

HUMAN RIGHTS AND ETHICS IN THE COVID-19 PANDEMIC. THE PHENOMENON OF "VACCINATION AT THE SINK" IN ROMANIA

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ABSTRACT

The increase in the number of confirmed coronavirus cases (Covid-19) at various stages of the pandemic, as well as the success of several waves, have highlighted the need to take action to ensure the safety of human health and to adapt the strategies so that the measures taken are as effective as possible. This paper aims to address key issues regarding the ethical challenges generated by the distribution and administration of the anti-Covid vaccine and from the perspective of fundamental human rights, considering the right to health. The work ends with a case study from the Romanian space regarding the violation of ethical and legal norms in the administration of the vaccine by "vaccination at the sink".

KEYWORDS: human rights, ethics, vaccine, responsibilities.

INTRODUCTION

The COVID-19 pandemic is probably one of the most serious challenges for humanity after the Second World War, both from the perspective of radical changes for our lives and of generated effects, terrible and particular fast. In this sense, we mention the significant loss of life at worldwide level and the pressure exerted on the governments and health systems of most states. So far, 02.12.2021, according to the data provided by the National Institute of Public Health in Romania through the National Centre for Surveillance and Control of Transmittable Diseases (CNSBT,2021), globally there are 263,720,306 confirmed cases of coronavirus infection and 5,241,839 deaths. The severity of this new situation imposed measures whose objective was to slow down the spread of the pandemic and lead to the development of new treatments and biomedical technologies to save the patients' lives. In order to limit the spread of the coronavirus infection, measures such as confinement, isolation at home, hospital admission have been taken, and even the radical measure of lockdown was applied. These measures were further supplemented by the administration of several anti-Covid vaccines. International solidarity present at the level of responsible bodies and states in an attempt to combat the spread of the pandemic by creating networks of action was an important contribution to ensuring human safety and, as far as possible, public health.

The measures taken by the authorities during the Covid-19 pandemic have seen major critical approaches both from some specialists and from citizens in general. These criticisms targeted the compromise often resorted to between individual and collective rights on public health and compliance with ethical norms in the pandemic. In this study we aim to address the very measures to ensure the safety of human health by administering anti-Covid vaccines from the perspective of fundamental human rights, considering the right to health and the underlying ethical principles this approach. The paper ends with a case study from the Romanian area regarding the violation of ethical and legal norms in the administration of the vaccine by the so-called "vaccination at the sink".

FUNDAMENTAL RIGHTS AND CIVIL LIBERTIES

The launch of the vaccination campaign against Covid-19 has brought to the attention, sometimes through over-bidding, the fundamental human rights, provided for in international and national documents. For instance, States have an obligation to protect the right to (individual and public) life and health, but this obligation should be balanced with other rights, such as the right to free movement, privacy, freedom of expression, freedom of religion. But how are fundamental human rights defined? And what is their ground? How does it differentiate itself from other types of rights? The citizens' fundamental rights, also called "human rights", are explicitly stated in international documents, unlike other rights, relevant in this respect being the Universal Declaration of Human Rights (1948). In addition to this document, mention can be made of the two Pacts adopted by the UN General Assembly in 1966 and for Europe, the Convention for the Protection of Human Rights and Fundamental Freedoms (Morosteş, 2020, p. 23).

A. John Simmons, in his work "Human Rights and World Citizenship: The Universality of Human Rights", states that human rights are "rights possessed by all human beings (at all times and in all places), simply in virtue of their humanity" (Simmons, 2001, p. 185). Therefore, belonging to humanity, to the human species, makes a human being an owner of these rights. Martha Nussbaum promotes a concept by which it binds human rights and lays as its basis the capabilities of the person to act and make choices. The author identifies ten central capacities that are "entailed by the idea of a life worthy of human dignity": life, bodily health, bodily integrity, senses (imagination and thought), emotions, practical reason, affiliation, other species, play, and control over one's environment (Nussbaum, 2011, pp. 33-34). In the author's view, to end poverty, injustice and inequity, any policy should meet these requirements because all human beings have the right to these capacities as a matter of human rights (Nussbaum, 2011, p. 62). Therefore, fundamental human rights „designate the category of citizenship rights, essential for the physical existence and mental integrity of individuals, for their material and intellectual development"(Morosteş, 2020, p. 22).

