

JUNIOR A, ROUND 5

That we regret the right of parents to deny COVID-19 vaccines to their children

1. Type of topic

This is an empirical topic, which means neither team has “fiat”, which is the right to exactly define the policy being debated, and the general assumption that whatever policy they propose is feasible. Rather, “that we regret” topics exist within the confines of the world as it is compared with the world as it would have been without the policy.

The best interpretation of this topic is *“That the world would have been better if Parents did not have the right to prohibit their children from receiving COVID-19 Vaccinations”*. Rather than adopting models and countermodels, both teams must use a reasoned argument to illustrate what the *most deductively likely outcome* would look like were the policy passed, and were it not passed, and then compare the two. This argument is called a “counterfactual”. A counterfactual argument requires reasoning that shows why a particular outcome is likely; for instance, the affirmative team might argue that *even where parents do not choose their children’s’ vaccination status* the underlying issue would still be significant and might even become worse! The negative might rebut that assumption.

A deep level of engagement with the opposition’s arguments, that addresses their reasoning about causation, is particularly important in empirical debates.

2. Background/Context

Doctors and other medical professionals cannot treat a patient unless they have the patient’s permission. The process by which the patient provides permission is called giving consent.

There are three criteria that someone must meet to be able to provide consent. Firstly, patients cannot be coerced into making a decision. This means that they cannot provide consent if someone is forcing them to make the decision.

Secondly, consent must be informed. This means that patients must be told what they’re consenting to, and what risks are involved before they can consent.

Finally, someone can only consent if they're competent. This means that they must be able to understand what they're being told about the procedure, and be able to comprehend the risks and benefits. If someone does not meet all three criteria, they are not allowed to consent to treatment.

However, children are usually not allowed to provide consent for medical treatment and procedures. Instead, their parents must provide consent on their behalf. This means that a parent can choose to withhold consent for certain procedures. For example, children aged 5-11 require their parents' consent to receive a COVID-19 vaccine. If their parents wished, they could choose to withhold consent, stopping their child from becoming vaccinated. This debate is asking you to consider whether the world would be better if parents did not have this right in the specific case of COVID-19 vaccinations.

It may be useful to consider other cases where a patient's consent can be overruled. For example, in emergency situations where somebody is unconscious and requires immediate treatment, consent is not required. You will also have to consider a child's right to autonomy (that is, their right to determine their own medical treatment), a child's right to privacy, a parent's right to consent for their child, and a child's ability to consent.

Finally, it should be noted that there are some cases in which a parent's view can be overruled. In some cases, a court can overrule a parent's decision and provide consent on behalf of their child. Further, in some situations, a child can be allowed to provide their consent when: (1) they are able to understand the nature, consequences and risks of the treatment, (2) the treatment is in the best interests of the health and wellbeing of the child and (3) that opinion is held by at least 2 medical practitioners. However, it should be noted that these mechanisms are rarely employed except for in exceptional circumstances, so that in practice parents are usually able to withhold consent for their child to be vaccinated, even if this is not what the child wants.

3. Questions to Consider

- What is the role of the medical system?
- What is the role of consent in the medical system? What is the role of consent more generally? What is the purpose of the age of consent?

- What rights and responsibilities do parents have?
- What is the purpose of parental rights?
- What control do parents have over their children's lives? Is this reasonable? Why?
- What rights do children have? Do they have more or less rights than adults? Why is this the case?
- Should children have the right to determine their own medical treatment?
 - o If so, why should they have this right?
 - o If not, why should they be denied this right?
- What is the change between a world with parental decision making on COVID Vaccinations versus a world with child decision making on COVID Vaccinations?
- Consider the impacts of the change on:
 - o Parents;
 - o Children;
 - o Political Rhetoric;
 - o The Health Care System
- Has this been done before? And if not, who wants this to be done?
 - o Why? Why not?