



Executive Officer
Medical Board of Australia
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Dear Executive Officer

Re: Consultation on *Draft guidelines for medical practitioners and medical students infected with blood-borne viruses*

Thank you for the opportunity to contribute feedback on the Medical Board of Australia *Draft guidelines for medical practitioners and medical students infected with blood-borne viruses (BBVs)*.

This submission is made by Haemophilia Foundation Australia (HFA), which is the national peak body representing the bleeding disorders community in Australia.

A substantial number of people with bleeding disorders in Australia acquired hepatitis C virus (HCV) from clotting factor concentrates used for their bleeding disorder treatment before viral inactivation processes were introduced and HCV antibody testing began in 1990. Some of these were also co-infected with HIV at the beginning of the HIV epidemic in the mid-1980s. Surviving affected community members range in age from young adults to elderly adults.

This submission addresses the issues relating to the bleeding disorders community from the following perspectives:

- Potential transmission risk to patients through medical procedures
- HIV positive and HIV/HCV co-infected members of the bleeding disorders community who may be medical practitioners and medical students infected with HIV and/or HCV.

HAEMOPHILIA FOUNDATION AUSTRALIA RESPONSE

Patient safety

- HFA asks the Medical Board to consider the scientific, epidemiological and social research evidence available, along with advice from public health experts, and ensure that any changes to the Guidelines as an outcome of this review do not in any way compromise patient safety

The bleeding disorders community has endured profoundly damaging consequences of infection with HIV and Hepatitis C in the past due to contaminated blood products – with significant impact on health, survival, quality of life, and ongoing experience of stigma and discrimination. It is important that the impact of iatrogenic infection on the patient is not minimized. It is better to err on the side of caution than to risk the lives of patients with potentially life-threatening infections.

Medical practitioner and medical student privacy

- The Guidelines need to take into account the privacy of individual medical practitioners or medical students and ensure that the procedures in training or Medical Board of Australia registration do not oblige individuals to identify their BBV status.

If, as a result of this review, the Medical Board comes to the conclusion that the Guidelines need to regulate performing exposure prone procedures more strictly, it would be important to develop a system of regulation that did not require disclosure of an individual's BBV status. For example, there could be consideration given to an elective or opt-out system for exposure prone procedures both for students in medical courses and for medical practitioners in the workforce, where no reason needs to be given for opting out.

- There also needs to be recognition in the Guidelines that a medical practitioner or student's HCV status may change spontaneously or as a result of antiviral treatment. If their HCV status change is permanent, eg a sustained viral response, there needs to be consideration given to the process to allow an individual to alter their practice and perform exposure prone procedures without identifying their previous status or breaching their privacy.

HFA recognises that an individual medical practitioner or student has a responsibility to know their BBV status and to ensure that they do not undertake procedures which might place a patient at risk. However, it is equally important to ensure that any registration procedures to support or enforce this do not place the medical practitioner or student's privacy at risk unnecessarily. Several Australian studies have shown that people with hepatitis C and/or HIV experience a range of stigma and discrimination in the community and in the workplace and that this impacts very negatively on their quality of life¹. If the Guidelines are to guard the confidentiality of medical practitioners and medical students with BBVs as part of supporting their health and well-being, the Guidelines must ensure that by their nature they do not cause an individual's BBV status to be identifiable.

Yours sincerely



Sharon Caris
Executive Director

¹ Temple-Smith, Meredith. The social context of hepatitis C. In Dore, G, Temple-Smith, M, Lloyd, A (eds). Hepatitis C: an expanding perspective. Melbourne: IP Communications, 2009.
Menadue, D. "How do you live like this?": on stigma and discrimination facing HIV-positive people. HIV Australia 2009;7(3):19-21.
Grierson, J, Power, J, Pitts, M et al. HIV Futures six: making positive lives count. Melbourne: La Trobe University, 2009.