

Eyes and ears

Jail for TB treatment defaulters?

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An article from the HDN Key Correspondent Team

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While health is recognized as a human right, experts gathered in Cape Town for the 38th Union World Conference on Lung Health are agonizing over how to support this right for individuals without compromising the health of the general public.

Many experts are concerned over the rise of drug-resistant strains of tuberculosis (TB) – which can be partially attributed to high treatment default rates, weak health systems and low awareness levels – and are beginning to question whether or not TB patients who exacerbate these situations should be incarcerated.

“Time to get back to basics,” said Dr Refiloe Matji, Regional Director of the University Research Co, South Africa and an authority on TB surveillance, care and control.

According to Matji, the major issue at hand is the de-medicalization of TB. “If a patient were made to adhere to treatment with the aim of having them cured the first time round, most of the issues being discussed here would not arise. Patients become resistant by not completing treatment the first time around.”

Previously, she said, fingers had been pointed at patients who did not complete their treatment and they were blamed for contributing to the rise of multi-drug resistant TB (MDR-TB). But new evidence presented at the conference suggests that some patients who do adhere to their treatment regimes were failing treatment because they had been initially infected with either MDR-TB or extensively drug resistant TB (XDR-TB).

“This indicates a variety of reasons [for drug resistance],” Matji says. “It could arise through poor prescriptions or exposure to MDR-TB from within their community cohorts” she said. “Possibly some people do not know that they are infected with TB, or are too poor to seek early treatment, or deliberately refuse to adhere to their prescriptions,” she said.

This raises further questions about the social problems that need to be considered in the course of the fight against MDR-TB.

For example, Matji said, “if weakened patients cannot afford a taxi to repeatedly visit and revisit a hospital – that on average could be as far as 10 to 20 kilometers from their homes – what should we expect?”

Dr Jerome Singh, Head of the Bioethics Programme at the Centre for the AIDS Programme of Research in South Africa (CAPRISA) agreed and said the “time to think out of the box was now”. If MDR-TB and XDR-TB are to be effectively managed, the health sector will have to look at the support mechanisms in place for patients.

While agreeing with the idea that there are patients who default on their treatment for medical

reasons, such as the fact that the medicines are too toxic, the injections painful, the pill-burden high and the home visits intrusive, Singh said there were many patients who failed to complete the regimes for social reasons.

“They don’t have money, so they need to work to support themselves and family. Further they can’t stay in the hospital or simply leave hospitals because the law specifies forfeiture of their social grants after a certain period of stay,” Singh said.

But Dr Nobert O Ndjeka, the MDR-TB and Infection Control Advisor for South Africa said that while it might not be possible to force patients to take their medication, some situations could call for court orders to detain a patient for MDR-TB treatment so as to protect health-care workers, other patients and the public.

He said that while most countries faced similar challenges to South Africa, there were others that had taken serious precautionary measures against the spread of the disease and that time was ripe for South Africa to do likewise.

Latvia, for example, takes a number of precautions against treatment default at the beginning of therapy, following counselling. If a patient becomes a ‘perpetual defaulter’ he or she could be incarcerated so as to prevent them from infecting others. But Ndjeka admitted that use of court orders was challenging.

He warned national TB programmes that patients’ adherence was dependent on the health system, social and economic factors, therapy and disease-related issues.

A study released at the conference by South Africa’s Medical Research Council and the US Centers for Disease Control (CDC) showed that patients defaulted on their treatment because of inadequate patient-provider relationships and low or non-existent support from family and friends.

“Weak systems of following up patients when discharged from hospitals to clinic in an environment of non-existent policy on management of perpetual defaulters will often work against stated government commitments to provide health care to citizens,” Ndjeka said.

But Leslie London, the Director of Public Health and Human Rights for Family Medicine at the University of Cape Town, said that while governments should explore all avenues to ensure that MDR- and XDR-TB did not spread further, this must be done with respect for the rights of the individual.

London said he was not calling for increased burdens on patients but for some balance between human rights and the good of public health. He said that procedures needed to allow for the adequate assessment of all relevant evidence and that the formation of a competent committee with the skills to assess the social aspects involved in certain cases was vital if arbitrary decisions were to be avoided.

London also said that safeguards, including notice of detention and opportunities for advocates and family members to voice their opinions must be included in any new procedures.

“As a strategy for reducing risk to third parties, it is cogent and feasible but must be specific. But as a population strategy to reduce transmission, it is not justified”, he said, adding that it was a weak strategy if the aim was to increase adherence, and unethical if it was merely responding to public concerns.

Otherwise, he said, “it would be unethical, illegal and bad public health policy to detain

'non-compliant' persons before making concerted efforts to address the numerous systemic deficiencies that make adherence to treatment virtually impossible."

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