Can physicians decline unvaccinated patients?

Updated Sept. 15, 2021

In general, no, a physician should not refuse a patient simply because the individual is not vaccinated or declines to be vaccinated. The commitment to care for those who are sick or injured carries with it a duty to treat in other circumstances as well, including public health crises when a physician may face "greater than usual risks to [their] own safety, health or life" (Opinion 8.3, Physician responsibility for disaster response and preparedness). Nor may a physician ethically turn a patient away based solely on the individual's infectious disease status, or for any reason that would constitute discrimination against a class or category of patients (Opinion 1.1.2, Prospective patients).

However, the strength of a physician's obligation to treat may vary under different circumstances, and determining whether, in a particular instance, a physician may ethically decline a patient requires careful reflection. In the context of a highly transmissible disease that poses significant risk of severe illness for which a safe, effective vaccine is available, the decision to accept or decline a patient must balance the urgency of the individual patient's need; the risk the patient may pose to other patients in the physician's practice; and the need for the physician and staff, to be available to provide care in the future. Among the questions to be considered:

- What are the unvaccinated patient's medical needs? How urgent are those needs? In emergency situations, physicians may not ethically refuse to provide care regardless of the patient's vaccination status (Principle VI). But it may be justifiable to decline to provide "routine care," such as an annual physical examination for an otherwise healthy patient.
- What is the nature of the physician's practice and patient population? If an unvaccinated patient would pose significant risk to other patients in the practice—for example, if physician's patients are immune-compromised or cannot be vaccinated for medical reasons, it may be ethically justifiable to refuse an unvaccinated individual, the more so the greater the risk of severe disease for other patients in the practice. Likewise, physicians may decline a patient if meeting the individual's medical needs would "seriously compromise" the physician's ability to provide care needed by their other patients (Opinion 1.1.2).
- Beyond robust practice-wide infection control efforts, can accommodation be made to minimize the risk an unvaccinated patient may pose to other patients and staff? For example, can unvaccinated and possibly infectious patients be seen in a dedicated examination room? Or at dedicated times only? Or have tested negative for COVID as a condition for receiving care? Can care reasonably be provided via telemedicine? (In keeping

with guidance in Opinion 1.2.12.)

- Can the practice provide physicians and other staff with adequate personal protective equipment to minimize risk of exposure? This has been a vexed question in the context of the COVID-19 pandemic, when initial supplies of personal protective equipment (PPE) were extremely limited for some practices. As PPE has become more readily available, the responsibility has increased for physician practices and health care organizations to ensure adequate PPE that will enable them to accept even unvaccinated patients.
- Can the patient be persuaded to accept vaccination? When an unvaccinated patient presents for care, physicians (or other appropriate staff) have an opportunity to explore with the patient *why* they are not vaccinated, respectfully acknowledge and address their concerns and seek to persuade them to accept vaccination to protect themselves and others.

A patient's vaccination status in and of itself is not sufficient reason, ethically, to turn that individual away.

Additional ethics guidance in a pandemic

The AMA offers an overview of foundational guidance regarding medical ethics for health care professionals and institutions responding to the COVID-19 pandemic.