

Making vaccination a condition of deployment in the health and wider social care sector

A response of behalf of the Christian Medical Fellowship (CMF)

CMF is an association of about 5,000 UK doctors, nurses, midwives and medical students, united in their desire to live and work for Jesus Christ.

Introduction

CMF supports the Government's aim of encouraging high levels of vaccine uptake among health and social care workers, as a means of protecting patients, service users and co-workers. However, we feel that to make COVID-19 and Flu vaccinations mandatory – 'a condition of deployment' – lacks sufficient evidence and could backfire. Ethically, in public health matters, interventions that are most intrusive or restrictive, such as those in this proposal, require a strong justification and clear evidence that less intrusive measures would be less effective. The consultation document does not provide evidence pointing to the likely effectiveness of the policy in increasing vaccine uptake and in protecting patients and workers from harm. Neither does it point out potential unintended consequences, in terms of reduced staffing levels and the impact of those on the provision of care.

We would urge the Government first to explore the reasons behind why some health and social care workers are resisting vaccination, and why there is variation in vaccine uptake across different health and care settings and regions. What are the ethical considerations that have informed its proposal? Could there be less intrusive methods that could be adopted that would be less likely to provoke resentment and more likely, in the longer term, to achieve the Government's aim? Persuasion trumps compulsion every time.

Observations and Recommendations

If the proposed policy is rolled out across the whole health sector, there could be significant implications for staffing and costs. Of care home workers alone, an estimated 7 per cent will choose to remain unvaccinated.¹ In a recent study carried out in England, 16 per cent of respondents showed high levels of distrust about vaccines. Those attitudes were higher among people from minority ethnic backgrounds, with lower levels of education, lower annual income, low awareness of COVID-19, and lower compliance with government COVID-19 guidelines. Overall, 14 per cent of respondents reported being unwilling to receive a vaccine for COVID-19, while 23 per cent were unsure.²

¹ Department of Health and Social Care (11 July 2021) Statement of impact – The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021, available at: <https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-older-adult-care-homes/outcome/statement-of-impact-the-health-and-social-care-act-2008-regulated-activities-amendment-coronavirus-regulations-2021>

² Paul E, Steptoe A, Fancourt D. Attitudes towards vaccines and intention to vaccinate against COVID-19: implications for public health communications. *Lancet Reg Health Eur.* (2021) 1:100012. doi: 10.1016/j.lanepe.2020.100012

It is clearly important to provide as much transparency as possible, generating a climate of trust between government, healthcare professionals, and regular citizens to be vaccinated. Negative attitudes toward vaccines (high levels of mistrust over the claimed benefits of vaccination, worries about unforeseen effects, concerns about commercial profiteering, and preferences for natural immunity) are all capable of change. We believe more could be done to understand the causes of vaccine hesitancy, and to provide resources and reassurances to the reluctant.

Mandatory vaccination for care home workers comes into effect on 11 November. In our opinion, the Government should consider allowing more time to monitor the effects of making vaccination a condition of deployment in care homes before extending it to all health and care workers. If the policy is extended to other workers, it is likely that many may choose to remain unvaccinated. The Government acknowledges that Black health and social care workers and those who hold certain beliefs – religious and non-religious – may be more likely to feel unable to satisfy a statutory requirement to get vaccinated, which may ultimately result in them losing their job. This raises concerns about Equality Impacts.

As reported by the Nuffield Council on Bioethics,³ *'further reductions in staffing levels are likely to lead to significant disruptions to care which could affect patients in many ways. It will be important, for example, to consider how suddenly changing or losing a carer may impact patients and service users.'*

Consent or Coercion

Consent to immunisation is valid when given freely, voluntarily, and without coercion by an appropriately informed person.⁴ For a public health programme to be carried out ethically, it is fundamental to minimise interventions that are perceived as unduly intrusive, in conflict with important personal values, and introduced without the individual consent of those affected.⁵

If vaccination becomes a condition of deployment for all those undertaking treatment and personal care in the health and social care sector, individual consent and choice would depend on available redeployment alternatives. Arguably, lack of available alternatives would make this intervention a form of coercion.

Compulsory vaccination (for example, Hepatitis B or BCG) is already in place for healthcare workers in certain areas.⁶ Foreign travel to some countries is not permitted without a current Yellow Fever vaccination certificate. But 'any specific proposal for the compulsory vaccination of healthcare staff against Covid-19 would raise new ethical and legal implications,' according to Dr Chaand Nagpaul, British Medical Association council chair. He points to recent research⁷ showing that pressurising health and social care workers can have damaging effects, leading to an erosion of trust, worsening

³ Nuffield Council on Bioethics Press Release: 14 October 2021

⁴ Public Health England (17 December 2013) Immunisation against infectious disease, available at: <https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book-the-green-book>

⁵ See: Nuffield Council on Bioethics (2007) Public health: ethical issues for a description of the Nuffield Council on Bioethics stewardship model

⁶ Public Health England (2020) Immunisation of healthcare and laboratory staff: the green book, chapter 12, available at: <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>

⁷ Sadie Bell, Richard M Clarke, Sharif A Ismail, Oyinkansola Ojo-Aromokudu, Habib Naqvi, Yvonne Coghill, Helen Donovan, Louise Letley, Pauline Paterson, Sandra Mounier-Jack
medRxiv 2021.04.23.21255971; doi: <https://doi.org/10.1101/2021.04.23.21255971>

concerns about the vaccine and hardened stances on declining vaccination. He concludes: *'That there appears to be lower uptake among people from certain ethnic backgrounds needs serious consideration, and any policy on mandatory vaccination for staff must not be discriminatory. Therefore, efforts should be focused on targeted engagement and possible alternative mitigations against transmission for those who are not vaccinated.'*

Organisations such as the British Medical Association and the Royal College of Nursing are strongly encouraging their members to be vaccinated against COVID-19 and other diseases, but do not support mandatory vaccination.⁸ Of course, the safety and wellbeing of their patients should be the primary concern of healthcare workers, but the wellbeing of staff should be an equal concern for employers.⁹

Conclusions

CMF supports the aim of the Government to improve uptake of COVID-19 and Flu vaccines by health and social care workers. But the proposal that these vaccinations should be compulsory for deployment seems to us to be more intrusive and restrictive than is justified by current evidence. We would support measures taken to explore more fully the reasons for vaccine hesitance and its variation across different areas and ethnic groups.

We recommend more thorough investigation of alternative, less intrusive initiatives to improve uptake, that depend more upon persuasion than compulsion. We do not think that the case for mandatory vaccination has been soundly demonstrated.

Requiring vaccination for deployment in care homes is shortly to come into effect. Our appeal to the Government is that adequate time should be given to assess the impact of that move before steps are taken to extend the requirement to other health and social care workers.

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⁸ See Pulse Today (13 September 2021) BMA backs motion calling for all doctors to have Covid jab, available at: <https://www.pulsetoday.co.uk/news/clinical-areas/immunology-and-vaccines/bma-backs-motion-calling-for-all-doctors-to-have-covid-jab/> and Royal College of Nursing (22 September 2021) RCN position on mandating vaccination for health and social care staff, available at: <https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/rcn-position-on-mandating-vaccination-for-health-and-social-care-staff>

⁹ The King's Fund (9 June 2021) Health and care organisations say more action is needed on staff health and wellbeing, available at: <https://www.kingsfund.org.uk/publications/health-care-action-needed-staff-healthwellbeing>