Implementing ethical and equitable vaccine mandates for healthcare workers

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Agenda

- Background: Vaccine Hesitancy, Uptake, and Mandates
- Ethics: Vaccine Mandates
- Ethics: Healthcare Workers (HCWs)
- Ethics of Vaccine Mandates for HCWs
- Equity Concerns
- Towards Equitable Implementation of Vaccine Mandates for HCWs

Vaccine Hesitancy -> Low vaccine uptake

Vaccine hesitancy -> Low vaccine uptake -> consider vaccine mandates as a policy option

Vaccine Hesitancy ≠ Vaccine Mandates

“Spectrum” of Vaccine Hesitancy

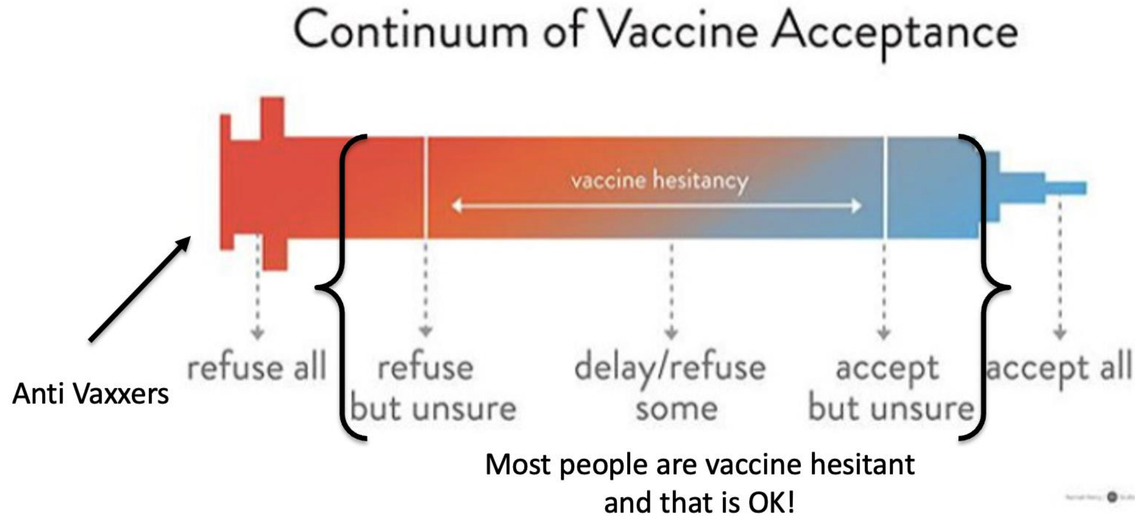

Figure Credit: Hannah Henry
used in “Why Parents Fear Vaccines”, TEDxOslo talk by Tara Haelle https://www.youtube.com/watch?v=ggtkzkol3eM

Ethics: Vaccine Mandates

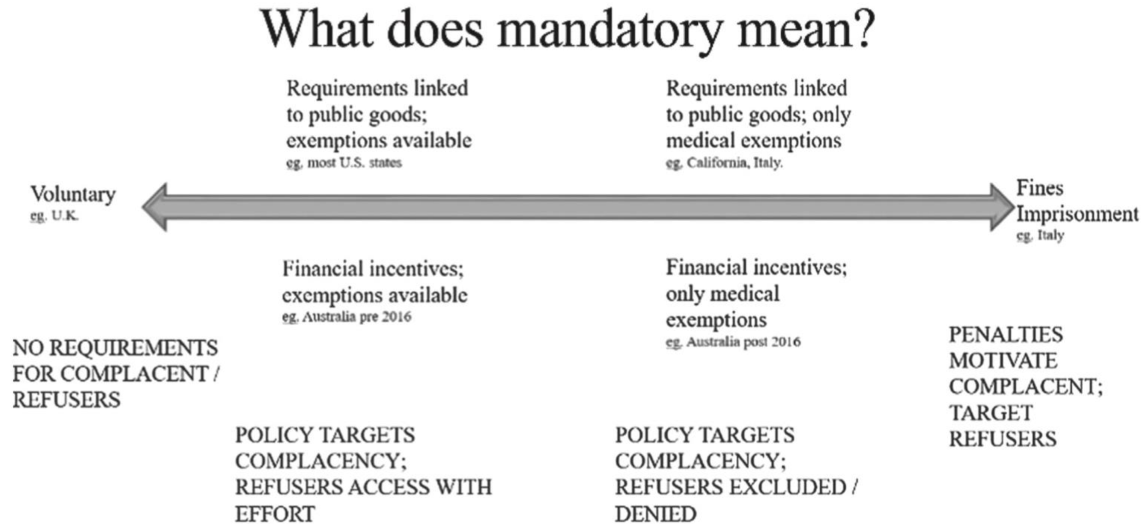

Fig. 1. The conceptual continuum of options available to policymakers for vaccine mandates.

It's a spectrum, too!

Attwell, K., Navin, M. C., Lopalco, P. L., Jestin, C., Reiter, S., & Omer, S. B. (2018). Recent vaccine mandates in the United States, Europe and Australia: a comparative study. *Vaccine*, *36*(48), 7377-7384.

Nuffield Intervention Ladder

Mandates are the **most intrusive** sort of public health intervention, and therefore require the **highest level** of justification

Box 2: The intervention ladder (paragraphs 3.37–3.38, Box 3.2)

The ladder of possible government actions is as follows:

Eliminate choice. Regulate in such a way as to entirely eliminate choice, for example through compulsory isolation of patients with infectious diseases.

Restrict choice. Regulate in such a way as to restrict the options available to people with the aim of protecting them, for example removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.

