Stepping Up to the Plate to Counter Vaccine Hesitancy

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In baseball parlance, it is time for those of us in health care to "step up to the plate" for COVID-19 vaccine acceptance. Virtually all medical experts recognize and endorse the safety and efficacy of the COVID-19 vaccines. As of April 14, South Dakota was a leader in COVID-19 vaccination efforts, with 36.5 percent of the population fully vaccinated, and 51 percent with one shot compared to 22.7 percent and 36.8 percent nationally.[1] However, the pace of new vaccinations is now slowing in South Dakota and across the nation. A significant percentage of the population has vaccine concerns. The problem of vaccine hesitancy is not unique to South Dakota, the U.S. or the world. Vaccines have always walked a fine line between competing values of personal autonomy and public health. In order to reach herd immunity, experts estimate that 80-85 percent of the population will need to get vaccinated.[2] A meta-analysis of national surveys found that approximately 40 percent of people will "definitely" get a COVID-19 vaccine, 23 percent will "probably" get a vaccine, 11 percent will "probably" not get it, and 22 percent will "definitely" not get it.[3] While much has been written about the causes of vaccine hesitancy, little is understood on how best to counter a negative viewpoint. A Cochrane review examining the effects of possible face-to-face interaction on vaccine hesitancy came to the frustrating conclusion that no strong evidence supports any specific intervention.[4] Many surveys show that even though most people are distrustful of the government, pharmaceutical companies, and the medical system, 60 percent still believe that their doctor can be trusted.[3,5] Thus, physicians (and by extension medical students) are uniquely positioned to counter vaccine hesitancy.

A practical approach to patients with vaccine hesitancy can start with a focus on kindness. Even in the face of competing worldviews, kindness can be universally recognized and appreciated. The current USD SSOM strategic plan identifies the importance of kindness, emphasizing *what* we do and *how* we do it. Kindness in this sense means getting things done. And because we have an ethical obligation to work for our patients' best interest and to avoid harm to them, it seems unkind to accept an initial refusal of the COVID-19 vaccine as the final answer. In the spirit of pragmatic intervention endorsed by kindness, we have identified five basic strategies: patience, listening, acknowledging risk, teaching, and emphasizing kindness. The acronym "PLATE" headlines these elements and emphasizes "stepping up" to do the right thing.

Physicians and medical students must not be deterred by the initial vaccine hesitancy they may encounter and certainly they must avoid summarily criticizing an individual's stated objections. Rather, clinicians should exercise **patience** by committing to the slow and incremental effort of seeing each person in the context of the individual's life. Practicing patience also includes accepting that sometimes an individual's skepticism and distrust will not readily permit acceptance of a competing viewpoint.

The second step, **listening,** involves asking patients about their beliefs, hearing their stories, and empathizing with their fears. Distrust is the leading reason for vaccine hesitancy. Paradoxically, studies have found that "by challenging untruths, we may inadvertently feed the perception that the 'real' truth is being suppressed."[3] Scare tactics have been found to be ineffective. A pediatric study that showed parents graphic pictures of a child with measles increased fears of vaccine-related side effects instead of fear of the disease itself.[6] The reasons for vaccine hesitancy are varied, including concerns about side effects, distrust of how quickly the COVID-19 vaccine was developed, and rumors surrounding the use of stem cells in vaccines. Additionally, resulting from the politicizing of the COVID-19 pandemic, individuals who identify as belonging to the Republican political party have higher COVID-19 vaccine skepticism, with 39 percent reporting they will "definitely not" get the vaccine compared to 9 percent of people who identify as Democrats.[3] It is prudent to identify an individual's specific concerns before aggressively promoting vaccines.

In the age of science skepticism, it may seem counterproductive to **acknowledge** the risks of vaccination. However, with a patient who is concerned about side effects, candid discussion of possible risks may help to build trust. Recently, Johnson and Johnson suspended their COVID-19 vaccine because of the adverse side effect of causing blood clots in a few patients. Ultimately, cerebral blood clots were reported in six of the 7 million people given the vaccine.[7] By acknowledging the incredibly small risk of such clots, as well as discussing more common and minor reactions, a vaccine-hesitant patient may become more willing to engage in a conversation.

Clearly, clinicians also need to take time to **teach** patients about the benefits of vaccines. While it is difficult and time consuming to describe how an mRNA vaccine works to someone with limited science literacy, it is no less important than educating diabetic or hypertensive patients about their disease processes. We can emphasize the known mortality and morbidity associated with COVID-19. Anti-vaccine groups are often successful by focusing on emotional, personal anecdotes. Since people often make choices based on emotion just as much as logic, using personal stories of vaccine benefit may be a useful tactic. In the end, it is our duty to convince patients that the small risks of taking the vaccine are far outweighed by the benefits.

Finally, **emphasizing kindness** can be a powerful antidote to a mistrust of healthcare. Of course, building trust through focused dialogue between clinicians and patients can be time consuming and the outcome is uncertain. No matter the strategy, it is impossible to compel compliance. Practicing kindness commits us to the effort of improving people's lives. Patients can sense when we truly care about them. Kindness in this context is not merely "being nice." Rather, it is our prompt to "step up" to do the needed work.

PLATE is an apt acronym for the elements of interaction between clinician and patient. The basic interventions of patience, listening, acknowledging risk, teaching, and emphasizing kindness hold promise for promoting vaccine acceptance. In addition, baseball's home "plate" can serve as a metaphor for the difficult odds that clinicians face when confronting vaccine hesitancy. In 2020, the national batting average for Major League Baseball was 0.245. In "stepping up to the plate" to talk to patients about vaccine hesitancy we face similar odds. However, the cumulative effect of reaching some of the 23 percent who identify as "probably" willing to get a vaccine and the 11 percent who "probably won't" has the potential to be significant. And a patient who ultimately adopts the clinician's advice to get the vaccine will rarely keep such an attitudinal shift private. Most likely such a patient will share the new understanding with family members and friends. Thus, the clinician or medical student's efforts can have a domino effect in terms of the number of additional people who ultimately choose to be vaccinated. The goal of herd immunity is daunting but worthy of our collective focus and commitment.

REFERENCES

1. Pfankuch B. Vaccine hesitancy in South Dakota could prolong pandemic and delay a return to normal. South Dakota News Watch. 2021 April 14 [cited 2021 May 4]. Retrieved from www.sdnewswatch.org/stories/vaccine-hesitancy-in-south-dakota-could-prolong-pandemic-and-delay-a-return-to-normal/.
2. Rosenbaum L. Escaping catch-22 - overcoming covid vaccine hesitancy. N Engl J Med. 2021 Apr 8;384(14):1367-71.

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