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## Discussing the Injustice of the COVID-19 Vaccine Pass Imposed on Medical Consultation in Public Hospitals in Hong Kong

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Nil.

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**Fung Kei Cheng**

### **INTRODUCTION**

The ongoing COVID-19 crisis has extensively spread since March 2020 and has greatly deteriorated not only public health but also the economy and social life. Many political leaders have stipulated recovery plans and are relaxing stringent controls so as to revert to normal activities. Notwithstanding, debatable vaccine pass schemes are still implemented in some countries or territories, gradually forming an economic divide between those which enforce the scheme and those which do not, thereby affecting world development.

### **CONTROVERSIAL VACCINE PASS**

A vaccine pass or a medical exemption certificate is strictly required for employees, customers, users and visitors aged over 11 in 24 categories of specified premises in Hong Kong since February 24, 2022 (Hong Kong Government, 2022a); such as in sport centres, religious establishments, museum, malls, supermarkets, restaurants, hair salons, entertainment venues, department stores and hotels, as an instrument to boost vaccination rates (Hong Kong Government, 2022b). It, without a sunset clause, also extends to those who work in educational institutions, government buildings and offices, government funding entities, public facilities, public hospitals and residential care homes. Although the Chief Executive (the head of Hong Kong government) denied that it has equal force to a mandatory vaccination, the pass is definitely a measure which prohibits anyone who has not been vaccinated from being able to enter many places for a lot of activities, or from receiving a variety of services, causing the unjabbed great inconvenient in their daily lives due to much fewer choices (Radio Television Hong Kong, 2022a), and negatively impacting their rights to employment, education, religion and movement. Despite these restrictions, the Government confirmed that this would not apply to patients who seek health care at public hospitals and those accompanying them (Hong Kong Government, 2022c).

A vaccine pass, vaccine passport, vaccine certificate or green pass is a physical or electronic proof that the holder has got inoculated with the COVID-19 vaccine so that they are allowed to enter certain locations or carry out activities. Such a coercive measure isolates the unvaccinated, inducing a sort of “medical apartheid” or “therapeutic totalitarianism” (Jones, 2022, p. 2233), instigating a social control method and easily creating anxiety among them. Vaccine pass withdrawal has been implemented in many countries for domestic and international travel in order to resume trade, and cultural and social events, particularly in North America, Europe and the Asia Pacific region, even though Omicron, a recent variant, is still widely spread there because a vaccine pass is unlikely to reduce transmission, and although it helps little to increase vaccine uptake (Mills & Rüttenauer, 2022; Parker, 2021), while eroding basic human rights (Bardosh et al., 2022). In Hong Kong, medical specialists argue for the possibility of relaxing the vaccine pass scheme (Cowling & Chan, 2022; Lee, 2022c; Radio Television Hong Kong, 2022e) for the reason that an immunity barrier has resulted from natural infections (The Standard, 2022d), and Hong Kong already has a high vaccination rate reaching 84.56% complete initial protocol as of June 12, 2022, compared to the global rate of only 60.64% (Our World in Data, 2022).

### **HAZARDS OF THE VACCINE PASS IMPOSED ON MEDICAL CONSULTATION**

In contrast, the Hong Kong government has continuously tightened this policy starting from June 13, 2022: patients must present a valid vaccine pass or a self-financed negative polymerase chain reaction (PCR) test result within the previous 48 hours in designated healthcare premises under the Food and

Health Bureau, Department of Health and the Hospital Authority, encompassing specialist clinics, families clinics, district health centres, student health service centres, government dental clinics, orthodontic clinics and methadone clinics (Z.Wang, 2022). Visitors or caregivers are required to have a pass, and a PCR test or quick test report is impermissible. Nevertheless, essential service users (for example, haemodialysis and day chemotherapy centres) and users in general out-patient clinics under the Hospital Authority and emergency medical services, including accident and emergency departments, are excluded (Radio Television Hong Kong, 2022e). This constriction aims to further raise the vaccination rate for booster shots (the third and perhaps the fourth doses) of the COVID-19 vaccine, even though closer to 90% of the population have received two jabs (Radio Television Hong Kong, 2022f), which will benefit the dynamic zero-COVID strategy (Fung & Rising, 2022), aligning with China's direction (The Standard, 2022a), whilst such a strategy is neither realistic (Lee, 2022a; Leung, 2022) nor sustainable (Millard, 2022). Ridiculously, the Chief Executive is incapable of even defining dynamic zero-COVID (Chiu, 2022; V. Wang & Ramzy, 2022).

