

Vaccination status as a criterion for prioritizing COVID-19 care; ethical or not ethical?

Kamleshun Ramphul¹, Petras Lohana², Arti Lohana², Nomesb Kumar², Renuka Verma³

¹Department of Pediatrics, Shanghai Xin Hua Hospital Affiliated to the Shanghai Jiao Tong University School of Medicine, Shanghai, China; ²Department of Internal Medicine, Liaquat University of Medical and Health Sciences, Jamshoro, Pakistan;

³Department of Internal Medicine, Guru Gobind Singh Medical College, Punjab, India

To the Editor,

We read with immense interest the article by Vergallo et al.(1) that raised well-supported arguments for the current medical parameters used in different settings while considering who might get priority for COVID-19 care if resources run short. We would also like to raise a point for the readers to consider; should COVID-19 vaccination status become a criterion?

Last month, the Dallas Morning News talked about a memo from a group of North Texas physicians who may reflect on the vaccination status of the patients as one of their triage criteria. However, one physician eventually issued a reversal of the memo and confirmed that the vaccination status would not be part of the criteria (2). Another physician in Alabama provided an official notice that his practice will no longer treat unvaccinated patients. It is believed that if a physician adopted such a stance, its ethicality would rely on the cause. If the physicians are trying to safeguard their co-workers and patients via such measures, it is considered ethical. If their choice comes out of annoyance or frustration due to the choice made by the patients, then this would be deemed unethical (3).

However, while the vaccination status has proved to drastically improve the clinical outcomes of patients admitted with COVID-19 (4), there are currently multiple barriers that several vaccination campaigns are facing. Not every country currently has a proper distribution of its vaccination resources across all regions. The fear of the vaccines due to either anti-vax

propaganda, past medical history with vaccines, or even legitimate religious reasons may also be a significant factor in vaccination refusal. Dr. Trunsky from Michigan even pointed out that several of his patients who were on their deathbeds were still refusing to acknowledge the existence of the virus and the efficacy of the vaccines (5).

The timing for the consideration of such new criterion is thus vital, and these questions need to be properly reassessed and compared throughout the pandemic:

- Was the patient having access to vaccines?
- Did he refuse for legitimate medical or religious reasons?
- Did he refuse because he denies the existence of COVID-19 and/or the vaccines? Has his physician tried to educate him on the topic?

Finally, Dr Hanfling, an emergency physician, provided a fascinating point of view to the Washington Post. He raised the point of “accountability as citizens” we have towards each other, and while he proposed moving patients who “willingly choose not to vaccinate” further down the pecking order, he also strongly suggested that we should not deny them care (6).

The ethical dilemma continues...

Conflict of interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article.

References

1. Montanari Vergallo, G, Varone, M. C, Del Rio, A. COVID-19: when health care resources run short, how to pick who should (not) get treated? *Acta bio-medica* 2021;92: e2021372.
2. North Texas doctor's group retreats on policy saying vaccination status to be part of care decisions, available online <https://www.dallasnews.com/news/watchdog/2021/08/19/if-north-texas-runs-out-of-icu-hospital-beds-doctors-can-consider-a-patients-vaccination-status/> (accessed on 27th September 2021)
3. If Covid vaccine refusers are turned away at hospitals and doctor offices, is that ethical?, available online <https://www.nbcnews.com/think/opinion/if-covid-vaccine-refusers-are-turned-away-hospitals-doctor-offices-ncna1277475> (accessed on 27th September 2021)
4. Bahl, A, Johnson, S, Maine, G, et al. Vaccination reduces need for emergency care in breakthrough COVID-19 infections: A multicenter cohort study [published online ahead of print, 2021 Sep 9] *Lancet Reg Health Am* 2021; 100065.
5. 'I don't have COVID': Doctor says some COVID patients deny virus, decry vaccines from their deathbed, available online <https://www.usatoday.com/story/news/nation/2021/09/25/dr-matthew-trunsky-says-some-dying-covid-patients-deny-virus/5866695001/> (accessed on 27th September 2021)
6. Opinion: Doctors should be allowed to give priority to vaccinated patients when resources are scarce <https://www.washingtonpost.com/opinions/2021/09/03/doctors-should-be-allowed-give-priority-vaccinated-patients-when-resources-are-scarce/> (accessed on 27th September 2021)

Correspondence

Received: 27 September 2021

Accepted: 30 September 2021

Kamleshun Ramphul, MD

Department of Pediatrics,

Shanghai Xin Hua Hospital,

Shanghai Jiao Tong University School of Medicine, 1665

Kongjiang Road, Shanghai 20009, China

Tel.: +86 21 6579 2951,

E-mail: adramphul@hotmail.com