Why this guide?

Certain workers are required to have evidence of a COVID-19 vaccine vaccination or medical exemption in order to work under public health orders.a

Individuals who do not wish to vaccinate may seek a permanent or temporary medical exemption from their GP or other healthcare provider. The Australian Technical Advisory Group on Immunisation (ATAGI) gives updated clinical guidance on medical exemptions and the criteria for obtaining a temporary or permanent exemption. Providers are legally responsible for issuing a valid exemption.

Conflict can arise when individuals seek a medical exemption but do not meet the criteria. This discussion guide is for general practitioners and other professionals who must communicate with those individuals. It is informed by research in vaccine communication, de-escalation, and clinical experience.1–4 It has conversational tips designed to help the patient consider their options and make a plan and, where necessary, manage any conflict.

The situation

A patient seeks a medical exemption to a COVID-19 vaccine from their provider.

Step Suggestions

Set agenda

Agenda setting involves setting out what will occur in the consultation and offering the patient input on the agenda. It sets expectations and signposts the conversation to help manage time. This step communicates up-front that there is a standardised process in place. This can help professionals distance themselves from any determination they make.

It is useful to first establish that the medical exemption criteria are determined by ATAGI and endorsed by government and are not determined by the provider.

Set agenda

What I will do is ask a few questions to determine whether there are grounds for an exemption. I will ask you a few standard questions. If I cannot grant one, then we can look at your options and work out a way forward.

The medical exemption criteria are made by a group of experts and endorsed by government. They are quite strict and based on research evidence. We can work through them together.

In Victoria this is https://mvec.mcri.edu.au/references/covid-19-mandatory-vaccination-directions-in-victoria/
Asking for the patient’s agreement on the agenda signals a partnership with them and gives them an opportunity to identify other things they may have on their own agenda.

**Take a history and make determination**

Determine if the patient can be granted a temporary or permanent medical exemption.

Outline reasons to receive a permanent medical exemption as per ATAGI advice. Permanent exemptions for a COVID-19 vaccine are rare.

Outline reasons to receive a temporary medical exemption for up to 6 months. Also explain recommendations if patient:

- has had a prior COVID-19 illness
- is assessed to be a risk to themselves or others during the vaccination process i.e., may need referral for sedation.
- has a serious adverse event that may be attributed to a previous dose of a COVID-19 vaccine without another cause identified.

If yes, sign the form and provide relevant advice.

If not eligible for an exemption, proceed to next step.

**Listen reflectively**

Active listening is an essential skill for reducing conflict if a patient is upset or angry. Acknowledgement of a patient’s emotions can reduce the intensity of the patient’s response and help them to process subsequent information.5

Once you have given an assessment that says the patient is not able to receive an exemption, observe their non-verbal communication and listen to what they say. Give space for them to respond – if they don’t, you might ask about their main concerns.

Your next step is to reflect what you interpret from their communication. Show them that you have understood them and give them an opportunity to add any extra information or to clarify. Then re-state to show you have understood and move on to either address any misperceptions about the vaccine and/or move on to helping them problem-solve how they may manage their major concerns given they do not want a vaccine.

Be aware of your own response. When people are angry or upset it can be stressful. Managing emotions can help professionals maintain empathy, cope more effectively, and this may reduce the risk of burnout. Debriefing with colleagues after the consultation can also be useful.

**Manage any conflict**

Some people may become angry or hostile. Boundary and limit setting is necessary if other techniques have not been successful and the patient displays verbal aggression. Some doctors find it helpful to distance themselves from the rules.

How does that sound?

There are only two reasons to get a permanent medical exemption – severe allergic reaction (anaphylaxis) to a previous dose of the same vaccine or anaphylaxis to a component of the vaccine.

A temporary medical exemption is for up to 6 months. It can be vaccine-specific or due to other situations such as if you have had COVID before. You may have had a serious reaction after a dose of the vaccine where no other cause has been found or people may not be able to be safely immunised.

As you can see, from your responses you qualify for a [full or temporary] medical exemption. I will take you through what this means for you.

Unfortunately I am unable to give you a medical exemption because [give reason]. We can work through what that means for you and look at your options.

It sounds/looks as though this news has upset you.

What are you most concerned about?

It’s obviously distressing for you to not be able to get an exemption.

I know some of this stress may be financial, which has been a big issue for lots of people throughout the pandemic.

I can see you are angry. I don’t make these rules and it is my legal responsibility to give exemptions according to the guidelines. I want to help you find a path forward.
In a consultation room the best approach may be to offer to re-visit the discussion after the patient has had a chance to consider their options.


If de-escalation has not worked, the RACGP recommends that general practices follow their response policy, which may include:
- calmly asking the aggressor to leave
- activating a duress alarm or phone alert system, if installed
- retreating to a safe location and alerting other people on site to the risk
- calling 000 for police.

The guidelines also suggest a follow-up response.

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<th>Explore options</th>
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<td>Helping the patient to identify options shifts the conversation towards a partnership mode, rather than an enforcement mode and shifts the provider’s role to that of helper. Promoting autonomy is a core component of de-escalation.</td>
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It can be helpful to identify the vaccination options: to not vaccinate or to vaccinate, along with the pros and cons of each. The Ask Share Know Centre of Research Excellence has COVID-19 vaccine decision support tools available that can support this discussion.

Guiding the patient to identify any potential advantages for them of being vaccinated is an opportunity to reinforce and amplify that motivation.

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<td>Regardless of where the patient stands with vaccination, they should know your position. Sometimes people who are very conflicted can appreciate a provider they trust advising them of what to do. Once you have built sufficient rapport with the patient, they may be more amenable to reconsidering their position. Recommendations from providers can lead people to get vaccinated.</td>
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<th>Plan and close</th>
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<td>If the patient is willing to vaccinate, provide them with information they need to support valid consent and vaccinate them.</td>
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If the patient is unwilling to vaccinate, offer to see them again to discuss how they are going with their decision. They may be ready to vaccinate at that time. You also demonstrate concern for their mental health and wellbeing.
A referral to specialist service may be indicated.

Support other staff in the practice

Other staff in the practice such as reception staff may be experiencing abuse from patients about the issue of exemptions. Check-in with them and offer support.


Consider placing in the waiting room “Aggression will not be tolerated” posters, available via the above link.

It may be useful to have a practice meeting to discuss challenging encounters and share strategies.

References

This guide is available online at https://mvec.mcri.edu.au/new-resource-discussion-guide-for-medical-exemptions/