

From: Michele Kosky

Sent: Thursday, 19 May 2011 3:51 PM

To:

Subject: FW: Draft guidelines for consultation on medical practitioners infected with blood-borne virus

My first concern is with the very name of the intended document, namely "guidelines", which, while widely used, means to me something directive and not something mandatory. As these "guidelines" are intended to be procedures that a medical practitioner or medical student infected with a blood-borne virus will follow, I think the language used should be indicative of this. There should be no room for movement, or no loopholes, as it is the health consumer, who will ultimately be harmed, as seen in the article on the doctor with Hepatitis C in Melbourne recently. I realise that each hospital and health service provider will have their own protocols and procedures framed around these guidelines.

On page 4, it is recommended that medical practitioners who perform exposure prone procedures (EPPs) should be voluntarily tested annually for exposure to a blood-borne virus. It would be interesting to know just how many medical practitioners do this, and just what the protocols are in each of the hospitals. Also on page 4, they state that where allegations of a breach of the guidelines is substantiated, the Board will take necessary action to protect the public. In my mind, that is a little too late as there may have been many health consumers infected by that stage.

In terms of Question 1, I would tend towards answering "no" as the patient's safety should never come second to a health practitioner's right to work without discrimination due to his or her having a blood-borne virus, or without damage to his or her reputation.

Regarding Question 2, unfortunately, I just do not think that all medical practitioners infected with a blood-borne virus will comply with the guidelines set by the Board. This goes back to my original concern with calling them "guidelines", which by definition are not mandatory, but directive, so therefore how can there be compliance? For that reason, I feel that there needs to be conditions placed on their registration that they are not to perform any EPPs. I realise this raises issues of confidentiality, as conditions on a medical practitioner's registration appear on AHPRA.

For Questions 3, I think that the more clear and encompassing the guidelines are, the better, so I would tend towards agreeing that the guidelines include details on the management of practitioners who appear to have cleared the HBV or HCV. However, the fact that the guidelines state that medical practitioners in any of these three categories must have regular tests indicates to me that there is a chance that their "cleared" status could change, meaning that their blood could become infectious. I think that any risk is too much risk when it comes to the safety of health consumers, and all of this relies on the medical practitioner's voluntarily being tested and complying with what the specialist says. In all cases, I think oversighting by an independent authority would need to occur (i.e. not just a specialist).

As the Board's stated mandate is to protect the public from practitioners who are not "safe" or "competent", I think that the Board needs to monitor all medical practitioners with a blood-borne virus, firstly, because when it comes to the blood-borne viruses they have mentioned, there does not seem to be a "safe" level or status, especially if there can be a change in this status between testing. I do not think that the monitoring necessarily needs to be by providing regular results to the Board.

In terms of other measures the Board could put into place to protect the public, I cannot think of any other than ensuring that the health consumer's right to safe and the best quality healthcare is not outweighed by a medical practitioner's right to work. I realise that there are other issues that come in to play, such as limited medical practitioners in rural and remote areas, the resources it would take to ensure "compliance" with the guidelines, but once again, it comes down to public safety.

Kind regards

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