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COMMENTARY/POLICY

# Vaccination, Adolescents, and the Mature Minor Standard in Ohio

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**ABSTRACT**

Controversy in recent years surrounding the vaccination of minors and the stories of adolescents like Ohioan Ethan Lindenberger, who went viral for a Reddit post in 2019 in which he asked for advice after discovering that he had never been vaccinated, have raised questions about whether allowing adolescents to vaccinate without parental consent is acceptable. This article discusses the mature minor doctrine, Kantian philosophy, and principlism to argue that not only is it acceptable to do so, but there is already precedent in Ohio law, and doing so would be beneficial to public health in Ohio.

**Keywords:** Vaccination; Adolescents; Mature minor; Parental consent

## INTRODUCTION

Vaccines are perhaps the best modern example of a medical innovation's success being its own worst enemy. Those who remember the scourge of diseases such as polio and measles in the United States are dwindling in population, and with them often goes the memory of their fear, panic, and desperation. Estimates from the World Health Organization (WHO) place the lives saved from vaccinations at 3.5 million to 5 million each year,[1] and many Americans are far removed from the realities many developing nations face when accessing vaccines. Yet, vaccines have been followed by criticism, suspicion, and fear since their creation,[2] often for good reason. The history of vaccine testing on children is fraught with controversy and ethical violations; from the first vaccine being tested on a child to the American hepatitis experiments at Willowbrook.[3] Young children have often been at the center of discussions about vaccination for terrible reasons.

During the COVID-19 pandemic, some of that focus shifted to the gray area of adolescence as families grappled with whether to vaccinate their teens. In Ohio, stories on the topic of vaccination in adolescence have made national headlines, like the story of Ohioan Ethan Lindenberger who went viral for a Reddit post in 2019 in which he asked for advice after discovering that he had never been vaccinated.[4] Other stories from nearby states made headlines in the aftermath of COVID-19, like that of Nicolas Montero who used a law in Philadelphia to be vaccinated for COVID-19 against his parents' wishes, have grabbed headlines in recent years as anti-vaccination sentiment has spread in the United States.[4] In the age of the internet, teenagers are able to access more health information than ever before, and it's no surprise that young adults feel more empowered to make these kinds of choices. Adolescents in Ohio (from age 15 years and above) should be able to pursue routine vaccination from a licensed physician without the consent of a parental guardian given the already established precedent in state laws for special circumstances. While consequentialist frameworks are commonly used to encourage vaccination for the benefit of everyone and justify the use of mandates, these arguments won't be the focus of this paper. Instead, this paper will cover a Kantian framework focused on the universalization principle and acting for the benefit of others as well as the autonomy of a mature minor and the minimal risk of harm.

### Medical Literature and Past Discussion

Evidence has shown that vaccine refusals correlate to outbreaks of vaccine preventable diseases such as measles and pertussis, emphasizing the importance of giving adolescents another opportunity after a parental refusal earlier in life.[5] Lower childhood vaccination rates are generally tied to outbreaks of childhood infections, putting not only the young children without vaccines at risk, but also their peers.[6] Despite this risk, more and more parents are choosing the opt-out every year. The Centers for Disease Control and Prevention (CDC) data shows that more

kindergarteners did not have all required vaccines in 2021 compared to 2019.[7,8] Many parents forget the real impact of some of these preventable diseases because of the effectiveness of modern vaccines and public health initiatives, making it easier to justify a refusal. For example, diphtheria, a bacterial infection, can have mortality rates of 20% in children under 5 years of age.[9] Other diseases, like measles, can have long-term consequences for children such as intellectual disabilities caused by encephalitis.[10] When this reality is not the everyday lived reality for parents, it can be easy to minimize the impact. Ultimately, exposure to these kinds of pathogens can happen at any point in someone's life, making any opportunity, even later in adolescence, to reverse a vaccine refusal an important opportunity for changing course. In a state like Ohio, this kind of expansion could put the state closer to herd immunity. Ohio's vaccination rates at 24 months are generally on par with the rest of the country, but could be slightly improved.[11] For example, herd immunity for measles is around 94% of the population (or 94 out of every 100 people).[12] In Ohio, at 24 months, 91.5% of children are given the measles, mumps, and rubella (MMR) vaccine.[11] Expanded access in adolescence could give that number an important bump.

