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CHAPTER FOUR

SOCIAL MARKETING: IMMUNIZING AGAINST UNETHICAL PRACTICE

STEPHEN S. HOLDEN AND DAMIAN COX

Introduction

Do you think that social marketing is more ethical than commercial marketing? If you do, you are in good company, as straw polls we have taken at conferences show that virtually everyone (95% or more) thinks so. But what justifies this belief? Social marketers may be well meaning, and perhaps more so than commercial marketers, but is there anything about social marketing that makes it inherently ethical?

We argue that social marketing is not inherently ethical and that there are unique ethical concerns that confront, or perhaps *ought* to confront, social marketers. As commercial and social marketers use the same marketing tools, social marketers cannot claim to be inherently more ethical than commercial marketers in terms of the ‘means’. We may well hope that social marketers subscribe to a high standard of ethics in their use of marketing tools, as has been urged by some (Kirby & Andreasen, 2001; Kotler & Andreasen, 2007; Murphy & Bloom, 1992), but there is certainly no assurance that they do so simply because they are social marketers.

Where social and commercial marketers are held to differ is in terms of the ‘ends’ of the marketing effort, in the goals or objectives of each: social marketers aim at a social or common good. However, does this ensure that social marketers are ethical? We suggest not as what constitutes the social good is difficult to determine and often contested, as illustrated in the

example of immunization and vaccinations¹ that we develop here. We chose this particular example because it has a long history as a social marketing target and has evoked much public debate highlighting the issues we wish to discuss. However, as we argue elsewhere (Holden & Cox, 2013), the issues raised are relevant to many domains of social marketing.

The ultimate objective of this chapter is to reflect on what constitutes ethical behaviour in our field. We are not questioning the ethicality of social marketers but rather questioning the presumption of ethicality. Marketing for the social good may be praiseworthy in many instances, but this does not yet establish the ethical legitimacy of the relevant marketing practice.

Our approach here, like that of Brenkert (2001, 2002), is philosophical rather than empirical. To some extent, this means we raise tough questions, and we do not provide answers! Nonetheless, we believe social marketing can benefit if there is a willingness to understand the unique ethical challenges faced and to address the questions raised.

Commercial vs. social marketing of vaccinations

Typically, social marketers are distinguished from commercial marketers primarily by their motives (Andreasen, 1995; Andreasen, 2006; Dann, 2010; Donovan & Henley, 2010; Grier & Bryant, 2005; Kotler & Zaltman, 1971; Smith, 2000). Donovan and Henley (2010: 1) assert that the matter is straightforward: ‘If the well-being of the community is not the goal, then it isn’t social marketing’. We believe the situation is not quite that simple. Consider the following two scenarios as we explore what is excluded from social marketing:

Scenario A: CSL is an Australian-based global marketer of vaccines (<http://www.flu.com.au/>) and Sanofi is a French-based global competitor (<http://www.sanofipasteur.com/EN/value-of-vaccines.html>). Each markets and promotes vaccines to consumers through websites (see examples given) and other media.

¹ In line with common usage, we use the word vaccination to refer to a wide variety of pharmaceutical products that offer immunity to a wide variety of diseases. Immunisation is the outcome of applying a vaccination.

Scenario B: Immunise Australia (<http://immunise.health.gov.au>), the Public Health Agency of Canada (<http://www.phac-aspc.gc.ca/im/index-eng.php>) and the Center for Disease Control in the US (<http://www.cdc.gov/vaccines/>) all market and promote vaccines to consumers through websites and other media.

Both the commercial marketers and the government health agencies are promoting vaccinations, so both are marketing a social good. The standard explanation given for why B is an example of social marketing and A is not is that the commercial marketer generates profits if their marketing effort is successful. The commercial marketers are promoting a social or public good, but there is also a self-serving motivation to generate a profit (Donovan & Henley, 2010; Gordon et al., 2006; Smith, 2000).

Donovan (2011: 9) states:

Where the primary, if not only motivation, is to enhance the public good, then it is social marketing. Where the primary motivation is to turn a profit, even where this contributes to the public good, it is not social marketing-simple.

We believe that this suffices for most practical purposes, but it may inadvertently suggest that the social marketer is motivated only by the social good. Just as we might question whether a commercial marketer who claims to serve customer needs above all else is being honest, so might we question a social marketer who claims to prioritize social good above all else.

