

GUIDELINES
on
Ethical Problems
Surrounding
HIV and AIDS

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Lastly, the Council is convinced that all health practitioners will find the revised Edition of the Handbook a worthwhile companion and tool in the control and prevention of the HIV/AIDS pandemic.

Dr. M. Mukunyandela
Chairman MCZ

PREFACE TO THE SECOND EDITION OF THE ETHICAL HANDBOOK FOR HIV/AIDS

As predicted in the preface of the first edition of this handbook in 1996, future guidelines would have to be added or existing guidelines modified as the HIV/AIDS saga evolves.

With the advent of The Government roll out of antiretroviral drugs, (ARVs), this time has now arrived.

It is now the duty for every Health Worker to try and identify persons who are HIV positive in order to offer them ARV treatment and prevent or treat opportunistic infections.

Whilst keeping within the remit of informed consent, the Guidelines have been strengthened in favour of the Health Provider in order to assist him or her in this difficult task and, at the same time, reduce the stigma of the disease.

All Health Providers, whether doctors, pharmacists, nurses, clinical officers, counsellors and indeed any other individual or organisation concerned with the HIV/AIDS Pandemic should take a short time out and read this booklet, which will help some of the difficult ethical problems the disease presents.

Dr. M. Bush, O.B.E.,
Chairman - HIV/AIDS Ethical Committee

THE HEALTH PROVIDER AND PATIENT RELATIONSHIP:-

1. The Health Provider/patient relationship is founded on mutual trust, which can be fostered only when information is freely exchanged between Health Provider and patient on the basis of honesty, openness and understanding. Acceptance of that principle is, in view of the MCZ, fundamental to the resolution of the questions which have been identified in relation to HIV/AIDS infection.
2. The MCZ has been impressed by the significant increase in the understanding of AIDS and AIDS-related conditions, both within the health professions and by the general public, which has occurred. It seems that most Health Providers are now prepared to regard these conditions as similar in principle to other infections and life-threatening conditions, and are willing to apply established principles in approaching their diagnosis and management, rather than treating them as medical conditions quite distinct from all others. The MCZ believes that an approach of this kind will help Health Providers to resolve many of the difficulties which have arisen in the past.

In the light of the foregoing the MCZ has formed the following views on questions of particular significance in relation to HIV infection and the conditions related to it.

THE HEALTH PROVIDER'S DUTY TOWARDS PATIENTS:-

3. The MCZ expects that Health Providers will extend to patients who are HIV positive or are suffering from AIDS the same high standard of medical care and support which they would offer to any other patient: It has, however, expressed its serious concern at reports that, in a small number of cases, Health Providers have refused to provide such patients with necessary care and treatment.
4. It is entirely proper for a Health Provider who has a conscientious objection to undertaking a particular course of treatment, or who lacks the necessary knowledge, skill or facilities to provide appropriate investigation or treatment for a patient, to refer that patient to a professional colleague.

Nonetheless, every registered health provider should be able to at least clinically recognise HIV/AIDS and what to say or do when they are faced with a patient who they suspect to have HIV/AIDS.

5. With the advent of the GRZ rollout of ARVs, it is imperative that the health worker counsels the patient strongly in favour of having an HIV test, stressing the fact that although ARVs are not a cure, they can improve the quality of life dramatically as well as prolong life almost indefinitely. Access to ARVs should only be on an initial HIV test as it is unethical to give ARVs to a patient without proven evidence of infection.

6. However, it is unethical for a registered Health Provider to refuse treatment, or investigation for which there are appropriate facilities, on the ground that the patient suffers, or may suffer from a condition which could expose the Health Provider to personal risk. It is equally unethical for a Health Provider to withhold treatment from any patient on the basis of a moral judgement that the patient's activities or lifestyle might have contributed to the condition for which treatment was being sought. Unethical behaviour of this kind may bring a charge on the Health Provider of infamous conduct in a professional respect.

The MCZ supports the position that cases of HIV infection should be reported without naming the patient with enough information to be epidemiological useful. In addition, each confirmed case of AIDS should be reported to a designated authority for epidemiological purposes.