The right to health as a fundamental right of the person and collective responsibilities during the Covid-19 pandemic

Legal regulations on the right to healthcare

It can be found from the above lines that among the fundamental human rights is explicitly mentioned the right to health protection and from this point of view the state has a duty towards its citizens. The right to healthcare, as a fundamental right, is mentioned in several international documents: the Preamble Constitution of the World Health Organization (1946), the Universal Declaration of Human Rights (1948), the European Social Charter (revised in 1996), the International Covenant on Economic, Social and Cultural Rights (ratified by Romania in 1974) and the Book of Human Rights (revised 1996), the International Covenant on Economic, Social and Cultural Rights (ratified by Romania in 1974) and the Book of fundamental Human Rights of the European Union. The Universal Declaration of Human Rights expressly states that: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control".

In Romania, the right to healthcare is guaranteed by the state through the Constitution, being provided for in Article 34 (paragraph 1), so that "the state has to take measures to ensure hygiene and public health". Providing for and implementing this fundamental right of

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the person is in connection with other fundamental rights specified in the Romanian Constitution, which it must be correlated with, such as the right to life and physical and mental integrity (art. 22), the right to information (art.31), the right to work and to the social protection of work (art. 41). D. Creț refers to the documents that provide for the observance and guarantee of the rights of the child, so as not to endanger his life, bodily integrity, physical and mental health (2011, pp.208-209). The international documents mentioned in the above section, ratified at various times by Romania, as well as the constitutional provisions, represent the grounds on which a rich legislation in the field of health has been developed at national level, at the centre of which is situated Law no. 95/ 2006 with some revisions. We also mention the Patient's Rights Law no. 46 of 2003, updated on 10.01.2019.

Individual right to healthcare and collective responsibilities

The right to health is closely linked to individual physical and mental existence but is not limited to adequate and timely medical care. The UN Committee on Economic, Social and Cultural Rights points out that this right also includes other determinants of health, "such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels". For the clarity of the approach, we consider it important to approach the way in which the concept of health is defined. According to the Explanatory Dictionary of the Romanian Language (DEX 2009) health is a "good state of an organism in which the functioning of all organs is carried out normally and regularly". In the Preamble *Constitution of the World Health Organization*, health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". From a medical perspective, health is the state of normality of the physiological, mental and emotional functions of the body (Popescu, 2007, p. 27).

A different approach we find at M. Liao, who in his work "Health (Care) and Human Rights: A Fundamental Conditions Approach", defines health from the perspective of a distinction he introduces between what he means by "basic health" and "non-basic health":

"Basic health is the adequate functioning of the various parts of our organism that are needed for the development and exercise of the fundamental capacities.

Non-basic health pertains to any biological functioning that does not affect the various parts of our organism that are needed for the development and exercise of the fundamental capacities" (Liao, 2016, p. 263).

From how the definition is proposed by Liao we note that the basic health is aimed at the proper functioning of those parts of our organism that are necessary for "the development and exercise of fundamental capabilities". The diseases and inadequate functioning of vital parts and organs of the human body generated by the Covid-19 infection are framed in that "basic health" side which the state is responsible for in terms of guaranteeing it in relation to the citizens. Covid-19 outbreaks and the pandemic, as a whole, pose a serious threat to the right to protection and the health of the population also at worldwide level. A solution to reduce the spread of the Covid-19 virus infection, along with other applied measures aiming to protect the public health, is vaccination – a tool of public health through which both the individual and the members of the community are protected. Specialists claim that the achieving high vaccination rates at the level of the population influences the success of public health policies and is also the expression of compliance by states of the fundamental right to protect the health of their citizens. Vaccination policies, considered to be in the interest of the citizen and the community, were viewed differently, so some people agreed to this practice and were vaccinated, while another party obstinately refused vaccination. In Romania, for example, according to official data, until November 6, 2021, only 45% of the adult population