Social marketers may have ulterior and potentially self-serving motivations beyond advancing the social good. Social marketers operate with financial imperatives: they are obliged to set and meet budgets, to maximize the impact for the expenditure available and, ultimately, to show a positive return on investment (Lingane & Olsen, 2004). Obtaining funding within the competitive environment where they seek support requires evidence of results and good management skills (Andreasen, 2002). The individuals that make up social marketing organizations also have personal motivations, such as the satisfaction of doing a job well, recognition, status, promotion and job security – just like their commercial marketing counterparts.

The public health agencies that are marketing vaccinations (Scenario B) may not have direct financial interests in the uptake of vaccination, but there are financial consequences that are likely to arise from the success or otherwise of their efforts. The marketer as an organization and the employees making up the organization have indirect financial (and, indeed, existential) interests in the success of their marketing efforts.

Both social and commercial marketers, therefore, are guided by multiple goals. A commercial marketer can be readily distinguished from the social marketer by whether or not there is a reportable profit, but this does not prove that advancing the social good is their sole or even primary objective. A case in point is the ISIS Group (<http://www.isisgroup.org/>): a corporate advisory business (ISIS Asia-Pacific) operates primarily to fund international development (ISIS Foundation). Similarly, a social marketer may have objectives and priorities aside from the social good.

Knowledge of intentions and motivations relies in a large part upon self-reporting, but this in turn relies on self-knowledge and honesty. Can we trust what people say? This problem confronts those who would endeavour to treat non-vaccinators differently depending on their stated reason for non-vaccination (Asveld, 2008). The law similarly acknowledges the difficulties of intentions such that they are rarely admitted in courts of law as a basis for conviction – cases of pre-meditated murder / murderous intent being one of the few exceptions. The motivations and intentions underlying the actions of an organization can be varied – financial, political and personal – and may or may not be clearly stated.

Social marketing for and against vaccination

Even if motivation for the social good is the primary motivation of a social marketer, how clear is this goal? To explore this problem, let us add a third scenario:

Scenario C: Many public interest groups encourage people to ‘be informed’ about vaccination, to ask how necessary it is and to understand its limitations and possible side effects. These groups market and promote non-vaccination through websites and other media (e.g. avn.org.au, vaccines.procon.org and www.vaccines.me/).

Scenarios B and C include two types of not-for-profit agency: one promoting vaccination (B) and the other promoting non-vaccination (C).

Some might be inclined to dismiss the idea that so-called anti-vaccinators are social marketers, but this presupposes that vaccination is unequivocally in the social good. Who defines what is in the best interests of society? Do the anti-vaccinators have a good and legitimate role to play in answering this question? We argue that they do.

As knowledge is never certain, and as marketers of vaccinations – commercial or social – may have other objectives aside from the social good, there appears to be value in anti-vaccination marketing. This is not to say that it is legitimate for anti-vaccinators to disseminate falsehoods knowingly: this ethical provision applies equally to all marketers, commercial and social. Social marketers are challenged, however, as ‘social good’ is vague, contested and difficult to define (Bayer et al., 2007; Polonsky & Grau, 2008). It is unclear, then, whether pro-vaccinators or anti-vaccinators can make an unequivocal case that they, and they alone, are furthering the social good.

It therefore appears that the goals of social marketers, like the goals of public health, ‘are too often assumed or simply asserted, rather than cogently explained or justified’ (Gostin et al., 2007: 57). While most social marketers hold that social marketing should consider the ethics of their methods (means), there are a number that take the view that examining the ethicality of the social good is not the responsibility of social marketing (Donovan & Henley, 2010; Kirby & Andreasen, 2001; Lee & Kotler, 2011). However, if this is the case, then this makes social marketers little more than ‘hired guns’, as described by Andreasen on a social marketing list-server (Lee & Kotler, 2011). This fails to set a social marketer apart ethically from any other marketer. Indeed, the social marketer holding this view sounds little different from the tobacco industry lobbyist Nick Naylor in the film *Thank You for Smoking*, who justifies his professional practice with the statement: ‘I need to pay the mortgage.’ In an internal monologue, Naylor describes this as ‘The yuppie Nuremberg defence.’

