

Making vaccination a condition of deployment in older adult care homes

The Nuffield Council on Bioethics wrote this letter to the Department for Health and Social Care in response to their consultation on making vaccination a condition of deployment in older adult care homes.

21 May 2021

The Nuffield Council on Bioethics held a workshop on 18 May focusing on the proposal to make vaccination a condition of deployment for care home workers. The purpose of the event was to explore ethical and practical issues arising from this possible strategy and to inform the Council's response to the Government's consultation. Attendees included experts in health policy, epidemiology, behaviour change, bioethics, human rights and law as well as regulatory representatives, Public Health England, care providers and trade unions.

Below is a summary of some of the main themes that emerged from this discussion, also drawing on previously published work by the Nuffield Council on [public health ethics](#) and on [wider issues around vaccine access and uptake](#). Although this consultation response does not follow the format of the consultation survey, we hope this summary will nevertheless be helpful to the Department of Health and Social Care as it develops policy and we are grateful to Martin Teff for attending the workshop. We would also be happy to provide a fuller note of this meeting.

Key points:

- The overall aim of the Government's response to COVID-19 in care homes should be to provide care that is as safe as possible, meets the needs of residents and families, and presents an offer that is likely to be taken up by future residents and recruits to the workforce.
- Ensuring a high rate of vaccination is a key part of this response, and to this end a range of interventions are possible which vary in their level of intrusiveness and burden imposed on individuals and institutions (examples of other interventions were highlighted by participants and can be supplied). From an ethical point of view, and according to the [Siracusa principles](#), those interventions that are most intrusive or restrictive (such as mandating vaccination) require a stronger justification and clear evidence that measures relying on voluntariness would be or have been less effective (see also the Nuffield Council on Bioethics [intervention ladder](#) for public health interventions).
- It is not clear that there is sufficient evidence at this point - for example, about the reasons why care workers are not taking up the offer of a vaccine, why uptake varies so much at regional, local and individual care home levels, and about the effectiveness of alternative and less restrictive measures to encourage uptake - to justify moving to a policy of mandating vaccination at this point.
- Fairness and consistency are important considerations for this possible change in policy. Unless there is a clear justification for targeting care home staff over other care workers or frontline staff across the health sector, this could result in a loss of goodwill and trust in the workforce.
- Moral obligations, such as the duty of care, apply to care home staff and to institutions, but this does not necessarily justify a legal obligation to vaccinate. Reciprocity is another important factor: care workers cannot reasonably be expected to meet burdensome professional obligations unless they are treated and valued as professionals.

- Given the fast changing and local nature of the threat presented by COVID-19, a flexible approach that allows interventions to be informed by the specific context of an outbreak and direct engagement with local communities might be the most effective way to respond.