



# Vaccine refusal and burnout: Hospitals need “emergency multidisciplinary team meetings”

To the Editor,

Why and how should hospitals respond when faced with patients and healthcare workers refusing to be vaccinated against COVID-19 or suffering from burnout? Hospitals need more practical solutions for the concrete management of ethical issues of this kind.

'Emergency' multidisciplinary team meetings (MTMs) could help.<sup>1</sup> This new kind of MTM has emerged as a concrete response to a true need for help for certain healthcare workers at Foch Hospital in France.<sup>1</sup> Emergency MTMs seem to be an appropriate and effective way of dealing with new waves of an epidemic suitable for use in other hospitals and other countries. On a case-by-case basis, with active input from human and social science experts and bioethicists, these MTMs could continue to analyze and propose solutions for a broad range of issues extending well beyond the current pandemic.<sup>1</sup>

Indeed, the specific ethical issues raised by the COVID-19 pandemic simply add to the existing issues.<sup>2</sup> For too long, the number of healthcare workers and the means attributed to hospitals have been decreasing, especially in France, and this has become a matter of major concern.<sup>3</sup> When healthcare workers are excluded from the establishments at which they work because they refuse anti-COVID-19 vaccination, or they resign due to burnout, their workload is shifted onto those who remain, who are often already overloaded due to staff shortages.

The causes of this problem predate the COVID-19 pandemic.<sup>4</sup> Indeed, for various complex reasons, many hospitals in western countries, including France, now rationalize clinical activity as an economic optimization of stocks and flows, of healthcare workers and patients in particular.<sup>5,6</sup> The problem is that we quickly forget that society should consider healthcare as an investment rather than an expense, whatever the political organization or culture of the society concerned. The savings made by economic optimization entail a risk of significant effects on the survival and quality of life of patients in the long term, and on society itself. These consequences would be unacceptable from a bioethical point of view.<sup>1</sup>

Furthermore, we seem to be moving from an 'acute' phase of the pandemic to a relatively 'chronic' phase. The relative shortage of healthcare providers should, therefore, lead to a reconsideration of the transfer of skills and responsibilities between medical and paramedical staff.<sup>7</sup> We also need to focus on communication strategies, if only with respect to the vaccination of vulnerable populations, particularly patients and healthcare workers who are still

reluctant to get vaccinated, potentially leading to their social isolation and even the stirrings of local insurrection.<sup>2,8</sup>

The mission of emergency MTMs is, thus, to counter excessive emotions, or extreme moral and political convictions, through the expertise of human and social scientists, empirical and interdisciplinary research in bioethics and medical ethics, and true ethics of discussion. The aim is to develop a more altruistic spirit toward healthcare workers and patients, and a more responsible mindset among healthcare policymakers, thereby laying the foundations for a new paradigm in health.

## CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

## AUTHOR CONTRIBUTIONS

All authors contributed equally to the writing of the manuscript.


## DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

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