



18 May 2011

Medical Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Dear Sir/Madam

Comments on *Guidelines for medical practitioners and medical students infected with blood-borne viruses*

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide comments on the Medical Board of Australia's (the Board) *Guidelines for medical practitioners and medical students infected with blood-borne viruses* Consultation Paper, provided by the Medical Board of Australia (MBA).

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems

CHF recognises the balance the Board must strike between protecting consumers from doctor-patient transfer of communicable disease and respecting doctors' privacy. CHF also recognises the value of keeping doctors in the workplace, given the undersupply of doctors and the strain on the health system. However, this need must of course be moderated by the prioritisation of consumer safety.

While CHF is unable to provide a comprehensive response to the Consultation Paper, we broadly support the current direction of the Guidelines. However, there are three areas that CHF considers need further consideration:

1. Potential patient infections during virus incubation periods
2. Development of strategies to encourage Guidelines adherence
3. Development of management guidelines for infected practitioners.

1. Potential patient infections during virus incubation periods

The Consultation Paper states that:

It is not necessary for practitioners to stop performing exposure prone procedures after the exposure, unless they are found to have become infected with the blood-borne virus.

CHF is concerned by this statement, as we consider that there is a foreseeable risk of virus transference between the time of exposure and positive diagnosis.

CHF does not profess to have specialist knowledge of infectious disease transmission. However, it is our understanding that many blood borne viruses have an incubation period, during which the virus can be transferred between doctor and patient while not yet presenting on blood tests. Given this risk for infection between exposure and positive diagnosis, CHF feels the current Guidelines are too lax on this point. We argue that, as a body primarily dedicated to consumer protection, the Board should take steps to ensure this risk is minimised by considering a moderation of practice, including exposure-prone procedures, between exposure and test confirmation.

2. Development of strategies to encourage Guidelines adherence

CHF considers that it is unreasonable for the Board to expect that medical practitioners and students infected with a blood-borne virus will voluntarily comply with the Guidelines and treating doctor's advice. While it is reasonable to expect that doctors put the health of their patients first, the loss of income and other important lifestyle factors associated with changed medical practice due to infection could affect the choices of some doctors.

To manage this risk, CHF considers that the Board should impose restrictions on registration, preventing medical practitioners and students infected with blood-borne viruses from performing exposure-prone procedures or other procedures that could result in patient harm. Penalties associated with contravention should be publicised to encourage adherence and transparency.

3. Development of management guidelines for infected practitioners

CHF considers that the Guidelines should include details about the management of medical practitioners and students who no longer test positive for Hepatitis B and C, as opposed to leaving that responsibility to the treating specialist doctors' discretion.

Individual doctors are often part of a larger medical community, with both professional and personal relationships of varying intimacy. There is the chance that a treating specialist may come from the infected doctor's medical community and thus share a relationship with the infected doctor that inhibits their ability to make objective and clinically sound decisions. As such, CHF considers that the Board should develop guidelines on the management of previously positive testing medical practitioners, to provide treating specialists with tools that can facilitate appropriate decision-making, regardless of the personal or social implications.

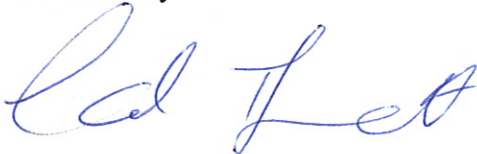
Conclusion

CHF broadly supports the draft *Guidelines for medical practitioners and students with blood-borne viruses*, and recognises the difficulty of balancing doctor confidentiality and consumer protection. However, there are key areas where the Guidelines are not sufficiently specific and require further consideration to ensure the risk of virus transference is minimal and that infected doctors and their treating specialists are encouraged to adhere to the Guidelines.

We appreciate the opportunity to comment on the Consultation Paper and we would be interested in participating in future consultations on this issue. While we welcome the Board's commitment to undertaking wide-ranging consultation, we note that the draft Guidelines include several technical and scientific terms, not all of which are defined. In future consultations, we would welcome the inclusion of language that is more accessible by those without a medical background, to facilitate the broadest possible consultation.

If you have any questions or would like to discuss this further, please contact CHF Project Officer

Yours sincerely



Carol Bennett
CHIEF EXECUTIVE OFFICER