Definition

Whilst prevalence of the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) in the general population of Australia and New Zealand is very low compared with global standards, and a low rate of HIV infection has been maintained, it is an important issue which has an impact on psychiatric services. HIV/AIDS can have a major impact on many parts of life. People with HIV and those close to them are subject to many things that may affect their mental health. This can include sadness or depression, fear and anxiety, stress, and AIDS Dementia Complex - when some medications for treating HIV or the HIV itself affects the brain. The RANZCP believes that the care and treatment of individual patients must be non-discriminatory and of the highest quality.

Evidence

While the spread of the disease has been limited with some success, HIV/AIDS continues to present challenges in Australia and New Zealand. Research conducted by the Bobby Goldsmith Foundation during 2006–07 indicates that, of the approximately 10,000 people living with HIV/AIDS in NSW (the state with the largest infected population), 37% are living below the poverty line. Living with HIV/AIDS is associated with significant changes in employment and accommodation circumstances.

Australia's fifth National HIV/AIDS Strategy (for the period 2005-2008) was titled Revitalising Australia’s Response, and placed an emphasis on education and the prevention of transmission. New Zealand is also closely monitoring developments and is committed to Millennium Development Goal of halting and beginning to reverse the HIV epidemic by 2015.

Recommendations

- It is important for both Australia and New Zealand to continue work to ensure that the prevalence of HIV and AIDS remains at a low level and that appropriate support, including mental health care, is given to infected people.

- A variety of difficult and possibly conflicting responsibilities have been produced by the HIV epidemic. The RANZCP believes that in resolving these, the care and treatment of individual patients is of the highest priority. The RANZCP has developed a Code of Ethics which outlines principles relating to patient care, clinical research and the societal role of psychiatrists. However, in addition the RANZCP believes that there are specific issues with respect to HIV infection which require comment. These are outlined below.

HIV-related discrimination

- The RANZCP is aware that a variety of anxieties, unjustified fears and beliefs have occurred in response to the HIV epidemic. These unjustified fears and beliefs should not lead to discriminatory actions in relation to medical care, access to housing, education, employment and other opportunities.

- The RANZCP believes education of its members, other health care professionals and the general public in relation to HIV-related conditions is a high priority.
• Fellows have a responsibility to work to counteract inappropriate reactions to HIV disease in their communications and professional activities.

• The best available psychiatric care should be available to all patients irrespective of HIV serologic status or suspicion of risk of HIV infection.

**Confidentiality**

• Confidentiality is an essential part of the doctor-patient relationship. In general, psychiatrists and their staff should never give information about a patient’s HIV status to a third party without the patient’s written permission. Any breach of confidentiality should occur only in very specific circumstances. Fellows may at times need to consider breach of patient confidentiality where there is a need to protect other persons who may be at risk of contracting HIV infection.

• The RANZCP believes that at the time of the initial consultation the psychiatrist should make it clear that confidentiality is an ethical obligation and right of all patients, but also make clear the general limits of confidentiality. There are two sets of circumstances where this may be particularly relevant. These are:

1. **If the psychiatrist suspects the patient is infected with HIV and is behaving in a manner which places others at risk of infection.**
   In such circumstances the psychiatrist should work with the patient to obtain his or her agreement to modify such behaviour so as not to place others at risk or to notify the persons who are at risk of infection. Where the patient is unwilling or unable to comply with this agreement, it is ethically permissible for the psychiatrist to notify an identifiable person whom the psychiatrist believes to be at risk of contracting HIV infection. In addition, there is a legal obligation, varying from state to state in Australia and New Zealand, to notify designated authorities of such behaviour.

2. **A legal requirement to notify AIDS diagnoses applies in both Australia and New Zealand.**
   Most diagnoses of HIV infection and/or AIDS will not be made by a psychiatrist. However, when the psychiatrist is the physician who makes the diagnosis of AIDS, and where reporting of this diagnosis is required, it is ethically permissible for the psychiatrist to do so.

• Where HIV positive patients are treated as inpatients the psychiatrist must, in addition to the patient’s right to confidentiality, recognise the need to protect other patients and staff from any risk of HIV infection. All inpatients should be considered potentially at risk for transmitting or acquiring HIV infection. Accordingly, standard infection control procedures should be followed in all inpatient settings. In addition, disclosure of a patient’s HIV status to other staff may be appropriate. This should only be done after discussion with the patient and when the psychiatrist believes that appropriate treatment of the patient requires such disclosure.

• Generally, disclosure of the patient’s HIV status to other patients is not appropriate. However, when an infected HIV patient behaves in ways likely to transmit the virus and when this patient’s behaviour cannot be readily controlled, disclosure of the patient’s HIV status to other patients may be ethically permissible.
References


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