

Dr Mark Dodd

Advanced Trainee Intensive Care Medicine
Sheffield Teaching Hospitals

General Medical Council guidance in relation to testing for HIV in patients lacking mental capacity: a national survey of opinion from Intensive Care

Dr A Pryce, Specialist Registrar in Genitourinary Medicine

Dr M Dodd, Advanced Trainee in Intensive Care Medicine

Background

- 40% ICU patients with HIV unaware of status¹
- Critically ill: capacity issues, limited history, multisystem disease
- Targeted testing poses limitations
- Interpretation of legislation and guidance variable

1. Huang L, Quartin A, Jones D, Havlir DV. Current concepts: intensive care of patients with HIV infection. *New England Journal of Medicine* 2006; **355**: 173-81.

Legal framework and GMC Guidance

- Mental Capacity Act 2005
 - Act in order to sustain life or prevent serious deterioration
 - Protection from liability

- Human Tissue Act 2004
 - Testing infection status of patients lacking capacity solely for benefit of healthcare worker involved in patient's care not permitted by law

- GMC consent guidance: capacity
 - Overall clinical benefit
 - Lack of capacity temporary or permanent
 - Least restrictive of patient's future choices

Methods

- National survey developed in collaboration with Intensive Care Society (ICS)
- 120 ICUs contacted by email to complete online, pre-piloted questionnaire at dedicated website
- Data collected from 1st August to 31st October 2011
 - Opinion regarding GMC guidance and legislation

Results 1

- Response rate 44% (53/120)
- 36% (19/53) thought 'the patient's best interests' should be defined by presence of HIV indicator disease or 'high risk' behaviours
- 70% (37/53) agreed 'critical illness' should be nationally recognised as indicator disease
- 57% (30/53) believed GMC regulations should be changed to allow for global testing of all patients lacking capacity irrespective of diagnosis

Results 2

- 92% (49/53) supported change to GMC regulations to allow testing of all patients lacking capacity following needlestick
- 9% (5/53) believed that HIV testing should only be performed when assent from next-of-kin obtained

Discussion

- Clinical benefit: life-saving, prevent serious deterioration
- Compromises future options?
- Following needlestick test 'in patient's best interests' (HTA, MCA)
- Next-of-kin assent

Conclusions

- ICU speciality specific guidelines
 - National Guidelines for HIV Testing
 - ICS Guidelines
- Global testing model vs indicator disease model
- Inclusion of 'critical illness' as indicator disease?
- Revisit legislation regarding testing index needlestick patients²

Further reading

- p152 Pryce A, Dodd M. *A national survey of HIV testing practices within Intensive Care Units: a need to standardise patient care?*
- p150 Collini P, Dodd M, Dockrell D, Scott C. *A retrospective study of HIV testing in intensive care: significant numbers meet testing criteria according to national testing guidelines.*
- Dodd M, Pryce A. *A national survey of HIV testing in intensive care: moving forwards. Journal of the Intensive Care Society, April 2012 [in press]*