

COVID-19 Vaccine Mandates in Relation to Healthcare Workers: Ethical Debates and Considerations

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I. Introduction

First discovered in December of 2019 in Wuhan, China, the coronavirus disease 2019, also known as COVID-19, is a disease derived from the SARS-CoV-2 virus (CDC¹). It is a highly contagious virus that was declared a global pandemic by the World Health Organization in March of 2020 due to its alarming levels of spread and severity (Brannen² et al. 1). Since its discovery, COVID-19 has sickened more than 354 million people worldwide and caused over 5 million deaths (KFF³). Because of its severe effects on the world, the global effort to produce a vaccine was highly supported and encouraged by governments, multilateral organizations, as well as private firms (Felter⁴ et al. 1). A year into the pandemic, this global effort paid off with the production of several promising vaccine options (Felter et al. 1). After the vaccines' production, the US Food and Drug Administration (FDA) granted Emergency Use Authorization for two messenger RNA vaccines that demonstrated ninety-five percent efficacy (Gostin⁵ 532). Despite high efficacy, vaccines can only curb a pandemic when there is high population coverage present (Gostin 532). Due to this, the passing of a COVID-19 vaccine mandate is a high probability of our current world. Along with this probability comes a fiery debate rooted in ethicality. At the forefront of this debate is the healthcare industry, along with all healthcare workers. With a duty to protect and promote the wellbeing of all patients and staff, the question of whether to mandate the COVID-19 vaccine for U.S. healthcare workers is a highly prevalent topic that borders the line of ethical justifiability.

II. Infringement Upon Civil Liberty and Legal Concerns

As citizens of the United States, all members of the general public have a right to civil liberty as well as the fundamental right to bodily integrity (Cole and Mach⁶). A vaccine mandate would infringe upon this civil liberty by denying someone their right to choice regarding the COVID-19 vaccine (Wynia⁷ et al.). Denying someone their voluntary choice is ethically unjustifiable as it takes away a person's right to their own informed decision. What strengthens this perspective is that the two messenger RNA vaccines approved by the FDA were passed

¹ The Centers for Disease Control and Prevention (CDC) is the national public health agency of the United States. It is a United States federal agency, under the Department of Health and Human Services, with a goal of protecting public health and safety through the control and prevention of disease, injury, and disability in the U.S. and worldwide.

² Samuel Brannen is the Deputy Assistant Secretary of Defense for Plans and Posture in the Office of the Under Secretary of Defense for Policy.

³ The Kaiser Family Foundation (KFF) is an American non-profit organization that publishes analysis, polling, and journalism about major healthcare issues.

⁴ Claire Felter is a Pulitzer Center student fellow alumna. She is a senior copy editor and writer covering Africa and global health for the Council of Foreign Relations.

⁵ Lawrence Oglethorpe Gostin is an American law professor at Georgetown University who specializes in public health law. Gostin was a Fulbright Fellow and is a significant contributor to journals on medicine and law.

⁶ David D. Cole is the National Legal Director of the American Civil Liberties Union. Daniel Mach is the director of the American Civil Liberties Union Program on Freedom of Religion and Belief. He leads a variety of religious-liberty litigation, advocacy, and public education efforts nationwide as well as writes, teaches, and speaks publicly on religious issues.

⁷ Mathew K. Wynia is an American physician and bioethicist who is the director of the Center for Bioethics and Humanities at the University of Colorado's Anschutz Medical Campus as of 2015.

under Emergency Use Authorizations (EUAs). Mandating COVID-19 vaccines would be legally and ethically problematic; as EUAs require less safety and efficacy data than what is required to approve a vaccine under a normal Biologics License Application (Gostin 532). Under an EUA, vaccine recipients must be informed of their option to accept or refuse administration of the vaccine (Preeti⁸ et al.). Since courts have not yet ruled over whether a COVID-19 vaccine can be mandated while operating under an EUA, it is unclear whether a vaccine mandate is ethically or even legally justifiable (Preeti et al.). As Gostin further explains, vaccines passed under EUAs can be considered ongoing medical research. Meaning that although the vaccine's effects are proven to be safe now, the long-term effects of the vaccine are unknown. This lack of research, created by the rush and need to produce a vaccine under heavy time constraints, may lead healthcare workers to be hesitant towards the vaccine (Larson⁹ et al. 4). Without clear knowledge of the long-term effects, healthcare workers cannot be well informed that the vaccine will cause no harm to them.

The availability of other options for containing the spread of covid, such as the use of personal protective equipment, physical distancing, and physical barriers, may limit the ethical warranty for mandating a COVID-19 vaccine (Preeti et al.). The personal protective equipment (PPE) used by healthcare workers, such as N95 masks, gowns, gloves, caps, and eye shields, protects against airborne causes as well as contact precautions (Suzuki¹⁰ et al.). A single-center prospective cohort study, conducted in the National Center for Global Health and Medicine, tested the efficacy of PPE when used by healthcare workers who remained in consistent close contact with COVID-19 patients. The study deduced that appropriate PPE is sufficient in preventing infection among healthcare workers (Suzuki et al.).

