

# Why I Got My COVID Shot

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As I write this editorial in autumn 2021, Canada has seen 1.74 million cases of infection with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), almost 30 000 deaths, and close to 90 000 hospitalizations, bringing our health care system to the breaking point.<sup>1</sup>

Although the country has experienced epidemics of serious infectious diseases in the past, such as polio and smallpox, these have largely been forgotten. The development of vaccines for these diseases served as important milestones in their management, but—as with the vaccines for SARS-CoV-2—they were sometimes met with mistrust and hesitancy.<sup>2</sup> However, the SARS-CoV-2 vaccines have been subjected to an unprecedented campaign of dis- and misinformation, largely driven by social media.<sup>3</sup>

In the months since SARS-CoV-2 vaccines became available in Canada, I have had countless discussions with patients, substitute decision-makers, and colleagues who have expressed concern about the vaccines. I have tried my best to follow the principles of communicating with vaccine-hesitant individuals, a discussion of which is beyond the scope of this editorial and which are, in any case, well described elsewhere.<sup>2,4</sup> But on almost every occasion, I have been asked the question, “Why did you get your vaccine?”

Reflecting on the reasons for getting the SARS-CoV-2 vaccine, I realize it comes down to these two: science and a sense of professional responsibility. Results from clinical trials for the SARS-CoV-2 vaccines were impressive with regard to vaccine efficacy, though with the caveat that the findings of clinical trials do not necessarily translate to effectiveness under real-world conditions. Breakthrough infections were inevitable, but almost one year later, it is reassuring that surveillance systems have demonstrated that vaccination continues to protect against hospitalization and serious complications.<sup>1</sup> There is also concern about vaccine safety. To say that the SARS-CoV-2 vaccines are without side effects would be misleading, and serious adverse effects have been identified through extensive monitoring. But the risk of these adverse effects is lower than the risk of complications from the SARS-CoV-2 infection itself.<sup>5,6</sup> I preferred the odds in favour of vaccination.

It has been a privilege to have spent the last thirty-plus years as a self-regulated health professional, recognizing that privilege comes with responsibility. While it remains to be definitively determined whether protecting myself through vaccination reduces viral transmission to others,<sup>7</sup> I still have

a responsibility to model health behaviours for others. If I were not vaccinated, how would that influence the vaccination decision for my patients and colleagues? What harm would that do to my community and to my workplace?

Many are drawn to a career in health care by an interest and trust in scientific methods, along with a strong sense of responsibility to apply scientific knowledge for the benefit of not only individual patients, but also the broader population. We must appreciate, however, that not all people share this trust, especially as it pertains to vaccines. Jonas Salk recognized the importance of leading by example when he injected himself and his family with the polio vaccine that he had developed. While this practice would fall well outside the ethical standards of today, the principle of leading by example remains. Can we expect others to do what we say if we aren't willing to do it ourselves?

## References

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