HIV Disclosure and HCP with a Border: An Ethical Issue

Sidra Nadeem¹, Muhammad Adnan Yaqoob², Mishal Liaqat¹

¹Department of Nursing, University of Lahore, Lahore, Pakistan; ²Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

ABSTRACT
The health care providers are always obligated to code of ethics for honoring professionalism and sustaining high standards in their practice. Veracity and confidentiality are strictly obligatory for health care professionals in virtue and medical ethics. Veracity is not only the part of virtue ethics but also it is our professional and moral obligation to always remain truthful in practice and as well as in our daily life. But, it becomes very difficult for health care providers to maintain confidentiality, giving respect to patient autonomy, and speaking truth in the case where patients are diagnosed with stigmatized disorders such as AIDS, where we have to save the society by applying the concept of utilitarianism. This paper analyzes such complex conditions in which there is an ethical dilemma occurred between patient’s autonomy to maintain his confidentiality of positive HIV and tell a lie to patient’s wife. This situation put many questions in the HCP’s mind. Such as: is it right to respect patient’s autonomy which can put patient’s surrounding at risk? Is it moral obligation of the HCP to tell a lie? Or is it best solution if the HCP maintain confidentiality?

Keywords: Ethical dilemmas; Autonomy; Confidentiality; Veracity; Discrimination; Stigmatized

CASE SCENARIO
A 40 years old male patient was landed in emergency department with complaints of loss of appetite, sudden weight loss, decreased activity, lethargy, and mouth ulcers. The doctor ordered to send all baseline investigations along with HIV. After some hours, the reports were collected from the laboratory which showed that the patient was suffering from HIV AIDS. The doctor told the patient about his positive report. After that, the patient requested to hold this information from his family and other HCP. Instead of consulting about the treatment plan, the patient requested the doctor to keep it confidential. On the other hand, the HCP was thinking about the patient’s right. But, if the HCP only thought about the patient’s right of confidentiality then, could a greater risk to his family (wife) to get infected with the same disease since HIV is a communicable disease. HCP got confused and reviewed the literature to reach on conclusion. Ultimately, HCP disclosed the report about patient’s positive report of HIV to his wife.

INTRODUCTION
Ethical dilemmas are situations where professionals face two or more competing courses of action. By choosing one course of action, they may compromise the ethical principles supporting the other competing courses of action [1]. HCPs are always constrained by code of ethics for honoring professionalism and sustaining high standards in their practice. They always work with justice, honesty, truthfulness, and altruism. The HCPs always give respect to their client’s decision and are accountable for their actions. The patients always expect from their HCPs to give them sense of trustful relationship. The ethical principle of veracity, confidentiality, justice, beneficence, no maleficence, and autonomy are followed in health care organization for maintaining the optimal level of well-being for the patients, family, and society [2]. But, it takes careful analysis of situation when the controversial issues are faced by HCPs in disclosing, diagnosing, and treating the most stigmatizing disorders like HIV [1]. With the changing context of technology and advancement in the field of medicine, there is still no cure of...
HIV and considered it very discriminated in our culture and clear rejection and criticism from society is faced by HIV patients. The reasonability of benefit over cost is estimated by HCP in the more sensitive cases of HIV where the HCP has to prefer the whole society over one person’s right and also has to follow his oath of remained truthful in his practice in every situation.

This paper will discuss about the conflict aroused between virtue ethics of truth telling (Veracity), confidentiality and beneficence of the third party (his wife and society) in the perspective of above case.

1ST POSITION (FROM THE LENS OF ORGANISATION)
The global health organizations are following ethical codes of profession for more than thousands years [3]. The health care organization serves best to their patients and community [4].

The health care organizations strives for giving beneficence, to be truthful to their patients. Every health care organization has policies and procedures to keep all cases confidential until the patients would give authorized consent to disclose their information and data for more implication. HIV is highly contagious and communicable disease which causes very harmful impact on the individual health, community and organization [5].

