Caregiver COVID-19 Vaccination Status in Pediatric Hospitals—Ethics of Exclusion

Before the advent of vaccines against COVID-19, hospitals worldwide invoked visitation restrictions to protect health care workers, patients, and the general public in the context of overwhelmed inpatient wards, limited personal protective equipment, and heightened community prevalence. In the postvaccine era, institutions have grappled with how COVID-19 vaccination status might impact visitation of inpatients or access to certain health care resources. In light of vaccine mandates and vaccine passports, some health care institutions have adopted policies restricting visitation of adult patients by unvaccinated individuals. Should COVID-19 vaccination status determine caregiver presence in pediatric hospitals?

The pediatric context is particularly compelling in light of the harm principle. A pediatric hospital brings together a large number of children, many of whom are unable to be vaccinated against COVID-19 or are unable to mount an effective immune response to vaccination or viral illness. It seems that a pediatric hospital, more than other health care systems, ought to ensure that all who enter be vaccinated against COVID-19. However, a broader view of pediatric best interests is necessary to consider the harms of caregiver presence restrictions predicated on vaccination status. Caregiver presence is not an afterthought but is rather an essential part of high-quality and safe pediatric care, and the consequences of excluding the caregiver are borne in an important way by the child as a patient.

How Might Caregiver Presence Restrictions Be Harmful to Hospitalized Children, Their Caregivers, and the Health Care Team?

From the outset of the COVID-19 pandemic, pediatric hospitals have had to address unique ethical considerations in their efforts to limit caregiver presence. Caregivers are more than visitors and can provide comfort, minimize fear and trauma, and ensure patient safety. Family-centered care—a paradigm for modern pediatric care delivery—is compromised by the absence of caregivers. Furthermore, the role of caregivers in safeguarding children has been detailed in the United Nations’ Convention on the Rights of the Child, with statements such as “a child shall not be separated from his or her parents against their will.” That is, there is an important child-centered right to caregiver presence that should be contravened only under grave circumstances. The exclusion of children’s caregivers on the basis of vaccination status is thus harmful not only because it denies the caregiver the ability to be with the child but also because it denies care to a child whose access to health care is inclusive of caregiver accompaniment. The necessity of caregiver support is particularly true for the safety and advocacy of younger children and those with additional dependencies, such as developmental, language, or behavioral challenges. Apart from mandatory COVID-19 vaccination for patients awaiting organ transplant in some centers, there is no precedent for denying health care to patients who are unvaccinated. However, to deny caregiver presence to a child, who has no say in their caregiver’s vaccination status and whose care is dependent on that caregiver’s presence, is to effectively restrict that child’s access to health care on the basis of caregiver vaccination status.

Although concern for the child is paramount, caregiver wellness may also be negatively affected when their presence is restricted. Exclusionary policies might further alienate caregivers whose vaccine hesitancy is rooted in distrust borne of social injustice and may harm children if their unvaccinated caregivers consequently become more avoidant of medical care. In addition, the health care team members may experience moral distress if they feel complicit in exclusionary hospital policies that result in a child’s distress, delirium, line dislodgment, or other sequelae.

Can Less Restrictive Measures Achieve the Benefits Intended by Caregiver Exclusion?

Restricting visitation to a hospital can be an important protective measure for health care workers, patients, and the public in the context of a crisis such as the COVID-19 pandemic. However, compared with other measures, such as masking, distancing, and limiting public spaces within hospitals, visitation restriction has a distinct moral and psychological impact, and its effectiveness is unclear. Vaccination against COVID-19 has brought another layer of protection but, of importance, does not confer absolute protection or eliminate the risk of transmission. The mainstay of risk reduction continues to be visitor symptom screening and measures such as masking; to our knowledge, no argument has been presented to suggest that these measures cannot overcome the risk associated with an unvaccinated visitor. One challenge that may arise if vaccines become effective enough to obviate the need for masking and distancing is that a differential set of in-hospital regulations might emerge (eg, a hospital might require that unvaccinated caregivers wear a mask and remain within the patient’s room). This accommodation is feasible but requires a thoughtful balance between entrusting and enforcing measures to protect staff and patients. A more immediate challenge for hospitals providing adult and pediatric care is the tension between equity and equality; imposing adult exclusionary guidelines equally on unvaccinated pediatric caregivers is inequitable. Furthermore, many adult patients’ unvaccinated caregivers...
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might play a similarly essential role in patient care (eg, for patients who lack decision-making capacity or those with a language barrier or intellectual disability) and merit exemptions from exclusionary policies in which alternative safeguards are in place.

How Should Pediatric Hospitals Address COVID-19 Vaccination?

Just because vaccination should not impact visitation does not mean that visitation should not impact vaccination. Pediatric hospitals can and should explore strategies to promote caregiver uptake of COVID-19 vaccination (and other vaccines). Pediatric professional societies in Canada and the US have suggested that pediatricians engage with vaccine-hesitant caregivers and build an effective long-term therapeutic relationship with them rather than expelling such families from their practice or framing a vaccine-hesitant attitude as being neglectful. By extension, pediatric hospitals have a role in endorsing COVID-19 vaccination as an important means to protect the patients under their care, and attendance at a hospital should be an opportunity to improve vaccine uptake (eg, by hosting vaccination clinics). Although the absence of any requirement for caregivers to provide their vaccination status is consistent with extant practices (eg, concerning influenza and pertussis), the present climate represents an opportunity to change this status quo and build a culture that more effectively promotes vaccines among caregivers and pediatric patients.

Conclusions

Pediatric medicine has long promoted the benefits of vaccination. An approach to caregivers who visit a pediatric hospital and are unvaccinated against COVID-19 must respect that hospital’s mission to promote COVID-19 vaccination as an important means to safeguard children’s health. Such an approach may include strategies to engage with vaccine-hesitant caregivers and facilitate vaccination. Unvaccinated caregivers can be accommodated in a manner that ensures the safety of other inpatient children, caregivers, and health care workers (eg, via symptom screening, masking, and avoidance of common spaces) and that ensures that no child’s care is compromised by the absence of a caregiver at such a vulnerable time. In facilities that provide adult and pediatric care, unvaccinated caregivers of children and adults should be treated differently. Exclusion of a child’s caregiver on the basis of vaccination status is not ethically permissible except under grave circumstances because such an exclusion would violate a child’s right to health care, for which their caregiver is indispensable under most circumstances. Similarly, measures that ignore caregiver vaccination status and fail to promote vaccination fall short of the mission of pediatric institutions to promote vaccination to safeguard children’s health within and beyond the hospital. Thus, in the balance of accountabilities, care of the sick child requires continued inclusion of caregivers, whereas accountability for broader public health requires continued attention to and encouragement of wide-scale COVID-19 vaccination.

ARTICLE INFORMATION

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REFERENCES