

Voluntary Informed Consent Under Vaccine Mandates - The Ethical Duty of Practitioners Not to Proceed

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To: Secretary@hhs.gov

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For the attention of:

Secretary Robert Kennedy
U.S. Department of Health and Human Services

Dear Secretary Kennedy

Re: The collapse of voluntary informed consent under vaccine mandates - and the ethical duty of practitioners not to proceed

I am writing to raise a fundamental ethical concern regarding vaccination practice in the United States, particularly in circumstances where vaccination is linked to mandates, penalties, employment conditions, restricted access to services, or the requirement to obtain an 'exemption'.

Vaccination is a medical intervention. A medical intervention may only be ethically performed with **voluntary informed consent obtained by the practitioner at the point of care. This duty of the practitioner is personal, non-delegable, and cannot be transferred to policy, regulation, or institutional authority**. At every vaccination encounter, the practitioner must either obtain voluntary consent, or respect the individual's decision to decline without penalty.

Where refusal requires justification, approval, or exemption, **the decision is no longer voluntary**. The very existence of an exemptions process is itself evidence that coercion already exists. Under such conditions, **the ethical pre-condition for consent does not exist, and without voluntary informed consent, the practitioner cannot ethically proceed**.

A practitioner should not be vaccinating anyone who is experiencing the intervention as a benefit for compliance, or as the price of obtaining or retaining employment, education, status, opportunity, or social participation, **rather than as a free and considered decision about a medical intervention**. When coercion, fear of penalty, or conditional participation replaces free choice, the clinical encounter ceases to be a consent-based medical interaction and becomes **ethically indistinguishable from compelled treatment**.

This ethical obligation applies irrespective of emergency declarations, public health objectives, institutional directives, or perceived benefit. **No policy setting can convert a coerced acceptance of a medical intervention into voluntary informed consent, and no practitioner can ethically rely on such a policy to justify proceeding with the intervention**.

This concern sits squarely within the sphere of federal public health leadership. The CDC procures and coordinates federally supported vaccination programs, and ACIP recommendations shape national vaccination policy and clinical practice. **Most ACIP members are medical doctors and therefore should be aware that the duty to obtain voluntary informed consent rests with the practitioner administering the intervention**.

Yet ACIP continued issuing vaccination recommendations into environments where states, employers, and institutions imposed mandates, penalties, conditional participation, and exemption-based permission - **without warning practitioners that, under such conditions, voluntary consent cannot exist at the point of care, and that the practitioner cannot ethically proceed**. In these environments, vaccination is routinely carried out where refusal carries penalty or exclusion, while **the practitioner is still personally obligated to treat the encounter as a consent-based clinical interaction - a position that places the practitioner in direct ethical conflict with their duty**.

My concern is not primarily about legal interpretation or liability. It is about **the ethical status of the act performed by the practitioner**, and the ethical responsibility of those who design, recommend, endorse, or operationalise vaccination programs in contexts where voluntariness cannot exist - **thereby placing practitioners in direct conflict with their professional duty**.

Accordingly, I seek your clear written position on the following:

1. Does HHS recognise that where acceptance of vaccination is made a condition of employment, professional registration, military service, education, status, opportunity, or access to essential social participation, the individual is not making a **free clinical decision** about a medical intervention, but is instead responding to **conditional compliance**; and that in such circumstances **the practitioner administering the vaccine cannot credibly claim to have obtained voluntary informed consent?**
2. In circumstances where an individual is not free to refuse **without adverse consequences**, does HHS agree that **an ethical practitioner should not proceed with vaccination** - regardless of policy settings or institutional expectations?
3. Given that CDC and ACIP recommendations shape clinical practice, what **ethical responsibility** does HHS accept for issuing recommendations that were implemented in coercive environments in which practitioners were placed in situations where **voluntary informed consent was impossible**?

This issue goes to the foundation of **patient autonomy, professional integrity, and ethical accountability at the point of care**. I would appreciate a clear and unambiguous written response.

Yours sincerely
Elizabeth Hart
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