

Opinion on screening for infection by the aids virus.

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In reply to questions, the National Consultative Ethics Committee for Health and Life Sciences reviewed the 1988 analysis of public health and ethical considerations which motivated its response at the time to see whether it should be amended in the light of new data. In the attached report are set out the considerations which led the Committee to conclude that no fundamentally new situation regarding the development of the epidemic has arisen since 1988.

More specifically, the epidemic has continued to develop in a way which demonstrates that its severity and complexity have not been underestimated. No major scientific breakthrough has emerged which would lead to rethinking earlier approaches although care must be taken to avoid familiarity breeding any slackening of vigilance.

However, two important facts have come to light. On the one hand, recent clinical progress makes it possible to prolong disease latency and delay the occurrence of opportunistic infections. This opens the way to therapeutic action to help HIV-positive but as yet asymptomatic individuals. On the other hand, during this period of time, the country has conducted an important experiment whereby screening is offered systematically during pregnancy, and has increased facilities available to those categories of the population who spontaneously want to take a test.

The fact that symptom-free groups of the population have largely accepted screening, and that recent progress has shown that early treatment of infected individuals is beneficial, point the way to a timely development of the screening policy.

It is important to be perfectly clear on this point despite interpretations from various sources. Everyone agrees that early screening for HIV infection is beneficial. When that statement is made during an epidemic, it must be taken as meaning that in certain circumstances, the test should be prescribed as a matter of course, regularly, systematically, when it is likely to be truly effective. This is the case if it makes it possible to warn and assist an HIV-positive individual, or to include in preventive measures an HIV-negative person.

The foundations have already been laid for practices which are beginning to pay off in our country. There is therefore good reason for persevering by systematically proposing screening to pregnant women and extending the practice throughout the country.

The National Consultative Ethics Committee does not consider it necessary to make screening compulsory by including it in prenatal tests laid down by decree. There are two reasons for this attitude.

The first is that doctors have special and extremely difficult responsibilities concerning this act of preventive medicine. The constructive attitude of those members of the medical profession who co-operated in programmes conducted by maternity clinics shows that they were able to discharge this responsibility without any need for coercion. The way forward, using this initial success as a platform, is to inform other sectors of the medical profession of their responsibility, give them better training for screening and encourage involvement in

screening programmes. They would in fact be joining the ranks of those who already have close contact with the disease and are much on the alert.

Furthermore, the Committee finds convincing the fears expressed by this sector of medical opinion that such a radical change in official thinking might bring about a renewal of rejection directed at sufferers. For all of these reasons, the Committee prefers persuasion - which implies a doctor is vigilant and informed - to constraint.

Previous experience should be used as inspiration to urge attending physicians, gynaecologists, and family planning centres to follow the same path once the resources to provide information and training are available.

The Committee is totally aware of the usefulness of aiming screening efforts at couples, at younger segments of the population, including men, and before a decision to have a child is taken. The medical examination before a prenuptial certificate is delivered is an opportunity for the doctor to offer screening. However, for the same reasons as above, the Committee does not favour constraint in this context.

Information and training directed at physicians should have broader intentions and place emphasis on the usefulness of proposing a test, in circumstances which are necessarily extremely varied, when the person or couple are likely to appreciate counselling on prevention.

Particular attention must be paid to medical networks specialising in sexually transmitted diseases, and facilities for anonymous consultation, free of charge, must be expanded.

Before military service, a medical examination is given to a young man who did not choose his doctor, but this does not detract from medical responsibility for offering a test if that is appropriate. However, the National Consultative Ethics Committee does not consider, for the same reasons as above, that the test should be made mandatory in these circumstances. The Committee notes however that the conscript selection process should be put to good use to provide young people, irrespective of whether they are fit for military service or not, with information and health education as described above.

Where that is necessary, systematic offers of screening when a patient is admitted to hospital or undergoes certain medical examinations, should be organised in a more straightforward way. Such procedures should be clearly formulated and health institutions should intensify efforts to preserve confidentiality. If needed, the various sectors of the medical profession concerned should be encouraged beforehand to arrive at a consensus regarding procedures in the presence of infection.

The National Consultative Ethics Committee wishes to reiterate forcefully on this subject two general rules it had formulated in 1988 which must apply whenever tests are offered or performed, in particular on admission to hospital.

When, a person is found to be HIV-positive by recognised scientific methods, that person must be told.

It is important, however, that this information should be given by a doctor during an interview, in terms fitting the psychology of the patient, including information on the consequences of the infection in the short, medium, and long term, and steps which the patient should take to limit or avoid repercussions to himself, to those close to him and to others. Medical and social management of these consequences and repercussions should also be discussed.

Results of screening tests are covered by medical confidentiality and no nominative information should in principle be communicated to anyone except the individual concerned, and then only by a physician.

The Committee adds moreover, that when a test reveals a seronegative status, the person concerned must be informed of what this signifies and warned that it does not preclude taking precautions against infection.

Finally, steps must be taken for total reimbursement of the cost of tests prescribed in the above circumstances.

Screening, be it mandatory or voluntary, is not solely a matter for doctors. The National Consultative Ethics Committee considers that this task raises entirely new problems in the field of health education which needs to be thoroughly reviewed. The disease must be explained, as must the risks involved, in such a way that the adolescents of today can hear the message. All those concerned, i.e. government departments, educators, opinion makers, must overcome fear inspired by the disease. The Committee considers that the definition of this message and means of disseminating it are inadequate and that this is the true priority. It intends, as part of its own mission, to seek for suitable and straightforward responses to the situation in the light of existing problems which must be faced.

If all of these steps which appear to be appropriate to the present state of development of the epidemic are implemented, the cost will be far from negligible. These steps should be sufficient to clearly demonstrate the importance of screening without raising opposition from practitioners who are in the front line to fight the disease. It is important not to arouse controversy on the subject of compulsory screening for HIV infection, the principal effect of which would be a false impression of disagreement between specialists of the disease. Conviction that prevention and a modification of behaviour are necessary, could only be undermined.

The National Consultative Ethics Committee has arrived at an opinion which is valid for the epidemic as it stands in 1992, but is fully aware that its opinion is not unalterable. Such is the challenge of an epidemic which can only be halted if its changing nature is firmly kept in mind. Those responsible for prevention must prepare for such variation. The Committee therefore emphasises that efforts already undertaken in our country to understand and evaluate the situation must be reinforced.