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Whopper of the Week: RFK, Jr. Cloaks Anti-vaxx Quackery in the Language of Informed Consent

IN SUMMARY:

On January 5, 2026, HHS Secretary Robert F. Kennedy Jr. announced that the CDC will no longer recommend six of the seventeen vaccines previously on the United States (U.S.) childhood immunization schedule. This widely-criticized and evidence-free change drops the recommendation for routine immunization against the flu, respiratory syncytial virus (RSV), rotavirus, hepatitis A and B viruses, and meningococcal disease. Kennedy noted, "We are aligning the U.S. childhood vaccine schedule with international consensus while strengthening transparency and informed consent." Dropping the CDC's rigorous, evidence-based recommendations does not empower parents to make optimal decisions about vaccines, it confuses them.

Clinical ethics require patients to make informed and autonomous decisions about their care. Current laws, regulations and guidelines already require that patients or their parents, in the case of children, receive detailed information about vaccines. According to the Children's Hospital of Philadelphia, "Informed consent conversations occur between providers and patients or guardians before every vaccine administration." Kennedy falsely suggests that vaccine recommendations from the CDC somehow undermine patient decision-making at the doctor's office or pharmacy. He suggests the "informed consent" process is weak and disingenuously explains that he just wants "to be sure every American knows the safety profile, the risk profile, and the efficacy of each vaccine. That's it." By claiming patients do not have enough information to make their own decisions, RFK Jr. is purposefully spreading confusion and fear about well-studied, commonly used, and life-saving vaccines.

WHY IS THIS A WHOPPER?

The CDC's routine vaccine recommendations make it clear to parents which vaccines have the strongest evidence of delivering health benefits for both individuals and the population as a whole. They are not a barrier to patient decision making. They are not a federal mandate requiring vaccination. They are also not an excuse for clinicians to skip counseling and education.

Informed consent is when a physician discusses the nature of the procedure, the risks and benefits of doing it or not doing it, alternatives to treatment and then allows the

patient to ask questions about the treatment so as to make an informed decision whether or not to proceed. By law, patients must already consent to vaccination, and healthcare providers must provide a plain-language Vaccine Information Statement (VIS) before administering a vaccine. These standardized, plain-language documents outline what the vaccine prevents, who should and shouldn't receive it, potential side effects, and where to report problems.

Kennedy is replacing many of the CDC recommended vaccines with a category called "shared clinical decision-making" (SCDM), created for situations where "the benefits of a vaccine vary based on individual clinical circumstances" and the population-wide benefits are less certain. By design, SCDM limits access to vaccines. The CDC provided no evidence to justify why vaccines previously deemed safe for the whole population should now be evaluated for each patient.

The SCDM label does not change the informed consent process between the healthcare provider and the patient. But it does complicate who can give a vaccine, how physicians present information about vaccines, and which individual circumstances should be considered relevant in the risk-benefit decision-making. From the perspective of the health system, Dr. Jake Scott concludes "Shared decision-making recommendations correlate with lower uptake than routine recommendations. When you move a vaccine out of the routine category, you strip away the infrastructure that makes vaccination possible in a busy, fragmented health care system."

WHY IT MATTERS:

Removing the routine recommendation from six pediatric vaccines will result in decreased pediatric vaccine availability and demand, and ultimately in increased rates of pediatric illness and death.

Vaccines now available under the SCDM category are still formally considered an ACIP recommendation which, according to the administration, ensures continued no-cost coverage of vaccines for children regardless of insurance status.

Some SCDM vaccines (e.g. influenza and COVID-19) in some states may now need a prescription. Prescriptions create barriers to access because they often required a doctor's visit. Depending on state law, prescriptions may limit the ability of pharmacies to offer those vaccines.

Primary care physicians may stop stocking vaccines that are only recommended for narrow risk groups or as part of shared clinical decision making because of lower demand.

Vaccines now only recommended to high-risk populations (RSV and dengue) may no longer be available to the general population. For example, when the FDA narrowed its authorization of COVID-19 vaccines to the elderly and those with designated chronic conditions, younger healthier people were denied access altogether.

All of this undercuts patient choice. There are better ways to improve patient access to vaccine information, including through information campaigns, better access to pediatric care, and reimbursements for patient-provider counseling. RFK, Jr. is not interested in improving informed consent, he's interested in limiting access to vaccines.

The American childhood immunization schedule has prevented 1.1 million deaths over the last 30 years. Cutting life-saving vaccines from the recommended schedule by one-third will result in more unvaccinated children and more disease and death in young people, hardly a recipe for making America healthy again.

Contributors to this post are: Benedicte Callan, Ph.D., Miriam Rabkin, M.D., Aurora Horstkamp, M.D., Erica Bersin, BCPA, Bruce Mirken, B.A.