Limitations of this perspective are heavily based on how the actions of one affect another. Civil liberties end when the action of one inflicts or has the potential to inflict harm upon another. The fact that a person infected with COVID-19 can infect several people before even showing symptoms is enough to ethically justify the COVID-19 vaccine mandate (Wynia et al.). A limitation of utilizing PPE as the sole form of protection against infection lies in the supply chain issues and the insufficient global stockpile of PPE. The global stockpile of medical masks and respirators has been severely impacted by their sudden increase in demand, which has resulted in severe shortages (World Health Organization¹¹). This stress on the supply chain weakens the reliability of PPE as the only form of protection against COVID-19. If healthcare workers are not provided with sufficient PPE, the risk of contracting and spreading COVID-19 is much greater. In addition to this, the use of physical distancing and physical barriers may not be feasible in a hospital setting where healthcare workers need to provide tangible care to patients.

III. Duty as a Healthcare Worker

⁸ Dr. Preeti R. John is a general surgeon who specializes in trauma surgery & surgical critical care as well as hospice & palliative medicine in Baltimore, Maryland. Dr. Preeti is affiliated with many hospitals such as the University of Maryland Medical Center and Veterans Affairs Maryland Health Care System-Baltimore Division.

⁹ Heidi J. Larson is an American anthropologist and the founding director of the Vaccine Confidence Project. Larson was educated at Harvard University and headed the Global Immunization Communication at the United Nations Children's Fund (UNICEF).

¹⁰ Tetsuya Suzuki is a Clinical Fellow of the Disease Control and Prevention Center as well as employed at the National Center for Global Health and Medicine in Shinjuku-ku Tokyo, Japan.

¹¹ The World Health Organization is a specialized agency of the United Nations who is responsible for international public health.

The duty of healthcare workers is to protect and promote the well-being of their patients, staff, and the general public (Olick¹² et al. 2958). It is their job to protect patients and others from known and anticipated harms of infection (Olick et al. 2958). With efficacy rates of 95%, the Pfizer-BioNTech and Moderna vaccines provide the best protection against contracting and spreading COVID-19 (Felter et al. 6). In addition to protecting healthcare workers, the vaccine helps to protect vulnerable patients that are unable to get the vaccination due to extenuating medical circumstances. Thus furthering the ethical justifiability of how mandating the COVID-19 vaccine for healthcare workers satisfies the duty their job has bestowed upon them. In addition to satisfying their duty as healthcare workers, vaccination arguably furthers a person's civil liberty, as they are actively protecting the vulnerable through their actions (Wynia et al.).

Mandating the COVID-19 vaccine for healthcare workers will increase population coverage, a needed factor in increasing the effectiveness of the vaccine (Kheng and Hasbullah¹³, 1-2). In addition to increasing population coverage, mandating vaccination for healthcare workers has the potential to influence the general public's attitudes towards vaccination. Healthcare workers can serve as a good example towards the public and increase their confidence in the vaccine. Strong vaccine confidence leads to more adults, adolescents, and children getting vaccinated; in turn lessening the number of COVID-19 illnesses, hospitalizations, and deaths (Center for Devices and Radiological Health¹⁴). Seeing how mandating the vaccine for healthcare workers has the potential to benevolently affect others, it is ethically justifiable to enforce a mandate.

Limitations of this perspective lie in the potential negative consequences mandating the COVID-19 vaccine would result in. It is anticipated that a multitude of healthcare workers will quit their jobs due to vaccine hesitancy (American Hospital Association¹⁵). With the staffing shortage already present in the healthcare industry, mandating the COVID-19 vaccine could prove to be detrimental to many hospitals nationwide. In addition to this, vaccine mandates could cause distrust between institutions and their healthcare workers (Gur-Arie¹⁶ et al.). A strict vaccine mandate would infringe upon the legally protected exemptions of disability and sincerely held religious beliefs that are protected under the Americans with Disabilities Act as well as Title VII of the Civil Rights Act (Preeti et al.).

IV. Conclusion

A vaccine mandate has the potential to benevolently affect society, but in doing so has the potential to malevolently affect the healthcare industry. A way to minimize negative consequences of a vaccine mandate would be to allow religious and medical exemptions.

¹² Robert S. Olick, JD, PhD, is Associate Professor Emeritus of Bioethics and Humanities at the SUNY Upstate Medical University. Olick formerly served as the executive director of the New Jersey Bioethics Commission where he was the principal author and legislative architect of the state's advance directives law.

¹³ Dr. Khor Swee Kheng is a Malaysian physician with international experience in the public, private, non-profit, and think-tank centers. Nurul Ezzaty Hasbullah is a Rhodes Scholar at Oxford University and has an MSc in International Health and Tropical Medicine.

¹⁴ The Center for Devices and Radiological Health is a branch of the Federal Food and Drug Administration in the United States. It is responsible for the premarket approval of all medical devices, overseeing the manufacturing, performance and safety of these devices.

¹⁵ The American Hospital Association is a healthcare industry trade group that includes nearly 5,000 hospitals and health care providers. They are a national organization that serves and represents all types of hospitals and healthcare networks.

¹⁶ Rachel Gur-Arie is a Postdoctoral Fellow in Ethics and Infectious Diseases at John Hopkins Berman Institute of Bioethics.



Allowing exemptions in a limited vaccine mandate would increase ethical justifiability while also increasing trust between healthcare workers and their institutions (Gostin 533). If a lenient vaccine mandate was still found ethically unjustifiable, increasing and enforcing other methods of containing the spread of COVID-19 would be required.



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