

## □ INTERVIEW □



8

clear. I see no reason why the management of this Department should know the results of any medical test. The doctor who gives the test and advises the patient knows the results and on the basis of his knowledge of the patient and all his problems, or his general state of health, including the results of tests, he will say to us that the employee is fit to be sent to such and such a post, or is not fit.

There are all kinds of reasons why it could not be desirable for a particular person to go to a particular post, and that would be up to the doctor, in discussion with the patient. That becomes a medical decision.

*S. G.: It seems people who are not sero-positive and therefore risk more postings to unhealthy places. Is this the case?*

*H. S.:* We already have a number of people in the foreign service who,

because of certain health conditions, cannot go, for example, to posts at very high altitude, or where air quality is very bad. This does not cause a great problem. Now with sero-positivity, our doctors believe that if they tested the foreign service, they would find very, very few sero-positives. The American experience suggests this, as they have found very few. So I don't think that at present there would be a great problem here.

*S. G.:* *It will be easy for Personnel to know who is HIV positive, because we know in which countries it is most prevalent and therefore easiest to catch.*

*H. S.:* Well, people may guess, of course, because people guess all sorts of things. For example, some persons, for psychological reasons cannot be posted abroad, or they may be under psychological treatment, and people may guess that that's the reason, — or they may think it's for some other reason. I also think that the numbers would be very, very small. People can speculate and gossip, but I don't think they'd have anything very solid to go on just because a doctor says that someone can't go to a certain post. The management of the Department should not know who is sero-positive and who is not. Confidentiality between doctor and patient allows only that the doctor could recommend that someone not go to a certain post, but never allow him to say that it's because that person is sero-positive.

*S. G.:* *In terms of prevention, what measures does the Department intend to take?*

*H. S.:* Well, we've already adopted a number of measures. The important thing in AIDS prevention is education, because it's a sexually-transmitted disease, and therefore one must understand what conduct is dangerous in order to avoid catching it. The education we've provided is, first of all, a discussion of AIDS included in the pre-posting briefings. People are also told that when they have their medical exams they can discuss the subject in a more personal way with a doctor. We have also sent to all our personnel abroad a book called *AIDS: What Every Responsible Canadian Should Know*. It's been distributed in English, and will be available in French soon. We plan to increase the pre-posting briefings next year to include a full session on AIDS in addition to the general medical briefing. If, by that time, we are offering testing of any sort, there will have to be very thorough briefings of employees on the reasons for testing, what the results of the tests will mean to them, the confidentiality involved, what will be done with the results, and all these things. So these are the preventive measures we've adopted so far, on the educational side, which is by far the most important. Knowledge is really the key.

Because AIDS can also be spread by infected blood and needles, we've supplied our posts in high risk countries with what are called 'AIDS Prevention Kits'. They're really a specialized first aid kit which contains a plasma expander, which is a blood substitute, sterile intravenous fluid for re-hydration, and the appropriate needles, syringes, tubing, etc. — so that people are protected to some extent if they have injec-