Editorial

SHORT-TERM SEGREGATION OF PATIENTS SUFFERING FROM LEPROMATOUS LEPROSY

The control of leprosy is proving more difficult even than the clinical arrest of the disease in the patient unendowed with the capacity for developing cell-mediated immunity to mycobacterial challenge. In fact, despite a few encouraging examples to the contrary—examples that lack the kind of rigid statistical support demanded by epidemiologists—the majority of leprosy treatment programmes fail for one reason or another to reduce noticeably and convincingly the actual incidence of leprosy. A growing disillusionment with schemes of domiciliary treatment that were often incomplete in coverage and inadequately supervised, has led some countries once again to look with favour on the suggestion that the best way to control an endemic disease caused by an organism of low pathogenicity is to isolate those persons known to be harbouring and disseminating the organisms in quantity. In other words, segregate the sources of contagion and the hitherto healthy population will not be exposed to the risk of infection. The cycle of transmission will have been broken.

The question has been brought forcibly to the notice of the Medical Commission of ELEP (the Federation of European Anti-Leprosy Associations), whose report follows:

"The Medical Commission notes that in some countries a tendency is becoming apparent to commend or to encourage the admission to hospital, at least for a period, of patients suffering from lepromatous leprosy. Having studied this question in some depth, the Commission desires to state firmly that it maintains its stand on the principles it laid down in the brochure entitled *Guidelines for the Campaign against Leprosy,* and specifically in the chapter dealing with the segregation of those patients suffering from the lepromatous form of the disease, which reads as follows:

Segregation of Patients with Lepromatous Leprosy

Theoretically, and if leprosy were indeed a highly contagious disease, the segregation of all those suffering from leprosy should be advisable. On similar grounds, and with greater reason, it would be desirable to advocate the segregation of everybody suffering from the lepromatous form of the disease. It is, however, necessary to bear in mind the following considerations:

(1) Leprosy is not a highly contagious disease.
(2) After a few months of regular treatment, persons suffering from the contagious kinds of leprosy (lepromatous or borderline) are no longer capable of infecting others.
(3) In those countries where leprosy constitutes a real problem, the money that may be devoted to the construction and maintenance of wards for in-patients could be more profitably used in other ways. Furthermore, the cost of keeping a patient in hospital is tens of times greater than treating him in his home in a mass treatment domciliary campaign. Any diversion of funds from leprosy control, any increase in the sums spent on in-patient care to the detriment of and at the expense of control schemes, should require thorough justification before being approved.

(4) The segregation of patients with lepromatous leprosy would make for the creation of a privileged class, and this class would represent but a proportion–and perhaps a very small proportion–of all those who were in need of in-patient care by reason of the complications of leprosy from which they are suffering.
(5) From the standpoint of overriding medical necessity, the segregation of patients with lepromatous leprosy for the sole reason that they have this form of leprosy, is not to be advised, for at any time very few of them really require in-patient care.
(6) On the other hand, there is every indication that some in-patient beds should always be available, in a hospital that is central and integrated into the leprosy control scheme, for all those who are really in need of in-patient care. Most of these, it is readily admitted, will be suffering from lepromatous leprosy; but it is rather because they are suffering from a complication of this form of leprosy, than the form of leprosy itself, that determines the need for in-patient care.
(7) In view of the fact that the great majority of those suffering from lepromatous leprosy cease to be contagious after a few months of treatment, it is far better to invest money in the building-up of simple laboratory facilities–even modest ones–in connection with these leprosy hospitals and control schemes, so that the infectivity of each patient may be precisely ascertained. This would be an investment giving greater dividends.

CONCLUSION

The segregation of patients with uncomplicated lepromatous leprosy is neither necessary nor desirable. It is, moreover, impossible.

