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The ethics of considering COVID vaccination status in the provision of dermatologic care



Dear Dr Dermatoethicist: The resurgence of highly transmissible strains of COVID-19, increased numbers of breakthrough infections, and the unwillingness of certain patients to be vaccinated have concerned me about potential transmission to myself, my staff, and my patients. Is it ethical to refuse dermatologic care based on vaccination status?
—Dr Concerned

Dear Dr Concerned: The ethics of considering vaccination status are nuanced. It is vital to weigh potential infection risk and safety with the equitable delivery of dermatologic care.

Respect for autonomy suggests that physicians must honor choices made by adult patients with decisional capacity, including those choices that may negatively affect care outcomes. While COVID vaccines have been shown to be safe and effective¹ (but do not necessarily prevent breakthrough infection and viral shedding), patients may refuse vaccination for medical, religious, or personal reasons. Irresponsible behavior by the patient does not release the physician from an ethical responsibility to provide medically necessary care.

Yet, physicians have authority to make decisions regarding their practice based on personal ethics and beliefs in nonemergent situations. This suggests that physicians may be able to decline care, except if based on race, religion, ethnicity, sexual orientation, or gender identity.² Because patients' decisions to refuse vaccination affect not only themselves but also those whom they may infect, the dermatologist's decision to decline care supports the principle of nonmaleficence by minimizing needless risk to others. However, in doing so, the physician fails to uphold the highest standards of professionalism and the promise of service as sworn to in the Hippocratic Oath,³ given the ability to create safe workplace environments with appropriate infection control procedures.

Dermatologists may query patient vaccination status by requesting documentation or accessing immunization records in advance. With this knowledge, there might be legitimate concerns that

providers may prioritize care of vaccinated patients while denying or assigning lower triage priority to unvaccinated patients. Justice calls for physicians to ensure delivery of care to those who need it.

Patients with potentially life-threatening systemic processes and those with conditions that significantly impact quality of life should receive appropriate medical or surgical dermatologic treatment regardless of COVID vaccination status. Beneficence and nonmaleficence trump risk of potential exposure and infection in this case. For high-risk cosmetic procedures, postponement may be appropriate, especially if adequate infection prevention and control cannot be attained, and patients should be provided adequate notice.

Given the wide availability of testing, accommodations based on results may also be made. Teledermatology may serve as an additional alternative means of care that supports public health measures and permits effective dermatologic care.⁴ Encouraging vaccination (using vaccines that have been fully approved by the Food and Drug Administration or provided under emergency use authorization) and discussing health benefits with the unvaccinated patient and close contacts should be pursued without assuming a paternalistic attitude.

Although concerns about becoming infected while providing care to the unvaccinated are understandable, the obligation of dermatologists to treat patients with medical needs regardless of vaccination status is inherent in this honorable profession. This must continue in the face of the current public health crisis, when high quality dermatologic care remains at a premium.

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Conflicts of interest

Dr Feng is a consultant for Cytrellis Biosystems Inc and Soliton Inc. Dr Grant-Kels and Author Hine have no conflicts of interest to disclose.

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