



**Ethics of Tuberculosis  
Prevention, Care and  
Control**

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**MODULE 7: GAP BETWEEN AVAILABILITY OF  
DRUG SUSCEPTIBILITY TESTING AND ACCESS  
TO MDR-TB AND XDR-TB TREATMENT**

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**Objectives**

Upon completion of this module, you will be able to:

- Discuss reasons for and challenges with gap between diagnosis and treatment of drug-resistant TB and need to address this gap
- Explain the benefits of drug susceptibility testing in the absence of drug-resistant TB treatment
- Demonstrate why education and counselling forms an essential component of patient care in the absence of drug susceptibility testing (DST) and appropriate treatment for drug-resistant TB

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**Gap between diagnosis and treatment**

- Point-of-care rapid diagnostic methods at the outset of the diagnostic process can revolutionise the treatment of MDR- and XDR-TB by enabling the use of a tailored drug therapy
- Countries should ensure that patients diagnosed through these measures are provided access to the most appropriate drugs
- Scaling up and providing treatment, including treatment for MDR-TB and XDR-TB is an essential element of providing ethical TB care (universal access to care)

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### Gap between diagnosis and treatment -2

- While countries are in the process of scaling up treatment for MDR/XDR-TB, the use of drug susceptibility testing may be appropriate
- May be used as an **interim measure** even where:
  - Second- or third-line drug treatment is not available
  - The only available treatment is substandard
- Patients **MUST** be asked to provide informed consent for diagnostic testing in absence of treatment
- Countries, TB Programmes and providers should focus on ensuring adequate treatment is available for all who are diagnosed with drug-resistant TB

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### Ethical approach to scaling up MDR/XDR-TB treatment

- 3 AQ Principles should be incorporated as universal access to care for drug resistant is implemented in countries is scaled up and implemented
- *Availability:* Facilities, goods and services and programmes are available in sufficient quantity
- *Accessibility:* Facilities, goods and services are accessible to all (non-discrimination, physical, economic, and information accessibility)
- *Acceptability:* Respectful of medical ethics, culturally appropriate, respect of confidentiality
- *Quality:* Scientifically and medically appropriate and of good quality; skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe water, sanitation

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### Benefits of offering drug susceptibility testing in absence of treatment

- Provide evidence of a high prevalence of MDR- and XDR-TB
- Ensure that individuals with M/XDR-TB are not inappropriately treated with regular TB drugs
- Guide decisions about segregating TB patients being cared for in a closed environment
- Help individuals make life plans, diminish impact of disease on family members, and inform important behaviour regarding infection control

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## What happens in your setting?

### PLENARY

1. Is there access to drug susceptibility testing for patients?
  - If no, why not, what can be done to change this?
2. Is treatment available for MDR-/XDR-TB?
  - If no, Why not and what can be done to change this (especially in cases where DST IS available?)
  - If yes, how do you manage and treat patients?
3. If MDR-/XDR Treatment is available, is it provided in a way that is accessible to patients? (in light of human rights context of non-discrimination, physical, economic, and information accessibility)
  - If no, why not, what can be done to change this?
  - If yes what have been the challenges in providing this access and how were they addressed?

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## Making ethically appropriate treatment decisions in absence of DST

- Ideally all patients should undergo rapid drug-resistance testing in order to ensure provision of appropriate treatment regimens
- Approach benefits to both patients and community
  - Reduces risk of further spread of TB
  - Reduces development of drug-resistant TB strains
- For resource-constrained countries that cannot meet obligation to provide drug susceptibility testing on their own
  - International community should provide financial and other support, in keeping with the ethical principles of social justice and equity

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## Making ethically appropriate treatment decisions in absence of DST

For countries that are still scaling up their capacity

- Treatment decisions should be made on an individualised basis based on:
  - Local epidemiology
  - Patient specific factors
- Decisions should ideally be made in consultative process involving:
  - Multiple practitioners
  - Patient advocate (when available)

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## Making ethically appropriate treatment decisions in absence of DST

For patients

- Education and counselling should be offered; this will ensure that:
  - Patients are fully informed
  - Informed consent has been provided prior to testing

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### CASE STUDY

Let's discuss.....

A 29 year old patient, who lives in a community where there is a high prevalence of drug-resistant TB has just been diagnosed with TB. She has three children, aged 7, 4 and 18 months. Her husband works in the mines and lives in the mining hostel. He returns home once every quarter. He has been losing weight and has not been able to work. She last had an HIV test when she was pregnant with her youngest child (which was negative). Her mother-in-law and her husband's niece, who is 16, lives with her. Presently, there are no drug susceptibility testing facilities available at the hospital.

- What steps would you take for the treatment, care and support of the patient?
- How would you counsel the patient?

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