

Ethics of Vaccination

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Background

The Council on Ethics, Bylaws and Judicial Affairs (CEBJA) is the ADA agency dedicated to enhancing the ethical conscience of dentists by promoting the highest moral, ethical and professional standards in the provision of dental care to the public. In keeping with this mission, CEBJA has authored a white paper addressing the ethical issues raised by vaccination that dentists may face. The focus is not on one vaccine in particular but on the process of vaccination more generally.

While vaccination raises many legal issues, those will not be addressed in this manuscript. Legal considerations may vary by jurisdiction and therefore, dentists should always check with local counsel for a complete understanding of what is and what is not legally permissible within the scope of practice. While legal and ethical matters can at times overlap, this white paper is intended to highlight potential ethical challenges that may be presented by vaccination so that they can be addressed and/or avoided. The paper concludes with questions to be considered by providers in order to minimize the potential ethical conflicts that might be raised by vaccination

while maximizing their benefits. The concluding checklists are intended to be a starting point for consideration by individual practices.

INTRODUCTION

With COVID-19 continuing to spread worldwide, the quest to produce and deploy an effective vaccine is underway. At least three COVID -19 vaccines have been approved for emergency use in the United States.¹ In addition to this newly emerging infectious disease, a range of preventable communicable diseases have reemerged in recent years including measles, mumps and pertussis as well human papillomavirus (HPV). These diseases are largely preventable through population-wide vaccination, however, for those who are unable to become vaccinated or who choose not to be vaccinated, morbidity and mortality are possible. Vaccination is designed to protect not only the person inoculated but also to protect the public through “herd immunity.”² “[W]hen enough people are vaccinated against a certain disease, the germs can’t travel as easily from person to person — and the entire community is less likely to get the disease.”² For example, vaccination of a large segment of the population against polio led to herd immunity and a decrease in morbidity and mortality.

With the number of infectious diseases rising rapidly or continuing to spread (especially vaccine-preventable diseases including COVID-19, flu, measles and HPV), dentists face a number of considerations that have ethical dimensions. This white paper will address three broad topics related to vaccination for which dentists must evaluate the ethics and their professional obligations. These include:

1. Should dentists offer vaccines, if permissible under the dentist’s state practice act?
2. What is the dentist’s ethical obligation if patients and/or staff members refuse vaccination including ethical responsibilities to patients/staff who cannot become vaccinated?
3. In the interest of public health, do dentists have an ethical/professional obligation to be vaccinated themselves?

Each of these questions will be examined through the lens of the ADA *Principles of Ethics & Code of Professional Conduct* (the Code).³ The 5 principles of the Code: autonomy, nonmaleficence, beneficence, justice and veracity will be applied to provide dentist guidance on the ethical and professional obligations regarding vaccination.

Should dentists offer vaccines, if permissible under the dentist’s state practice act?

Under a federal emergency directive, dentists and dental students are currently authorized to administer COVID-19 vaccines.⁴ By comparison, only a handful of states permit dentists to administer flu or other vaccines.⁵ In light of COVID-19 and the precipitous decline in vaccination for other preventable diseases during the pandemic, the expansion of dentists' scope of practice to include vaccination may increase access to care and promote public health. Even with such expansion, however, for some dentists, the question remains whether they should vaccinate patients. Applying the principles of the Code can help guide a provider in determining if offering (or not offering vaccines) is ethically supported.

Autonomy

Autonomy refers to the “duty to treat the patient according to the patient’s desires within the bounds of accepted treatment . . .”³ If providing vaccinations is permissible under a state practice act, then this certainly would fall within accepted treatment. The question then becomes whether this is something patients desire, if offered, or even request of their dentist. Given that some patients are more apt to make a visit to the dentist rather than to the physician⁶ the option of having vaccinations during those visits may be something some patients desire. Some patients, however, may not think of their dentist as a source of primary care and thus, to truly engage patients and ensure that they are involved in “treatment decisions in a meaningful way,”³ information about the risks, benefits and alternatives to vaccination must be provided. Informed consent is a critical part of shared decision making. Education and thorough discussion with patients about efficacy, safety, and types of vaccines available will become necessary.

