FOR DEBATE…

Should we promote influenza vaccination of health care workers in nursing homes? Some ethical arguments in favour of immunization

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Abstract

Although studies show the relation between influenza immunization of health care workers and the benefits for residents in nursing homes, compliance to vaccination is still low. In this article we explore and discuss two specific moral reasons for nursing home professionals to accept vaccination. These special reasons derive from two sources: the responsibilities they have as health professionals, and the responsibilities they have as a member of the collective.

Keywords: ethics - medical, influenza vaccination, professional responsibility, collective responsibility, nursing homes

Introduction

The US Centers for Disease Control (CDC) recommend annual influenza immunization for all health care workers (HCW) and others in close contact with persons at high risk [1]. Certainly in nursing homes, vaccination of HCW may contribute to the protection of residents [2–6]. Nevertheless, relatively few HCW are vaccinated, varying between 5 and 51% [7]. In this paper we analyse some special moral reasons in favour of HCW vaccination.

The effects of HCW vaccination on nursing home residents

Influenza is a serious threat for nursing home residents. Vaccination may not only reduce the incidence of influenza, but also the severity of complications (e.g. pneumonia, hospitalisation, death) [8, 9]. High immunization rates may even result in group immunity; hence offer certain protection to non-immunized residents as well [10]. Still, outbreaks of influenza have been reported, despite high immunization rates among residents [3, 11]. This may be partly due to low vaccination rates among HCW. Influenza among staff preceded the illness among residents, which suggests that the staff introduced the virus into the nursing home [11]. Another study showed serological evidence up to 23% of HCW during influenza outbreaks [2]: as HCW have close contacts with residents they are a plausible vector for the spread of the virus within the institution [3, 11]. These data do not only support a causal relation between HCW illness and illness of residents, but also offer moral reasons to accept immunization: it will benefit (frail) residents.

In this article we want to stipulate two types of moral responsibilities that are specific for HCW, given their specific roles in a health care institution. These need to be taken into account in the discussion whether HCW have a moral duty to be immunized.

Professional responsibility

Obviously, health should be a primary value for professionals in health care. Their responsibility is not just to carry out medical and nursing procedures, but also to be attentive to the needs of residents and to factors that may compromise their health or well-being. It may require measures that go beyond medical care and interventions; nurses should also be attentive to health compromising factors in residents’ behaviour, nutrition and environment.
This also has consequences for the HCW themselves: for example they should take adequate hygienic measures (change clothes, wash their hands, etc.). A nurse who fails to take hygienic measures is not just failing to benefit her patients; she fails to do what she ought to do as a health care professional.

This professional responsibility also applies to protection against influenza. HCW should avoid spreading the virus as far as they can. When they feel ill, they should avoid contact with residents (or even colleagues) [12], but more effective preventive measures (like immunization) could be considered their professional responsibility as well. Immunization will be a more effective strategy to protect residents (and fellow-workers), because one may not always be aware that one is getting ill.

Responsibility as a member of the collective

There is a second category of special responsibilities. HCW fulfil their role within a collective that has certain collective interests and objectives. For example, when a nursing home policy aims at herd immunity, the individual workers are expected not to frustrate this common goal. If many HCW forego vaccination, this could render the goal of herd immunity impracticable. Therefore, HCW vaccination might not only be an additional [5, 6], but also a necessary strategy to realise herd immunity.

There are two additional arguments for the idea of collective responsibility. Many nursing homes follow a tacit consent policy towards residents [10]. Moreover, some nursing home physicians will try to persuade residents with arguments like ‘if it is not for yourself, at least you will contribute to the protection of others’. It would be incoherent for HCW to persuade residents to this collective goal, and simultaneously not to accept vaccination for themselves. A second argument for this responsibility as a member of the collective is related to negative consequences of absenteeism on colleagues and residents. Adequate HCW vaccination prevents illness absenteeism resulting in increase of workload for health care teams (with negative effects on the quality of care).

Discussion

Given their roles as professionals and as members of the collective, HCWs should see they have special moral reasons to accept influenza vaccination. These reasons do not necessarily imply they have a moral duty to accept vaccination. Such a duty would depend on the balance of all reasons, for and against vaccination. Other relevant arguments are the fact that vaccination does not offer perfect protection; the fact that HCW themselves are the main beneficiaries; and the availability of prophylactic treatment against influenza, etc. We have focused on two reasons that flow from specific responsibilities of HCW.

In assessing these reasons, it is important to see some countervailing considerations as well.

The argument from professional responsibility might raise two responses. First, influenza vaccination is primarily a private choice, hence seeing vaccination as professional responsibility could involve an intrusion of the private (mental and bodily) sphere of HCW. Second, professional responsibility refers to an ideal that does not dictate in what ways the health of residents is to be protected. HCW vaccination is one of many ways to protect residents – and many ways are already employed by caregivers. Hence, the statement that, as health professionals, they ought to accept immunization seems too strong.

With regard to collective responsibility: the shared goal of herd immunity might raise critique. The goal is difficult to attain, requiring very high vaccination rates. Moreover, it is not self-evident that, for each nursing home resident, influenza should be avoided at all costs. Some residents might accept the risks of influenza and pneumonia, given the prospect of mental and physical suffering they face anyway. Third, many HCW may suspect the management of offering vaccination only to reduce costs of absenteeism. HCW may criticise these reasons, when the workload is already very high.

Notwithstanding these countervailing considerations, HCW do have special responsibilities towards residents that are relevant for choices concerning influenza vaccination. Both employees and management should therefore at least deliberate about HCW vaccination: the moral reasons caregivers have in their specific roles cannot be simply put aside.

Key points

• Recent studies support the hypothesis that influenza vaccination of nursing home staff may decrease the risks of influenza among residents, still compliance to vaccination among health care workers remains very poor.
• Health care workers have a professional responsibility to prevent risks for the residents in their institution. This responsibility might have moral reasons to accept influenza immunization.
• In institutions that aim at herd immunity among residents, nursing home staff should not frustrate these collective efforts by refusing vaccination for themselves.
• Even though caregivers may not have a strict moral duty to accept vaccination, the moral reasons they have as caregivers cannot be simply put aside.

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References


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