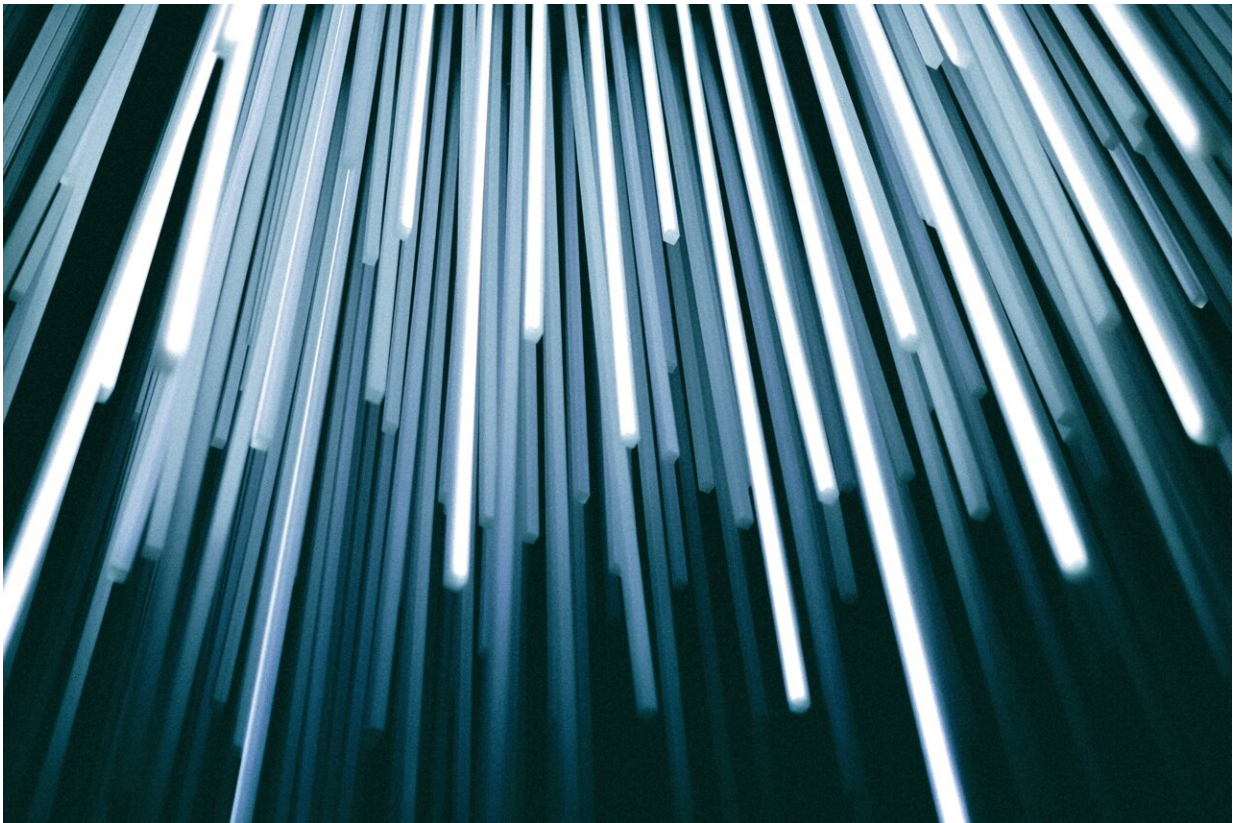


To overcome vaccination standoffs, doctors should listen to reluctant parents

August 23 2017, by Mary Politi



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Vaccines save between [two and three million lives per year](#) by protecting individuals from diseases such as measles, mumps, diphtheria, pertussis, tetanus and others. [Clean water](#) is the only other public intervention to

save more lives than vaccines. Despite their life-saving benefits, however, parental resistance toward childhood vaccinations is [increasing](#).

Just a few months ago, news came out about a [new measles outbreak in Europe](#). Seventeen unvaccinated children [died as a result of this outbreak](#). Measles cases have popped up in [Australia](#), [the U.S.](#), [Canada](#) and other countries worldwide.

Health care professionals and public health advocates [struggle to create engaging, effective messages](#) to achieve what is called [herd immunity](#). Vaccination works best at controlling disease if enough people (95 percent of the population) are vaccinated, providing protection to those who are vaccinated as well as those vulnerable individuals who are too young, who have weakened immune systems or who have medical reasons for not receiving vaccines.

