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PRIMARY COLOUR

Helen Salisbury: Don't squander patients' trust in the vaccine rollout

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The end of 2020 brought a practical lesson in medical ethics that will no doubt be used in textbooks for years to come. Imagine you have a medicine that will definitely save 10 lives with two doses but could possibly save 20 if a single dose is given. What do you do, and what strength of evidence would you need to push the decision one way or the other?

Might you reach a different conclusion if you'd already given the first dose to a group of patients and promised them the second? A shared decision to embark on this course of treatment was based on information about a two dose schedule, and consent was given accordingly. Should you break your agreement with these patients for the greater good?

Many GPs now find themselves in just such a position: having scrambled in December to deliver the Pfizer vaccine to our most vulnerable patients, we're now asked by the Joint Committee on Vaccination and Immunisation (JCVI), and the chief medical officers of the UK nations, to cancel all second appointments scheduled for after 4 January.

There are practical issues. Each delivery of the Pfizer product contains enough vaccine for 1170 doses, and we'll need to call each patient whose appointment is to be cancelled and explain why. These patients and their families will have questions, particularly about what this means for their protection against coronavirus infection. We don't have the answers, as all participants in the vaccine trial had a second dose at three weeks, and although the JCVI is very reassuring about the protection from a single dose, we know that very elderly patients often mount a less vigorous immune response.

We need to think hard about how this scheduling change will affect trust in the whole vaccine programme. Many GPs have been keen to emphasise, despite a short timeframe, that the vaccines have been rigorously tested and the science is robust. We've impressed on patients the importance of returning for their second dose in 21 days for reliable protection. Will they believe us in the future if we say, "It's fine, don't worry, you can have your next dose in March"?

We're in an emergency, and urgent action is needed. Our primary care network plan was developed when the 15 minute observation period had been withdrawn and had to be hastily reorganised when this was reinstated. We invited an extra 195 patients, at 24 hours' notice, when we were told that we could give six doses per vial instead of five. We are adaptable and can change what we offer patients, explaining the current evidence and uncertainties. Just don't ask us to let our patients down.

GPs are ready to give all vaccine they're supplied with, but there's a serious risk that precious doses will be wasted this week amid confusion about cancelled appointments. The greater waste is the squandering of public trust by a rushed, ill thought-out policy change.

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