

Health professionals and the AIDS epidemic: say what you mean and mean what you say

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Introduction

The AIDS (Acquired Immune Deficiency Syndrome) epidemic, which has already hit many Pacific Islands, presents an enormous challenge to members of the health profession, Christians and other religions. Health workers play a pivotal role in trying to convey the seriousness of the epidemic and the need for action while at the same time, trying to minimise the panic that can come to the uninformed. This paper offers some guidance to health professionals to give informed messages to others in this important and sensitive area.

Sitting on a volcano

Up to now very few people living in the Pacific have been personally affected by the AIDS epidemic. Thus many people feel that too much is being made of this epidemic. But we are sitting on a volcano which is about to erupt. The rate of sero-conversion to HIV (Human Immunodeficiency Virus) positive in the Pacific is following the same pattern as that of sub-Saharan Africa 10 years ago. Since the epidemic has reached the Pacific recently and because of the very long incubation period of the disease (7-10 years) most of these HIV positive people are currently asymptomatic. And yet these HIV positive people are infectious. In some areas of sub-Saharan Africa, 20-25% of the young adult population are HIV positive. Is that what we in the Pacific will face in 10 years? We, as health workers, must educate the general public on the severity of the AIDS epidemic, and the ways to prevent it.

Keeping informed

As health professionals, it is very important that we are fully informed about AIDS, especially the modes of its transmission. The facts are that HIV can be transmitted through exposure to blood and semen. It cannot be transmitted through casual contact, that is, through touching, shaking hands, etc. We cannot 'catch AIDS' by merely entering the

Table 1. An HIV/AIDS Glossary

AIDS	Stands for Acquired Immune Deficiency Syndrome. A group of signs and symptoms caused by the Human Immunodeficiency Virus (HIV).
AIDS test	A misnomer (misnaming) for the HIV antibody test, which is laboratory blood test that detects the presence or absence of antibodies to HIV. Though the presence of antibodies indicates that a person has been exposed to the virus their absence does not necessarily mean that the person is not infected with HIV (see Window period).
ELISA	Stands for Enzyme-Linked Immuno-Sorbent Assay. The type of test used to screen for HIV antibodies.
HIV	Stands for Human Immunodeficiency Virus, the virus that causes AIDS.
HIV positive	means that the HIV antibody test has indicated the presence of antibodies. If the test is truly positive, then it means the person has been exposed to HIV and that his or her immune system has developed antibodies to the virus.
Immune deficiency	The ability of the body to resist infection is weakened.
Immune system	The body's natural defence system against infections caused by bacteria and viruses.
Incubation period	The period of time between infection by the disease-causing organism, and the onset of signs and symptoms of the disease. In people with HIV infection the average incubation period is seven to 10 years.
Transmission	The spread of the disease-causing organism from one person to another. The major modes of transmission of HIV are: penetrative sexual intercourse, shared contaminated equipment of intravenous drug users, transfusion of unscreened blood (blood which has not been tested), and from mother to unborn or newborn infant.
Western blot	A type of test to detect HIV antibodies. It is more accurate, but also more expensive, than the ELISA test. Used to confirm positive results by ELISA test.
Window period	The period of time between the person being infected and when he or she produces antibodies against the virus. Most people with HIV infection begin to make antibodies within three months of infection. However, the window period can be as long as three years.

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room of a patient with AIDS, nor from touching a patient with AIDS.

Avoid isolating patients

Thus patients with AIDS do not need to be put in isolation. In fact, isolating a patient with AIDS may not only interfere with the quality of care that the patient receives, but also will convey to the patient's family and relatives, other patients and hospital staff the erroneous impression that AIDS is 'catching' just from breathing the air, or touching someone with AIDS. The health worker should take precautions when performing activities that put him or her in contact with the patient's blood or other body fluids. But otherwise, the patient with AIDS should be treated just like any other patient. The WHO AIDS Series provides detailed guidelines for nursing management, laboratories, disinfection and sterilisation.

The way we handle a patient with AIDS who is admitted to our hospital is an example for other hospital staff, as well as for the general public. We must set the correct example. If we are afraid to start an intravenous drip on a patient with AIDS, then how can we expect a sweeper to clean the patient's room? If we refuse admission to a patient with AIDS, what signal does that give to the public? Owing to the impact of AIDS on society in general, the media and the public hear and use medical terms that are often incompletely or incorrectly under-

Table 2. Terms to avoid

Terms to avoid	Why?	Use instead
Carrying AIDS, AIDS carrier, AIDS positive	This confuses the two distinct phases of being infected with HIV and having AIDS. People can have AIDS but they cannot "carry" it.	HIV antibody positive; people with HIV
AIDS test	The most commonly-used test; detects antibodies to HIV. There cannot be a test for AIDS, as the diagnosis of AIDS is based on clinical symptoms.	HIV antibody test
AIDS virus	Can cause confusion between HIV and AIDS.	HIV (Human Immunodeficiency Virus)
Catch AIDS	It is not possible to "catch" AIDS. It is possible to "catch" HIV, but even this is misleading because it suggests transmission is similar to colds or flu.	Contract HIV; become infected with HIV; become HIV positive
AIDS sufferer	Having AIDS does not mean being sick all the time. Someone with AIDS can continue to work and live a normal life for some time after diagnosis. The term "suffering" is therefore not appropriate.	Person with AIDS
AIDS victim	Suggests helplessness	Person with AIDS; person who has AIDS
Innocent victim	Suggests that anyone else with AIDS is guilty	
High risk	There is risk behaviour, not high risk groups. The fact of being classified as a member of any particular group does not put anyone at greater risk, but what he or she does, regardless of groups, may put him or her at greater risk	
Full-blown AIDS	When the correct distinction between HIV and AIDS is always made, then there is no need to use the term "full-blown AIDS".	AIDS

the terminology, so we don't contribute to the misunderstanding. It is important that we avoid certain phrases that are commonly used but convey the wrong information or impression.

As the nature of the major modes of the transmission of HIV brings up moral issues, judgemental attitudes are often reflected in the terminology we use when talking about AIDS. Health workers, in particular, should take care to avoid terminology that is incorrect, misleading, or even subtly judgemental in nature.

Bibliography

- AIDS in South-East Asia: No Time for Complacency. WHO;

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Editor's endnotes: HIV/AIDS-related ethical principles

A. These are ethical principles that should guide the international, national, community and individual response to HIV/AIDS.

Compassion: Compassion requires that people respond to the suffering of others, including those with HIV/AIDS, with sympathy, mercy and a willingness to help.

Responsibility: Responsibility means that every individual,

Obligation to treat: Medical ethics requires that health

seeking their medical attention without discrima

of that person's race, sex, religion or so

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wards HIV/AIDS to prevent its spread and to care for those infected and otherwise affected.

nice: Tolerance requires respect for the equal worth, dignity and autonomy of peoples affected by HIV/AIDS, including those with different beliefs, opinions and life styles.

Information: All individuals and communities should have available to them the information necessary to make good and necessary decisions about their health, including how to avoid HIV infection with HIV/AIDS and how to cope with its consequences.

Empowerment: All people

seeking their medical attention without discrimination and without prejudice based on the origin or nature of the patient's illness, including HIV/AIDS.

Informed Consent: Respect for the integrity and autonomy of the individual means that informed consent should be obtained before the administration of medical tests, treatment or participation in research, including those that are related to HIV/AIDS.

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Elements of Informed Consent: The individual must be a competent individual who has the capacity to make decisions. S/he must have received all necessary