

Head to Head

Should covid-19 vaccination be mandatory for health and care staff? No

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*New UK law will make vaccination a condition of employment for eligible care home staff, following similar moves in Italy, France, and Greece. This is reasonable because care institutions have a duty to protect patients, argues **Michael Parker**, but **Helen Bedford**, **Michael Ussher**, and **Martine Stead** worry that such a blunt approach is unnecessary and could be counterproductive.*

Health and social care workers have a duty of care to be vaccinated against COVID-19, to protect their patients and care home residents, as well as protecting themselves, their families, and the wider community. On 14 July, the UK House of Commons approved the requirement for staff without a medical contraindication working in Care Quality Commission regulated care homes in England to have two doses of COVID-19 vaccine. Italy, France and Greece have recently made vaccination mandatory for healthcare workers.^{1,2}

Freedom of choice

We consider mandating vaccination “a blunt instrument to tackle a complex issue”³: it is not necessary, acceptable, or the most effective way to achieve high uptake, and raises serious ethical issues about freedom of choice. Although it can be argued that freedom of choice does not trump protecting patients and home care residents, mandating vaccination could be counterproductive.

In England, COVID-19 vaccine uptake among adults in the general population, and staff in NHS and older adult care homes is generally high, with 87%, 90%, and 87% vaccinated with at least one dose,⁴ although the accuracy of the data for care home workers has been questioned.⁵ However, uptake varies geographically and between sociodemographic groups, with lower uptake or intended uptake (“hesitancy”) among some minority ethnic groups also reported.^{6,7,8} Of concern, a large study of

healthcare workers reported that those in patient facing roles including nurses, nursing associates, and midwives were more likely to be hesitant.⁷ Health and social care workers are obviously not immune to vaccine concerns or susceptibility to misinformation. As with the general population,⁶ exploring their reasons for vaccine hesitancy is fundamental to inform interventions to improve uptake.^{7,8}

Initiatives to Improve Vaccine Uptake

Successful initiatives to improve staff vaccine uptake which address the main reasons for hesitancy have been reported from hospital trusts.^{9,10,11} These include improving access and providing support to book vaccine appointments; provision of evidence based information in different formats and languages, including regular question and answer sessions via online webinars, and drop-in sessions where concerns are acknowledged and addressed non-judgmentally. An “active listening” approach to providing information, while recommending vaccination, builds trust, a key factor in ensuring vaccine acceptance.¹² Importantly, vaccine advocates and ambassadors involved in these initiatives were mainly from black and minority ethnic groups. Staff reported vaccine confidence among more senior colleagues, particularly clinicians, to be influential.⁷ Since together with the NHS, healthcare workers are the public’s most trusted source of information about COVID-19 vaccine,⁶ such strategies may also help improve vaccine confidence in the wider population.

In the context of concerns about sub-optimal vaccine uptake, mandatory vaccination can appear an straightforward solution, requiring less resource than other interventions, but it has downsides. Notably, there is the risk of increasing resistance to vaccination by damaging trust in the government and other organisations.⁸ This is of particular concern among ethnic minorities, who are over-represented among health and social care workers, have been disproportionately affected by covid-19, are less likely to trust government sources of information, and are more likely to be vaccine hesitant.⁶

In a recent public consultation, 47% of care home workers did not support mandatory vaccination.¹³ There are reports of staff threatening to leave rather than be forced to be vaccinated, which is a particular concern due to shortages in NHS and care home staff.¹⁴ Although this does not seem to have been borne out in Australia where flu vaccine is mandated for some health and social care staff,¹⁵ enforcing vaccination risks damaging the morale of an already pressured essential workforce.

To maximise vaccine uptake, mandation should be the last resort when other measures have failed. But vaccine uptake is generally already high in health and care workers and can be improved with less extreme measures. The UK has highly successful vaccine programmes across the life course without recourse to compulsion; introducing such a coercive practice now, even if only for specific groups, represents a slippery slope which is best left untrodden.

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