LETTER FROM WESTMINSTER

Politicians take over AIDS

JOHN WARDEN

There can be no doubt about the medical topic of the year among MPs as the new session of parliament gets under way. Having become world experts on all aspects of in vitro fertilisation in the past two sessions, MPs are applying their minds with no less enthusiasm to the subject of AIDS—or in medical parlance the acquired immune deficiency syndrome.

From the Cabinet table to the back benches busy committees are getting down to work on a subject that frightens and fascinates while presenting the very combination of social and ethical factors that makes a takeover by the legislators inevitable. Not, of course, that they have any legislation to propose for the time being. That will emerge after due deliberation in a year or two—or perhaps even sooner in view of the urgency of the AIDS crisis. The sudden rush of activity is really an effort to catch up on time already lost.

Action on AIDS effectively passed from medical and scientific hands and into the control of politicians when Viscount Whitelaw presided over the first meeting of a special Cabinet committee on Tuesday of last week. It was immediately clear that many conventions and taboos were being put aside—such as the fiction of never admitting the existence of any particular Cabinet committee and, not least, the Secretary of State for Social Services, Mr Norman Fowler, evangelising on the pavement of Downing Street about the rules of “safer sex.”

A cautious start rather than a great initiative came from the committee's first session. A programme of “public education” is to be the first priority. This will mainly consist of posting leaflets to 23 million homes enjoining the population: “Don't Die of Ignorance.” The simple message the government wants to get across to those at risk is on the lines of: “Stick to one sexual partner, but if you can't do that use condoms. Don't inject drugs, but if you do make sure you don't share needles.” At least it has the merit of not being over officious.

Harder decisions await future meetings of the Whitelaw committee. Should there be compulsory screening and, if so, of whom? The whole population? Or only people entering the country? And what do you do with carriers? Lock them up or counsel them? Other items on the agenda for future consideration include free issues of condoms or needles to risk groups and a state fund for AIDS sufferers whom the insurance companies won't take on.

Mr Tony Newton, Minister for Health, says that greater public understanding is the most effective single weapon that the government has, and adds that the AIDS crisis cannot be solved simply by spending money, of which £10 million has been allocated. Labour's Mr Michael Meacher outbids him with a call for up to £100 million. Already it is becoming clear that clinics and counselling will not come cheaply.

Amid the patent uncertainty that prevails I detect an underlying humility as, for once, the politicians realise with Samuel Johnson:

“How small, of all the ills that men endure,
The part which Kings or States can cure.”

Meanwhile, the government has arranged for a debate on 21 November, and the House of Commons Social Services Select Committee has invited the BMA to give evidence to its inquiry on the subject (p 1377).

One sector which can claim to be both experienced and en-

lightened in dealing with AIDS is the prison medical service, whose director, Dr John Kilgour, first met the virus when he was with the World Health Organisation. About 50 AIDS carriers have been identified in prisons, with four positive cases and two deaths. On admission each prisoner is asked if he is likely to be in a risk category and, if so, he is invited to take a voluntary test. Dr Kilgour's policy is for AIDS cases to participate in the normal prison régime, subject to restrictions on contact sports and working with cutting tools. Staff with an operational “need to know” are told who are the AIDS prisoners, and the prison grapevine quickly identifies them to the other inmates. On this basis there can be unrestricted association and exercise without banishment to the prison hospital, though AIDS cases occupy either communal cells together or single cells.

The annual report of the Prison Department, out last week, has a section on AIDS but also records a shortfall in the recruitment of full time prison medical officers, with eight posts of an authorised 100 in England and Wales unfilled. Meanwhile, the service awaits the Home Office response to last summer's report by the Social Services Select Committee.

Barring upsets, it seems that the government is prepared to accept almost all of the committee's 58 recommendations, including its finely balanced conclusion that the prison medical service should not be abolished, though ministers are urged to monitor closely progress towards integration with the NHS. By accepting the committee's report the government presumably endorses its aim to transform the service into a “less doctor dominated” prisoners' health service.

One custom which would go would be the cursory medical examination of new inmates. They would be screened by a nurse and see the doctor by request or if referred. This would be to normalise prisoner-doctor relationships, with the doctor not being observed, on first encounter, as part of the prison apparatus. The select committee was critical of the haphazard system of appointing local general practitioners to part time prison posts and recommended that individual contracts should be replaced by contracts with family practitioner committees.

Last week I reported the opinions of another select committee on how it thought hospital doctors should be made more accountable when complaints against them by patients were upheld. The recommendation was that the findings should be put into a national register of NHS doctors and nurses. That committee, on the Health Service Ombudsman, went on to consider what it called the problem of ensuring that hospital doctors disclose to patients the effects of their mistakes.

Sir John Walton, president of the General Medical Council, was asked if doctors had a professional duty to disclose to patients details of their mistakes made in the course of treatment. Sir John replied that while he personally believed in the value of complete disclosure there was no absolute professional duty to do so. He agreed that there was a serious conflict between the patient's right to know and the practitioner's legal right not to incriminate himself.

By contrast, the committee noted that witnesses from the BMA were much readier to take the view that there is a duty to disclose to patients their doctor's mistakes. The doctor might be wise to take legal advice, but the patient should be told the facts. Dr John Harvard, BMA secretary, assured the MPs that there was no question of withholding information from a patient in circumstances where it could damage the patient's health. The committee wants an agreement about professional obligations to be defined more clearly.