

Editorial

NOTHING TO DECLARE?



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Concern about acquiring communicable diseases is ever present in health care, both for providers and patients. This was highlighted recently when a Montreal surgeon who worked in a children's hospital died of HIV-related illnesses. She had seemingly acquired the infection while performing a surgical procedure many years before.

The media were all abuzz with the case, as the hospital attempted to contact over 2,600 patients operated on by the surgeon, in order to carry out HIV blood testing on them. Over 10,000 people called the hospital, enquiring if they might require blood testing, surely a measure of the anxiety generated by the story.

The angle that the media played up was that the physician informed her professional colleagues of her health status, but that the medical authorities hadn't informed the hospital administration about it.

Was this a breach of trust on the part of the professionals, and should the administration have been informed? Perhaps if the administration had known, restrictions might have been placed on the working practices of the surgeon. Should the public have been informed?

I couldn't help thinking as I listened to this story unfolding in the media that the possibility of one of the patients proving to be HIV positive as a result of surgery at the hands of the deceased surgeon must really be minimal. Yet, to manage risk effectively, the hospital had to be seen to be pulling out all the stops to ensure that no patient was infected, no matter how low the risk of transmission.

The risk of such transmission appears to be extremely low in dental practice. According to the recently published *Guidelines for infection control in dental health care settings - 2003*, produced by the U.S. Centers for Disease Control and Prevention (CDC), there has been no reported case of HIV transmission from a dental care worker to a patient since 1992. The last reported transmission of hepatitis B to a patient was in 1987, and there has never been a report of hepatitis C being transmitted to a patient in a dental office.

Is this because of the widespread adoption by dental personnel of standard precautions (the term CDC now uses instead of "universal precautions")? Or is it because of an inherently low probability of transmission in the dental care setting? These are of course very difficult questions to answer, but notwithstanding, our profession maintains a strong commitment to the best infection control practices.

As part of that commitment, I recommend that you consult the above-mentioned CDC document for the latest information in this area of

fundamental importance to your practice (<http://www.cdc.gov/mmwr/PDF/rr/rr5217.pdf>).

Table 1 deals with the thorny issue of suggested work restrictions for health workers afflicted with a variety of infectious diseases, including HIV. So what should I do if I become HIV positive? As I am registered in Ontario, I turned to the Web site of the Royal College of Dental Surgeons of Ontario (RCDSO) for guidance. In the *Dispatch* newsletter of Winter 2000 (http://www.rcdso.org/dispatch/Dispatch14_1.pdf), my course of action is laid out clearly.

It is my ethical responsibility to be aware of my serological status with regard to bloodborne pathogens. It is also incumbent upon me to inform the RCDSO if I become HIV positive, because that condition could potentially impact on my ability to practise safely. If I do declare myself, RCDSO assures me that they will deal with my case in total confidentiality and fairness. An expert panel will be set up, which will include my personal physician. Taking a range of evidence into account, this panel will advise and counsel me on whether I should restrict my practice in any way.

Naturally, I would be fearful of losing my livelihood and more, but I would have to deal with my conscience if I didn't act in a manner that my peers consider responsible. I would feel obligated to report my condition and place my trust in the experts. If my dental regulatory authority or government requires me to limit my practice and I lose more than 20% of my income, Canadian Dental Service Plans Inc.'s Long Term Disability Insurance will cushion the blow. What would you do?

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