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Special from the American Medical Association

The attached letter was delivered to all Members of Congress on Friday, September 13, 1991. This letter was prepared to once again positively position the AMA on the AIDS issue in the face of escalating legislative activity and media coverage of the Kimberly Bergalis case. Much of the legislation under consideration is ill-advised, and we are urging Congress to let public health experts develop sound policy based on science and risk benefits. This is but one of many continuing battles on the AIDS front and it is important to establish our credibility by basing our policy on science rather than hysteria.

September, 1991

RE: AMA Policy on HIV-Infected
Physicians
Dear Member of Congress:

This nation continues to struggle with the unresolved issues surrounding HIV infection and its routes of transmission, not all of which are clearly understood. Not surprisingly, there is widespread fear, sometimes bordering on hysteria, over the possibility that health-care workers conceivably, in the course of caring for patients, could unknowingly transmit the virus to their patients. The American Medical Association shares this concern along with the Centers for Disease Control. We are developing the most appropriate measures to prevent this from happening.

Physicians first and foremost should not do anything that puts their patients at risk of harm. Unfortunately, despite utilizing the most expert opinion and knowledge available, neither organization has been able yet to reach a definitive answer to all the questions being addressed. As you face the challenge of legislatively trying to protect the public, we want you to know exactly the position of the American Medical Association, and we hope you will carefully consider our concerns.

First, the facts. There is no evi-

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dence so far of transmission of the HIV virus from a medical doctor to a patient. Indeed, the evidence is just the reverse, health-care workers have been infected by patients, although that is extremely rare. Numerous "look back" studies on patients who have been cared for by HIV-positive physicians fail to show any evidence of transmission. The widely reported case of the Florida dentist, Dr Acer, is an anomaly with no clear explanation. Nonetheless, it is a cause for concern, and it cannot be dismissed. Unfortunately, the facts end here. It is now up to all of us to deal rationally with a potential, but not a demonstrated, danger.

In January 1991, the AMA issued explicit guidelines addressing the issue of physicians doing invasive procedures during which the HIV virus conceivably could be transmitted to patients. In July, the CDC issued similar guidelines. The AMA fully supports the CDC position and is committed to working with it to further refine the uncertainties leading to greater patient confidence that he or she will not be exposed to any danger as we know it. One problem is the sizable body of expert opinion which maintains that even these restraints are contrary to a patient's interests in the long run.

There are now no protocols for the appropriate testing of physicians who do exposure-prone procedures or the enforcement of guidelines once a physician has been identified as HIV positive. Both the AMA and the CDC are in the process of developing these protocols. In the absence of any evidence that patients are being exposed to harm, there is no need for precipitous action either by the profession or the Congress. Medical and public health organizations need the time to evolve a patient-centered and scientifically defensible policy regarding identification of HIV-positive physicians and how they may continue to care for patients. This needs to be done expeditiously.

We are concerned that the Con-

(Continued on page 221) ►



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SPECIAL FROM AMA
(Continued from page 215)

gress, without a rational basis, appears ready to legislate restrictions on medical activities where there is no evidence of risk. Fear of the unknown is no justification for legislation that may or may not be in the best interests of either patients or physicians. We urge you in the strongest terms not to succumb to impulse or hysteria, but allow the medical community to develop the standards by which the public will be best protected. Let me reiterate in the strongest terms possible, the American Medical Association and the physicians of this country hold their patients' welfare dear above everything else. What we ask is that the Congress rely on the best scientific information available in developing sound policies to deal with this disease.

Sincerely,
s/James S Todd MD
Executive Vice President

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