Perceptions about training and knowledge of HIV/AIDS ethics among health care providers at teaching hospitals of a medical college in Karnataka, India

Unnikrishnan B[1], Mohan K Papanna[2], Vaman K[2], Nithin K[2], Rekha T[2], Prasanna Mithra P[2]

[1]Professor and Head, Department of Community Medicine, Kasturba Medical College, Manipal University, Mangalore, Karnataka 575 001 INDIA [2] Assistant Professor, Department of Community Medicine, Kasturba Medical College, Manipal University, Mangalore, Karnataka 575 001 Corresponding author: Mohan Papanna e-mail: mohan.papanna@gmail.com

Abstract

A cross sectional study was conducted to evaluate perceptions of HIV/AIDS ethics among health care professionals at three associate hospitals of Kasturba Medical College Mangalore. A total of 144 health care professionals were included, of which 106 (73.6%) were doctors and 38 (26.4%) were nurses. Only 52.8% of doctors and 56.6% of nurses agreed that they had received adequate training related to HIV data confidentiality. 85.8% of doctors and 76.3% of nurses perceived that they need additional training in HIV policies & procedures. With respect to rights of HIV-positive clients 92.5% of doctors and 84.2% of nurses felt the need for further training. 69% of doctors and 52.6% of nurses agreed that confidentiality could be breached in case of subpoena or other judicial processes. Only 68.4% nurses agreed that it is an offence to intentionally disclose HIV/AIDS confidential information to anyone who is not legally authorised.

Introduction

India has the third largest number of people living with HIV in the world, and according to 2008-2009 estimates, there are an estimated 2.39 million people with HIV in the country (1). The issues related to HIV/ADS are complex involving biological, psychosocial and ethical perspectives. HIV-positive clients are sensitive to the behaviour of health care providers which may signal stigma. Avoiding these potentially problematic behaviours is important for health care personnel, who regularly interact with HIV-positive clients (2). Having good access to care is imperative for maintaining the health, well being, and quality of life of HIV-positive clients (3). Additionally, ethical and legal issues pose challenges to health care providers in their practice and these issues have a direct bearing on patients' care. Hence, a clear understanding of issues related to HIV/AIDS among health care providers has the potential to augment the overall patient experience, as well as reduce the likelihood of medical error and subsequent legal / administrative issues. Studies conducted among physicians report that one-quarter of physicians are not up-to-date on state codes relating to HIV (4). Among rural physicians in the US, legal and ethical issues serve as primary barriers to providing service (5). Adherence to appropriate standards of care is associated with more stable physician-patient relationships and a more positive response on the part of patients; and also depends on the level of knowledge possessed by the physician (6). A study conducted at an American university found that just above 50% of the physicians had complete knowledge of state laws, institutional policies and procedures on issues of confidentiality related to HIV or AIDS (7). The information related to these issues among health care providers in India is limited. The objective of this study was to assess the perceptions of doctors and nurses about training and knowledge in ethical issues related to HIV/ AIDS in three hospitals associated with a medical college. We also included nurses in our study as they play an important role in providing care to HIV - positive clients.

Methods

A facility-based cross sectional study was carried out in three hospitals associated with Kasturba Medical College, Mangalore. The study population included doctors and nurses employed in the above mentioned institutions during the month of March 2011. A total of 262 doctors and 290 nurses are currently employed at the institution's three hospitals. The sample size was calculated assuming that 50% of the health care professionals at these hospitals were aware of ethical issues related to HIV, and with a relative precision of 25% and confidence interval of 95%, the sample size was calculated to be 125. Assuming a non-response rate of 15%, the total sample size was 144. After obtaining written informed consent from the participants, data collection was done using a pre-tested, semi-structured self-administered questionnaire The responses of the participants regarding legal and ethical issues were collected on a five point Likert scale, ranging from 1-5 viz. 1-strongly disagree, 2-disagree, 3-not sure, 4-agree and 5-strongly agree. The data were entered and analysed using SPSS version 11.5. The data are presented using descriptive statistics and the results are expressed as proportions in the tables. The responses "strongly disagree" and "disagree" and "strongly agree" and "agree" were combined as "disagreed" and "agreed". Representation of doctors in the study was high when compared to nurses. This was because initially equal numbers of doctors and nurses were approached to participate in the study. Since, the response rate among nurses was low because of frequent changing of shifts it was difficult to trace the nurses even after two visits. Hence, more doctors were approached to attain the sample size. Ethical clearance for this study was obtained from the institutional ethics committee of Kasturba Medical College, Mangalore, prior to the commencement of the study.

Results

A total of 144 health care providers participated in the study, of which 73.6% were doctors and 26.4% were nurses. Table 1 gives the baseline characteristics of the study participants. It can be observed from the table that a majority of the doctors (91.5%) and nurses (84.2%) were in the age group of 20-39 years .The

mean age of the study population was 30.8(±8) years. Most (68.9%) of the doctors in the study were males, whereas a majority (94.7) of the nurses were females. Among the doctors, 77.3% had work experience of less than 5 years as compared to 47.4% nurses.

