

Editorial

AIDS — a question of informed consent

There is no gray area. At the present state of scientific knowledge, acquired immunodeficiency syndrome (AIDS) is a lethal disease. Therefore, all members of the dental profession have a special obligation to protect the general public from the transmission of AIDS. This obligation includes disclosure to patients and staff of any communicable disease that the dentist, or any health care worker, may transmit during the course of routine treatment.

This past summer, a dentist died of complications stemming from AIDS. A female patient of this dentist has contracted AIDS—allegedly from the dentist during a tooth extraction procedure. This is the first and, at the time of writing, the only documented case of AIDS transmission from a health care worker to a patient.

Irrespective of whether or not the patient actually was infected by her dentist, this case highlights an issue of ethical responsibility for all health care providers. Should a dentist who has AIDS continue treating patients? If so, should not that dentist, as a part of the informed consent procedure, inform all patients and office staff that he or she has tested positive for the human immunodeficiency virus and that the possibility, albeit very small, of disease transmission exists during dental treatment?

It is immoral and unethical to deny equal human rights to those whose lives have been struck by a disease as cruel as AIDS. The rights of persons with AIDS are clearly established under law. Discrimination is illegal. But with this protection comes an obligation to society on the part of those infected to refrain from doing anything that could put someone else at risk of infection. Continuing the practice of clinical dentistry on patients uninformed of their at-risk status violates this obligation.

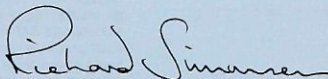
Informed consent is generally regarded as the responsibility of health care workers to provide patients with a full explanation of the risks and potential prob-

lems that may be associated with any particular procedure. I believe this includes explaining to patients the risk of contracting AIDS from an immunopositive dentist or other health care worker. Thus, in the case in question: if the patient contracted AIDS from an extraction procedure *after* the dentist knew that he was infected with the AIDS virus, a violation of informed consent procedures, as I understand them, has taken place.

Anyone with a communicable disease has an ethical and moral obligation to minimize transmission risk. Anyone with a fatal communicable disease has an even greater obligation never to put anyone else at any risk of disease transmission, however small the risk may be perceived to be, without the full knowledge and permission of the person at risk. Informed consent, therefore, consists not only of discussion of the risks of the procedure itself. Any risk that the patient is exposed to, including that of contracting a dangerous or fatal disease from anyone associated with the treatment, should also be a part of the informed consent procedure.

Where does this leave a clinical dentist who has AIDS? Probably without any patients. It is hard to conceive of any patients, save perhaps those already immunopositive themselves, putting themselves at risk of contracting AIDS for the sake of a non-life-threatening dental treatment.

There is no gray area here. The patient's right to a full life must come before any individual desire to pursue a health care profession that involves surgical intervention and the concomitant risk of disease transmission.



Richard J. Simonsen
Editor-in-Chief