

Face to face with HIV stigma and discrimination in health care

For the 2011 World AIDS Campaign, health care providers in the WHO Eastern Mediterranean Region examined how to reduce persistent stigma and discrimination against people living with HIV.

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Even a health care provider who consciously tries to treat all patients equally may find it difficult to avoid an emotional reaction to some health conditions. In 2011, HIV infection is still among those conditions. Many health care workers continue to view HIV with heightened fear, whether because of prejudice, moral judgment, lack of knowledge or shortage of protective measures.

The Egyptian surgeon Dr Amin Sobhy Zahran believed strongly in patients' rights when he recently performed surgery on a patient with HIV. After Dr Zahran accidentally pricked his finger with a hypodermic needle used during the procedure, he was reassured that the risk was minimized when he took post-exposure prophylaxis (PEP) medicines provided by the national AIDS programme. Nevertheless, Dr Zahran was not immune to the human response of fear. *"I was worried. What would be the effect on my family, on my child, on my work? And so on,"* Dr Zahran recalled.



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**World Health
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Regional Office for the Eastern Mediterranean

**"The enjoyment of the highest attainable standard of health
is one of the fundamental rights of every human being."**

Constitution of the World Health Organization

When a second test a month later reaffirmed that he had not acquired the infection, Dr Zahran emerged from his fear feeling a stronger empathy with people living with HIV. *"I decided I will treat any patient, anyone with HIV, whatever the surgery,"* Dr Zahran said. *"I can take all precautions for myself and for the medical staff with me."*

During the 2011 World AIDS Campaign focusing on human rights, health care providers from the WHO Eastern Mediterranean Region reflected on how people living with HIV (PLHIV) still face stigma and discrimination in health care settings. As they reaffirmed the rights of PLHIV to receive health care services without shame or prejudice, health care providers in the Region also talked about their own right to be protected from HIV, and ways of upholding their rights without denying the rights of PLHIV.

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Dr Amin Sobhi Zahran

Despite good intentions, prejudice persists

On one hand, health care providers from the Region affirmed principles of equality and said they deliberately treat PLHIV like other patients. *"I have to deal with him like any other, just like dealing with a diabetic or a patient*

with hypertension," one health care provider said. *"For me, every person is susceptible to being HIV-positive, so we need to take precautions with everyone,"* said another provider. *"The most important thing is how to protect yourself and respect the dignity of the patients and serve the patients equally,"* said a third provider. *"On the contrary, we bring the information to the family of the patient that there is no justification for this fear, and we teach them how to prevent HIV,"* said a fourth.

On the other hand, many health care providers from different specialties recounted recent anecdotes of how they had witnessed or participated in discrimination related to patients' HIV status. Those included overt actions such as refusing treatment to PLHIV or delegating to colleagues to handle PLHIV's care. A nurse recounted that most of her colleagues avoided one patient with HIV. *"One night, I saw the patient waiting for me at the front gate of the hospital anxiously. She told me that she was afraid that I would not show up. I accompanied her to her bed to give her the injections, but to my surprise, I saw all her injections from the morning had still not been given."*

Health care providers also recounted less overt, differential treatment such as disinfecting more than necessary after contact with a PLHIV. *"One patient informed me immediately that he had HIV, and I respected his honesty. So I did the procedure,"* another surgeon said. *"However, due to my extreme fear at that time, I sterilized my instruments maybe 10 times in the autoclave."*

Discrimination and moral judgment can be even less overt if they occur inside the mind of the health care provider. Although providers expressed respect for PLHIV, many acknowledged that they internally perceive PLHIV differently—for example, contemplating how the person might have become



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infected when they would not ponder the cause for patients with other ailments. *"Unconsciously, I find myself analysing and trying to figure out how he got it, such as whether it was from a sex worker. It's against my will,"* said one provider.

Fear caused by a lack of knowledge, experience and means of prevention

Many health care providers agreed that, when they and their colleagues participate in discrimination and stigmatization (marking PLHIV with a stigma or sign of shame), the driving factor is fear. That fear is most often related to the risk of contracting HIV through contact with a patient. *"One of the main reasons leading physicians to [discriminate against] HIV-positive patients is the risk perception,"* one provider stated, adding, *"Even if they are familiar with the HIV routes of transmission, in reality they don't believe it. They are not able to examine and treat an HIV patient."*

Providers said the factors aggravating that fear are a lack of knowledge about the true risks of infection, and a shortage of supplies to prevent infection and respond