Table 2 represents the responses to questions on training in policies and procedures regarding HIV/AIDS. Only 52.8% of the doctors agreed that they received sufficient information about HIV data confidentiality and policies and procedures, compared to 94.7% nurses. Regarding receiving sufficient information with respect to policies and procedures related to HIV during their training, 56.6% of the doctors agreed that they got sufficient training compared to 86.8% of the nurses. The majority of doctors (85.8%) and nurses (84.2%) believed that they needed additional education/training in policies and procedures related to HIV. 92.5% of the doctors and 76.3% of the nurses also agreed that they need to be trained on the rights of HIV- positive patients. The main sources of information among the doctors were experience at work for 40 respondents (37.7%), post graduate training and undergraduate training for 36(34%) and lectures/seminars/CMEs/conferences for 18 (17%) of the respondents. The main sources of information among the nurses were: experience at work for 24 (63%) respondents, and under graduate training 9 (23.6%) respondents.

Table 3, shows responses to questions related to knowledge and practices regarding confidentiality in HIV/AIDS. 69% of doctors and 52.6% of the nurses agreed that information about HIV-positive clients could be released to any person or legal entity as a result of subpoena, court order or other judicial process. A majority (86.8%) of the study population agreed that clients' HIV/AIDS status could be disclosed to the spouse or sexual partner after notifying the client. Most of the doctors (85.8%) agreed that confidential information could not be shared with anyone who is not legally authorised. In the case of nurses, only 68.4% agreed with this.

Table 4, shows that a majority of the doctors (80.25%) and nurses (92.1%) agreed that it was a legal necessity to refer clients for pre-test and post-test counselling in all situations. Also, 92.5% doctors and 86.8% nurses agreed that it is a legal necessity to disclose HIV test results to clients. Only 30.2% of doctors and 28.9% of nurses agreed that consent was required for testing patients HIV status in case of accidental exposure to a patient's body fluids.

Discussion

This study explored the perceptions regarding HIV-related ethics among doctors and nurses and was successful in the identified areas of HIV ethics which need attention for better health care delivery. A majority of the study participants were in the age group of 20-40 years with mean age of 30.8(±8) which is similar to the Academic Medical Center (AMC) study (7).

In our study only 57% of doctors felt that they received adequate information and training related to aspects such as HIV data confidentiality, policies and procedures of the hospital. On the contrary most of the nurses felt that they received sufficient information with respect to the above aspects.In case of the AMC study, only 18% of the physicians reported receiving sufficient information during initial orientation (7).The reason for these findings among the physicians in our study could be due to the fact that the curriculum of medical training in India does not have any module addressing these issues. Hence, it is not surprising that a majority (85%) of the study subjects also felt the need for additional education/training in HIV policies and procedures which is similar to the findings of another study (7).

The study also found that 69% of the doctors and 53% of the nurses were aware that a client's confidential information could be released to a legal entity. A similar (65%) finding was seen in the case of the AMC physicians. Most of the doctors (85%) and about 68% of the nurses agreed that it is an offence to intentionally, or knowingly disclose the patient's confidential information to anyone who is not legally authorised; but less than half of the AMC physicians responded correctly to this issue (7). Though initially a majority of the nurses agreed that they received sufficient information with respect to HIV data confidentiality and policies and procedures, the findings of the study reflect an inadequate knowledge, which could be due to ineffective training and lack of experience among the respondents. The finding suggests an urgent need for training of nurses with respect to these issues. Surprisingly, a majority of the doctors and nurses were of the opinion that in case of accidental exposure to a patient's body fluids it is mandatory to obtain patient consent to test the patient's blood for HIV/AIDS.

The two chief limitations of our study are: that most (77%) of the doctors in our study were relatively inexperienced; and that the representation of nurses was low as compared to doctors, which could have led to selection bias. Hence, caution should be exercised while interpreting the study findings. Nevertheless, further research with a larger sample size with equal representation of doctors and nurses could be considered.

Following this study the authors suggest some steps that could be taken to address these issues. As HIV/AIDS involves several ethical and legal issues concerning confidentiality and disclosure, the medical training curriculum should include a module addressing these issues, with comprehensive training for doctors and nurses addressing issues such as confidentiality, policies, and procedures related to HIV. Hospital administrations should organise regular programmes to update knowledge among the employees with respect to the hospitals' policies and procedures. The authors also feel there is a need for a uniform code on HIV/AIDS to guide health care providers on how to deal with complex issues related to HIV more effectively.

Conclusion

There appears to be moderate to poor perception about ethical and legal issues among the healthcare professionals in our study. Further sensitisation in the form of periodical/refresher training as mentioned by a majority of the participants' could go a long way towards better management of HIV-positive patients.