In addition to considering patient autonomy, however, the autonomy of the practitioner is also a consideration. Providing vaccines will require specific training, time, supplies and additional record keeping. Reimbursement for administering vaccines may be another consideration for dentists. Even if legally permissible, some dentists may opt not to offer vaccination of patients as an available service. The choice to provide or not provide vaccines to patients also raises questions of nonmaleficence.

Nonmaleficence

Under the principle of nonmaleficence, the “dentist’s primary obligations include keeping knowledge and skills current . . .”³ This is not only necessary to ensure that patient autonomy is respected when educating and informing patients about the risks, benefits and alternatives to being vaccinated or going unvaccinated, but also

relates to the dentist having appropriate training in vaccine administration. A number of practicalities are necessary to meet the ethical obligation of nonmaleficence. For example, dentists must:

- Keep their knowledge about vaccines current and communicate evidence based information regarding the benefits and risks of vaccinations.
- Be trained in vaccine administration, including responding to and treating vaccine reactions. Without adequate training, even if permitted by law to administer the vaccine, this would be unethical. In some instances, the dentist may need to seek consultation. This should occur “whenever the welfare of the patients will be safeguarded or advanced by utilizing those with special skills, knowledge and experience.”³
- Understand and maintain appropriate storage and handling of vaccines and have the necessary supplies/equipment for storage and administration. This may heavily influence a dentist’s decision to provide vaccination services or a particular vaccine. For example, expenses may accrue for freezers, additional PPE, and time and labor for proper record keeping for administering vaccines. If these costs are not reimbursed this could increase the cost of the provision of dental care overall and thus discourage some from seeking dental care.
- Know when and if it is appropriate to delegate to auxiliary personnel. This may require an understanding of the law in the dentist’s particular jurisdiction. Each state has guidelines as to which professionals can administer a vaccine.⁷ Section 2.C. of the Code specifically states that “Dentists shall be obligated to protect the health of their patients by only assigning to qualified auxiliaries those duties which can be legally delegated.”³

Beneficence

The principle of beneficence relates to both the patient’s welfare and that of the public-at-large.³ Being vaccinated promotes the health of the patients by protecting them from particular contagious diseases. Further, mass vaccinations protect the public at large by reducing the prevalence and thus the risk of transmission to others such as those who have not had an opportunity to receive a vaccine or who are not able to tolerate an inoculation because of allergies or other underlying medical conditions. In general, vaccination keeps the patient safe and makes the community a safer place to live.

With regard to some vaccines, such as HPV, dentists are uniquely positioned to engage with patients about the need for the vaccine and the means of transmission of the disease and thus prevention of it.⁸ Given that the HPV vaccine prevents a communicable disease and cancer, offering this vaccine to patients would meet dentists' "obligation to use their skills, knowledge and experience for the improvement of the dental health of the public . . ." ³ as well as the overall health of individuals. HPV is just one example, but demonstrates the importance of dental involvement in vaccination as preventive health.

Dentists have a unique opportunity to make a significant, positive impact on the health of the public by joining the efforts of the health care community to provide vaccination. Dentists typically see their patients multiple times each year. Each encounter is an opportunity to educate and inoculate if permissible under the state dental practice act. If the patient is reluctant to have their dentist administer the vaccine, their concerns should be respected. The dental practitioner still has an opportunity and, in some instances, perhaps, a duty, to educate the patient on the safety, efficacy and urgency of vaccination which benefits the patient and the public at large.

