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**Responsibility and Vaccines:**  
descriptive analysis on the  
correlation of these two concepts

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*Ubi tu Gaius, ibi ego Gaia.*

*A Mamma.*

*A Papà.*

*Ai nonni.*

*Alla mia famiglia, per avermi sostenuta in ogni scelta.*

*A Cristina, Francesca e Giorgia, senza le quali nulla avrebbe un senso.*

*Al mio amore, Andrea, che mi ricorda ogni giorno quanto valgo*

*e mi spinge ad essere la miglior versione di me stessa.*

*A Chiara, Claudia, Esther e Matteo, per aver portato un po' di Roma sud anche a Roma nord.*

*A Camilla, perché le cazzate si fanno sempre in due.*

*A Laura, un raggio di sole vicino a me in ogni momento della vita.*

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## Introduction

The medical-scientific field has always faced numerous tests aimed at giving reliability to this profession, nevertheless, over the years the agents have successfully succeeded in their aims of being listened to and understood by society, albeit with their difficulties. However, the advent of new media realities (and not only) has posed great risks for the perception of the medical-scientific fields in the contemporary world. For instance, the amount of data regarding vaccines in circulation is relentlessly growing. This is also due to the fact that everyone can contribute to this spread of medical information. Hence, important novelties brought in front of societies are sometimes not regulated anymore or guided by professionals, and their quality is considerably altered; indeed, these progressions cause a more noteworthy advancement of the subjective perception that every individual has about new clinical realities brought to the entire of a general public's scenario.

Speaking of changes, Covid-19 represents a key challenge that has led world society to develop different subjective points of view about the virus and what it has entailed. The discovery of a new virus raises many questions among people, the answers of which are sometimes sought from wrong and unofficial sources.

It is precisely in this light that my thesis is intended to provide an adequate description of the concept of responsibility and an analysis on the topic of vaccinations, followed by an investigation of these two concepts in the present age and an illustration of the various observations that derives from it.

The goal of this study is to determine how evolution has changed the view we have of responsibility towards ourselves and towards others, especially when it comes to health care and especially in these times of health emergency. To ensure a detailed analysis, the thesis is divided into three parts. The study begins with an historical-philosophical excursus aimed at giving a descriptive analysis of the term responsibility.

Indeed, the analysis focuses on the studies of Greek and Latin antique use of the term, with the purpose of studying the etymology of the word, so as to obtain a better comprehension of the concept reaching its understanding in the contemporary age.

Given the needed explanation on how the concept is intended, the thesis follows by examining different views of different scholars; those visions have given way to the concept to develop and to adopt the different connotations. The academics whose work I have analysed are: Hans Jonas and his writing "*The Principle of*

*Responsibility*” published in 1979; Max Weber and the ethics of responsibility in "Politics as a profession", an essay published in 1919 and finally Emmanuel Lévinas and responsibility towards others.

At the end of this first chapter, the ways of reducing responsibility will be analysed, focusing the study on what primarily includes the health care professions (but not only) and therefore how the latter can make use of justifications regarding their duties and therefore of their actions, it would be my intention to link this conclusion with the work carried out by the aforementioned scholars.

Continuing the analysis, given the final purpose of this thesis the second chapter turn the attention to the concept of vaccinations and everything that follows from it. This point will be reinforced by some sub-chapters, which aim to provide a general representation of the concept, an analysis of the different types of vaccinations, as we know they are mainly divided into two categories: compulsory and recommended vaccinations and they in turn vary by age, category and condition; those information are also openly reported on the different health-portals of each country. A later section will focus on costs, an aspect that is often underestimated but of great importance, especially nowadays where every action and decision has a *cost*.

Furthermore, I find that, as one of the conclusive point of this second chapter, the description of a present but little known body, such as the National Vaccines Registry, is essential for a clearer picture on the subject.

To conclude, it is appropriate to present the aspect of parental responsibility regarding the vaccination of one's children and therefore the penalties that are required if the latter decide not to carry out any, then focusing on the diverse approaches of families with respect to this topic and over the generations.

The third and final part of this project focuses on contemporaneity, studying mediatic and technological innovation (and other improvement) and how those affect the concept of vaccination responsibility, so as to complete the whole study.

An important theme is also that of understanding the burdens of the community: those shared by scientists, family groups; the responsibility of institutions (educational or otherwise); political responsibilities, etc.

Hence, it is necessary to objectively report a description of the contrasting visions regarding the aforementioned arguments, so to speak: positions for and against vaccinations.

To conclude, I would introduce a more than topical theme, namely Covid-19, what it entails, how it afflicts our lives and how it has led to a revolution in the health system.

Doing so, by presenting various responsibilities that have accrued to various individuals and organs, such as scientists, increasingly committed to speeding up the process for creating a vaccine and therefore for a so-called solution; responsibility of doctors, politicians, and in general of each of us to adopt measures to be able to lower the risks of diffusion and to be able to live with it until a final solution is discovered; and ultimately, the responsibility for the distribution of the vaccine, on what priorities to give, on the test timing, and on any costs.



## *Chapter One*

# **Responsibility**

### ***1.1 What is meant by Responsibility***

The following study begins with the analysis of the noun responsibility, its birth, and its developments. Many times, in the course of our lives, we must have made use of such word, perhaps in different or even opposite contexts without asking ourselves the real meaning of it. Assigning proper denotations to the word is certainly not the main purpose of this dissertation. However, a general comprehension is necessary to ensure consistency within the discourse and to grasp the correlation with the proposed topic. The initial focus examines a classical dictionary explanation. The Cambridge dictionary define Responsibility as “something that it is your job or duty to deal with”<sup>1</sup>, this general introduction of the concept can also be complemented by a further explanation of the term that can involve multiple agents: *the situation is extremely serious, and requires that each take responsibility*. We therefore speak of a general explanation of the term, collective, and of civil use, which can be linked to single individuals or to a group of several people, varying according to circumstances and consequences. There is also a different connotation that refers to a much more aggravating consequence, such as: liability in law - civil liability – indeed, legal responsibility which can cause a burden on a particular agent. It might be caused by a transgression of an obligation; for any kind of prohibited act; for many types of offences; and many more damages. This last aspect is treated by the Cambridge Dictionary, which expresses a simple description, affirming how Civil Liability is “the legal responsibility of paying money for damage to another individual’s health, business, or property”<sup>2</sup>. Therefore, responsibility deals with several areas - juridical, moral, political - in which we discuss actions, for which the agent must assume (or of which he claims) paternity, or of which he assumes the consequences - an aspect of great importance in the legal field. Responsibility is a broad topic, and its analysis requires extensive attention and resourcefulness.

Let us now turn our attention to the historical path that this noun has followed.

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<sup>1</sup> “*Responsibility*” Cambridge Advanced Learner's Dictionary & Thesaurus, accessed January 5, 2021, <https://dictionary.cambridge.org/it/dizionario/inglese/responsibility>

<sup>2</sup> “*Civil Liability*” Cambridge Advanced Learner's Dictionary & Thesaurus, accessed January 5, 2021, <https://dictionary.cambridge.org/it/dizionario/inglese/civil-liability>

First, within the ancient Greek and Latin language it begins to develop and therefore to take hold.

The contribution of the Greek as well as the Latin language was indirect, since in these languages there was no specific vocabulary for this concept or its synonym.

The indirect contribution made it possible to underline various aspects necessary for the future development of the concept, to discover the ways that lead to the conception of the latter, such as:

- The value to be given to the consequences of one's actions, to the resulting effects, which clearly require particular attention.
- There was a Greek word “αἴτια<sup>3</sup>” (pronounced ‘aitìa’; causa in Latin), which originally meant incrimination or accusation and over time has taken on the simple definition of cause or reason; It is consequently indirectly linked to the current concept of responsibility.

Continuing our journey, we now pass to the stage of the modern age. Modernity has inevitably brought with it many innovations, especially on the cultural and philosophical landscape, thus thematizing two previously absent conceptual figures: the subject (connected to the concept of anthropology<sup>4</sup> and gnoseology<sup>5</sup>) and the citizen (connected to politics). During this age, the concept of responsibility assumes different meanings at the same time, clearly based on the different thinkers and the different currents that express their own points of view; many treat the term referring to the consequences dictated by their actions, others still, especially in the political sphere, speak of responsibility in relation to citizens and their rights.

The last blossoming of the term will take place only in the twentieth century, thanks to the important work of Max Weber and beyond, where the concept will definitively develop (with future changes of course) under an ethical and collective key.

Continuing our etymological and historical introduction, the contemporary age marks the turning point towards a re-evaluation of the concept, it does so by re-evaluating its roots in the historical concreteness of human experience and, secondly, showing its critical potential with respect to the complicated processes that mark late modernity.

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<sup>3</sup> “αἴτια” Dizionario greco antico Olivetti e Mitologia Greca (II Edizione 2015),

<https://www.grecoantico.com/dizionario-greco-antico.php?parola=aitia>

<sup>4</sup> “*The scientific study of humanity, concerned with human behaviour, human biology, and societies, in both the present and past*”,

<https://dictionary.cambridge.org/it/dizionario/inglese/anthropology>

<sup>5</sup> The philosophy of knowledge and cognition , <https://www.collinsdictionary.com/it/dizionario/inglese/gnoseology>

Unlike the past, recent studies on the different models of responsibility pay greater attention to society, to the various ethical problems that can arise and therefore even more to the different relationships of individuals.

These changes are obviously due to the various innovations present in the area, mainly technological and media discoveries, which have led to the growth of the range of action, therefore intended for a wider *public*.

The consequences imposed a revision of traditional ethics, to manage collective actions and reactions for the community in the most appropriate way.

The ethical conceptions that at the end of the twentieth century place responsibility at the centre of their analyses are generally called crisis ethics, since they believe that the values of modernity can no longer represent the purpose of man, unless they proceed to their own thorough critical review. These conceptions are also thematized by the authors that I will introduce in the following pages.

## ***1.2 How different scholars have analysed this topic***

As previously mentioned, the concept of responsibility, throughout history, has had various interpretations, all valid and expressed by different scholars. It is therefore my concern to present three different points of view in the following pages which I believe to be a necessary and interesting starting point for understanding this analysis, and therefore of the concept itself and how it has changed over the years.

### ***1.2.1 Hans Jonas and the Principle of Responsibility***

Hans Jonas, historian of religions and a philosopher, was born in Germany in 1903 of a Jewish family, he was forced to emigrate by Nazism, thus arriving in the USA. Of great importance are his reflections on existentialist philosophy and on all Western philosophy; and his opinions on those who did not oppose Nazism, making Jonas to ask himself many questions, in particular why many agents of great influence have not assumed *responsible attitudes* with respect to many vicissitudes of the time (Crucial factor, which for Jonas has led to disastrous consequences for man and the separation between the latter and nature, explaining the individual's lack of interest in what surrounds him).

During his studies, he dedicates important reflections to the relationship between the respect for human life and medical-biological technique, thoughts found in the book *Technik, Medizin und Ethik*, 1985; an aspect that has made the scholar one of the major exponents of the bioethical debate.

However, the apex of his work is the desire of Jonas to be able to set up a new sociology that is suitable for society with all its innovations and particularities. His philosophical path therefore comes to completion with the birth of a macro ethics, developed as already stated to meet the needs of new technologies and the various problems of bioethics. The new ethics to be developed must necessarily, for Jonas, push men to act responsibly and to avoid, where possible, destructive consequences for humanity, or, possibly, for small groups. Jonas' man is founded on the ideals of the Jewish theological tradition, on the concept of ambiguity, that is, of knowing how to choose between good and evil, how to choose whether to act good or bad.

Given Jonas' intentions on the new ethics, it is required an explanation of one particular work which is founded on the ideal of pushing men to act responsibly, indeed, *Das Prinzip Verantwortung* (The Principle of Responsibility) of 1979.

