Editorial

HIV: Time for the Medical Community to Move Forward

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1 December 2008 marks the 20th anniversary of World AIDS Day.

The HIV epidemic was first recognised in 1981. Twenty-seven years on, there are 33 million people living with HIV worldwide. Last year there were 2.7 million HIV infections and 2 million AIDS-related death. In Asia, an estimated 5 million people are living with HIV as of end 2007.[1]

In Singapore, the first HIV seropositive case was documented in 1985. Locally, the number of HIV infection is increasing significantly. Last year, there were 422 new cases identified compared to 357 in 2006. As of October 2008, there were 382 diagnosed HIV cases bringing the total close to 4000.[2]

The revised recommendations issued by the US Centers for Disease Control (CDC) in 2006 focused on increasing routine HIV screening of patients in healthcare settings to achieve earlier detection of HIV infection. Previous CDC and US Preventive Services Task Force guidelines for HIV testing recommended routine counselling and testing for persons at high risk for HIV and for those in acute-care settings in which HIV prevalence was >1%.[3]

In February 2007, the Ministry of Health (MOH) carried out an unlinked anonymous HIV seroprevalence survey in 5 public hospitals which showed that the prevalence of undiagnosed HIV infection was 0.28%.[4] MOH has recently recommended an expanded HIV testing including provider-initiated HIV testing or opt out HIV testing in hospitals in Singapore.[5]

World Health Organization (WHO) guidelines on opt out HIV testing in healthcare facilities recommend testing for all patients, irrespective of epidemic setting, if their clinical presentation might be related to HIV infection. In addition, testing is recommended as part of medical care for all patients attending health facilities in generalised HIV epidemics (areas where HIV is firmly established in the general population defined if the HIV prevalence in pregnant women is over 1%). WHO guidelines recommend that opt out testing should be offered more selectively in concentrated and low level epidemics. Similar to the US CDC recommendations, WHO recommends that testing must be accompanied by a package of HIV-related prevention, treatment, care and support services. Likewise, efforts should be made to ensure that supportive policies need to be in place to benefit patients as well as minimise potential harms to patients.[6]

It is essential that there should be a critical review of opt out HIV testing in Singapore. This should include an analysis of patient acceptance, follow-up and linkage to care, any effect on length of stay in the hospital or access to medical care for primary medical condition, additional tests or effects, false positive results, as well as the cost effectiveness of this screening strategy. Hospitals currently drafting their own individual policy should be guided by principles of patient confidentiality, voluntary process, informed consent, adequate training of healthcare personnel involved in HIV testing, counselling as well as linkage to care and treatment.

The Health Promotion Board (HPB) has increased its efforts in HIV prevention campaigns and at the time of this paper, MOH is reviewing its policy on subsidy of antiretroviral drugs.[7] However, more work needs to be done specifically in relation to HIV stigma and discrimination. HIV-related stigma and discrimination are the greatest barrier that prevents individuals from finding out about their HIV status and therefore preventing them from receiving treatment and care for themselves as well as for their partners.

A recent survey conducted by the HPB showed that there are widespread negative attitudes within the general population against people living with HIV. Only half of the 1768 respondents would care for an infected relative, and one fifth would share a meal with someone who has HIV.[8] In relation to the healthcare professional's attitudes and behaviour regarding HIV, there have been 3 published studies and at least 2 unpublished studies done in Singapore.[9-11] The studies were conducted in 1987 and 1996-1997 when the reported number of HIV infections in Singapore was relatively low.[2] The results of those studies showed significant stigmatisation and fear of treating people living with HIV. In 2008, a survey of 80 medical and nursing students in their first and second year of training was conducted on their attitudes and beliefs regarding HIV

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infection and showed that 37.5% would not share a house with a person who has HIV, 24.1% believe that people who were infected through sex or through injecting drug use deserved it, 34% believe that it is the patient's fault that they got HIV and 12% felt that people with HIV are promiscuous. Twenty per cent of them would not perform surgery on an HIV-infected patient. Asked on whether they agree if a HIV positive medical student should be allowed to finish medical school to become a doctor, 40% of respondents disagreed. Majority (95%) of respondents had at least one negative belief or attitude towards a person living with HIV (unpublished data – data available upon request from author).

