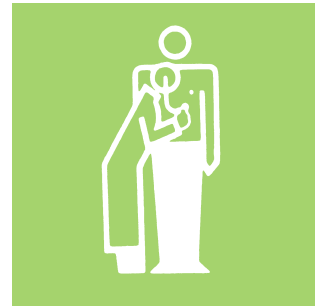


**WHAT ARE HIV AND AIDS?**

- Although AIDS was first recognised more than twenty years ago, many people still wrongly confuse HIV with AIDS when in fact they are two related but different medical conditions.
- There is no vaccine or cure for HIV. Once a person becomes HIV-positive, they are infected for the rest of their lives.
- **HIV** stands for **Human Immunodeficiency Virus**, a virus that weakens the body's immune system.
- **HIV, in the absence of treatment, almost always progresses to AIDS** (Acquired Immune Deficiency Syndrome). AIDS is a medical condition where one or more serious infections or cancers arising from the damage caused by HIV to the immune system has been diagnosed. A damaged immune system cannot protect the body against specific "opportunistic" infections or "opportunistic" tumours, so these conditions are known as "AIDS-defining" conditions.
- A person infected with HIV may look and feel perfectly well for many years. As "HIV" is not visible, people might not know they are infected.
- There are 4 main stages associated with HIV:
  - **Seroconversion illness:** In the first few days or weeks after they become infected, about half of adults infected with HIV experience a short illness. Symptoms may include a sore throat, a fever or a rash, fatigue, achiness, headaches.
  - **Asymptomatic HIV infection:** This stage lasts for about 10 years on average (but varies from months to an indefinite period). During that period, a person infected with HIV does not have symptoms, although the virus is still multiplying.
  - **Symptomatic HIV infection:** At this stage, a person with HIV suffers from conditions, especially infections that an immune system without HIV usually fights off. "HIV disease" refers to the symptoms of particular conditions caused by opportunistic infections (OIs) and tumours, and not directly by HIV itself.
- **AIDS diagnosis or advanced HIV infection:** An AIDS diagnosis will be made on the basis of symptoms and tests (e.g. presence of one or more opportunistic infections, such as PCP, a type of pneumonia) following, or concurrently with, a positive test for HIV.

**HIV AND OPPORTUNISTIC INFECTIONS – INFORMATION FOR GPs**

People living with HIV can develop opportunistic infections because of the weakness of their immune system. Here is the list of the most common infections with their symptoms:



- **Candidiasis (Thrush)**
  - Fungal infection that can affect the mucosal surface throughout the body but often occurs in the mouth and vagina.
  - Symptoms are: white patches on gums, tongue or lining of mouth, pain, difficulty in swallowing and loss of appetite. It can also cause vaginal irritation, itching, burning and thick white discharge.
- **Cryptococcal infection**
  - Fungus that primarily affects the brain.
  - Symptoms are headaches, nausea, fever, fatigue, altered mental status and irritability. It can also cause seizures, coughing, sweats and difficulty in breathing.
- **Cryptosporidiosis**
  - Parasite that can cause diarrhoea.
  - Symptoms are: chronic diarrhoea with frequent watery stools, stomach cramps, nausea, fatigue, weight loss, appetite loss, vomiting, dehydration and electrolyte imbalance (especially sodium and potassium).
- **Cytomegalovirus (CMV)**
  - Virus that can affect many sites in the body.
  - Symptoms might include: (CMV related) Retinitis (in eye, retina): blurry vision or loss of central vision that

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can lead to blindness. Colitis (colon): fevers, diarrhoea and stomach pain. Oesophagitis (throat): ulcerations, pain and difficulty in swallowing. Pneumonitis (lungs): pneumonia-like symptoms. Encephalitis (brain): confusion, fever and tiredness.

#### ■ Histoplasmosis

- Fungal infection.
- Symptoms are: fever, fatigue, weight loss, difficulty in breathing, swollen lymph nodes and pneumonia-like symptoms.

#### ■ *Pneumocystis carinii* pneumonia (PCP)

- Parasite that infects the lungs.
- Symptoms are usually fever, cough and difficulty in breathing, occasionally weight loss, night sweats and fatigue.

#### ■ Tuberculosis (TB)

- TB is the leading cause of death among HIV infected people; it has been estimated that the disease accounts for 13% of AIDS deaths worldwide. When someone is infected with TB, the likelihood of them becoming sick with the disease is increased many times if they are also HIV-positive.
- People with advanced HIV infection are vulnerable to OIs because they take advantage of the opportunity offered by a weakened immune system. TB is an HIV related opportunistic infection. A person that has both HIV and active TB has an AIDS-defining illness.

Note that:

- TB is harder to diagnose in HIV-positive people and progresses faster in HIV-infected people;
- TB in HIV-positive people is more likely to be fatal if undiagnosed or left untreated;
- TB occurs earlier in the course of HIV infection than other opportunistic infections; and
- TB is the only major AIDS-related opportunistic infection that poses a risk to HIV-negative people.

- The main symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause bad cough that last longer than 2 weeks, pain in the chest, coughing up of blood or sputum. Other symptoms of TB disease are: weakness or fatigue, weight loss, no appetite, chills, fever and sweating at night.

Main source for this section: Avert.org

For more on clinical problems caused by HIV, see MedFASH, *HIV in Primary Care* (2004).

More info also available at [www.aidsmap.com](http://www.aidsmap.com)

**HIV TRANSMISSION: FACTS AND MYTHS**

- HIV-related discrimination is often caused by lack of knowledge and misconceptions about the transmission of HIV. Healthcare is no exception to pre-conceived ideas and “myths” about the routes of transmission of the virus:

**Case study**

I am 23, a professional and HIV-positive (...) I feel pretty much OK. I haven't told anyone except my partner who has accepted it fully and nothing has changed in our relationship. I plan to tell my parents and two very close friends soon. However, I've had some poor experiences with healthcare professionals. I was immediately removed from my dentist's list for being HIV-positive (something I thought would never happen), and whenever I now go to the doctors, even for a minor ailment, I am immediately referred to the HIV clinic.

**Case study**

When my GP was told of my status by my HIV consultant, without my knowledge or permission I was removed from my GP's patient list.

- HIV is only spread through limited routes:
  - **Sexual intercourse** with an infected partner, male or female, gay or straight, or other sexual activities such as oral sex, where semen, vaginal secretions or blood enter the body. Condoms are highly effective in preventing the sexual transmission of HIV.
  - **Sharing needles and/or syringes** (primarily for drug injection) with someone who is HIV-positive. The use of infected needles for tattooing can also lead to HIV transmission.
  - **Through transfusions of infected blood or blood clotting factors.** Since 1985, all blood products are treated to destroy HIV. Giving blood does not pose a risk of infection.
  - **From an HIV-positive mother to her child** during pregnancy, childbirth or breast-feeding.
- **HIV cannot be transmitted through normal casual contact and daily activities** such as: coughing, sneezing, hugging, holding hands, sharing toilets, sharing cutlery (see *stickers*). You cannot get HIV from food or water.

**HIV TRANSMISSION IN HEALTHCARE SETTINGS**

- For jobs not involving any direct contact with blood, the risk of HIV transmission from a patient to a healthcare worker is extremely small.
- In the UK, as of July 2003, there had been five documented cases of occupational HIV transmission in the healthcare setting, and twelve possible/probable occupational transmissions of the virus. (Source: Health Protection Agency, *HIV and AIDS: information and guidance in the occupational setting*, July 2003)
- For occupations which involve exposure to blood or other bodily fluids, and for jobs that require handling sharp or contaminated equipment/instruments, “universal precautions” should be adopted.
- Universal precautions are standards of infection control to be used to minimise the risk of blood borne infections. They include:
  - Use of protective barriers (e.g. gloves, gowns or aprons, masks, and protective eye wear);
  - Careful handling and disposal of needles or other sharp objects;
  - Hand-washing and/or use of alcohol hand rub before and after a procedure;
  - Safe disposal of waste contaminated with bodily fluids and blood;
  - Proper disinfection of instruments and other potentially contaminated equipment;
  - Use of disposable, one-use instruments where possible.
- Exposure to a potential risk of occupational HIV transmission can usually be avoided by following good working practices. Healthcare workers should forewarn themselves by clearly understanding the full procedures for occupational exposure, including post-exposure prophylaxis (PEP - use of anti-HIV drugs which, if given soon after an injury, can reduce the rate of transmission).

