

It's Not Only Vaccine Hesitancy; It's Also Physician Hesitancy

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ABSTRACT

The danger of vaccine hesitancy is perhaps one of the most critical challenges we face as practitioners. This riveting narrative helps us find common ground and courage as it reaches into the hearts of those of us who have encountered parents who also want what's best for their child.

KEYWORDS: vaccine hesitancy, immunizations, measles, vaccine side effects, pediatrics

The patient is here. I've printed out the CDC Vaccine Information Statements.¹ I can recite the top reasons for vaccine hesitancy while in a deep sleep. I've been here before and know all the rebuttals.²⁻⁴ I have 15 minutes to help this family see why it is so important to immunize their child. I knock and open the door. A smile crosses my face and I sit down next to the parents. We discuss football, the weather, child development, nutrition. "...and today the immunizations we will be giving..."

Their backs straighten and the seats subtly shift. A deep inspiration echoes throughout the room, as the rapport I had built dissipates with their next words. "We do not vaccinate our children. We do not believe in vaccines."

As a physician, I've prepared for this. I know the arguments in their arsenal. Religion? I'll tell them about how most religions have no restriction on immunizations.⁵ Infringement on personal rights? I'll tell them it's their choice, but more importantly, their duty to protect their child. Vaccines have side effects, cause autism, have too many toxins? I'll counter with CDC recommendations, cite small percentages, show the large studies, and go through the ingredient list.⁶⁻⁸ I will "science" my way to victory.

The points and counterpoints flow in a volley of dialogue. I know that I have made a rock-solid case. I now ask if we will be vaccinating today. The words of parental defiance are palpable as defeat paints my ears with each syllable. Reflexes kick in as I confront myself with the stages of grief.

I couldn't have just failed, I was right!

I should kick them out of my practice. Any parent who can't get over this nonsense shouldn't be allowed to put my other patients at risk or waste my time.

Maybe if I offer a delayed schedule they will listen. But I'm doing that anyway. It's not good medicine.

I should just give up. This is just too hard to do.

Maybe I need to change my approach. That couldn't be it. Maybe I was using the wrong words. No, I know I'm right. Where did I go wrong?

"The single biggest problem in communication is the illusion that it has taken place."⁹

(Attributed to George Bernard Shaw)

I was not listening. I was debating. I was making my point and not feeling what they felt. I used arguments that fell on deaf ears and ignored their fears because "I was right." I was the doctor, the pediatrician. What I was hearing was their reasoning, their thought processes. *I had the illusion that I was communicating.* What was really being said was, "We're scared."

Acknowledge parental fears

It is really easy to scare someone, but really hard to un-scare them. Only by acknowledging fears, can we begin to understand how they are generated and then hopefully begin discussing how to overcome them. The issue is not the science and the issue is not physician knowledge. The issue is not antivaccine misinformation which we cannot control. The issue isn't even that we as physicians lack the time and tools to successfully teach our patients why we are so passionate about immunizing every child.^{3,10,11} Every position, including those of our patients and their parents, has an underlying basis. What is the basis for vaccine refusal?

Basis for vaccine refusal

Eighty-one percent of Americans cannot name a living scientist.¹² We view ourselves as scientists, but apparently our patients do not. There is a lack of scientific appreciation in our society and this affects scientific literacy or, in this case, medical literacy. A doctor's visit may be the only time a patient or a parent has the ability to speak directly with someone who knows the science behind vaccines. But tainting the doctor-patient relationship with scientific terminology is often an ineffective way to teach our patients. Many scientists (ie, physicians) do not teach nonscientists (ie, patients or parents) effectively. This is evident in the lack of understanding we as healthcare professionals see in our patients every day. If we cannot explain our thoughts in simple terms, then we can teach nothing.

But do simple explanations always work? Can our patients understand how vaccines work and still be hesitant? In short, yes. Knowledge may not be the only barrier. It's one that needs to be addressed, but this hurdle does not stand alone. Most parents can understand statistics if explained clearly enough. But if fear guides that parent, statistics will not provide solace. A parent may understand the risk of contracting a disease by not vaccinating, but that knowledge is overshadowed by the fear of negative effects attributed to vaccination. The parent reasons that by avoiding vaccines, they are avoiding negative effects of vaccines. However, what is discounted is the real cost of not vaccinating, which is exposure to a much larger risk of disease.^{4,13}

Statistics don't assuage fears. In addition to knowledge and statistics, we need stories. We need stories because each individual child does not fit into a statistical model. Parents, however, can relate to a story. A 1% risk of an adverse effect means nothing to the parent of a child who knows a story of a child who has been negatively affected by vaccines. Stories are powerful. Stories from people familiar to us (or seem close to us, such as those strangers on the Internet), who believe they have been harmed by vaccines, are the most powerful of stories.

*"Belief begins where science leaves off and ends where science begins."*¹⁴ — Rudolph Virchow

Parents are influenced by these anecdotes and we must fill our armamentarium with factual tales of our own, tales based in science. For many, anecdotes supersede statistics. It is difficult to convey the absence of disease caused by immunizations. Immunizations have been so successful in eliminating serious disease that most patients and many physicians don't have the same intimacy with invasive infections as we did in the past.¹⁵ We need to speak about our patient intubated in the ICU with influenza pneumonia. We need to show emotion when speaking about our fear that the child in front of us may contract measles and die. We need to show exactly and in no uncertain terms why we care about our patients and what we are afraid of if they do not get immunized. What are the stories you want to tell?

Instead of asking why they are not immunized, we need to ask about their fears. We cannot afford to be hesitant engaging in effective communication. Instead of regurgitating vaccine facts, we need to teach how vaccines work. Vaccine-hesitant parents aren't necessarily difficult. What's difficult is effective communication. What's difficult is building or continuing the doctor-patient relationship when "they're not listening." When we encounter a parent who just wants the best for their child, we need to say exactly why we also want what is best for the child and exactly what we are afraid of. It isn't only the parent who is hesitant; we as physicians must overcome our own hesitancy.

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