



Testing Barriers Project

Blood testing following criminal incidents where there is a risk of infection: Proposals for Legislation.

Consultation response from the Testing Barriers Project at Gay Men's Health, Edinburgh. The Testing Barriers Project is an NHS funded initiative set up to work with gay and bisexual men with HIV and others to challenge and minimise barriers to HIV testing.

Introduction

The Testing Barriers Project fully supports the aims of the Scottish Executive and the Scottish Police Federation to protect its members from risk of infection in the course of their work, and to reduce associated fears and anxieties.

However, we believe that the current proposals would not be effective in meeting these aims and have the potential to give misleading messages about the level of risk of infection.

In particular we believe that:

The proposals are unnecessary and would not provide the information required to impact on health or reduce anxiety.

- PEP would have to be started within hours of risk of infection which would be a much shorter time than that needed to get the results of a test.
- A negative test result does not provide sufficient information to inform a decision to stop PEP because of the window period.
- Individual rights to privacy and autonomy over health decisions would be eroded with no proportionate benefit ensuing.

The proposals are discriminatory.

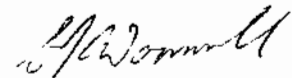
- They discriminate against people suspected of having committed an offence while they may still be innocent of any crime.

The proposals are inconsistent with other procedures.

- They ignore other protocols such as those adopted by health workers where all other means of obtaining information would have to be exhausted before resorting to compulsory measures.
- Under GMC guidelines, the confidentiality of an individual's medical records may be breached if there is a risk of harm or death. This provides an alternative means to obtain the information.

Conclusion

We believe that the current proposals are not evidence based as they will not address the concerns expressed by the SPF or satisfy the aims of the Scottish Executive. There is a need to re-examine and revise current procedures and protocols and to explore alternative, more effective measures to address these issues in collaboration with experts in HIV and related issues. There is a need to build on existing good working and community relations between police officers, others who may be at risk of infection, and those living with and affected by HIV.



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