Guide choice through disincentives. Fiscal and other disincentives can be put in place to influence people not to pursue certain activities, for example through taxes on cigarettes, or by discouraging the use of cars in inner cities through charging schemes or limitations of parking spaces.

Guide choices through incentives. Regulations can be offered that guide choices by fiscal and other incentives, for example offering tax-breaks for the purchase of bicycles that are used as a means of travelling to work.

Guide choices through changing the default policy. For example, in a restaurant, instead of providing chips as a standard side dish (with healthier options available), menus could be changed to provide a more healthy option as standard (with chips as an option available).

Enable choice. Enable individuals to change their behaviours, for example by offering participation in a NHS 'stop smoking' programme, building cycle lanes, or providing free fruit in schools.

Provide information. Inform and educate the public, for example as part of campaigns to encourage people to walk more or eat five portions of fruit and vegetables per day.

Do nothing or simply monitor the current situation.

https://www.nuffieldbioethics.org/wp-content/uploads/Public-Health-short-guide-1.pdf

Vaccine hesitancy does not *justify* vaccine mandates.

We need to make a case for mandates.

Hence, the role of (bio)ethics.

Vaccine mandates are a *response* to:

1) the risk of low vaccine uptake, which is unacceptable in the face of preventable disease outbreaks [e.g. polio, MMR]

2) existing low vaccine uptake, which is threatening future preventable disease outbreaks, whose risk is unacceptable to take [e.g. flu, COVID]

3) existing low vaccine uptake, which has already caused preventable disease outbreaks, whose risk is unacceptable to take [e.g. polio, MMR]

Ethics: HCWs

professional competence

honesty with patients

managing conflicts of interest

improved quality of care

altruism

appropriate relationships with patients

Immunocompromised patients

Elderly

Children

physicians, nurses, physician assistants, pharmacists, lab technicians, administrative staff, trainees, nonclinical essential staff

Ethics of Vaccine Mandates for HCWs

Two Central Premises:

1. HCWs' unique occupational status that poses higher risks of contracting communicable diseases (***public health***)
2. HCW's professional duties to care for and protect their patients (***clinical***)

Vaccine mandates, like other intrusive public health interventions, require **moral justification** and **collective buy-in**

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COVID-19

The ethics of COVID-19 vaccine mandates for healthcare workers: Public health and clinical perspectives

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Abstract

COVID-19 vaccine uptake among healthcare workers (HCWs) remains of significant public health concern due to the ongoing COVID-19 pandemic. As a result, many healthcare institutions are considering or have implemented COVID-19 vaccine mandates for HCWs. We assess defenses of COVID-19 vaccine mandates for HCWs from both public health and professional ethics perspectives. We consider public health values, professional obligations of HCWs, and the institutional failures in healthcare throughout the COVID-19 pandemic which have impacted the lived experiences of HCWs. We argue that, despite the compelling urgency of maximizing COVID-19 vaccine uptake among HCWs, the ethical case for COVID-19 vaccine mandates for HCWs in the United States is complex, and, under current circumstances, inconclusive. Nevertheless, we recognize that COVID-19 vaccine mandates for HCWs have already been and will continue to be implemented across many healthcare institutions. Given such context, we provide suggestions for implementing COVID-19 vaccine mandates for HCWs.

KEYWORDS
COVID-19, healthcare workers, policy, vaccine mandates

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NARRATIVE REVIEW Open Access

COVID-19 Vaccine Uptake Through the Lived Experiences of Health Care Personnel: Policy and Legal Considerations

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Equity Concerns

- Potential to disproportionately burden members of already-disadvantaged and underserved groups

- Women make up 70% of the global healthcare workforce (& have lower vaccine uptake)

- Racial disparities
  [in US context: more than 1 in 5 Black women are HCWs]

- Different HCW occupations have more or less “at stake”

Towards Equitable Implementation

Of Ethical Vaccine Mandates for Healthcare Workers

Consider

the extent to which vaccines protects the vaccinee (recipient of the vaccine) AND third parties (non-recipients)

Recognize

that the stronger the protection the vaccine affords to third parties, the more powerful the case for vaccine mandates

Understand

the risk that implementing mandates holds for unintended consequences, like trust

Engage

with HCWs early, before low vaccine uptake spreads and a mandate is the ‘only’ reasonable solution

Ongoing Research

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Start Year	ID	Title	Project Leader(s)	Grantee(s)	Grant Amount	Funding Area	Region
2024	63342	Utilizing Empirical Ethics to Conceptualize Religion-Based Vaccine Hesitancy in the United States	Rachel Gur-Arie, Kathryn Johnson	Arizona State University Foundation for a New American University	$259,993	Religion, Science, and Society	USA

Forthcoming *Nature* Correspondence

Don't withdraw funds from US vaccination programmes

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US president Donald Trump's nomination of Robert F. Kennedy Jr to run the US Department of Health and Human Services is impacting how US citizens engage with public health. Kennedy's claims about the dangers of vaccines are being legitimized through the Children's Health Defense — an anti-vaccination non-profit organization that he led until 2023 — pursuing litigation against vaccine policies.

If Kennedy follows through on his plan to 'defund' certain public-health initiatives in the United States, existing problems will worsen.

Limiting funding for vaccination will affect the operation of routine state vaccination programmes. Paediatric clinics and county health departments will feel the impact first, through declining vaccination coverage and localized disease outbreaks.

The COVID-19 pandemic exposed a crisis of trust in public-health science. Decreased public-health funding will only reduce trust in health institutions and amplify the crisis of confidence, leaving people without an evidence-based, centralized authority to turn to with questions about vaccines. The Trump administration must understand that declining vaccine confidence has a cost — outbreaks that are expensive to control.

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Merci!

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