Justice

Justice obligates dentists to "treat people fairly. . ." ³ including patients, staff and peers. This means that if a dentist does offer vaccination, they cannot pick and choose who will be offered the service except if the limitation is based on federal, state or local regulation. This principle may also support the idea of offering vaccination, if able, based on the "concept that the dental profession should actively seek allies throughout society on specific activities that will improve access to care for all." ³ Measles, for example, has demonstrated that building herd immunity is critical and in order to achieve it as quickly as possible, offering the vaccine widely, in many varied settings is critical. As dentists are essential health care providers, participation in a vaccination program such as the COVID-19 vaccine rollout may be necessary under the principle of justice. With other, less pervasive diseases or those with less morbidity and mortality, the need may be less urgent which, in turn, would affect the ethics of participating in the program or not.

Even if legally permissible and outside the circumstances of a public health emergency, some dentists may opt not to offer or provide vaccination services. Under the principle of justice, those who support offering vaccination

must be careful not to disparage their peers or colleagues who choose not to do so. This would not be “justifiable criticism” of another dentist. A difference of opinion as to preferred treatment should not be communicated to the patient in a manner which would unjustly imply mistreatment.”³

Veracity

“The dentist has a duty to communicate truthfully.”³ Truthfulness is integral to informed consent and respecting patient autonomy. With regard to vaccination, communication of both what is known and unknown about safety and efficacy of a vaccine is necessary to ensure that patients are making an informed and voluntary decision and to protect the integrity of the profession overall. Several considerations arise with regard to the ethics of offering/providing vaccination:

- The dentist must represent fees appropriately.³ If, for example, the dentist is offering a particular vaccine and it may not be reimbursed by the patient’s carrier, the dentist must be truthful about this and indicate what the cost to the patient will be. Similarly, if some patients’ coverage will reimburse for vaccination services and other’s will not, the dentist cannot have a different fee schedule.
- Advertisements should also be truthful. Any dentist may advertise, though no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect. For example, a dentist cannot over-represent the benefits of a vaccine.
- Potential adverse reactions must be disclosed to the patient and actual adverse reactions must be reported to appropriate entities. If deciding to provide vaccines, the dentist must be prepared to follow up with patients and report adverse events. “A dentist who suspects the occurrence of an adverse reaction to a drug . . . has an obligation to communicate that information to the broader medical and dental community. . . .”³

What is the dentist’s ethical obligation if patients and/or staff members refuse vaccination, including ethical responsibilities to patients/staff who cannot become vaccinated?

Another way of considering this question is to consider whether a dentist or dental practice can require vaccination of staff and/or patients. This question raises both legal and ethical considerations and may, in part, turn on the type of vaccine being required. For example, Federal law may prohibit employers from requiring COVID-19 vaccination under an Emergency Use Authorization.⁸ Not all vaccines, however, fall within the same

category of being approved for emergency use only. As with all of the questions raised herein, the focus is strictly on the ethical considerations. Legal concerns should be addressed with appropriate legal counsel. Addressing the ethical considerations around vaccine refusal may require a delicate balance between patient interests, staff interests, community interests and the dentist's interests. All 5 of the principles of the Code offer guidance although they may, at times, seem to conflict with one another.

From a practical perspective, a number of measures can be implemented to protect patients and staff who are unable to be vaccinated. Measures such as robust Infection control practices, hand washing, triaging patients when and where possible, use of appropriate PPE as needed, monitoring signs and symptoms, social distancing, and staggered schedules may help to protect those at risk. Implementation of such measures may not only be practical, they may be ethically necessary as well. The Centers for Disease Control (CDC) details these and other measures in a 44-page document entitled *Summary of Infection Prevention Practices in Dental Settings*. Relying on the CDC guidance may allay patient and provider concerns.⁹

Autonomy

Under the principle of autonomy patients should be “involved in treatment decision in a meaningful way with due consideration being given to the patient’s needs, desires and abilities . . .”³ Patients have the right to determine what should be done with their own bodies, and adults who have decisional capacity have the right to make their own healthcare decisions. This includes the right to accept or reject being vaccinated. According to Galanakis, Jansen, Lopalco and Giesecke,¹⁰ barriers to vaccination not only include concerns regarding safety and vaccine effectiveness but “medical contraindications, religious beliefs and conscientious objection.” Galanakis et al also listed barriers such “as inconvenience, underestimation of the person’s susceptibility to the infection and of the potential to spread it further, and belief that the disease may be mild, useful or acquired from the vaccine.”¹⁰

