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Bioethicist: Why the UK is getting vaccine distribution right and the US is not

BY NICOLE HASSOUN, OPINION CONTRIBUTOR - 12/12/20 11:30 AM ET



AP/Pool

With coronavirus infections reaching unprecedented levels and hospital intensive care units nearing a breaking point, Americans are holding on to hope that coming vaccines will

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Choice: Who should get the vaccines first?

This is an agonizing ethical question facing public health leaders globally, and as a medical ethicist, I urge U.S. officials to look overseas — to the U.K. — whose leaders have put in place an ethical vaccine distribution plan that protects the elderly population — those most likely to die from COVID-19.

Unfortunately, it appears the U.S. is on track for a much more chaotic and ethically troubling approach that gives priority to a broad category of “essential workers” and requires the elderly population to wait.

So far, an independent committee of medical experts advising the Centers for Disease Control and Prevention has voted to prioritize healthcare workers and residents of long-term care facilities — both critical priorities. The question of who comes next is what is most concerning, and I believe the U.S. on the wrong track from an ethical standpoint.

The committee’s final vote on this question isn’t confirmed, but their meeting last month indicates they will vote to prioritize a broad list of (70 million) essential workers over other elderly individuals not living in long-term care facilities.

Such a plan contrasts sharply with the U.K.’s approach that more clearly and ethically prioritizes saving the greatest number of lives, while getting the economy up and running once again. In the U.K., vaccines will first go to residents in care homes as well as frontline health and social workers, followed by the rest of the population with priority going to those in higher age groups and others most susceptible to the disease. Unlike the 1918 flu which primarily killed the young, COVID-19 disproportionately kills the old.

Protecting the elderly will not only save the most lives, it will also get everyone back to work quickly. The main reason for most people to stay home if they can is to protect the vulnerable. Young healthy people are not at high risk of serious illness (the infection fatality rate is the same as driving for 7,500 miles for those under 20 years old). And, given that about 50 percent of the U.S. population is on the fence about whether or not to take the vaccine, we may not be able to vaccinate a high enough proportion of the population to protect the vulnerable any time soon.

According to U.S. Age Census Data, people 65 and older comprise roughly 16.4 percent of the population in America, but only 11 percent are 70 or older. Even setting aside the fact that elderly people often have many pre-existing conditions that further increase their risk, the risk of death from COVID-19 increases 7-fold between the ages of 50 and 80, and evidence suggests that several vaccines work well for the elderly.

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percent of all nursing home residents in the U.S., and 93.4 percent of those in assisted-living facilities. In the U.S., seniors are often neglected. Based on the Elder Index, which measures the income people need to take care of themselves at home with dignity, about half of elderly individuals (65 and older) who live alone do not have enough money to support their everyday needs (23 percent for elderly living in two-elder households).

The National Academies unconscionably says that younger people and children have a higher societal value than the elderly — and yet the elderly are an integral part of our society, sharing their knowledge and experience, and helping to sustain our economy by caring for grandchildren as well as working, thus allowing parents to work and contribute directly.

Similarly, some argue that younger people have not had their fair chance at a long life yet, have more life years to lose if they die young, or believe we should just save more life years — but the fact that each individual's life matters so much to them, however long they may have left, is sufficient reason to prioritize those most at risk.

It also does not make a lot of sense to say we should prioritize essential workers because they are often members of minority groups — many essential workers are not minorities and many elderly people are minorities. So, if that is the rationale, we should prioritize minorities directly.

Of course, if we can't have access for all immediately, we will have to prioritize some groups or we won't save as many lives as possible but, to do so, we also have to prioritize those most at risk.



Nicole Hassoun is a visiting scholar at the Mario Einaudi Center for International Studies at Cornell University, professor at Binghamton University and author of "Global Health Impact: Extending Access to Essential Medicines."

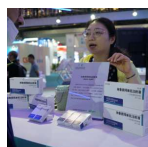


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