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HOME AND SOCIAL AFFAIRS COMMITTEE
SUB-COMMITTEE ON AIDS

COMPULSORY SCREENING AND VOLUNTARY TESTING

Memorandum by the Secretary of State for Social Services

This paper summarises the major issues that arise on proposals that have been made for compulsory group screening and voluntary individual testing in helping to control the spread of AIDS. It focusses in particular on:

- * the implications of adopting any form of compulsory screening or voluntary testing
- * the case for adopting any form of compulsory screening or voluntary testing

Background

2. The basis underlying the screening proposals is that all possible steps should be taken to prevent the spread of a disease for which there are currently no medical defences. They have been put forward by commentators in the media and by some doctors.
3. Public support for some measures of this kind has been suggested by public opinion polls in this country. But these polls have been conducted on a largely untutored basis. Much fuller public discussion of the issues before a referendum earlier this month on compulsory screening in California (Proposition 64) led to a vote of more than 2:1 against such screening.
4. As is made clear below, there are substantial practical and other difficulties about compulsory screening and voluntary testing. The question which the Sub Committee will have to address is nonetheless whether, given the threat of AIDS, any of these measures need serious consideration.

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Possible measures

5. The measures that could be taken fall into three broad categories:

Screening in the UK

- * for everyone
- * for specified groups e.g. prisoners, members of the Armed Forces

Screening for visitors and returning residents

- * for everyone, either in country of origin or at port of entry.
- * for specified groups, either in country of origin or port of entry. For example, from areas of high prevalence such as Central Africa or the United States.

Encouragement of voluntary testing

- * for everyone
- * for specified groups or high risk groups like prisoners or those like pregnant mothers who need to know.

Implications of compulsory screening and voluntary testing

6. Compulsory screening in any form raises three main issues:

First, whether it is acceptable to require anyone to be tested, given the fact that a positive answer will at best have a considerable impact on personal relations and financial circumstances like ability to take out insurance and at worst point to the onset of a fatal disease.

Second, the medical profession as a whole would be unlikely to cooperate. The British Medical Association have made it clear that a test for AIDS should be administered only on a voluntary basis and only if the implications were understood by the person being tested.

Third, whether it is practicable. Screening of the whole population or of all visitors at the port of entry to the UK could not be carried out within available staff resources, even if the financial resources were no problem. The state would be needed both for carrying out the test and for counselling - particularly those whose test is positive.

7. The encouragement of voluntary testing raises these issues in a rather different form.

First, given the personal impact of a positive test how far should the interests of that person be set against the interests of the rest of the community?

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Second, medical opinion is divided on the encouragement of voluntary testing. So are the societies who speak for high risk groups. The Terrence Higgins Trust which speaks for the homosexual community, advises against. The Haemophilia Society advises in favour.

Third, the resources needed for any major programme of voluntary testing could be very great, given the importance that would be attached, particularly by the medical profession, to adequate counselling before the test is taken.

Case for compulsory screening or voluntary testing

8. The case for compulsory screening or voluntary tests turn on how far this would help to contain the spread of AIDS. The main points on this are:

First, even if compulsory screening for everybody were practicable, it would not be helpful except to the extent that it changed the behaviour of those who were positive.

Second, since there is at present no vaccine or cure, AIDS is quite unlike the notifiable diseases which can be treated. And quarantine, to be effective, would not be for 40 days but for life, as matters now stand. It is very relevant that the medical world do not in general see advantage in compulsory screening and are divided on whether voluntary testing should be encouraged.

Third, the evidence on individual behaviour is mixed. The knowledge that someone is infected with the AIDS virus can lead to extreme responses, including suicide and deliberately infecting others. But equally the response of others has been highly responsible.

Overseas visitors and returning residents

9. The recent exchange of minutes between the Foreign and Commonwealth Secretary and myself showed that the screening of those entering or returning to the country raised a further set of issues. The main ones were:

Responsibility of the Government The Government may be thought to have particular responsibility for those coming to the country at its initiative e.g. on British Council scholarships. The Government also has direct responsibility for allowing people to enter the country. There are powers of exclusion and the Government may be expected to use them.

Responsibility of other public bodies Do public bodies e.g. the British Council and Universities have a responsibility to ensure that their students are not AIDS carriers?

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Who should be screened? If screening is justified, where should the line be drawn? This applies to countries of origin - should be limited to countries more likely to send visitors with the AIDS virus, like Central Africa and the USA? And it applies to other criteria, like length of stay. It also applies to returning residents - should they not be screened?

Where should the screening be done? Screening at port of entry would be impractical, except on a limited basis. But it would not be sensible to rely on screening in country of origin. While countries like the USA have the facilities and would provide reliable records, others have not. Nor could their documentary evidence be relied on.

Immigration controls Whether or not there is screening, immigration officers need to deal with those infected by the virus or suffering from AIDS. I understand that the Home Office are considering handling this on the basis that people known to be suffering from AIDS or known to be infected by the AIDS virus should, if they are liable to refusal on medical grounds, be refused leave to enter.

International dimension It has been made clear that any proposal to pick out certain countries and screen only visitors from them would provoke a sharp reaction and risk retaliatory measures. There could also be retaliation for more general screening measures.

It was in the light of these difficulties that I proposed to consult other countries so as to take account of their views before reaching any decisions.

Conclusions

10. This paper is intended to set out the issues as a basis for discussion, rather than to reach conclusions. We shall obviously want to look at some of the points in more detail. But it would be helpful to have colleagues' views at this stage on which points we need to study and whether there are issues, like universal screening in the UK, which we can agree to put to one side for the present.

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Department of Health and Social Security
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