

Clinicians as community advocates: interplays of vaccines and society

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Abstract

Interactions between the medical community, government, and the wider public during the COVID-19 pandemic have been an important consideration throughout the pandemic response. Attitudes towards vaccinations, in particular, have been especially complex. From the discordance of political and healthcare interests to vaccine hesitancy, there are an array of perspectives on both the delivery and administration of the vaccine. However, in a time of crisis, coherent voices need to prevail. Clinicians need to be encouraged to vocalize their expertise and lived experiences beyond the bedside. Gaps in clinician involvement with decision-making bodies have led to an erosion of trust between the public and healthcare authorities. In this commentary, we argue that it is important that medical professionals are supported in their advocacy, to act as a bridge between reliable and unbiased healthcare information and the wider community, to promote public trust, and to combat medical misinformation.

As vaccines continue to roll out, we must analyze not only the medical consequences of this pandemic, but also the impact to our communities as a whole in the contexts of vaccine distribution and hesitancy. In order to lead a successful pandemic response, clinicians need to be ready to navigate roles in community leadership to build productive relationships with government stakeholders and the general public.

Clinician leadership in promoting public health

Clinicians carry an innate position of trust in society by providing healthcare for the community. In a recent 2020 Gallup poll, nurses, physicians, pharmacists, and dentists all take up roles in the top 5 most trustworthy professions.⁶ This trust makes it increasingly important for clinicians to be role models, especially during times of uncertainty when positive role models may be difficult to access.

Clinician leadership in promoting public health has been active throughout the pandemic via a myriad of roles. From the highest level of governance, clinician involvement in health advisory roles continues to be critical in informing guidelines, legislation, and governmental response.⁷ For example, the Ontario COVID-19 Science Advisory Table exists to evaluate and integrate scientific evidence to guide the Government of Ontario's approach to pandemic safety. The rapid establishment of similar roles and advisory boards have been an asset to provincial and federal evidence-based decision making and continue to exemplify the value of applied clinician expertise.

One surprising boon has been the ability for clinicians to connect directly with the public through social media.⁸ Twitter has seen many remarkable use cases where clinicians post easy-to-consume updates of pertinent data to keep the public informed.⁹⁻¹¹ This has spurred positive sentiment towards the healthcare system and towards healthcare leaders through bridging a gap of unfamiliarity, and has also served to engage community members that may not have been engaged otherwise. Similarly, given the significantly diverse population of Canada, clinicians have also been able to provide community-concordant messaging to ethnocultural and faith groups that would be unable to access or interpret key public health updates otherwise.¹² Finally, clinicians are showing expertise in being a balanced perspective on countering sources of misinformation. Given the uncertainty and the novelty of the pandemic, misinformation has run rampant, consequently resulting in the development of guidelines supporting clinicians in managing misinformation through public media avenues.^{13,14}

Introduction

Despite successes in the research and development of effective COVID-19 vaccines, healthcare authorities find themselves faced with a number of barriers to vaccination rollout. Canada, in particular, has struggled with coordinating equitable distribution, community-concordant solutions, and overcoming vaccine hesitancy.¹⁻³ These challenges during the pandemic have revealed a number of pre-existing health system vulnerabilities.⁴ The role of a Canadian clinician as an advocate is a fundamental competency.⁵ As a result, the need is greater than ever for clinicians to serve as community advocates and leaders.

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As vaccines become more widely available, it will be imperative to define the community responsibility of someone who has been vaccinated. Amidst changing National Advisory Committee on Immunization (NACI) guidelines for the recommended time between doses, official Canadian guidelines are currently unclear in the roles and expectations of partially and fully vaccinated individuals.¹⁵ Clinicians must continue to lead and advocate by conveying community needs to inform public health guideline development, and also enable community members to understand and abide by the guidelines. Additionally, given that there is no current way for the public to tell if someone is vaccinated, it will be pertinent for vaccinated healthcare providers to nonetheless continue modelling public health guideline-conforming behaviour for the public's benefit including mask-wearing and physical distancing in public.⁴ For now, as governments systematically work to provide vaccinations for the rest of our communities, masks and limited gatherings will remain for a little longer.

Advocating for a role in community vaccination rollout

As vaccine supplies branch out from hospitals, the need to involve healthcare professionals such as family physicians and pharmacists in the community will become increasingly necessary. In this respect, there is a need to advocate for their involvement in both the strategic implementation of a community vaccination plan, and for them to be provided with vaccines for their patients.