A very important work for contemporary philosophical debates of a current nature, especially when discussing new technologies and the changes they have brought about, but mainly a work of great importance when analysing the area of responsibility, especially towards future generations. The writing of “the Imperative of Responsibility<sup>6</sup>” is immediately very unique to analyse and understand; the author's theses are in fact developed following a rigorous and systematic thought, therefore the style immediately stands out in the reader's eye. The archaic nature of the language used makes it difficult for the reader to understand the work, and this is the first element to overcome. Jonas himself in the Preface reminds us that he had experimented with the German language after almost fifty years of English, and this could not fail to have an impact on the overall structure of his exposition.

The paper is divided into six chapters:

- I. The Mutated nature of human action.
- II. Issues relating to foundation and method.
- III. On the purposes and their position in being.
- IV. The good, the duty to be and the being: the theory of responsibility.

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<sup>6</sup> English Title of the original book *Das Prinzip Verantwortung* of 1979

V. Responsibility today: the threatened future and the idea of progress.

VI. The critique of utopia and the ethics of responsibility.

Jonas, in his work, wants to show how the premises of traditional ethics are no longer valid.

The innovations of technology have transformed "the nature of human action" and this also requires a "change in ethics". Premises that are no longer valid require the foundation and development of new dimensions that are linked to the development of technological civilization and the new responsibilities that follow. There is a need for a change in ethics.

The dimensions to be founded are present in the following table:

The vulnerability of nature	New technologies involve a risk not only for one's own civilization or nation, but equally for the rest of the civilizations present, we can speak of risks due to gas emissions into the atmosphere or of radioactive leaks, therefore of consequences that deal with the entire ecosystem and sometimes lasting over time
New role of knowledge	Necessary responsibility towards knowledge, towards new discoveries and all the consequences that they entail, the survival of the species requires a completely new ethics
Collective ethics	Collectivity is at the centre of the system and no longer the single individual, the responsibility for the community is one of the focal points of this new ethics developed by Jonas
New ethical imperative	Here we are in front of one of the main aspects of this new Jonasian ethics, with this new dimension he wants to underline the importance of acting in a way that respects even those who have no voice to defend themselves

So, Jonas wants to underline how important it is to act so that the consequences of one's actions do not harm the birth and growth of future lives. It is our duty, as living beings of the present, to act in the right not only for ourselves but also in the right of the future community, of our children; precisely because future *lives* not yet existing cannot claim their rights.

After the premises made, obviously necessary for the understanding of Jonas's thought, the time has now come to present the actual ethical theory of responsibility, explained in detail in the fourth chapter, named to be exact: "The good, the duty to be and the being: the theory of responsibility".

In the Jonasian theory the concept of responsibility can be understood in two ways:

1. Ex-post-facto reporting - Responsibility is "causal imputation of the actions performed" and here the juridical sphere must be distinguished from the moral one, however understood in this way, responsibility does not yet constitute morality, it is certain its preliminary condition.
2. Determination of what to do - In another sense, responsibility is for something that is outside of me and that forces me to act by opposing my power with the right to exist.

It is the second concept of responsibility that Jonas considers fundamental for an ethics of future responsibility.

Only those who hold responsibility (who care for something) can act irresponsibly.

Moving on, Jonas faces a parallel between the two paradigmatic cases of responsibility: that of parents towards their children and that of the statesman towards citizens. In their radical diversity they have three elements in common:

- 1) Totality (responsibility embraces the total being of their objects, that is, every aspect of them)
- 2) Continuity (the exercise of responsibility cannot cease since life continues without interruption, always producing new needs, total responsibility must always proceed historically)
- 3) The future. (every responsibility looks to the future, tomorrow is inserted in the care of today, but this takes on a different dimension in the context of "total responsibility" where there are countless unknowns in the equation of objective circumstances and among these the freedom that cannot be included in the domain of total responsibility, the "autonomous randomness of being entrusted to him" escapes the control of the responsible subject and becomes the ultimate object of his duty of protection).

In summary, the main point of the philosopher's philosophical position is survival, against all forms of obstacles. These obstacles have a fundamental purpose, which is to send a message for the safeguarding of future generations, who cannot advance rights on the issue, but only hope for right decisions and also thought for the future.

### ***1.2.2 Max Weber and the ethics of responsibility in "Politics as a profession"***

Max Weber was a sociologist and historian, born in Erfurt in 1864 and died in Munich in 1920. He was an important contemporary figure, whose contribution is of great importance in completing the study of the concept of responsibility and more generally the analysis presented in this paper.

His sociology is based on the desire to found a new theory that is distant from the concepts of positivism and historicism. He wanted to create a new sociology that represented the social development, the behaviour of men. Regarding to what is expressed by this thesis the essay “Politics as a profession”, published by the German sociologist in July 1919 and more simply known in the international world as "Politik als Beruf", underline some essential concepts of his research such as the definition of the state and classification of the foundations of legitimacy of a power.

Analysing this work, two significant new ethics are developed, intended as the engine of political action: the ethics of intention ("Gesinnungsethik" or belief, or "of principles" - different translations due to the different translations of the term, which is not directly present in other languages) and the ethics of responsibility ("Verantwortungsethik").

The politician who follows the first ethic mentioned acts in a submissively manner; for example, the Christian politician addressed to this ethics will follow Christian norms even when they prove unsuitable for the context of the time: if the world goes differently from what he believes, he will indeed continue to follow his values.

On the contrary, the true politician must follow the ethics of responsibility: every fact that occurs in society produces consequences, to which the politician must adapt; if what is happening deviates from his dogmas it must act in a proper way, no matter what.

Weber affirms that only an act of responsibility can resolve the "ethical dilemmas" that the politician, and in general anyone who has responsibility towards others, must inevitably face. Values are more than one, each equally important in their own sphere, and they are not always harmonizable, but they can clash and conflict when it is time to act.

The main idea behind this new Weber ethic is “the philosophy of values”. Values, which clearly do not represent an absolute and immutable element but, on the contrary, something changeable, can therefore change in the face of a thousand adversity.

This path of values, however, can lead to the concept, defined by Weber, of “Collision of values”; the values are in fact innumerable, they vary from individual to individual and are therefore often irreconcilable.

The variation from individual to individual is also often understood in the same areas of thought, just think of an artisan work, where the aesthetic beauty varies from eye to eye, it no longer becomes an objective evaluation

of the object in front of you but subjective, based on personal tastes, which can therefore vary from a lover of the Gothic style, or from a lover of the abstract style, etc.

And this is how this bivalent thought is also reflected in the ethics founded by Weber, to which he dedicates his very important essay *Between two laws* (1916).

We might conclude that there is a dualism between the ethics of principles (*Gesinnungsethik*) and the ethics of responsibility (*Verantwortungsethik*).

The distinction between these two principles, at the basis of the Weberian thought of this new ethics, still represents a heated debate today, especially in the field of political ethics, which is why I decided to incorporate within this study the figure of the philosopher Max Weber, being his theory a great starting point for analysing the question. In the first place, it is necessary to remember the nature of the scholar, and even more the contribution of him to past and present science. He is undoubtedly one of the most important intellectual figures of the last century. Scholar of an industrial society, capable of obtaining great value not only in classical sectors such as history, sociology, economics, philosophy, etc. But an individual capable of having a great influence in the field of politics, initially in the German historical and political situation of the beginning of the twentieth century, but undoubtedly of great influence also on political thoughts today. Without any shadow of a doubt, Max Weber's main contribution in the world of science, in this case of social science, is linked precisely to Sociology, of which he is now considered a "father", if not the father par excellence.

Secondly, to conclude the theories extrapolated after the writer's presentation and therefore to understand what gave rise to developing future debates, it is necessary to give an account of his work. Weber, with his theories, does not seek to extend philosophical morality, to bring new thoughts that are decisive for the external world, but instead seeks to develop a rigorous characterization, that is, he tries to create a discussion on the conceptual categories already used and present, when dealing with moral problems.

The discussion carried out by the agent is based on two conceptual categories: "conviction" (or good intention) and "responsibility" (or attention to the consequences that occur with one's actions). The key to this choice of categories lies precisely in Weber's interest in analysing human attitudes towards a problem, and therefore of the various consequent actions that can be carried out; hence he chooses to focus his studies on these two possible alternatives.



However, we know how this thought of him is not contained in a single manual, since the latter is not a real theory, rather a thought extrapolated from various texts and studies by the author.

Clearly, this particularity does not make life easy for the reader who wants to understand its points of view, another topic of debate for those who are fascinated by it. To conclude, the ethics of responsibility is, from this point of view, a form of respect for humanity: an ethics of human dignity in a disastrous world. Weber's ideology focuses on those who take responsibility for their actions, or rather against those who act without worrying about their power over generations to come and what they leave behind.

### ***1.2.3 Emmanuel Lévinas and the responsibility towards the Other***

Emmanuel Lévinas was born in Lithuania in 1905, naturalized French when moving to France he remained there for the rest of his life. After the war he became a leading figure in France, and thanks to his original thought he is today considered one of the most relevant philosophers. Amongst the works of Levinas, the most significant texts are "Totalité et infini: essai sur l'Extériorité" (1961) ("Totality and infinity: essay on exteriority", 1980) and "Autrement qu'être ou au-delà de l'essence "(1974) (" Otherwise than being or beyond the essence ", 1983).

The main thought of his philosophical reflection is "The Other", as he himself states: "Our relationship with the world, even before being a relationship with things, is a relationship with the Other".

Gratitude towards the other is fundamental for the author, since we are able to find and understand our identity only once the other will be discovered; he provides us with our own identity, the truth about ourselves.

Lévinas therefore underlines the importance of having to meet the other who is different from us in order to find identity in diversity.

And it will be the relationship in question at the centre of Lévinas' thought, based on responsibility without reciprocity. However, the writer deals with a type of responsibility that is not limited to a simple 'couple' relationship but also involves third parties, so as to underline how we speak of responsibility towards the other general and not towards the other individual.

Having reached this point in Levinas' work, we face two important topics that address the theory of the Other: Levinas's Multiculturalism and the concept of the Face always for the latter.

The other represents in fact one of the theoretical foundations of current multiculturalism; underlines how relations between third parties must be recognized and valued and therefore as such they allow the creation and development of communication between cultures, among others and between third parties, so as to eliminate any possible form of domination, and to make the sense of responsibility that exists towards the neighbour, hence, toward "the other".

Relying on the philosopher's thought involves a new vision of what the relationships between different civilizations and cultures represent, they are in fact understood from this point of view as relationships between strangers that should therefore be valued and this would allow the creation of new relationships where civilizations included would be all on the same level and there would be no domination by anyone. The Other is thus brought back by Lévinas to faith on the one hand and to an ethical connotation on the other.

Perhaps even more important to underline, Lévinas often deals with encounters between third parties, (encounters with the Other), and in doing so he develops the concept of the "Face". Face that immediately reflects the culture in front of you, and therefore the civilization to which you belong. Face made up of looks, features, expressions, and every little facet. This aspect allows the perception of what is in front of you, thus making every simple human interaction and relationship possible.

The face is, according to the author, the concrete and immediate manifestation of the Other. Lévinas argues that the face has an autonomous strength in itself and that it is not strictly linked to our being, the author defines the face as a "trace of the infinite", that is, as an element that, unlike the Other that presents itself as a well-defined element, it strays outside the closed and well-defined context.

It should be emphasized that Levinas's sense of understanding the face is not a sense of simple external or aesthetic perception, or of something that completes the Other; on the contrary, Levinas interprets the Face as if it had a sense of itself. Interpreting it as something abstract, not graspable (from thought). It is understood as a link between the Other and the beyond. The faces of others therefore no longer represent something external to my person, on the contrary, it is my responsibility, it observes me and concerns me.

The face of the Other imposes an ethical attitude on me; the face of the Other, says Levinas, "speaks to me and invites me to a relationship that has no common measure with a power that is exercised". The face of the Other, therefore, involves me, questions me, makes me immediately responsible. Responsibility towards the Other takes shape, in Levinas's thought, as the original structure of the subject.

