SHORT COMMUNICATION

Stigmatization and Resource Allocation-Ethical Dilemmas for HIV Positive Intravenous Drug Users

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ABSTRACT

The burden of disease due to Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) in Pakistan is on the rise. According to an estimate approximately 0.165 million people in Pakistan are infected with HIV and 17,149 person are currently receiving treatment for HIV/AIDS.[1] The prevalence of HIV is 20 % for Intravenous Drug Users (IVDUs) while national surveillance data shows rate of infection in most major cities in range of 15-50 %.[2] In light of such alarming figures, distribution of resources and stigmatization are two ethical issues that gain attention of not only healthcare providers but also patients. Following is a case with discussion on these ethical issues.

CASE

Imagine a 25-year old male who presents at the emergency of a tertiary care hospital of Lahore, just a day before Eid. Some of his immediate family members including an elder brother and mother have escorted him to the hospital. During the previous twelve months, he has experienced gradual weight loss with decreasing appetite and abdominal pain. He has been seen by some GPs before but what rushes his family to the emergency with him at this time is the presence of high-grade fever, chills, productive cough and intense chest pain. He is very restless due to the chest pain. He has been abusing drugs intravenously for many years, as his family explains to the attending doctor. His father passed away when he was just eight perhaps that was just one of the reasons for this addiction. The doctor at the emergency decides that he needs admission in the hospital ward for investigations and management.

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He and his family have no idea what he might have but they hope that he will have less pain now that he is under the care of an experienced physician. The blood samples collected from him confirm that he has not got one but more than one infection. In fact, he has a combo of three blood borne viruses circulating in his blood at the same time - Hepatitis B virus (HBV), Hepatitis C virus (HCV) and HIV. He and his family have been told about this unfortunate scenario and explained that he contracted these infections due to using contaminated needles. And, that he will be discharged and referred to tertiary care public hospital where he will be registered in HIV-AIDS clinic for issuance of required medication only available in that facility. The patient and his family reach the emergency of that hospital the same day. A sample of blood is taken from the patient in this emergency and an ultrasound carried out. However, after 8 hours in emergency ward, he was forcefully discharged with just few oral medicines for pain relief because *"there is no place for such patients who have AIDS"* in the ward. Two days later the patient expires at home, pleading to have pain relief before dying.

ETHICAL DILEMMAS

In this particular scenario that is not an imagination, we focus on only one ethical question: Is it ethically permissible to deny Anti-retroviral therapy (ART) to a patient with an AIDS defining illness because the patient is an IVDU? Human dignity and respect is a fundamental human right. All human beings, irrespective of their age, race, gender, abilities and ethnicity deserve respect and dignity. It cannot be debated that healthcare is also a fundamental human right and in an ideal society, all humans should have access to all healthcare facilities. But in reality, resources are limited. However, the distribution of these resources in society can be debated. In order to focus on the situation discussed above, the discussion is limited to a) Resource allocation for patients suffering from HIV-AIDS and b) Stigmatization of HIV positive IVDUs in Pakistan. Beauchamp and Childress described *Justice* as one of the four moral principles and *Distributive Justice* Deals with fair allocation of scarce resources among all socioeconomic groups.[3] John Rawls described justice as fairness; the resources should be equally distributed, unless an unequal distribution is beneficial to everyone.[4] Justice requires these inequalities to benefit all and particularly the less advantaged. Since the treatment of HIV-AIDS is expensive and the government has limited resources, resource allocation strategies come into action. According to National AIDS Control Program (NCAP), Ministry of National Health Services and Coordination, Government of Pakistan, *they "envision a Pakistan where every person living with HIV has access to quality care and is treated with dignity"*.[1] In practice however it has been frequently observed that the public sector hospitals deny treatment to HIV positive IVDUs, unless they are declared drug use-free "by presenting three urine reports over a period of three month". This is an ethical dilemma. A marginalized population of society is left untreated. This is contrary to not only the ethical principle of justice but also respect for a person, beneficence and non-maleficence. By not treating a communicable infection like HIV, we are not only harming the patient but also allowing a great risk of harm to other members of the society. An argument in favor of such a policy may be that using intravenous drugs and sharing needles is a personal choice and rest of the society should not be burdened for the management of a patient who made a conscious choice. Our take on this argument is: i) the socioeconomic disparities and emotional wellbeing are the realities associated with intravenous drug usage and hence cannot be solely blamed on personal choice and ii) how is this choice any different from the choice of adopting an unhealthy lifestyle leading to increased incidence of non-communicable diseases like obesity, hypertension, diabetes and ischemic heart diseases, treatment for what is readily available at all public sector hospitals? The healthcare authorities responsible for policy making must look at all the aspects in order to make ethical and fair policies. The problems associated with management of HIV-AIDS are universal. It is, therefore, indispensable to learn from the communities and societies that have faced similar problems. Several countries facing HIV epidemic among IVDU, have accepted 'harm reduction' measures to prevent spread of disease in IVDU. The world has overcome the debate about 'harm reduction' and main UN organizations liable for drug policies also endorse harm reduction.[5] The second aspect under discussion is the stigmatization of HIV positive patients as well as IVDUs. This stigmatization promotes discrimination not only in the society at large but also affects healthcare policies. A marginalized population is subjected to additional socio-economic disparities when healthcare providers perceive them as different and stigmatize them. In healthcare, stigma challenges diagnosis, treatment and better outcomes.[6] It is therefore, imperative to educate society and healthcare providers with comprehensive HIV-related knowledge.[7] In addition, to decrease inequalities and to change the attitudes of healthcare providers, the policies and regulations

must be reconsidered and availability of treatments should be consistent in all tertiary care hospitals so that HIV positive IVUDs have easy and unrestricted access to treatment and advice. NACP has the same vision, *"Effective prevention, care and support for HIV-AIDS is possible in an environment where human rights are respected and where those infected or affected by HIV-AIDS live a life without stigma and discrimination".* It is iterated here with the hope that this vision will be translated into practice. The clinicians providing care to the patients suffering from HIV-AIDS and particularly IVDUs must also follow this vision. Lack of accountability, due motivation and adequate training of clinicians may be leading to such reprehensible choices of declining treatment. Denial of due care is equivalent to incompetence and negligence and require strict disciplinary action. The moral values and virtues deemed fit for healthcare provider must also be inculcated in all healthcare professionals.

Learning from the experiences of other countries and societies facing similar challenges is the need of the hour. Also needed is, strict monitoring and continued training of healthcare professionals nationwide in order to provide stigma-free and compassionate care to suffering population.

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Conflicts of interest

The authors had no conflict of interest to disclose.

Contributors

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