At the coalface

HIV testing and mental disorder

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Editor's note

At the coalface is an intermittent series in which readers relate an ethical dilemma they have experienced themselves in the course of their work. The journal is keen to publish such reports and any reader wishing to contribute should send his or her paper (of not more than 1500 words) to the Editor, Journal of Medical Ethics, IME Publications, 151 Great Portland Street, London WIN 5PB. Contributions can be published anonymously if the writer wishes.

And, in response to a request from an American reader: The phrase 'at the coalface' is used to designate those who do the actual work of their trade or profession rather than administrators, managers, theorists and advisers. Just as miners in the mining industry are the workers who get the coal, or other substance, from the earth 'at the coalface' so doctors and nurses are the workers who treat patients in the medical profession.

The notes contained only one previous entry for the shifty young man in my surgery. He had joined our general practice list less than a year ago, and our system of household filing suggested that he lived on his own.

'So you live alone do you?' I enquired genially. 'Yes', he replied, without engaging my eyes or pausing in his incessant fidgeting. My partner, who had seen him in the past and who has a clinical assistant's post in a department of genito-urinary medicine had written: 'Probably homosexual' in the notes and 'watch for AIDS, but HIV - negative, he says'.

The consultation was about a housing letter. His neighbours were persecuting him, playing their radios especially to annoy him and he had overheard a child whispering to its parents about him.

On questioning he said that he had been hearing voices which had said unpleasant things about him, and I asked him to tell me more about them. Whilst he rambled on, with an occasional 'ah-ha' and 'then what' from me to keep him going, my mind was working overtime.

Clearly he had some psychiatric symptoms but was this a new illness or a recurrence of a chronic condition? What about the human immune deficiency virus (HIV)? Was he still negative? Indeed we only had his word to go on that he had had a previous negative result. He did not seem to be the most reliable of witnesses. And does HIV cause a psychosis? The journals seem to be saying that it may be the cause of many neurological and psychiatric conditions.

'...and I've not slept well recently. I don't feel right at all'. 'Ah-ha', I said. This must be the opportunity to introduce the idea. 'I think perhaps we should get some blood tests done to see if we can find the cause of this disease', I said. 'I don't need another AIDS test', he replied, whilst his frightened eyes flew ceaselessly around my surgery.

Now here was a dilemma!

I wanted an up-to-date HIV test done by myself so I could see the result with my own eyes. The principle of patient autonomy meant that I should get his informed consent by ensuring that he had sufficient knowledge to be properly informed. But what about his ability to make a rational decision? I felt that his mental state limited his ability to make autonomous judgements, but was not serious enough for him to be sent to hospital. Was his autonomy sufficiently impaired for me to be justified in overriding it? Could I then use the principle of beneficence to act in his best interests without his consent? Was it in his best interests to find out if he was infected with HIV or in whose interests did I want the test done? Certainly he was not seriously ill enough to be detained in hospital under a section of the Mental Health Act. Would it harm him if I simply got the test done without telling him? I could not excuse a breach of the principle of non-maleficence without any compensatory benefit.

Should I ask his consent and risk it being refused, or should I take a specimen without discussing it specifically? Which course of action would be most beneficial and which course of action would do least harm?

A glimmer of an idea emerged: 'I would like to delay the blood tests for a fortnight whilst we try some treatment!' I started filling in the prescription 'these pills will help you sleep and probably stop you hearing those strange voices'. A major tranquiliser in hefty doses. 'Why don't you take two of these three times a day and come and see me next Monday'. I tore the

Key words

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prescription off the pad with a flourish, a signal both of us recognised as the end of the consultation. He took it, got up and walked out.

After he left the room I brooded. Why do I feel more comfortable about treating as opposed to testing without full, informed consent? What might happen in the intervening days? Would he be more agreeable to being tested on his return? I will have to wait and see.

Dr Simon Lundy MRCPG OPM (SA) is a General Practitioner and Editorial Associate of the Journal of Medical Ethics.

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(4) This is my interpretation based on the evidence presented to the proceedings in the High Court of Justice, Queens Bench Division, Divisional Court. In the matter of the Medical Act 1983 – (Dr R D Colman v GMC) 1988 Jul.


(7) Kerries P. [editorial]. The practitioner 1989 Feb 8. In this editorial Dr Kerries says: 'The profession's negotiators successfully thwarted any move for patients to see their own medical records except those kept on computer file'.


(13) The British code of advertising practice. Brook House, Tormentor Place, London WC1E 7HN. Parts A, B and C.


(15) Judgement. High Court of Justice, Queens Bench Division, Divisional Court. In the matter of the medical act 1983 – (Dr R D Colman v GMC) 1988 Nov 25.


News and notes

Research fellowships 1990–91

Applications are invited for the Tennent Caledonian and Royal Bank of Scotland research fellowships for the academic session 1990–91.

The fellowships are intended primarily, though not exclusively, for philosophers and political theorists on study leave from their own universities or colleges. Appointment is normally for one term and the fellowship carries a travel allowance, accommodation in St Andrews and a room in the Department of Moral Philosophy, and access to word-processing facilities. Further details are available from the Director, Dr John Haldane, Centre for Philosophy and Public Affairs, University of St Andrews.

Applications, including a cv, a short statement of research intentions or plans, and an indication of the term during which the fellowship would be held should be submitted no later than 15 November 1989 (though early applications are welcome) to: The Director of Personnel Services, College Gate, University of St Andrews, North Street, St Andrews, Fife KY16 9AJ, Scotland, UK.
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