The implication of negative attitudes towards a person living with HIV is obvious. It hinders provision of effective care, treatment and follow-up of HIV patients. As healthcare professionals, the public demands and trusts that we set and maintain certain standards of competency and integrity as it relates to health. The social implications of stigma are worsened when maintained by a member of the healthcare profession. It affects how receptive we are to treating HIV patients. It also represents missed opportunities for prevention as well as providing hope and treatment and may undermine efforts on a public health level.

As we encourage more people to undergo HIV testing, it is important to understand the implications of an HIV diagnosis and to respect confidentiality and the voluntary consent process. Regarding HIV testing, 50% believe that it should be voluntary and 62.5% believe that mandatory HIV tests should be conducted on men who have sex with men (unpublished data – data available upon request from author).

How do we begin to address these issues in our medical profession? We need sound policies and to challenge traditional medical education.

On the issue of HIV testing policy, there are some positive signs as some healthcare institutions have drafted their policy and have not instituted mandatory HIV testing of all healthcare workers. Policies should be guided by scientific evidence and this is clearly not within current guidelines.[12] Hopefully, healthcare facilities will also look at institutionwide policies against discrimination and move forward to support an HIV anti-discrimination law in Singapore.

It is appropriate to take this opportunity to reflect on the underlying factors that contribute to attitudes on HIV-related stigma and discrimination among healthcare professionals. Is it lack of information? Does it require a more complete understanding of HIV? Education on scientific matters is not likely to be sufficient to achieve change in practice[8] although we need to take every opportunity to clarify and teach the risks of HIV transmission. Medical education also needs to address attitudes and cultural beliefs. Ultimately, we all come from society where stigma and moral judgment are attached to HIV. This is manifested in many ways, in particular those dealing with sexuality and the lack of acceptance and tolerance for men who have sex with men as these are seen by some physicians as being "unnatural" and having "unnatural lust". Physicians need to be made aware of their own prejudices as a first step in understanding how these attitudes influence their behaviour and their approach to patients. Perhaps we need to provide physicians with the skills needed to discuss varying forms of sexual expression. Unfortunately, there is no requirement in medical school that a physician need to be sensitive to the issues of the marginalised.

Our medical professionalism is the basis of our contract with society. In the physician charter for medical professionalism for the new millennium,[13] the fundamental principles that should guide us include patient welfare, autonomy and social justice. For social justice this requires that we work against discrimination in healthcare whether based on race, gender, socioeconomic status or any other social category. As one of our professional responsibilities, we must be committed to improving access to care whether individually or collectively, and to strive to remove barriers for all patients to receive the care that they need and deserve.

REFERENCES

1. Available at: www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008. Accessed 9 December 2008.
2. Available at: www.moh.gov.sg/mohcorp/statistics.aspx?id=246. Accessed 5 December 2008.
3. Department of Health and Human Services, Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health-Care Settings. Morbidity and Mortality Weekly Report, September 22, 2006/Vol 55/No. RR-14.
4. One in 350 patients is HIV-positive and they don't even know it in Singapore. Available at: http://www.natap.org/2007/IAS/IAS_05.htm. Accessed 11 December 2008.
5. Silent Killer Still at Large. The Straits Times. 29 November 2008.
6. Available at: http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf. Accessed 5 December 2008.
7. Subsidized Drugs for HIV Patients. The Straits Times. 6 December 2008.
8. Singaporeans knowledgeable about HIV/AIDS, but stigma remains. Available at: http://www.channelnewsasia.com/stories/singaporelocalnews/view/383342/1/.html. Accessed 5 December 2008.
9. Bishop GD, Oh HM, Swee HY. Attitudes and beliefs of Singapore health care professionals concerning HIV/AIDS. Singapore Med J 2000;41:55-63.
10. Chan R, Khoo L, Goh CL, Lam MS. A knowledge, attitudes, beliefs and practices (KABP) survey on HIV infection and AIDS among doctors and dental surgeons in Singapore. Ann Acad Med Singapore 1997;26:581-7.
11. Lee L, Yong LS, Tan A. Attitudes and experience of Singapore doctors and dental surgeons regarding acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) positive patients. Ann Acad Med Singapore 1989;18:19-21.
12. Chua A, Leo YS, Kurup A, Chlebicki MP, Lee CC. Healthcare workers and HIV health issues. Ann Acad Med Singapore 2008;37:576-9.
13. Members of the Medical Professionalism Project. Medical Professionalism in the New Millennium: A Physician Charter. Ann Intern Med 2002;136:243-6.