



Editorial

Upholding Evidence, Advancing Prevention: The Evolving Mission of Hospital Medicine

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Abstract

Recent changes in healthcare policy, public health priorities, and the spread of misinformation have made it more difficult for hospitalists to secure timely outpatient follow-up after discharge. At the same time, evolving vaccination mandates and insurance coverage gaps have heightened risks to both individual patients and the broader community. By rethinking conventional limits of care delivery, hospitalists can enhance patient outcomes, reinforce public health, and uphold evidence-based practice in an increasingly uncertain environment.

For decades, the distinction between inpatient and outpatient care has served healthcare well, promoting appropriate utilization of resources and supporting efficient patient flow. Hospitalists have long depended on timely access to outpatient services to ensure safe discharges and sustained throughput across health systems. Yet the past year has tested these assumptions and strained the delicate balance between care settings.

This has been an especially challenging period for the healthcare community. Disturbingly, disinformation and misinformation have gained traction not only among the public but also within the corridors of power. In Washington, D.C., unwarranted policy decisions and initiatives, often untethered from scientific evidence, have threatened the integrity and future of evidence-based medicine. In response, several professional organizations have taken unprecedented, collaborative steps to mitigate the potential harm of these actions and to defend the standards that underpin our profession.¹

At the same time, hospitalists face growing challenges in securing timely outpatient care for patients discharged from inpatient settings. Shifts in the public health landscape have compounded these difficulties. Changes in vaccination requirements and in what insurance plans will cover now pose new risks. For years, emergency department physicians have routinely administered tetanus boosters to patients with soft-tissue injuries. In the current environment, hospitalists must consider adopting similarly proactive measures to advance public health.^{2,3}

Many institutions already offer influenza and pneumococcal vaccines to eligible inpatients, and during the COVID-19 pandemic, inpatient vaccination programs

proved instrumental in improving community health outcomes. These successes should encourage us to broaden our approach. As the incidence of metabolic dysfunction–associated steatotic liver disease and other chronic liver conditions continues to rise, inpatient initiation of hepatitis A and B vaccination in eligible patients warrants serious consideration. We can and should take additional steps to address the reported rise in severe localized and disseminated varicella zoster cases by offering shingles vaccination to eligible patients. Initiating these measures and implementing additional preventive interventions during hospitalization increase the likelihood of outpatient follow-up and completion of the vaccine series, thereby improving healthcare outcomes. The longstanding practice of deferring such critical preventive care exclusively to the outpatient setting deserves thoughtful reexamination.^{2,3}

As we look toward a new year, we should remain grateful for the privilege of guiding our patients through complex healthcare decisions amid considerable uncertainty. I am deeply appreciative of my colleagues on the editorial board and of the peer reviewers whose diligent efforts ensure the dissemination of timely, relevant, and high-quality information to the medical community. The future of our profession is not solely defined by gloom and doom; there remains light at the end of the tunnel. By steadfastly honoring our professional oath, reaffirming our commitment to humanity, and safeguarding our mission, we can prevent moments of disappointment from distorting our purpose. It is my sincere hope that the coming year will bring renewed opportunities for professional growth and meaningful advances in patient care.

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REFERENCES

1. Laine C, Qaseem A, Turner BJ, Moyer DV. Talking with patients about health-related mis- and disinformation. *Ann Intern Med*. Published online 2025. doi:[10.7326/ANNALS-25-0526](https://doi.org/10.7326/ANNALS-25-0526)
2. Murthy N, Wodi AP, McNally VV, et al. Recommended adult immunization schedule, United States, 2024. *Ann Intern Med*. 2024;177:221-237. doi:[10.7326/M23-3269](https://doi.org/10.7326/M23-3269)
3. Ratzan SC, Parker RM, Rabin KH, Nowak GJ. Quality health communication is critical to optimal adult immunization. *Ann Intern Med*. 2024;177(2). doi:[10.7326/M23-3452](https://doi.org/10.7326/M23-3452)