From the beginning, "the stranger I have neither conceived nor given birth to, I already have in my arms". My responsibility towards the other goes to the point that I must also feel responsible for the responsibility of others. To conclude, here is how these speeches of responsibility towards the Other immediately require the construction of institutions that are suitable for the respectability of these rights. This is how there is a need to create such an important element as that which represents the state and its justice with it.

Lévinas said in an interview: *"if we had been two, in the history of the world we would have stopped at the idea of responsibility, but from the moment in which there are three of us, the problem arises of the relationship between the second and the third. To the initial charity is added a concern for justice and therefore the requirement of the State, of politics. Justice is a more complete charity. "*

Responsibility therefore brings the Other closer, makes it possible to reconcile a civilization, if obviously this responsibility is respected and not underestimated. For Lévinas, the bond with these *others* is in fact tightened only with responsibility. Just as I am responsible for the Other, the Other is responsible for me. Being aware of common actions not only makes coexistence of the people possible, but at the same time demands justice for the people. Justice, which however works, clearly only if it acts in a detached and impartial way.

### ***1.3 The methods for reducing and alleviating liability***

From the perspective of responsibility, once the different points of view on this concept have been introduced, it is appropriate to focus on how to reduce the latter, that is, how to alleviate the burden. When we analyse the methods to reduce the responsibilities that weigh on the shoulders of one or more individuals, we can speak of two categories: excuses and justifications. Speaking of excuses, they can be described by several examples:

There might be excuses regarding the *intention* (I did not intend to produce these results) - accident, unforeseen consequences perhaps due to lack of knowledge or ability or skill or effort or motivation, environmental conditions; more personal excuses (I did not want to perform this act) - physical causes such as temporary (fatigue, drugs, illness) or semi-permanent (paralysis, blindness, deafness), psychological causes such as may arise from oneself or from external causes; Excuses of misunderstood identity (honestly it wasn't me), amnesia (I can't remember anything about it), collective production (it wasn't just me who did it).

Concluding with the other aspect, that of Justifications, individuals might claim deny or minimize the damage; some others might defend themselves by discrediting someone else, by claiming for a collective punishment, or it might be the case of a need to hide the problem by underlining how others do it too, but it might go unpunished or unnoticed. The justifications, as well as the excuses, can therefore vary greatly, depending on the subject and the circumstances. However, the commonality is that the ultimate goal of these expressions is not to assume one's responsibilities. On the contrary, the aim is to alleviate them or abandon them elsewhere.

In fact, justifications, consist in accepting responsibility but denying that there was anything there bad. Excuses consist of admitting that there was something wrong but denying complete responsibility or rejecting any form of responsibility. The explanation I have chosen to provide regarding the concept of responsibility, with key examples from three important authors, will now be followed by an equally necessary explanation of the concept of vaccinations, so that I can conclude my thesis with adequate understanding of these two concepts taken individually and be able to study them together.

## *Chapter Two*

# **Vaccinations**

### ***2.1 What is Meant by Vaccinations***

The human being, in the course of time, has suffered due to several pathologies and viruses present, more or less serious. This is the key motivation that makes us understand how the development of vaccinations is a fundamental element for the preservation of our species. In fact, immunization is perhaps the most practical general wellbeing mediation created in the twentieth century and the fundamental device for essential avoidance of transmittable sicknesses.

Vaccinations are now part of every contemporary debate in the medical-scientific field, also considering the latest events concerning Covid-19<sup>7</sup> (topic that I will address with greater attention in the last chapter of this degree thesis), therefore it is important to understand them in all their characteristics.

Let us start by giving an adequate elucidation of the wording utilized in this field. Speaking of vaccinations numerous technical terms are expressed and often little known in their exact connotation.

Therefore, “*what is meant by Vaccinations?*”, Vaccination means an action aimed at introducing a vaccine into our bodies, the purpose of which is to make us immune to certain diseases. As a result, two other terms are introduced into our discussion, that of “*vaccines*” and the concept of “*immunity*”. Vaccines are medical-scientific substances that are injected into our bodies, usually through a needle, however there are different types of vaccine intake. This action is aimed at making people immune.

Immunity is what follows a vaccine, therefore a protection towards ourselves and towards society against certain diseases. It allows the human being not to be infected. Moreover, analysing a more scientific explanation, a vaccine is a substance that injected has the purpose of eradicating the microbes, so as to induce the immune system to react against a certain infectious agent, and consequently against a specific disease.

Subsequently, vaccines are not intended to replace our immune system but to support it and stimulate it to resolve any complications for the body.

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<sup>7</sup> The Scientific name assigned by the European Centre for Disease Prevention and Control (ECDC) to this virus is: Sars-CoV-2, <https://www.ecdc.europa.eu/en>

The body of a human being, with all its peculiarities, is able to recognize a foreign corpse that should not normally be present. So, already acting by itself it is able to overwhelm the virus, producing antibodies, but sometimes additional help is needed, since our organism alone is not able to respond adequately to certain infectious agents, and this is where scientists are committed in the direction of developing vaccines, which then lead to a solution and help for our immune system. Although sometimes they are not effective immediately, for various reasons, which may be a formula that is not suitable for the virus or allergies of individuals. In addition, it is sometimes necessary to periodically carry out vaccinations, the so-called *boosters*, in order to complete the process in the best possible way.

Continuing with other terms that we will encounter in the course of the explanation of this topic, there is the concept of Receptivity, that is, the organism's sensitivity to certain pathogenic agents or factors.

As a final point, Vaccination programs diverge noticeably between and within countries. These variations are often due to dissimilarities in the way healthcare systems are structured at national or regional level.

In the course of understanding this topic, the following chapters will provide an adequate and general description of the different types of vaccines, their costs, and what characterizes the Italian situation in particular.

### ***2.1.1 Descriptive analysis of the different types of vaccinations: mandatory and recommended***

According to the Italian law, vaccinations currently follow the Decree-Law of 07 June 2017, n. 73<sup>8</sup>, subsequently amended with the conversion law no. 119, 31 July 2017<sup>9</sup>.

The Italian law provides that various compulsory vaccinations are carried out in the first years of age (between zero and sixteen years) in order to prevent future contamination on a national level. These are also offered free of charge by the state.

The following mandatory vaccinations are indeed provided:

- anti-poliomyelitis
- anti-diphtheria
- anti-tetanus

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<sup>8</sup> Decreto-legge 07 giugno 2017 , n. 73, Provisions on vaccination prevention, <https://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=59548>

<sup>9</sup> Legge 31 luglio 2017 , n. 119, Conversion into law, with amendments, of the decree-law 7 June 2017, n. 73, containing urgent provisions on vaccine prevention, <https://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=60201>

- anti-hepatitis B
- anti-pertussis
- anti-Haemophilus influenzae type b
- anti-measles
- anti-rubella
- anti-mumps
- anti-chickenpox.

The obligation for the last four (anti-measles, anti-rubella, anti-mumps, anti-varicella) is subject to a three-year review based on epidemiological data and the vaccination coverage achieved. The following vaccinations listed are also offered by the Regions and Autonomous Provinces, but without obligation:

- anti-meningococcal B
- anti-meningococcal C
- anti-pneumococcal
- anti-rotavirus

Analysing some of these diseases more specifically is required so as to better understand why some vaccinations are mandatory<sup>10</sup>. Studying certain pathologies more deeply and accurately allows us to understand their severity and therefore the need to eradicate them.

*Poliomyelitis*, for example, is a disease that originates from a virus that first causes an intestinal infection to develop, and then, in uncontrolled and untreated cases, localize itself in the nervous system, thus leading to enormous risks, which can be: paralysis of one or more limbs or respiratory muscles.

Therefore, the importance of eradicating this disease, discovered for several years now, lies precisely in the fact that there is no real cure, there is no pathology that makes the problem disappear, hence, only the vaccine is able to offer to the patient and therefore to the community a cure. As stated by the Italian website of the Ministry of Health: "*Italy was officially certified" polio-free "on June 21, 2002, even if the last case that occurred in our country dates back to 1982.*"<sup>11</sup> Clearly, the possibility remains that the disease may come back stronger with some variants, however if kept an eye on it, it will not be difficult to return to a society's immunity.

*Diphtheria*, on the other hand, is a disease mainly transmitted by air and even fatal in 5-10% of cases.

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<sup>10</sup>Ministry of Health, Infectious Diseases A-Z,

<http://www.salute.gov.it/portale/malattieInfettive/menuSchedeMalattieInfettive.jsp?lingua=italiano&area=Malattie%20infettive&menu=indiceAZ&tab=1>

<sup>11</sup> "*Poliomyelitis*", Ministry of Health, Infectious Diseases A-Z,

<http://www.salute.gov.it/portale/malattieInfettive/dettaglioSchedeMalattieInfettive.jsp?lingua=italiano&id=117&area=Malattie%20infettive&menu=indiceAZ&tab=1>

It causes the formation of membranes in the throat that prevent the passage of air and lead to asphyxiation. Certain bacteria produce a toxin that can weaken the heart, cause paralysis or failure of vital organs. This virus can then affect heart tissue, kidneys, liver, nervous system, causing very serious damage. The efficacy of diphtheria vaccination is supported by the vanishing of the infection in the countries where immunization programs have been carried out and its re-emergence in those parts of the world, like the previous USSR, where the practice of vaccination had been temporarily neglected. Once we have introduced and understood these two examples of serious viruses that have already been eradicated, at least in most of the world, I would like to continue by explaining two diseases that are part of those viruses that we must always keep an eye on and be ready to eradicate in case of need. These are *Measles* and *Rubella*.

*Measles* is a virus, which is localized in various organs and tissues, whose receptivity is universal. Therefore, it is one of the most contagious diseases known. It generally manifests itself with an initial and simple cold, followed by cough and irritated eyes. After a few days, a high fever follows accompanied by red spots that appear all over the body. It is a very serious disease, which, often taken by children, leads them to show great exhaustion. An aspect of great importance, also underlined by the website of the Ministry of Health, is that measles is an endemo-epidemic<sup>12</sup> disease that presents epidemic peaks every 3-4 years, in fact, the new conceived virus progressively structure a significant mass of subjects susceptible to infection. However, whenever somebody has experienced it, it leaves a lifelong immunity; and also the invulnerability induced by the antibody is of very long duration. Notwithstanding, there are still frequent epidemic peaks in our country, so the risk of an unvaccinated child or adult being affected by measles is currently high.

*Rubella* is a disease that is not immediately recognizable, it does not present clear symptoms right away and in fact this can lead to an emergency situation. The possibility of catching this disease during pregnancy is also very risky for pregnant women who are not immunized: the virus infects their foetus and can cause abortion or serious malformations. Rubella is, like measles, an endemo-epidemic<sup>12</sup> disease, always present in communities, with epidemic peaks every 7 years and more.

Moreover, like Measles, it also leaves a lifelong immunity. And the vaccine is also excellent in terms of immunity and duration of the latter.

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<sup>12</sup> "Endemo-epidemic" is defined as the disease which is endemic (virus constantly present in a population or in a specific geographical area) in a specific region, but which sometimes occurs, in the same region, with epidemic characteristics.



Eventually, my decision to explain four viruses arose from the fact that knowing the malevolence makes us understand even more the need for a solution, and therefore the importance of vaccinating for these diseases, compulsory and not, and future ones.

To conclude, beyond the details of each virus, there is a common element: one must never stop having an eye for each disease, neglecting a possible future spread of diseases already eradicated could lead to the birth of new health emergencies. Therefore, giving a particular attention to these topics must be an active part of the life of the scientists who are the experts on the subject, but it also requires special attention from every citizen, so as to act responsibly by preserving themselves and the human species in general.

