



Chaos reigns at medical schools over hepatitis B testing

Barbara Sibbald

In brief

Health Canada guidelines require that all physicians be immunized against hepatitis B — a policy that the CMA opposes. Where does that leave medical students?

To test or not to test, that is the question. And it has become a big question indeed at Canada's medical schools.

Every conceivable permutation of hepatitis B immunization and testing policy is found at the 6 Canadian medical schools known to have a testing policy in place. Other schools are still debating the issue or simply haven't drafted a policy, even though this testing holds huge implications for all medical students.

All the inconsistencies have left at least 2 schools hoping that the Association of Canadian Medical Colleges will come up with a national solution. Sources at the association say it has no immediate plans to do anything.

"There's no uniformity at all," says Dr. Jim Silcox, associate dean of student affairs and admissions at the University of Western Ontario. He says this creates a problem because students are traded between provinces for electives. "[The policy] has to be consistent."

Dr. Joanna Bates, associate dean of admissions at the University of British Columbia's (UBC) Faculty of Medicine, concurs. "We're all trying to do the right thing," she says. "Surely the right thing should be the same no matter where we live."

Bates is gathering information as UBC tries for a second time to formulate a hepatitis B policy. "It's difficult to get a clear idea of what's happening across Canada," says Bates, who has determined that 6 faculties of medicine have 6 different policies (see sidebar). Why do the policies differ so much? "It's quite an emotional topic," explains Bates.

UBC's own difficulties in setting a policy illustrate some of the problems. A policy calling for compulsory testing

was narrowly defeated at a faculty meeting last November. It would have required students who test positive for hepatitis B to face a "modified program of training and restricted future practice opportunities."

"But it's vague on how restricted [opportunities would be]," points out Jeff Pugh, president of the UBC Medical Undergraduate Society, who attended the faculty meeting. "We're concerned that these students wouldn't be able to do a surgery rotation. The policy is too vague and sweeping."

Pugh calls for a joint effort between colleges and educational institutions to develop a consistent policy. "It should be standardized."

Double standard?

UBC students are also upset because the policy was drafted without their input and they "felt strongly" that testing would create a double standard by which testing for hepatitis B is compulsory for students but not for the physicians they work with.

The Canadian Federation of Medical Students and the Professional Association of Internes and Residents of Ontario are also concerned about the double standard. The association's position is that a policy should apply throughout a physician's career to prevent the double standard.

Bates says there are 2 reasons why students, but not physicians, should be tested. First, there is a higher risk of transmission when a procedure is done by nonexperts such as students. Second, a patient going to a physician receives a benefit and can therefore tolerate a higher risk. But when a patient sees a medical student the student and society benefit, but not the patient. Hence, the risk must be lower for these patients.

In consultation with its students, UBC is hoping to set a policy later this year. Current discussions involve mandatory vaccination and identification of whether a student has seroconverted.

The question of whether health care workers should be tested for hepatitis B has been a hot issue since Health



Dr. Derek Puddester: "A bit of a slippery slope."



Six faculties, 6 policies

At least 6 of Canada's 16 medical schools have developed policies on hepatitis B testing. Each of them is slightly different.

The admissions policy at Dalhousie University states that all medical students must be immunized against hepatitis B. Period.

At McGill University, meanwhile, all prospective medical students must be tested and all seronegative students must be vaccinated. Students found to carry the virus "will not be permitted to perform medical procedures involving needles, scalpels or other sharp objects as this poses a potential risk to patients." Because this policy "severely limits" a student's medical activities, McGill's admissions department advises these applicants to "consider carefully their intention to become a doctor and govern themselves accordingly."

Medical students at both Queen's University and the University of Western Ontario must be immunized. A positive seroconversion for Queen's students means a student will have to follow a modified program of study; students at Western are "urged" to tell if they test positive, but they are not forced to do this. If they do tell, their clinical activities are limited.

As a condition of enrolment, University of Toronto medical students must be immunized and tested, then present evidence that they have tested negative. Those who test positive receive special instruction on protecting themselves and others in clinical surroundings.

The University of Alberta has mandatory testing and reporting of hepatitis B status, but the Faculty of Medicine has yet to decide how that would limit a student's training. All medical and dental students are counselled and given the option of immunization, which costs between \$50 and \$100. Many students in all undergraduate areas are going ahead with immunization. Last fall campus health services expected about 160 first-year students would seek immunization, but 400 did.

Dr. Charles Baker, the University of Alberta's assistant dean for admissions, says the decision to test came about because the Capital Health Regional Health Authority, which runs all the hospitals in the Edmonton area, has mandatory testing for all health care workers. One U of A dental student had to quit after testing positive and has since enrolled in home economics.

Canada issued a consensus statement in July 1998 that called for mandatory testing. A *CMAJ* editorial stated that this policy is an infringement of the basic human rights to dignity and privacy.¹ The editorial also questioned the proven efficacy of mandatory testing and pondered where funding will come from. In its policy summary appearing in the same issue, the CMA emphasized voluntary testing and strict adherence to universal precautions.²

One UBC faculty member argues against testing because of its impact on human rights. "I agree with the CMA in that the issue of health care worker screening is much more complex than the Health Canada consensus statement leads one to initially understand," says Dr. Nevio Cimolai, a microbiologist at the BC Women's and Children's Hospital. "Given the issues of HIV and hepatitis C in addition to hepatitis B, it is ironic that health care workers would be screened and restricted when, in fact, the status of the patients they care for is mostly unknown. The health care worker needs to have voluntary

access to screening resources but maintain the right to have this information kept confidential. At the same time, health care workers must be led to understand that they have personal liability for problems that may occur in this context."

Dr. Derek Puddester, president of the Canadian Association of Internes and Residents, says there are solid data showing that mandatory testing has a negative effect on care. "It will drive people underground," says Puddester, a resident at McMaster University. "My stand is that it's a bit of a slippery slope. It doesn't take much to go from [compulsory] hepatitis B to [compulsory] HIV testing."

References

1. Hoey J. When the physician is vector. *CMAJ* 1998;159(1):45-6.
2. Canadian Medical Association. Prevention of transmission of hepatitis B [policy summary]. *CMAJ* 1998;159(1):71-3.

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