

The patient with AIDS - a response

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The essay with this title' has asked several pertinent and important questions. I would like to add a few comments.

The essay indicates that instead of expected relief, the patient encounters hostility, fear and rejection and asks why doctors and others behave thus.

AIDS is really a twin epidemic. The first is that of the disease itself. The second, which compounds the issue, is the epidemic of fear, Fear is bred in ignorance and enhanced by the inevitability of the terminal outcome. Adding to this and further clouding the issue is the brand of social stigma.

Fear- has its roots in ignorance. We are at the 'alarm' stage of what is no doubt a severely stressful situation. To those working to promote awareness of the facts on AIDS this can be frustrating but there is a danger in being condemnatory of the ignorance. The only remedy is to intensify the educative programs at all levels and in every forum.

In terms of transmission, the hepatitis B virus is indeed many times more dangerous but we have a vaccine against it whilst as of today the patient with AIDS has no way out except the grave. Remaining aware of this fact we must emphasise that at present we have to concentrate on prevention.

As regards stigma, it is both unwise and uncharitable on the part of doctors and other-s to make snap judgements of implied immorality especially when these are made without factual knowledge. Even if behavioural culpability is established, it is not worthy of a health professional to have a condemnatory attitude in treating any one in anguish. The injunction that the 'physician is called to be an instrument of God's mercy and not His justice' is very relevant.

Any form of involuntary testing must be resisted. Tests on patients occasioned by fear in the minds of hospital staff and administrators should be preceded by education of all those seeking treatment at the clinic.

The flaws and fallacies in the tests for detecting infection by Human Immune-deficiency Virus (HIV) make it imperative that we spare no effort at establishing a correct diagnosis. We must also bear these in mind when counselling. Once diagnosis is certain one must soften the blow and help in every way without raising false hope.

It is unethical of surgeons to refuse to treat infected patients.

As regards blood collected for- transfusion which, on tests, shows that the donor was infected by HIV, the mandatory obligation seems to be restricted to the destruction of that unit. I believe that social obligation goes further. The donor- must be made aware of his role in the infectivity chain. What if the shock is too much for him and he commits suicide? To avoid such tragedies it may be best to evolve a system for- informing all potential donors of blood (and other components of the body) that they are required to undergo pre-donation tests for infection by HIV. Where such tests are positive, the donation cannot be accepted. Post-test counselling should follow in such instances.

Serious and concerted efforts on the part of the medical profession are urgently called for if we are to move meaningfully out of the alarm stage and progress to a truly caring system for promoting health.

Reference

1. Pandya SK: The patient with AIDS. *Medical Ethics* vol. 1, pages 1-3, 1994

Membership of *Forum for Medical Ethics*

We complete one year of publication of this newsletter. We have been sending copies to members and to a few others working in the field of medical ethics. Members will, henceforth, also receive the background papers prepared for our- study circle meetings.

Membership fee of the Forum covers the period 1st August to 31 July.

Each issue costs us Rs.5,000.00 (five thousand). As the number of members is small, the membership fees account for- just a fraction of this cost. We have been able to continue publication thanks to the generosity of two donors who have preferred to remain anonymous.

As our membership grows, we hope that we can make the newsletter self-sufficient.

We request you to renew your membership for- the coming year-. (Those who have become members in March 1994 or later- need not renew their- membership till July 1995.)

We also request you to contribute essays, comments and criticism for publication in the newsletter.

1. Dr. Eustace de Souza's paper- *Ethical and legal issues and AIDS* and the 24-page booklet *Ethical concerns in AIDS* (co-editor Dr. C. J. Vas) are worthy of study. (Also see note under *Letters*.)