

# The Value of a Life

by SHERALYN ROMAN

In 1982, a movie about an impossible choice was made starring Meryl Streep. In it, she faces a decision no parent ? no person ? should ever have to make, the consequences of which would haunt her for the remainder of her days.

Outside of those persons who are medically compromised in some way, we're being asked to make a choice too, one that shouldn't feel so impossible and one which many have willingly made for the greater good of all Canadians. That is, they have chosen to get vaccinated.

But what of those who do not? What if they are also health care workers on the front lines? What are we to make of those same folks who not only choose to remain unvaccinated but also, in at least some instances, are not required to disclose their vaccination status to anyone; including the medically compromised and vulnerable members of our population who might rely on them for care and support?

Outrageous, you say? Doug Ford says he doesn't want a two-tiered society based on vaccination status but are we not, by default, creating one? This shouldn't be a Sophie's Choice scenario, but by allowing health care workers to go to work unvaccinated, we are in turn declaring that the disabled, the medically fragile and/or people with poor health or whom are living in a long-term care facility, are not nearly as important as the folks who support them.

That's creating a two-tiered system. That's two-tiered access to safe health care and two-tiers of ethical standards applied to each and every one of us living, breathing, human beings. I'm asking you ? specifically health care anti-vaxxers ? what is the value of a life, or more specifically, the value of your life over another?

In general the medical profession is one where ?first, do no harm,? is the base line for establishing a moral and ethical standard of duty and care. While these exact words don't actually appear in the Hippocratic Oath, one of the earliest versions in translation does record this sentence: ?I will abstain from all intentional wrong-doing and harm?.

Doctors and nurses alike are driven by a variety of factors to care for us when we are ill, one can't help but think at least one or two of those factors must be their interest in preventing, and/or curing disease, for the greater good of us all. Why, then, are some of these same professionals, along with a host of those employed as Personal Support Workers and whom deal directly with our most vulnerable (including Long-Term Care inhabitants) being allowed to intentionally choose not to vaccinate? In doing so, are they not intentionally putting their patients at risk, essentially saying, ?My life and my ability to choose matters more than your life?? I think so.

Are we ready for a fourth wave to decimate what's left of our long-term care inhabitants? Are we really saying to the mother of a medically fragile child that the PSW she relies on for a few precious moments of help each day has more rights than her own child? Are we even hinting that it's ok for the cancer patient, fighting for their life in hospital and willingly subjecting themselves to chemo or other harsh immuno-therapies, to be cared for by a vaccine-resistant health care worker that could very well transmit the COVID-19 virus?

To obtain entry into nursing school, one must provide proof of every vaccination ever received; have a TB test that requires a needle poke, then a second doctor visit within days to have the results read, proof of vaccination against Hepatitis and, if that paperwork is somehow missing, to have a blood test to provide proof of immunity, or even to have another vaccine. In addition, they are to undertake, on their own time and at their own expense, First Aid and CPR training and are then required to renew the certification annually, again at their own expense.

Schools don't teach this and judging by the private classes full of nurses, I wonder if already fully qualified RNs and RPNs must also

do the same each year? Prior to Med School, prospective Doctors too are required to provide proof of vaccination and/or laboratory evidence of immunity. Why on earth then, if you've agreed to ALL of these previous requirements to work in the medical profession (and often you're also mandated to have a flu shot) are you choosing to make a stand now, over a deadly airborne pathogen that simply requires you to submit to one more vaccine in order to diminish the spread?

By all means flout the HPV vaccine if you wish, you're the only one who might suffer any consequences. Over 50 and a shingles vaccine is recommended? Go ahead, draw your line in the sand and say 'No,?' (but you might also want to avoid the grandkids) because it's your right to do so and again, chances are it's only you that may or may not, pay for that decision.

When it comes to COVID-19 however, there shouldn't be a choice. With the same certainty and proof we had of polio, we know COVID is a killer and/or can leave its victims with life-long devastating health impacts.

We know it's an airborne pathogen spread through both aerosol and droplet contact and WE KNOW it is far more likely to kill the sick, the elderly and the medically fragile.

In other words, the exact same demographic most likely to come into contact with a frontline health care worker who has refused vaccination or has an employer that's advised them they have no legal obligation to disclose their vaccination status. Apparently moral or ethical obligations don't apply. One wonders if the Great Barrington Declaration has in fact been put into play and if years from now we'll be watching another movie, based on true historical events, where the main character is faced with an impossible choice? Except ? it shouldn't be impossible.