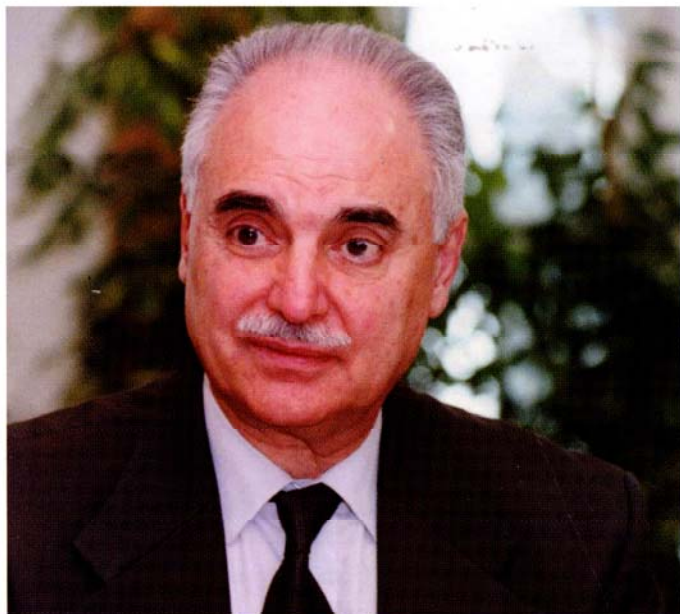
if exposure occurs. *"It is not only the sero-status of the patient that plays a role in the decision of the doctor to treat or not, but also the psychological factors that carry a lot of implication for the doctor and even for the patient,"* said one health care provider. A provider from elsewhere in the Region echoed that, saying, *"One of the reasons for making the health care environment against HIV-positive cases is that preventive measures and standard precautions are not systematically in place and not available."* In low-income settings where infection control measures and personal protection supplies are lacking, health workers may be demoralized and reluctant to care for patients whom they perceive as high-risk. *"I know that*

the [antiretroviral] ARV drugs are available, but I am not aware if they can immediately be accessed," one provider shared. *"That risk will not make me change my job immediately, but in the longer term, it might."*

However, some providers expressed optimism, noting that they personally had overcome past misconceptions and prejudices, and that other health care workers had

improved their perspective on PLHIV. One provider recounted, *"The first time that I saw an HIV-positive person, I really got shocked, and I asked myself how this person got the problem. The same HIV-positive patient touched me while I was on duty, and I ran away, because I was afraid that if I fought with an HIV-positive person,*

"Even if they are familiar with the HIV routes of transmission, in reality they don't believe it."



"As people in charge of the health of our populations, we should not tolerate the denial of health care to the people who need it."

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean

I might get the disease, as well. But now I understand that the HIV-positive patients need care, and that it is our profession to care for the sick people."

After experiencing exposure firsthand, Dr Zahran reflected on how far he and his peers have progressed in their thinking about HIV and people living with it. "Awareness levels among health care workers have increased a lot," Dr Zahran said. "In the beginning of working on this issue, I used to be curious to know how the person became infected," he said. "But with experience, this has gone. The person might have gotten the infection by any means. And in any case, he is a patient, irrespective of how the infection happened."

Fighting fear with training and precautions

Providers in the Region called for specialized training and awareness-raising for health workers of all skill levels, new graduates, and for the general public.

"Without special training on how to deal with an HIV-positive patient, how could we expect respectful, stigma-free behaviours?" one health care worker asked. Training should include peer-to-peer messaging to reduce discriminatory behaviour and stigmatization. Raising awareness on the rights of PLHIV is also necessary, providers said.

Providers in the Region recommended strengthening systems to ensure that infection-control supplies remain in stock. "PEP should be available in all health care settings and should be accessible when needed," said one health care provider. Providers added that such efforts need support from top-level policymakers.

Affirming human rights as attitudes improve

Health care providers in the Region are not free of the misperceptions and judgmental attitudes that persist in society at large. With increasing awareness about the modes of transmission and methods of prevention in health care settings, as well as with experience, health care providers will overcome fear and prejudice.

The 2011 World AIDS Campaign prompted discussions among health care providers in the Eastern Mediterranean Region about injustices that remain and about improved conditions to work towards. The campaign asserts that upholding shared human rights is the best way to obtain HIV prevention, treatment, and care for all. As enshrined in the WHO Constitution, access to the highest attainable level of health is a human-rights imperative. The rights-based approach reinforces the principles that individuals should not be tested for HIV against their will or denied equal health services because of their HIV status.

While health care providers have the responsibility to comply with standard precautions and equal treatment of all patients, decision-makers in health also have the responsibility to make prevention supplies and PEP medicines available. Regardless of an individual's role in the health care system and the agencies that support it, everyone has the power to **Take the Lead to Stop AIDS**.

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