However, when it comes to vaccination dentists might experience conflict between the autonomy of patients who refuse inoculation and those who are unable to be vaccinated or may choose not to be vaccinated. This raises several questions for the dentist and the dental team to consider:

- Is the refusal within the bounds of acceptable treatment? Given that dentists employ universal precautions and adhere to rigorous sterilization and safety requirements, the dentists and the dental team will likely not be at any greater risk for contracting a vaccine preventable illness from an unvaccinated patient. In fact, recent data on COVID-19, suggests that while the dental profession is one of the riskiest

given that COVID-19 is spread by aerosol transmission, dental team members have experienced lower rates of COVID-19 infection than other healthcare providers. This is likely due to the dental office's use of enhanced infection control measures.¹¹ The precautions taken by the team treating one patient, however, may not protect other patients in the office, particularly those at risk and unable to be vaccinated or those unwilling to be vaccinated. Ensuring respect for the autonomy of those patients is important as well. Measures might be taken to protect those patients by offering different hours, requiring masking and setting up separate spaces for vaccinated and unvaccinated patients. Even these measures, though, may raise concerns about autonomy particularly with regard to privacy and confidentiality.

- Is it a breach of privacy/confidentiality if, for example, those patients refusing vaccination or who are unable to be vaccinated are asked to arrive at different times, sit in a separate area, wear a mask, etc. (anything that outwardly identifies them as unvaccinated which has occurred in some settings, for example, with flu vaccines)? If a public health emergency, such as COVID-19 exists, individual interests may need to give way to community interests in preventing or limiting the spread of disease. Additionally, federal, state and or local orders may require that certain infection control measures be implemented. Finally, if patients are informed of the procedure, they will have the option to agree to receive care under those circumstances or can choose to receive their care elsewhere.
- What can or should the dentist do about an employee who cannot or will not get vaccinated? "Dentists have an obligation to provide a workplace environment that supports respectful and collaborative relationships for all those involved in oral health care."³ This may mean that some employees will be vaccinated and others cannot or will not be vaccinated. To ensure that the workplace is supportive and respectful may mean implementing measures that stagger work times, ensure physical distancing, and/or require additional use of PPE if legally permissible.
- Does a patient have a right to request to know a provider's (staff or dentist) vaccine status? Or request a vaccinated dentist/dental team? The patient is within their right to make this inquiry, however, due to the privacy of the dental staff and the dentist, if they are unwilling to share their personal health information, this may fall outside "the bounds of accepted treatment."³ If, however, everyone in the office is comfortable disclosing their vaccination status, then there is not a concern and the information can be provided to patients. What becomes challenging is if

all staff members are not willing to share their vaccination status. This may necessitate sharing information with patients (or prospective patients) that the dental office is safe, universal precautions are being taken and unnecessary risks will not be taken in providing care and treatment. Sharing recent data about transmission rates in the dental office may be provided as a way of satisfying the ethical requirements of respect for autonomy. Trying to work with the patient to allay their concerns can be an effective tool in ensuring trust and shared decision making. The patient, has the right to refuse care, however, if they feel unsafe about the treatment environment despite assurances regarding the effectiveness of PPE and other measures being implemented.

This same rationale would apply to ensuring respect for the autonomy of the patient who may be vulnerable due to an inability to be vaccinated. The informed consent process should address any patient concerns about whether staff/others in the office are vaccinated, including risks, benefits, alternatives based on the particular needs/concerns of patient. This may not require disclosing the vaccination status of anyone in the office but instead educating and informing the patient about what infection control measures are in place in the practice that can minimize their risk of infection.