received a little a dose of anti-Covid 19 vaccine. In other countries in Europe, the vaccination rate is much higher, even over 90% in Portugal (Gheorghiuță, 2021). Although the state is fulfilling its obligation to ensure the right to health in the pandemic through the vaccines made available free of charge, part of the citizens choose not to exercise this right, for various reasons, given that vaccination is not mandatory. On the other hand, citizens who refuse vaccination actually choose not to exercise a right that the state guarantees and ensures towards them.

The hottest debates are being held in this context, where an individual citizen's right intersects, for example to choose to get vaccinated or not, with collective rights on public health. One of the arguments of those who refuse vaccination is that possessing a right does not mean that it constitutes an obligation if this fact is provided for as norm required by law. They also argue, the individual's right to protect health by using the anti-Covid vaccine cannot be converted into an individual obligation to protect community members' health. More specifically, an individual right does not become a community obligation in the sense of vaccinating a person in order to protect those around him from infection with the Covid-19 virus. On the other hand, vaccinated "point the finger" at the unvaccinated, whom they consider partially responsible for the spread of the virus and the large number of people admitted to hospitals, some in terminal stages of the disease. However, it is quite clear that both have at the heart of their reasonings the concept of health: the unvaccinated – that this is how they keep their health (the vaccine would be risky and could have adverse effects on their health), and the vaccinated – that only by administering the vaccine they can preserve the state of health, that basic health about which S.M. Liao talks in his study. Beyond these disputes, one thing is clear, namely that the protection of the collective right to health in the Covid-19 pandemic, can be achieved through a balanced approach of individual rights with collective responsibilities.

The effectiveness of the measures taken by governments and authorities relies also on the level of trust of the population in these measures and on the responsibility with which they undertake compliance with the measures. Perhaps before imposing restrictions and exclusive policies, the authorities should pay attention to communicating with people in order to inspiring them confidence in the results of the taken measures and to make them aware of their responsibilities to communities in such special times like those of the pandemic. Raising people's awareness in the pandemic on basic health, either by appealing to vaccination or by strictly following the imposed rules, such as wearing a mask, washing, and disinfecting hands, keeping physical distance, limiting the freedom to move, etc. could be an effective way of acting against Covid-19. Even observing all of the above, it is clear that the pandemic could not be avoided, but surely the size of the disaster would be smaller. It is therefore necessary to strike a balance and accept a compromise between individual rights and collective rights to health, based on responsibility all stakeholders socially involved. Moreover, the Universal Declaration of Human Rights refers to the limitation of some rights "for the respect of the rights and freedoms of others" (Art. 29, par. 2). In the same document, Art. 29, paragraph 1, it is stated that "every person has duties towards the community, because only within the free and full development of the individual's personality is possible". Duty towards the community can be interpreted in a key of responsibility for protecting the health of community members by protecting their own health, but only when it is accompanied with other rules and without being effectively converted into an obligation, except in the case of this precise situation where, for example, vaccination becomes legally mandatory for the population. Otherwise, these duties towards the community we believe should bear the load of responsibility to the community and public health. The issue of responsibility in the application of human rights is also dealt with by K. Sikkink who points out: "We who believe in human rights need to begin talking and thinking explicitly about the politics and ethics of responsibility" (2020, p.1). The protection of the collective right to health can be correlated, for example, with the responsibility to move only under legally established terms. The

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individual decision on vaccination on one's own initiative may be correlated with the responsibility of being a correctly informed person. The right to correct information about the administration, effects, and risks of anti-Covid vaccines is also stipulated in various documents.

