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HIV Knows No Discrimination

“We must be completely up to date in our knowledge and implementation of standard precautions for preventing the spread of bloodborne pathogens.**”**

My favourite oral surgery professor in dental school posed a trick question one day as I was assisting him. While using an elevator to retrieve a buried root of a mandibular molar, he asked me what anatomical structure the tip of the elevator would hit if it slipped as he applied pressure. Before I could muster a response, he snappily answered his own question with “my finger, and never forget it.”

Flash forward 20 years and I am in my clinic removing a molar from a patient who has declared in his health questionnaire that he is HIV positive. The broken-down crown snaps off as I apply the forceps. As I reached for the Cryers elevator, the words of my teacher echoed in my mind. I wondered what would happen if I punctured my finger during the procedure. I thought of my wife and how our life might be altered if I became infected. I lived moments of fear as I carried out the rest of the procedure.

The fears I experienced in this situation are well known to every dentist. Unfortunately, as a result of such fears, some colleagues may be refusing to treat patients who declare themselves HIV positive, or else they or their staff members may make HIV/AIDS sufferers feel very unwelcome in their offices. Such actions have serious implications for our profession. In today's climate, dentists simply cannot discriminate against HIV/AIDS sufferers and refuse treatment on the basis of this health condition.

In the mid-1980s in another country, I overheard a shocking conversation between 2 dentists discussing homosexual patients. One described how he had recently chased from his waiting room 2 men who had been holding hands while one waited for treatment. He indicated that he didn't want any AIDS patients in his office and that they should find some “liberal” practitioners who would treat them. Perhaps this was an

extreme case, but it reflected the prejudices of the time held against risk groups for HIV/AIDS.

Those prejudices are simply wrong and are totally misplaced today. It is estimated that there are currently almost 20,000 Canadians unaware that they are living with HIV. While in western developed countries a large proportion of early cases were homosexual men, the epidemiology of the disease has changed dramatically. Today the incidence among male homosexuals has dropped significantly and heterosexual women are the fastest growing group of HIV sufferers. As dentists, we must assume that every patient is potentially HIV positive.

Canadian courts consider HIV/AIDS a physical disability and we are not allowed, by Canadian human right laws and our professional codes of ethics, to discriminate against anybody on the basis of a disability. Yet some advocacy groups claim that a significant percentage of people with HIV/AIDS still have difficulty finding a dentist to treat them in a comfortable environment.

Besides provoking human rights cases against dentists individually and collectively, such discrimination could discourage patients with HIV from declaring their condition on our health questionnaires. Driving HIV underground in the dental office has potentially greater consequences for the providers and recipients of care.

To prevent these consequences, we must be completely up to date in our knowledge and implementation of standard precautions for preventing the spread of bloodborne pathogens. We must also ensure that office staff are trained and knowledgeable in this area. We have a duty to be completely familiar with comprehensive resources such as CDA's Infection Control Manual and the Guidelines for Infection Control in Dental Care Settings produced by the Centers for Disease Control and Prevention.

As I was extracting the tooth for my HIV-positive patient, I should have been thinking that my risk of acquiring the condition due to a percutaneous injury is just 0.3%. I should have been more focused on providing a compassionate service to a person who has a much heavier burden to carry in life than I do. I believe it is a matter of urgency for our profession to work with HIV/AIDS advocacy organizations to promote accessible oral health care for people who are living with this condition.

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