COLLÈGE DES MÉDECINS
DU QUÉBEC

Une médecine de qualité
au service du public

The Physician and Blood-borne Pathogens

Position Statement of the
Collège des médecins du Québec

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The mission of the Collège des médecins du Québec is to promote quality medicine in order to protect the public and help improve the health of Quebecers

The Physician and Blood-borne Pathogens

I. Introduction

The Collège des médecins du Québec issues this position statement on blood-borne pathogens to recall and clarify to all physicians, particularly those infected who are performing exposure-prone procedures, the rules to be followed so as to provide medical care to patients in a completely safe manner.

This position statement is supported by the conclusions of the working group on blood-borne pathogens.

II. General Considerations on Blood-borne Pathogens

Blood-borne pathogens have always been a source of worry and concern to the public and to caregivers. Periodically, they raise the same complex questions, as they did 23 years ago following the discovery in 1981 of the acquired immunodeficiency syndrome (AIDS) and of its causative agent, the human immunodeficiency virus (HIV), discovered two years later.

Research and the development of new laboratory tests have helped us to better understand blood-borne pathogens and to create increasingly refined tools to facilitate their characterization. Parallel to these scientific discoveries, different situations, notably the blood banks' use of contaminated blood and the holding of the Commission of Inquiry on the Blood System in Canada (Krever Commission), which occurred in the 1990s, placed blood-borne pathogens at the forefront of public concern.

Many infectious agents are transmissible by blood, among them the Hepatitis B and C viruses (HBV, HCV) and HIV. The risk of transmission, however, varies from one agent to the other, HBV being a greater risk than HCV, itself a greater risk than that linked to HIV. There are effective immunizing products against HBV, which can be administered before or after exposure; there are also post-exposure prophylactic protocols for HIV, but there is currently no means of prevention or treatment specific to HCV.

Thus, in the performance of certain medical acts, an infectious agent can be transmitted from a patient to a doctor or vice versa. It is therefore normal that everyone be concerned about the safety of medical and surgical procedures, for patient and physician alike.

In a general way, for an agent communicable by blood to be transmitted from **one person to another,** four conditions must of necessity be present:

1. An infected person
2. An infection in contagious phase
3. A susceptible person (not infected or not immunized)
4. Contact between the blood of the infected person, on the one hand, and the blood or mucous membrane of the susceptible person, on the other.

In a specific way, in the context of medical care, these conditions may be met if the universal precautions to prevent infection are not applied or if there is an accident involving exposure to infected blood during an exposure-prone procedure. However, even in this context, where HIV is concerned, the risk of transmission is known to be very low and generally higher for the exposed physician, due mainly to exposure frequency.

Several factors influence the level of risk of blood-borne pathogens between physician and patient:

- characteristics of the pathogen itself;
- kind of exposure-prone procedure being performed;
- health status of the physician or patient;
- infectious status of the physician or patient;
- susceptibility of the physician or patient.

All of these factors must be considered when assessing the risk.

III. Definitions

Exposure-prone Procedure

The medical literature gives a number of definitions of an exposure-prone procedure. For purposes of this position statement, we have retained the one proposed at the Canadian Consensus Conference on Infected Health Care Workers (Canadian Communicable Disease Report (1998); 24S4:6):

« a) *digital palpation of a needle tip in a body cavity (a hollow space within the body or one of its organs) or the simultaneous presence of the health care worker's finger and a needle or other sharp instrument or object in a blind or highly confined anatomic site, e.g., during major abdominal, cardiothoracic, vaginal and/or other orthopedic operations, or*

« b) *repair of major traumatic injuries, or*

« c) *major cutting or removal of any oral or perioral tissue, including dental structures [...]. .»*

Unfitness to Practise

As for unfitness to practise in a context of blood-borne pathogens, the Collège proposes this definition:

« An infected physician who performs exposure-prone procedures is presumed to be unfit to practise his or her profession if he or she has not submitted his or her professional practice to an evaluation by a committee of experts or if he or she does not respect the practice restrictions to be observed. .»

