

The Ethics of Influenza Vaccination Mandates for Healthcare Personnel

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Why Mandates?

- 72% of Healthcare Personnel (HCP) were vaccinated as of 2012-13 flu season
 - 83.1% of HCP in hospitals
 - 58.9% of HCP in long-term care facilities (MMWR, 2013)
- We know mandates can be effective in terms of vaccine coverage of HCP
- Recent evidence suggests that mandates for HCP may decrease flu infections in the community
- The National Vaccine Advisory Committee (NVAC) recommends that for institutions that fail to achieve the Healthy People 2020 goals of 90% coverage for HCP, then Healthcare Employers (HCE) should “strongly consider” an influenza vaccine mandate

Current Types of Mandate Policies

- Policies threatening dismissal or disciplinary action
- Policies with consequences other than termination and disciplinary action
- Policies without consequences for vaccine refusal

The Morality of Flu Vaccine Mandates

- Different models/different ethics
 - ‘Opt-out’ v. ‘Opt-in’ programs
 - For opt-in, which encourages but does not mandate vaccination:
 - autonomy of individual workers and their right to control their bodies take precedence over any other moral consideration
 - no worker or professional can be compelled to accept any medical intervention against his will

Ethics of Working in a Healthcare Setting

- Restriction can be placed on HCP's right to accept or refuse medical interventions
- HCP can be required to have personal liberty restricted in name of patient safety
- Moral presumption of individual rights trumped by need to protect health of others in certain circumstances

Prioritizing Patients

- It's about prioritizing the health of patients over providers
 - Clearly stated in various healthcare codes of ethics
 - Healthcare worker flu vaccination is thus required to honor the commitment to patients' best interests
 - However, vaccination does also protect HCP from infection, which serves to maintain the workforce by reducing illness-related absenteeism and increasing continuity of care for patients.

Do No Harm

- All HCP are obligated to honor the core medical ethics principle of ‘Do No Harm’
 - Given the evidence that vaccination can help prevent disease transmission to patients, a fundamental moral requirement demands that those in care-giving roles treat vaccination as obligatory
 - Administrators can be guided by such a principle in endorsing mandates

Duty to Protect

- HCP have a distinct duty toward those who are especially susceptible to flu who cannot protect themselves through vaccination and/or are more susceptible to flu
 - e.g. newborns, infants, elderly, immunocompromised individuals
- HCP vaccination against flu and other communicable diseases is an important step in fulfilling this duty

Acting as an Example

- By not being vaccinated, HCP fuel existing fears about vaccines, reinforce anti-vaccine sentiments, and set a poor example for the public.
- By getting vaccinated, healthcare workers provide a virtuous example to the public

Vaccine Efficacy

- Should vaccine efficacy impact our moral considerations when mandating a vaccination?
 - No
- Why?
 - Because even with a comparatively lower efficacy, influenza vaccination can help prevent flu transmission to individuals who are unlikely to benefit from direct vaccination themselves
 - And because reduced efficacy does nothing to change the fact that flu vaccines pose very little harm to recipients and are more effective the more people are vaccinated

A Patient's Right to Know

- In healthcare settings, a patient has an expectation that information regarding their care will be disclosed to them
- Healthcare facilities are obligated to provide care in safest possible manor.
- If HCP are exempt from vaccination and has exposure to patients, thereby putting patients at risk, patients have right to request another HCP.
 - The mechanism for this, however, is tricky
- Patients DO NOT have the right to know the vaccination status of other patients and hospital visitors. It is the responsibility of the hospital to protect them.

Informing HCP

- Ethical burden on healthcare institutions to inform HCP about:
 - the risks of influenza vaccination (however small)
 - the risks that individual non-vaccination may place upon the health care setting in general
 - the potential penalties vaccine refusers will face
- Balances coercive nature of this policy (one that is in line with reasonable limits on autonomy that the protection of the public's health can sometimes entail) with an obligation to inform and educate this population
- HCP should also be given a reasonable amount of time in advance of the implementation of a mandate policy to consider other employment options before they have to make a decision that may be contrary to their beliefs

Ethics of Dismissal or Disciplinary Action

- Do penalties for vaccine refusal violate HCP autonomy?
 - In the context of public health ethics, which seeks to ensure the health and safety of the population, such sacrifices of autonomy in the name of paternalism may be justified

Summary

- We believe that influenza vaccination mandated for all healthcare professionals is ethically justifiable based on four key principles:
 - the professional duty to prioritize patients' interests above all else;
 - the obligation to 'do no harm';
 - the requirement to protect those who cannot protect themselves; and
 - the obligation to set a good example for the public.

Obligation to Educate HCP

- Occupational health programs should include an educational program for all healthcare personnel (new and existing employees) that address the need for vaccination as a condition of employment, and the logic of required vaccination to protect vulnerable patients as well as employee health.

Provide Easy Access to Vaccines

- Because of the burden placed on HCP autonomy, influenza vaccination (and other vaccinations) should be provided free of charge to healthcare personnel, and all healthcare facilities (including acute care, behavioral, outpatient, etc.) should make immunization available for staff at convenient times and places.

Data on Efficacy

- There is an ethical duty on the part of health care facilities to provide data assessing the effectiveness as well as the costs and benefits of healthcare worker vaccine mandates.
- Health care facilities should conduct program evaluation that incorporates surveillance for disease in patients and workers, detection of nosocomial influenza and identification of adverse events associated with vaccine use.
- Government agencies as well as insurers and other third-party payers should provide funding to healthcare facilities so that evaluation efforts can be integrated into healthcare facility infection control programs.