### ***2.1.2 Vaccinations by age, category, and condition***

I will now focus on what are the divisions by age, category and condition of the Italian national vaccination plan. My goal is clearly not to analyse the scientific reason for each vaccine, but above all to show the decisions taken by the Italian government with respect to vaccinations, given that Immunization plans have different particularities from country to country. The purpose of this Italian description is aimed at better understanding the diversity, between the different European countries, in the choice of compulsory and non-compulsory vaccinations, a point that I will mention at the end of this section by giving examples of vaccination plans in other countries. In order to carry out this task, I will avail myself of the help of several European institutional online sites, which give a clear picture of the situation.

To begin with, I will present the Italian vaccination plan explicitly shown on the website of the Ministry of Health<sup>13</sup>.

The Italian law provides for a division into the following groups:

- First year;
- Second year;
- Children 5-6 years;
- Teenagers 11-18 years old;
- Adults 19-64 years;
- People aged 65 or over;

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<sup>13</sup>Italian vaccination plan divided into ages, categories and conditions,  
<http://www.salute.gov.it/portale/vaccinazioni/menuContenutoVaccinazioni.jsp?lingua=italiano&area=vaccinazioni&menu=fasce>

- Women of childbearing age and pregnancy;
- People at risk for pathology;
- People at risk from occupational exposure;
- Conditions and behaviours at risk;
- International Travelers.

This law therefore provides, like many other European countries (respecting the general regulations of the European Union), that various vaccines are carried out during the course of infancy.

The Hexavalent Vaccination (anti diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b and hepatitis B) is famous in the first months of a child, provided free of charge by the Italian government and compulsory. Composed of three doses made in the third, fifth and eleventh month.

The simultaneous administration of the pneumococcal vaccination is then recommended, which is also free but not mandatory. Then followed by further recommended vaccinations, also expressed in the previous chapter.

At the end of this first cycle we enter the second year of age and in it there is a vaccination of vital importance and therefore required as mandatory. This is the measles-mumps-rubella and varicella vaccination, also known as the Tetravalent vaccination (MPRV). It is also a free and a first dose is provided between the 13<sup>th</sup> and 15<sup>th</sup> month. The age at the beginning of elementary school, therefore between 5-6 years of age, is of vital importance for vaccination calls. For both hexavalent and tetravalent vaccination. It is in fact a period in which children officially begin to take an active part in society and therefore they too, like the generations before them, must complete the vaccination process with second doses, so as to provide safer immunity for the society.

The adolescent age is not far behind, even here the third and final injections for the hexavalent and tetravalent are mandatory (compulsory vaccinations are up to the age of 16) and always provided free of charge.

In the adult age group, rather than compulsory vaccinations, there are checks. Checks on individuals (generally every 10 years) are carried out in order to control the susceptibility status with respect to a particular virus.

For the European Union it is in fact of vital importance to eliminate groupings of susceptibility present in our adult population, so as to avoid any type of spread of the virus.

Therefore, by now shifting our attention no longer to certain age groups, but to certain groups to which they belong, the situation may present differences.

To begin with, a few illnesses in women can negatively affect fertility or have consequences on the result of a pregnancy. Consequently, vaccinations against measles, mumps, rubella, varicella and papilloma virus (HPV) are indicated for females during pregnancy age, if not already immune.

The decennial booster of vaccination against diphtheria, tetanus and pertussis is additionally vital.

Clearly, these vaccinations, whether they are of childbearing age, in anticipation of a pregnancy or during a pregnancy, are not aimed only at the good of the woman, but equally at the good of the future child, which, in the failure to carry out these vaccinations, could undergo at a high risk of infections. Even more problems could arise if these vaccinations are carried out at the wrong time, or too close to pregnancy.

In addition, there are several people at risk for diseases (immunosuppression, diabetes, chronic lung diseases, leukemia, etc.) who have certain characteristics and particular morbid conditions that expose them to an increased risk of contracting invasive infectious diseases and in this case developing severe complications.

For these individuals, the Italian Ministry of Health recommends several vaccinations, always offered free of charge.

To conclude, I would like to focus my attention on that category of people at risk for occupational exposure, a very important topic also for the current situation caused by the coronavirus of 2019.

Some experts who work in contact with subjects or with hypothetically infected materials are at risk of exposure to infectious diseases that can be prevented by vaccination. For these job-related classes, well-designed vaccination programs can noticeably reduce the risks, both of acquiring perilous job-related infections, and of spreading pathogens to other specialists and persons with whom labourers may come into contact (for example, children in schools or patients in health facilities). Vaccinations for professional categories at risk are advised and free of charge.

Categories of workers for which certain vaccinations are also indicated by the Italian government:

- Healthcare workers
- Laboratory employees
- School workers (teachers and more)
- Workers in the animal, agrarian and agricultural fields
- Workers dedicated to primary services and to the public

- And finally workers with delicate situations, such as: staff in drug addiction rehabilitation centres, workers from institutions hosting people with physical and mental disabilities, persons in charge of collecting, transporting and disposing of waste, tattoo artists and body piercers, etc.

Consequently, here we are to make a brief comparison between Italy and two European countries, to be precise: France and Denmark. I will carry out this comparison thanks to the Vaccine Scheduler<sup>14</sup>, tool provided by the “European Centre for Disease Prevention and Control” website<sup>15</sup>.

To begin with, it is important to underline that the European vaccination plan requires the countries of the European Union to implement a vaccination plan that includes vaccinations against: measles; mumps; rubella; diphtheria; tetanus; pertussis (whooping cough); poliomyelitis; Haemophilus influenzae type B; human papillomavirus (adolescent / pre-adolescent girls). However, the method of organization from country to country is different, which can therefore include differences in the choice of age or categories.

France presents a situation very similar to the Italian one, if not the same, in the choice of vaccinations.

The vaccination law is in fact governed by Articles “L3111-1 à L3111-11” contained within the “Code de la santé publique<sup>16</sup>”, with the following amendments present in “LOI n ° 2017-220 du 23 février 2017”<sup>17</sup>.

Mandatory vaccinations are identical to those required by Italian law. There are some differences in the choice of the administration period, which is advanced by one month for each vaccination, but otherwise the vaccination plan implemented is almost identical.

Denmark, while respecting European regulations and therefore offering the same vaccines, is not characterized by mandatory nature, but only offers a voluntary vaccination plan. Fortunately, this decision did not affect the country, which thanks to a skilful campaign has managed without problems to fight viruses and preserve its society. The website of the “Danish Health Authority<sup>18</sup>” offers a clear explanation of everything that falls within

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<sup>14</sup> Vaccine Schedules of all countries of the European Union, provided by ECDC, <https://vaccine-schedule.ecdc.europa.eu/>

<sup>15</sup> European Centre for Disease Prevention and Control, an agency of the European Union, <https://www.ecdc.europa.eu/en>

<sup>16</sup> République Française, Légifrance, Code de la santé publique, [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000036393260](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000036393260)

<sup>17</sup> LOI n° 2017-220 du 23 février 2017 ratifiant l'ordonnance n° 2016-966 du 15 juillet 2016. Legge n°2017-220 del 23 febbraio 2017 ratifica dell'ordinanza n. 2016-966 del 15 luglio 2016.

<https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000034078423?r=NX6xcjtrIs> \_\_\_\_\_

<sup>18</sup> Danish Health Authority, Danish Vaccination programme, <https://www.sst.dk/en/English/Expertise-and-guidance/General-public/Vaccination>

this field. Eventually, thanks to these two countries located in very different geographical positions, we can see how the differences, even if minor, exist.

The analysis of these two populations is useful to understand how often a correct political campaign to allow mass immunity is necessary. However, this does not mean that the Italian population, which makes vaccines mandatory, present a population characterised by people less inclined to follow the rules.

### **2.1.3 Costs**

Millions of vaccine doses are produced every year around the world, this entails enormous value for the latter on the global market. In Italy, the vaccinations listed under the mandatory category are free for citizens, but the state must take into account the costs in order to offer this service .

Below I have reported Article 7 of Law Decree No. 731<sup>7</sup>, which refers to Article 2, where the financial provisions for vaccination expenditure are expressed.

#### *Art. 7*

##### *Disposizioni finanziarie*

*1. Agli oneri derivanti dall'articolo 2, comma 3, pari a duecentomila euro per l'anno 2017, si provvede mediante corrispondente riduzione dell'autorizzazione di spesa di cui all'articolo 1 della legge 18 dicembre 1997, n. 440.*

*2. Dall'attuazione del presente decreto, a eccezione delle disposizioni di cui all'articolo 2, comma 3, non devono derivare nuovi o maggiori oneri a carico della finanza pubblica.*

*3. Il Ministro dell'economia e delle finanze è autorizzato ad apportare, con propri decreti, le occorrenti variazioni di bilancio.*

This article is aimed at making people understand, as far as it refers to the year 2017, how there is an expenditure destined to public vaccination expenses, so as to be able to guarantee a free offer for nationals.

Furthermore, through the official gazette of the Italian republic<sup>19</sup>, the Court of Auditors, on 4 September 2020, ordered € 117,407,200,000, intended for the financing of the national health service. This document establishes how “186,000,000 euros are allocated to the competition for reimbursement to the regions for the purchase of

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<sup>19</sup> Fondo sanitario nazionale 2020 - Riparto delle disponibilità finanziarie per il Servizio sanitario nazionale. (Delibera n. 20/2020). <https://www.gazzettaufficiale.it/eli/id/2020/09/16/20A04860/sg>

vaccines included in the New National Vaccine Plan (NPNV)”. Given the development of the new virus of 2020, emergency vaccination changes were necessary.

To conclude, AIFA<sup>20</sup> provides the research tools necessary to understand the vaccination rate, carrying out various analyses, especially starting with the introduction of the new vaccination decree-law.

The data of consumption and expenditure for vaccines in 2017 were affected by the regulatory interventions of the same year, such as the adoption of the new National Vaccine Prevention Plan (PNPV) 2017-2019 and Law 119/2017. The latter, as above mentioned, introduced the obligation of vaccination for 10 pathogens but also the active and free offer of another 4 vaccinations; also providing for the recovery of subjects not vaccinated in previous years. In 2017, the total expenditure for mandatory vaccines amounted to around 132 million euros (about 2.2 euros per capita), and recorded compared to the previous year an increase of + 17.9% (Table 1). In the same year, consumption for compulsory vaccines increased by + 6.5% compared to 2016 (Table 2).

The expansion in use is because of the general expansion in the dosages utilized, yet in addition to the synthesis of utilization inside each class of antibodies. The tables present in the link below<sup>21</sup> show the 2017 data and the temporal trend of expenditure and consumption of vaccines, by categories and by region.

## ***2.2 National vaccine registry - Anagrafe nazionale vaccini***

The National Vaccines Registry is an instrument instituted with the Decree of 17 September 2018<sup>22</sup> of the Ministry of Health.

This tool has the ultimate aim of monitoring and ensuring the functioning, within the national vaccination programs, of vaccination coverage in relation to the national vaccination calendar. Thus providing a general framework that includes the progress of the new plan also on a regional and trade scale. In addition, equally important, is the objective of providing the Ministry of Health with official data in order to carry out administrative functions aimed at collecting and exchanging information with EU and international bodies.

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<sup>20</sup> Agenzia Italiana del Farmaco, <https://www.aifa.gov.it/>

<sup>21</sup> Data and analysis on consumption and spending of the year 2017, AIFA, [https://www.aifa.gov.it/sites/default/files/Vaccini\\_dati\\_consumo\\_spesa\\_2017\\_21-01-2019.pdf](https://www.aifa.gov.it/sites/default/files/Vaccini_dati_consumo_spesa_2017_21-01-2019.pdf)

<sup>22</sup> Istituzione dell'Anagrafe nazionale vaccini, Ministero della Salute, <https://www.trovanorme.salute.gov.it/norme/dettaglioAtto?id=66388>

The decree also lists the subjects entered in the Registry:

- a) vaccinated subjects;
- b) the subjects to be vaccinated;
- c) immunized subjects as per art. 1, paragraph 2, of the decree-law 7 June 2017, n. 73;
- d) subjects for whom vaccinations can be omitted or postponed only in case of ascertained danger for health, pursuant to art. 1, paragraph 3, of the decree-law of 7 June 2017, n. 73;
- e) the doses and timing of administration of the vaccinations carried out;
- f) any undesirable effects.