In Ontario, pharmacists have begun to be utilized as a source for COVID-19 vaccines in the community. In March of 2021, 350 pharmacies in Toronto, Kingston, and Windsor-Essex offered the AstraZeneca vaccine to seniors aged 60 to 64.¹⁶ However, the continued need to expand vaccination sites to more pharmacies and to family physician offices requires further clinician advocacy. While a few physician's offices offer COVID-19 vaccines, this number is grossly insufficient.³ By not leveraging family physicians' networks and expertise, the government misses an opportunity to reach patients hesitant to venture into more crowded vaccination sites for a shot. Physician voices have reflected this sentiment as they feel increasingly left out of the implementation process when they have a key strategic role in reaching patients who need the vaccine the most.¹⁷

Physicians, pharmacists, nurses, and other community healthcare professionals are essential in ensuring that vaccine strategy goes beyond operational efficiencies. The need for outreach to a diverse patient population is an essential step to decreasing case counts, and this access can be amplified by increasing and diversifying the avenues to obtain a vaccine. For this reason, clinicians need to have their input heard, and advocate for their involvement in the creation of a medical strategy that emphasizes equitable distribution and overcoming vaccine hesitancy.

Vaccine hesitancy and the politicization of the pandemic

As vaccines for COVID-19 were passing through the hurdles of the drug development pipeline, some observers were concerned that the accelerated regulatory process would put patients at risk.¹⁸ To boost public confidence, major pharmaceutical companies have pledged that drug development will be based solely on scientific evidence, and that the process will not be influenced by political

pressures.¹⁹ The importance of public confidence in the drug development process is not only essential for drug safety, but also for public health. With mistrust of public health measures on the rise, further erosion of public confidence may exacerbate vaccine hesitancy.

According to a poll on January 11, 2021, only 60% of Canadians would be receptive to receiving the COVID-19 vaccine.²⁰ Additionally, 23% of Canadians are unwilling to get the vaccine, with 5% unsure, and 23% stating they would get it eventually.²⁰ Vaccine hesitancy is not a new phenomenon, and more recently it has become a topic of immense concern for governments and healthcare professionals across the world.

In many areas around the world, mistrust of government, political instability, and a history of neglect contribute towards vaccine hesitancy. Many who live in areas where basic needs have been neglected often question the intentions of the government when new services are offered.²¹ This mistrust stems from long-standing institutional discrimination and systemic racism in healthcare, contributing to subpar and inadequate access to healthcare and medical maltreatment.²² For example, in the United States, 35% of Black Americans do not plan on getting the vaccine.²³ For that reason, it is essential to empower diverse voices, listen to the needs and concerns of communities, and invest in equitable access to care to build credibility as healthcare authorities.

Although mistrust of the government continues to be a major contributor, the urgency in the development of the vaccine itself has also been a source of concern.²⁴ Some have noted that it normally takes over 10 years to bring a new drug into the market, whereas the COVID-19 vaccines have taken less than 1 year. However, the confidence in regulatory authorities, such as the FDA and Health Canada, to maintain the safety of these vaccines continues to be supported by independent reviews and expert assessments.²⁵ It has been mainly the logistical and financial aspects, not clinical, which were expedited during the trials. As such, clinicians, who are often more familiar with regulatory authorities and approval processes, can act as easily accessible experts in affirming vaccine safety and efficacy to community members.

The spread of vaccine hesitancy has even penetrated the healthcare community. More recently, the news of healthcare providers refusing COVID-19 vaccinations has sparked immense interest.²⁶ Such events have furthered vaccine hesitancy as observers question why they should get vaccinated if clinical experts refuse to do so themselves. Prominent examples of this have been highlighted in areas such as the L.A. county where refusals were estimated to be between 20-40%.²⁷ Not only has this impacted the distribution of vaccines to high priority groups, but it undermines public confidence.

Clinicians are not expected to have cohesive personal opinions about healthcare; nonetheless, active discordance with public health guidelines and recommended therapies can be harmful to the public perception of science and medicine. In these scenarios, access to evidence-based resources will help clinicians to stay up to date with rapidly evolving scientific literature, so that they can in turn direct community members to credible peer-reviewed sources to ultimately help them make their own decisions.

Communities rely on their healthcare providers' medical expertise to make the best decisions possible for their wellbeing. In a time of great urgency, it has become increasingly clear that communities benefit when healthcare professionals educate, advocate, and become

role models for the general public and the healthcare community. With thousands of lives at stake, the urgent need for medical experts to develop the skills necessary for community leadership is clearer than ever.

Conclusion

The effects of society on vaccines, and vice versa, is undeniably a major consideration as global efforts to distribute and administer COVID-19 vaccines are underway. Aspects such as policy, prioritization, and vaccine hesitancy continue to be areas of uncertainty for legislative bodies and healthcare providers alike. For the successful development and adaptation of public health guidelines and a successful implementation of a vaccine distribution strategy, healthcare professionals need to be active in ensuring trust among communities, vaccine equity, and vigor in combating vaccine hesitancy. While the development of effective vaccines has been successful beyond expectations, there is more work to be done to translate vaccines into vaccinations. Implementing concrete social interventions and medical leadership strategies will be vital in making sure that vaccines and trusted medical expertise will reach our communities.

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