from The President
Sir John Walton, TD; MD, FRCP
and the Chairman of the Standards Committee
Dr. D.H. Irvine, CBE, MD, FRCGP

8th August, 1988

Dear Colleague,

As you are probably aware, over the past 18 months the Council has been considering a number of ethical questions which have arisen in relation to the spread of HIV infection and proposals made to manage and control it. In May last year the Council made a statement about the doctor's duty towards patients who are HIV positive or suffering from AIDS, and in November last year a statement was made on behalf of the Council concerning the duties of doctors who might themselves be infected.

At its meeting on 25th May this year the Council approved the attached statement, which incorporates the two earlier statements and also includes important new material intended to offer guidance to doctors in approaching the particular questions of confidentiality and consent to investigation or treatment which arise in this connection. The Council believes that these sensitive and difficult questions warrant the careful attention of every doctor, and we are therefore sending this letter and the statement to all doctors on the Principal List of the Register and those holding limited registration.

The duties of doctors infected with the virus, or who think there is a possibility that they may have been infected, are discussed in paragraphs 8-11 of the statement. Although there is no known case of the virus being transmitted from a doctor to a patient, this matter has aroused considerable public concern and the Council has felt it appropriate to offer advice to those doctors who consider that they may possibly have been infected. In particular, doctors who have engaged in operative surgery in parts of the world where no provision could be made for adequate precautions to be taken against the danger of infection should consider carefully the risk to which they may have been exposed and should seek specialist advice before practising in this country.

The Council is aware of the suggestion that important epidemiological information in relation to prevalence could be obtained by testing "anonymised" blood samples for HIV infection. The attached statement does not address that question. The Standards Committee now proposes to consider the various issues which it raises and will express its views to the Government.

Doctors have long been familiar with the need to make judgements, in the course of everyday medical practice, which they may later have to justify. Nowhere is that principle more important than in the handling of complex ethical problems to which there may be no clear-cut answer. The attached statement concludes by expressing the Council's confidence in the manner in which the medical profession has tackled the very special problems which arise in this context. We share that confidence, and commend this guidance to every doctor.

John Walton
President

Donald Irvine
Chairman, Standards Committee