In the Universal Declaration of Human Rights, reference is made in Art. 19 to the right and freedom "to receive and spread information and ideas by any means and independently of state borders". In the Romanian legislation, this right to correct information is provided in the Patient's Rights Law no. 46 of January 2003, Art. 4: "The patient has the right to be informed about the available medical care, as well as about how to use it". From the above lines it is seen how important there are for citizens both the right to access correct information about the pandemic, vaccines, and responsibilities to oneself and to the community, as well as the correct use and interpretation of this information. Accessing truncated information from unofficial sources and misinterpretations regarding the pandemic and vaccination, in the sense of disinformation of the population, have led to true currents antivaccine trends promoted either in demonstrations of supporters or through social media channels. Often framed in so-called "conspiracy theories" antivaccine movements influenced the decisions of some members of the community in not to get vaccinated. In our opinion, to this situation has also contributed the ineffective communication from the government in what the vaccination campaign means. We therefore believe that disputes relating to the crossing the individual right to health with collective rights to health, from the perspective of anti-Covid vaccination, can be mitigated by balancing these rights and emphasising the responsibility of all those involved at the social level.

ETHICS, MANAGEMENT AND DISTRIBUTION OF ANTI-COVID VACCINE

The anti-covid vaccine, as a public health tool, contributes to the protection of both the individual and the community by reducing the spread of the virus and the disease. Achieving of a high vaccination rate among the population is particularly important for a successful intervention in the protection of public health. Along with other measures to protect public health, vaccination of citizens in a high percentage is regarded as part of the solution for getting over with the pandemic. The administration of anti-Covid vaccines is marked by ethical principles inserted in guidelines that are addressed to health professionals and aspire to guide the work of those whom they are addressed to. These documents provide ethical benchmarks, by articulating ethical attitudes and behaviours, as well as values that should be undertaken by the experts. Understanding the need for an ethical framework, the World Health Organization has set up an international working group for Ethics and Covid-19, with the aim of providing guidance and answer to key ethical questions formulated by different states. R. Huxtable points out, however, that there is a potential for confusion, which could be aggravated, since the identification of "ethical" guidance by experts would not always be simple (2020, p. 2). With regard to anti-Covid vaccination, ethical considerations generally concern two dimensions: (1) the management and distribution of resources/ anti-Covid vaccine and (2) ethical principles in the administration of anti-Covid vaccine.

Ethical considerations on vaccine management and distribution

Managing the vaccine at worldwide level and distributing it is a new challenge in the Covid-19 pandemic, especially since the rate of vaccine development and production is a particularly a fast one. However, statistical statements show that although more than 5.6 billion doses of the vaccine have been administered globally by September 2021, their dissemination has been uneven. Thus, if some states managed to reach a vaccination rate that allowed citizens to return to a life relatively close to normality in 2021, with a certain safety

in health protection, other states, more precisely 24 in number, had not vaccinated even 1% of the population, according to the data provided by Rebekah Farrell. We see a lack of fairness in the distribution of resources, that is, vaccines, between states. On the other hand, the Universal Declaration of Human Rights and other international documents refer to equality between people, non-discrimination, and the right to health protection.

The unequal distribution of vaccines among citizens leads to violation of the principle of fairness and the human common right to health protection. On the other hand, communities are not equipped logistically in the same way to cope with the pandemic either, or there are many discrepancies in this regard. Access to resources does not only mean access to vaccines, but also people's access to the technology related to their use, such as Wi-Fi and/ or smartphones. But what happens if a person gets vaccinated but does not have a smartphone or Wi-Fi access? There should be alternative vaccination solutions that can be accessed on several variants: SMS, telephone, etc. However, populations with a higher degree of vulnerability are more affected by Covid-19 and face barriers in trying to improve health. We find a violation of the principle of fairness in the fact that vaccines are not available to everyone and at the same time. We must also mention the particular situations of those who have access to vaccination but cannot apply the procedure for health reasons.

