

# 4.39: Dr Zeb Jamrozik, ID ethicist, practicing doctor, great thinker

Season	4
Type	Plenary Session

## We Discuss:

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- Introduction [0:42]
  - Workplace mandates [1:00]
  - Vaccines [15:18]
  - Trial vs reality [18:16]
  - Variants [27:00]
  - Looking back [30:43]
  - Crisis in public health [39:14]
  - Joe Rogan [46:27]
  - Mandates pt. 2 [52:50]
  - Vaccinating kids [1:02:43]
  - High quality masks [1:07:48]
  - Weathervanes [1:14:23]
  - Moving forward [1:22:46]
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## Plenary Session 4.39 Show Notes

### Overview

## Conversation with Dr. Zeb Jamrozik

- **YouTube**

- [Watch this conversation on YouTube](#)

- **Introduction [0:42]**

- [Dr. Zeb Jamrozik](#) is a bioethicist and internist at the Monash Bioethics Centre and the University of Oxford
  - He has served in World Health Organization Ethics Working Groups on a variety of infectious disease-related issues.

- **Workplace mandates [1:00]**

“It's hard for me to see how a mandate could be justified, especially a mandate for boosters, and especially for young healthy males, you know, in whom the risks of that booster of having an mRNA booster might actually outweigh the benefits.” -  
Dr. Jamrozik

- **Omicron**

- Whatever difference Omicron makes in terms of individual severity, it cannot be that significant.
  - Where Omicron really shines is in vaccination effectiveness against mild illness

- **How can vaccines prevent transmission?**

1. They can stop you from getting infected or getting mild disease
  - a. But when it comes to Omicron, the vaccines fail to do that after only a few months
2. They can also prevent transmission by changing the trajectory of your infection, so that you're less infectious to others if you are infected
  - However, in the context of Omicron, the vaccines only reduce transmission for a few months by reducing your *mild infection rate* for a

*few months*

“That's not the kind of effect that would justify a mandate.” - Dr. Jamrozik

- Comparing vaccines to seatbelts
  - How is this a different argument?
    1. In contrast to a seat belt, no one injects a chemical into your body.
    2. You don't lose your job if you don't wear your seatbelt → you get a ticket
    3. Additionally, society did not compel individuals to do so in 3 months (the time it took to implement vaccine mandates)
      - a. It took years to enact seat belt legislation
- **Vaccines [15:18]**
  - What proof do we have that there is still a permanent decrease in hospitalization after two doses?
    - Although transmission rates are starting to converge, it is difficult to envisage a confounding factor in the observational data explaining the advantages of taking two vaccination doses
- **Trial vs reality [18:16]**
  - There are several grounds to believe that the effectiveness of an intervention in real life will be much less than in the experiment.
    - This is because trials are conducted under *idealized* circumstances
      - We must take this into consideration when determining the true benefit of anything

 **Infectious Disease Ethics**  
@ID\_ethics

A 1928 paper on the spread of respiratory viruses from Europeans to Eskimo, including asymptomatic transmission:

"It was not necessary for a member of the expedition to be symptomatic for the malady to appear [among the Eskimo]"

[#IDtwitter](#) [#epitwitter](#)

 [jimmunol.org](http://jimmunol.org)  
Susceptibility of Eskimos to the Common Cold and a Study ...  
Eskimos are very susceptible to upper respiratory infections on contact with the outside world. Ordinary bacterial ...

11:27 PM · Sep 27, 2020 · Twitter Web App

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[Source](#)

- Susceptibility of Eskimos to the Common Cold and a Study of Their Natural Immunity to Diphtheria, Scarlet Fever and Bacterial Filtrates
  - Peter Heinbecker and Edith I. M. Irvine-Jones; *The Journal of Immunology*
- Consider the contrast between smallpox and measles initially introduced to the Americas by European conquerors, and what smallpox and measles did after everyone in the population was exposed
  1. Everyone gets infected eventually

2. The average age at first infection falls
  3. Once endemicity is reached, reinfections become a larger fraction of the total incidence of infection over time
  4. As a result, the severity of each illness will decrease
- **Variants [27:00]**
    - We already have four main endemic coronaviruses that have infected people billions of times over hundreds of years → And they have never been more lethal
      - They're not trivial viruses, but they've never evolved into something that's incredibly lethal
  - **Looking back [30:43]**
    1. We betrayed children
      - a. How could they have done so much harm to children, for a virus that was clearly not dangerous to children?
    2. Missed opportunities
      - a. e.g., Equal sick leave opportunities, public health research, etc.
    3. Ignoring myocarditis in the youth when the safety signal was clear
    4. What were the benefits of lockdown?
  - **Crisis in public health [39:14]**
    - There are two crises in public health
      1. Crisis of evidence
        - a. You can't be sure of the benefit of an intervention until you've conducted a trial
      2. Crisis of ethics
        - There's a huge moral obligation and ethical obligation to get high quality data, when you're going to roll out an intervention
          - This makes sure we're using resources appropriately

