

***CASE STUDY:  
PROVIDER TO PATIENT  
TRANSMISSION OF HCV (&  
HBV & HIV***

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## Case study

- You are an occupational physician, working in the occupational health department of a University Hospital.
- You see an orthopaedic pediatric surgeon who just had a needle stick injury.
- You perform blood sampling to the surgeon, and discover anti HCV antibodies.
- He tells you he knows that he has been infected for years, but that he does not want to change his practice, and does not allow you to tell that to anybody!

WHAT ARE THE POINTS YOU HAVE TO  
CONSIDER BEFORE TAKING YOUR  
DECISION?

WHAT ARE THE ETHICAL ISSUES OF THIS  
CASE?

***SOME FACTS***

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## *What do we know about the risks?*

- Needle stick injuries = sharps injuries due to needle tips
- The most significant risk from a needle stick injury is transmission of a blood-borne virus (BBV), especially hepatitis B virus (HBV), hepatitis C virus (HCV) or human immunodeficiency virus (HIV)
- Estimations of seroconversion rates following a NSI from an infectious source and in the presence of optimal circumstances are 1.6% - 40% for HBV, 1.8% - 10% for HCV and 0.1% - 0.3% for HIV

## *Can the surgeon contaminate his patients?*

- Yes if he has an unjury and bleeds « in the patient »
  - Frequency unknown
- Yes if he has a Needle stick injurie and keep on using the device
  - Such an injury occurs in 11.7% of surgical procedures (Johanet, 1995)
    - 51% of them concern the surgeon
  - The contaminated device touch the tissues of the patient between 21% and 32% of injuries
- Maybe he already did contaminate !

***SOME POSSIBLE ACTIONS***

## *For the past*

- Screen all the patients on which he performed surgery in the previous years (« Look back ») ?
  - We can treat hepatitis C
  - If we don't treat : risk of cirrhosis or liver cancer
- How to inform patients if the physician don't want to ?



## *For now ?*

- Treat the surgeon to decrease his viral load ?
- What about if he has no medical reason to be treated ?
  - Side effects of a treatment prescribed not for his own benefit ?

## *For the future*

- Inform the patients before surgery ?
  - Stigma and discrimination of the physician
- Avoid some procedures more at risk?
  - « Exposure prone procedures »
    - those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker.
    - include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. (CDC)
  - High risk in orthopaedy

*But !*

- Limit the activities of the surgeon to avoid exposure prone procedure ?
  - What are the financial consequences for him ?
  - Until when ?
  - Who decides ?
    - In France, the occupational physician must not restrict the right to work of an employee to protect the health of the « customer » but only to protect the other workers
  - The national medical council could take the decision ... if he knows

## *Do you have the right to tell?*

- Public health authorities, Director of the hospital, patients ?
- French criminal code
  - « The revelation of a secret information by a person who is the depositary by state or profession is punishable by one year in prison and 15,000 euros fine. »
- This principle is above all, including public health
  - « no medicine without confidence, no confidence without revelations, no revelation without secret »
- Nevertheless, do you have the moral right to shut up?



***AND IN OTHER COUNTRIES ?***

## *In the UK ?*

- Department of Health July 2005 : HIV infected health care workers: Guidance on management and Patient notification
- Employers should assure infected health care workers that their status and rights as employees will be safeguarded as far as practicable. (para 5.6)
- ‘If the infected HCW will not disclose to OH or the DPH then the HCP providing their clinical care should disclose, having informed the HCW first.....’ (para 4.16)
- The HIV physician providing ... care to an infected worker.....should jointly manage the case with the OH physician. (para 6.3)

## *In Switzerland*

- Office Fédéral de la Santé Publique, 2011
- It is recommended to the infected healthcare worker to inform the occupational physician or the public health physician of his status
- The treating physician of an infected HCW has not the right to release private medical information
  - Except if the HCW « is obviously putting his patients at risk »
- Restricting surgical activities could be prescribed after the advice of a commission including a person « trained in medical ethics »



***SO, WHAT DO YOU DO?***

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