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# Facts and Myths about HIV transmission

## KEY POINTS ABOUT HIV TRANSMISSION IN HEALTHCARE SETTINGS

- **Universal precautions should be applied to ALL patients, irrespective of their HIV status.**

Note: It is currently estimated that between one quarter and one third of adults living with HIV in the UK are undiagnosed. Universal precautions will protect against all blood-borne viruses, including hepatitis B and C, which are both present at higher levels in the population and more easily transmitted than HIV.

- **There is NO justification for refusing to care to a patient because they are HIV-positive.**
- **Discrimination mostly occurs because of irrational fears about HIV transmission. All staff should be informed and educated about the main routes of HIV transmission and how to prevent occupational transmission.**

## MORE INFORMATION

Health Protection Agency, *HIV and AIDS: information and guidance in the occupational setting*, revised July 2003 ([www.hpa.org.uk](http://www.hpa.org.uk))

World Health Organisation, *Universal Precautions, Including Injection Safety* ([www.who.int](http://www.who.int))

Department of Health, *HIV post-exposure prophylaxis: Guidance from the UK Chief Medical Officers Expert Advisory Group on AIDS*, 2004 ([www.advisorybodies.doh.gov.uk/eaga/PDFS/prophylaxis-guidancefeb04.pdf](http://www.advisorybodies.doh.gov.uk/eaga/PDFS/prophylaxis-guidancefeb04.pdf))

Department of Health, *Guidance for clinical health care workers: protection against infection with blood-borne viruses*, 1998 (<http://www.dh.gov.uk/assetRoot/04/01/44/74/040/4474.pdf>)

# Overview of Anti-HIV Treatments – Info for GPs



## KEY FACTS ABOUT HIV TREATMENTS AND SIDE-EFFECTS

- There is no cure for HIV but treatments can keep people well and prevent them from developing advanced HIV infection for many years. People who have been diagnosed with advanced HIV infection or AIDS can often improve and become asymptomatic again.
- In most scenarios, several drugs are necessary (combination therapy) in order to achieve effective suppression of viral replication, which in turn prevents the development of resistance.
- Antiretroviral therapy (ART) consists of drugs that have to be taken every day at regular intervals, for the rest of a person's life.
- HIV treatments can have side-effects the severity of which varies greatly from one person to another, and from one drug to another.
- Side-effects can be divided into two main types: allergic side-effects and side-effects due to the direct effects of the drug.
- Allergic side-effects occur when the immune system reacts to a drug or its metabolites (the chemicals into which a drug is broken down in the body) by causing symptoms such as a rash or fever. This is unpredictable - some people can take a drug without developing an allergy, while others suffer severe reactions to it. Sometimes allergies do not occur when a person first takes a drug, but take time to develop.
- Allergic reactions can sometimes be so serious that they are life-threatening. One of the most serious drug allergies is called Stevens-Johnson syndrome, and is characterised by a blistering rash and ulcers in the mouth, eyes and/or genitals. To reduce the risk of such serious problems, people who develop severe allergic reactions are advised never to take the drug in question again.
- Other side-effects may be caused directly by unwanted effects of the drug itself. Some of the drug-related side-effects include: blood problems, depression and mood swings, diarrhoea, fatigue, headache, nausea, and kidney problems.
- Feeling more tired and having diarrhoea are the most frequently reported side-effects.

- Some side-effects such as lipodystrophy (body fat changes and metabolic changes) can have a significant impact on a person's appearance and increase stigma and discrimination.
- Some people may be vulnerable to unusual or unpredictable side-effects because of inherited conditions.
- If it is possible to identify the drug that is causing the side-effects, it may be possible to replace it with another drug that does not have the same side-effects.

(Main source for this section: Aidsmap.com)

## TREATMENT FAILURES

- Treatment failure happens when the drugs fail to work and are not slowing down the reproduction of the virus in the body.
- When someone develops drug resistance, the amount of HIV in the blood rises and the risk of the person becoming ill increases. Drug resistance is one of the main reasons why antiretroviral treatment fails and usually means that the drug regime needs to be changed (normally by HIV specialists).
- The viral load test, which measures the amount of HIV virus in a person's blood, can suggest the development of drug resistance. The higher the value of the viral load, the more active the virus and hence the disease process.
- When treatment starts, the viral load should drop and the ideal treatment response is where it falls to a level undetectable by routine tests. However, HIV is still present. If the viral load subsequently increases, it might signal failure to take the drugs as required (poor adherence) and/or the development of drug-resistant virus.

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# Overview of Anti-HIV Treatments – Info for GPs



## **MORE INFORMATION ABOUT ANTI-HIV TREATMENT AND SIDE-EFFECTS**

- MedFASH, *HIV in Primary Care*, 2004  
([www.medfash.org.uk](http://www.medfash.org.uk))
- British HIV Association, *Guidelines for the treatment of HIV-infected adults with antiretroviral therapy*, 2003  
([www.bhiva.org](http://www.bhiva.org))
- British National Formulary: [www.bnf.org](http://www.bnf.org)
- AIDS Map: [www.aidsmap.com](http://www.aidsmap.com)
- AVERT: [www.avert.org](http://www.avert.org)

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# HIV–Related Stigma and Discrimination

## WHAT ARE STIGMA AND DISCRIMINATION?

- **Stigma** is a form of prejudice that discredits or rejects an individual or group because they are seen to be different from ourselves or from the mainstream. When people act on their prejudice, stigma turns into discrimination.
- **Discrimination** can be defined as any action or measure that results in someone being treated unfairly because they belong or are perceived to belong, to a particular group (e.g. a gay man discriminated against because of his sexual orientation).

## WHAT ARE HIV-RELATED STIGMA AND DISCRIMINATION?

- **HIV-related stigma** is a real or perceived negative response to a person or persons living with or affected by HIV by individuals, communities or society. It is characterized by rejection, denial, discrediting, disregarding, underrating and social distance.
- **HIV-related discrimination** is the unfair treatment of people on the basis of their actual or suspected HIV status. Discrimination against people living with HIV also extends to those with whom the disease is associated in the public mind.
- **HIV-related discrimination is unique.** Unlike other kinds of disability discrimination, it is often linked with, and reinforces other forms of prejudice and discrimination such as racism and homophobia.

## WHAT FACTORS CONTRIBUTE TO HIV-RELATED STIGMA AND DISCRIMINATION?

- HIV is a life-threatening condition;
- Lack of understanding about the disease (e.g. myths and misconceptions about how HIV is transmitted, fear of “HIV contagion”);
- Association of HIV with behaviours or lifestyles considered to be “deviant” (e.g. homosexuality, injecting drug use);
- Existing prejudices towards populations already stigmatised and discriminated; and
- Irresponsible and biased media reporting of HIV-related news.

## WHO CAN BE AFFECTED BY HIV-RELATED DISCRIMINATION?

- HIV-related discrimination can affect:
  - People living with HIV, regardless of the state of their health;
  - People associated (whether personally, through family or professionally) with individuals living with HIV (e.g. partners, relatives, carers, people who work with HIV-positive people); and
  - People perceived to be HIV-positive because of their race, gender or/and sexual orientation.
- Discrimination on grounds of HIV and discrimination on the basis of a person’s sexual orientation, race, and/or gender often intersect and lead to multiple discrimination.

## UNDERSTANDING MULTIPLE DISCRIMINATION: THE LINK BETWEEN HIV AND VULNERABLE GROUPS

- Because of the high prevalence of HIV amongst Black Africans and gay men in the UK, HIV-related discrimination against those groups often links with, or results from existing prejudices such as racism and homophobia.
- Although injecting drug users, prisoners and sex workers represent a small proportion of people living with HIV, they often experience HIV-related discrimination because of their lifestyles and/or economic and social status.