Health professionals reiterate that herd or population immunity is in place for COVID-19 in Hong Kong (The Standard, 2022b), providing indirect protection through vaccination or previous infection, and curbing outbreaks, unnecessary cases and deaths (World Health Organisation, 2020), since an estimated half of the Hong Kong population have COVID antibodies, and vaccination rates having gone up continually (Ho, 2022; The Standard, 2022c), resulting in the endemic being contained (Radio Television Hong Kong, 2022b). Daily reports mark mere three-digit case numbers on average after the fifth wave peaked at 77000 cases a day in early March, 2022 (Cheung et al., 2022). Thus, medical experts urge that focus be placed on lowered hospitalisation rates, intensive care unit admissions and fatalities as true indicators of this epidemic situation (Radio Television Hong Kong, 2022d). The government, however, continues to insist upon administrating the pass scheme to achieve zero-COVID (Radio Television Hong Kong, 2022c).

Having had only a cumulative 10951 cases from the onset in January 14, 2020 to February 26, 2021 (the inception of the Vaccination Programme) (Hong Kong Government, 2022d), Hong Kong suddenly reached 1225408 cases as at June 19, 2022 (Worldometer, 2022), implying a sharp rise of infections during the fifth wave which started from late November 2021. The cumulative death totals were maintained at 213 as at February 7, 2022 (Lee, 2022b), but turbulently rocketed to 9393 deaths as of June 19, 2022 (Worldometer, 2022), within a space of only four and a half months. Such tragic evidence shows that vaccination does not effectively fence off outbreaks and pandemic-incurred mortality; neither does a vaccine pass.

Healthcare is one of the fundamental human rights. The World Health Organisation Constitution (1946) asserts that it is a legal governmental obligation to provide timely, acceptable and affordable healthcare without discrimination. It also emphasises the right to health, which includes freedoms and entitlements: these freedoms include the right to control one's health and body and to be free from interference; *entitlements* refer to the right to a system of health protection through equal opportunity for everyone to access the highest attainable level of health (World Health Organisation, 2017). According to this reasoning, applying the vaccine pass scheme to medical consultation becomes a deprivation, generating ethical and practical challenges. It also ignores the health risks of patients suffering from illnesses other than COVID-19, resulting in health inequity. Medical decision-makers and frontline workers have the responsibility to seriously voice objections about such a breach of the Constitution.

The Hospital Authority, a statutory body managing all public hospitals and clinics in Hong Kong, undertakes 90% of healthcare services in the community; for instance, 7.47 million specialist outpatient attendances and 1.64 million inpatient and day patient discharges in the year 2020/2021 (Hospital Authority, 2022). Its vision is to provide high-quality, professional services to patients; its mission is to offer life-saving treatments with empowerment on a patient-centred basis. Hence, its primitive endeavour is to supply convenient access to patients, whatever illnesses they endure, in order to manifest healthcare as a social and public good (Merone & Ashton, 2021). The vaccine pass scheme

obviously creates hurdles to patients, and deviates from the business of the Authority which unjustifiably accounts to support a pass to seek public medical consultation.

The alternative seems to be to acquire healthcare service from private providers, but these medical expenditures tend to be too high for many to afford. This option denudes patients' rights and shows disdain for their health and safety. Although a negative PCR test report is permitted for patients who need the Authority's service, this will incur additional costs to patients, which are especially unfavourable for the impoverished. In addition, anyone who accompanies the patient must present a vaccine pass will restrict companion that perhaps brings higher risks of the patient. These practices fuel the disparity between the poor and the rich: the former undergo limited aid but the latter enjoy more preferences, invoking social injustice.