While a dental practice might prefer that all patients be current on their vaccines, if planning to make this a requirement, it should be part of the informed consent process and even, perhaps the initial intake process. This would allow patients who are uncomfortable with the requirement to consider receiving treatment elsewhere. A conversation with a patient regarding such a requirement provides an opportunity to build trust and to educate patients about vaccines and the conditions for which they are administered. In addressing the issue of vaccine hesitancy in the pediatric population, for example, Diekema recommends “Demonstrating a willingness to listen respectfully, encourage questions, and acknowledge parental concerns are essential elements of this strategy. Providing accurate information about both risks and benefits is crucial to maintaining trust; interactions should include a discussion of the risks associated with remaining unvaccinated . . .”¹²

Nonmaleficence

Refusing to treat unvaccinated patients may be contrary to the ethical obligation of nonmaleficence. Dentists have a duty to “protect the patient from harm.”³ Refusing to treat a patient’s oral health needs because they may be unwilling or unable to be vaccinated may actually cause that patient harm, especially if precautions can be put in place to mitigate the risks posed by the patient’s vaccination status. The refusal to treat might also have longer term repercussions causing the patient or potential patient to lose trust in the provider as well as the profession which might result in an unwillingness to seek care in the future.

As this principle obligates dentists to keep their knowledge and skills current³ developing an understanding of vaccine hesitancy and how to respond to it as well as staying abreast of all guidelines and mechanisms for infection control are more likely to satisfy the ethical obligation of nonmaleficence than would refusal to treat. The dentist, however, must also be cognizant of and protect those patients who may be unable to be vaccinated and have health conditions that make them vulnerable to vaccine preventable illnesses. Implementing measures that protect their safety while at the same time not discouraging vaccine hesitant patients from receiving dental care best comports with the principle of nonmaleficence.

Additionally, if the dentist chooses not to treat unvaccinated patients, they must take necessary precautions to avoid patient abandonment. This will require that the dentist not cease “treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist.”³ On the other hand, if the choice is to treat unvaccinated patients, the dentist should inform patients about what procedures may be followed in the event of an exposure. The Code requires dentists to “immediately inform any patient who may have been exposed to blood or other potentially infectious material in the dental office of the need for postexposure evaluation and follow-up . . .”³

Beneficence

Because beneficence imposes a “duty to promote the patient’s welfare . . .”³ taking the opportunity to educate patients about vaccination and vaccine preventable diseases can be seen as fulfilling this obligation. HPV provides a helpful example. A recent study published in *JADA* concluded that, “Parents are comfortable having discussions about HPV and the vaccine in the dental setting, especially with dentists.”¹³ Given such acceptance, this seems to be an opportunity to enhance patient/parent autonomy and for dentists to “use their skills, knowledge and experience for the improvement of the dental health of the public. . .”³

The principle of beneficence obligates the dentist to provide a supportive work environment³ which may be challenging if a staff member chooses not to be vaccinated, cannot be vaccinated and/or refuses to treat unvaccinated patients. Good communication, collaboration, and mutual respect is needed among staff to maintain a healthy work environment. Professional societies have an obligation and responsibility to guide their members on decorum and the virtues of the healing profession. Professionals give priority to the well-being and health to the patients they serve.¹⁴

Justice

The principle of justice requires dentists to treat people fairly.³ The decision to treat or not treat unvaccinated patients raises questions of fairness to both staff and patients. When care is denied, both the patient and the profession are placed in a challenging position. Treating unvaccinated patients who may put others at risk, however, is also challenging and raises questions of fairness. The dentist has a legal and ethical obligation to treat patients who may have a disability, which may include those unable to be vaccinated. In some instances, the dentist may need to seek consultation from someone with expertise or necessary equipment.³ Consultation with the patient's physician may also be necessary.³ Through these consultations and/or a referral, the dentist may be able to reduce the risk to the patient who is unable to be vaccinated, thus allowing the dentist to be fair in their dealings with patients.

