

BIOETHICS NOTES

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" Do something every day that you don't want to do; this is the golden rule for acquiring the habit of doing your duty without pain."

Mark Twain

Immunization Ethics

By Robert Shabanowitz

"By not taking reasonable and prudent steps to avoid being vectors of nosocomial infection, many health care workers are in bad faith to the ethos of health care." McLennan et al. 2008

Despite studies demonstrating that the annual influenza vaccination of healthcare workers has a statistically significant reduction of morbidity and mortality among the patients they care for, and with the establishment of voluntary programs to provide the influenza vaccine to healthcare workers free of charge, vaccination rates among healthcare workers are dismal, with only about 41%-60% coverage rates being achieved. With these low rates posing a serious health threat to the vulnerable patient populations that are entrusted into healthcare workers' care, and the current voluntary programs clearly failing to adequately address this issue, are mandatory vaccination programs in the future? Are there ethical arguments that would support a duty to care by health care workers that include the duty to be vaccinated against influenza?

The facts strongly support immunization of healthcare workers as an effective mechanism to prevent the nosocomial spread of influenza. In addition, it has also been demonstrated that most fears associated with immunization are not based on fact. The vaccination is safe, made of inactivated virus and incapable of causing an infection. The most common adverse effect is minor injection site soreness for one or two days. Severe reactions are very rare. According to Poland et al., there are seven truths we must accept:

1. Influenza infection is a serious illness causing significant morbidity and mortality adversely affecting the public health on an annual basis.
2. Influenza-infected health care workers can transmit this deadly virus to their vulnerable patients.

3. Influenza vaccination of health care workers saves money for employees and employers and prevents workplace disruption.

4. Influenza vaccination of health care workers is already recommended by the CDC and is the standard of care.

5. Immunization requirements are effective and work in increasing vaccination rates.

6. Health care workers and health care systems have an ethical and moral duty to protect vulnerable patients from transmissible diseases.

7. The health care system will either lead or be lambasted.

Strong and well-articulated ethical perspectives support immunization of health care workers; some have even argued this may include mandatory immunizations. Furthermore, if need be, legal mandates for compulsory immunizations are not without precedent. The definitive law regarding immunization dates back to the 1905 Supreme Court decision, *Jacobson vs. Massachusetts*, which upheld the authority of the state to pass compulsory vaccination laws. There is an extensive history to support this legal exception to informed consent, when there is concern for a public health emergency.

Fortunately, there are alternatives to the rather draconian approach of compulsory immunizations, that fully support a persons autonomous choice without these perceived punitive overtones. Voluntary immunizations are the best alternative to mandates. Steckel has identified the following important guiding ethical principles:

Effectiveness - The current vaccine has few side effects. There are benefits to both health care workers and patients. The CDC contends that vaccination is the single most important influenza control measure.

Beneficence - There must be a favorable burden-benefits ratio. This would satisfy the principle of proportionality. The burden of accepting an annual vaccination with a low risk of side effects seems low in relation to the benefits of improved health and productivity for the individual and decreased morbidity and mortality of patients.

Necessity - The collective vaccination program should target serious diseases that are a threat to public health. Voluntary measures are ethically desirable because they enhance health without burdening privacy and liberty.

Justice - Procedural justice requires fair and open discussion, deliberation and participation in decision making. Ultimate actions need to be based on science and reasoned debate.

Transparency - Public trust in the program should be honored and respected. For the program to be ethically defensible, information regarding side effects and vaccine efficacy must be transparent and widely communicated. Hospital administrators and infectious disease specialists must explain and justify actions taken, including the reasoning for compulsory measures to the staff and public.

Are individual healthcare workers singled out for responsibility? No. Health care institutions must also adhere to duties, and institutional strategies for improving rates of immunization have also been identified. These strategies include the following key elements:

1. Top management and administration need to become strong advocates to ensure health care workers get vaccinated.
2. Vaccination must be made free and convenient.
3. Improved education and program design.
4. Use the most conservative means of achieving the desired public health objectives
5. Program innovation.

To date, these strategies have been addressed. For example, in the category of program innovation, did you know that all employees who receive a flu vaccine and the associated gold star will be eligible to be entered into a random drawing? You could win 10 Penn State Football tickets for home football games in November.

Given these ethical considerations, is the requirement for unvaccinated health care workers to wear masks a gross intrusion on personal autonomy? Absolutely not! Whereas health care workers could argue that it is their personal right to choose not to be immunized, the principle of autonomy does not trump other competing

moral considerations. According to McLennan, "autonomy requires one to take due rational account of one's total situation, including the possibilities of harm to others." The principle of nonmaleficence, "first do no harm" expresses an obligation to not inflict harm or risks on others. The principle of beneficence refers to a moral obligation to act for the benefit of others. More specifically, in the case of health care workers, there is a role-specific obligation of beneficence that expresses the ethical relationships that exist between health care workers and their patients.

What would you propose as an innovative solution to encourage everyone to be immunized? If you give us your suggestions AND get immunized, you will be eligible for a random drawing of a Nintendo Wii courtesy of your friendly neighborhood Bioethics Review and Advisory Committee.

Here is the link:

https://www.surveymonkey.com/s.aspx?sm=N11ui_2bNjVBXB_2fXj11nW4yQ_3d_3d

Respectfully Submitted,
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References

- Mariner, W. K., G. J. Annas, et al. (2005). "Jacobson v Massachusetts: It's Not Your Great-Great-Grandfather's Public Health Law." *Am J Public Health* 95(4): 581-590.
- McLennan, S., G. Gillett, et al. (2008). "Healer, heal thyself: Health care workers and the influenza vaccination." *American Journal of Infection Control* 36(1): 1-4.
- Poland, G. A., P. Tosh, et al. (2005). "Requiring influenza vaccination for health care workers: seven truths we must accept." *Vaccine* 23(17-18): 2251-2255.
- Polgreen, Philip M., Y. Chen, et al. (2008). "Elements of Influenza Vaccination Programs That Predict Higher Vaccination Rates: Results of an Emerging Infections Network Survey." *Clinical Infectious Diseases* 46(1): 14-19.
- Simeonsson, K., C. Summers-Bean, et al. (2004). "Influenza vaccination of healthcare workers: institutional strategies for improving rates." *N C Med J.* 65(6): 323-329.
- Steckel, C. M. (2007). "Mandatory influenza immunization for health care workers--an ethical discussion." *AAOHN Journal* 55(1).
- Wicker, S. (2009). "Unvaccinated health care workers must wear masks during flu season--A possibility to improve influenza vaccination rates?" *Vaccine* 27(20): 2631-2632.