Conflict of interest: *Nil.* **Funding :** *Nil.*

References

1. National AIDS Control Organization: Annual Report 2010-11[Internet]. Ministry of Health and Family Welfare 2011[cited 2011 Dec 20]. Available from: http://aidsdatahub.org/dmdocuments /NACO_Annual_Report_2010_11.pdf.
2. Kinsler JJ, Wong MD, Sayles JN, Davis C, Cunningham WE. The effect of perceived stigma from a health care provider on access to care among a low-income HIV-positive population. *AIDS Patient Care and STDs*. 2007 Aug;21(8):584-592.
3. Rintamaki LS, Scott AM, Kosenko KA, Jensen RE. Male patient perceptions of HIV stigma in health care contexts. *AIDS Patient Care STDS*. 2007 Dec; 21(12):956-69.
4. Segal AL. Physician attitude towards human immunodeficiency virus testing in pregnancy. *Am J Obstet Gynecol* 1996 Jun;174 (16):1755-6.
5. Samuels ME, Shi L, Stoskoph CH, Richter DS, Baker SL, Sy FS. Rural physicians: A survey analysis of HIV/AIDS patient management. *AIDS Patient Care*. 1995 Dec ;9(6):281-9.
6. Pattullo AL, Hogg RS, Schilder A, Goldstone IL, Sussel R, O'Shaughnessy MV. Heterogeneity of care for HIV-infected individuals decreases with the physician knowledge. *Int J STD AIDS*. 1996 Oct;7(6):435-8.
7. Thomas M, Rogers R, Maclean R. Physician perceptions and knowledge of the legal and ethical issues regarding HIV/AIDS confidential disclosure in managing persons With HIV/AIDS at an academic medical center (AMC). *The Internet Journal of Law, Healthcare and Ethics.* 2003;1(2). Available from: http://www.ispub.com/journal/the- internet-journal-of-law-healthcare-and-ethics/volume-1-number-2/physician-perceptions-and-knowledge-of-the-legal-and-ethical-issues-regarding-hiv-aids-confidential-disclosure-in-managing-persons-with-hiv-aids-at-an-academic-medical- center-amc.html

Table 1: Baseline characteristics of study participants (n=144)

Characteristics	**Doctors** N=106 n (%)	**Nurses** N=38 n (%)
Age (in years)		
20 to 29	70 (66.0)	20 (52.6)
30 to 39	27 (25.5)	12 (31.6)
40 to 49	3 (2.8)	3 (7.9)
≥ 50	6 (5.7)	3 (7.9)
Gender		
Male	73 (68.9)	2 (5.3)
Female	33 (31.1)	36 (94.7)
Experience (in years)		
<5yrs	82 (77.3)	18 (47.4)
≥5yrs	24 (22.7)	20 (52.6)

Table 2: Training related to policies and procedures of HIV/AIDS (n=144)

Components of Training	**Response**	**Occupation**	
		Doctors n=106 **n (%)**	**Nurses** n=38 **n (%)**
Did you receive sufficient information about HIV data confidentiality policies and procedures?	**Agree**	56 (52.8)	36 (94.7)
	Disagree	35 (33.0)	1 (2.6)
During your training, did you receive sufficient information regarding HIV policies and procedures at the hospital?	**Agree**	60 (56.6)	33 (86.8)
	Disagree	41 (38.7)	4 (10.5)
Do you believe that you need additional education/training in HIV policies and procedures?	**Agree**	91 (85.8)	32 (84.2)
	Disagree	9 (8.5)	5 (13.2)
Do you think that doctors and nurses should receive training on the rights of HIV patients?	**Agree**	98 (92.5)	29(76.3)
	Disagree	5 (4.7)	7 (18.4)

Table 3: Perceptions related to confidentiality among study participants (n=144)

Ethical Issues	**Occupation**	**Response**	
		Doctors (n=106) **n (%)**	**Nurses** (n=38) **n (%)**
Should HIV/AIDS confidential information be released to any person or legal entity, as a result of a subpoena, court order, or other judicial process?	**Agree**	73 (69.0)	20(52.6)
	Disagree	17 (16.0)	11(28.9)
When a patient tests HIV +ve and the physician reasonably believes that the spouse, sexual partner, or any child of the patient is at a risk of being infected, can the physician disclose HIV +ve /AIDS status to these persons (after first notifying the client)?	**Agree**	92(86.8)	33(86.8)
	Disagree	9(8.5)	5(13.2)
Is it considered an offence to intentionally, or knowingly, disclose HIV/AIDS confidential information to anyone who is not legally authorised to receive such information?	**Agree**	91(85.8)	26(68.4)
	Disagree	10(9.4)	6(15.8)

Table 4: Perceptions related to legal issues of HIV/AIDS among study participants (n=144)

Ethical Issues	**Response**	**Occupation**	
		Doctors (n-106) **N (%)**	**Nurses** (n=38) **N (%)**
Is it legally necessary for a healthcare provider ordering an HIV test to provide pre-test and post-test counselling in all situations?	**Agree**	85(80.2)	35(92.1)
	Disagree	14(13.2)	1(2.6)
Is it legally necessary to inform the client of his/her HIV test results?	**Agree**	98(92.5)	33(86.8)
	Disagree	2(1.9)	5(13.2)
If a healthcare worker has been exposed to patient's body fluids, should consent to test that patient for HIV/AIDS be obtained?	**Agree**	66(62.3)	24(63.2)
	Disagree	32(30.2)	11(28.9)