### Black Africans

- Africa was one of the main continents where the earliest cases of AIDS were reported. Today AIDS is one of the leading causes of death in Africa, especially, sub-Saharan Africa.
- Three quarters of heterosexually acquired HIV infections diagnosed in the UK in 2002 were probably acquired in Africa.
- Because of the extent of the epidemic in Africa, there tends to be a distorted perception of African sexual behaviour, reinforcing existing racist stereotypes.

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- The current debates surrounding HIV and immigration and the tabloid press reporting of recent cases in England of criminalisation of HIV transmission (which have only involved asylum seekers and refugees of African origin) have led to the representation of Black Africans as a “threat to public health”.

### Gay and Bisexual Men

- From the beginning of the epidemic, HIV has been associated with male homosexuality as gay men were the first group affected by the epidemic in Western countries.
- Today in the UK, gay men, bisexual men and other men who have sex with men still bear a heavy burden of HIV infection, which perpetuates the association of HIV with male homosexuality.
- The link between HIV and gay men is exacerbated by the homophobic and heterosexist character of some parts of society which assumes that heterosexuality is the “norm”. The stigma attached to male homosexuality leads to the perception of gay men as “promiscuous”, “weak”, and leading “deviant” lifestyles.

### References

Stonewall’s Citizenship 21, *Profiles of Prejudice – The nature of prejudice in England: in-depth analysis of findings*, 2003.

NAT and Sigma Research, *Outsider status – Stigma and discrimination experienced by Gay men and African people with HIV*, 2004 (available at [www.areyouhivprejudiced.org](http://www.areyouhivprejudiced.org))

### Injecting Drug Users (IDUs)

- HIV-related discrimination and injecting drug use are intertwined and people who have acquired HIV through injecting drug use face double discrimination on the basis of their drug use and their actual or perceived HIV status.
- HIV-related discrimination is often linked with the existing stigmatisation, marginalisation and exclusion of drug users.
- The illegal status of injecting drug use reinforces the stigma and discrimination associated with this activity.
- There is also a stereotype of drug users as being “junkies” and “bad” when in fact a large percentage of

them use drugs occasionally and are employed, bring up families, and are financially stable and well educated.

- The stigma attached to drug use and HIV is also amplified by the social stigma attached to hepatitis C (HCV) which disproportionately affects injecting drug users.
- In the UK, the number of IDUs infected with HIV has remained stable, largely due to the early and sustained provision of clean needles and syringes through needle exchange schemes supported by the Department of Health. However, the Health Protection Agency has recently reported evidence of ongoing and possibly increased transmission in recent years (see *Shooting Up - Infections among injecting drug users in the United Kingdom 2003*, October 2004, available at [www.hpa.org.uk](http://www.hpa.org.uk)).

### Prisoners

- HIV-positive prisoners have reported experiencing discrimination from fellow prisoners and from staff, including medical staff.
- The lack of confidentiality, which is common in the prison setting, makes it difficult for an inmate to avoid disclosure of their HIV status.
- The failure to maintain information regarding a prisoner’s HIV status confidential can often lead to a campaign of stigmatisation and discrimination against the prisoner who is HIV-positive.
- HIV-related stigma and discrimination can be compounded by the sexual orientation and/or race of a prisoner.

### Sex workers

- Sex workers are marginalised and stigmatised because of their lifestyle and the criminal status associated with prostitution and its illegal related activities.
- Many sex workers are further marginalised because of their race and/or their sexuality.
- Sex workers are often seen as “vectors” of HIV transmission and are assumed to be HIV-positive. In reality, although sex workers are at high risk of contracting HIV, if they have unprotected sex, only a small percentage is currently infected with the virus in the UK.

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# The Impact of HIV-Related Stigma and Discrimination

## IMPACT ON PREVENTION, SUPPORT AND CARE

- HIV-related stigma and discrimination can threaten the effectiveness of prevention and care programmes by:
  - Discouraging individuals from coming forward for testing and from seeking information on how to protect themselves and others; and
  - Delaying late diagnosis which may lessen the effectiveness of the treatment.
- HIV-related stigma and discrimination also increase dramatically the personal costs of HIV infection for those living with HIV by:
  - Pushing HIV-positive people to hide their status;
  - Increasing depression, stress and social isolation; and
  - Resulting in a lack of access to appropriate healthcare.

## IMPACT ON HUMAN RIGHTS – INCLUDING THE RIGHT TO HEALTH

- HIV-related stigma and discrimination impact on the rights of people living with or associated with HIV. The denial or violation of one right will often lead to further human rights violations.
- Denying or providing inadequate and/or inappropriate healthcare and treatment is likely to have far-reaching consequences both in terms of health but also in terms of life entitlements (e.g. work, education) because of poor health.
- The experience of, or the fear of, discrimination in healthcare can deter people from accessing treatment and care services.

## WHAT CAN YOU DO?

Your role is crucial in helping HIV-positive people live a better life and enjoy the rights and privileges they are entitled to.

YOU can make a difference by ensuring that the needs of patients living with HIV are met and their rights protected.

**YOU** can do that by:

- Being clear in your commitment to prevent discrimination and stigmatisation of people living with HIV and of those assumed to be HIV-positive;
- Being explicitly supportive of HIV-positive patients so they are not afraid of being discriminated against;
- Providing staff and colleagues with access to information about HIV, and training workshops where appropriate;
- Displaying HIV awareness raising/educational posters (e.g. World AIDS Day poster, NAT's HIV Prejudice Posters) in staff and waiting rooms for example;
- Promoting guidelines on the treatment of HIV-positive patients; and
- Adopting an HIV policy in your practice/organisation or making sure that HIV is mentioned in your statement of good practice.

**KEY FACTS**

- There are many excellent HIV and sexual health specific services in the UK. There are also clear examples of good practice on the way people living with HIV are treated in other healthcare settings.  
(See for example Fact File B for a model of good practice in dental care and Fact File C for a model of good practice in general medical care)
- However, HIV-related discrimination in healthcare has been widely reported in settings outside sexual health, especially dental surgeries and GP practices.
- A survey conducted by an HIV charity found that 40% of people living with HIV reported having experienced discrimination at the hands of healthcare professionals.  
(Source: Terrence Higgins Trust, *Prejudice, Discrimination and HIV: A Report*, 2001).
- A study carried out in 2002 on the needs of people living with HIV highlighted the extent of reported discrimination by healthcare professionals. In particular 27% of the respondents (1,821) said they had experienced problems dealing with health professionals in the previous 12 months. Twenty-four respondents felt that attitudes had been explicitly discriminatory mainly because of HIV status, but also because of sexuality, immigration status and age.  
(Source: Sigma Research, *What do you need? Findings from a national survey of people living with HIV*, 2002).
- The most common examples of HIV discrimination in healthcare are:
  - Refusal to treat;
  - Inadequate and/or inappropriate counselling;
  - Inadequate and/or inappropriate treatment;
  - Breach of confidentiality and privacy; and
  - Unjustified changes in practice and safety procedures.
- The main causes of discrimination are the fear of HIV transmission and the association of HIV with socially marginalised lifestyles and activities.  
(See Fact Files 4 and 7)

**GENERAL EXPERIENCES OF HIV-RELATED DISCRIMINATION IN HEALTHCARE**

- HIV-related discrimination in healthcare can affect any HIV-positive person and/or any person associated with or affected by HIV.

- In the UK, reported cases of discrimination, anecdotal evidence, and research have suggested that discrimination is particularly acute and widespread amongst dentists. Discriminatory actions range from getting the last appointment of the day (for "extra-sterilisation" after treatment) to refusal to treat the patient:

**Case study**

Ronan's dentist (who knew about his HIV status) was on holiday. When he told the new dentist about his HIV status, the dentist said: "We don't treat people like you, there are places for people like you to go. If we were to treat you we would have to close the surgery for an hour afterwards to disinfect it".

**Case study**

A patient who disclosed his HIV status to his dentist was told that he could not be treated in his practice because it was "illegal" to treat HIV-positive patients, and that he had to go to a special HIV dental clinic.

- Discrimination by GPs and hospital staff has also been reported:

**Case study**

A week after he told his GP that his HIV test was positive, Leslie received a letter from his GP telling him that they were reducing their patient list and he would have to find another GP. His wife, children and mother also received a letter telling them to find another GP.