This innovative tool is aimed at providing information related to the correct development of the National Vaccine Prevention Plan (PNPV) 2017-2019, providing an information exchange network between different entities, such as for example AIFA mentioned above.

To ensure correct dissemination of information, in compliance with current privacy legislation, information may be disclosed only in aggregate and anonymous form.

Moreover, the data, once entered into the system, are kept for thirty years, from the date of death of each patient, and this allows for a comparison between generations and different vaccination plans.

To sum up, in my opinion the decision of presenting this innovative registry is aimed at making known an essential tool for communities which is not known by many. In fact, it allows to take into account changes over the years, but above all to be able to obtain the medical data of a patient in the shortest possible time.

### ***2.3 Parental Responsibility and sanctions***

I would like to conclude this picture of vaccines with an important topic that connects me directly to what will be explained in the following chapter, namely the importance of parental responsibility linked to this topic, and therefore the possible sanctions that follow if the laws are not respected. Once again I will examine the Italian situation and therefore the Decree-Law no.73 of 2017.

Paragraph 4 of art. 1 of the D.L. 73/2017<sup>7</sup>, mainly focused on the behaviour of parents or tutors, establishes that, in the event that the mandatory law on vaccinations is not respected, "*parents exercising parental responsibility,*

*guardians or foster care subjects are summoned by the local health authority with territorial jurisdiction for an interview in order to provide further information on vaccinations and to solicit its implementation "*, by forcing a financial authoritative sanction (between € 100.00 and € 500.00) for the individuals who have not respected such law inside the demonstrated term by the last mentioned.

The importance of sanctions is aimed at the necessity of maintaining immunization among future generations, so as not to have medical and health emergency circumstances again.

What I want to emphasize, however, is not the necessity of imposing sanctions in order to enforce a rule, but the importance of teaching adult generations how important it is to educate their children towards a vision of life aimed at preserving themselves and their community; an action aimed at the common good and aimed at teaching a just action is responsible.

Precisely for this reason, parental responsibility is a topic that the Italian state itself has not underestimated, indeed, in the choice to create a new national vaccination plan particular attention has been given to the parental role.

Parents are those who have the privilege of educating future generations. Teaching a new rule, such as mandatory vaccination, is of vital importance.

In fact, parental responsibilities are underlined directly in Article 1 (Decree-law n°73), so as to immediately present the importance of their role, additionally, I will better analyse this topic in the following conclusive chapter.



## *Chapter Three*

### ***Vaccination and Responsibility in the present day***

My decision to start my thesis by introducing two key concepts, indeed: Responsibility and Vaccinations, is aimed at introducing one last point, that is: how these two concepts are linked; so as to arrive at the final goal of underlying how progress has changed the view we have of responsibility towards ourselves and towards others, especially when it comes to health care and in times of health emergency. In this regard, vaccination responsibility must necessarily characterize the soul of the human being and in particular the man of today, who is facing many difficulties due to the new virus present.

#### ***3.1 How these issues are addressed today***

The medical-vaccination novelties of today's realm see the world population divided into two categories: those who are always open to accepting and learning new things; those who are tied to their traditions and past roots and are very disturbed when it comes to changing their habits.

This division can, with some variations, be used when it comes to responsibility and even more so of vaccination responsibility.

In fact, there are groups of individuals who are attached to a type of patriarchal responsibility towards their families, thus making decisions for the *other* and therefore sometimes influencing the thinking of adolescents which form the new generations; aspect that often affects the choice to respect the laws of your country's vaccination plan or not. On the other hand, there are people willing to learn from the past, to take advantage of the possibility of using new technological and scientific tools, thus allowing others to live a more comfortable and responsible life.

In the course of this final chapter, the analysis of innovations will be of great importance, of how they are understood by contemporary society and above all of how advances in the scientific and technological fields affect the economy and politics of a country.

It will consequently be necessary to analyse the responsibility of citizens that follows from these innovations, therefore what characterizes the present day.

Concluding with a focus on the virus that has attacked the world population in recent periods (2019-2020) and on the numerous debates that have emerged on the political and non-political scene.

### ***3.1.1 Innovations***

The field of innovations is always in continuous development. By innovation, we mean an action or process aimed at introducing something new (a new method, a new product, a novelty dictated by a new law decree, etc.). It is therefore a direct link with progress. It leads to more and more development and improvement wherever possible.

Since the past, many discoveries have been made, often useful for future generations and sometimes to be discarded. When analysing changes it is useful to make a division into areas, where the former might develop and thrive. Areas such as: home and personal life; health and the sanitary field; the field of communications; the environment; etc.

Optimism is the vision that most mankind has in common towards what is to come. We are always optimistic about new discoveries that can help today's life and facilitate many tasks. However, worries are not non-existent - indeed, they are necessary in order to make discoveries with a more watchful eye. The boundless trust in the advantages that science and inventions will get the not so distant future is accordingly tempered by worry that these upgrades to the nature of our lives will simultaneously likewise demolish parts of life that are at present on the highest point of numerous individuals' psyches.

Moving on, taking the above areas as an example, when we talk about novelties that have had a great impact among more (or less) advanced civilizations, we almost always talk about cell phones, internet and social media, in the field of Communication, or, renewable energy, new recycling techniques in the field of the environment or new security systems for homes, totally manageable by our smartphones.

However, what I want to analyse in particular is the impact that the discoveries, past and present, have had on the medical and health field, but above all on what effect possible discoveries could have.

To begin with, health innovations can have a positive impact, as well as a negative one. The beneficial outcomes generally are related to: efficiency, ease, opportunity, comfort, speed, modernization, improved individual fulfilment and a daily existence innocuous to the ecosystem. The negative impacts are usually related to: loss of socialization capacities or dehumanization, joblessness/work calamities because of the robotization of work, loss of privacy, social dismissal, strain in monitoring changes, lack of concern and deskilling as one neglects to recall how to do certain tasks.

Examples of improvements in the medical-health field concern less invasive treatments or diagnoses, therefore better developed with particular attention to the patient's well-being; work materials more suited to the practice and more suitable medicines. Suffice it to say that in the past on many occasions X-rays were needed to understand the nature of an evil (Ionizing radiation can damage the DNA of cells and alter the environment that surrounds them, this could start the process that leads in the development of a tumour, ionizing radiation is a recognized risk factor for the onset of cancer); now magnetic resonance imaging (MRI) is able to carry out a diagnosis faster and more accurately, without causing negative consequences for the patient.

Innovations in this field provide tremendous changes that improve human's life expectancy, however, often entail new ethical dilemmas and can affect public health, and even more so involve a large economic expense, not easily sustainable in many countries.

The questions to ask after this analysis of past innovations are: what to expect from the future? What will be the news that we should face? Will they be innovations aimed at the good of mankind or aimed at an economic enrichment of certain individuals or groups?.

What we can expect is that several incurable diseases will finally become curable thanks to research and development. It will be possible to have tools, medicines or not, that can cure us of more ailments in a short time and with less pain. The treatments will be less invasive and probably automated. (There are already several machines that are slowly replacing the work of doctors and surgeons in different interventions, albeit of lesser difficulty).

An important topic will also be the development of artificial organs that can become 100% usable, so as to make organ donation almost obsolete.

Although the positive aspects are innumerable regarding these future visions, one negative aspect with which I want to conclude this initial analysis of mine is that of costs.

Unfortunately, the costs for these innovations lead to unequal access to the product among the various ranks of society. As well as between the various countries. Taking Italian healthcare expenditure<sup>23</sup> as an example, it, as also shown in the 2017 Istat data, is significantly lower than that of other European countries, and this aspect affects a lot on the management of healthcare personnel, on a bad allocation of resources. economic and general improper use of resources.

In conclusion, the general concern is divided between those who are afraid that a certain innovation can replace the skilled worker and those, older, who are afraid of being left behind, due to a rapid advancement of innovations, of new technologies not easily understood . The general concerns also include a financial fear, which therefore leads to immediate redundancies due to new tools introduced by companies. Despite the fact that advancement can have some bothersome results, change is unavoidable and much of the time, development makes positive change. Consequently, the responsibility of those who have more advantages, both as individuals and as a countries, is perhaps to help those who are a step behind so as to allow everyone to have the same opportunities.

### ***3.1.2 Responsibility today: of scientists, families and, institutions in relation to vaccinations***

Innovations bring with them new responsibilities, especially on an ethical and moral level, for this reason the understanding of who is responsible for what helps to understand how innovations must be accepted and introduced into society

Scientists, Families, Institutions, and various other categories, play roles of great importance in society when it comes to topics such as vaccinations, and above all the responsibility that follows.

The figure of doctors and scientists is essential for achieving mass immunity. They are in fact those who provide the foundations for the rules to be followed in a given vaccination plan. They follow the development of a particular anti-virus since its creation, knowing its components better than anyone else; therefore, they have the duty to teach others, their responsibility lies precisely in the ability they hold in knowing how to express in adequate terms the components of a vaccine, so that the latter can be consciously introduced into a vaccination

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<sup>23</sup> The Italian Health expenditure can be financed through both public and private resources

plan. The disclosure of the components of a vaccine is necessary, and above all it is necessary that this explanation be carried out by professionals, so that citizens can trust the work that has been done for their good and spread knowledge by educating future generations towards a global understanding of how necessary vaccinations are for the preservation of mankind.

Doctors, moreover, are the individuals always at the forefront when it comes to administering vaccine doses, being clearly qualified in the matter, and this means that the first approach with vaccinations brings us in front of figures we must necessarily trust, therefore the responsibility attributed to these agents does not only arise from themselves, who are required, so to speak, to provide a good example, but also from those who, by administering the vaccination, act responsibly, placing trust in their doctor.

Moving on, the safeguarding of public health and the protection of the health of the minor coexist within the framework of the vaccination plan. Indeed, a second profile that assumes a fundamental role within our society concerns the duty of parents (or guardians or carers). Their role is of vital importance, it represents the heart of a society. The ideals of family members, and especially of parents, have a great influence on what are the ideals that a new individual coming into the world will mature. It is then necessary to understand that family figures implement teachings that will not only influence the life of their own family unit, but will influence future generations even more.

Undeniably, given the importance of providing a correct and responsible teaching, no one should feel obliged to provide a specific education for their children, which is why debates on what is right and what is wrong are on the agenda in our society.

This being said, a child still need to be accompanied towards the right path, towards a road that respects their rights and the rights of those around them, consequently respecting the rules proposed by their government and fulfilling their duties as citizens by getting vaccinated, in this regard, the responsibility of a parent or guardian is additionally to meet vaccination prescriptions and to monitor the relationship between mandatory vaccinations and enrolment in educational and school services for children.

Consequently, the Law Decree 73/2017<sup>24</sup> places on the parents exercising parental responsibility, guardians or foster subjects, the duty to fulfil the vaccination obligation for minors.

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<sup>24</sup> Above mentioned in citation n°7, and subsequently mentioned in chapter 2.3 *Parental Responsibility and sanctions*

In case of non-fulfilment of one's duties, the law decree provides that the ASL<sup>25</sup> competent in the territory will arrange an interview whose purpose is to provide the necessary information on vaccinations, which could be unknown, and therefore to solicit them the administration<sup>26</sup>. The decree also provides that if the interview with the ASL does not lead to the administration of the vaccine to the minor, there is a financial penalty, the amount of which varies from one hundred euros up to a maximum of five hundred euros.

This decision is aimed at demonstrating what is a just responsible behaviour of parents, since the decision not to administer a vaccine to their children not only puts the health of the child at risk, but compromises the constitutional right of education of the latter.

A third and final profile that I would like to analyse in this context is that covered by the institutions. In particular, the role played by the institutions of the national education system, by the regional vocational training centres and by non-peer private schools<sup>27</sup>.

