# SARS-CoV-2 vaccination should be required to practise medicine in Canada

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Hospitals and health authorities in Canada are requiring vaccination against SARS-CoV-2 for their physicians and staff. The vast majority of Canadian physicians have been vaccinated against SARS-CoV-2, and many health authorities are requiring health care workers to be vaccinated. However, a small number of physicians have protested the mandating of SARS-CoV-2 vaccines for health care workers, with some publicly sharing their decision not to be vaccinated and initiating lawsuits against health authorities.[1] These physicians are undermining public confidence in the safety and effectiveness of SARS-CoV-2 vaccines and putting patients and health care colleagues at risk. Provincial health ministries should be enforcing mandatory vaccination requirements for health care workers. Physicians who refuse SARS-CoV-2 vaccination and do not have a valid medical exemption should be barred from conducting in-person practice.

Some physicians who have chosen not to be vaccinated have appealed to health authorities and regulatory colleges claiming that SARS-CoV-2 vaccines are experimental, ineffective and unsafe. There is robust evidence to rebut these claims. The results of preapproval randomized controlled trials with more than 70 000 participants have shown effectiveness in reducing infection and severe COVID-19.[2,3] There is also compelling evidence from surveillance data on millions of administered doses that the vaccine is effective and that serious adverse events are both rare[4] and less frequent than the risk of severe COVID-19 among people who are not vaccinated.[5,6]

The most important argument for universal vaccination of physicians is the prevention of transmission of SARS-CoV-2 to patients and colleagues by physicians who become infected. With the emergence of the Delta variant, which is more virulent and transmissible than previous variants,[5,7] universal vaccination of health care workers is even more important for preventing SARS-CoV-2 transmission to patients and among health care workers.

Universal vaccination of health care workers represents an added protection for patients beyond the use of personal protective equipment. Although many current hospital inpatients have received SARS-CoV-2 vaccinations, some have not. Some vaccinated patients are immunosuppressed, frail or have comorbidities that put them at risk of waning immunity or severe outcomes of COVID-19.

Vaccination mandates for physicians to reduce the risk of nosocomial infection are consistent with the fiduciary obligations that physicians owe patients and are supported by the ethical principles of beneficence and nonmaleficence, which entail obligations to provide effective and safe care. There is precedent for mandatory vaccination policies for health care workers to reduce risks to patients. Many health care institutions require physicians and staff to be vaccinated against influenza,[8] and immunization against rubella is required for all persons providing patient care in hospitals in Alberta and Ontario.[9,10] Such mandates also preserve health care workforce capacity by reducing the risk of community-acquired infections, and by decreasing the risk of occupational transmission, among health care workers. In the first year of the pandemic, occupational infections in health care workers were often caused by transmission from other staff members.[11] The ethical principle of justice, from which the obligation to ensure safe and effective care is derived, supports vaccination mandates to sustain a functional health care workforce by limiting the risk of SARS-CoV-2 transmission to health care personnel.

Physicians who resist receiving SARS-CoV-2 vaccinations claim that they have the freedom to choose not to be vaccinated while also remaining in clinical practice. But, since choosing not to be vaccinated puts patients and colleagues at risk, this choice conflicts with a physician's professional obligations. If a physician chooses not to be vaccinated against SARS-CoV-2, it is reasonable, indeed necessary, for hospital and regulatory authorities to restrict their professional activities.

Vaccination mandates are exceptional measures: they constrain individual choice about vaccination more than is typically accepted. But SARS-CoV-2 remains an exceptional threat to patients and the public. Physicians' professional responsibilities to provide safe care and ensure the sustainability of the health care system, which stem from accepted ethical principles, supersede what might ordinarily be a personal choice. Vaccine-resistant people are free to choose not to be vaccinated. But they ought not to be free to refuse SARS-CoV-2 vaccination and to work as physicians.

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