



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.

Barbara Sibbald is CMAJ's Associate Editor, News and Features.

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