COVID-19 VACCINATION HESITANCY

Resisting the “righting reflex” in conversations about covid vaccine hesitancy

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Razai and colleagues discuss covid-19 vaccine hesitancy.1 We agree that there is no single solution for individual conversations, but we think that the motivational interviewing approach has potential value2—in particular the central importance of “resisting the righting reflex.”

As Rollnick and colleagues suggest, the biggest challenge for many health professionals in having these conversations lies in shifting our style and attitude from a “directive” approach to a more “guiding” one.3 This includes letting go of what has been called the “righting reflex”—the urge to identify a problem and solve it for the patient. It can be so tempting to think that by simply correcting misinformation or explaining risks and benefits, patients will come round to our way of thinking. Getting the facts straight is important, of course, but there’s much more to patient decision making, including trust, previous experiences, and health beliefs.4 The risk of this directive approach is the loss of patient trust, resistance, and inauthentic dialogue (such as insincere agreement). Instead, Rollnick and colleagues suggest guiding the patient to do this work for themselves—identifying their own “problem” and any possible solutions to resolve their ambivalence.

The motivational interviewing skills involved in this process are an extension of those already used in a patient centred approach to healthcare conversations3; but our experience is that this central change in attitude—resisting the righting reflex—can transform confrontational and ineffective consultations into much more constructive and effective ones.

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4 Easton G. How many more times do I have to tell you? Evidence-Based Healthcare and Public Health2004;8:246-7. doi: 10.1016/j.ehbc.2004.08.003