Responsibility of Health Providers infected with the Virus

7. Considerable public anxiety has been aroused by suggestions that practitioners who are HIV positive might endanger their patients. The risk is very small. Nonetheless, it is imperative, both in the public interest and on ethical grounds, that any Health Providers who think they may have been infected with HIV should seek appropriate diagnostic testing and counselling and, if found to be infected have regular medical supervision.
8. Health Providers who are HIV positive should also seek specialist advice on the extent to which they should limit their practice in order to protect their patients. However, Health Providers who are seropositive should live positively and ensure that they keep track of new knowledge about the disease.

Established policies and procedures designed to prevent the transmission of infection from Health Providers to patients must be adhered to by all Health Providers not only by those known or suspected to be HIV seropositive. No Health Providers should continue in clinical practice merely on the basis of their own assessment of the risk to the patients.

9. It is unethical for Health Providers who know or believe themselves to be infected with HIV to put patients at risk by failing to follow established policies and procedures designed to prevent the transmission of infection from themselves to patients. Failure to do so may result in proceedings by MCZ which could lead to the restriction or removal of a Health Provider's registration if this were necessary to protect patients or Health Provider's own health. A Health Provider who knows that another health practitioner is infected with HIV/AIDS and whose clinical skills and judgement is thought to be impaired should counsel (if he/she has the skills) or inform a trained counsellor for advice on how to deal with the situation. Where a Health Provider, for any reason, is unable to provide care, he/she has the obligation to arrange for alternative care/advice.

RIGHTS OF HEALTH PROVIDERS INFECTED WITH THE VIRUS:-

10. Health Providers who become infected with the virus are entitled to expect the confidentiality and support afforded to other patients. Thus the Health Provider's HIV status must be kept confidential unless he or she has given permission for the disclosure.

CONSENT TO INVESTIGATION OR TREATMENT

11. It is understood and accepted within the health profession, that Health Providers should treat a patient only on the basis of the patient's informed consent. A patient's consent may in certain circumstances be given implicitly, for example by agreement to provide a specimen of blood for multiple analysis. Where a patient refuses to undergo an HIV test and the Health Practitioner believes to be putting himself/herself at risk, the Health Practitioner may refuse to provide a service unless testing has been done.

TESTING FOR HIV INFECTION: THE NEED TO OBTAIN CONSENT

12. The MCZ believe that the above principles should apply generally. It is particularly important in the case of testing for HIV infection because of the possible serious social and financial consequences which may ensue for the patient from the fact of having been tested for the condition. These are problems which would be better resolved by developing spirit of social tolerance than by medication action, but they do raise a particular ethical dilemma for the Health Provider in connection with diagnosis of HIV infection or AIDS. They provide a strong argument for each patient to be given the opportunity, in advance, to consider the implications of submitting to such a test and deciding whether to accept or decline it. In case of HIV suspect infection, counselling must always be done.

A list of persons in whom testing can be done without explicit consent includes:-

- a. All patients undergoing haemodialysis.
- b. Psychotic patients with suspected infection.
- c. All patients with unknown sero status, prior to a blood transfusion and/or transfusion of blood products.
- d. Unconscious patients suspected to be infected.
- e. All patients requiring intensive care in an intensive care unit.
- f. Orphans prior to adoption if the test is requested by the adopting parents.

- g. Needle stick injuries and human bites at work place where the Health Provider's HIV sero status is not known.
- h. Patients suffering from major opportunistic diseases including TB.
- i. All patients undergoing surgical procedures.
- j. Pregnant women, unless the patient wishes to opt-out
- k. All children who have been sexually abused should be encouraged to have an HIV test and compulsory HIV testing should be undertaken on the person engaged in the unlawful intercourse.

In all the situations counselling should be done.

13. A particular difficulty arises in cases where it may be desirable to test a child for HIV infection and where, consequently, the consent of a patient, or a person in loco parentis, would normally be sought. However, the possibility that the child may have been infected by a parent may, in certain circumstances, distort the parent's judgement so that consent is withheld in order to protect the parent's own position. The Council's position is that if a child is judged not competent to give consent, parental or guardian refusal to have the child tested must be respected.

SPECIAL CONSIDERATIONS FOR CHILDREN

14. In counselling for HIV infection in children, counsellors should encourage the parents to share the results of the HIV test with the child. The counselling of the child including the giving of the results should be conducted within the child's capacity of understanding HIV issues.