**Case study**

David's HIV care was based at a teaching hospital which is where the North West Regional HIV and AIDS centre is based. In the summer of 2001 David was asked to attend the hospital for a lactulose test (i.e. a breath test) because of digestive problems, not related to his HIV asymptomatic status. Before the test he was asked by the doctor to 'have a word' about the test. The doctor told him he was not able to carry out the test on that day and spoke about David's status as someone who is HIV-positive. David asked why the doctor was aware of his status as he had gone to the hospital for a procedure completely unrelated to his HIV status. He was told that his file, which included his HIV status, would be available to any doctor in the hospital who was treating him. David asked the doctor why he could not carry out the test and he said he wanted to be sure that all of the appropriate health and safety measures were covered and that he had a duty to consider other patients. David asked the doctor which particular health and safety measures were of concern in relation to the test. No further explanation was given.

# HIV-Related Discrimination against Specific Groups

www.areyouhivprejudiced.org

**Existing social inequalities and prejudices against specific population groups make them extremely vulnerable to discriminatory attitudes and actions.**

## BLACK AFRICANS

- Recent social research has highlighted the inextricable link between HIV-related discrimination and racism in healthcare.
- Black Africans are less likely to attend specialised HIV clinics and prefer to visit their GPs where their HIV-related symptoms might not be recognised but where the risk of discrimination is significantly higher.
- HIV exacerbates the “racialisation” of healthcare which is based on stereotypical assumptions, including presumptions about culture and language barriers.
- Discrimination against Black Africans is exacerbated by the current debate on HIV and migration and the Government’s policy on asylum seekers and refugees and their entitlements to healthcare.
- Some Africans who are entitled to treatment are refused anti-HIV drugs because they are assumed to be failed asylum seekers.
- Asylum seekers entitled to treatment are also sometimes refused treatment.
- Evidence shows that some Black Africans wrongly believe that they are not entitled to treatment and this prevents them from accessing testing and treatment.
- HIV-positive Black Africans are often considered as less deserving of treatment and care than an HIV-positive British person:

*“I started on medication and got side effects and then I went to my doc to say I had this problem and he told me I should be grateful [to receive medication]”.*

- Fear of discrimination frequently leads Africans to be diagnosed at a late stage or for women, during pregnancy or when their child becomes symptomatic or is diagnosed with AIDS.
- Black Africans experience HIV-related discrimination in different healthcare settings including ante-natal services,

dentists, GPs and Accident and Emergency departments, often because of their known or suspected immigration status:

### Case study

I was very sick and critical in a ward for five to seven days. I was getting better and then they changed me to a common ward. The doctors who came to see me [in the second ward], said, ‘She’s HIV-positive’ and refused to treat me... This was because I was African, I was not entitled to treatment in the UK because of my immigration status.

- UK anti-discrimination law prohibits discrimination on grounds of racial and ethnic origins in relation to access to healthcare.

### References

NAT and Sigma Research, *“Outsider status – Stigma and discrimination experienced by Gay men and African people with HIV”*, 2004.

Equal Opportunities Commission, *“Multiple identity and access to health – The experience of black and minority ethnic women”*, 2003 (EOC, Working Paper Series No. 10).

## GAY AND BISEXUAL MEN

- Gay men are not currently protected against discrimination on grounds of sexual orientation in relation to access to services.
- Discrimination experienced by gay men in healthcare often comes from the perception that their sexual orientation equates with being HIV-positive or because healthcare professionals are not “comfortable” about discussing sexual matters with gay patients.
- Research has shown that there continues to be a stigma attached to disclosing one’s sexual identity to a GP and the presentation of pathological symptoms (such as an STI).  
*(See: Sigma Research, Doctoring gay men – Exploring the contribution of General Practice, July 2004).*
- In contrast with Black Africans, HIV-positive gay men tend to use HIV clinics where they know they are less likely to experience discrimination.

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**INJECTING DRUG USERS (IDUs)**

- There is no law prohibiting discrimination against drug users in the UK.
- There is considerable anecdotal evidence that discrimination against IDUs is widespread, especially in healthcare, with health professionals refusing to provide proper medical care or access to social services, irrespective of the IDUs' HIV status.
- Anecdotal evidence has highlighted that for some injecting drug users, experiences of discrimination are so common that many think it is "normal" to be treated badly.
- HIV-positive IDUs are often unable or unwilling to access services which can assist them to stay as healthy as possible.
- "Userphobia" is the term used to describe the way in which HIV-positive IDUs feel that they are stigmatised and systematically discriminated against.

**PRISONERS**

- In the absence of formal research on the issue, extensive anecdotal evidence, mainly from ex-prisoners, has highlighted discriminatory practices (most often resulting from lack of knowledge about HIV transmission).

**Case study**

A woman diagnosed with HIV and Hep C self-harmed and three of the nurses refused to touch her because of her status. One nurse touched her but used five pairs of gloves.

**SEX WORKERS**

- The fear of discrimination drives sex workers away from health services.
- Sex workers have reported being denied HIV treatment and access to adequate medical care because of their assumed or actual HIV status.

*Fact File B of this pack provides useful guidance on drafting a Statement of Good Practice on the treatment of people living with HIV.*

*Fact Files 8 and 9 set out the key points from national Guidelines/Guidance on the treatment of HIV-positive patients.*

# Guidelines for Dentists on the Treatment of HIV-Positive Patients



**Professional associations and regulatory bodies have issued guidance and guidelines on the treatment of HIV-positive patients. These are standards which provide key information and recommendations that all dentists should follow.**

## BRITISH DENTAL ASSOCIATION (BDA)

- Dental clinicians have a general obligation to provide care to those in need and this should extend to [HIV-positive] patients who should be offered the same high standard of care available to any other patient.
- HIV-positive patients may be treated routinely in a primary care setting (general dental practice, community dental service, for example).
- HIV infected individuals need a high standard of dental care when they are asymptomatic to minimise dental problems. If they subsequently develop AIDS it may be appropriate for them to be referred for specialist advice and care.
- It is unethical to refuse dental care to those patients with a potentially infectious disease on the grounds that it could expose the dental clinician to personal risk. It is also illogical as many undiagnosed carriers of infectious diseases pass undetected through practices and clinics everyday.
- If patients are refused treatment because they are known to be HIV-positive they may not report their conditions honestly or abandon seeking treatment; both results are unacceptable. Those who reveal that they are infected are providing privileged information.

*Extracts from Advice Sheet A12 "Infection Control in Dentistry", BDA and Department of Health (endorsed by the General Dental Council), 2003.*

## GENERAL DENTAL COUNCIL (GDC)

The General Dental Council has drafted a booklet "Standards for Dental Professionals" (available in January 2005) which sets out key principles in dentistry that *all dental professionals should apply*:

- **Putting patients' interests first and acting to protect them.** This includes putting patients' interests before your own and those of any colleague, organisation or business.
- **Respect patients' dignity and choices.** This includes treating patients fairly and in accordance with the law; promoting equality of opportunity for all patients; not discriminating against patients or groups of patients according to their gender, age, race, ethnic origin, nationality, special needs or disability, sexuality, health, lifestyle, beliefs or any other irrelevant consideration.
- **Protect the confidentiality of patients' information.** This includes treating information about patients as confidential and only using it for the purpose for which it is given; preventing accidental disclosure or unauthorised access to confidential information by keeping information secure at all times.
- **Co-operate with other members of the dental team and other healthcare colleagues in the interests of patients.** This includes treating all team members and other colleagues fairly and in accordance with the law; not discriminating against them.
- **Maintain your professional knowledge and competence.** This includes making yourself aware of laws and regulations which affect your work, premises, equipment and business, and comply with them.
- **Be trustworthy.** This includes maintaining appropriate standards of personal behaviour in all walks of life, so that patients' confidence in you, and public confidence in the dental profession, are enhanced.

