Ethics Gone Viral: From Mandating Flu Vaccines for Healthcare Workers to Ebola

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Abstract

● Purpose: To examine healthcare workers’ role and choices in protecting their own health and beliefs and carrying out job responsibilities
  ○ Not specifically vaccination ethics

● It is important to keep in mind the 4 principles of Bioethics (autonomy, beneficence, non-maleficence, justice) and how we, caregivers, have to use them to make decisions in times of outbreaks

● Keep in mind the opposing arguments; there are many different perspectives
History Overview

- Major epidemics have historically killed masses
  - 1918: Spanish Flu Pandemic
    - Death toll: 20-50 million people
    - Vaccination helps safeguard against these events
- Influenza vaccine recommended for healthcare workers since 1984, mandatory employment condition since 2008
History Overview Cont.

- Question of similar precautions in recent ebola epidemic
  ○ Healthcare workers put on leave following possible exposure
  ○ Courses for healthcare workers going to Africa’s Ebola Treatment Units
  ○ Potential vaccine in development?
  ○ 1st Diagnosed US Ebola patient originally sent home from emergency room

- Questions of preparedness, healthcare justice, healthcare worker precautions and responsibilities
Specific History

- Mandatory flu vaccines controversial because of misinformed beliefs on vaccine-autism relationship
  - Belief that vaccine causes flu
  - Vaccine is non-vegan (egg product)
  - Possible link to Guillain-Barré Syndrome (GBS)
  - Religious concerns
    - Medical & Religious Waivers

- Mandatory ebola precautions/quarantine controversial because some think they unnecessarily punish caregivers
- The flu virus kills 36,000 people and hospitalizes 250,000 each year
- Before it was mandatory, only about 45% vaccinated; now almost all physicians and nurses are, but still only 75% among all healthcare workers (92% of physicians)
- When mandatory, 98% vaccinated; if not, 44% vaccinated
- 1 ebola-related death in the US; over 11,000 in African countries
- Over 200 healthcare workers died from ebola
“In the News”

● “Cleveland Clinic, MetroHealth nurses on flight with Dallas Ebola patient, on paid leave”

● “CDC: U.S. health worker with Ebola should not have flown on commercial jet”
Policy

• Some states have enacted mandatory quarantines of possibly exposed healthcare workers
  ○ New York, New Jersey & Illinois

• Controversy over necessity and legality

Global Perspective

- In Britain, flu vaccine not universally recommend
  - Only select high-risk groups such as nursing home residents

- Controversy in West African countries over burial of ebola victims
  - Officials intent on stopping spread while family members wish to follow religious customs
Bioethics Principles

- Autonomy, beneficence, non-maleficence & justice
  - Principalism, the framework of bioethical disputes and decision making

- These four principles work together to help caregivers and others involved in life changing choices to make the best possible choices
Principle: Autonomy

- The right to govern oneself.
- Individuals must be allowed to freely make their own healthcare decisions
- We must both recognize the right of patients to have autonomy and protect those who have decreased autonomy
Pros: Autonomy

- Individuals, whether patients or healthcare workers, can have say over their bodies (in the case of flu shots) and their lifestyles/professional success/ability to earn a living (in the case of ebola restrictions)
Cons: Autonomy

- Can it ever be justified to opt out of flu vaccinations and/or refuse ebola training and quarantine, and thus negatively affect the community, for the sake of autonomy?
  - Struggle between individual freedoms and the greater good (i.e. public health)
Principle: **Beneficence**

- Acting only for the benefit of the person in question and the community
- Action taking specifically to prevent or remove harm and overall improve someone else’s situation (entirely positive/proactively focused)
Pros: Beneficence

- It focuses predominantly on the positives and making sure that the decisions made are the best for both the patient and the community.