Justice may also suggest that if a dentist is refusing to treat unvaccinated patients and another dentist is treating the same patient, both must be careful to avoid unjustifiable criticism.³ Reasonable clinicians may disagree about this and thus, when opinions differ "as the preferred treatment [this] should not be communicated to the patient in a manner which would unjustly imply mistreatment."³

Veracity

Truthful communication is necessary to ensure the trust of and integrity in the profession by patients, peers and society. As such, any advertising should not to be misleading.³ For example, advertising that all staff in a practice are vaccinated may be considered misleading as that might imply or promote a certain level of safety in that practice which may or may not be the case. The Code is very specific about this, "A dental practice should not seek to attract patients on the basis of partial truths which create a false impression."³ In some instances, this might also be considered to violate a state practice act. Under the Illinois Dental Practice Act, information may be considered to be untruthful or deceptive if it "Takes advantage of the potential client's fears, anxieties, vanities, or

other emotions. . .”¹⁵ During COVID-19 public fear and anxiety have been particularly heightened, suggesting that an advertisement that all team members in a dental practice have been vaccinated may play into those fears and thus be unethical.

Veracity also indicates that a dentist cannot ethically charge vaccinated and unvaccinated patients differently.³ Charging an unvaccinated patient or a patient who is unwilling to disclose vaccine status an additional amount for increased PPE, for example, raises ethical questions. The same safety standards or universal precautions should be in place for all patients. A fee differential may also be an overlapping justice concern if patients are not being treated fairly. If all patients are charged a PPE fee and appropriately informed of the charge, this may be found to be ethical.

IN THE INTEREST OF PUBLIC HEALTH, DO DENTISTS HAVE AN ETHICAL/PROFESSIONAL OBLIGATION TO BE VACCINATED?

The American Medical Association’s Council on Ethical and Judicial Affairs, in Code of Medical Ethics Opinion 8.7:

In the context of a highly transmissible disease that poses significant medical risk for vulnerable patients or colleagues, or threatens the availability of the health care workforce, particularly a disease that has potential to become epidemic or pandemic, and for which there is an available, safe, and effective vaccine, physicians have a responsibility to accept immunization absent a recognized medical contraindication or when a specific vaccine would pose a significant risk to the physician’s patients.¹⁶

Autonomy

While dentists, like patients are autonomous agents, they do have an overarching ethical obligation as per the Preamble of the Code to “follow high ethical standards which have the benefit of the patient as their primary goal.”³ Whether a patient has a right to know if the dentist has been vaccinated is discussed at length above. If this is something that is meaningful to the patient in making their decision, the dentist will need to balance their autonomy with that of the patient.

Nonmaleficence

The dentist has a duty to “refrain from harming the patient.”³ When refusing an inoculation with a safe and effective vaccine when no contraindications exist, the dentist must evaluate whether such refusal to satisfies their ethical obligation to do no harm. If, however, vaccination might put the dentist at risk due to medical reasons causing them to be unable to provide treatment, then this might also harm the patient by reducing access to care

for patients. If a dentist becomes “impaired in any way that might endanger patients or dental staff [they] shall . . . limit the activities of practice to those which do not endanger patients or dental staff.”³

Additionally, if the dentist becomes infected with a contagious condition, they will need to notify those exposed and provide them with details about what measures are necessary for post-exposure evaluation and follow-up.³

Beneficence

Dentists “are encouraged to be leaders in their community, dentists in such service shall conduct themselves in such a manner as to maintain or elevate the esteem of the profession.”³ During a pandemic, getting vaccinated, if able to do so medically and practically, meets this ethical obligation. Getting vaccinated demonstrates to the public its importance but also enables the dentist to continue to reduce the risk of becoming impaired and thus unable to provide essential care. This approach is supported by other health care professional organizations including the Emergency Nurses Association (ENA). In the ENA Position Statement on Immunization their position is that “Emergency nurses promote public health by receiving the recommended vaccinations.”¹⁷

Justice

This decision can be a difficult one for many reasons including a lack of access, an underlying condition or a moral or religious objection. In the interest of fairness, however, dentists need to “actively seek allies throughout society on specific activities that will improve access to care for all.”³ During a public health emergency this may mean doing what the dentist needs to do to stay healthy. Given that dentists and dental students have been authorized by the federal government to administer COVID-19 vaccinations ¹⁸nationwide, ¹⁸ being vaccinated better prepares the dentist to engage in this significant public health endeavor.