We believe that social marketers are obliged to examine the *bona fides* of their claims to advance the social good, despite the difficulties of doing so; to not do so is to engage in ‘ethics avoidance’ (Cribb, 2010). To examine the social good is of critical importance as it results in the determination of objectives of social marketing programs affecting individuals who have had no part in determining those objectives.

The ethicality of all social marketing should be subject, therefore, to critical scrutiny. Examining the ethicality of methods is important to both social and commercial marketing. Examining the ethicality of goals is especially important in the case of social marketing, where the social good is defined and marketed independently of, and possibly in violation of, individual wishes. In this vein, we trace the emergence and contribution of ‘for’ and ‘against’ positions in vaccination marketing.

The social good of immunization – for and against

The notion that ‘prevention is better than the cure’, stated by Erasmus long before vaccination and social marketing were even conceived, underlies many forms of social marketing, such as primary prevention in public health (Carter et al., 2012). The principle motivates efforts to encourage people to vaccinate but also to wear seatbelts/helmets, engage in activity/exercise, breastfeed, eat healthily, get appropriate health checks, etc. Some social marketing is aimed at discouraging behaviours (e.g. consumption of alcohol, fast-food, cigarettes, drugs, etc.), but the general principle is the same: in these contexts, the promotional effort encourages foregoing immediate or short-term gains in place of some greater benefit in the longer run.

The first great drive for immunization was against smallpox. This virulent disease could kill up to 20% of those infected and would leave many of the survivors permanently scarred, blind or both. However, some cultures, notably China, India and Africa, had found that immunity could be induced by inoculating uninfected persons with the crusts of smallpox sores. This practice was introduced to France by Boyer, to the UK by Lady Montagu (wife of the ambassador to Turkey) and to the US by Dr Zabdiel Boylston in Boston in the early 18th century (White, 1993 / 1896). Inoculation with smallpox, also called variolation, led to the development of immunity – but there was a drawback. Up to 2% of those variolated might be expected to die.

Medical and theological authorities in the UK, Europe and the US vigorously denounced variolation as poisoning, murder, blasphemy and more generally as being against the will of God (White, 1993 / 1896). Voltaire (2001 / 1909-14) famously ventured his own views, which neatly capture the conflict of those for and against:

[Europeans consider] the English are fools and madmen. Fools, because they give their children the small-pox to prevent their catching it; and madmen, because they wantonly communicate a certain and dreadful distemper to their children, merely to prevent an uncertain evil. The English, on the other side, call the rest of the Europeans cowardly and unnatural. Cowardly, because they are afraid of putting their children to a little pain; unnatural, because they expose them to die one time or other of the small-pox.

The development of vaccination, where patients were inoculated with cowpox, offered immunity against smallpox at a much-reduced risk (Jenner, 1909–1914 / 1798). Nonetheless, strong opposition emerged again from both the medical profession and from the church. No sooner had Jenner published his ideas about vaccination than an Anti-Vaccination Society was established in Boston in 1798 (White, 1993 / 1896). Jenner's idea was lambasted publically, which gave rise to the famous political cartoon featuring vaccinated patients having cows erupt from their bodies:

Figure 4-1: James Gillray's 1802 cartoon highlighting vaccination fears (http://en.wikipedia.org/wiki/File:The_cow_pock.jpg)



Despite the negative responses, the evidence that vaccination could prevent infection by smallpox with very small risk was overwhelming and the British government began an early social marketing campaign

promoting vaccination. The Vaccination Act of 1840 banned the practice of variolation and promoted vaccination by offering it for free. The Compulsory Vaccination Act was introduced in 1853.

The anti-vaccination movement continued. Offit, a paediatrician and pro-immunization advocate, stated in an interview that the anti-vaccinators 'were great at mass marketing. It was a print-oriented society. They were great pamphleteers' (Wallace, 2009). Today's anti-vaccinators are equally marketing savvy and the opposition remains both medical and theological.

While not necessarily well articulated, the anti-vaccinators offer an important contribution. They highlight the fact that whether vaccination is good for the community is disputed. For instance, the fact that different vaccinations are required in different jurisdictions indicates that not all agree on what is in the best interests of the community. The MMR (measles, mumps and rubella) vaccine has been banned in Japan since 1993 due to the side effects associated with the mumps component of the vaccine (Hope, 2001). While the most recent meta-analysis confirms these negative events (Demicheli et al., 2012), it would appear that most public health agencies consider these acceptable risks while the Japanese do not.