- With most examples of beneficent choices, vaccines included in that list in some sources, it is about benefiting the public and giving them an opportunity to have a better life.
Cons: Beneficence

- With something like vaccination, a topic of controversy, it is hard to differentiate whether offering or enforcing them is the “positive” way, what a healthcare worker must do, or if it instead is more of a trade off for the greater good (Non-Maleficence)
Principle: **Non-Maleficence**

- “First, do no harm”
  - The Hippocratic Oath
- Withholding actions that may cause harm to the patient or research participant
- Focuses on the concept of the benefit outweighing the burden
- Can be difficult to achieve because sometimes doing good comes at the cost of a bit of harm
  - e.g. Vaccines are very rarely linked to some diseases (e.g. GBS), but overall effect is beneficial to community
Pros: Non-Maleficence

- It is an important factor in practically any research, clinical or healthcare related setting

- Allows physicians to understand the risks at hand and when balanced with beneficence allows decisions to be made in terms of the greater or overall good
Cons: Non-Maleficence

- Difficult to make a decision about the greater good

- In reality, it is very difficult to decide whether something like Vaccinations that could compromise individual freedom (autonomy) is worth the end results and the big picture as a whole
Principle: **Justice**

- Attempts to establish fairness and balance in treatment practices
  - However, can be based on need or contribution
- Like it implies, all patients should be treated fairly regardless of varying background characteristics
- In a research sense, it should also allow for an even distribution of burden and benefit among all patients (non-maleficence)
Pros: Justice

- Allows for the shedding of bias and the error of human discrimination to be removed from the view of the whole

- By default, better decisions can be made and a greater potential benefit can be produced in the community
  - i. Honoring of patients’ rights and autonomy
Cons: Justice

- In some instances, such as with this case, justice can cause us to homogenize people. We can lose the concept of individuals and the factors that make us who we are.

- Difficult for humans to be just. To contemplate what is best for society’s welfare as well as what is best for every individual.
Questions

- What do you do if you cannot get a medical or religious waiver, but still wish to work for a hospital/clinic?
- Is it unethical for hospitals/clinics to force vaccinations?
- Is it acceptable to go against religious practices for the greater good, like limiting the exposure of diseases like Ebola?
- What are the risks of being vaccinated? Do they outweigh the benefits of being vaccinated?
- Should autonomy be able to impede the welfare of society?
Questions Cont.

- Do healthcare workers have the right to refuse a flu vaccine and expose others to the flu?
  - What if they work in a cancer clinic with people with weakened immune systems who cannot get a vaccine themselves?
  - If they do have a legitimate reason for not getting a vaccine, should they wear a mask?

- Does a healthcare worker have the right to refuse to work on a patient with ebola just because they are scared and do not want to?

- If the worker does not take precautions and needs to be quarantined should they collect a salary during those three weeks?
Jamilla is a nurse whose grandfather had Guillain-Barré syndrome, which has been said to be contracted from flu vaccination in rare cases. Her place of employment requires flu vaccinations as a condition of employment, but she refuses to submit to this request out of fear of developing the same disease that led to her grandfather’s death. Should Jamilla be allowed a waiver? Is she putting herself, her co-workers, and her patients at risk by not complying with this precaution? Support your answer using bioethical principles.
Case Study #2

Brandon is an intern at Johns Hopkins Medical School. Brandon has gotten the Flu Vaccine in the past and every time has ended up with the Flu. As a result, Brandon refuses to get the flu vaccination, however, he does not meet the criteria for a medical or religious waiver. Johns Hopkins places him on an unpaid medical leave for one week and upon returning with no vaccination, he is fired and considered to be voluntarily resigned. Is this ethical?
Case Study #3

Demetrius and his family live in a small village in Africa. Unfortunately, as the spread of ebola increases, his grandmother becomes very sick and is recognized by the CDC to have Ebola. She eventually passes. As a practice to prevent the spread of Ebola, CDC officials quarantine bodies that have died from Ebola, however, as a part of Demetrius’ culture, it is important for his family to bury his grandmother. Is it ethical to deny someone access to their cultural practices, even if for the greater good?
Sources

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Cleveland Clinic

Every life deserves world class care.