The child's HIV test result must not be disclosed to a third party. However, a child who understands fully implications of his status must give permission for his status to his parents and no child should be discriminated against because of his/her HIV or AIDS status.

USE AND PRESCRIBING OF ANTI RETROVIRAL DRUGS

15. Whilst not a cure, anti retroviral drugs (ARVs) can suppress the symptoms and signs of HIV and AIDS for many years, enabling HIV infected persons to lead a normal productive life. It is unethical to prescribe ARVs on an intermittent basis, as this can cause harm to the patient and practitioners who do so may lay themselves open to the charge of unprofessional conduct.

The Practitioner must be able to regularly monitor potential side effects of the drugs by blood and other tests and have the knowledge to change the combination of the drugs to suit the patient.

These drugs must only be prescribed by registered health practitioners and purchased from recognised pharmacies and should not be purchased without a signed prescription from a registered practitioner unless there are exceptional circumstances.

COUNSELLING, TESTING AND CARE (CTC)

16. All persons in the medical field, whether Doctors, Nurses, Clinical Officers, health workers in general or others (e.g. Church Workers, Preachers, Politicians etc), should actively encourage all persons under their care to have an HIV test. HIV Counselling, Testing and Care centres must be registered and regulated by the Medical Council of Zambia or its nominees.

NUTRITIONAL AND OTHER SUPPLEMENTS

17. Medical personnel should be aware of the large number of ‘immune boosting’ products on the market (as distinct from true ARV drugs).

Whilst some of these products may be beneficial to some patients, there is a paucity of dependable research to verify that sometimes manufacturers’ exaggerate claims for their particular product. Patients who cannot afford ARVs may however benefit from their prescribing but this should be done with caution, pending sound, scientific proof of their efficacy. It should also be noted that some of these supplements are of equivalent cost to standard ARV regimes.

NEWER THERAPIES INCLUDING HERBS AND COMPLEMENTARY MEDICINES

18. It is unethical to prescribe drugs to patients that have not undergone scientifically acceptable trials. Practitioners of either conventional or herbal/traditional medicines must ensure that medicinal claims related to HIV/AIDS therapy go through all the three stages of clinical trial before public pronouncements are made on therapeutic benefits of such drugs or medicines.

CONFIDENTIALITY IN REPORTING AND CONTACT TRACING

19. Health Providers are familiar with the need to make judgements about whether to disclose confidential information in particular circumstances, and the need to justify their action where such a disclosure is made.
20. HIV and AIDS is a sexually transmitted infection and as such the MCZ encourages attending Health Providers to make every effort to trace and counsel confidentially all contacts of patients with HIV infection. Contact tracing should be carried out with the cooperation and participation of the patient to provide maximum flexibility and effectiveness in alerting and counselling as many potentially infected people as possible. Public health authorities are urged to recognize and permit such practice by amending existing regulations when necessary.

21. The MCZ advises Health Providers that disclosure to a spouse or current sexual partner is ethical and, indeed, may be indicated when Health Providers are confronted with an HIV-infected patient who is unwilling to inform the person at risk. Such disclosure may be justified when all the following conditions are met:
- a) the partner is at risk of infection with HIV and has no other reasonable means of knowing of the risk;
 - b) the patient has, after adequate counselling by the Health Provider or trained counsellor refused to inform his or her sexual partner,
 - c) the patient has repeatedly refused an offer of assistance by the Health Provider to do so on the patient's behalf.

INFECTION CONTROL

22. The MCZ reminds health care institutions and professionals of the need to implement infection control measures in the handling of blood and body fluids and to recognize the rights of practitioners directly involved in patient care to be informed and protected from the risks of HIV infection. Infected medical wastes must be treated within the medical waste disposal protocol.

HIV INFECTION IN THE WORKPLACE

23. The MCZ principles and recommendations on HIV infection in the general and the health care workplace are intended to serve as a guide for organisations, employers and employees.

