

COMMENTARY

Some Ethical Issues in HIV/AIDS Care

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HIV (human immunodeficiency virus) causes AIDS (Acquired Immune Deficiency Syndrome). HIV can be transmitted through sex, needles, clippers used by barbers, unsterilized instruments used for the incision of tribal marks, tattoos, and circumcisions, unscreened blood transfusions, etc. HIV destroys the immune system which makes the human body vulnerable and susceptible to diseases. About 25 million people have died from AIDS, while about 33 million people are presently living with HIV. Sub-Saharan Africa has the highest burden of people living with HIV/AIDS. Beyond the issue of HIV/AIDS being a medical issue, it also holds serious and important ethical issues for humans. Some of those moral issues are: HIV testing and the problems surrounding HIV-infected health-care professionals and the duty to treat people with HIV and AIDS¹. We would very briefly discuss those moral concerns associated with HIV/AIDS care.

HIV Testing/Screening

Medical laboratory investigation is a routine way of getting to know, in a specific way, what could be wrong with us when we consult our physicians. The outcome of the laboratory investigations often defines the line of care provided by our healthcare providers. However, the decision to undertake laboratory investigations for a patient requires the patient to grant his/her informed consent.

The principle of informed consent is based on the understanding that humans are autonomous agents capable of decision-making with regards to their health and indeed to other matters that directly pertain to them. It is for that reason that a medical procedure could not be performed on an individual without that person's consent or agreement. At this point, we need to enquire on if

there are *prima facie* compelling ethical reasons for mandatory HIV testing on persons. On the other hand, are there any meaningful and ethically sustaining benefits derivable from conducting mandatory test for an incurable condition, such as HIV/AIDS?

In the case of HIV test, some ethicists have argued against mandatory HIV testing because there is no cure for the condition². The logical gap is: if there is no cure then why go for HIV testing? However, there is a general shift from this line of thinking with the introduction of drugs (such as Zidovudine and the use of other combined drugs) which has proved effective in the management of the condition though it does not provide cure. With the small advancement in the management of the HIV/AIDS pandemic, people were then encouraged to undertake voluntary HIV testing.

Voluntary HIV testing would simply mean that one could choose to know his/her HIV status or not, and such a decision holds direct implication for that individual. However, there are times where the knowledge of one's HIV status holds implication for others, such as in the case of a pregnant woman. This is because pregnant women take responsibility for themselves and for their fetuses as well. Morally speaking, it then implies that an HIV positive woman must ensure (where it is possible) that their unborn child is protected from HIV vertical transmission. It is for that reason must bioethicists would argue that it makes moral sense for pregnant women to know their HIV status.

The moral question then is: if there are drugs that could significantly reduce vertical HIV transmission (that is from mother to fetus), should not all pregnant women be compelled to undertake HIV test in the interest of the unborn child? But in response, some feminists have argued against

compelling all pregnant women to undergo HIV testing. In their thinking, mandatory testing violates the rights of women. Anyway, the present practice in most countries is directed towards voluntary HIV testing for pregnant women as a way of reducing HIV vertical transmission.

Healthcare Givers, Patients and HIV Infection

HIV/AIDS is a pandemic with horrendous consequences. This means that everyone is potentially at risk of contracting the disease except we live carefully and responsibly. Healthcare givers and patients are equally at risk. We have some healthcare givers who are HIV positive in the same way that there are some people (non-healthcare givers) who are HIV positive. Let us examine the relationship between both parties against the background that it is universally accepted, which is, that people living with HIV/AIDS should not be discriminated against, be it at the work place, in the healthcare setting and indeed anywhere else.

This is because most people would agree that it is morally wrong to turn down the sick from where they wish to seek care. This implies that it would be wrong for healthcare givers not to attend to patients because of such patients' HIV positive status. But the sole reason why healthcare givers are reluctant to care for HIV positive patients (especially where such care is invasive) is the fear of themselves getting infected. This is done on the grounds of self-preservation. The inclination by some healthcare givers not to provide care to HIV positive patients has been generally condemned.

Healthcare givers like everyone else could be HIV positive. It is generally agreed that people are at liberty to decide on if they wish to be tested for HIV antibodies or not. However, it has been argued that unlike other people (who could be potential patients) healthcare givers should undertake mandatory HIV testing, this is because in the course of providing care, there is a small chance of infecting their patients. Schuklenk highlights the debate as to "whether all health-care personnel should be mandatorily tested for HIV antibodies and, if so, whether those who test HIV-positive should be allowed to continue working as health-care professionals"³. Gostin's response is

that, all healthcare professionals should be made to undertake HIV testing; however, the results should be made available to their employers and not to their patients; and that it beholds on their employers to closely monitor infected healthcare givers in the discharge of their duties⁴. But Gostin was reluctant to engage with the debate as to whether such healthcare professionals should be allowed to provide invasive care. This raises a moral question, which is: if HIV positive healthcare givers are not allowed to undertake invasive care, does it not amount to discrimination against them? Should it not have been more appropriate for them to be closely monitored while they provide the so called invasive care or procedure? But another pressing question is: Even where such HIV positive healthcare providers are closely monitored and if patients are aware of their status, would patients accept to use their expertise if they had an alternative?

It appears that most people make demands on health professionals than they would on other professions. May be, the reason for this state of affairs is because healthcare providers have access to the inner most parts of our bodies, in a way that people in other professions do not. Despite that, we must be careful not to treat people differently merely on the grounds of their professions. I am the first to admit that people ought to protect themselves and remove themselves from harm's way, however, one must be cautious not to set double standards. For instance, it would be morally reprehensible if a gynaecologist refuses to care for a pregnant woman who is HIV positive. But there seems to be a logical problem here, which is: If all humans have bodies and bodies can be infected with the HIV virus, then why is there discrimination between the body of the doctor and that of a patient or a potential patient? It raises the question of prejudice and bias which need to be addressed social scientifically side by side the pharmaceutical and medical improvements in handling HIV/AIDS. This is my concern about double standards, not only in the healthcare setting, but in any setting for that matter. Double standard defies rationality and logic; the use and universality of principles of ethics. It also brings to the fore human nature and the ethics of behaviour among humans.

Conclusion

The HIV/AIDS pandemic continues to raise contentious ethical issues emanating from the mode of transmission and to those emanating from efforts at containing the medical condition. Ethical issues discussed in this commentary range from HIV testing to the relationship between healthcare givers and patients within the HIV/AIDS context. This commentary is by no means exhaustive as there are other moral issues involved in the ethics of HIV/AIDS care. For instance, the use of experimental drugs and HIV/AIDS care within the context of polygamous marital arrangements also hold important moral concerns, but the discussion of those issues is beyond the scope of this brief

Commentary.

References

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