Another important ethical component in the management of vaccination is the provision of data privacy by users of the software in the healthcare system in the process of collecting / using personal data. For users, it must be very clear how data is collected and used, what is their right to use it, as well as the allowed limits. The use of data for purposes unrelated to the Covid-19 pandemic would be a violation of privacy and human rights. An important aspect is the duration of keeping personal data, which must be limited and known by users in the system. Sure, we may wonder if users could share citizens' personal data with third parties? The consent of the concerned person seems to me to be absolutely required in this case. However, there may be particular situations, such as the one in which the request is made within a legal framework.

The allocation of vaccines and the monitoring of results, in order to generate confidence among the population, involves the use of clear, transparent procedures, as well as access to correct and relevant information. Transparency in this approach is essential for the confidence of the population in the act of vaccination and also regards undertaking responsibility by all stakeholders involved in the development of the vaccination program.

In the Multivalue ethical framework for fair global allocation of a COVID-19 vaccine, Yangzi Liu et al. propose an ethical framework for the fair distribution of vaccines starting from the analysis of four allocation paradigms, so that this framework is appropriate to the COVID-19 pandemic. The first principle that authors consider is "the ability to develop or buy". The ethical problem captured in the analysis starts from the fact that there are globally five multinational companies that produce the majority of vaccines in the world and negotiate with both the public and private sectors the procurement process. There are states, such as the USA, that have tried to obtain exclusivity for access to a vaccine, which would lead to an unfair allocation based on citizenship and the country's ability to pay. At the same time, other states protect their domestic production by banning producers from exporting the vaccine (Yangzi et al., 2020, p. 499.). Another principle proposed to support the ethical framework is "reciprocity", with reference to the global inequity by which developing countries, while helping to produce vaccines, do not benefit from them. The example given is of Indonesia. These situations call for "the need for a reciprocity system that improves the fair distribution of vaccines to countries involved in vaccine development" (Yangzi et al., 2020, p. 499). "Implementation capacity" is not an ethical principle, having to do with the resources and infrastructure of a vaccine administration state. For this reason, low-income countries should pay attention to improving the area of resources for the implementation of vaccination programmes. Another principle introduced into this ethical framework is "distributive justice

for developing countries", as a fundamental element for the fair distribution of vaccines (Yangzi et al., 2020, p. 500).

An ethical framework for the administration of the anti-Covid vaccine

In order to avoid slippages and prevent abuses in the administration of anti-Covid vaccines, it is necessary to guide the correct actions through ethical principles articulated in a normative framework that is known to all practitioners and subjects who get vaccinated. Since the beginning of the Covid-19 pandemic, different principles have been specified to contribute to the development of an anti-Covid approach organized on ethical bases. Ethical principles are widely used to guide healthcare conduct and are relevant to the issue of mandatory vaccination against COVID-19 of medical staff (Bowen, 2020, p. 421).

In this paper, we propose an ethical framework starting from the path of principles (principlism) promoted by Tom L. Beauchamp and James F. Childress in the book *Principles of Biomedical Ethics*, published in 1979. The peculiarity of principlism is that it is based on four principles derived from common morals, which comprises norms and rules accepted by most people, beyond cultural differences. Thus, independence from traditional ethical theories was expressed. The four principles are respect for autonomy, beneficence, non-maleficence, justice. The principles are not hierarchical, none of them have an absolute value and behave as prima facie debts. The principlism pathway addressed by excellence the needs of bioethics (medical ethics) as a framework for moral evaluation and decision (Sinaci, 2014, 137-138). These principles are interpreted in this paper in the particular context of anti-Covid vaccination and they are articulated with other ethical principles that we believe play a key role in this endeavour, without being put in a hierarchical manner.