IV. Principal Inadequacies

The principal inadequacies in applying scientific and ethical standards for the management of an infected physician who is performing exposure-prone procedures are:

- inadequate medical follow-up of the infected physician who performs exposure-prone medical procedures;
- refusal of treatment or self-treatment on the part of the infected physician who is performing exposure-prone medical procedures;

- poorly defined oversight of expert committees responsible for assessing the medical practice of an infected physician who is performing exposure-prone procedures. There is a need to clarify who mandates them, how they are formed and the nature and duration of their mandate; also, their independence vis-à-vis the physician or organization in which the latter works is not clearly established;
- the lack of a mechanism to follow up on the recommendations of the committee of experts;
- the lack of an oversight mechanism in practice sites outside of health care settings or for transmitting information between health care settings;
- the lack of mechanisms to periodically reassess the situation, taking into account the physician's medical condition, scientific knowledge and technical development;
- the lack of a recognized authority charged with ensuring compliance with the recommendations of the committee of experts calling for the restriction of practice in all practice sites, public and private, of the infected physician who performs exposure-prone procedures;
- the lack of a socioprofessional support system for the physician who must restrict or re-direct his or her professional practice;
- the lack of knowledge on the part of many physicians of the standards of practice and ethics in effect on these issues;
- in cases of exposure, the lack of a clearly defined course of action for carrying out blood tests on the exposed persons and obtaining information essential to decision making relative to post-exposure prophylaxis.

V. The Orientations of the Collège des médecins du Québec

The questions raised by blood-borne pathogens have been and still are complex. There are no simple answers and, even now, no measure can guarantee absolute lack of risk. The pursuit of a "zero-risk" policy is both utopian and dangerous and may be associated with perverse effects (e.g.: inappropriate screening, stigmatization) that can jeopardize respect for other basic human rights. Coercive measures used on physicians or any other person or group of persons in general encourage secretiveness and, paradoxically, increase the risk of exposure.

We must find a creative way, as opposed to extreme, simplistic or coercive solutions more likely to lead to dead ends. This way must adequately ensure the protection of the public. This is only possible if certain prerequisite conditions are met for the infected physician who performs exposure-prone procedures:

- professional and personal support;
- confidential management of information on his or her health status;

- a socioprofessional support system to offset the consequences of practice restrictions or professional reorientation. In this regard, the Collège des médecins du Québec relies on the collaboration of medical federations and the government to see to it that disability insurance takes into account this new reality.

To correct these inadequacies, the Collège des médecins du Québec advocates a respectful attitude that first relies on individual accountability and the person's willing participation, as opposed to coercion.

In this regard, the Collège des médecins du Québec intends to :

- remind its members of the scientific and ethical standards on these issues;
- clarify for an infected physician who is performing exposure-prone procedures the steps to take in requesting an assessment of his or her medical practice and in obtaining personal support, as well as the mechanism for follow-up on the recommendations of the committee of experts;
- give the patient the assurance that all reasonable means have been taken to ensure his or her safety when receiving medical care.

The Collège des médecins du Québec does not, therefore, recommend systematic screening of its members. Mandatory and systematic screening for preventive purposes is a measure known to be medically unnecessary and potentially harmful. Indeed,

- one cannot screen for all blood-borne pathogens;
- blood tests have their limitations;
- the results provide information on past exposures only;
- one cannot guarantee against future infections;
- one cannot establish a periodicity for blood testing;
- one cannot guarantee an absence of risk even with screening.

Thus, all of these limitations can create a false sense of security possibly lending itself to an unwarranted relaxation in the application of universal precautions or an underestimated perception of the risk exposure. The ordering of a laboratory test for a blood-borne pathogen must be governed by the same rules as the ordering of any other laboratory test, that is, be undertaken with free and informed consent (counselling pre and post-test), meet clinical goals and use appropriate measures aimed at respecting professional secrecy.

To summarize, the Collège des médecins du Québec believes that responsibility for professional risk management rests with the physician himself or herself. Thus, the physician performing exposure-prone procedures must know his or her condition as it

applies to blood-borne pathogens, regardless of the risk factors to which he or she is exposed. If infected, the physician must also have his or her practice assessed by a committee of experts so as to exclude from it any exposure-prone procedure. Should the physician's personal or professional situation change, he or she should have his or her practice reassessed.

The Collège des médecins du Québec must ensure implementation of the recommendations of the committee of experts. In health care settings, it does so in collaboration with the medical authorities concerned (director of professional services or chief of department).

Finally, inasmuch as the infected physician who performs exposure-prone procedures has been subjected to an assessment by a committee of experts and that its recommendations are implemented, the disclosure of the physician's condition to his or her patient is not required.

VI. Guidelines for Physicians

With regard to blood-borne pathogens, the Collège des médecins du Québec provides five broad guidelines.

1. Physicians must apply universal precautions for the prevention of infections.

The rigorous application of universal precautions for prevention of infections is the best means of protecting the patient and the physician against any pathogen, including those transmitted by blood. In practice, it is advised that every medical student, medical resident and physician act at all times as if every patient had a blood-borne infection.

