

# Vaccination against COVID-19 as a prerequisite for practicing a medical or healthcare profession

Opinion of the Bioethics Commission – 4 May 2021

The Opinion published by the Bioethics Commission on 25 November 2020<sup>1</sup> called for medical and healthcare staff to be offered vaccinations against COVID-19 at the earliest possible juncture. The reason for this was that people working in these professions meet several criteria for prioritization simultaneously, in that they *“(a) typically also represent a risk for particularly vulnerable persons and are also generally themselves particularly vulnerable due to their exposure to higher viral loads, (b) act as significant ‘multipliers’ in an epidemiological sense, and (c) are of extreme importance to maintaining public life, especially during a pandemic.”*

In point 6 of recommendations in the same Opinion, the Bioethics Commission also argued that vaccination against COVID-19 should fundamentally be regarded as a prerequisite for practicing these professions, at least while the pandemic is still ongoing: *“For medical and healthcare personnel as well as similar professional groups that come into intensive physical contact with other people of various levels of vulnerability (hairdressers, massage therapists, etc.), a COVID-19 vaccination should apply as a prerequisite for practicing such professions at least for the duration of the pandemic. Once a vaccination against COVID-19 is available, the failure to obtain a vaccination by members of such professional groups should be viewed as a violation of the obligation to provide suitable protection for others and be associated with various legal consequences. Anyone who cannot be vaccinated for valid, objective medical reasons should be utilized in other ways for the duration of the pandemic and as far as possible only come into contact with vaccinated persons.”*

The Bioethics Commission regards vaccination as a vital element of the collective effort to overcome the pandemic. At the same time the Commission is aware that mandatory vaccination is not always the best way to increase vaccination uptake. For this reason universal mandatory vaccination is still not felt to be advisable. With regard to the specific group of those working in medical and healthcare professions, and in view of the ongoing level of infection, the Bioethics Commission considers it necessary to reaffirm its recommendation of November 2020. Vaccination should be seen as an essential requirement for those working in medical and healthcare professions. In implementing this, a positive motivation should be the focus and negative effects on the security of supply of medical and healthcare personnel should be avoided.

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1 Bioethics Commission, Ethical questions about vaccination against COVID-19, Vienna, November 25, 2020

Even just a small percentage of non-vaccinated workers in this professional group complicates and hinders the provision of care and the treatment of patients to a significant extent. In the present situation the Bioethics Commission does not regard it as practicable to find alternative roles for all those in this professional group who have not yet made a voluntary decision to be vaccinated. There is a substantial risk that non-vaccinated staff will carry COVID-19 infections into medical and healthcare institutions, and that these infections may lead to illness and deaths – for instance amongst people who for medical reasons cannot be vaccinated, or for whom there is as yet no vaccine available, which is likely to remain the case for children and young people for some time. In such cases this would cause major and avoidable harm to those affected, and the operators of the medical or healthcare institution concerned would be neglecting their duty of care and could be held liable.

Against this background the Bioethics Commission recommends considering compulsory vaccination, as specified in Section 17 (3) of the 1950 Epidemics Act, and making this a prerequisite for working in the medical and healthcare professions. It considers such a measure to be proportionate in the current situation. The goal is still to prevent COVID-19 infections as far as possible, and particularly in medical and healthcare institutions. Making vaccination a prerequisite for working in this sector is an appropriate and, in the current situation, necessary means to achieving this end. From an ethical perspective, important factors to consider are firstly that the vaccines available have a high level of safety, and secondly that medical and healthcare staff have a special responsibility with regard to the health of patients and those needing care. For any individual pursuing a career in the medical and healthcare professions this special responsibility was a foreseeable consequence of their career choice, as was the possibility that this would include protection against infectious diseases. The fact that when that career choice was made, neither COVID-19 nor the vaccinations that have been developed to combat it, were foreseeable, is not significant.

However, if vaccination against COVID-19 were to be made compulsory for those working in medical and healthcare professions, then the specifications of a mandatory vaccination rule and its implementation would also have to uphold the principle of proportionality. Thus in particular it may be necessary to grade the risk categories for work settings, based particularly on the elements of physical proximity (comparing for instance staff in direct contact with patients to those working purely in laboratory situations) and the vulnerability of those at risk and needing protection (e.g. patients or those in care who are over 80 years of age, or those with compromised immune systems).

The Bioethics Commission also re-emphasizes its plea to everyone to keep the protection of others in mind when making their decision about being vaccinated against COVID-19. Without this kind of social solidarity it is not possible to protect those who for medical or other compelling reasons cannot be vaccinated. At the same time, the principle of solidarity also demands that people whose jobs have been particularly challenging during the pandemic – which unquestionably includes medical and healthcare staff – should be supported with special measures.