*(Draft) Standards for Dental Professionals, General Dental Council (Final version to be published in January 2005).*

# Guidelines for GPs on the Treatment of HIV-Positive Patients



**Professional associations and regulatory bodies have issued guidance and guidelines on the treatment of HIV-positive patients. These are standards which provide key information and recommendations that all healthcare professionals should follow.**

## GENERAL MEDICAL COUNCIL (GMC)

### Providing a good standard of practice and care

- All patients are entitled to good standards of practice and care from their doctors, regardless of the nature of their disease or condition.
- You must not deny or delay investigation or treatment because you believe that the patient's actions or lifestyle may have contributed to their condition. Where patients pose a serious risk to your health or safety you may take reasonable, personal measures to protect yourself before investigating a patient's condition or providing treatment. In the context of serious communicable diseases (including HIV), these will usually be infection control measures.
- You must keep yourself informed about serious communicable diseases, and particularly their means of transmission and control. You should always take appropriate measures to protect yourself and others from infection. You must make sure that any staff for whom you are responsible are also appropriately informed and co-operate with measures designed to prevent transmission of infection to other patients.

### Consent to testing

- You must obtain consent for patients before testing for a serious communicable disease, except in rare circumstances [detailed in this guidance].
- The information you provide when seeking consent should be appropriate to the circumstances and to the nature of the condition or conditions being tested for. Some conditions, such as HIV, have serious social and financial, as well as medical, implications. In such cases you must make sure that the patient is given appropriate information about the implications of the test, and appropriate time to consider and discuss them.

*Extracts from Guidance on Good Practice, Serious Communicable Diseases, GMC, (October 1997).*

## MEDICAL FOUNDATION FOR AIDS AND SEXUAL HEALTH (MedFASH)

- **Standard for managed HIV service networks:** All people with HIV should have access to services which operate within a managed service network in order to achieve the best possible treatment and care for individuals as close as possible to where they live.
- **Standard 1 – HIV prevention:** A comprehensive evidence-based HIV prevention programme, integrated with other initiatives to promote sexual health and reduce transmission of blood borne viruses, should complement and involve HIV treatment and care services.
- **Standard 2 – Early diagnosis:** The NHS should develop, implement and monitor strategies to encourage the uptake of testing and reduce the number of people who are unaware of their infection.
- **Standard 3 – Empowering people with HIV:** All care should take place in a partnership between people with HIV and care providers so that there is joint decision-making and support to adopt and maintain a healthy lifestyle. Services should recognise the impact of HIV infection on an individual and the stigma and social exclusion unique to HIV.
- **Standard 4 – Clinical care of people with HIV:** All people with HIV should have access to comprehensive specialist treatment and care services and medical specialities. All these services should be available irrespective of the site of care.
- **Standard 5 – Primary healthcare for people with HIV:** People with HIV should have access to good quality primary healthcare provided by local networks, that are sensitive to the needs of those living with HIV.
- **Standard 6 – Social care integrated with healthcare for people with HIV:** All people should have access to social care services which are responsive, culturally appropriate and tailored to individual need. All people with HIV requiring multi-agency support should receive integrated health and social care.
- **Standard 7 – Sexual healthcare for people with HIV:** All people with HIV should receive comprehensive sexual healthcare integrated with their HIV specialist care.
- **Standard 8 – HIV and pregnancy:** The NHS should develop, implement and monitor policies that seek to empower and support pregnant women with HIV to maximise their health and reduce mother-to-child transmission of HIV.

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# Guidelines for GPs on the Treatment of HIV-Positive Patients



- **Standard 9 – Care of families with HIV:** Children, their families and carers should have access to specialised adult and paediatric multidisciplinary care including community care and support.
- **Standard 10 – Emergency care of people with HIV:** All people with HIV should have prompt access to rapid and effective treatment of all emergencies (HIV and others) by appropriately trained clinical healthcare workers.
- **Standard 11 – Care of people with HIV during admission to hospital:** All people with HIV should have access to comprehensive specialist HIV inpatient treatment and care services and to a full range of supporting services and medical specialities.
- **Standard 12 – Respite, rehabilitation and palliative care for people with HIV:** People with HIV should have access to palliative and respite care services that are sensitive to their specific needs at different stages of disease. Access to rehabilitation services for those with HIV-related cognitive impairment should be dependent on their current needs and their potential to improve.

*Recommended Standards for NHS HIV Services, MedFASH, 2003. Standards endorsed by the Department of Health, British HIV Association and National Association of NHS Providers of AIDS Care and Treatment.*

## BRITISH MEDICAL ASSOCIATION (BMA) – ACCESS TO HEALTH CARE FOR ASYLUM SEEKERS

- Health professionals must not discriminate against asylum seekers or unfairly prioritise other patients in preference to them.
- Asylum seekers like all other patients need to be informed about any testing or screening offered to them.
- Asylum seekers have the right to medical treatment without reference to their origin.
- GPs must not discriminate against any particular group.
- It is unethical to refuse to accept particular patients solely because they may require expensive treatment (so-called "uneconomic" patients).
- All patients should be able to expect that their personal health information will be kept confidential.
- Asylum seekers are entitled to the same high degree of confidentiality as other patients.

To order a copy of the pack (£11 + £4 p&p) visit <http://shop.nat.org.uk> or email [hivinhealthcare.online@nat.org.uk](mailto:hivinhealthcare.online@nat.org.uk)

Disclaimer: NAT has made every effort to ensure that the information contained in this fact file is correct at the time of going to press. However, NAT cannot be held liable for any inaccuracies.

- It is worth noting that the Royal College of General Practitioners has recommended that:
  - There should be training for GPs on the nature, purpose and correct use of advocacy and interpreters; and
  - All GPs and their practice colleagues should undergo training in racism awareness which includes among other things the status of refugees in the UK.
- GPs increasingly need to be able to recognise conditions which may be more common in asylum seekers' countries of origin than in the UK, including TB and HIV.
- It is also important that GPs remain vigilant for early symptoms of such conditions in undiagnosed patients who seek help for other routine health problems. They also need to be able to offer appropriate pre-test discussion and testing or know where patients can be referred such tests.

*Extracts from Access to health care for asylum seekers, BMA (January 2001).*

## BRITISH MEDICAL ASSOCIATION – MEDICAL CARE AND TREATMENT TO PEOPLE WHO ARE DETAINED

- Doctors have a duty to provide each of their patients the best possible care in the particular circumstances.
- Prisoners are entitled to the same standards of healthcare as the rest of society. This includes respect for the patient's dignity and privacy.
- Wherever possible, without compromising the quality of care, treatment should be provided within the prison. Conditions of privacy must be available.
- Restraints should never be prolonged or applied as a punishment.
- If possible, medical examinations should be conducted out of sight and hearing of non-medical personnel, a note should be made of findings and this should be available to the prisoner.
- This guidance applies primarily to people detained in prisons but may also be relevant to prisoners in police stations, young offenders' institutions and asylum seeker detention centres.

*Extracts from Providing medical care & treatment to people who are detained – Guidance from the Ethics Department, BMA (March 2004).*

# What are Your Obligations as a Service Provider under Disability Discrimination Law?

## OVERVIEW

- The Disability Discrimination Act 1995 (DDA 1995) prohibits discrimination against disabled people in relation to employment, education, property, transport and goods, facilities or services.
- The Act's enforcing and monitoring agency is the Disability Rights Commission (DRC).
- Under the DDA 1995, service providers, employers and similar are not allowed to treat disabled people less favourably because of their disability.

## DEFINITION OF DISABILITY UNDER THE DDA 1995

- The definition of disability under the DDA 1995 is focussed on the impact of a person's medical impairment. The Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
- HIV falls under the progressive conditions clause alongside cancer, multiple sclerosis and muscular dystrophy.
- The Act only covers discrimination on grounds of actual disability, past or existing.

## HIV AND AIDS UNDER THE DDA 1995

- The DDA 1995 currently covers people with HIV **at the symptomatic stage**, and those **previously HIV symptomatic or diagnosed with AIDS**.
- The forthcoming Disability Discrimination Bill will extend the scope of the DDA 1995 to HIV from the moment of diagnosis (i.e. HIV at the asymptomatic stage).
- The provision of the new Bill on the definition of disability is expected to come into force in December 2005 (provisional implementation timetable).