PRINCIPLES OF OCCUPATIONAL HEALTH

24. Before the issue of HIV infection in the workplace is addressed, the health provider must take into account the following:-
- a. Any component of an occupational health service programme may be considered essential if it is directed toward the protection or improvement of the health of the worker and it is unlikely to be available in an adequate form from another source.
 - b. A health surveillance programme should result in the effective prevention or treatment of disease or provide evidence about qualification for workers' compensation benefits.
 - c. Pre-employment medical examination or periodic health surveillance of employees, or both, is justified when employees are exposed to special hazards associated with their employment, when mandated by law or when the safety of the general public is an issue. HIV testing should be included as a routine component of the medical examination.

However, the results of the HIV test should not be communicated to the prospective employer. The person who has been examined should be advised to take appropriate action according to the results of the test.

- d. When evaluating the employee's ability to work an employer should consider a disability or other condition significant only if the condition might adversely affect the worker's actual job performance or create a safety hazard to other employees and the general public
- e. Where any organisation, for example an NGO makes arrangements to provide medical care for HIV patients, it should not be obligatory for employees to join such a scheme. Coercing patients to seek treatment from any one medical facility only is unethical and unprofessional and may result in the Medical Council of Zambia taking action against that medical facility or Practitioner

TRAINING OF HEALTH WORKERS IN ART AND HIV/AIDS

- 25. It is MCZ's view that all health workers must have training in HIV/AIDS management including ARVs and must possess a certificate attesting to that effect. Before renewal of practising licences, evidence of training, competence and updating on HIV/AIDS including anti-retroviral therapy (ART) must be indicated showing proof of training in accordance with the guidelines approved by the MCZ.

RISK OF HIV TRANSMISSION

- 26. To date there have been no documented cases of HIV transmission through casual contact in a workplace and the risk of such transmission is remote.

SPECIAL OCCUPATIONAL RISKS

- 27. Some occupations may place the worker at potential risk of exposure to HIV. It has been theorized, for example, that police work or fire-fighting may place a worker in contact with the body fluids of HIV-positive people. In such circumstances the risk of transmission is extremely low, and no cases of transmission have been recorded. However, as a general measure to minimize the risk of infection from HIV workers should take reasonable precautions when handling human blood. Such precautions include the use of gloves where possible to reduce contact with body fluids and the use of bleach solution for cleaning up spilled blood.

EMPLOYMENT OF PEOPLE WITH HIV INFECTION OR AIDS

28. With the development of more effective treatments of HIV infection and related diseases some workers with the infection now continue productive careers for many years. In general there is no reason for an HIV-positive person to be restricted from any job in a field not related to health care. If people with HIV infection are physically and mentally well enough to perform their jobs effectively they should be permitted to do so. Reasonable alternative working arrangements should be made if fitness of work is affected by an HIV-related illness.
29. Workers with HIV infection have the right to be protected against discrimination in the workplace. For example, there is no basis for insisting on separate washrooms for HIV-positive workers.
30. Occasionally an employee with HIV infection may have a concurrent communicable disease such as tuberculosis. Once such conditions have been adequately treated the employee should be allowed to return to work.

RISK OF HIV TRANSMISSION

31. The nature of health care work carries with it a greater risk of occupational exposure to HIV than the general workplace. For example, a Health Provider may be directly exposed to the blood or body fluid of an HIV-positive patient through a work-related accident such as a needle-stick injury. Nevertheless, the occupational risk of HIV infection for Health Providers, although not absent, is very low.

RESPONSIBILITY OF HEALTH PROVIDER

32. Traditionally health care services have been provided even when they might pose a risk to the Health Provider. In the case of HIV infection this risk, although low, can be further reduced by the rigorous application of infection control guidelines.

OCCUPATIONAL EXPOSURE OF HEALTH PROVIDERS

33. A Health Provider could be injured while caring for an AIDS patient. It is recommended that the health provider follows the post-exposure prophylaxis guidelines in existence at that time.
34. Any occupational injury of a Health Provider that may have exposed the Health Provider to HIV should be reported confidentially to the Health Provider responsible for occupational or employee's health or to a Health Provider not involved in the injury or the care of the infected patient.

The patient should undergo HIV antibody testing and consent to communication of the results to the injured provider, unless it is already known that the patient is HIV-positive. Such testing should always be accompanied by pre and post-test counselling.

35. Those treating Health Providers should keep themselves well informed of developments in prophylaxis.
36. The MCZ will continue to monitor the evolution of HIV infection in the workplace and will comment further when more information is available.