The universal precautions include, for example:

- immunization against hepatitis B and later verification of the immunity;
- personal protection measures applicable during surgical procedures, according to standards in effect. For example:

  ? the use of protective clothing (glasses, masks, gowns and shoe-covers) and their replacement after a certain time if one fears they have lost their impermeable quality;
  ? the wearing of two pairs of gloves;
  ? the use of needle-holders;

  ? the use of the no-touch technique, which consists in using a tray as intermediary to hand over instruments;
  ? the use of electric bistouries or any other devices that prevent bleeding;
  ? the use of blunt needles or suturing techniques without needles.

– Access to post-exposure prophylaxis for exposed persons (patient and care-giver). This implies that accidental exposures are reported and appropriately managed in care settings. The use of a preoperative consent procedure to carry out the necessary blood tests on the patient make it possible, in cases of accidental exposure, to obtain the information essential to clinical decision making.

2. Physicians exposed in a personal or professional context to blood-borne pathogens must know their status regarding these infectious agents.

All medical students, medical residents and physicians in clinical practice are responsible for knowing and verifying their status regarding these agents. They will do so by taking into account their risks of exposure in a personal or professional context and at least after every documented exposure. Thus, they will be in a position to make the required decisions to ensure the protection of the patients for whom they are responsible.

3. Physicians must consult an attending physician if they are infected.

All infected medical students, medical residents and physicians must consult a physician to receive the care and follow-up required by their state of health.

The attending physician plays a cardinal role in assessing the medical condition of his or her patients. He or she has the competence necessary to support, advise and direct them with respect to the personal and professional consequences of their state of health. As regards communicable infections, the attending physician takes into account the environment of their patients and the risk of contagion. The attending physician also takes responsibility for third parties who could be exposed.

4. Infected physicians must have their professional practice assessed initially and periodically by a committee of experts, if they perform exposure-prone procedures. They must then comply with the recommendations made by this committee.

All infected physicians performing exposure-prone procedures must have their professional situation evaluated by an individual risk-assessment committee and comply with its recommendations, notably when their situation needs re-assessment following a

significant change in their state of health or professional situation. Should an infected physician fail to take these steps, the attending physician must intervene as he or she deems necessary to protect the public, in particular, by notifying the Director of Public Health or the Collège des médecins du Québec, after having informed his or her patient of such.

With respect to medical students or medical residents who know they are infected by a blood-borne pathogen (among them, HBV, HCV and HIV), they must notify the person designated by the dean of the faculty of medicine concerned of such, with a view to being evaluated by a committee of experts. This procedure allows the candidate, as well as the authorities of the faculty of medicine and the Collège des médecins du Québec, to make the appropriate decisions relative to conditions for training periods to be served.

5. Physicians must know and respect the *Code of Ethics of Physicians*

All physicians must be familiar with the *Code of Ethics of Physicians* and respect it in its entirety. With respect to physicians infected by blood-borne pathogens, three sections in particular apply:

43. A physician must refrain from practising his profession in circumstances or in any state that could compromise the quality of his practice or his acts or the dignity of the profession.

70. A physician must, except in cases of emergency, or in cases that are manifestly not serious, refrain from treating himself or from treating any person with whom there is a relationship that could prejudice the quality of his practice, notably his spouse and his children.

119. A physician must report to the Collège any physician, medical student, resident or medical fellow, or any person authorized to practise medicine, whom he deems unfit to practise, incompetent, dishonest, or who has performed acts in contravention of the *Professional Code*, the *Medical Act*, or the regulations ensuing therefrom.

The physician must furthermore try to assist a colleague who presents a health problem likely to affect the quality of his practice.

VII. Assessment and Management Mechanism

The Collège des médecins du Québec will take part in constituting a central bank of experts, from which committees of experts will be formed, whose mandate will be to individually assess infected physicians who perform exposure-prone procedures. This bank will be composed mainly of physicians who are microbiologists-infectiologists, surgeons, and experts in public health or another relevant field.

The infected physician performing exposure-prone procedures, his or her attending physician or the medical authorities of a health care settings may have access to a committee of experts by communicating directly with the caregiver evaluation program set up by the Minister of Health and Social Services of Québec (which could be located at the Institut national de santé publique du Québec) or with the Collège des médecins du Québec. In both cases, the confidentiality of information will be ensured.

The Collège des médecins du Québec will see to it that the recommendations of the committee of experts are followed and, in health care settings, will do so jointly with the medical authorities. At all times, information of a personal nature will be treated in such a way as to be accessible only to those persons duly authorized to receive it.

The Collège des médecins du Québec will ensure, with the other partners concerned, that infected physicians receive all the personal and professional support they require to practise their profession in a completely safe manner.

Conclusion

The Collège des médecins du Québec is confident that this position statement will correct the inadequacies observed to date in the management of physicians infected by blood-borne pathogens.