## DISABILITY DISCRIMINATION IN ACCESS TO SERVICES

- The DDA 1995 applies to organisations and companies that provide goods, services or facilities within the UK to the public. It does not matter whether these are free or paid for.
- **Healthcare providers are covered by the DDA 1995. These include: general medical practices, hospitals, pharmacies, health centres, paramedics, dental surgeries and opticians.**
- Discrimination in access to treatment and care occurs when:
  - A service provider (e.g. dental, general medical practice) treats a disabled person less favourably for a reason which relates to that person's disability.

### Example

A dentist refuses to treat an HIV-positive patient because of their HIV status.

### Example

A practice manager removes an HIV-positive patient from their register because of their HIV status.

- A service provider (e.g. dentist, general medical practice) fails to provide a disabled person with a reasonable adjustment so that they can access the service. Reasonable adjustments include changing a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled people to make use of the service.
- No reasonable adjustments are usually required for HIV-positive patients. However, a patient who suffers from one or more opportunistic infections may have some difficulty walking or seeing and some adjustments may be necessary to enable them to access healthcare, for example if they are too weak to walk.

# What are Your Obligations as a Service Provider under Disability Discrimination Law?

## CAN DISCRIMINATION EVER BE JUSTIFIED?

- The DDA 1995 does not require a service provider to do anything that would endanger the health and safety of any person, including the disabled person, but there is still a need to consider reasonable adjustments to ensure everyone's safety without resorting to discrimination.
- In the case of HIV, the health and safety condition is the most frequently relied-on justification by some healthcare workers due to the misconceptions about the transmission of HIV.
- The health and safety justification for discrimination against HIV-positive patients has been argued by dentists when in fact adherence to universal precautions (*see Fact File 2*) which is required for the treatment of all patients, protects healthcare professionals from HIV infection:

### Case Study

Call received by Disability Rights Commission.

The caller has HIV and went to a dentist for treatment. On the registration form there were several conditions such as HIV to tick. When the dentist realised that the caller had HIV he refused to treat him and gave him the telephone number of an organisation that could help. The number was to a company that deals with prosthetics. When asking to justify his decision the dentist would not answer.

Answer given by the operator:

If the dentist's hygiene standards were such that he would not be able to contract the condition [HIV], there would not be any problem with treating patients such as the caller. As it appears to be discriminatory, I am referring the case to the casework team.

## WHAT ARE YOUR OBLIGATIONS AS AN EMPLOYER?

- HIV-related discrimination is also an issue in the workplace and you do have obligations as an employer under disability discrimination law.
- There are specific steps you should take to ensure that you treat HIV-positive employees fairly.
- NAT has produced a resource pack which addresses the issue of HIV-related discrimination in employment, including healthcare related jobs. The pack gives some guidance on how to manage HIV-positive healthcare workers and what a healthcare worker who thinks or knows they are HIV-positive should do.

To order to copy of *HIV@Work: addressing stigma & discrimination*, visit <http://shop.nat.org.uk>

# Assessing Your Practice/Organisation: A checklist



This checklist is a self-assessment tool for you to assess how well your practice/organisation (e.g. clinic) serves and treats HIV-positive patients.

This checklist relies on a "true" or "not true" list of items that can be checked off. The more items that are "true" for your practice/organisation, the better is your provision of care and treatment to people living with HIV.

The checklist is divided into sections to enable you to pinpoint areas of strength and weaknesses.

Depending on your activity (e.g. doctor, dentist, nurse...), some sections of the checklist might not be relevant.

## ACCESS TO CARE SERVICES

- People living with HIV (or patients awaiting results of an HIV test) are never denied care or referred elsewhere for services available within your facility.
- Care for people living with HIV is of the same quality as the care provided to other patients.
- HIV-positive people are not removed from registers/practice lists because of their HIV status.
- All patients are treated, regardless of their sexual orientation, race, drug use or work (e.g. sex workers).
- All staff are informed about patients' rights and the right of people living with HIV to equal care and confidentiality.
- There is a clear process for patients with HIV who have been discriminated against to register their complaints.
- The existence of the complaint procedure available is posted in consulting rooms, patients waiting areas and all other public places.

## TESTING AND COUNSELLING

- All HIV-tests are voluntary and confidential.
- All HIV-tests are accompanied by informed consent.
- All HIV-tests are accompanied by pre- and post-test discussion with a trained adviser.
- All test results are communicated to the patient during post-test discussion. See: *Manual for Sexual Health Advisers available from [www.ssha.info/public/manual/index.asp](http://www.ssha.info/public/manual/index.asp)*
- All healthcare workers treating patients are trained in principles and procedures of voluntary testing and counselling for HIV.
- A named person has responsibility to ensure that the above procedures and training are in place.

## CONFIDENTIALITY

- Information about HIV-status is communicated only to the patient and healthcare workers providing treatment to them and is otherwise kept confidential.
- Information about HIV status is never disclosed to the patient's family or friends, except with the explicit informed consent of the patient.
- HIV-positive patients' files and other records are not labelled in ways that would convey HIV status to other patients or staff.
- All staff are trained in the principles of, and patients' rights to, confidentiality.

## QUALITY OF CARE

- HIV-positive patients are provided with the highest attainable standard of clinical management and care.
- Pregnant women are offered and encouraged (but NOT compelled) to accept HIV testing, antiretroviral treatment to reduce the risk of mother-to-child transmission of HIV during delivery, and advice on infant feeding.
- HIV-positive patients are offered or referred to advice about nutrition and good health.

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# Assessing Your Practice/Organisation: A checklist



## INFECTION CONTROL

- Universal precautions are practiced with all patients, irrespective of their HIV status, at all times.
- Sound waste management is practiced at all times by all staff.
- All staff should be informed and educated about the possible risks from occupational exposure to HIV (and other blood-borne viruses) and should be aware of local policies for reporting injuries and seeking urgent advice and post-exposure prophylaxis (PEP) where appropriate. See: *HIV Post-Exposure Prophylaxis: Guidance from the UK Chief Medical Officers' Expert Advisory Group on AIDS, 2004*, available at [www.advisorybodies.doh.gov.uk/eaga/PDFS/prophylaxisguidancefeb04.pdf](http://www.advisorybodies.doh.gov.uk/eaga/PDFS/prophylaxisguidancefeb04.pdf)
- Information and education materials on infection control procedures are posted in all staff areas.





## James Hull Associates

James Hull Associates aim to provide patients with a high quality of care and treatment in friendly and comfortable surroundings.

We apply key principles of practice as required by ethical and good practice guidance issued by the British Dental Association and the General Dental Council.

In particular, we apply a principle of non-discrimination in the treatment of patients. All patients are treated the same way, regardless of their sexual orientation, race, ethnic origins or HIV status.

We protect the confidentiality of our patients' information. Files are not labelled in a way which would enable the public or members of staff not providing treatment to identify a patient as HIV-positive. Information about a patient's HIV status is kept secure and is only communicated to treating dental staff.

All staff know the facts about HIV transmission and prevention, and information and education materials on HIV are available in the practice.

Every member of the dental team is trained in the necessary cross-infection control procedures recommended by the British Dental Association to ensure complete safety and patient confidence.

*Please refer to Fact File 8 for more information on guidelines on the treatment of HIV-positive patients*

# HIV in General Medical Care: A Model Approach



## **Broken Cross Surgery, Macclesfield Cheshire**

The aim of our practice is to provide high standards of care to all patients, regardless of the nature of their illness.

We intend never to discriminate against people on the grounds of gender, race, social class, age, disability, religion or sexual orientation.

No matter how young or old they are, we will not tell anyone else what patients tell us without discussing it with them first.

We ensure that all patients are treated with dignity and respect. We will not tolerate discrimination against patients. This includes harassment, spreading rumours, refusal to treat or interact with a patient because of their suspected or known medical condition, regardless of whether or not this is related to concerns about HIV.

All staff are well-informed about the routes of HIV transmission.

All staff are trained about occupational transmission of serious communicable diseases and comply with universal precautions procedures.

Any breach of this equal opportunities statement will result in disciplinary actions.

