



Sept-Oct 2021 *Residency Times*
From Your DIO

Science literacy and effective health communication has never seemed as important as in the last 18 months, most notably with regard to modes of virus transmission and mask mandates, but particularly so after the availability of COVID mRNA vaccines earlier this year. The US has long had an “anti-vaxx” movement, of course; in the last few decades, we’ve seen increases in vaccine skepticism such that by 2019, the WHO named vaccine hesitancy as a Top 10 global health threat. Post-COVID, vaccine hesitancy moved to the forefront of public discourse in the US, with more than a quarter of the population unwilling to be vaccinated. Physicians are all too aware of the challenges they face in persuading some patients to consider vaccination. Communities of color, which have disproportionately higher rates of COVID infection and mortality but more mistrust toward the US healthcare system given its history of medical exploitation and neglect, may be especially difficult to reach. This reflects individuals’ awareness of this history as well as current experiences they may have had with the array of structural inequalities that persist in medical treatment and public health services.

Research has shown that straightforward, nontechnical presentation of the immunological evidence supporting vaccines isn’t sufficient. Both the message and messenger are key. As the WHO notes, “health workers, especially those in communities, remain the most trusted advisor and influencer of vaccination decisions, and they must be supported to provide trusted,

credible information on vaccines.” Understanding a patient’s reason(s) for COVID-19 vaccine hesitancy and expressing respect for divergent views (even if misinformed) is crucial. Not improving vaccine uptake rates will seriously hinder the establishment of herd immunity, required if life in the US is to ever return to pre-COVID times. But perhaps more crucially, the pandemic has underscored the immediate and long-range importance of those clinical encounters in which the physician both expresses expertise informed by medical training as well as empathy toward patient perspectives rooted in heterogeneous life experiences and beliefs. While we may feel frustrated and overwhelmed by what seems to be patient negligence, we know that compassionate care leads to better outcomes and to greater levels of physician work satisfaction.

I would be remiss if I did not acknowledge the extreme stress and burden that have been placed on all of the residents and faculty during this trying time. Remember that in order to be an effective physician, you must take care of yourself as well. Please take advantage of the myriad wellness and mental health resources you have at your disposal, and do not be afraid to reach out for help if necessary. The residency programs and the GME office are all here to support you.

Anne

Anne Messman, MD, FACEP
Associate Dean and DIO, Office of Graduate Medical Education
Associate Professor, Dept. of Emergency Medicine
Amessman@med.wayne.edu
313.282.6577 (cell)