HIV and Medical Ethics

*Historical perspective and Personal journey*

- **1981** – first reports in the MMWR 4 June
  - 5 active homosexual males died of PCP. Hemophiliaic. Haitians
  - Unknown cause. No treatment.
- **1983** – Isolation and Identification of HIV as causative agent of AIDS (LAV)
- **1985** – First Elisa test for HIV
  - Visiting Scientist CDC Atlanta
- **1986** - WHO Global Program on AIDS
  - Dr Jonathan Mann.
- **1988** – Formation of AFA in Singapore
  - Closure of MRH. NSC. KRC-DSC
- **1990’s??** – Anonymous Testing in Spore
Ethical issues before HIV

- Understanding the social background:
  - Human Sexuality Issues
    - Dirtiness and shamefulness of sex
  - Commercial Sex
    - Illegal and immoral perception
    - Exploitation of women and children
    - Health issues related with CSW
  - Fidelity and adultery issues
  - Ignorance and fear of STI
Ethical Issues in HIV

- **Understanding the social background:**
  - New, incurable and fatal disease
  - Fear of contagion, unknown, death
  - Emotional baggage related with Sex and STI
  - Associated with Substance Use & Addiction
  - Illegal Antisocial behaviour
  - Associated with homosexuality
  - Pathological, immoral, unnatural,
  - Self-inflicted by immoral behaviour
  - Not deserving of altruism or care
HIV and Medical Ethics

• STIGMATISATION
  – Social isolation
    • Loss of family. Domestic violence. Travel restrictions

• DISCRIMINATION
  – Loss of employment
    • Infected Patients and Healthcare Professionals.
  – Loss of Housing. Education
  – Lack of Access to Medical care

• CRIMINALISATION
  – Intentional vs. Unintentional transmission
  – HIV vs. Other Infectious disease (Hep B)
HIV and Medical Ethics

• CONSENT
  – Consent and Counselling for Testing

• CONFIDENTIALITY and PRIVACY
  – Confidentiality of medical information
Dr. Jonathan M Mann

- Jonathan Mann, United Nations General Assembly, 1987
  Courtesy UN/DPI Photo by Saw Lwin

- Mann believed that protecting the rights of people with HIV was essential.

- He also understood that infringements of rights caused by poverty and exclusion made people more vulnerable to the disease.

- Mann's focus on human rights helped set the tone for world efforts and, in 1999, the United Nations adopted a resolution against discrimination in health in response to the lessons of AIDS.
HIV and Medical Ethics

• “To prevent HIV infection effectively, persons whose behaviours place them at increased risk of exposure to HIV must be informed, educated and provided with health and social support.

• Persons suspected or known to be HIV infected should remain integrated with society to the maximum possible extent and be helped to assume responsibility for preventing HIV transmission to others.
  – Principle of Reciprocal Obligations

• Exclusion of these persons would be unjustified terms and would undermine the public health programme to prevent HIV”
  • J Mann 1988
HIV and Medical Ethics

• “In summary in protecting the human rights and dignity of HIV infected people, including people with AIDS and members of population groups, is not a luxury.

• It is not a question of the “rights of the many” against the “rights of the few”; the protection of the uninfected many depends upon and is inextricably bound with the protection of rights and dignity of the infected persons.”
  • J Mann 1988
HIV and Medical Ethics

Issues of Consent for HIV testing

• Testing in a medical, social and legal environment that is supportive and safe
• Access to ART and medical care
• In the presence of the above condition- opting in or opting out- becomes a secondary consideration as **Beneficence** outweighs **Maleficence** and **Respects for persons (autonomy)** preserved.
HIV and Medical Ethics

Medical confidentiality in HIV Medicine

• Medical confidentiality issues in HIV medicine are best dealt in an environment of knowledge and trust.

• Assurance of confidentiality enhances trust resulting in free exchange of information

• Systems that do not conduce confidence & trust will result:
  – Failure to disclose vital medical information
  – False information to protect confidentiality
  – Avoidance of contact with HCW
  – Distortions in quality and accuracy of medical data
  – Negative impact in clinical care & public health
What is Ethics?

- The scientific study of morality
- Responsible evidenced reasoned analysis
- Emotional evaluation of the Good based on Virtues
- Ethical judgments
  - Ethically Commendable, Acceptable, Defensible, Unacceptable, Deplorable
- Ethical behavior based on practices & codes

“Morality is the science of the Good. Ethics is the study of that science” - John Harris
What is Medical Ethics

- **Clinical or Professional ethics**
  - Applied ethics involving the study of moral values and judgment as applied to medical practice or doctor-patient-society relationships

- **Healthcare ethics**
  - Ethics related to healthcare delivery, research and policy

- **Bioethics**
  - Ethics of biological and medical sciences

- **Research Ethics**
  - Ethics of medical research esp. involving human subjects
Four Principles in Medical Ethics

- **Beneficence**
  - Promoting the patients welfare & best interest

- **Respect for patient autonomy**
  - Respecting the patient’s wishes
  - Informed consent. Shared Decision Making
  - Confidentiality

- **Non-maleficence**
  - Not using medical knowledge to harm
  - Balancing the risk & burdens vs. benefit

- **Justice**
  - Non-discrimination in care
  - Fair access to & allocation of resources
Medical Professional Obligations

- The obligation of Veracity
  - truthfulness
- The obligation of Privacy
- The obligation of Confidentiality
  - Informational privacy
- The Obligation of Fidelity
  - act in good faith and loyalty
  - not to abandon the patient
Charter on Medical Professionalism: Fundamental Principles and Professional Responsibilities

Table. Charter on Medical Professionalism: Fundamental Principles and Professional Responsibilities

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Why the Ethics in Medicine

- Medicine is essentially a moral and social enterprise
- Medical practice is marked by:
  - Value judgments
  - Ethical dilemmas
  - Ethical disagreements
  - Vulnerability of patients
- Maintain harmony and build trust in the complex medical eco-system
- Ethical competence is expected of the medical professional
HIV and Medical Ethics

- Impact of the Stigmatising, Discrimination & Criminalisation:
  - Rational thinking is impaired
  - Impedes effective & ethical care of patients
  - Creates ineffective and inequitable public health policies
  - Shifts the focus from Humans vs. Microbes in the battle against HIV/STI to Humans vs. Humans
Respecting Patient Autonomy in HIV Medicine

- The health of individual may impact health of others esp. in Infectious diseases –**The Public Health Imperative**
- **Ethics of Public Health Policy** must balance between preserving Patient’s Autonomy and Society’s Interest of protecting the uninfected (Public)
- **Patient’s Autonomy and Protection of Uninfected** are both in **Public’s Interest**
Why Ethics in HIV Medicine – The Challenge to the Profession

- Practicing clinicians in the Specialty of HIV/STI medicine must be aware that many effective & beneficial medical therapies and public health programs can be derailed by bad ethical arguments.
Kob Khun Kap
Ramba Nandri
Terima kasih
Dank U wel
Shukran
Merci beaucoup
Thanks a million
Gracias
Arigato Gozaimasu