- Even more importantly is requiring a burden of proof before implementing mandates
- **Joe Rogan [46:27]**
  - We need to talk about the vaccines
    - UnHerd article by VP
 

“I really do think that 10 years ago, there would not be a single professor who would say you need to shut this guy's podcast down” - VP
  - Who's free to talk about things?
    - Lockdown is not egalitarian: the costs fall on the global poor
      - Broadbent et al., *The Lancet*
- **Mandates pt. 2 [52:50]**
  - Public health is allied with the political left in this country
    - Because of this, public health becomes both a tool of law enforcement and a tool to punish your political opponents
 

“To justify this level of kind of social intervention requires that you're kind of doing something for as many people as possible, and not for arbitrary reasons.” - Dr. Jamrozik
  - What are the limits of the state in public health emergencies?
    - The current system just shows it's ripe for abuse
- **Vaccinating kids [1:02:43]**
  - If we force people to vaccinate their children - it's potentially the recipe for a public health disaster



**Infectious Disease Ethics**  
@ID\_ethics

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Fearful claim that #covid19 variants are likely to evolve to be more harmful to children

If so, why did this never happen with other coronaviruses?

Covids OC43, NL63, 229E (etc) just go on causing the common cold (+ rarely other effects) in kids, generation after generation...

**New York Times Opinion** @nytopinion · Mar 30, 2021

Covid "variants that cause worse disease among children are likely to emerge from children themselves, especially with adults becoming less hospitable hosts for infection as vaccinations rise," write @jeremyfaust and @angie\_rasmussen. [nyti.ms/3foGsnr](https://nyti.ms/3foGsnr)

7:00 PM · Mar 30, 2021 · Twitter Web App

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**Infectious Disease Ethics** @ID\_ethics · Mar 30, 2021

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Replying to @ID\_ethics

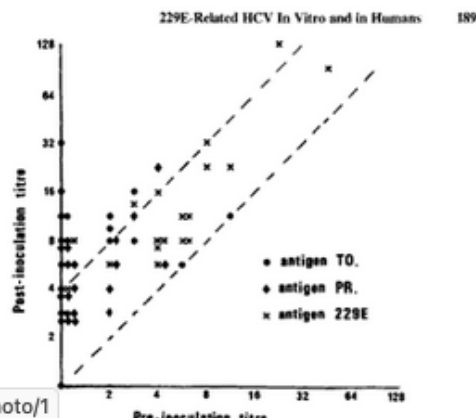
Note that other coronaviruses also have variants, and for decades we have had evidence of lasting, cross-variant, post-infection immunity

[pubmed.ncbi.nlm.nih.gov/6319590/](https://pubmed.ncbi.nlm.nih.gov/6319590/)

**Infectious Disease Ethics** @ID\_ethics · Dec 22, 2020

Cross-reactive immunity to closely related strains / variants of #covid19 is exactly what we expect based on cross-strain immunity for other human coronaviruses (229E etc below)

Claims of immune escape are based on fear, not science  
[twitter.com/TheMenacheryLa...](https://twitter.com/TheMenacheryLa...)



1846578061312/photo/1

## Source

- **High quality masks [1:07:48]**
  - N95s work well in a very restricted second set of circumstances
    - e.g., Healthcare practitioners working with patients with TB infections
- **Weathervanes [1:14:23]**
  - Overall and COVID-19-specific citation impact of highly visible COVID-19 media experts: bibliometric analysis
    - Ioannidis et al., *BMJ Open*
- **Moving forward [1:22:46]**
  - Significant progress must be achieved for immunocompromised, high-risk, and unvaccinated persons
    - But at the same time, public health messaging must begin to shift towards hope and begin rebuilding trust
      - The virus is going to virus → but humans have to be humans again
- **Other people mentioned:**
  - Paul Glasziou
  - Martin Kulldorff
  - Peter Andrew McCullough
  - Robert W. Malone
  - Alex Broadbent
- **Other literature mentioned:**
  - When are randomised trials unnecessary? Picking signal from noise

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Plenary Session is a podcast on medicine, oncology, & health policy.

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