*Please refer to Fact File 9 for more information on guidelines on the treatment of HIV-positive patients*

# Creating a Statement of Good Practice on the Treatment of People Living with or Affected by HIV: A Blueprint

## WHY SHOULD YOU ADOPT A STATEMENT OF GOOD PRACTICE ON HIV?

- People living with HIV and those perceived to be HIV-positive have the right to be free from discrimination.
- New HIV treatments allow people living with HIV to be productive and contribute to society. By providing them with adequate and appropriate treatment and care, you play a key role in enabling them to enjoy the rights they are entitled to.
- **YOU** can contribute to challenging HIV-related prejudice and discrimination by informing and educating your staff and colleagues.

## KEY ELEMENTS OF A STATEMENT OF GOOD PRACTICE

- A Statement of Good Practice on HIV and AIDS should:
  - Be clear;
  - Inform;
  - Include a non-discrimination principle;
  - Address key HIV-related issues in the health care setting: e.g. HIV transmission, treatment and care, testing and counselling, confidentiality, universal precautions and availability of PEP;
  - Make specific reference to your area of work (e.g. dentistry); and
  - List internal and external references for advice and information.
- The Statement should be easily accessible to all staff and colleagues, for example by being inserted into the staff handbook and being on display in the staff room.
- A short statement of good practice (A4 page) should ideally be displayed in your practice/organisation.

## BLUEPRINT OF A STATEMENT OF GOOD PRACTICE

*Sections in italics should be included in an A4 page statement.*

### ■ General Statement

1. *[Name of the practice/organisation] has adopted this Statement of Good Practice to ensure the equal and fair treatment of people living with or associated with HIV.*
2. This Statement reiterates key information and recommendations set out in guidance and guidelines issued by professional associations and regulatory bodies such as the General Medical Council, the British Dental Association, and the Medical Foundation for AIDS and Sexual Health.

### ■ Equal Standard of Practice and Care

3. *All patients living with or affected by HIV are to be offered the same high standard of care available to any other patient.*
4. *People living with or affected by HIV are not to be denied care or referred elsewhere for services available within our facility, unless this will improve their clinical care.*
5. *Discrimination against patients living with or affected by HIV will not be permitted or condoned within [this practice/organisation].*
6. Discrimination against patients on grounds of their race, sexual orientation, and/or gender will not be tolerated regardless of whether or not this is related to concerns about HIV.
7. Treatment and care should not be denied on grounds of a patient's actions or lifestyle that may have contributed to their condition.

### ■ Health and Safety

8. *HIV-related discrimination often results from myths and misconceptions about HIV transmission. All staff should be provided with information about the risks of HIV transmission.*

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# Creating a Statement of Good Practice on the Treatment of People Living with or Affected by HIV: A Blueprint

9. HIV infection can be prevented by practising safer sex, not sharing injecting needles, handling sharp objects carefully, and covering cuts that might be exposed to infected blood.
10. For occupations which involve exposure to blood or other bodily fluids, and for jobs involving handling sharp or contaminated equipment/instruments, "universal precautions" should be adopted. They include:
- Use of protective barriers (e.g. gloves, gowns or aprons, masks, and protective eye wear);
  - Careful handling and disposal of needles or other sharp objects;
  - Hand-washing and/or use of alcohol hand rub before and after a procedure;
  - Use of safe disposal of waste contaminated with body fluids and blood; and
  - Proper disinfection of instruments and other potentially contaminated equipment; and
  - Use of disposable, one-use instruments where possible.
11. Staff are encouraged to discuss any concerns they have about HIV transmission. For confidential 24 hour free advice, call the Sexual Health Information Line on 0800 567 123.

## ■ Privacy and Confidentiality

12. HIV-testing should not be carried out without the patient's consent except in very specific and rare circumstances (see GMC's *Guidance on Good Practice, Serious Communicable Diseases*, October 1997).
13. A test for HIV should be preceded and followed by appropriate pre- and post- test discussion.
14. All patients should be able to expect that their personal health information, including their HIV status, is kept confidential, except where it is judged that failure to disclose the information would put another individual (healthcare worker or patient) at serious harm. You should inform patients before disclosing information.

## ■ Training

15. All staff will be trained in patient's rights and the right of people living with HIV to equal care, privacy and confidentiality.

## Further Information

16. This policy was adopted by [name of the practice/organisation] on [date]. The policy is due for review in [for example 12 months hence].

List of useful external sources of advice and information:

- e.g. General Medical Council (GMC)  
British Medical Association (BMA)  
General Dental Council (GDC)  
British Dental Association (BDA)  
Medical Foundation for AIDS and Sexual Health (MedFASH)  
Royal College of Nursing (RCN)  
Royal College of General Practitioners (RCGP)

# Talking about HIV-Related Discrimination in Healthcare: Scenarios

The following scenarios are provided for you to discuss HIV-related issues with your staff. We hope that people will bring up concerns and questions they may have about HIV with the fact files contained in the pack providing you with information, tips and advice on how to address the issues raised.

The scenarios should be discussed in groups for 15-20 minutes. Each group should feedback on the main points/issues raised and all groups should discuss all the points identified. Some suggestions on how to deal with each situation are also included.

## SCENARIOS

### Scenario 1:

An HIV-positive patient is waiting for his doctor's appointment. The practice's secretary discusses loudly the patient's condition in a room full of people. The patient gets up and asks her to keep her voice down. The secretary makes a judgmental remark. *Actions to be taken?*

### Scenario 2:

An HIV-positive patient discloses his HIV status to his dentist. The dentist, although not refusing to treat the patient, books her for the last appointment of the day. *Actions to be taken?*

### Scenario 3:

A receptionist finds out about the HIV status of a patient. They complain to their manager that they have been put at risks. *Actions to be taken?*

## QUESTIONS AND ACTIONS YOU MAY WANT TO CONSIDER

### Scenario 1

- Does your practice have a policy/statement of good practice on the treatment of patients? Does it include a section on HIV?
- Does your practice have a policy/statement of good practice on the treatment of people living with or affected by HIV?
- If you do not have a policy/statement of good practice, consider adopting one. Make sure it is on display and/or readily available to staff.
- This scenario raises the issues of privacy and confidentiality as well as stigma (the secretary makes a nasty and judgmental remark on an HIV-positive patient).
- How can you provide information to your staff about HIV (basic facts but also information around confidentiality, stigma and discrimination)? E.g. training, circulate materials.
- Make staff aware of potential consequences of breach of confidentiality and discrimination against HIV-positive patients.

### Scenarios 2 & 3

- Does your practice have a policy/statement of good practice on the treatment of patients? Does it include a section on HIV?
- Does your practice have a policy/statement of good practice on the treatment of people living with or affected by HIV?
- If you do not have a policy/statement of good practice, consider adopting one. Make sure it is on display and/or readily available to staff.
- The scenario raises the issue of misconceptions about HIV transmission.
- Need to provide information and educate staff about HIV and ensure that universal precautions are taken for all patients.
- Make staff aware of potential consequences of discrimination against HIV-positive patients.

**These scenarios can be adapted to be relevant to your particular area of work.**

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# Talking about HIV-Related Discrimination in Healthcare: Scenarios

## SCENARIOS

### Scenario 4:

A gay man goes to his GP with his partner for a non-invasive medical procedure not related to a HIV-related medical problem. Before he has the procedure, the doctor asks him whether he is HIV-positive. The doctor says that if he was, special precautions would have to be taken.

*Actions to be taken?*

## QUESTIONS AND ACTIONS YOU MAY WANT TO CONSIDER

### Scenario 4

- Does your practice/department have a policy/statement of good practice on the treatment of patients? Does it include a section on HIV?
- Does your practice/department have a policy/statement of good practice on the treatment of people living with or affected by HIV?
- If you do not have a policy/statement of good practice, consider adopting one. Make sure it is on display and/or readily available to staff.
- This scenario raises the issues of association of gay men with HIV and lack of knowledge of the routes of HIV transmission.
- The man is in hospital for a non-invasive procedure. His HIV status is irrelevant. He should not have to disclose his HIV status and no "special" precautions should be taken.
- Universal precautions should be applied to all patients, irrespective of their HIV status.

