Ethical dimensions of COVID-19 for frontline staff

Appendix 1
Receiving the COVID-19 vaccine

8 February 2021
As with seasonal flu jabs, it is recommended that frontline healthcare staff receive the COVID-19 vaccine. Receiving the vaccine is not currently mandatory for practice, as is the case for vaccination against influenza. When deciding whether to accept a vaccine for COVID-19, healthcare staff should consider the ethical and professional obligations to their practice, their patients and themselves.

Healthcare staff have a duty of care towards their patients,¹ which includes taking precautions to prevent the spread of infectious disease to those patients.²³ Healthcare staff must balance this duty with a duty of care to themselves, as we have previously advised the workforce with regards to working on the frontline. Consequently, they can – and should – also take account of their individual circumstances.

Based upon the available evidence, on a balance of risks, there is potential net benefit to an individual receiving the vaccine. This benefit is likely to extend to the community of people with whom they come into contact. This includes family, friends and patients. The benefit may also extend to society at large, by reducing the ability of the virus to spread through the population.

The RCP supports the Faculty of Occupational Medicine’s (FOM) Ethics guidance for occupational health,⁴ item 4.34, for immunisation of staff:

‘Information about the potential benefits and risks to workers in participating in an immunisation programme must be clearly communicated. If appropriate, a clear plan should be made to manage workers who fail to develop immunity following vaccination. The management of workers who decline immunisation should be determined in the planning stages, and information communicated to those who are considering this route. The impact on employment of refusal to accept immunisation is likely to be dependent on balanced needs of public interest and patient autonomy.’

Transparency around prioritisation of vaccine and rollout of vaccine

When identifying and defining priority groups for receiving the vaccine and developing models of rollout and distribution, we advocate that the ethical principles of accountability, transparency, inclusivity, reasonableness and responsiveness, as set out in this guidance, are followed. We urge the Joint Committee on Vaccination and Immunisation (JCVI) to:

- make all evidence and models used to identify and develop the priority vaccine groups openly available
- take account of the widely established role that inequality, ethnic background and deprivation have played in poor COVID-19 outcomes in the British population.

Continuation of current protective measures for frontline staff

Until a point is reached where the risk from COVID-19 to frontline staff has been eradicated, we continue to uphold our guidance on the provision of PPE to frontline staff.
In order to fulfil their duty of care to their patients, frontline staff must be appropriately shielded from harm, regardless of the source of that harm. Caring for patients with, or suspected, COVID-19 requires appropriate PPE, and all frontline staff should have constant access to PPE during the pandemic – as specified in the current Public Health England guidance. If asked to care without appropriate PPE, doctors should immediately report this to the relevant director of that clinical service. If possible, please also report it via the RCP reporting system.

In line with both the RCP and the FOM ethics guidance for frontline staff, we urge the NHS to make clear how to manage those staff who decline the vaccine, so as best to protect NHS staff while also fulfilling staff’s duty to care to their patients.

References