



**Submission**  
**to the**  
**Senate Community Affairs Legislation Committee**

**Social Services Legislation Amendment**  
**(No Job, No Pay) Bill 2015**

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*Social Services Legislation Amendment (No Jab, No Pay) Bill 2015*

A robust public health system, focused on preventive health and on the most vulnerable in our society, is an essential part of our civil society. A strong and reliable vaccination scheme stands at the cornerstone of that system. This proposed legislative amendment is aimed at strengthening and protecting that system.

Friends of Science in Medicine Inc. supports the proposal and appreciates the opportunity to contribute to the review of the proposed amendment “No Jab, No Pay”.

This submission does not address the effectiveness of vaccination, (which has been shown beyond doubt world-wide), but addresses the specific strategy for improving vaccination rates that is presented in the amendment.

**Friends of Science in Medicine – the organisation**

Friends of Science in Medicine (FSM) is a lobby group composed of nearly 1200 health professionals, scientists, journalists, legal professionals, as well as concerned lay consumers. Our membership includes senior clinicians and researchers from across the health and science spectrum. Founded in 2011, we are fundamentally concerned with ensuring that the delivery of healthcare in Australia is driven by sound scientific evidence.

**Effect of the proposed amendment: process and outcomes**

The proposed (as of April, 2015) changes to the immunisation allowances and payment of various Tax Benefits in relation to immunisation status requires consideration in two main dimensions—process and outcomes.

In terms of **process**, the inquiry must decide whether the proposed amendment represents a reasonable restriction of personal freedom to benefit the greater good. This issue is a source of concern for some individuals. To be acceptable, the process needs to be *feasible, acceptable, ethical and legal*. Each of these factors will be addressed below.

In terms of **outcomes**, the inquiry must consider whether it is likely that the proposed amendment will result in the desired outcome – that is, increase in vaccination rates. In addition, the inquiry must consider the risk of harm to non-vaccinating families if they are denied the Family Tax Benefit (FTB), Part A Supplement.

Overall public health advocates have applauded the new policy, while some have expressed concern that it is unduly coercive and liable to cause harm by denying non-vaccinating families access to financial assistance.

FSM write in support of the proposed policy, and provide the following rationale and evidence in relation to the issues outlined above:

**PROCESS**

**Feasibility**

There is previous experience with financial incentives for vaccination. Wigham and colleagues (Paediatrics, 2014) note that financial incentives to improve vaccination rates have been widely implemented in many countries, (though systematic review of outcomes are lacking). It is clear that strategies such as these are readily implementable in societies such as ours.



### **Acceptability**

In Preventive Medicine (Jan 2015), Giles and co-authors argue that:

*“financial incentives tend to be acceptable to the public when they are effective and cost-effective. Programmes that benefit individuals and wider society; are considered fair; and are delivered to individuals deemed appropriate are likely to be considered more acceptable.”*

Writing in *Social Science and Medicine*, 2012, Luyten and colleagues noted that public support for vaccination policies varied by the nature of the intervention and the social group of the individual. The alternatives they considered included legal compulsion, financial accountability and the provision of rewards for compliance. They found variability in an individual’s willingness to sacrifice personal goals for the common good. Overall, 95% of respondents in the study expressed a positive attitude towards vaccination as a means to prevent disease. Although incentives were considered preferable to compulsion, half the surveyed sample preferred compulsion over an ineffective policy based on voluntary cooperation.

Giles et al, writing in *BMC Public Health*, 2015, noted that evidence exists for the effectiveness of both financial incentives and penalties in encouraging healthy behaviours. Their survey found that some concerns about acceptability remain, particularly in relation to abuse-potential and equity. Policies were more acceptable if they were seen to be fair, effective and cost-effective and, importantly, closely monitored and evaluated.

As noted by Marckmann et al. (*Frontiers in Public Health*, 2015), policies such as that proposed by the amendment are generally acceptable if there is strong evidence for expected health benefits for the target population, minimal potential for harm, and limited impact on autonomy and equity. These authors also note that a policy is more acceptable to the population if implemented with transparency and consistency, justification is clearly made, conflicts of interest are addressed and there is openness for review and revision of the policy.