Questions about allowing minors to consent to vaccines without parental approval are not new in medical literature, and the discussion is usually spurred by a concern about a specific vaccine such as the human papillomavirus (HPV) vaccine.[13] The Society for Adolescent Health and Medicine published a position paper on the topic in 2013 encouraging states to allow for exceptions to parental consent for adolescents in certain circumstances,[14] and other studies around that time suggested that some medical professionals believed this could help improve access.[15] Studies have found that physicians and adolescents seem to be on the same page about adolescent involvement, with physicians surveyed supporting minor consent to vaccination[15] and other surveys showing support for involvement among adolescents.[16] An article published in *The New England Journal of Medicine* in 2019 about measles outbreaks shows that the issue of adolescents and consent to vaccination has been slowly building over time as more and more parents opt-out of childhood vaccines.[17] However, much of the literature on the topic comes from the recent pandemic era, spurred by both the cultural divisions and other events such as the authorization of the Pfizer-BioNTech COVID-19 vaccine for adolescents in 2021.[18] Some of the discussion emphasizes the reality that due to social media, some adolescents are more informed about vaccination than their parents.[19] The COVID-19 vaccines also presented unique circumstances that separated the literature on the topic from other vaccines, specifically the balance between personal autonomy and an ongoing public health emergency.[13]

**The Legal Landscape for Minors**

For most of the history of vaccination in the United States, the discussion has focused on the allowability of vaccine mandates broadly. The 1905 Supreme Court case *Jacobson v Massachusetts* ruled that states are allowed to enact a vaccination mandate to protect public health.[20] Interestingly, the Supreme Court also ruled that "the legislature may exempt children from the law without violating the equal protection rights of adults if the law applies equally among adults."[20] Various public health crises throughout the last century have had a disproportionate impact on children and families, leading to an emphasis on vaccinating young children. For example, the rollout of the polio vaccine in the 1950s heavily focused on children, leading to the Vaccines for Children (VFC) program later on (in 1994).[21] As standards around informed consent have developed for adults, an understanding that parental permission is required has also developed for children.[22] Since informed consent is a term reserved for a competent, autonomous adult, parents cannot give consent for their children, but can, rather, give their permission. For all adults, the standard age of consent is 18 years, which is standard practice for most medical treatment in the United States with few exceptions.[22] In addition, it is important to highlight the 1977 National Commission's definition of a child when considering pediatric research. The National Commission defined a child as "persons who have not attained the legal age of consent to general medical care as determined under the applicable law of the jurisdiction in which the research will be conducted."[23] This definition highlights that a "child's" legal status is directly dependent on the laws where the child in question resides. Simply, the definition of a child is malleable to a certain extent, allowing for exceptions and changes.[23]

While these exceptions vary state by state, minors are generally only able to make their own medical decisions before the age of 18 years in instances of emancipation, specific special enumerated circumstances (such as sexually transmitted infection (STI) testing, pregnancy, etc), and when the mature minor doctrine is applied.[22] The mature minor doctrine is the common-law rule that allows an adolescent who is mature to give consent for medical care when necessary.[24] While this doctrine is vague and contains a number of possible factors, there are general commonalities in the interpretation from the legal system, such as the ability to understand and communicate information, the ability to understand the risks and benefits, and that a minor understands their diagnosis, among many others.[25] These guidelines echo the standards found in many informed consent processes for adults, such as a person's comprehension, voluntariness, and the impact to someone's health.[26] When determining whether a minor is competent enough to make their own medical care in a pediatric setting, this is often the framework that is used. The doctrine is also supported by commonly cited evidence suggesting that minors above the age of 14 years make decisions in a similar way to adults.[27]

The mature minor doctrine is commonly used in situations where state or local law allows for exceptions or special circumstances. In Ohio, so-called special circumstances include testing for STI, HIV/AIDS testing, mental health care, and abortion-related health care.[28] Other states have a similar list of exceptions, including allowing a minor to be vaccinated without parental permission.[29]

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Alabama allows minors above the age of 14 years to be vaccinated without parental permission, and Oregon allows for minors 15 years of age and up to receive certain kinds of care (including vaccines) without parental permission.[29,30] In Delaware, anyone above the age of 12 years can get vaccines related to STI.[31] Other states, such as California, allow for only certain vaccinations (the HPV vaccination and hepatitis B vaccination) while municipalities within the state might differ.[29] In all of these cases, the concept of the mature minor standard is a cornerstone in laying the argument for why vaccination is legally permissible.

**Vaccination as an Individualized Treatment**

In discussions surrounding vaccination in public health, consequentialist (specifically utilitarian) reasoning is a common justification due to the realities of herd immunity. Typically, the logic is that the more people are vaccinated, the more effective the vaccine will be, and the safer society-at-large remains.[32] This is not an objectionable position. However, in this circumstance, consequentialist reasoning does not seem to be the driving force behind an adolescent patient's decision. Herd immunity is important, but many teenagers also cite wanting to protect themselves as one of their primary concerns. In the minds of most people, vaccination is a treatment and that's still an individual choice, with the secondary benefit of herd immunity for others.[33] It's worth focusing on the benefit to the individual as a treatment and personal prevention in this specific situation.