Another important contribution of anti-vaccinators, which again is not always necessarily clearly articulated, is that universal social marketing efforts such as the promotion of mass vaccination can impinge on individual liberties, autonomy and self-determination.

Social good vs. individual rights

Many social marketing ventures face the same challenge confronted in immunization: what is good for the community is not necessarily good for the individual, even though the individual is necessarily embedded within the community. The basic conflict is one of social good versus individual rights or, more simply, social marketing's 'interference in personal choices' (Dawson & Verweij, 2010: 89).

Social marketers are mostly interested in advancing what they understand to be the social good, and they are less inclined to accommodate individual choice or fully acknowledge the roles that liberty and autonomy play in many conceptions of the social good. This puts social marketers in a precarious position ethically. In effect, by their efforts, they are saying to their markets: 'we have decided what is best for

you – whether you like it or not.’ Of course, social marketing is a process that incorporates extensive public consultation (e.g. Andreasen, 2002), but even if that process is unbiased and fair – and that is difficult to establish, even if the process is transparent – the outcome will effectively operate against those with a contrary view. This requires unflinching scrutiny of the justice of marketing programs.

Social good based on ‘a rough-and-ready utilitarian calculation is probably what the authorities have in mind when they decide to use preventive measures [such as vaccination] regardless of the risk they are imposing on a certain number of people’ (Häyry & Häyry, 1989, cited by Holland, 2007: 153). Pro-vaccinators (and social marketers in general) are therefore adopting a utilitarian argument that the social good is represented by the greatest good for the greatest number (Bentham, 1961 / 1789).

The anti-vaccinators invoke a different ethical principle that is a relevant challenge to most social marketing: that the rights of choice of individuals ought not to be breached, even if for their own good. John Stuart Mill, in his essay *On Liberty* (Mill, 1991 / 1859: 30), states that ‘...the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.’

The problem is that what is good for the individual does not necessarily align with what is good for the community. Individual preferences may be subjective but are nonetheless deemed important from an ethical point of view. It is noteworthy and ironic perhaps that commercial marketers are probably more sensitive to individual preferences than social marketers.

Even if subjective issues are removed, the calculation of risk at a community level does not necessarily correspond to the risk experienced at the individual level. As more and more people are vaccinated, an unvaccinated individual’s risk of infection declines. Ultimately, when herd immunity is attained, the calculation for the individual can shift significantly to a point where the risks associated with vaccination, even if small, may come to outweigh the risk of contracting the disease. This then raises the free-rider problem. Specifically, herd immunity describes a positive externality whereby the benefits accrue to others beyond those who have ‘paid’ (i.e. been vaccinated). Interestingly, even social marketers who may tend to be utilitarian as regards the social good of vaccination

may nonetheless agree that the free-rider problem represents an unjust distribution of the good. The ethical question now becomes a determinately non-utilitarian one: to what extent, and in what ways, can free-rider considerations trump claims to choose a course of action for oneself?

Mill's (1991 / 1859) harm principle can be invoked so that individual rights might be curtailed if non-vaccinators are judged to bring harm to others. Offit's (2011) book entitled *Deadly Choices: How the anti-vaccine movement threatens us all* is one such statement of this notion. However, Offit's hyperbole, combined with the related issue of the ethical obligation on an individual to vaccinate in order to protect others (Bayer et al., 2007; Diekema & Marcuse, 2007), leads us to the final issue: consideration of the appropriate level of influence that might be adopted by social marketers.

Means: influence and coercion

At this final point, we give some brief consideration to the important issue of the means of social marketing. As noted earlier, the means of marketing are common to both commercial and social marketing and so form no basis for defending social marketing as being more ethical than commercial marketing. However, the lack of clarity around what constitutes the social good and how it might be legitimately advanced suggests that the degree of influence appropriate for marketers is an especially important consideration.

