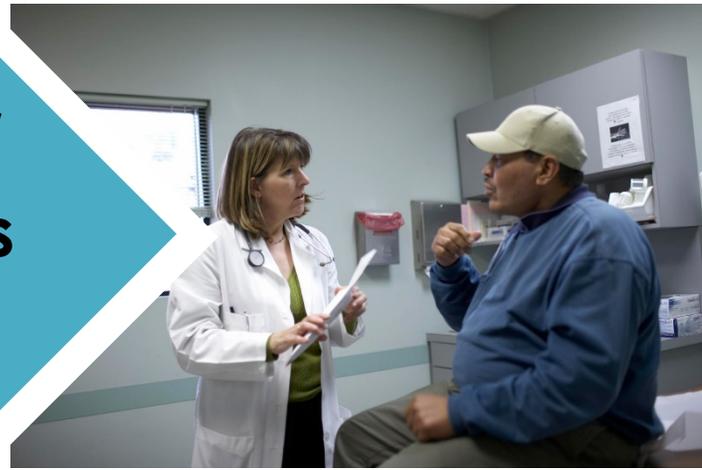


Discussion guide for medical exemptions

Julie Leask, Nigel Crawford, Margie Danchin, Lena Sancu



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.

Set agenda

Take history, make determination

Listen reflectively

Manage any conflict

Explore options

Recommend vaccination

Plan and close

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.

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.

^a 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.

How does that sound?

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.

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.

Outline reasons to receive a [temporary medical exemption](#) for up to 6 months. Also explain recommendations if patient:

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.

- 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.

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.

If yes, sign the form and provide relevant advice.

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

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.

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

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

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.

What are you most concerned about?

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.

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.

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.

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.

Threats, aggression or violence should not be tolerated. The Royal Australian College of General Practitioners (RACGP) has [guidelines](#) for responding to aggressive behaviour from patients. It recommends de-escalation techniques like being clear and direct in your language,⁶ being aware of your body language and assuring the patient your actions are in their best interest.

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.

I agree this is a difficult situation for you. I would like to arrange another visit where we can discuss your other options. That will give you a chance to think about what it all means for you and talk with your wife. What about next week?

Please speak with me quietly. When you speak loudly it upsets me and the other staff. I can only help you if you speak quietly and politely.

It is important for you to be able to be calm for us to discuss this. Let's finish the consultation today and re-book for another discussion.

Explore options

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.⁴

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.⁷

Would you like to work through some of the options you have been thinking about to address your concerns? What would you say your options are right now?

Some other people I have been chatting with have thought of other options such as x/y/z. Would any of these work in your situation?

Can we work through your vaccination options? Not vaccinating means for you that you can't work at present. What else? What would vaccinating mean for you?

Recommend vaccination

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.⁷

I prefer to see you vaccinated. Catching COVID can seriously disrupt your life and it could make you very ill.

Would you be willing re-consider vaccination at a later time?

Plan and close

If the patient is willing to vaccinate, provide them with information they need to support valid consent and vaccinate them.

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.

That's great. I will get our practice nurse. Before I do, I will ask you some standard questions and give you a chance to ask any more of your own.

I understand you are not ready today. I recommend going home and discussing your situation with your family to see how you are going to manage while this rule is in place. Also, is there someone at your work who could help you to talk through some options?

A referral to specialist service may be indicated.

Because you have a significant concern about the previous reaction and this is a more complex situation, I would like to refer you to a specialist service that sees people with serious reactions. Do you know if your previous reaction had been reported?

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.

Use RACGP guidance [Preventing and managing patient aggression and violence](#)

Consider placing in the waiting room "Aggression will not be tolerated" posters, available via [RACGP](#). It may be useful to have a practice meeting to discuss challenging encounters and share strategies.

[Receptionist] I understand talking about mandatory vaccination is difficult. It is not my role to discuss this with you but I will make an appointment for you to speak about it with the doctor.

References

1. Leask J, Chad N, Trevena L, Danchin M, Witteman H, Kinnersley P. Sharing Knowledge About Immunisation. 2018; <http://providers.talkingaboutimmunisation.org.au/>. Accessed 1 October, 2021.
2. Randall S, Leask J, Robinson P, et al. Underpinning of the sharing knowledge about immunisation (SKAI) communication approach: A qualitative study using recorded observations. *Patient Education and Counseling*. 2020;103(6):1118-1124.
3. Berry NJ, Henry A, Danchin M, Trevena LJ, Willaby HW, Leask J. When parents won't vaccinate their children: a qualitative investigation of Australian primary care providers' experiences. *BMC Pediatrics*. 2017;17(1):19.
4. Price O, Baker J. Key components of de-escalation techniques: A thematic synthesis: key components of de-escalation techniques. *International Journal of Mental Health Nursing*. 2012;21(4):310-319.
5. Parkin T, de Looy A, Farrand P. Greater professional empathy leads to higher agreement about decisions made in the consultation. *Patient Education and Counseling*. 2014;96(2):144-150.
6. Sim MG, Wain T, Khong E. Aggressive behaviour - prevention and management in the general practice environment. *Aust Fam Physician*. 2011;40(11):866-872.
7. Brewer NT, Chapman GB, Rothman AJ, Leask J, Kempe A. Increasing vaccination: putting psychological science into action. *Psychological Science and the Public Interest*. 2017;18(3):149-207.