

## Letter to the Editor

### Is There a Bias Toward Unvaccinated COVID-19 Patients?

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#### Abstract

##### Description

With more than 22% of the United States still not vaccinated for COVID-19, we are trying to shed some light on whether there is any bias when treating unvaccinated COVID-19 patients. We highlight several reports where some individuals or organizations displayed possible bias, whether implicit or explicit. We examine the legal and ethical implications of these biases and offer a general overview of how to tackle them.

##### Keywords

health equity; delivery of healthcare; bias; clinical ethics; COVID-19 vaccines

##### To the Editor:

As of June 1, 2022, 77.77% of the United States (US) population has received at least 1 dose of a COVID-19 vaccine. While some may view this number as promising, it is important to note that over 22% of the country's population has still not received a single dose of the COVID-19 vaccine.<sup>1</sup> The Centers for Disease Control and Prevention (CDC) has announced that 99% of all COVID-19 deaths in 2021 in the US have been among unvaccinated patients.<sup>2</sup> However, with so much of the US healthcare system focused on curbing the spread of this deadly virus, it is imperative to begin considering whether our healthcare system contains inherent biases when treating unvaccinated COVID-19 patients.

Several reports have demonstrated the frustration that healthcare professionals experience when treating unvaccinated COVID-19 patients. In an interview, Dr Scott Aberegg, a critical care physician from the University of Utah, expressed having to fight back the thought that unvaccinated people were responsible for their choices and, therefore, deserved any poor outcome. In the same interview, his former colleague, Dr Tony Ed-

wards, acknowledged that it became difficult at a certain point for him to control his anger and frustration when dealing with unvaccinated patients.<sup>2</sup> Despite many physicians sincerely believing that they can separate their personal feelings from their professional duties, studies show that implicit bias already contributes to disparities in healthcare systems.<sup>3</sup> The most common examples include physicians prescribing different medical treatments based on race, gender, or ethnicity.<sup>3</sup>

According to Fitzgerald and Hurst, the term "bias" can be properly defined in 3 distinct ways. First, it can be described as negatively perceiving one group relative to another. Second, it can be characterized as bias only if and when the implicit association negatively impacts an existing disenfranchised group. Finally, it is not inherently negative but instead something to avoid when it inclines us away from what we believe to be the truth.<sup>3</sup> If we consider Drs Aberegg and Edwards's earlier comments, they harbor at least one of Fitzgerald and Hurst's definitions of bias toward unvaccinated patients. Some examples of explicit biases against unvaccinated patients include Dr Jason

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Valentine, a family physician who saw fit to notify all his patients that he would no longer treat individuals who had not yet received their COVID-19 vaccination.<sup>4</sup> A similar thought was considered at the North Texas Mass Critical Care Guideline Task Force, which was “contemplating whether to take COVID-19 vaccination status into account in selecting who receives ICU beds when more are needed than are available,” according to a leaked internal memo.<sup>4</sup>

Although physicians are “free to choose whom to serve, except in emergencies,” as stated by principle VI of the American Medical Association (AMA) Code of Medical Ethics, we must not forget our fiduciary duty to our patients and remember opinion 1.1.2, which prohibits us from denying care to patients based on their infectious disease status or any action deemed discriminatory.<sup>5</sup> Furthermore, the Emergency Medical Treatment and Active Labor Act (EMTALA), which Congress passed in 1986, requires hospitals to either stabilize an emergency medical condition to the best of their ability or transfer the patient to another facility that has the appropriate capabilities. These hospitals are also required to accept the transfer under this act.<sup>6</sup>

It is essential for healthcare workers to know that judgment cannot be applied when someone in need seeks help. When it is time to serve the needy, it is not appropriate to debate and dispense justice by denying care, no matter

what the circumstances might be. Voluntary refusal of vaccination may have valid medical or religious grounds, and not all unvaccinated people are “refusers.” A good majority of unvaccinated people variably belong to the lowest socioeconomic strata, are people of color, live in rural areas, or are victims of mis- or disinformation and thereby have low access to structured health care. They are victims of circumstances and prejudice, lack access to good healthcare, or may lack access to resources to get the vaccine. They cannot be denied care when in dire need.<sup>7</sup> In an outpatient setting, the standard practice is to give a patient notice for a few weeks to prevent healthcare abandonment and allow time to establish care with another physician.<sup>8</sup> However, the latter action should only be taken for good reason and not because the patient declined vaccination. A gentle, persuasive effort backed by the right information may convince some people, and this opportunity may be lost if patients are forsaken because they are not vaccinated. However, in an inpatient setting, as noted before, this option may not be available when people are sick, even when care may have to be rationed due to a paucity of resources, as all the information needed to decide to deny a particular type of care or treatment may not be available. Therefore, educating healthcare providers on strategies for combating implicit bias (**Figure 1**) can help reduce healthcare disparities unvaccinated patients may face.<sup>9</sup>



**Figure 1.** Strategies for managing implicit bias are outlined by the Institute of Healthcare Improvement.<sup>8</sup>

In brief, biases against unvaccinated COVID-19 individuals continue to pervade our healthcare system and influence the legal, ethical, and practical aspects of healthcare delivery. As such, we urge the medical community to investigate the matter further and become a part of the solution before it is too late.

### Conflicts of Interest

The authors declare they have no conflicts of interest.

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