Entities mentioned by the Law Decree n ° 73/2017. These institutions have a de facto enormous responsibility to ensure that the minor has undergone the required compulsory vaccinations. Therefore asking parents or guardians for adequate documentation proving the fulfilment of the necessary vaccinations.

If this rule is not respected, the law provides for consequences, which in addition to being of a monetary nature, prevent the minor from entering the school, with the aim of preserving the health of others present, as also mentioned above.

In conclusion, responsibility varies in its many facets from figure to figure, as from institution to institution, however it is essential to keep in mind that complete compliance with the rules involves a great sense of responsibility that benefits not only the individual or a restricted group, but the entire community, which does not thus have to face a possible health emergency.

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<sup>25</sup> In the Italian legal system, the local health authority (ASL) is a local public body, precisely an instrumental body of the region, which is responsible for the financial and management organization of health services.

<sup>26</sup> Art. 1, comma 4, d.l. 73/2017, <https://www.gazzettaufficiale.it/eli/id/2017/06/7/17G00095/sg>

<sup>27</sup> Institutions also mentioned by Article 3 of Legislative Decree 73/2017, <https://www.gazzettaufficiale.it/eli/id/2017/06/7/17G00095/sg>

### *3.2 Conflicting views on vaccinations and today's obligations*

The topic of vaccinations brings to light one of the most fought dilemmas of the last century, that is, among those who support science and therefore blindly trust the decisions of doctors and politicians in the fight against pathologies; and those who instead support a position totally opposed to vaccinations, reinforcing their position by affirming the existence of a conspiracy among the pharmaceutical lobbies, and even more so by arguing that vaccinations cause damage to health.

In order to carry out this analysis I will take as an example the reactions of the populations to the smallpox vaccine, followed by a description of the reactions to the cholera vaccine (in particular the seventh epidemic that broke out within the Italian scenario in the 70s), and a parenthesis on the birth of campaigns aimed at questioning the efficacy or safety of vaccines; comparing all this to the conflicting views regarding vaccinations proposed for the current Sars-Cov-2 virus.

Smallpox is a fatal disease in 30% of cases, however, the World Health Organization declared the disease officially eradicated in 1980.

There are several clinical forms of smallpox, which can manifest themselves in a milder form, in a more malignant form or even in a more severe form - in a haemorrhagic way. The infection of this virus occurs by direct contact or through body fluids and the exposure to the disease also involves the appearance of skin rashes consisting of small red spots.

A peculiarity of this virus is that it is not transmitted by animals or insects, but acts only on humans. The smallpox virus does not react to any specific treatment, so it is vital that it is prevented through vaccination.

The discovery of a solution to this pathological problem, and in general of this method for eradicating pathologies, is due to Edward Jenner<sup>28</sup>, an English man who at the end of the eighteenth century devoted himself to studies to be able to defeat this pathology known as “Smallpox” formulating hence the first smallpox vaccine.

In Italy, instead, the figure of Luigi Sacco<sup>29</sup> was famous for bringing smallpox vaccination to the Italian scene.

Thanks to the spread of vaccination against smallpox, vaccination was compulsory in Europe, however, the introduction of this vaccination brought not only consensus from the people, finally happy to have found a cure and always pushed to trust the experts, but also profound hostility.

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<sup>28</sup> Edward Jenner, <https://www.treccani.it/enciclopedia/edward-jenner/>

<sup>29</sup> Luigi Sacco, [https://www.treccani.it/enciclopedia/luigi-sacco\\_\(Dizionario-Biografico\)/](https://www.treccani.it/enciclopedia/luigi-sacco_(Dizionario-Biografico)/)

The line of thought followed by the various countries was to keep their fellow citizens in the best conditions of health, as well as to demonstrate that they have a higher value than that of their neighbours.

This introduction of the mandatory smallpox vaccination also brought with it negative reactions, in particular there was significant opposition in England. Indeed, a time of great liberal beliefs in British terrains drove to specific choices of imposition on residents, conflicting with the much wanted standards of freedom of decision, subsequently it was thought about an impedance pushed against the public authority to the purpose of creating in 1890 the 'National Anti-Vaccination League'<sup>30</sup>. It can thus be said that opposition to vaccines has existed since their creation, albeit with different nuances.

Despite these complaints, trust in science prevailed even in the English territories, which if at first introduced only a universal and free smallpox vaccination, listening to the wishes of their citizens, they subsequently decided to change their position by introducing the “Vaccination Act<sup>31</sup>” of 1840-41 and ‘53. This choice was born from the ever clearer understanding by the scientific community of how this pathology was rapidly spreading.

In Italy, the reaction to smallpox led to an immediate introduction of smallpox vaccination in 1888, following the unification of Italy, which was made mandatory; later suspended only in 1977 and finally repealed in 1981, when the disease had already been eradicated<sup>32</sup> and in the period in which other compulsory vaccinations were introduced<sup>33</sup>.

Continuing, the 1973 cholera<sup>34</sup> epidemic in Italy, and more precisely in the regions of Campania, Puglia and Sardinia, represents an important example of how populations must place total confidence in the power of vaccines and in their ability to bring about a solution in the least possible time.

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<sup>30</sup> Initially the ‘Anti-Vaccination League’ formed in London after the Act of 1853. Later the ‘Anti-Compulsory Vaccination League’ was founded in 1867 in response to the new law in 1867 and argued through its well organized public campaigns that this was an infringement of personal choice. Many anti-vaccination pamphlets, books and journals were printed to spread the protest movement’s message including their paper, the “Vaccination Inquirer”

<sup>31</sup> A series of legislative Acts passed by the Parliament of the UK regarding the vaccination policy of the country

<sup>32</sup> The World Health Organization (WHO) declared in May 1979 that smallpox disease was eradicated from the earth.

<sup>33</sup> In these years the following vaccinations became mandatory against: diphtheria (1939), polio (1966), tetanus (1968) and hepatitis B (1991)

<sup>34</sup> Epidemic, contagious, often lethal disease, characterized by violent diarrheal discharges, incessant vomiting, muscle cramps, arrest of urinary secretion, collapse; it is caused by the bacterium *Vibrio*



The seventh cholera epidemic caused great alarmism in the population leading to riots, assaults and fires (especially to areas adjacent to hospitals), which caused citizens fear to resided in every corner of the city, moreover, the demand for vaccines was so high that it caused a lack of doses.

The situation was consequently brought to resolution thanks to the help of the US military of the Environmental Preventive Medicine Unit (EPMU)<sup>35</sup>, which thanks to the use of pistol syringes speeded up the vaccination process, administering the anti-virus to about 50- 80% of the population.

The example of cholera is key in understanding how in a state of emergency citizens are not only required to listen fully to scientists and the solutions they propose, but how they are the only sure source to be able to save themselves, so all that remains is to build a relationship of trust.

The events of the last decade, from about 2009 to today, see the first crises between the relationship of trust between the citizen and the scientist; in fact, an explosion of new citizens' concerns about vaccines, born above all due to the amplification of the media, starts to develop, causing individuals, which are starting to acquire confidence in medical matters, to mature an ever wider distrust of the doctor.

As previously mentioned, the amplification of media tools, especially social networks, causes negative effects on the perception of vaccinations by the populations, in this regard, influenced by a famous article published in *The Lancet* on “Wakefield<sup>36</sup>” case, part of the Italian citizens matured among themselves the idea that vaccines cause forms of autism.

This argument reached its peak when in November 2014 numerous Italian newspapers reported in the eyes of citizens an important sentence occurred at the Court of Milan<sup>37</sup>, which improperly associated a case of autism with the hexavalent vaccine. In addition, the general state of emergency was also increased by the Flud case<sup>38</sup>, which occurred about a year later, which caused alarmism over several deaths that occurred posthumously after the flu shot. A very interesting topic since it is linked to the more contemporary case of the temporary withdrawal from the market of the Vaxzevria vaccine and the consequent alarmism that ensued among citizens.

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<sup>35</sup> The mission of this unit has focused on the prevention of epidemic disease, and the services provided have grown as the complexity of the task has increased, in fact today is famous the: Navy Environmental Preventive Medicine Unit (NEPMU)

<sup>36</sup> *The Lancet - MMR vaccination and Autism*, Andrew J Wakefield, Department of Medicine and Histopathology, Royal Free and University College Medical School Hampstead, London  
<https://www.sciencedirect.com/science/article/pii/S0140673605756968?via%3Dihub>

<sup>37</sup> Tribunale di Milano, Ministero della Giustizia, [https://www.tribunale.milano.it/index.phtml?Id\\_VMMenu=1](https://www.tribunale.milano.it/index.phtml?Id_VMMenu=1)

<sup>38</sup> Flud case and the press release from AIFA, <https://www.aifa.gov.it/-/vaccino-fluad-1-aifa-fa-il-punto-della-situazione>

The majority of experts in the medical-scientific sector argue that through a campaign that proves the efficacy and safety of vaccines and an aware and confident population, an excellent result can be obtained from any vaccination plan. However, humanity is evolving, bringing with it greater confidence in their personal ideas and an increasingly lack of trust in industry experts, consequently creating indecision about the choice to carry out a vaccination.

The empowering data, beginning from 2015, on different immunization inclusion have maybe denoted the start of a period of "Vaccine Recovery", which will anyway require persistence, responsibility and consideration from all partners to accomplish the yearning destinations of inclusion accommodated by PNPV 2017-19.

Here we have come to conclusively explain what we are facing in our modern period, therefore Covid-19 and the beliefs that follow it.

### ***3.3 Covid-19 and what it entails***

Covid-19 is part of a strain of viruses that generally transit between animal species, but which can occasionally also infect the human species. It should be emphasized that when we talk about Covid-19 we are referring to the name destined for the disease of this new virus present in the world, when we speak instead of the more specific name of Sars-CoV-2 we are referring to the strain of coronavirus that is afflicting the world in new ways not previously identified.

The severity of this new disease lies in its mode of transmission, which being very easily transmissible cause a high risk for populations.

The methods of contagion are in fact divided into three categories<sup>39</sup>: directly (when the secretions of a sick person that come out of the mouth or nose reach a person in close contact with the agent); indirectly (when the secretions of a sick person that come out of the mouth or nose are deposited on objects and surfaces that are then touched by a third person); by close contact with diseased people through mouth and nose secretions (saliva, respiratory secretions or droplets).

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<sup>39</sup> Portal dedicated to the explanation of the Covid-19 virus,  
[www.salute.gov.it/portale/malattieInfettive/dettaglioFaqMalattieInfettive.jsp?lingua=italiano&id=228](http://www.salute.gov.it/portale/malattieInfettive/dettaglioFaqMalattieInfettive.jsp?lingua=italiano&id=228)

The ways of spreading the virus help to understand in a few words what are the necessary measures to be taken in order to prevent the disease, namely: maintaining a distance of at least two meters, washing hands frequently, and above all the use of a mask to prevent both the release of secretions and the entry of the virus.

Covid-19 is a virus that has hit Italian everyday life in all senses, from the most common job to the highest charge. The habits of every child, adolescent, adult and elderly person have changed.

These changes have placed us in front of choices, obligations and above all new safety measures to which we were not used before, which do not concern us personally through the use of masks and particular attention to hygiene, but that concern the habits of an entire nation, accustomed to very warm relationships between people. Despite the problems, the Italians were able to face the situation. Unfortunately, reaching a solution in a short time is not easy, and this has led to many problems and transgressions of the rules.

After almost a year, following scientific research, the first vaccinations against the virus have finally begun. Before moving on to the final chapters, it is my concern to introduce what are the companies that have been introduced in Italy, whose vaccines have been administered to the population.

First we have Moderna<sup>40</sup>, produced by Moderna Biotech<sup>41</sup>, USA. Its scientific name is mRNA-1273, due to the type of messenger RNA vaccine. Furthermore, its effectiveness is about 94%, an important vaccine introduced in Italy since January 2021.