Commonly, the conflict surrounding adolescents and vaccination arises from a conflict between the teen and the family, specifically due to religious or ethical beliefs. While parents are typically given precedence in decisions about their child's health care, this decision-making power is not unlimited.[34] In modern pluralistic society, it also cannot be assumed that a family always acts as a single unit with unified beliefs. For a long time, physicians have been able to safely assume that children and their parents share a moral community,[35] but in the age of the internet and expanded access to information this may not be the case. Adolescents may genuinely hold different moral, political, and health-based beliefs about their care than their parents—sometimes radically different! The advocacy group Teens for Vaccines includes the stories of many ambassadors on their website, including the stories of young people whose parents are strongly anti-vaccine or believe in conspiracies surrounding QAnon, while they themselves do not.[33]

For mature adolescents, this combination can cause not only moral distress but also serious concerns about their own health. This is not a unique concern to vaccination. In other situations, special exceptions within state law exist for this exact reason (like HIV/AIDS testing). It is well understood that young adults may not pursue treatment if they believe a parent will punish them or disagree. In these situations, it is recommended that physicians treat the adolescent patient in the interest of what is best for the patient, and then initiate a discussion about informing their parents later on.[22] While it has been previously argued that immunizations may not meet the threshold for this kind of legal protection or intervention based on the lack of immediate threat presented,[36] this is not necessarily true. As we discovered during the COVID-19 pandemic, the exposure risk to a pathogen is constantly shifting in a world in which people are constantly traveling. Being unvaccinated may make a normal activity, like domestic air travel, much more dangerous for a teenager. Additionally, there are more risks than just the physical risk to an adolescent's well-being. Adolescents may be substantially restricted by these parental choices in college admissions choices, work environment, K-12 public school requirements, participation on sports teams, and other situations where a minor may be not allowed to participate if unvaccinated. This is the current standard in Ohio, although there are some exceptions. In situations where the adolescent may be able to participate, they will likely create a threat to others—such as adolescents with disabilities. There need not be an ongoing pandemic or measles outbreak to create an immediate threat when the reality of living a 'normal life' as an unvaccinated person may be a threat on its own. Given the relatively minimal risk of vaccination when compared to the real possibility of an unvaccinated adolescent contracting measles or chicken pox (or giving it to others),[37] the risks and benefits to a young person become clear. Requiring an adolescent to go without vaccination due to a parental belief is far more dangerous than allowing a mature adolescent to make the choice to vaccinate.

**A Kantian View**

Another possible ethical approach is to turn to the works of Immanuel Kant whose deontological framework often fits well into public policy-based approaches due to its structure. There are 2 lines of thinking within Kant's work that can be used to justify this type of action. First is the maxim that all moral rules should be universalizable (apply to everyone) to justify their use.[38] In public health and policy, it is important to highlight that a law must be applicable and appropriate for everyone. In this situation, the question is simple: If all adolescents (age 15 and above) were able to make the choice to vaccinate themselves (without parental permission), what kind of world would that be? The answer is that it would be a world with much more autonomy for adolescents and broadening access to vaccination across the country. While all vaccination carries a risk, adolescents would be able to choose this risk for themselves—perhaps a real trial-run to full medical decision-making. Allowing a young adult to access the HPV vaccine before they are sexually active or a student to opt-in to the MMR vaccine before applying to colleges could be a strong on-ramp to future choices. This is simply not a world where parental decision-making falls apart, but rather a recognition of the transitory nature of adolescence.

Second, Kant is most well-known for his belief that people should not be treated as a means to an end, but rather have inherent human worth.[38] As noted in the stories of minors who disagree with the beliefs of the parent(s), whether that be religious, ethical, or

affiliations with QAnon, it is clear that children in these situations are often asked to represent their parents beliefs in a way that might be harmful to them. Adolescents in this situation are asked to fulfill their parent's duties and moral obligations over their own, therefore asking a teenager to act as a means for their parents ends. But parental decision-making is not unlimited. As noted by Hickey and Lyckholm, there are several situations in which parental autonomy is limited by the state in medical decision-making such as courts overruling parents in Jehovah's Witnesses in blood infusion cases.[34] There are also gray area cases in the law, like the laws that protect Christian Scientists who wish to use faith -based healing on their children.[34] But the mature minor doctrine, when applied to each of these situations, allows for nuance when there is a notable disagreement between parent and child, especially a mature adolescent. For vaccination, a situation that is far more low-stakes in comparison, it seems allowable to give an adolescent the space to make this decision and live out their own values. In a situation where a minor is a young child and their values have not yet formed, it is understandable to assume that the family has unified values. However, once a young adult starts developing their own values it would be wrong to require them to live out values that could plausibly put them in danger.