As an addendum, it may be indicated that in certain circumstances the temporary segregation of patients with lepromatous leprosy may be in the best interests of the patients themselves and the community; for example, in regions where regular medical supervision is rendered impossible by reason of the terrain, the climate, or lack of communications; rarely, for social reasons; sometimes, in the case of nursing mothers, or those who run a high risk of developing complications. However, any policy that tends to perpetuate the stigma of leprosy, or false and outmoded notions of the contagiousness or uniqueness of the disease, is to be deprecated. And the wholesale and indiscriminate segregation of patients with lepromatous leprosy undoubtedly tends to do just this.

"The Commission would in fact emphasize that no epidemiological evidence exists to support the supposition that admission to hospital of patients with lepromatous leprosy would contribute in any significant degree to reducing the incidence of leprosy–which remains the ultimate objective of the campaign against the disease. In fact, the contrary is the case: everything points to the probability that such temporary admission to hospital–by reason of the accompanying administrative measures, the psychological repercussions, and the diversion of resources from mass treatment programmes to in-patient care–would in the long run place in jeopardy the whole anti-leprosy campaign.

"In these circumstances, the advocacy of in-patient treatment of patients with lepromatous leprosy, even though this may be selective and temporary, and even supposing that such a system is practicable, would only prove to be a risky experiment and quite unjustifiable. It should specifically be pointed out that in conditions of high leprosy prevalence, characterized moreover by a very low proportion of patients with lepromatous forms of leprosy, it is by no means certain that the latter, despite their recognized infectivity as individuals, constitute the main and most important reservoir of infection.

"Quite apart from the epidemiological considerations, the Commission would emphasize the lack of ready criteria that would permit of the determination of the relevance and the duration of in-patient care in any individual case.

"In the present state of knowledge, the early diagnosis of all those suffering from leprosy, and the regular treatment of the greatest possible number of such patients–including those suffering from non-lepromatous forms–remains, despite the imperfections of the procedure, the sole means that allows any hope, in the long run, of ensuring a diminution of the number of new cases of leprosy arising in areas of high prevalence.

"If it is true that this method has not always yielded the hoped-for results, this is because of the undeniable difficulties that its application encounters, as well as because of the exaggerated optimism that was formerly engendered. Henceforth, instead of throwing out the baby with the bath water, it is mandatory and urgent to make an objective study of the situation, with a view to ascertaining the precise difficulties and to study the solutions that have to be employed. In this respect, special efforts should be directed towards the training of staff, the education of the population and of all those in responsible positions, and by the same token to study the means to be utilized to facilitate, according to the local situation, the integration of the anti-leprosy campaign into the general health services (where they exist, or where they can be developed).

"The Medical Commission has never denied, and does not today deny, that some leprosy patients, in particular some patients suffering from lepromatous forms of leprosy, may have to be admitted for temporary in-patient care for certain well-defined medical reasons, but the organization of a system of in-patient care reserved exclusively for patients with lepromatous leprosy—and simply because they are suffering from this form of leprosy—a system to be developed alongside and separate from the ordinary health services, far from solving the leprosy problem, would indeed risk postponing its solution. Consequently, anxious to preserve the results, however partial, that have been achieved through the efforts put forth during the past 20 years, the Medical Commission recommends to the Member-Organizations of ELEP that they should view with the utmost circumspection any initiative that could, directly or indirectly, lead to the restoration of any system of discriminatory hospitalization, costly and of doubtful efficacy, and thus compromise the whole future anti-leprosy campaign.

"It is, of course, quite understood that for special reasons of various kinds, some existing centres for the care of leprosy patients, may, and sometimes must, be helped financially. In this respect, requests for help submitted to the Medical Commission are always examined in an atmosphere of sympathetic understanding, taking into account any special circumstances. It is nevertheless true that financial help to such centres is given because of exceptional considerations, and that the giving of such help must not be construed as setting the seal of approval on the centre, or recommending the perpetuation of a system that is the very opposite of the ultimate objectives advocated by the Medical Commission, which are: the progressive reduction in the incidence of new cases of leprosy, and the protection of future generations from the threat of leprosy."

This discussion will doubtless continue in many quarters and at many levels. If the present objective and critical attitude results in a better understanding of leprosy and its transmission, and indicates better means for controlling it, the airing of doubts and difficulties will have done nothing but good.