### **Ethical Considerations**

El Amin et al have addressed the ethics of vaccination requirements in *Public Health Reviews*. Noting that vaccination is one of Public Health’s greatest achievements, the authors discuss the ethical balance between personal autonomy versus benefit to the population.

This is a particularly relevant balance for vaccination, as control of outbreaks depends on the vast majority of the population being immune. There is abundant evidence that, where vaccination rates fall, outbreaks occur.

El Amin et al note that, although the culture of the late twentieth and early twenty-first centuries emphasise patient autonomy and discourage medical paternalism, public health measures sometimes require a reversal of this culture—particularly during disease outbreaks. It has been argued that vaccine refusers can jeopardise community immunity, which can be seen as a form of public harm. It is therefore proposed that vaccination incentive policies are ethical in that they prevent harm to the community. Constable et al (*Vaccine*, 2014) argue the concept of “free-riding”, noting that those seeking exemption from vaccination rely on those willing to be vaccinated, and that given the financial cost borne by society when outbreaks occur, it is ethically defensible that exemptors carry some of the burden of the consequences of their refusal. This ensures those seeking to exercise their right to refusal, are able to do so, but will carry some burden of the cost paid by the community for their choice.

In considering this, it is important to recognise the genuine anxieties expressed by some parents. Increasing use of the



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internet and social media has driven changes in how parents access information. This is compounded by the presence of professional anti-vaccination groups spreading misinformation to the public, and by an increase in parents seeking healthcare advice from "natural therapy" health care providers with ideological opposition to vaccination and lacking the requisite expertise to advise people on the issue.

Together with the ethical obligation to maximise vaccination rates, it is the responsibility of government, clinicians and researchers to respond to those anxieties.

### **Legal considerations**

The explanatory memorandum for the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015 includes a statement of compatibility with human rights. As argued in the memorandum:

*“This Bill is compatible with human rights because it advances the right of the protection of physical health, and, to the extent that it may also limit human rights, those limitations are reasonable, necessary and proportionate.”*

### **OUTCOMES**

#### **Evidence for effectiveness**

Constable et al (Vaccine 2014) note that “parents of school-age children are increasingly claiming non-medical exemptions” and that “the resultant unvaccinated pockets” have been “linked with outbreaks of vaccine-preventable disease.” The authors recommend combining financial incentives with “more effective vaccination education”.

A 2004 review of the 1998 Australian legislated vaccination incentives (making the Maternity Immunisation Allowance and the child care benefit conditional on vaccination) by Lawrence et al (Vaccine 2004) showed that the policy was both acceptable to parents and had a positive impact on vaccination uptake.

FSM recommends that further data are gathered to assess the effectiveness of this amendment.

#### **Evidence for adverse financial impact**

Some have argued that the proposed amendment could financially affect the vulnerable in our society. There is evidence that this may not be the case. Richards et al (Vaccine 2013) noted that non-medical exemptions were more likely to be claimed by private than public school parents in the US suggesting that these policies don't necessarily affect the most financially vulnerable. Notably, pockets of vaccine refusal include some middle class areas in Australia.

### **CONCLUSIONS**

FSM supports the amendment “No Jab, No Pay.” There is evidence that the proposed policy is feasible, acceptable to the community, ethical and legal. There is evidence that policies such as this improve immunisation rates, though further data need to be gathered. There does not appear to be evidence of significant harm from the proposed policy.

FSM recommends that the amendment be passed and implemented, that the money saved should be put towards containment of outbreaks together with an education campaign, as well as recognition and support for those parents with anxieties based on misinformation.



**List of References**

1. Wigham S et al. Parental financial incentives for increasing pre-school vaccination uptake: a systematic review. *Paediatrics* 2014
2. Constable et al. Rising rates of vaccine exemptions: problems with current policy and more promising remedies. *Vaccination* 2014
3. Richards JL et al Non-medical exemptions to immunization requirements in California. *Vaccine* 2013.
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6. Giles EL et al. Acceptability of financial incentives and penalties for encouraging uptake of healthy behaviours: focus groups. *BMC Public Health* 2015.
7. Marckmann G et al. Putting public health ethics into practice: a systematic framework. *Frontiers in Public Health* 2015.
8. Lawrence G et al. Effectiveness of the linkage of child care and maternity payments to childhood immunisation. *Vaccine* 2004.