

An Australian legal precedent exists for medical practitioners regarding testing for STIs. In the New South Wales Supreme Court case of *BT v Oei*, it was found that a doctor has a duty of care to offer testing for other STIs to a patient with one STI or a suspected STI.<sup>3</sup> In that case, a sexual partner of an HIV-positive patient brought successful legal action against her partner's doctor for failing to diagnose HIV infection in her partner. The doctor was found negligent in failing to offer an HIV test to a patient with ongoing symptoms who had been found to be infected with hepatitis B virus and whose only risk factor for this infection was unprotected sex. The doctor's duty of care was found to extend to the patient's sexual partner, who became infected with HIV after unprotected sex with her partner.

Given that best-practice guidelines and a legal precedent exist which confirm that a medical practitioner should offer testing for other STIs to a patient with one STI or a suspected STI, what are the medicolegal implications of the Health Insurance Commission's three-test rule?

**COMMENT:** The Journal sought a comment from the Commonwealth Department of Health and Ageing, but after three months had yet to receive a response.

1. Donovan B, Knight V, McNulty AM, et al. Gonorrhoea screening in general practice: perceived barriers and strategies to improve screening rates. *Med J Aust* 2001; 175: 412-414.
2. Guidelines for managing sexually transmitted infections. Perth: Sexual Health Program, Communicable Disease Control Branch, Health Department of Western Australia, 2001.
3. *BT v Oei* [1999] New South Wales Supreme Court Case No. 1082. □

## Separating politics and scientific research on heroin prescription

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**TO THE EDITOR:** Hall et al<sup>1</sup> argue that a hydromorphone trial would break the current deadlock in Australia over prescription heroin research. But would it? If hydromorphone was demonstrated to be an effective intervention for treating refractory heroin users, researchers would then wish to compare both hydromorphone and prescription heroin against the gold standard, oral methadone.

The Prime Minister has stated publicly that proceeding with a prescription heroin trial "would send a wrong message". This claim is still unsupported by evidence. Clinicians and researchers should steadfastly oppose political interference in medical research from however august a level, especially when there is such a strong rationale for the trial and when researchers have so scrupulously followed scientific process. Such interference would not be tolerated in other areas of medical research and should not be tolerated in this field.

The results of a recent large randomised controlled trial<sup>2</sup> of prescription heroin in the Netherlands, while yet to be published in a peer-reviewed journal, provide strong additional support for an Australian trial. In contrast, Hall et al<sup>1</sup> cite no previous evaluation of the efficacy of hydromorphone in managing heroin dependence.

In Switzerland, prescription heroin is reserved strictly for treating refractory patients and accounts for fewer than 5% of all treatment provided.<sup>3</sup> The importance of attracting and retaining this group in treatment is probably far greater than their small numbers might suggest, as there is reason to believe that they contribute disproportionately to the immense social costs of heroin use in the community. (By analogy, the heaviest-drinking 10% in a community account for half the total alcohol consumed.) Those who inject heroin very much more frequently than the community mean are probably responsible for a disproportionate share of crime and enlisting new recruits.

Prescription heroin was selected as the experimental intervention in studies in Switzerland, the Netherlands, Germany and Spain and is now being considered seriously in Canada. The reasons advanced by Hall et al<sup>1</sup> are all cogent arguments for conducting a trial of hydromorphone *additional to* an evaluation of prescription heroin.

Hall et al are concerned about lack of community support for a heroin trial in Australia, but in a recent national opinion poll<sup>4</sup> 45% of respondents expressed support, while 47% were opposed.

The case for an Australian heroin trial, with or without additional trials, remains compelling.

1. Hall WD, Kimber J, Mattick RP. Breaking the deadlock over an Australian trial of injectable opioid maintenance. *Med J Aust* 2002; 176: 72-73.
2. Sheldon T. Netherlands considers prescribing heroin to addicts [news]. *BMJ* 2002; 324: 385.
3. The Swiss drug policy: a fourfold approach with special consideration of the medical prescription of narcotics. Bern: Swiss Federal Office of Public Health, 1999.
4. Newspan and *The Australian*. Heroin trial poll. Available at: <[http://newspan.com.au/cgi-bin/display\\_poll\\_data.pl](http://newspan.com.au/cgi-bin/display_poll_data.pl)> (accessed 4 April 2002). □