According to literature reviewed all cases should be kept confidential and protected under law in clinical and research settings. The nature of keeping the cases confidential should be analyzed by their consequences and probability of risk of harm [6].

The communicable diseases control program instructs the health care organizations of all over the world to report the incidence of highly infected and life threatening diseases to their health authorities for prompt treatment and prevention [7]. In the above case the patient was suffering from HIV which is highly threatening and communicable disease. Exception of the right of confidentiality it is the moral obligation of the health care organization to report communicable and infectious diseases to public and local health authorities because HIV is not only harmful for patient but also for his family and community [8]. Due to its devastating effect on the society the health care organization don’t follow the principle of autonomy and take a step toward positive solution rather than giving preference to their client’s decisions [1].

2ND POSITION (FROM THE LENS OF HEALTH CARE PROVIDERS)
The HCPs always give value to their patients’ rights and follow the legal and ethical aspects of profession for the betterment of patient and society. The medical professionals always give priority to their client before taking any decision on the behalf of getting optimal level of benefit over decisions. Truth telling is virtue ethics and it is the moral obligation of the health care providers to be truthful in every situation. The therapeutic relationship between physician and client is very sensitive and has a sympathetic feature of caring and curing. It is not obligatory duty for HCPs to respect and maintain the patient’s confidentiality when there is a greater risk to society. So in the aspect of HIV, HCP is not permitted to hide the most vulnerable case which could results in putting others in danger.

The HCPs is always constrained to be virtuous in their practice. They encounter many conflicting situations where their knowledge of objectivity cannot address such controversial and confusing issues in their daily practice [6]. By seeing the importance of reporting of above issues; the HCPs bring it to the reality that always is truthful with patients for the beneficence of the whole society. Sometime, telling truth becomes very unpleasant and bother when it goes beyond the duty that truth is important for informed decision making; one should also note that truth has the tendency of bringing about confusion especially on how best it should be divulged [2,3].

The virtue of being truthful has been deep rooted in every health care professional. No doubt HIV suffering people are stigmatized by the society and face discrimination, hence isolated. The HCPs always strive to provide safe and sound services to humanity by following their prima fascia norms in very situation. In the above case, saving patient’s wife and society is more important and prevent the further harm than respecting patient’s right of confidentiality [5].Because there is chance that patient’s wife might have been infected, therefore, the screening is also necessary to prevent other family members from further harm.

3RD POSITION (JUSTIFICATION FROM MY SIDE)
We justified this case according to our professional code of conduct. We only act accordingly to our moral and ethical principles. If we analyze this point with the help of ethical deontological theory, it states that we should only do right things without considering the consequences of doing particular action. It is impermissible for us to tell a lie [9]. Utilitarian approach suggested that actions should be outweighing by their consequences [10]. In the above case, the third parameter (wife and society) in decision making is more considerable and demands a virtue ethics. The conduct of actions is always measured by their consequences. The decision taking becomes very easy when it have more positive impact on others. A person is bounded with his society and its decision affects its society as well [9] We all know that confidentiality is the act of maintaining patient’s privacy, but, in the case of HIV, the virtue ethics stress us to do not give respect to the client’s right and only do right action without considering the consequences [11]. Due to high vulnerability of infection, diagnosis of HIV should always be communicated to the HCPs as well.

Beneficence should always analyzed by its risk and consequences. For the beneficence of his the communicable disease control Program has suggested that the spouse of the HIV positive patient should always informed by HCPs for saving herself from getting infection [7]. Veracity is not only the prima fascia norm for the HCPs, but also has a strong sense of serious influence on our morals. Being truth full is not merely the legal duty of HCPs, but in some sensitive cases it addresses us to not only say yes or no but also reevaluate the consequences of violation of veracity. Some cases need in-depth understanding of
situation alongside thorough examination and needs to be carefully scrutinizing [9].

