

Letters

CMAJ publishes as many letters as possible. However, since space is limited, choices have to be made, on the basis of content and style; we routinely correspond only with authors of accepted letters. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually not be published, without comment to the author or return of the letter; nevertheless, we reserve the right to abridge letters that are unduly long or repeat points made in other letters, especially in the same issue, as well as to edit for clarity.

Anonymous AIDS testing

In the Newsbrief "Anonymous AIDS testing should be rejected, Ottawa MD says" (*Can Med Assoc J* 1989; 141: 142) Dr. Ian Gemmill, associate medical officer of health with the Ottawa-Carleton Health Department, is quoted as labelling anonymous testing "worrisome and possibly dangerous". Gemmill claims that the main rationale for anonymous testing is related to the issue of confidentiality. He also claims that with anonymous testing it would be impossible to notify sexual partners of HIV-positive individuals of the potential risk to their health.

It is clear that with anonymous testing some partners might not be notified of their potential exposure to HIV. However, the current system of nominal and non-nominal testing poses, in my opinion, a greater threat to female partners and children of HIV-infected individuals, particularly bisexual men. The reason has nothing to do with confidentiality. I am as happy as Gemmill that confidentiality at the Ministry of Health and public health laboratories is excellent and that there have been no breaches related to HIV testing.

However, I would like to invite Gemmill to my office to

see what happens in the real world. My practice, an academic, hospital-based practice in internal medicine, is rapidly becoming a specialty practice in AIDS. Over the last 4 years a significant number of people have come to my office for HIV testing with neither appointments nor referrals. Most have been bisexual men afraid to inform their family doctors of their high-risk behaviour. Their fear is not of disclosure but that the family doctor will be judgemental or refuse to provide care once HIV infection has been diagnosed. From my experience in southwestern Ontario some bisexual men may be justified in their fear.

Outside metropolitan Toronto there are few, if any, "hassle-free" clinics where people may receive HIV testing. If bisexual men or intravenous drug users are reluctant to discuss testing with their family doctors, particularly in small communities or rural settings, there is no place for them to be tested. The implication is an increased rate of HIV transmission to female partners and offspring.

Because of the increasing number of therapies available to prevent the progression of HIV infection to AIDS, many physicians, myself included, are recommending that people be tested. What we require in Ontario is a system in which people are encouraged to come forward for testing and are not scared off. All

types of testing are required: non-nominal, nominal (under some circumstances) and anonymous. Anonymous test sites must be made available throughout the province, perhaps in association with regional AIDS outpatient clinics. The Ministry of Health must stop listening to the spurious and self-serving arguments of public health officials and implement such a system as soon as possible.

Anonymous testing allows individuals to be identified, receive counselling and have access to medical therapies. At the ministry's Consensus Conference on AIDS in Toronto in December 1988 most participants agreed that anonymous testing was required in Ontario. It is time that the ministry and public health units started listening to those of us in the front lines.

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[Dr. Gemmill responds:]

Dr. Mackie is confusing two issues concerning HIV testing. Inaccessibility to testing because of fear of the family doctor's response does not logically lead to the conclusion that anonymous testing should be instituted in Ontario. Rather, the Ontario chapter of the College of Family Physicians of Canada has initiat-