Veracity

In the interest of truthfulness the vaccinated dentist cannot ethically charge higher fees as a way to differentiate from other, non-vaccinated dentists or promote the superior quality of their practice, as discussed above. Whether the dentist needs to affirmatively communicate that they have not been vaccinated raises other issues. Dentists also have a right to privacy, and may have concerns about disclosing the reasons why they have not been vaccinated. Even so, however, the dentist can discuss with patients measures that are being taken to ensure a safe experience for patients.

Conclusion

The Code is a useful guide in navigating these challenging questions. “The ethical dentist strives to do that which is right and good.” This also is a way in which dentists can serve “the patient and the public-at-large.” Receiving, administering and/or requiring vaccinations require consideration of the interests of the individual patient, other patients in the practice, the staff, the broader community and the profession. Any policies regarding vaccinations must first comport with federal, state and local law and must also respect autonomy, reflect beneficence and nonmaleficence, be fair to all involved and be accurately and truthfully communicated to all impacted.

Recommendations or Checklist/Questions to ask

1. Dentists can give vaccines when it is permissible under their state practice act or other government order, and if they have received the training to do so.
2. Dentists are not required to give vaccines, but they do have the ethical responsibility to educate their patient about the risk, benefits, and alternatives to vaccines.
3. Dentists need to give thought to how to deal with patients who cannot be vaccinated or do not choose to be vaccinated.
4. Dentists cannot abandon patients or breach their privacy/confidentiality regardless of vaccination status.
5. Dentists need to consider how to deal with their staff who cannot be vaccinated or choose not to be vaccinated ensuring safety of and being respectful to patients and staff.
6. Dentist and staff must agree with how to handle a patient inquiry about whether the staff and dentist have been vaccinated. The inquiry is a chance to discuss the steps the office takes to keep patients safe.
7. The dentist has the legal and ethical obligation to treat patients who may have a disability, which includes those unable to be vaccinated but may need to seek consultation from someone with expertise or necessary equipment.
8. When a dentist makes the decision whether to be vaccinated, they are autonomous agents like their patients but must follow higher ethical standards which have the benefit of the patients as their primary goal. They must view the choice through the lens of doing no harm to their patients.
9. Under the principles of the Code, particularly Principle 4, Justice, those who support vaccination must be careful not to disparage their peers or colleagues who choose not to.

10. Dentists cannot use vaccination status as a marketing tool.

If you choose to vaccinate in your practice here are some questions to consider:

- a. Have you received adequate training as required by local, state and/or federal regulation as well as to meet your comfort and ease with the process?
- b. Are you prepared to communicate the risks, benefits and alternatives?
- c. Can you address patient concerns to alleviate any fears and correct any misinformation when necessary?
- d. Are staff members adequately trained to respond to patient questions and concerns, maintain safety of vaccines, maintain vaccination records, etc.?
- e. Do you have a plan in place for addressing adverse reactions?
- f. Is your informed consent process specific to issues related to vaccination?
- g. Are you familiar with relevant laws in your state?
- h. Are you familiar with vaccination record keeping and how/where to report any adverse events?
- i. Do you have a plan for how to work with vaccine-hesitant patients and staff?

Footnotes

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- ¹⁵ <https://www.ilga.gov/commission/jcar/admincode/068/068012200D04210R.html> section 1220.421(d)(3)
- ¹⁶ <https://www.ama-assn.org/delivering-care/ethics/routine-universal-immunization-physicians>
- ¹⁷ <https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/immunizations>
- ¹⁸ https://public-inspection.federalregister.gov/2021-05401.pdf?utm_campaign=pi%20subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=email

Other Resources Available at the ADA