



ORIGINAL ARTICLE

## Demands and expectations of parents who refuse vaccinations and perspective of health professional on the refusal to vaccinate<sup>☆</sup>

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Informed consent;  
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### Abstract

**Objectives:** To examine the opinions, beliefs and attitudes about vaccination, of parents who decide not to vaccinate their children. To determine the opinions and attitudes of the health professionals on the behaviour towards childhood vaccination.

**Method:** Qualitative research based on semi-structured interviews and focal groups in Granada, Spain, including parents who chose to not vaccinate their children, and healthcare professionals who can provide a technical point of view. An analysis was made of the semantic content, and answers were categorised in thematic units.

**Results:** The parents argued on the benefit of suffering vaccine-preventable diseases in a natural way, without non-natural, aggressive or toxic products. Vaccination was considered unnecessary, if given adequate hygienic-sanitary conditions, effectiveness unproven and more dangerous than the diseases they prevent, especially the polyvalent vaccines. They believed that vaccination programs are moved by biased studies and interests other than prevention. Health care professionals believe that they had fears without scientific basis, which requires improving information systems.

**Conclusions:** Non-vaccinators are unaware of the benefit/risk ratio between the vaccination and the individual risk for preventable diseases, and ask for informed consent. Health care

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**PALABRAS CLAVE**

Vacunas;  
Rechazo al tratamiento;  
Vacunación obligatoria;  
Cobertura de  
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professionals believe that non-vaccinators' arguments are not correctly contrasted and expose the existence of failures in actual vaccination coverage and information registration systems. It was suggested to centralise registers and compare them in schools, working with local leaders and reporting regularly on the status of vaccine-preventable diseases.

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### **Demandas y expectativas de padres y madres que rechazan la vacunación y perspectiva de los profesionales sanitarios sobre la negativa a vacunar**

**Resumen**

**Objetivos:** Explorar las opiniones, creencias y actitudes sobre la vacunación, de padres y madres que deciden no vacunar a sus hijos/as. Conocer las opiniones y las actitudes de profesionales sanitarios sobre el comportamiento de estas personas hacia la vacunación.

**Método:** Investigación cualitativa basada en entrevistas semiestructuradas y grupo focal a padres/madres de Granada que deciden no vacunar a sus hijos/as y a profesionales sanitarios implicados en la vacunación infantil. Análisis de contenido de tipo semántico con categorización de respuestas en unidades temáticas.

**Resultados:** Los padres argumentan el beneficio de presentar enfermedades inmunoprevenibles de un modo natural, sin productos antinaturales, tóxicos o agresivos. Consideran la vacunación innecesaria si se dan adecuadas condiciones higiénico-sanitarias, de eficacia no demostrada, y más peligrosa que las enfermedades que evitan, especialmente las vacunas polivalentes. Piensan que los programas de vacunación están movidos por estudios sesgados e intereses distintos de la prevención de perfil comercial. Los profesionales opinan que los que rechazan la vacunación tienen temores de base pseudocientífica, que es necesario mejorar los sistemas de información/comunicación, tener una postura conciliadora y una sólida formación sobre seguridad vacunal.

**Conclusiones:** Los no vacunadores han perdido la percepción del balance beneficio de la vacunación frente al riesgo individual de presentar enfermedades inmunoprevenibles y plantean la necesidad del consentimiento informado. Los profesionales consideran poco contrastadas las argumentaciones de los no vacunadores y exponen la existencia de fallos en las coberturas reales de vacunación y en los sistemas de registro de la información. Como mejoras se plantea centralizar los registros, compararlos con los listados de educación, trabajar con líderes locales e informar periódicamente sobre la situación de las enfermedades inmunoprevenibles.

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**Introduction**

Treatment refusal is part of the general theory of informed consent, which is the decision-making model currently applied in modern bioethics.<sup>1</sup>

In Spain, this decision-making model is governed by Law 41/2002, of 14 November, which establishes the basic regulatory law for the patient's autonomy and the rights and duties regarding clinical information and documentation. This law stipulates that patients can always exert their moral autonomy and make whatever decisions they deem appropriate in relation to their body or health, save for those cases that are determined by the law.<sup>2</sup> In the case of vaccination, there is the particularity that an individual's choice can have an effect on the health of the community.

With the advance in the capabilities of the healthcare system, increasing wellness and quality of life has become more important, and it has become a widespread belief that just as a patient can choose a medical option, another can choose to refuse it.<sup>3</sup>

In recent decades there have been considerable changes in vaccination programme (VP) coverage and in vaccine effectiveness due to a gradual increase of the number of people who choose not to have vaccinations.<sup>4-6</sup> Among them there are individuals who reject all vaccinations<sup>7</sup>, while others only refuse certain vaccines claiming that the immune system is altered or the disease has been eradicated. They defend personal freedom and question vaccine safety and efficacy.<sup>8</sup>

In Spain, vaccines are not mandatory but recommended. Ideally they should be administered routinely in childhood<sup>9</sup>, eliminating ethnic, social, and economic disparities to achieve individual protection and avoid clusters of individuals within the population who are susceptible to vaccine-preventable diseases. VPs are a public health and primary care prevention strategy that have universal benefits, resulting from using available vaccines and applying appropriate public health policies<sup>10</sup>, but they require ongoing adjustments in every country, region, and health district according to epidemiological surveillance data.

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