



Human Immunodeficiency Virus (HIV) Infection: Ethical Guidelines for Healthcare Providers

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The Kansas City Area Ethics Committee Consortium makes available to area healthcare professionals and institutions the following ethical guidance. It is not anticipated that these guidelines will be used as a “model policy” or that any part of them will be incorporated directly into policy. Rather, it is the intent of the Consortium to raise ethical issues that ought to be considered when developing policies and procedures related to HIV infection.

I. Healthcare for Persons with HIV Infection

- A. Area healthcare institutions should develop appropriate expertise and programs to meet the special healthcare needs of persons who have been exposed to or have become infected with this virus and of those who have developed the “AIDS Related Complex” (ARC) or Acquired Immunodeficiency Syndrome (AIDS).
- B. It is unethical for a healthcare professional or healthcare institution to refuse to provide care to persons who have become infected or who have developed ARC or AIDS. Individuals who have become infected with this virus are entitled to respect, compassion, and competent healthcare services.
- C. It is unethical for a healthcare professional or institution to require or demand that an individual undergo HIV testing as a condition of receipt of a service (e.g., a surgical procedure) or as a condition of admission to the facility or to a program of the facility.
- D. Healthcare provided to persons with known infection must reflect healthcare

providers' firm commitment to the protection of their patients' privacy and confidentiality within constraints of legal requirements. Labeling of patients or specimens of persons who are HIV positive is unethical. Healthcare professionals and institutions have a responsibility to design or develop systems that will protect the confidentiality of all health related data.

II. Testing for HIV Infection

- A. Given the problem of “false positive” test results, members of “low-risk” populations — no history of virus exposure or high risk behavior — should be cautioned about undergoing testing except in an anonymous testing program.
- B. Anonymous testing should be made available in every community to members of high-risk groups. Such programs may be particularly important in jurisdictions in which the reporting of HIV status is legally required, e.g., the state of Missouri. All candidates for testing should be informed of the availability and location of anonymous testing programs.
- C. No individual should be required to undergo testing. Individuals have a right to refuse to undergo testing. Federal and state programs requiring testing of military personnel, applicants for resident visas, federal prisoners, wards of the state, and others involve serious ethical questions.
- D. Since complete testing requires multiple, complex antibody tests, there is no jus-

tification for “emergency testing” or for screening emergency/trauma patients. Likewise, there should be no reporting, recording in medical records or disclosure of unconfirmed enzyme-linked immunosorbent assay (ELISA) results.

- E. No individual — or blood or tissue sample from an individual — should be tested without the written informed consent of that individual, except when such testing is undertaken for the purpose of screening donated blood or human tissue. Consent by a guardian or other surrogate decision-maker should be sought for any patient without capacity only if such testing is essential to provide care to the incompetent patient.
- F. The informed consent process for testing should include at least the following elements:
 - 1. An explanation of the nature of ARC, HIV, and AIDS and the relationship between the test results and these entities;
 - 2. Information about behaviors known to pose risks for transmission of HIV infection and ways of avoiding or minimizing those risks;
 - 3. Counseling for the psychosocial consequences of test results and information about the availability of post-test counseling;
 - 4. An explanation of the tests to be conducted including purpose, limitations (“false negatives/false positives”), and the significance of the results;
 - 5. An explanation of the procedures to be followed in reporting and recording results;
 - 6. Procedures (and limitations of same) to be followed to maintain the confi-

dentiality of results, including legal requirements regarding reporting, results recorded in medical records, the use of special registries or other procedures; and

- 7. The availability of anonymous testing as an alternative.
- G. Consent for HIV testing should be obtained by the patient’s attending physician or designee using a written consent instrument incorporating the seven elements outlined in the preceding paragraphs.

III. Employee Issues

- A. No employee should be required to undergo testing as a condition of hiring, promotion, or continued employment.
- B. No employee should be subject to discrimination on the basis of test results unless the individual’s job involves activities that would place patients at risk of transmission of the virus from the employee.
- C. All employees should be provided comprehensive education regarding HIV infection and detailed instruction in procedures for preventing its acquisition in the work place, including “Universal Precautions” and other programs. Employers and employees have an ethical responsibility to work together to create a maximally safe working environment.
- D. No employee should be allowed to refuse to provide care to a patient with HIV infection. An employee who refuses to provide such care should be offered appropriate counseling prior to the imposition of disciplinary actions and/or termination.

- E. Any employee who is occupationally exposed to the virus while providing care to an infected person should be provided appropriate counseling and/or testing or the option of referral to an anonymous counseling/testing program. The “inadvertent donor” in such an incident should not be required to undergo testing to determine HIV status.

IV. Public Health and Prevention

- A. Healthcare professionals, their associations, and institutions should provide educational materials and programs to patients, healthcare providers, and the general public regarding the virus, the nature of the infection, and methods to minimize the risk of contracting the disease.
- B. Patients who are known to be members of high-risk groups should be offered appropriate counseling regarding how the infection is spread and precautions they should use to minimize the spread of the infection. Members of such groups who are known to be infected should not only receive appropriate counseling and care, but also comprehensive and detailed information regarding methods by which to prevent spread of the infection to others. Persons who are HIV positive have an important ethical duty to act in ways that will maximally prevent the spread of this virus to other persons.

- C. Public health officials and agencies have special ethical duties and obligations to both infected persons and the general public in dealing responsibly with this infection. Programs designed specifically to deal with problems of ignorance, misinformation and fear — so called “AIDS hysteria” — are essential. Given the existence of special legal requirements regarding the reporting of infection, such officials and agencies must provide for methods of handling reported information and for conducting programs in strictest confidence.

V. Conclusion

These guidelines are made available by the Kansas City Area Ethics Committee Consortium of Midwest Bioethics Center to provide ethical guidance to area healthcare professionals and institutions working to develop and evaluate policies and procedures related to HIV infection. Obviously, there are many ethical issues involved in social policy related to HIV infection, which are not addressed in this document and which will require continued analysis and study. The Midwest Bioethics Center and its Consortium will continue to examine these issues and attempt to provide guidance where appropriate.

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