**Principlism, Harm, and Best Interests**

While Beauchamp and Childress's theories of principlism as laid out in *Principles of Biomedical Ethics* have their limits, the framework can still be useful for sifting through the different scenarios and conflicts that might emerge when combined with other theories and considerations.[39] First, respect for autonomy, or self-ownership, requires that a competent individual's choices are respected. Beauchamp and Childress write about autonomous actions as those that are intentional, with understanding, and without controlling influences that determine their actions.[39] For minors, all 3 of these may come into question. However, a case can be made that older adolescents meet many of these qualifications. An adolescent who is purposefully seeking vaccination, assuming this act may be against a parent's wishes, is not likely to be making an impulsive or easy choice. Adolescents often understand their parents' concerns and deeply held beliefs, and may also fear anger, retribution, and creating division within the family. And yet, they are seeking out medical attention, treatment, and guidance—an act that shows intentionality, understanding, and acting without controlled influence. For these mature minors, they are clearly autonomous enough, despite their age, to make this choice.

The 3 other principles of beneficence, nonmaleficence, and justice also come into play in vaccination. Beneficence and nonmaleficence, which are often paired together for good reason, speak to a physician's obligation to both do good by a patient and not to do evil. Beneficence can best be described as a moral obligation to intervene on behalf of a patient's best interests, while nonmaleficence is more so a requirement not to needlessly cause harm to a patient.[39] In the case of an adolescent seeking to be vaccinated without parental permission, the patient at the center of the question remains the minor. While they are not yet a legal adult, they have decided what they believe their best interest to be and are acting accordingly to get medical treatment. Vaccination not only protects the minor and their values, but also protects everyone around them from potential harm. As for nonmaleficence, the question becomes the risk of serious harm to the adolescent patient. While risk varies by vaccine, the harm of being infected by the disease is often much greater than the risk posed by the vaccine. For example, in recent years concerns about the safety of the HPV vaccine have grown in the United States due to political discourse and social media misinformation, despite HPV being the most common sexually transmitted disease in the United States.[40] The HPV vaccine "protects against six different kinds of cancer (cervical, anal, back of the throat, penile, vaginal, and vulvar),[41] "at a time where there are global concerns about the growing number of cancer cases.[42] While parental concern is a normal part of medicine, there are strong data over 15 years of extensive testing to suggest that the HPV vaccine is incredibly safe.[41] In this situation, it is absolutely permissible to ensure that a young person has access to preventative treatment given a physician's beneficence and nonmaleficence-based duties to the patient. Lastly, while there are many theories of justice, bioethics is often focused on distributive justice in health care. Ensuring that access to vaccination is just must include adolescents who wish to receive it for their personal benefit and the benefit of others. It would not be just or equitable to deny an autonomous person a treatment that could potentially save their life based on another person's values, even if that person is a parent.

## PUBLIC HEALTH IMPLICATIONS

In the United States, most children are vaccinated as young children and infants,[43] but for those that are not, taking the step to get vaccinated can be a major choice. Ethan Lindenberger, the Ohio teen who first posted on Reddit about his journey in 2019 to get vaccinated,[44] was successful in getting vaccinated once he turned age 18 years and has since testified before Congress on the topic. During the testimony he told lawmakers that, as he "approached high school and began to critically think for myself, I saw that the information in defense of vaccines outweighed the concerns heavily."[45] This sentiment about the importance of the high school years (15-18 years of age in the United States) is echoed by many of the teenagers who share this experience.[33]

While state law in Ohio required Ethan to wait to turn age 18 years, this doesn't have to be the case for others like him. The state of Ohio should make routine, medically recommended vaccination a 'special circumstance' for minors above the age of 15 years without their parents' consent. This law would open the possibility for high school students to receive vaccinations through routine clinics in high school and colleges across the state, as well as the possibility for expanded clinical trials on adolescents (after institutional review board approval). But states aren't

the only level of government that can intervene. Municipalities can also create this law, which could encourage vaccination drives in major cities with denser populations. At a time where vaccine misinformation is rapidly spreading among parents, lawmakers should allow young adults to make this choice for themselves to improve public health outcomes and catch adolescents who may otherwise fall through the cracks. Given the national political environment, state action on expanding access to vaccination may play a pivotal role in keeping communities safe.

## CONFLICTS OF INTEREST

There are not reported conflicts of interest.

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