

Mandatory COVID-19 vaccination of health care workers

Policy position recommendation

1. All health care workers should be fully immunized for COVID-19 to protect themselves, their families, communities, and those in their care.
2. With mounting concerns over highly contagious COVID-19 variants and leveling-off vaccination rates across Canada, the mandatory vaccination of health care workers is an additional measure to protect patients, the health workforce, and health system capacity. Higher rates of vaccination will reduce the burden of COVID-19 in our communities and bolster ongoing pandemic management efforts.
3. Vaccination is one of the most effective tools to manage and end the pandemic. Vaccination of health care workers should be part of a comprehensive workplace and patient safety strategy. Front-line health care workers must be included in the planning, implementation, and evaluation of such programs.
4. Health care workers must be well-informed of the risks of COVID-19 to themselves, their families, communities, and those within their care, as well as of the benefits and risks of immunization. Leaders of health care institutions and other health care settings are expected to provide health care workers with information that is thorough, current, and accessible.
5. Vaccine mandates must be supported by actions and policies to support implementation, including ensuring and/or increasing access to vaccines and addressing the root causes of vaccine hesitancy.
6. The CMA calls on all levels of government and employers to implement strategies that decrease barriers to accessing vaccine and increase vaccine acceptance. The CMA recognizes that the history of inequities within the health care system impacts trust, therefore approaches that seek to understand root causes of hesitancy are critical.

Removing barriers to immunization include paid leave for immunization and potential side effects, offering immunizations in workplaces.

7. Measures must be put in place to evaluate the intended/unintended impacts of mandatory vaccinations, to ensure the fair distribution of benefits and burdens, and to make system changes to minimize or eliminate harms.

A. Background

- Mandatory vaccination has the most valence in health care settings, particularly where workers have direct contact with populations at high risk of COVID-19 infection or severe illness and death resulting from COVID-19.
- Different forms of mandatory vaccination are not uncommon in health care settings, including requirements that unvaccinated health workers stay at home during outbreaks, policies in which vaccination is required as a condition of employment, or requirements that unvaccinated health workers be transferred to settings where the risk is lower, and so-called “vaccinate-or-mask” policies.
- Vaccine mandates generally allow for (implicitly or explicitly) exemptions for those with underlying health issues and religious or conscientious objection.
 - Flood et al argue that “although a mandate that health care workers must be vaccinated, or else stay home without pay, could be the subject of a Charter challenge, governments should be able to successfully defend such a challenge. To be defensible, any vaccination mandate must have exemptions for those who cannot be vaccinated or have bona fide religious or conscience objections.”¹
- In Canada, the Ontario Medical Association and the Registered Nurses Association of Ontario were among the first to call for mandatory vaccination of health care workers.^{2,3}
- In the United States, 57 health care groups including the American Medical Association and the American Nurses Association, announced that they advocate that all health care and long-term care employers require their workers to receive the COVID-19 vaccine.
- Italy became the first European country to mandate vaccinations for all health care workers.⁴ France and Greece have also passed legislation requiring all health care workers be vaccinated.⁵

B. Rationale

- The vaccination of all health care workers reduces significant risks of morbidity and mortality and promote significant public health benefits that outweigh potential harms.
- Vaccine mandates aim to protect health system capacity, the workforce and patients, and reduce the overall burden of COVID-19.
- There is sufficient and growing scientific evidence of vaccine safety, efficacy, and effectiveness in preventing severe illness and death and in reducing transmission, key public health objectives, and there is sufficient supply to vaccinate all health care workers.

- Physicians have a duty to care towards patients and an ethical obligation of non-maleficence to patients. As stated in the CMA Code of Ethics and Professionalism, they have an obligation to always act to benefit the patient and promote the good of the patient; and must take all reasonable steps to prevent or minimize harm to the patient.
- It demonstrates leadership at a crucial point in the pandemic amid the increasing emergence of more transmissible variants-of-concern, particularly the Delta variant that significantly affects those who are unvaccinated.
- It demonstrates that the CMA holds physicians and all health care workers to the same standards it would expect of the public; in doing so, it encourages all physicians to get vaccinated and to support their patients to get vaccinated as well.