Then there is the Pfizer / BioNTech<sup>42</sup> Comirnaty<sup>43</sup> vaccine, respectively from a collaboration between the USA and Germany. It is also an mRNA-based vaccine, so it also acts on the messenger RNA molecules. Its effectiveness is around 95% and it was introduced in Italy, with the first dose being administered in December 2020.

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<sup>40</sup> Anti-covid vaccine plan, Moderna vaccine, Ministry of Health, <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5452&area=nuovoCoronavirus&menu=vuoto&tab=2>

<sup>41</sup> Moderna Society website, <https://www.modernatx.com/>

<sup>42</sup> Pfizer Society website followed by the BioNTech website <https://www.pfizer.it/cont/pfizer-italia-Pfizer-nel-mondo/pfizer-nel-mondo.asp> - <https://www.pfizer.com/> - <https://biontech.de/>

<sup>43</sup> Anti-covid vaccine plan, Pfizer/BioNTech vaccine, Ministry of Health, <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5452&area=nuovoCoronavirus&menu=vuoto&tab=1>

Continuing, there is the AstraZeneca<sup>44</sup> vaccine or globally known as “Vaxzevria” as it was developed by the Jenner Institute<sup>45</sup> of the University of Oxford and the Anglo-Swedish biopharmaceutical company AstraZeneca<sup>46</sup>. The official website of the Italian Ministry of Health declares that its effectiveness is about 60%, unfortunately, however, since its introduction in the Italian scenario, the controversies surrounding this vaccine have not been few, causing in fact a general alarmism, especially on its alleged. side effects. An aspect of great importance that can also be connected to some historical precedents<sup>47</sup>. The misconceptions are numerous, however it is important to understand how getting vaccinated with Vaxzevria protects your health, and does not cause ills that are linked to third party agents.

I conclude by introducing Johnson & Johnson's Janssen<sup>48</sup> vaccine, also produced in the USA, with an efficacy of approximately 77%. after 14 days of administration and 85% after 28 days of administration. This vaccination became subject to the critical eye of the Italians as it has been approved by the EMA and AIFA, and the first doses have arrive in Italy. Indeed, with a Circular<sup>49</sup> dated 21 April 2021, the Ministry recommends a preferential use of the vaccine in people over the age of 60. There are other anti-covid vaccinations on the market, however not present in the Italian scenario. (Sputnik V and Sinopharm). The presence of new vaccinations within the Italian scenario has brought with it a lot of confidence towards a faster solution to the problem, however, this does not means that the criticisms and alarmism present were intended for a single vaccine (such as Vaxzevria) in fact, the fears towards possible side effects are different and envisioned for all new vaccinations on the market. This aspect underlines the importance of analysing the priority with which a vaccine needs to be distributed.

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<sup>44</sup>Anti-covid vaccine plan, AstraZeneca vaccine, Ministry of Health, <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=italiano&id=5452&area=nuovoCoronavirus&menu=vuoto&tab=3>

<sup>45</sup> The Jenner Institute, <https://www.jenner.ac.uk/>

<sup>46</sup> AstraZeneca Association, <https://www.astrazeneca.com/>

<sup>47</sup> Reactions to the smallpox vaccine were similar, causing alarmism and opposing views.)

<sup>48</sup> Johnson & Johnson association, <https://www.jnj.com/>

<sup>49</sup> Circular regarding the update of available vaccines against SARS-CoV-2 e of the information notes of the consent <https://www.trovanorme.salute.gov.it/norme/renderNormsanPdf?anno=2021&codLeg=79916&parte=1%20&serie=null> t

### 3.3.1 Responsibility for distribution and what priorities to give

Aiming at defining an order of priority for vaccinations, some institutions<sup>50</sup> met to draw up a list for the implementation of the second phase of the National Covid-19 vaccine plan.

The strategic plan was drawn up in a fair and transparent form, obviously taking into account the international and European directives. Before going into the details of this list, it is necessary to briefly introduce what characterizes the first phase of the Italian vaccination plan. During the first phase, the vaccines were intended only for certain specific categories, namely: health and social health workers, the staff and guests of residential facilities for the elderly, the elderly over 80, people aged 60 to 79 and the part of the population with a chronic comorbidity<sup>51</sup>. Also in this first phase, with the increase in available vaccine doses, the categories belonging to essential services are also included, such as teachers, school staff, law enforcement agencies and staff from community places. The second phase of the plan, always respecting the same principles, adopts a policy of choice based on the subjects at greatest risk of lethality related to Covid-19. Therefore, once again, the selection criteria are based on age and the presence of pathological conditions that present an emergency for the subject under examination. Here is therefore the hierarchy of priorities between the categories following Phase 1 of the national vaccination plan:

<b>Category 1</b>	Extremely vulnerable people, with conditions that due to pre-existing organ damage, or that compromise the immune response to Sars-CoV-2 have a high risk of developing severe or fatal forms from 16 years of age;
<b>Category 2</b>	People aged between 75 and 79;
<b>Category 3</b>	People aged between 70 and 74;
<b>Category 4</b>	People with increased clinical risk if infected with Sars-CoV-2 from 16 years of age to 69 years of age;
<b>Category 5</b>	People between the ages of 55 and 69 without conditions that increase clinical risk;
<b>Category 6</b>	People between the ages of 18 and 54 without conditions that increase clinical risk. Priority of administration for teaching and non-teaching school and university staff, for the Armed Forces and Police, for settings at risk such as community places and staff of other essential services and to follow the rest of the population.

RNA vaccines will be offered for categories 1 to 5 while AstraZeneca's vaccine will be reserved for category 6.

<sup>50</sup> The document was drawn up by the Ministry of Health, Commissioner for Emergency, Aifa, Iss and Agenas

<sup>51</sup> The concept of comorbidity or comorbidity in health care indicates the coexistence of several different pathologies in the same individual

In conclusion, the responsibility for a correct organization of this list is therefore of vital importance, since it is necessary to give importance to particular categories of citizens with more fragility, since they suffer from serious diseases that associated with Covid-19 lead to an even more serious emergency situation. .

In fact, extremely vulnerable people are placed at the top. Followed by categories that meet the same vulnerability criteria but with the decision to define priorities on the basis of personal criteria.

The decision to take is not easy, and therefore the responsibility on the shoulders of these institutes is great.

However, thanks to the presence of experts present during the drafting of this text, it was possible to obtain an adequate list presented at the conference between state-regions held in February 2021.

### ***3.3.2 Responsibility for how to speed up the process and lower the risk of a new global pandemic***

The process of mass recovery from this pandemic is not easy for all populations. Getting to a solution to the problem quickly requires numerous vaccine doses, so as to obtain mass immunity and above all compliance with the rules by citizens.

When analysing the progress towards immunity to Covid-19 it is clear that the European Union is lagging behind many other countries. The European goal is to vaccinate at least 70% of the population by the summer, however countries such as the USA and the United Kingdom, but not only, have had the opportunity to obtain these results with large advances compared to European plans thanks to strategic decisions that have led to having more vaccine doses to offer to their citizens.

This speech also includes economic debates regarding the decision to approve vaccine exports to Europe, and therefore possibly deprive oneself of a higher number of doses.

This decision, however, can be well linked to not wanting to worsen the relationship between the EU and external countries in the pharmaceutical field. Since global trade facilitates the European situation, and the opposite would not guarantee its self-sufficiency.

However, this decision not to proceed with the export ban was not shared with the USA, which decided to prevent their pharmaceutical companies from exporting finished vaccine doses, but only certain raw materials and pharmaceutical components dedicated to production. of vaccines. This decision was made to ensure a faster recovery from this disease to one's nation.

The healing process is therefore not easily understood by an inexperienced eye. The subject requires adequate knowledge in the political, scientific and, as we can see, also economic fields.

It follows that the decisions taken also in matters of behaviour are necessarily taken by experts, who act for the good of the community.

Therefore, in conclusion, if on the one hand the experts work for us and for the good of all, it is right that as citizens we continue respecting the rules imposed, of distancing, regarding the use of masks, etc., in order to act responsibly towards an always faster solution to the problem.

## Conclusion

From the research conducted it emerged that the concept of vaccination responsibility does not have only a single meaning. It represents a very broad path, which extends from the initial interest in learning about the vaccination policies of one's country, through the vaccination itself and up to the decision to promote this gesture so that future generations can take it as an example.

For this reason, the stages of this thesis first focused on the concept of responsibility, starting from its most distant understanding and reaching up to today's times, so as to understand its past use and be able to relate it to current novelties.

Subsequently, the second chapter was of equal importance, characterized by a careful analysis of the concept of vaccinations, therefore of all that they include; afterward making a comparison between different countries in order to understand their actual effectiveness in terms of European directives.

In conclusion, the third and final chapter focuses on the union of these concepts, thus enclosing the point of arrival of my thesis.

The situation that the Italian government (and not) is facing in this health emergency situation is certainly not unique of its kind, as there is evidence of health emergencies due to new viruses already in Italian history, however, it can be defined unique for its time and for the strict security measures required.

Covid-19 has presented us with new daily challenges. Challenges faced by doctors and scientists first-hand, since they were and are always at the forefront to help find a suitable vaccine as soon as possible.

Be that as it may, inconceivable as this race was, it is reductive to lessen everything to the scientific viewpoint alone: the immunization has indeed become the main issue of worldwide legislative issues and financial aspects, and global geopolitical scenarios are being redesigned around this *fluid gold*.

It is because of the concentrated exchange and acquisition of vaccines, for instance, that the European Union has helped us to remember its significance, when it finally manages to act in a perspective of solidarity between all member countries, and has caused us to see how much little and powerless are the individual states if confronted with such huge issues, when this happens, in fact, they close themselves inside their own narrow-mindedness. Nonetheless, then again, we should not get away from the foolishness and contortions of a



worldwide framework where the most richest nations additionally get three or four portions per inhabitant, while the least fortunate nations should stand by who realizes how long to have antibodies available. Furthermore, in this situation many large pharmaceutical manufacturers, failing to remember the tremendous non-repayable public endowments they appreciated to speed up the creation of immunizations, cannot escape an absolutely monetary rationale and neglect to comprehend that today the priority is to satisfy the people, not just shareholders.

In conclusion, dealing with such significant arguments requires particular attention to the words used and the sources used in order to present my argument.

For this reason, the decision to rely on information provided by official databases is aimed at underlining how those who place their trust in their government and the decisions made by the latter demonstrate a sense of responsibility not only for themselves, but even more for the community.

It is therefore necessary to understand the responsibility behind a relatively simple gesture such as getting vaccinated.

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## Sommario

La seguente dissertazione analizza l'uso ed il significato dei concetti di *responsabilità* e *vaccini* nel corso della storia, focalizzando il suo contenuto verso l'obiettivo ultimo di comprendere quali siano le responsabilità delle comunità e dei singoli individui durante un periodo di emergenza sanitaria e quindi dove vi è la richiesta di seguire con attenzione un determinato piano vaccinale. In particolare, lo scritto evidenzia come i due termini sopracitati siano strettamente legati dai cambiamenti che il Covid-19 ha portato.

La pandemia pone molteplici – e sostanziali – sfide etiche principalmente verso la salute e l'assistenza sanitaria, vi è stata infatti una drammatica perdita di vite umane in tutto il mondo, nondimeno essa si è dimostrata una sfida senza precedenti ugualmente per i sistemi alimentari ed il mondo del lavoro, causando sconvolgimenti sia sul piano economico che sociale.

L'enorme portata della crisi e l'impatto che sta avendo stanno causando molta paura, incertezza ed ansia in tutto il mondo. È difficile prevedere quali saranno i prossimi sviluppi, ciò può causare sentimenti di impotenza tra gli individui, come se non si avesse più il controllo delle proprie vite. Come accade in molti aspetti della nostra vita, ci sono frangenti che non possiamo controllare, ciò include le azioni e le reazioni di altre persone, quanto durerà la pandemia e cosa potrebbe accadere in futuro. Tuttavia, la ricerca di informazioni e supporto da parte di professionisti è la chiave per ottenere delle risposte. La chiarezza, la coerenza e l'equità possono essere meglio servite da un'autorevole guida etica nazionale, stilata, invero, da professionisti.

