

### **Compulsory HIV tests**

lthough I generally agree with David Patrick and colleagues' article on the routine offering of prenatal testing for HIV in a low-prevalence setting,1 I am concerned about their emphasis on potential cost savings. Surely an HIV test should be mandatory in antenatal care, just as the Wassermann reaction test has been. To "offer" it is not good enough if the test result may well foretell a serious outcome and result in active treatment that benefits both mother and child. HIV testing must be done regardless of cost and should be followed by appropriate counselling.

In my view, there should be no option for women to "exercise their informed choice as to whether the test should be performed." As doctors we are interested in reducing morbidity and preventing the spread of infection, even within the family. In such situations a degree of compulsion is sometimes necessary, even in a low-prevalence setting. There is too much at stake to forgo this test.

# R. Walter Dunn, MB

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#### Reference

 Patrick DM, Money DM, Forbes J, Dobson SRM, Rekart ML, Cook DA, et al. Routine prenatal screening for HIV in a low-prevalence setting. CMA7 1998;159(8):942-7.

#### [Two of the authors respond:]

We agree that we should not be recommending prenatal HIV testing purely on the grounds of cost savings. Although our study did

demonstrate savings for British Columbia, our discussion clearly suggested that the human benefits that accrue when we prevent neonatal infections warrant a recommendation for screening, whether or not there is a net fiscal benefit. We also commented that an early diagnosis of HIV infection most often proves beneficial to a woman's own health.

However, we cannot accept Dunn's suggestion that prenatal HIV testing should be mandatory. Our reasons for promoting informed consent and a patient's right of refusal were outlined in a letter from Patrick to Dunn, dated July 24, 1998:

My concern about ensuring that patients are informed is not born out of AIDS exceptionalism but rather [out of] real experience with adverse effects on patients who had the test done. ... [T]hese have included suicide, seri-



ous domestic violence and debilitating depression. While perhaps not as direct as drug induced anaphylaxis or exsanguinating on the operating table, these are undeniably negative consequences of ... ordering HIV testing. Accordingly, as with any other medical procedure with a possibility of significant adverse effects, I believe patients have a right to be informed that it will be undertaken.

Dunn's contribution to this debate is welcome. It is through the hard work of physicians like him that we have achieved a relatively high rate of screening in BC. We hope that this success remains coupled with respect for the rights of patients, pregnant or otherwise, to personal autonomy.

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### Where there's smoke

S ince the attempt to outlaw smoking in Toronto restaurants and bars was largely unsuccessful, here's a proposal that will not only discourage smoking but will also add to the public coffers. On a set date, all eating and drinking establishments should be forced to declare themselves either smoking or nonsmoking. Patrons of the smoking establishments would then have a 15% "smokers' tax" added to their bill.

This proposal has a very good chance of being accepted since more than two-thirds of Canadians are non-smokers and do not really appreciate an expensive meal being ruined by second-hand smoke drifting over from the smoking section. Also, this proposal capitalizes on a very strong societal force: peer pressure. Can you imagine a

group going out to dinner and not only eating in a smoke-filled room but also having to pay a 15% surtax for the privilege?

We've failed to stem the smoking tide through warning labels and antismoking ads. Since we have not been able to change how much people smoke, let's try to achieve the same goal by reducing the number of places where they can smoke.

**Bob Bryant** Welland, Ont.

## **Experience of life**

The editorial introducing "The Left Atrium" reminded me of one of