

SUMMARY OF DEBATE ON MOTION 363: TESTING FOR AIDS

In proposing the motion Dr Gibson said that he believed that there were certain circumstances in which it would be ethical to test without consent. He did not support compulsory testing or testing when this was explicitly refused. He did not support testing to protect health care workers. His concern was about patients who are ill and where HIV is a possible cause. In such cases it would be usually appropriate to discuss the differential diagnosis before testing but there would be individual patients for whom it is a kindness not to explain every detail.

Dr Ilsley (opposing) said that the mover had made reassuring noises but the words of the motion did not reflect what was said in proposing it. In any case, some patients may have made a conscious decision not to ask for antibody testing, while knowing they are at risk. AIDS is a disease and not a moral judgement. Health workers can protect themselves by taking appropriate precautions for every patient.

Fortes-Mayer (opposing) said that the AIDS virus is not easy to catch. Health workers could protect themselves by treating all fluids as potentially infected. Doctors must treat patients as rational beings capable of making their own decisions.

Chisholm (opposing) said that the doctor is the servant and not the master of the patient. The patient must consent to testing and must understand the implications. If patients cannot trust their doctors they will not consult or will conceal behaviour which could put them at risk.

? (for) Many routine blood tests are taken without explicit consent or without the patient being told what the test is for.

Allan (for) doctors should have the right to protect themselves and other patients.

? (opposing) I am appalled that this motion is being debated. Implied consent is not satisfactory for HIV testing because of the implications of the result.

Smith (opposing): A positive antibody test does not affect the doctor's attitude to the patient. Once you have already decided that a person is at risk you need to take precautions regardless of the test. There is a period after infection for every patient during which that antibody tests will not detect the infection. In addition 5% of infected individuals remain permanently negative on testing.

Keeble-Elliott (for): If the motion were about WR (test for syphilis) or cancer test, one would automatically test without consent. You need to exclude the possibilities in a differential diagnosis and then talk to the patient.

Price (against): I tell my patients about any test I do. One needs to explain the consequences and meaning of a negative result.

Hopkinson (for): All the furtiveness about AIDS testing only raises the stigma. People should be tested routinely before surgery.

Marks (opposing): There are significant disadvantages in being found positive for AIDS antibodies. If the WR is positive you can treat the syphilis infection, but you cannot do anything useful about AIDS. The doctor cannot do anything about an antibody positive patient that he could not have done without the test result. Taking blood without consent is an assault. Consent may be implicit in some circumstances, but for a procedure which can have negative effects you must have explicit consent.