C. Key considerations

- For a mandatory vaccine order to be defensible, it requires compelling scientific evidence that the vaccine is effective to achieve public health objectives, and that, all things considered, it is the *least restrictive means* of achieving the objective of ending the public health crisis.
- Several ethical conditions must be met to justify mandatory vaccination as a policy option in view of the limits to individual liberty that it presents:⁶

Necessity and proportionality

A mandate should be considered only if it is necessary for, and proportionate to, intended public health goals. If it is possible to achieve public health goals (e.g., herd immunity, protecting the most vulnerable) using policy interventions that are less restrictive, a mandate is not justified. Mandates should be considered only in cases where there are significant risks of morbidity and mortality or significant and incontrovertible public health benefits if attained. If public health objectives cannot be achieved without a mandate – e.g., a substantial portion of individuals are able but unwilling to take the vaccine – their concerns ought to be addressed first.

Vaccine efficacy

Efficacy data should be available and accessible and show that the vaccine meets a reasonable evidentiary threshold – e.g., above lower confidence bounds set by health regulators – in preventing infection and transmission.

Vaccine safety

Safety data should be available, accessible, and demonstrate that the vaccine has a high degree of safety within the populations for whom vaccines are mandatory. Even when deemed safe, mandatory vaccination policies should be implemented in concert with no-fault compensation schemes to address harms that occur.

Sufficient supply

There ought to be sufficient supply of the vaccine in addition to reasonable, free access to it. A mandate in the absence of sufficient supply and reasonable, free access to the vaccine would create an unduly burdensome and unfair demand on those required but unable to access it. Such a mandate would exacerbate existing social inequities related to access to health care.

Public trust

Mandating vaccination could have a detrimental impact on public confidence and public trust, particularly on confidence in the scientific community and public trust in vaccination generally. This may affect vaccine uptake and impact adherence to other important public health measures. Undermining voluntariness could have particularly negative unintended consequences for historically marginalized populations. Conversely, not requiring that health care workers be vaccinated could also undermine public trust in the health care system.

- At present, these five necessary ethical conditions have reasonably been met to justify mandatory vaccination of health care workers.

Approved by the CMA Board of Directors August 2021

¹ Flood CM, Thomas B, Wilson K. Mandatory vaccination for health care workers: an analysis of law and policy. *CMAJ* 2021 February 8;193:E217-20. Available: <https://www.cmaj.ca/content/cmaj/193/6/E217.full.pdf> (accessed 2021 Jul 30).

² Ontario Medical Association (OMA). *Ontario's doctors call for all health-care workers to have COVID-19 vaccination* [media release]. Toronto: OMA; 2021 July 16. Available: <https://www.oma.org/newsroom/news/2021/jul/ontarios-doctors-call-for-all-health-care-workers-to-have-covid-19-vaccination/> (accessed 2021 Jul 30).

³ Registered Nurses Association of Ontario (RNAO). *RNAO launches #FullyVaccinated social media campaign and calls for mandatory vaccination for health-care workers* [media release]. Toronto: RNAO; 2021 July 15. Available: <https://rnao.ca/news/media-releases/rnao-launches-fullyvaccinated-social-media-campaign-and-calls-for-mandatory> (accessed 2021 Jul 30).

⁴ Paterlini M. Covid-19: Italy makes vaccination mandatory for healthcare workers. *BMJ* 2021;373:n905. Available: https://www.bmj.com/content/373/bmj.n905?ijkey=b85ecfa354483a466f2239d6379510856a8aced0&keytype=tf_ipsecsha (accessed 2021 Jul 30).

⁵ Wise J. Covid-19: France and Greece make vaccination mandatory for healthcare workers. *BMJ* 2021 Jul 14;374:n1797. Available: <https://www.bmj.com/content/374/bmj.n1797> (accessed 2021 Jul 30).

⁶ World Health Organization (WHO). COVID-19 and mandatory vaccination: ethical considerations and caveats: policy brief. Geneva: WHO; 2021 April 13. p.1. Available: <https://apps.who.int/iris/bitstream/handle/10665/340841/WHO-2019-nCoV-Policy-brief-Mandatory-vaccination-2021.1-eng.pdf?sequence=1&isAllowed=y> (accessed 2021 Jul 30).