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Why vaccine passports make so much sense

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Quebec and Manitoba have announced vaccine passport systems, which will bar unvaccinated people from entering indoor settings like bars, gyms, and entertainment events - a concept supported by a majority of Canadians. But these provinces are outliers: the governments of Ontario and Alberta have rejected vaccine passports outright, while other provinces have expressed reluctance.

The direct benefit of vaccine passports is clear: they would allow us to safely lift restrictions on indoor gatherings, with all the attendant benefits to the economy, culture, sports and education. They also incentivize people to get fully vaccinated.

So why are provincial governments generally opposed to vaccine passports? The answer isn't as clear, or compelling, as one might hope, given all that's at stake.

Early on, there was a concern that marginalized populations would be overrepresented among the unvaccinated, who would then be additionally marginalized by vaccine passports.

Whether this argument ever made sense is debatable - eschewing vaccine passports merely prolongs lockdown for

everyone, with marginalized populations bearing the brunt. At any rate, these equity concerns have faded as vaccines have become readily available.

It has also been argued that vaccine passports effectively coerce individuals to be vaccinated as a precondition of escaping pandemic restrictions, and that this violates the basic right to autonomy over medical decisions.

This argument fails for several reasons. First, respect for patient autonomy does not entail that people should bear no costs whatsoever for their decision not to be vaccinated. It has long been the case that students who have not received routine vaccinations can be kept out of the classroom, and that health care workers who refuse the flu vaccine can be denied work shifts during an outbreak.

Holding people down and vaccinating them against their will is a rights violation; turning unvaccinated people away from a gym or a movie theatre during a pandemic is not.

Concerns have also been raised over the privacy implications of vaccine passports. Our law takes health information privacy very seriously - the right to control your personal health information is an important component of patient au-

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tonomy, after all. But as with most legal protections, the right to privacy must admit of balancing against competing interests; health information privacy laws generally allow for public health exemptions.

Some have worried that vaccine passports might become a tool of mass surveillance - allowing government and private businesses to track our comings and goings in perpetuity. But these are risks we can guard against by designing vaccine passports that track only limited personal information and regulating how and when they can be checked.

Vaccination passports could be no more intrusive, from a privacy perspective, than the requirement of showing photo ID at a bar or carrying a driver's licence when operating a motor vehicle.

A cynic might conclude that government opposition is driven not by serious legal or ethical concerns, but out of a near-term political calculus: given the knee-jerk controversy surrounding vaccine passports, the safer option politically is to postpone their adoption for as long as possible. Ontario, for example, has announced that it will not develop vaccine passports, and will instead committed to lifting all restrictions once 80 per cent of the population has received one dose and 75 per cent have received two.

This is a needless gamble. Other countries that have achieved high vaccination rates and lifted restrictions, such as the U.K. and Israel, are already seeing a resurgence of cases.

As the reproduction number of the virus increases - Delta is considerably higher than Alpha - the percentage of the population that needs to be vaccinated to

achieve herd immunity increases accordingly. While permissive policies could have worked with the Alpha, version stronger incentives are needed now.

We need a sophisticated way to track what vaccines people have received, and when, so that we are equipped to respond to changes in disease virulence in a measured and proportionate manner. Setting one-time, arbitrary thresholds for vaccination is not a lasting solution.

At the very least, federal and provincial decision-makers should be developing vaccine passport systems as a fallback option - rather than eschewing them out of hand in deference to resolvable concerns about equity, patient autonomy, and health information privacy.

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Thomas and Flood recently published a working paper on vaccine passports with the C.D. Howe Institute.