Il compito non è stato e non sarà facile, per questa ragione, lo studio è stato svolto con l'intenzione di seguire un percorso logico che possa permettere al lettore di comprendere le nozioni riportate ma ancor di più di poter elaborare un proprio pensiero responsabile riguardo le vaccinazioni.

Quest'ultime sono infatti sempre state oggetto di discussione, come anche la responsabilità che ne deriva, non solo da chi le produce e sviluppa ma anche da chi le pubblicizza ed utilizza.

La condizione e la situazione di essere responsabile si tratta in più ambiti – giuridico, morale, politico – nei quali si discute di azioni, per le quali l'agente deve assumersi (o di cui rivendica) la paternità, o ancora, di cui assume le conseguenze – aspetto di grande importanza in ambito giuridico.

Le tappe effettuate dall'evoluzione umana hanno cambiato la visione che abbiamo di responsabilità verso noi stessi e verso gli altri, portando ad un intendimento diverso del termine nelle lingue antiche, rispetto alla sua comprensione in età contemporanea.

Il contributo della lingua greca e latina, ad esempio, fu indiretto, poiché in queste lingue non esisteva un vocabolario specifico per questo concetto, nondimeno, il contributo indiretto ha permesso di evidenziare vari aspetti necessari per lo sviluppo futuro del termine, quali, il valore da attribuire alle conseguenze delle proprie azioni, agli effetti che ne derivano; e la presenza di termini evoluti poi nel concetto odierno di *responsabilità*. La parola greca “αἴτια” (pronunciata “aitìa”; causa in Latino), che originariamente significava incriminazione o accusa e nel tempo ha assunto la semplice definizione di causa o ragione, è indirettamente collegata all'attuale concetto di responsabilità.

L'età contemporanea segna la svolta verso una rivalutazione del concetto, a differenza del passato, gli studi recenti sui diversi modelli di responsabilità pongono maggiore attenzione alla società, ai vari problemi etici che possono sorgere e quindi ancor più alle diverse relazioni degli individui.

Questi cambiamenti sono ovviamente dovuti alle diverse innovazioni presenti sul territorio, principalmente scoperte tecnologiche e mediatiche, che hanno portato alla crescita del raggio d'azione, quindi destinato ad un pubblico più vasto.

Diversi studiosi hanno contribuito dando modo al concetto di svilupparsi e di adottare le diverse connotazioni. Hans Jonas nel suo scritto sul principio di responsabilità pubblicato nel 1979 pone come punto principale della posizione filosofica responsabile la *sopravvivenza*, contro ogni forma di ostacolo. Questi ostacoli hanno uno scopo fondamentale, cioè quello di lanciare un messaggio per la salvaguardia delle generazioni future, quali sono impossibilitate nell'avanzare pretese sulla questione, ma possono solo sperare in decisioni giuste, pensate e responsabili anche verso di esse.

Max Weber esprime la propria etica della responsabilità in "La politica come professione", un saggio pubblicato nel 1919, la sua etica della responsabilità è una forma di rispetto per l'umanità: un'etica della dignità umana in un mondo disastroso. L'ideologia di Weber si concentra su coloro che si assumono la responsabilità delle proprie azioni, o meglio contro coloro che agiscono senza preoccuparsi del loro potere sulle generazioni future e di ciò che lasciano.

Infine Emmanuel Lévinas e la responsabilità verso gli altri. Per l'autore, il legame con gli *Altri* – concetto introdotto nel suo studio - è solido solo attraverso la responsabilità reciproca. Così come io sono responsabile dell'Altro, l'Altro è responsabile di me. La consapevolezza delle azioni comuni non solo rende possibile la convivenza delle persone, ma allo stesso tempo esige giustizia per le persone.

Permettere uno sviluppo corretto della società, volto alla conservazione della specie umana, comporta che una condotta corretta e responsabile sia seguita anche durante periodi di sofferenza, come ad esempio, emergenze sanitarie dovute alla presenza di diverse patologie e virus, più o meno gravi.

Sotto questa ottica, lo sviluppo delle vaccinazioni è un elemento fondamentale per la conservazione della nostra specie.

I piani vaccinali variano tra i diversi paesi, tuttavia ogni nazione sottostà ad eguali obblighi, soprattutto morali e di responsabilità verso i propri connazionali. La capacità di comprendere la natura di determinate patologie permette di chiarirne la gravità, e soprattutto, la responsabilità di ogni stato di eradicare i virus.

La *poliomielite*, ad esempio, è una malattia che trae origine da un virus che innanzi provoca lo sviluppo di un'infezione intestinale e poi, nei casi non controllati e non trattati, si localizza nel sistema nervoso, portando così a enormi rischi, che possono essere: la paralisi di uno o più arti o muscoli respiratori.

Perciò, l'importanza di debellare questa malattia, scoperta ormai da diversi anni, sta proprio nel fatto che non esiste una vera cura, pertanto solo il vaccino è in grado di offrire al paziente, e quindi alla comunità, una cura.

Il rapporto medico-paziente è pertanto di vitale importanza e altrettanto ne è la sua salvaguardia da parte dello stato. Lo stato Italiano ha riservato al Decreto-legge 07 giugno 2017 , n. 73, successivamente modificato con la legge di conversione n. 119, 31 luglio 2017, il compito di gestire l'argomento vaccini ed, insieme al Ministero della salute, il piano vaccinale Italiano - diviso per età, categorie e condizioni. Aspetto comune a molti altri paesi. Nonostante i documenti e gli enti ufficiali dediti ai vaccini siano diversi e tutti di eguale importanza, l'obiettivo ultimo di far comprendere ai cittadini l'importanza di agire responsabilmente ed effettuare le vaccinazioni non sempre viene raggiunto.

L'esitazione vaccinale è infatti una minaccia crescente per la salute pubblica. Le ragioni sono complesse ma legate alla mancanza di fiducia nei vaccini, nelle competenze e nelle tradizionali fonti di autorità. Gli sforzi per aumentare la diffusione delle vaccinazioni sono duplici: affrontare l'esitazione migliorando lo scambio di

informazioni tra professionisti sanitari e pazienti nella clinica; e, in secondo luogo, strategie di salute pubblica che possono scavalcare le preoccupazioni e i valori di molti individui con misure coercitive come la vaccinazione obbligatoria e presunta.

Il progresso ha cambiato la visione che abbiamo di responsabilità verso noi stessi e verso gli altri, soprattutto quando si tratta di assistenza sanitaria e in tempi di emergenza sanitaria. L'uomo del periodo contemporaneo esprime spesso un senso di inadeguatezza rispetto alle innumerevoli scoperte che sono state fatte dal passato ad oggi, spesso utili per le generazioni future e talvolta da scartare. Il rapido avanzamento delle innovazioni causa preoccupazioni, spesso di carattere morale ed economico. Per questa ragione, le novità medico-vaccinali dell'oggi vedono la popolazione mondiale divisa in due categorie: coloro che sono sempre aperti ad accettare e imparare le novità; e coloro che sono legati alle proprie tradizioni e radici passate e sono molto turbati quando si tratta di modificare le proprie abitudini.

In ogni caso, l'ottimismo è la visione che accomuna la maggior parte dell'umanità verso ciò che verrà. Il cambiamento è inevitabile e la maggior parte delle volte lo sviluppo produce cambiamenti positivi. Di conseguenza, la responsabilità di chi ha più vantaggi, sia come individui che come Paese, è forse quella di aiutare chi è un passo indietro per permettere a tutti di avere le stesse opportunità.

Il tema delle vaccinazioni porta alla luce uno dei dilemmi più combattuti nel campo della bioetica, cioè tra coloro che sostengono la scienza e quindi si fidano ciecamente delle decisioni di medici e politici nella lotta alle patologie; e chi invece sostiene una posizione totalmente contraria alle vaccinazioni, rafforzando la propria posizione affermando l'esistenza di un complotto tra le lobby farmaceutiche, e ancor più sostenendo che le vaccinazioni arrecano danni alla salute. In tal riguardo, la maggior parte degli esperti del settore medico-scientifico sostiene che attraverso una campagna che dimostri l'efficacia e la sicurezza dei vaccini e una popolazione consapevole e fiduciosa, si possa ottenere un ottimo risultato da qualsiasi piano vaccinale.

Scienziati, Famiglie, Istituzioni, e varie altre categorie, giocano, di fatto, ruoli di grande importanza nella società quando si tratta di temi come le vaccinazioni, e soprattutto la responsabilità che ne consegue. Quest'ultima varia nelle sue molteplici sfaccettature da figura a figura, come da istituzione a istituzione, tuttavia è fondamentale tenere presente che il pieno rispetto delle regole comporta un grande senso di responsabilità che va a vantaggio



non solo del singolo o di un ristretto gruppo, ma dell'intera comunità, che non deve così fronteggiare una possibile emergenza sanitaria.

L'umanità però si sta evolvendo, portando con sé una maggiore fiducia nelle proprie idee personali e una sempre più grande sfiducia negli esperti del settore, creando conseguentemente indecisione sulla scelta di effettuare una vaccinazione.

Il Covid-19 ha permesso uno sviluppo del concetto sopraesposto. Il virus ha colpito la quotidianità italiana in tutti i sensi, dal lavoro più comune alla più alta carica. Le abitudini di ogni bambino, adolescente, adulto e anziano sono cambiate.

Questi cambiamenti hanno posto la popolazione di fronte a scelte, obblighi e soprattutto nuove misure di sicurezza a cui prima non si era abituati, quali l'uso di mascherine e una particolare attenzione all'igiene. Nonostante i problemi, gli italiani hanno saputo affrontare la situazione. Tuttavia, arrivare a una soluzione in poco tempo non è facile. La nuova emergenza sanitaria ha di fatto causato la necessità di stilare un piano vaccinale d'emergenza, in tal riguardo, è necessario dare rilievo a particolari categorie di cittadini con più fragilità. La decisione da prendere non è facile, e quindi la responsabilità sulle spalle di questi istituti è grande. Quindi, in conclusione, se da un lato gli esperti lavorano per noi e per il bene di tutti, è giusto che come cittadini continuiamo a rispettare le regole imposte, di distanziamento, riguardo all'uso delle mascherine, e di altri strumenti precauzionali, al fine di agire responsabilmente verso una soluzione sempre più rapida del problema. La responsabilità vaccinale deve necessariamente caratterizzare l'anima dell'essere umano e in particolare dell'uomo di oggi, che sta affrontando molte difficoltà a causa del nuovo virus presente

Dalla ricerca condotta è emerso che il concetto di responsabilità vaccinale non ha un solo significato. Rappresenta un percorso molto ampio, che va dall'interesse iniziale a conoscere le politiche vaccinali del proprio Paese, passando per la vaccinazione stessa, fino alla decisione di promuovere questo gesto affinché le generazioni future possano prenderlo come esempio.

La situazione che il governo italiano (e non) sta affrontando in questa situazione di emergenza sanitaria non è certo unica nel suo genere, in quanto vi sono evidenze di emergenze sanitarie dovute a nuovi virus già nella storia italiana, tuttavia si può definire unica per il suo tempo e per le rigorose misure di sicurezza richieste.

Il Covid-19 ci ha presentato nuove sfide quotidiane, affrontate in prima persona da medici e scienziati, che erano e sono sempre in prima linea, tuttavia, è riduttivo limitare tutto al solo punto di vista scientifico: l'immunizzazione e vaccinazione sono infatti diventate le questioni principali nel campo legislativo e finanziario mondiali, e attorno a questo fluido si stanno ridisegnando gli scenari geopolitici globali.

È quindi necessario comprendere la responsabilità dietro un gesto relativamente semplice come quello di vaccinarsi.