



Auckland DHB
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Peter Ruygrok
Cardiologist
Adult Cardiology
Auckland City Hospital

Dear Peter

Thank you for seeking an opinion from the Clinical Ethics Advisory Group on Friday 15th October 2021. You have asked us to consider whether it is ethical to mandate COVID vaccination for patients who are on the heart transplant waiting list.

Background

You presented the background to heart transplantation in New Zealand. The outcomes are extremely good with 50% 15 year survival; and it was noted that there are a number of deaths in the first months after transplantation some of which are related to the heavy immunosuppressive therapy needed. Patients taking immunosuppressive therapy are more likely to experience infective side effects including death and you provided data from overseas noting the high mortality among patients who contract COVID. This can be reduced substantially with vaccination. Vaccination is far more likely to be effective if commenced prior to institution of immunosuppressive therapy. There are varying attitudes to COVID vaccination around the world heart transplant units and also with respect to the other solid organ transplant programmes in New Zealand.

Vaccination is strongly recommended by all solid organ transplant teams for a variety of other infectious diseases including meningitis, hepatitis, herpes zoster virus, measles, mumps and rubella. It was noted that no-one has declined the other vaccinations suggested by the heart transplant team to date. There are an extremely small number of patients in whom the COVID vaccine might be contra-indicated and if this were the case further medical advice would be sought and appropriate plans made.

It was noted that Māori make up a disproportionately large part of the population requiring and receiving heart transplants and are therefore more likely to be affected by COVID infection including that contracted while in the immediate post-operative period whilst at Hearty Towers.

In New Zealand there are insufficient deceased donors to satisfy the demand for cardiac transplants. The heart transplant team have guidelines for acceptability for transplantation which include-

- body mass index
- not using tobacco, alcohol or other non-prescription drugs
- satisfactory psychological testing
- not having other end-organ damage from diabetes
- vascular disease
- not having active malignancy
- lack of social support.

Heart transplant recipients and their support person have extensive interaction with staff and other patients in the immediate post-transplant period, both during their time as in-patients and while undergoing rehabilitation at Hearty Towers. It is not possible to undertake this rehabilitation and clinical



follow-up in an alternative setting. Unvaccinated patients would place other transplant recipients at increased risk of contracting COVID and worsening their outcomes even though they are vaccinated themselves.

The heart transplant team (as do all solid organ transplant teams) feel that they have a responsibility to ensure that all deceased donor organs are offered to recipients in a way that maximises graft outcome for society as a whole.

Opinion

CEAG commends the team for proactively addressing this issue and seeking our opinion.

It was the strong majority opinion of CEAG that it is ethical to mandate COVID vaccination for potential heart transplant recipients. All members agreed that potential recipients should be vaccinated.

We felt that there are two main arguments for this:

- the risk of transmission of COVID infection to other recipients either directly or via staff with the resultant poor outcomes to those other recipients
- the need to maximise the outcomes for heart transplantation in general

We acknowledge, as do your team, that this mandate does impinge on patient's social freedoms but feel that this is outweighed by the potential deleterious outcomes.

We note that Māori are disproportionately represented in the group requiring transplant and so effort will need to be made to ensure that Māori do not experience further inequity.

It was noted that medical situations are complex and that rules may not always be able to be applied in a hard and fast manner.

This opinion is with respect to the Ethics surrounding vaccination and transplant listing. You should use this to work with your Directorate Provider and the Auckland DHB Transplant Board as you consider how this might be operationalised. This will include a need to ensure that the principles of *Te Tiriti* are upheld and that inadvertent inequities do not occur.

Yours sincerely

Ian Dittmer
Chairperson
Clinical Ethics Advisory Group
AUCKLAND DISTRICT HEALTH BOARD

Cc Dr Mark O'Carroll
Chair ADHB Transplant Board