Respect for autonomy. Autonomy relies on the fact that all persons have an intrinsic value, and no one can limit or deny the individual's free choices regarding his life and body, even if it would put his life in danger and the choice would seem inappropriate. Interpreted and applied, this principle in the particular context of anti-Covid vaccination will consider the fact that people have the right to make decisions on vaccination autonomously, to accept or reject it, based on one's own desires and beliefs, in an informed manner. In an analysis of the autonomous action, from the perspective of the one who chooses to get vaccinated, it will be considered: intentionality, knowledge of vaccination data – including the possible undertaken risks and placing the action outside of any influences that might determine its course. For the context of the anti-Covid vaccination, we mention two rules aimed at the autonomy principle: (a) the informed consent of the subject; (b) the subject's power to take a decision. Mandatory vaccination policies, in particular those of staff in categories considered essential, should be accompanied by a strong reasoning based on evidence and correlated with fundamental rights aimed at collective health.

The principle of non-maleficence. This principle has an obligation not to do harm intentionally, either by commission or omission, and to prevent any potential harm. Applied to the anti-Covid vaccination, the non-maleficence principle aims on one hand to protect the subject from potential harm through infection with the Covid-19 virus, and on the other hand, vaccination can help to avoid harming by getting infected those around you. People who are not vaccinated can cause harm by omission to those around them, that is by non-vaccination, which would increase the risk of infection for the other members of the community. The problem arises even more acutely in the medical staff who work even with sick people. There may be situations in which the principle of non-maleficence is applied, and vaccination not recommended – not even having in mind the protection of those around us, when administering the vaccine would be done to a person who poses a risk of significant adverse effects, going as far as death. Regardless of the risks, the medical staff will inform the candidate for vaccination as objectively as possible, without oversizing or diminishing the risks, thus that the choice for vaccination takes place autonomously, in full knowledge.

The principle of beneficence. It is defined as the moral obligation to do good for all, to actively help them to promote their legitimate rights and interests (Sinaci, 2014, p. 141). The principle of beneficence requires us that by doing good to others, the burden be diminished in relation to the benefit that is generated by that action. The benefits of vaccination, except for particular situations in which it is not recommended, are related to the well-being and health of the vaccinated person, even if he were going through the disease (studies have shown that vaccinations make it a mild form), and by decreasing the risks of transmitting infection to others. It is important that in the case of subjects who pose risks, the cost/ benefit ratio is considered, so that the costs are minimal or even zero.

The application of the principle of beneficence is sometimes done in a paternalistic way, when governments or medical authorities impose their will on obtaining the best result, as a benevolence that surpasses autonomy and violates the patient's will not to be vaccinated. In such situations we witness a normative conflict between beneficence and autonomy, which is referred to especially in the case of compulsory vaccination. The imposition of compulsory vaccination would mean that the violation of the patient's autonomy can be considered acceptable, and the erosion of the principle could lead over time to abuses.

The principle of justice. Justice refers to honesty, rightfulness, and fairness in the distribution of resources, benefits, opportunities, risks, and costs. The principle of justice has a significant role to play in guaranteeing the right to fair treatment and care for all people, reducing inequalities. As such, vaccination against Covid-19 should be widely accessible, so that everyone receives it depending on his health, needs, without discrimination due to characteristics of age, gender, religion, or socio-economic status. Unlike the principle of beneficence, which can slip into paternalism, the principle of justice would support a person's right to refuse vaccination.

Improving the population's health. During the pandemic, the application of this principle could help reduce mortality and illnesses among the population so that they are as low as possible. Its application should be guided by specialists in epidemiology and provided as a priority in vaccination policies.

