

# Not qualified to speak out?

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FACED with extreme views on issues touching science, how far should society extend the right to freedom of speech?

On 12 October 2013 an article on the academic news and analysis website, *The Conversation*, entitled ‘No, you’re not entitled to your opinion’, went viral.

It has been viewed more than 626,000 times, shared 14,800 times on Facebook and retweeted 4285 times, including by the likes of Richard Dawkins and Ricky Gervais.

Written by Dr Patrick Stokes (PhD), a lecturer in philosophy at Deakin University, the crux of his argument was that those without science expertise are not equipped to comment on matters of science.

The main area of scientific expertise being called into question was vaccination — or, more precisely, anti-vaccination — a subject guaranteed to ignite debate of unusual ferocity.

In Australia, where the controversy has been described as unprecedented, the scope has widened to encompass who should be allowed to participate in that debate — and is no longer restricted to academic cut and thrust.

Recent legislative moves to impose stricter sanctions on the most vociferous and divisive section of the anti-vaccination movement, the Australian Vaccination-skeptics Network (AVSN), have rung censorship alarm bells outside the equally strident opponents of the AVSN, spearheaded by the Stop the Australian (Anti)Vaccination Network (SAVN).

These moves included an order for the AVSN to change its “misleading” former name, the Australian Vaccination Network (AVN), resulting in fresh acrimony over the acronym. Under new powers, the NSW Health Care Complaints Commission (HCCC) has launched its own complaint against the AVN. Both moves are aimed at restricting what the AVN can say and where it can say it.

Where, though, does legitimate control of potentially dangerous misinformation start and suppression of freedom of speech end? For Dr Stokes, the boundaries are not blurred.

“I don’t have any problem with people who are ‘sceptical and require better information,’” he wrote in the lengthy discussion trail following his piece in *The Conversation*. “That, after all, is how the collective knowledge of our species progresses.

“I do, however, have a problem with people who don’t accept the limits of what they are and are not capable of evaluating on their own.”

There are certain topics on which you have to earn an opinion, he told MO.

“If you want to talk about ethics or politics, then that’s a subject on which we can legitimately have a discussion. If you want to take issue with science, then you have to do science,” he says.

“Parents are entitled to share their decision [about vaccination]. But are they equipped to assess the validity of the information they are being given?”

Recent figures released by the National Health Performance Authority suggest that the parents of 15,000 children have assessed that information and decided not to fully immunise their children.

Associate Professor Julie Leask, a researcher from the National Centre for Immunisation Research and Surveillance (NCIRS), says that around 12% of parents remain hesitant about vaccination. She believes this group, which can hold the key to herd immunity, could be adversely influenced by attempts to muzzle the dissenters.

“Vaccines aren’t 100% safe and effective but it’s a bad decision not to have them. But if you create an environment of fraught conversation, you are more likely to polarise parents,” she says.

“The intentions behind any of the efforts to call out the pseudoscience and misinformation are genuine and well-meaning. But having a respectful conversation is better than shutting them down.

“The best thing is not to live in information vacuums, with good information filling the gaps so that the anti-vaccination message does not fill the gap.”

There have, however, been numerous instances when bad information has leaked into those vacuums.

The UK’s MMR uptake rates dropped to a low of 80% due to the now debunked claims of a link to autism. When the DTP vaccine was linked to encephalopathy in the late 1970s, immunisation rates fell from 80% to 30% and a third of UK GPs were advising against pertussis vaccination.

On these occasions, according to Professor Leask, too much weight or “false balance” was afforded to claims with scant scientific support in media reports.

“To give balance, it seems the only way is to give both sides of the argument around safety and go to marginalised opponents of vaccination who have some radical theories.

“So you end up missing some genuine critiques of the system.

“If we have an attitude of shutting down criticism, then we may have situations when we don’t listen when we really need to.

“With Fluvax, the culture of listening led to the suspension of a vaccine which needed to be suspended.”

There is also a real danger that the polarity of the safety argument can obscure constructive debate on issues related to vaccination.

Associate Professor David Hunter, an expert in medical ethics at Flinders University, dared to dip his toe in the murky waters of vaccination ethics in another article on *The Conversation*.

He expressed surprise over a decision in the UK High Court that an 11-year-old and her 15-year-old sister be given the MMR vaccine against their wishes, following a dispute between separated parents. The result was a comment thread of 114 posts featuring many of the usual suspects.

“I knew that I was taking a middle ground in a polarised debate and that I was going to be hammered by both sides. It drifted into the science and things that are difficult to settle because of the different assumptions. And both sides are right,” he says.

“It would be irrational to have blanket support for vaccinations as there have been vaccines that have done significant harm to people.

“Freedom of speech is a valuable thing but people shouldn’t be allowed to say just anything, and I think the AVN have made claims about the science which are indefensible.

“So I’m inclined to think that some kind of [legislation] is necessary, although there is a danger if you go in too heavy-handedly.”

Freedom of speech became the subject of renewed recent debate when the University of Wollongong (UOW) was forced to defend a decision to spend \$3000 to send one of its PhD students, Judy Wilyman, a stalwart of the anti-vaccination movement, to a US conference to present a paper on the cost-effectiveness of the HPV program.

Her supervisor Brian Martin, professor of social sciences at UOW — who has a research interest in suppression of dissent — has argued that the very fact that Ms Wilyman’s attendance at the conference became the subject of media interest is an illustration of both media bias and the unique intensity of the Australian debate.

“I have been studying scientific controversy for many years and have never seen anything like this,” he says.

“I’m a social scientist and I wouldn’t say it’s like heaven, but it is exciting to be in the middle of the debate and able to collect data on a struggle of such significance.

“But polarising the debate makes it much harder to have a sensible conversation about vaccination.”

So, where better to conduct a sensible conversation than on... The Conversation?

However, Ms Wilyman’s request to have an article published on the HPV vaccine, based on her research, was denied on the grounds that her expertise was deemed insufficient in the field of epidemiology of vaccination, as managing editor Misha Ketchell explains.

“As an editor you have to make a judgement call about what fits within fair and reasonable debate and what’s misleading,” he says.

“The right to have an opinion is irrelevant: what matters is whether that opinion is sufficiently supported by evidence to be worthy of publication.

“I would not knowingly or deliberately publish a view which I knew to be wrong or misleading or that misrepresented the evidence.

“We need to have open spaces for debate — but we also have an obligation to exercise care in terms of quality information we put out.”

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