

Should vaccinated people be prioritized for COVID-19 care? Reply to Ramphul

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To the Editor,

I would like to start by thanking Kamleshun Ramphul, Petras Lohana and Arti Lohana for their comment (1), which leads us to weigh the possibility that citizens who cannot or are unwilling to be vaccinated against COVID-19 may be discriminated against in accessing treatment for COVID-19, because of vaccinated patients being prioritized.

The problem does not arise for people who: a) have not had access to the vaccine due to local delays in supply or administration or b) have valid medical or religious reasons for not getting vaccinated: for them to be treated only after people already vaccinated would indeed be discriminatory.

The underlying issue, on the other hand, has to do with those who despite being able to get vaccinated choose not to. As shown by the sources cited by the authors, it is necessary to reflect on whether it is ethically acceptable to deny access to treatment for COVID-19 to the unvaccinated and/or to postpone their treatment, prioritizing vaccinated patients instead.

The preliminary decision to exclude unvaccinated patients from treatment appears ethically unacceptable, even if motivated by the intention to protect colleagues and patients who are in the same doctor's office or hospital ward.

It is true that the ultimate intention of any act affects the moral judgment relating to the act itself. Still, in the cases we are dealing with, it is all but impossible to prove that the doctor does not intend to defend his colleagues and patients. Thus, it becomes impossible to

assess the moral soundness of the choice to withhold treatment from unvaccinated patients. Furthermore, the goal of protecting colleagues and patients can also be achieved without mandatory vaccination: it is enough for the patient to test negative following a rapid or molecular antigenic test. Moreover, many fully vaccinated people have also contracted COVID-19, because the currently available vaccines offer only partial coverage. A very recent study published in *Lancet* shows that the efficacy of the Pfizer/Biontech vaccine against Sars-Cov-2 infections decreased from 88% recorded one month after the two doses to 47% over six months (2).

The choice of postponing the treatment of unvaccinated patients, while prioritizing vaccinated patients, finds partial support in the widespread literature according to which scarce resources should be allocated to patients who, due to their medical conditions, can be benefited more (3). Since vaccinated patients admitted in the ICU are much more likely to survive than their unvaccinated counterparts (4), the vaccinated patient is likely to be prioritized over the unvaccinated. Yet, such a conclusion can only be reached through a case-by-case assessment based solely on medical data. Therefore, it is possible that an unvaccinated patient may be benefited more from intensive care than a vaccinated one.

More controversial is the possibility of postponing the treatment of unvaccinated patients regardless of medical assessments as to the potential greater benefit of treatment. The source cited by the authors seems to substantiate this possibility with the fact that each person must be "responsible" towards others. This

accountability is ethically acceptable (5). Much less so is it to argue that the punishment for this lack of accountability may consist in denying immediate access to necessary care. The choice not to get vaccinated can legitimize the obligation to undergo a rapid or molecular antigenic test with negative results, but by no means a therapeutic delay, regardless of the reasons why the person decides to forgo the vaccination. In this regard, the authors take into consideration the possibility that the individual refuses the vaccine because it denies the existence of the pandemic altogether, or the effectiveness of the vaccine. But the fact that the patient may harbor beliefs that conflict with overwhelming scientific evidence is not a good reason not to treat them. Everyone should have an equal chance to recover back to health. Otherwise, total arbitrary judgment ensues. For example, which person deserves the most to be treated? A vaccinated patient who fails to exercise caution and does not periodically undergo tests or an unvaccinated individual who carefully avoids any risk of contagion and gets frequently tested? Furthermore, one cannot fail to consider that the judgment of accountability cannot be limited only to choices relating to the risk of infection, because accountability towards others is shown in many areas. So, who is more “worthy” of treatment, a vaccinated individual who acts recklessly and does nothing to avoid getting infected, or an unvaccinated person who dutifully respects the protocols aimed at viral containment?

References

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