Healthcare practitioners should persist in abiding by basic medical ethics, based on the Hippocratic Oath, mainly entailing patient autonomy and respect, beneficence (benefit to others), non-maleficence (no harm to others), and justice (fair distribution of resources) (Beauchamp & Childress, 2019). However, the pass system creates a semi-compulsory vaccination situation (Ma & Parry, 2022), if not totally mandatory, which violates the principles of voluntariness and informed consent (Iserson, 1999), and infringes on an individual's body integrity, unnecessarily expanding the dichotomy between public health and individual health (Cheng, 2022). Such duality causes inimical accounts between the vaccinated and unvaccinated, and thus weakens solidarity within the community.

### **RECOMMENDED SOLUTIONS**

The free, voluntary COVID Vaccination Programme was launched from February 26, 2021 in Hong Kong (Hong Kong Government, 2022e), and lotteries followed to push vaccination rates forward because of low motivation (Hong Kong Government, 2021) and missteps of the programme (Kwan, 2022). Vaccine hesitancy is a difficulty (Chau, 2021; Tsang, 2022), particularly among older adults (Siu et al., 2022). Rather than intimidating and penalising the unvaccinated, which probably instigated the backfire (Porat et al., 2021) that has happened in Hong Kong (Low & Ting, 2021), respect towards autonomy and willingness should be a critical guideline in retaining health equity. Diverse tools could be adopted to elevate vaccination rates more effectively (Ward et al., 2022). Research unveils that public trust towards the government is indispensable for a successful vaccination campaign (Yan et al., 2022). Without it, resistance grows. Distrust has a detrimental effect on encouraging vaccination (Chan, 2021). Officials need to work harder to remediate this deficiency, and transparency can help. Trust and transparency are intertwined; more transparency builds trust, and vice versa. Transparent and comprehensive information (Wong et al., 2021) improves vaccination acceptance through public education and advice from healthcare adepts when highlighting benefits, reducing barriers and promoting cues to vaccinate (Yan, Lai, & Lee, 2021).

Medications and drugs show reductions in COVID-connected deaths, intensive care unit admissions and hospitalisation (Bryant et al., 2021; World Health Organisation, 2022), particularly in the early infection period. Their effects not only secure public health to a certain extent but also minimise the risk of collapsing the healthcare system and intensifying the workload of frontline medical workers. Thus, vaccination may not be a primary resource to combat this infectious disease; a vaccine pass then becomes dispensable as a control method.

Moreover, clinical data display the effectiveness of highly self-disciplined preventive measures on combating this highly infectious disease, as Hong Kong people have demonstrated from the beginning of COVID-19; for example, masking, personal hygiene and social distance (Yan, Lai, Lee, et al., 2021). These vehicles reflect a characteristic of the self-reliant (Cheng, 2021b), community health awareness model to tackle the pandemic in Hong Kong (Cheng, 2021a).

Apart from the above-mentioned, nutrition (Calder, 2021; Mathers, 2022), consistent physical exercise (deAraújo, 2021; Sallis et al., 2021) and healthy lifestyle (Scapatucci et al., 2022; Tavakol et al.,

2021) also play vital roles in strengthening immune functions for prevention and rehabilitation in physiological and mental dimensions. All these solutions shape a comprehensive model for handling this pandemic.

## CONCLUSION

Vaccination is one of the efficacious methods available to inhibit surges in COVID-19. However, it is not the sole intervention. Clinical evidence testifies that the vaccine does not halt the infection and reinfection of this disease, but can only reduce severity and death rates, in addition to the aid of medications. A vaccine pass does little to help accelerate the vaccination rate; instead, such a restrictive policy tends to become a social control vehicle and exerts adverse responses and mutual distrust between the government and the people. In particular, for a pass to be required for medical consultation endangers human rights and harms patients. It is plausible that a holistic approach would be able to fortify individual immunity effectively, safely and ethically to cope with this pandemic, including personal and environmental hygiene, diet, physical movement, and healthy modes of life and behaviour.

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