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Reply to Brian MacPherson's commentary on my paper "Evidence Based Medicine and Contemporary Vaccine Hesitancy"

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I would like to thank Prof. Brian MacPherson for his comments which provide an occasion to clarify possible misunderstandings.

Contrary to Prof. MacPherson's reading, my paper does not argue that bio-medical evidence causally contributes to vaccine hesitancy. Instead, in keeping with the theme of the conference, I focus on why bio-medical evidence does not *persuade* those who are hesitant to vaccinate.

In the paper, I note that bio-medical experts respond to hesitant parents and their fear of side effects post-vaccination by referring to population level data. This data defends vaccine safety and claims that adverse side effects post-vaccination is extremely rare. But this proves ineffective as hesitant parents do not evaluate vaccine safety at the population level but in relation to their child. Consequently, hesitant parents are more worried than reassured when experts claim that adverse side effects are rare, because any risk could mean that their child could be affected.

Pointing to the inability of population level data to persuade hesitant parents is not the same as claiming that such data causes parents to be hesitant to vaccinate. The parental concern with side effects is caused by a number of factors, chief among them being misinformation against vaccines. If vaccine hesitancy is to be combatted, these contributing factors need to be dealt with effectively. My paper is an attempt to ask why bio-medical evidence is not persuasive enough to reassure hesitant parents and effectively check the influence of misinformation.

Clarifying this misunderstanding also sets up a disagreement with Prof. MacPherson, who notes that bio-medical research should focus on research and not concern itself with persuading hesitant parents. He sees this to be the task of public relations. His argument claims that medical research is geared towards the greater good of populations along with informing and convincing the medical community. Convincing lay individuals falls outside the medical community's responsibilities. The rationale being that bio-medical research is science, not therapy or care of the individual patient. Hence, Prof. MacPherson argues that medical research has no obligation to convince the public that they should vaccinate.

In reply, I conclude with two objections. *First*, I question the strong distinction between research and therapy in the case of bio-medicine. My paper discusses bio-medical research as part of what is called the Evidence Based Medicine movement (EBM), the dominant paradigm in bio-medicine. EBM does not make the strong distinction between research and therapy. Crucial to EBM's success has been the manner in which the best research and evidence is made available for therapy or care of the individual patient. Therefore, it is unclear if the strong distinction that Prof. MacPherson draws between research and therapy is applicable to bio-medicine, which is after all an applied science.

Second, if the strong distinction between research and therapy is not applicable to bio-medicine, then bio-medical experts are called to effectively persuade the public to vaccinate. In this regard, it is advisable that bio-medical experts be cognizant that what persuades experts may not persuade lay persons.