. Overflow of patients, mental fatigue of health care workers with crazy work schedules, and lack of enough physical facilities including oxygen cylinders and ventilators make COVID 19 more dangerous despite more testing and vaccinations of people. A common man stands between the devil of COVID 19 and the deep sea of poverty, despite the appeal of well-known health experts to implement lockdown and the government's approach to vaccinate to save the people.

REFERENCES

1. Centers for Disease Control and Prevention. Public Health Law Program. State school and childcare vaccination laws. Accessed 01/10/2018.)
2. Brazil becomes the second country to reach 50,000 deaths due to the Coronavirus. BBC NEWS. Published 22 June 2020
3. Hedlund J. Risky business: safety regulations, risk compensation, and individual behavior. *Injury Prevention*. 2000; 6:82-90. [PMC free article] [PubMed] [Google Scholar]
4. Ministry of Health and Family Welfare, India, 16th April. 2021. Vaccination results.
5. Peltzman S. The Effects of Automobile Safety Regulation. *Journal of Political Economy*. 1975; 83:677-725.
6. Rabe, B.G., Beyond Nimby: Hazardous Waste Siting in Canada and the United States.
7. Washington, D.C: The Brookings Institution, 1994. n a summary of risk compensation research
8. Rudin-Brown, Cj.; Samantha. *Behavioral Adaptation and Road Safety: Theory, Evidence and*
9. *Action*. Boca Raton, Florida: Taylor & Francis Group, LLC; 2013.
10. Saheli Roy Choudhury. *HEALTH AND SCIENCE*. India's second wave of Covid shows no
11. signs of slowing as the country reports over 200,000 new cases. CNBC News. Published Thu, Apr 15 2021;
12. Walker L, Williams J, Jamrozik K. Unsafe driving behavior and four-wheel drive vehicles: observational study. *BMJ* 2006; 333:71. [PubMed: 16798755]
13. World Health Organization. Corona Virus Vaccines. Oct. 28. 2020