CLIENT PERSPECTIVE

In the above case why patient did not want to disclose his positive report of HIV? Why he did not give preference about treatment plan of it? The major problem with patient was that on disclosing he will be isolated from his society and may be stigmatized and attacked by negative behaviors of family and society. There is always a lack of moral support, faced strong stigmatization, discrimination, regret, and pettiness from the society. HIV is discriminated and stigmatized in our culture due to its high multisystem virulence in the host, and considered immoral act which patient conduct. There are no treatment approaches and rehabilitation centers in our society, therefore, the patients suffering from HIV always request to hold the information and did not want to report this due to rejection from family and society.

POSSIBLE CONSEQUENCES

According to communicable disease control program the HCP should report the positive cases of HIV. If it will not reported by HCP it would negatively affect health of other people in his surroundings. The effects of HIV on the family, society, and health care organizations are always considered matter of great concern and harmful due to its severity, virulence, and life time duration of action on all body system. HIV is not only harmful for health of others but also causes economic burden on family and society.

CONCLUSION

Finally it is concluded that the principle to secure his wife and society was most important than giving respect and preference to the right to maintain confidentiality of patient about the disease. The health care system, communities, family support, stakeholders, human solidarity, and the human perseverance need to find legal framework, new paths and solutions to provide them support and service. We should encourage and support the HIV suffering patients and change our behavior regarding treating, accepting HIV patients in society.

RECOMMENDATIONS

There is great to need to change society behavior to reduce stigmatization, involve society to secure them from discrimination, walk and protest for legal rights of HIV patient as other human being. Discourage stigmatizing behavior through education, media and news, communication, expand antiretroviral therapy, accept and face them as human. Provide social, moral, financial support, rehab services and prevent them from social withdrawal from society. The government should take step for preserving the rights of HIV patient for improving their quality of life through behavior modification of society, implementing new policies for caring and curing, preserving their rights of living with dignity with HIV, providing supportive and caring environment, and facilitating them in treatment services and enhance the quality of life and promoting mental well-being in them. Enable environment more cooperative and helpful for HIV patients by effective preventive and promoting strategies to improve the physical, mental, social and moral health to overcome the traumatic effects of disease. This would be help in gaining hope and life in them.

REFERENCES

1. Wilson CA, Rubin SE, Millard RP. Preparing rehabilitation counselors to deal with ethical dilemmas. Journal of Applied Rehabilitation Counseling. 1991.
2. Beauchamps TL, Childress JF. Principles of biomedical ethics. New York: Oxford University Press. present and future. Medical Clinics of North America. 1994; 80(2): 225-243.
3. Cullity G. The Moral Demands of Affluence. Clarendon Press. 2004.
4. Gallagher A, Li S, Wainwright P, Jones IR, Lee D. Dignity in the care of older people: A review of the theoretical and empirical literature. BMC Nursing. 2008; 7(1):11.
5. Adler MD, Fleurbaey M. The Oxford Handbook of Well-Being and Public Policy. Oxford University Press. 2016.
6. Akabayashi A, Fetters MD, Elwyn TS. Family consent, communication, and advance directives for cancer disclosure: A Japanese case and discussion. J Med Ethics. 1999; 25(4):296-301.
7. Fleming PL, Ward JW, Janssen RS, De Cock KM, Valdiserri RO, Gayle HD et al. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR Recomm Rep. 1999;48(1).
8. Samuels F, Simbaya J, Sarna A, Geibel S, Ndubani P, Kamwanga J. Engaging communities in supporting HIV prevention and adherence to antiretroviral therapy in Zambia, Horizons Research Summary. Washington, DC, USA: Population Council. 2008.
9. Beauchamp TL, Childress JF. Principles of biomedical ethics. Oxford University Press, USA. 2001.
10. Lo B. Resolving ethical dilemmas: A guide for clinicians. Lippincott Williams & Wilkins. 2012.
11. Benjamin M, Curtis J. Ethics in Nursing: Cases, Principles, and Reasoning. Oxford University Press, USA. 2010.