People's trust. Policymakers and health authorities should cultivate people's trust in the institutions involved in the vaccination process, in the scientific community and in general in everything related to the vaccination process. Policies, that do not focus on these aspects of vaccination, risk eroding people's trust in this whole process — an attitude that can affect the use of the vaccine and influence other people to choose the same positions. Shetty P. points out that the coercive power that governments or institutions display in a programme that undermines voluntariness could have unintended negative consequences for vulnerable or marginalized populations (2020, pp. 970-971). We believe that greater attention should be paid to increasing the confidence of people from historically disadvantaged backgrounds and minority groups because vaccine reluctance it can be stronger in their case. On one hand there may be a distrust in the authorities, with roots in the history of local healthcare policies built on an unethical basis, and on the other hand it can be a concentrated perception on some inequities, or on a certain type of inherited traditions in relation to the medical act.

"VACCINATION AT THE SINK" IN ROMANIA – THE THIRD WAY BETWEEN PRO-VACCINE AND NON-VACCINE SUPPORTERS

In Romania the vaccination was declared by the authorities as a matter of national security, an aspect reiterated several times by V. Gheorghiuță, president of the National Committee for coordination of activities on vaccination against SARS-CoV-2 (CNCAV). This position of the authorities was not understood by some citizens even when Romania was in the middle of 4th wave of the pandemic. From the desire to obtain the so- wanted green certificate, some Romanians resorted to dangerous attitudes for themselves and the community, totally unethical and in violation of the legislation. Both medical professionals

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and citizens were involved in this process. The ways they acted to enter "anyway" in possession of the green certificate were: (1) fraudulently obtaining false vaccination certificates and (2) "vaccination at the sink".

"Vaccination at the sink" is described as a complicity between a person in the vaccination system and the person who, without getting vaccinated, wants a valid green certificate. The vial is taken, it is emptied at the sink, the vaccination is mimed, and the "vaccinated person" receives the certificate in exchange for an amount, preferably in euros.

The Romanian press reported in June 2021 the existence of several networks that sold fake vaccination certificates by modifying personal data with the help of Photoshop, or about the sink vaccination. At that time the authorities referred to "370 possibly fake certificates, so 370 people who sent possibly fake papers, with their personal data modified in Photoshop". The forged certificates were sold "in plain sight", on social media. We exemplify this situation with an announcement posted in early July on the Facebook network: "Does anyone need a certificate attesting that he has been vaccinated?".

In the midst of the fourth wave of the Covid-19 pandemic, several doctors in Romania have noticed that approximately 10% of the deaths recorded weekly from the cause of the Covid infection are from deaths of people registered as being vaccinated with the full scheme. This has drawn the doctors' attention of and comparing the average percentages of vaccinated people who die in Romania with those in the USA, that is, an average of 10% in our country with one of 7.4% in America, there is a mortality difference of 2.6 percentage points. This higher mortality in the case of the vaccinated people who are found in Romania compared to the other Western countries also includes the "vaccinated at the sink" persons who become infected, have complications, and can lose their lives. The conclusion reached by the doctors was that these patients had fraudulently obtained vaccination certificates. For it is not possible, after you have been immunized, to get so seriously ill. As a result, these people may have lied and fraudulently procured the certificates that now allow them to travel abroad without restrictions. Some of these patients, arriving at the hospital with serious forms of the disease, admitted that although they had a green certificate, they were not vaccinated. At European level, there have also been clear signals from the authorities in Italy and Greece due to fake green certificates.

In this context, in October this year, the police started numerous investigations, with more than 360 criminal cases nationwide alone, which led to the discovery of networks that delivered fake Covid certificates. In these cases, doctors, nurses, and medical registrars from all over the country were involved. For example, at Customs Point Petea, where the largest network for issuing fake vaccination certificates was identified, five people were arrested for issuing about 3800 vaccination certificates and fake European digital certificates, through the "vaccination at the sink" method, for sums between 250 and 300 euros. DNA prosecutors state that there were two ways of action:

- The concerned person would have actually presented himself at the vaccination centre, but the dose of the vaccine was not administered to him— being practiced vaccination at the sink.
- The concerned person did not even show up at the vaccination centre, receiving only the vaccination certificate in exchange for the requested amount of money. This was the most used procedure.