With others, I recently conducted a study of clinical trainees' responses to [vaccine](#)-hesitant parents. [Results were consistent](#) with [national trends](#) suggesting that we need to better support health care professionals and patients through difficult conversations when there are disagreements or concerns about vaccines. As we observe National Immunization Month, now is an especially good time to discuss these important issues.

Parents need to be respected

Health care providers [can influence vaccination rates](#) with the [right attitudes and message](#). However, providers [do not always have accurate perceptions](#) of parents' views and concerns about vaccination. Some overestimate parents' concerns, while others are unsure of how to approach conversations about possible vaccine side effects so that they are not misinterpreted.

Parents might not want to share their concerns out of [fear of being](#)

[labeled "difficult"](#) if they question their providers' vaccine recommendations. Parents' fears about expressing vaccine hesitancy may be grounded in reality.

In the [recent study we conducted](#) among 132 medical students and pediatric residents, we showed clinicians a scenario in which parents were slightly hesitant to vaccinate by saying "I'm just not sure about vaccines. They make me nervous." Clinical trainees found these parents difficult, frustrating and felt there was little value in having a conversation about vaccination. Many stated they would like to refer these vaccine-hesitant parents to other providers rather than continue to see them in their own practice.

But it might not be a good approach to dismiss parents before engaging in respectful conversations. Having open conversations about vaccination with a trusted physician [can improve vaccine rates](#).

Although there is strong evidence that vaccines are safe and that vaccine refusal has dire public health consequences, parents may be making decisions based on their [natural intuition and feelings](#) about protecting their children. Clinicians should aim to [understand parents' values](#) and engage in [genuine, respectful conversations](#); these processes can help vaccine-hesitant parents feel heard and understood.

Recognizing the [cognitive biases](#) that parents may have can also help providers better connect with their patients. For example, a bias called the [omission bias](#) may lead parents to blame themselves more if a child develops a vaccine-related side effect (even something like a temporary fever) than they would blame themselves if their child develops a vaccine-preventable disease.

Another bias, called [anticipated regret](#), may lead some parents to expect to feel remorseful if a child develops a vaccine-related side effect,

however rare. [Confirmation bias](#) might lead people to believe information that already supports their preexisting beliefs about vaccines, and [motivated reasoning](#) might lead them to seek out this supportive information, ignoring information that counters their beliefs.

Many concerned parents are open to hearing about evidence

Parents might start with different levels of readiness to vaccinate. [One literature review](#) found that between 30 to 40 percent of parents accepted vaccines without question; 25-25 percent of parents accepted vaccines, but were slightly anxious about some side effects; 20 to 30 percent were hesitant and wanted to know more about vaccine safety; 2 to 27 percent preferred to delay or alter the vaccine schedule and only 2 percent or less refused vaccines all together.

Engaging parents in discussions about vaccination can make a difference. In particular, clinicians can match messages to parents' feelings and concerns while addressing both risks and benefits for those who want to hear more about evidence. One study found this can lead [one-third to one-half of initially hesitant parents to vaccinate](#).

If clinicians can connect to parents by identifying a shared goal, parents might be more willing to listen to vaccine recommendations. For example, both parents and clinicians want to keep the child healthy and safe. Starting with statements reflecting that goal can make both people more receptive to listening to each other's concerns.

Stories and anecdotes that help parents understand the importance of vaccination may also be remembered more than data or statistics. Strategies that focus on [clarifying patients' values and reasons for vaccine hesitancy](#) can help clinicians and patients partner together when

making decisions about vaccination.

Parents have a role: Critically examining articles they find about vaccines

Communication about health decisions is a [two-way street](#). Parents can prepare themselves with [online resources to help them appraise news stories](#). It is often difficult when looking for information online to tease apart what information is valid and what might be sensationalized. Even some academic journal articles that look like they have been peer-reviewed may skew evidence. These articles are often published in what is called "[predatory journals](#)," which require substantial fees to publish and are often [not reviewing papers closely](#) for content or data legitimacy.

Parents can also use resources such as the [Centers for Disease Control and Prevention](#), the American Academy of Pediatrics' [parent information guide](#) and [online evidence summaries](#). Some newspapers also report on [common myths debunked](#) and information researched by the [vaccine safety commission](#). This information can help open the door for conversation with providers if parents still have remaining questions about vaccines. [Asking questions](#) about side effects and the diseases that vaccines prevent are all questions that providers should be able to answer to help allay fears.

It is clear from our [study of clinical trainees](#) and [national trends](#) that we need to better support [health care professionals](#) and patients through difficult conversations when there are disagreements or concerns about vaccine evidence. Both providers and patients can play a role in supporting these conversations.

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