Marketing in general is held in poor public regard, particularly because there is little assurance that a marketer is being open and honest (Barksdale et al., 1976; Murphy & Bloom, 1992; Murphy, 2010). Regrettably, social marketers are not exempt from misusing the tools of marketing. Anti-vaccinators have been fairly challenged for making dubious claims, such as promoting the link between autism and the MMR (measles, mumps and rubella) vaccine. Anti-smoking advocates have sometimes manipulated or even fabricated data, especially about the ill effects of second-hand smoke (Donovan & Henley, 2010; Hatton, 1994; Johnstone & Ulyatt, 1991). Other social marketers have demeaned and even damaged some members in society in promoting their causes (Donovan et al., 2008; Donovan et al., 2009). All such ethical violations remind us that a stated objective of the social good, even in the absence of a profit motive, does not immunize against unethical behaviour.

Is coercion ethically permissible? Social marketing definitions are surprisingly variable about this matter. Many definitions explicitly limit social marketing influence to ‘voluntary behaviour’ (e.g. Andreasen, 1995; Dann, 2010; Grier & Bryant, 2005; Smith, 2000). Rothschild (1999, 2001) similarly excludes coercion from social marketing influence efforts, which he places between education and information on the one hand and law on the other. However, others argue that the exclusion of more coercive influence is somewhat artificial and that legislation and regulation are important social marketing tools (Donovan, 2011). Moreover, Donovan and Henley (2010) note that commercial marketers are often willing to push their influence and will wield monopoly power if available.

Of course, no ends automatically justify the means, but if the ends are in doubt, then an extra degree of caution around the means seems appropriate. ‘Forcing people to get vaccinated is not like forcing people to drive on the right side of the road, because the risks and benefits of vaccination are contestable, the phenomenology of vaccination is complex, and features such as parental rights are influential’ (Holland, 2007: 159).

Marketing in general aims to influence people. Influence invokes concerns about autonomy and self-determination. As influence moves from education towards regulation (Rothschild, 1999), these concerns seem to grow. If regulation is going to be used, then it would appear that there needs to be a great deal of confidence around the social good that is being offered, including whether it is justified even if in opposition to individual choices.

Conclusion

We challenge the view that social marketing is in its nature more ethical than commercial marketing and suggest that social marketers are not entitled to claim any inherent ethical praiseworthiness relative to commercial marketers. We suggest that the following might be added to the list of ‘mythunderstandings’ offered by Donovan (2011): social marketing is not inherently ethically good.

More specifically, we propose that differentiating commercial and social marketers in terms of their intentions is problematic as intentions reflect internal states that are not readily available to an external observer, and agents pursue multiple goals and possess a variety of intentions. Being commercial does not necessarily mean that profit is a primary objective of

one's activities; being socially oriented does not mean that self-serving motivations are not salient and sometimes even primary.

Even if we accept that the social good is the primary objective of social marketers, the problem becomes one of what constitutes the social good. Social marketing purports to provide benefits to the individuals it serves, but consulting with those individuals is not assured and, even if conducted, may proceed even in denial of the stated interests of at least some of the individuals. Social marketing serves the community or society at large; individual preferences and wishes are subordinated to this objective. This is a striking contrast with 'less ethical' commercial marketing, in which individual interests are king and *caveat emptor* gives the individual the ultimate power of veto.

A consideration of individual rights evokes the problem of how much influence is appropriate. Social marketers often shy away from any involuntary behavioural change, which perhaps reflects an understanding that promotion of the social good may be at odds with supporting autonomy and self-determination, which are generally considered to be important rights.

Our chapter explores some of the unique ethical issues confronting social marketing in the context of vaccination, but these issues also apply to social marketing more broadly (e.g. Holden & Cox, 2013). We believe that many if not most social marketers are motivated to be good citizens and to help society. Nonetheless, we argue that they are obliged to examine the ethicality of their goals and to assess whether what they are doing is morally legitimate.

In particular, we suggest that there are three questions that social marketers might ask to inform themselves of the ethicality of their practice: Is the social good good? How are individual rights accommodated? What degree of influence is ethically justifiable? There are unfortunately no ready answers to these questions; they must be explored on a case-by-case basis, and even then the questions may be difficult to answer.

Social marketing has the power and the potential to benefit some individuals, but it also has the potential to limit or even harm others. We acknowledge that this chapter poses some tough questions for social marketing. The chapter is offered as a preventative measure, as a 'shot in

the arm' encouraging consideration of the questions raised – even if they are difficult to answer. Our hope is to protect social marketers from hubris and to encourage vigilance against inadvertent engagement in unethical behaviour.

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