Another vaccination centre, in Bucharest this time, the Neghinita Centre, "stood out" also through frauds of this type, which led to an extreme measure, namely temporary closure of the centre.

As a result of the investigations carried out, two conclusions were outlined: the legion of the vaccinated persons "at the sink" would include thousands of Romanians; the "resourceful" Romanian has become a danger for Europe, as the problem of fake vaccination certificates has spread to the EU.

At a brief analysis of the phenomenon "vaccination to the sink", recognised by the Romanian authorities, we find that the involvement belongs both to the one who performs vaccination of the person— medical professional, and of the one who receives it – the citizen willing to hold the green certificate without introducing the vaccine in his body. Between the two parties there is a complicity and, also, a reward offered by the applicant to the medical staff for "vaccination at the sink".

This phenomenon present in Romania raises several issues to which we refer in the following lines. On one hand, it is about the violation of the legal rules on vaccination, followed by the application of sanctions, both for the medical staff and for the applicants. The visa charges were made of bribery, intellectual forgery, and computer forgery. In the same register of the discussion, we refer to the violation of the right to health by those mentioned above, in relation to other members of the community, through the places occupied in hospitals in case of aggressive forms of infection with Covid-19. A perverse effect is that this kind of people who fall ill being fictitiously vaccinated leads to an increase in the percentage of those who make serious forms of the disease, as vaccinated people. And then it can be concluded that vaccination is in vain, thus decreasing the confidence of citizens in the medical act and in the effects of the vaccine. These people mislead the medical act itself, stating that they are vaccinated.

Regarding the deed of the medical staff, they violate not only the legal norms, but also the norms of professional deontology and all the ethical principles that represent an ethical basis for the vaccination process, mentioned in the documents that guide this process. It is quite clear that the phenomenon of fake certificates and "vaccination at the sink" discredits Romania worldwide and in Europe, discredits the medical body and all the effort made in the Covid-19 pandemic.

We can ask ourselves what are the causes of this phenomenon that has turned Romania into a country with a European risk in the anti-Covid vaccination and what consequences it could have. We mention below, without a specific hierarchy, some factors that contributed to the choice of some Romanians to "vaccinate themselves at the sink" and the possibility of performing it:

- Poor, unconvincing communication on the vaccination from the authorities;
- mistrust in the authorities;
- lack of confidence in the results of science;
- a lower level of education for some citizens;
- pressure and manipulation by members of anti-vaccine groups;
- the existence of cracks in the vaccination system that made it possible to obtain fake vaccination statements / certificates;
- existing corruption in the healthcare system;
- fear of postvaccination complications;
- the willingness of the medical staff to fraud the vaccination for some amounts of money;
- the personal beliefs of some citizens regarding the act of vaccination.

Regarding the consequences of the phenomenon of fake vaccination, it is obvious that they are numerous, and we are trying to bring out at least some of them:

- endangering one's own state of health through voluntary exposure to infection and the possibility of developing serious forms of the disease or even death;
- discredit of the medical act and the vaccination itself;
- discredit of the medical body through corruption acts;
- obtaining fake results when assessing the disease of the "vaccinated" compared to the unvaccinated;
- the decline in the population's confidence in protection by vaccination, as there is also talk of vaccinated persons getting the infection, most of whom are falsely vaccinated.

CONCLUSIONS

Fundamental human rights also include the right to healthcare, and from this perspective the state has a duty to its citizens. The period of the Covid-19 pandemic has further highlighted the need to involve the state through coherent and effective health policies. In this paper I have motivated that dispute over the crossing paths between the individual and health rights with collective rights from the perspective of anti-Covid vaccination can be mitigated by balancing them with the emphasizing responsibility of those involved. The administration of the anti-Covid vaccine must be carried out on an ethical basis. I proposed an ethical framework in this regard, starting from principlism. At the end of the work, I presented and analysed the phenomenon of "sink vaccination" present in Romania, as the third way between vaccination and non-vaccination.

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