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H(A)(86) 3rd Meeting COPY NO 46

CABINET

HOME AND SOCIAL AFFAIRS COMMITTEE

SUB-COMMITTEE ON AIDS

MINUTES of a Meeting held in Conference Room A, Cabinet Office on THURSDAY 20 NOVEMBER 1986 at 8.45 am

PRESENT

The Rt Hon Viscount Whitelaw
Lord President of the Council
(In the Chair)

The Rt Hon Sir Geoffrey Howe QC MP
Secretary of State for Foreign and Commonwealth Affairs

The Rt Hon George Younger MP
Secretary of State for Defence

The Rt Hon John Biffen MP
Lord Privy Seal

The Rt Hon Tom King MP
Secretary of State for Northern Ireland

The Rt Hon Kenneth Clarke QC MP
Paymaster General

The Rt Hon Malcolm Rifkind QC MP
Secretary of State for Scotland

The Rt Hon Douglas Hurd MP
Secretary of State for the Home Department

The Rt Hon Nicholas Edwards MP
Secretary of State for Wales

The Rt Hon Norman Fowler MP
Secretary of State for Social Services

The Rt Hon Kenneth Baker MP
Secretary of State for Education and Science

The Rt Hon John McGregor MP
Chief Secretary, Treasury

The Rt Hon Richard Luce MP
Minister of State, Privy Council Office (Minister for the Arts)

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THE FOLLOWING WERE ALSO PRESENT

Mr Anthony Newton MP
Minister of State, Department of Health and Social Security (Minister for Health)

Sir Donald Acheson
Chief Medical Officer
Department of Health and Social Security

SECRETARIAT

Mr A J Langdon
Mr M J Eland
Dr H Pickles
Miss R A Mulligan

SUBJECT

COMPULSORY SCREENING AND VOLUNTARY TESTING

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The Sub-Committee considered a Memorandum by the Secretary of State for Social Services H(A)(86) 8 summarising the main issues on compulsory screening and voluntary testing.

THE SECRETARY OF STATE FOR SOCIAL SERVICES said that there had been calls from some quarters for general screening of the whole population to test for the AIDS virus but little thought had been given to what this might involve. The compulsory removal of a blood sample from people to test for the presence of a virus which might well lead to an incurable disease resulting in death raised formidable problems of medical ethics, civil liberties and practicability. These included the question of how to deal with an individual who refused to be tested: whether such a person should be compelled to take the test or be deemed to carry the virus. More difficult to deal with were proposals to screen specific groups - overseas visitors or settlers; applicants for the Armed Forces or places as students; and prisoners. He would welcome a steer from the Sub-Committee as to how he should respond to this issue in the forthcoming Parliamentary debate.

In discussion the following points were made -

a. Screening would involve the taking of a blood sample and testing for the presense of antibodies to the HIV virus. A negative result could be established in about 5 hours but it took about 24 hours to establish a positive one. No single programme of tests could be 100 per cent effective; there was a period of up to 3 months after infection before the virus could be detected and in the interval any test would give a negative result. For this reason and in the absence of a policy of isolating those found to be positive, screening would have to be repeated at frequent intervals if the results were to be regarded as in any way reliable.

b. The essential point in any consideration of screening policy was that it should be regarded as no more than a means to an end. It would identify a group of people carrying the virus but decisions would still have to be taken on how this group should be treated subsequently. There was little

point in screening unless the result was to check the spread of the virus. This could only be done by effecting a change in the behaviour of those identified as carriers of the virus (or, in theory, by isolating such people from the rest of the population). One had to be mindful that one was identifying the presence of a virus which could lead to a disease for which there was no cure. This distinguished AIDS screening from previous screening campaigns, for example, for tuberculosis. Those infected with the virus would remain infected for life; at present it was known that some 25 per cent would contract AIDS but this proportion was expected to rise. The reaction of people who had been identified as virus carriers varied: some had continued with their lifestyles unchanged, others had commited suicide.

c. If the growth of the disease continued to be exponential then measures with highly unwelcome consequences for civil liberties would have to be contemplated. It would be unwise to shut the door even on general screening at this point.

d. Selective screening was a more practical option. If submission to a test was made a condition of access to a particular objective then some of the problems over compulsion and subsequent action could be overcome. For example, applications for joining the Armed Forces or other institutions could be made conditional on the applicant first agreeing to a blood test; the action taken in the event of the result being positive would be exclusion from the institution. Such a policy would, however, give rise to charges of inequitable treatment on behalf of such groups and the basis for selecting them would have to be defensible.

e. Similar arguments applied to screening of overseas entrants. It would be impractical to screen all overseas entrants. A system of spot checks was unlikely to be effective. Selection on grounds of country of origin would cause great difficulty. There might, however, be practical options for the selective screening of other groups defined, for example, on the criterion of their prospective length of stay in the United Kingdom. Medical tests were already required for some people seeking work permits.

f. A useful way into the screening issue generally might be to start with groups for which some medical test was already required.

THE LORD PRESIDENT OF THE COUNCIL, summing up the discussion, said that there was little doubt that certain groups who held extreme views on racial and sexual matters would attempt to exploit the problem for their own purposes, and the Sub-Committee would need to bear that in mind as policy was developed. The Sub-Committee agreed that the Social Services Secretary should make clear in the forthcoming debate the many formidable difficulties in a proposal for general screening on the whole population, but should otherwise keep the Government's options open. On the other issues which might be considered such as the issuing of free hypodermic syringes, the Social Services Secretary should consult the Secretary of State for Scotland and other Ministers as appropriate to agree the approach to be taken in the debate.

At its meeting the following week the Social Services Secretary should report to the Sub-Committee the outcome of the debate. In addition, the Sub-Committee should discuss screening of entrants to the United Kingdom and the particular problem posed by AIDS in prisons. The Home Secretary should prepare papers on these two issues. He hoped that Ministers would be able to devote at least one hour and a half to the next meeting of the Sub-Committee.

The Sub-Committee -

1. Took note, with approval, of the Lord President of the Council's summing up of their discussion.

2. Invited the Secretary of State for the Home Department to prepare Memoranda on the screening of entrants to the United Kingdom and screening in prisons for discussion at their meeting on Thursday 27 November.

Cabinet Office

20 November 1986