**These scenarios can be adapted to be relevant to your particular area of work.**

# General HIV and AIDS Quiz - Questions

- 1. Does HIV only affect gay people?**
  - YES
  - NO
- 2. The majority of new HIV diagnoses in the UK are amongst heterosexuals.**
  - TRUE
  - FALSE
- 3. How can you tell if someone is HIV-positive or has AIDS?**
  - They wear a red ribbon
  - You cannot tell
  - They look tired and ill
- 4. Can you get HIV from shaking the hand of an HIV-positive person?**
  - YES
  - NO
- 5. Can you get HIV from kissing an HIV-positive person?**
  - YES
  - NO
- 6. Which protects you most against HIV infection?**
  - Contraceptive pills
  - Condoms
  - Spermicide jelly
- 7. What are the specific symptoms of AIDS?**
  - The skin becomes blue
  - There are no specific symptoms of AIDS
  - A rash from head to toe
- 8. HIV can be transmitted by all of the following EXCEPT:**
  - Sharing a cup or a glass with an HIV-positive person
  - Unprotected sexual intercourse
  - Breastfeeding
  - Use of contaminated syringes
- 9. If a person becomes infected with HIV, does it mean they have AIDS?**
  - YES
  - NO
- 10. STI stands for:**
  - Sexually Transmitted Infection
  - Special Treatment for Infection
  - Sterilised Testing Instrument

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**Question 1**

Answer – NO

Although gay and bisexual men are one of the largest groups affected by HIV in the UK, nobody is “immune” to HIV.

**Question 2**

Answer – TRUE

In 2003, 69% of people newly diagnosed with HIV in the UK were infected through heterosexual sex (2,624).

**Question 3**

Answer – You cannot tell.

There are no “HIV or AIDS-specific” symptoms. Most people who become infected with HIV do not notice they have been infected although some may suffer from a flu-like illness shortly after infection. People who have HIV may feel and look completely well but their immune systems may nevertheless be damaged. Some AIDS-defining conditions such as Kaposi’s Sarcoma (KS), a type of skin cancer which usually causes purple lesions on the body, have physical symptoms associated with AIDS.

**Question 4**

Answer – NO

HIV cannot be contracted through casual contact, including shaking hands, sharing a keyboard or kitchen utensils with an HIV-positive person.

**Question 5**

Answer – NO

HIV cannot be contracted through kissing, hugging, and sneezing.

**Question 6**

Answer – Condoms are the only effective option as they provide a barrier to the exchange of bodily fluids.

**Question 7**

Answer – There are no specific symptoms of AIDS. Some AIDS-defining conditions may lead to the development of physical symptoms.

**Question 8**

Answer – Sharing a cup or glass with an HIV-positive person.

HIV cannot be contracted through casual contact, including sharing cups, plates and kitchen utensils with an HIV-positive person.

**Question 9**

Answer – NO

When a person is infected with HIV they may remain well indefinitely. Anti-retroviral therapy can keep people well and prevent them from developing advanced HIV infection for many years.

**Question 10**

Answer – Sexually Transmitted Infection.

# List of Useful Resources

## 1. ORGANISATIONS

### ■ National AIDS Trust (NAT)

The National AIDS Trust (NAT) is the UK's leading independent policy and campaigning charity on HIV and AIDS.

NAT develops policies and campaigns to halt the spread of HIV and AIDS, and improve the quality of life of people affected by HIV, both in the UK and internationally. NAT's three key aims are to prevent the spread of HIV; ensure people living with HIV have access to treatment and care; and challenge HIV-related stigma and discrimination.

Website: [www.nat.org.uk](http://www.nat.org.uk)

NAT's campaign on HIV-related stigma and discrimination 'Are YOU HIV Prejudiced?' has a dedicated website: [www.areyouhivprejudiced.org](http://www.areyouhivprejudiced.org)

### ■ British Dental Association (BDA)

The British Dental Association is the professional association and trade union for dentists in the UK. The BDA develops policies to represent dentists working in every sphere, from general practice, through community and hospital settings, to universities and the armed forces. The BDA has published an advice sheet of the treatment of HIV-positive patients.

Website: [www.bda.org](http://www.bda.org)

### ■ British Medical Association (BMA)

The BMA is a professional association of doctors, representing their interests and providing services for its 130,000 members. The BMA has published guidance on the treatment of patients, including asylum seekers.

Website: [www.bma.org.uk](http://www.bma.org.uk)

### ■ Disability Rights Commission (DRC)

The Disability Rights Commission (DRC) was set up to promote disability equality and to enforce the Disability Discrimination Act. It operates in England, Scotland and Wales. The website contains key info about legislation. Website: [www.drc-gb.org](http://www.drc-gb.org)

A Helpline is also available: 08457 622 633.  
Text: 08457 622644. Email: [inquiry@drc-gb.org](mailto:inquiry@drc-gb.org)

### ■ General Medical Council (GMC)

The GMC has been established to maintain the standards the public have a right to expect of doctors and protect patients. The GMC has published guidance on good practice for the treatment of serious communicable diseases.

Website: [www.gmc-uk.org](http://www.gmc-uk.org)

### ■ Medical Foundation for AIDS and Sexual Health (MedFASH)

MedFASH is a charity which works with policy-makers and health professionals, to promote excellence in the prevention and management of HIV and other sexually transmitted infections. MedFASH has developed standards for NHS HIV Services.

Website: [www.medfash.org.uk/](http://www.medfash.org.uk/)

### ■ Nursing and Midwifery Council (NMC)

The NMC is an organisation set up by Parliament to ensure nurses and midwives provide high standards of care to their patients and clients. The NMC is responsible for maintaining a live register of nurses, midwives and specialist community public health nurses. It has the power to remove or caution any practitioner who is found guilty of professional misconduct. In rare cases (e.g. practitioners charged with serious crimes) it can also suspend a registrant while the case is under investigation.

Website: [www.nmc-uk.org](http://www.nmc-uk.org)

To order a copy of the pack (£11 + £4 p&p) visit <http://shop.nat.org.uk> or email [hivinhealthcare.online@nat.org.uk](mailto:hivinhealthcare.online@nat.org.uk)

# List of Useful Resources

## ■ Royal College of General Practitioners (RCGP)

The RCGP aims to encourage, foster and maintain the highest possible standards in general medical practice and for that purpose to take or join with others in taking any steps consistent with the charitable nature of that object which may assist towards the same.

Website: [www.rcgp.org.uk](http://www.rcgp.org.uk)

## ■ Royal College of Nursing (RCN)

The RCN represents nurses and nursing, promotes excellence in practice and health policy. It has numerous publications on sexual health, HIV and related stigmas, and offers the only UK-wide professional and academic distance learning course in sexual health skills for nurses, midwives and health visitors ([www.rcn.org.uk/sexualhealthlearning](http://www.rcn.org.uk/sexualhealthlearning))

Website: [www.rcn.org.uk](http://www.rcn.org.uk)

## ■ Terrence Higgins Trust (THT)

THT is the leading HIV and AIDS charity in the UK. THT's objectives are to reduce the spread of HIV and promote good sexual health; to provide services which improve the health and quality of life of those affected; and to campaign for greater public understanding of the personal, social and medical impact of HIV and AIDS.

Website: [www.tht.org.uk](http://www.tht.org.uk)

## 2. HELPLINES

### ■ Sexual Health Line: 0800 567 123

This is a 24-hour national phonenumber offering confidential advice, information and referrals on all aspects of HIV to anyone.

### ■ NHS Direct: 0845 4647

A service that provides 24 hour confidential health information. Open everyday of the year.

### ■ THT Direct: 0845 1221 200

THT Direct is a specialist HIV telephone and information and advice provided by the Terrence Higgins Trust. THT Direct is open 10am-10pm Monday to Friday and 12noon – 6pm at weekends.

### ■ UK Coalition of People Living with HIV and AIDS: 020 7564 2180 (general enquiries)

A national organisation made up of people living with HIV and AIDS. Services include advocacy.

### ■ African AIDS Helpline: 0800 0967 500

Provides advice and information on HIV, AIDS and sexual health for African people in England. Available 10am - 6pm Monday to Friday.