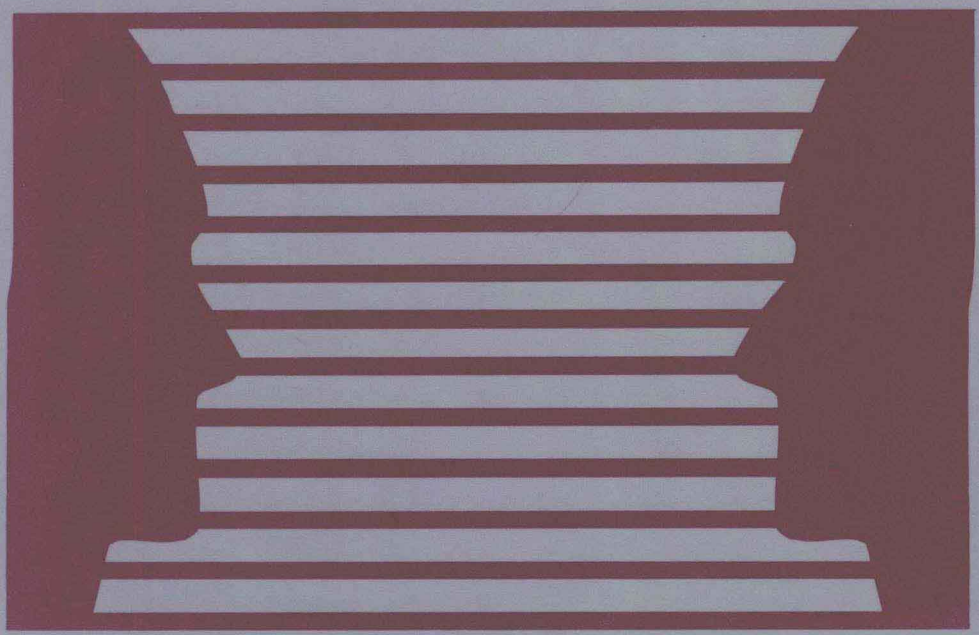
DEBATES IN MEDICINE



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DEBATES IN MEDICINE

Volume 2

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This volume is dedicated to those students and colleagues whose pointed questions foster controversy, promote research, and expand education. It is also dedicated to my wife Cherna and my children, Neil, Kim, Jill, and Tracy. It is because of them that it is all worthwhile.

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Preface

In medicine, controversy exists as long as a disease's cause and cure remain mysterious. The purpose of this volume, and others in this series, is to provide the reader with current concepts of etiology, pathogenesis, course, and treatment for a variety of medical illnesses about which controversy remains.

The topics selected are those that seem especially important during the year of this book's publication. The debate format is used as a teaching tool with the authors assigned protagonist or antagonist roles based on their previous experience, writings, and interests. They are all experts in the fields in which they are writing.

I have asked the authors to present their arguments as if they were attorneys defending a client. Thus, they were asked to make the best case possible for the side assigned to them regardless of their own personal beliefs. After each debate, an editor summarizes the issues and provides the reader with guidelines for approaching information that will develop in the future.

This book is limited by our current state of knowledge. It can only illuminate our current perspectives on these issues. Within a few years, some of the controversies described in this volume may be definitively resolved. Nevertheless, the teaching value of the debate format is likely to endure. It is my conviction that out of controversy, truth will emerge. Controversy is a catalyst for research and for education.

My associate editors and I sincerely hope that readers will not only enjoy and be stimulated by these encounters in which equally matched intellectual opponents spiritedly argue antithetical positions, but that they will also expand their overall knowledge of these areas of controversy.

Susan Dashe efficiently and expertly brought together the materials that eventually resulted in this text. Her dedication makes it possible for these volumes to be published in a timely manner. The editor and the associate editors extend to her our sincere gratitude.

Gary Gitnick, M.D.

Contents

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Volume 2

Should Hospitalized Patients Be Tested for Human Immunodeficiency Virus?

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Affirmative*

Frederic C. Kass, M.D., J.D., M.P.A.

The Impetus for HIV Testing

The impetus behind screening hospitalized patients for human immunodeficiency virus (HIV) arises from three closely related trends: (1) the increasing prevalence of HIV infection; (2) the increasing acceptance of HIV screening; and (3) the emergence of HIV infection as an occupational disease.

The increasing prevalence of HIV infection has made the virus a common pathogen in American hospitals. More than 52,000 patients with acquired immunodeficiency syndrome (AIDS) have been reported to the Centers for Disease Control (CDC) since 1981, and it is now estimated that between 1 and 2 million persons in the United States are infected with the virus. The highest prevalence of HIV infection occurs among those with recognized risk factors. It is estimated that between 50% and 65% of intravenous drug abusers in New York City are infected. Studies of seropositivity among homosexual and bisexual men range from 10% to 70%. Approximately 70% of those with hemophilia A and 35% of those with hemophilia B are infected, and between 10% and 60% of the heterosexual partners of infected men have seroconverted.

Recently, it has become apparent that there is a high prevalence of HIV infection among certain populations of hospitalized patients. In one study of blood specimens obtained from 506 patients submitted to the clinical chemistry laboratory of an urban teaching hospital, 3.0% had antibody to HIV. In another study of cord blood samples obtained at the delivery of 602 children in a large inner-city municipal hospital, 2.0% indicated infection. A study of critical emergency room patients older than age 14 years found 3.0% infected; however, 16% of critical trauma patients between the ages of 25 and 34 were found in that study to be seropositive. Although hospitalized patients have not in the past been considered to be a high-risk group that should be screened for HIV, these data would seem to support the implementation of routine testing for certain groups of patients.

As the prevalence of HIV infection has increased, so has the importance of HIV screening become increasingly accepted. Tests to detect antibody to HIV were first licensed by the Food and Drug Administration in 1985 as a means of screening blood and plasma donations. Since that time, probably more than 10 million donors have been screened. In October 1985, the United States Department of Defense began routinely testing

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