Recommendations concerning AIDS

AIDS

Introduction

AIDS is a contagious virus disease which leads to morbidity and high mortality. Its exponential rate of spread is giving great cause for concern, since the number of recorded cases in the European Community is doubling approximately every nine months. On the basis of these recent trends, and in the absence of an appropriate vaccine, one hundred thousand Europeans could have AIDS by 1990¹.

Statistical modelling also estimates that for every person with clinical AIDS there are between 50 and 100 asymptomatic carriers².

So AIDS has become the most serious medical challenge of our century. This problem not only requires medical research and public health policies, but it concerns every one of us. As AIDS is not limited to national boundaries, we need a common response to contain it. It is vital to take action together. In this perspective, the following recommendations were reached in mutual agreement by the Standing Committee of Doctors of the EEC and the Hospital Committee of the European Economic Community. By doing so, both organisations want to stress that in the fight against AIDS, in the care of infected and sick persons, and in the protective measures against the spread of the HIV-virus, each country’s health services and organisations and their staff, have a responsibility to assure an adequate standard of care.

At the same time, they wish to point out that the medical duties in the treatment of AIDS differ in no way from the duties involved in the treatment of other diseases, and that, in the case of AIDS, there is fundamentally no reason for a different interpretation of questions relating to medical ethics, the obligation to provide medical care, patient confidentiality or patient information.

I. The hospital's obligation to provide medical care

1. According to their ability and the range of medical services provided, hospitals and hospital doctors are obliged to accept patients who need in-patient care, and to ensure that patients have the necessary hospital services and care appropriate to the type and seriousness of their illness.

This requirement applies just as much to HIV-infected and AIDS patients as it does to others.

2. Without prejudice to this principle, AIDS patients, especially in the late stages of the disease, may, in order to receive the best possible care, be sent for further treatment to hospitals which have relevant experience or appropriate equipment and staff to deal with the sequelae of HIV-infection.

3. In urgent circumstances, every hospital is obliged to give HIV-infected patients appropriate medical care until it is possible to transfer the patient to a hospital which is better equipped to provide the treatment needed.

4. The transfer of a patient to another hospital made necessary on medical grounds should be effected with the consent of the patient.

If in spite of a detailed explanation of the reasons the patient refuses a transfer made necessary on medical grounds, the hospital then should be prepared to continue treatment to the extent of its capability considering the particular psy-
psychological situation of AIDS patients. In such cases the explicit wish of the patient should be registered in the patient's medical file by the hospital authorities.

II. Obligations of hospital staff

1. Within the scope of this duty, any person employed in a hospital is obliged, to provide the best possible care for all in-patients.

2. Notwithstanding the principle set out in 1. above, it is recommended that in order to improve the overall quality of the care provided to AIDS patients, the selection of staff involved in their care, should take account of the special psychological and social needs of patients in the advanced stages of the disease.

III. Information and training of hospital staff

1. In order to protect the staff as well as the patients, every hospital should provide full information on AIDS for all staff and others working at the hospital. This information should explain the ways in which the HIV virus can be transmitted, and give instruction in protective measures against HIV infection.

2. This training must take into account the need for hospital staff to be provided with adequate assistance when in contact with HIV-infected and AIDS patients.

3. In view of the fact that when patients are first admitted it is not generally known whether or not they are HIV-infected, paragraphs 1. and 2. above apply to all hospital personnel in contact with patients.

4. Information and training should be repeated at regular intervals.

5. The intensity and frequency of these measures should be related to the tasks undertaken by the hospital personnel concerned.

IV. HIV test for patients: Informed consent to the test

1. Should there be a possibility or even a probability of the diagnosis of an HIV infection, the hospital doctor, deeming that an HIV test is necessary to complete his diagnosis, must inform the patient accordingly, with all the precautions necessary in such circumstances. From this moment on, it is the doctor's duty to take into account the consequences of a positive test result and to inform the patient as fully as possible about the consequences for him and for people with whom he comes in contact.

2. It is recommended that the information given to the patient by the doctor and the patient's consent to the HIV test should be recorded in the patient's file.

3. Should a patient not agree to have an HIV test to establish the underlying diagnosis, then the doctor shall still be obliged to treat the patient relative to the latter's pain or discomfort, the symptoms and possible medical findings. It is recommended that a refusal to undergo the HIV test should be recorded in the patient's file.

V. Information and counseling about the results of an HIV test: patient confidentiality

The hospital doctor shall inform the patient of the results of the HIV test and shall explain the consequences which this has on the patient himself and on the people in his environment. This information must be given in as clear form as possible, with due regard being paid to the patient's personality and state of mind as known to the doctor.

In all circumstances the doctor must observe the rules of patient confidentiality and shall see to it that these rules are also observed by the hospital staff working with him.

VI. Hospital's obligations towards its personnel

1. In their own interest, all hospital personnel should comply with normal protective hygiene, regulations in order to prevent the transmission of disease, in particular AIDS/HIV.

The hospital should provide information and appropriate training to all staff concerning the risks and protective measures to be taken with regard to the transmission of AIDS/HIV (see Chapter III).

2. It is very important for the hospital to produce a procedure for the disposal of sharps in the interest of staff protection. The hospital should also make available to its personnel sufficient quantities of protective clothing to prevent the transmission of AIDS/HIV infection. It should also ensure that these means are properly used.

3. If any member of the hospital personnel wishes to have an HIV test on their own initiative, information should first be provided and a thorough counseling should take place beforehand.

The hospital should make available to staff the possibility of undergoing a HIV test.

4. All matters pertaining to HIV testing of staff must be treated in the strictest confidence.

The possible consequences of a positive test result and an infected staff member's activities shall be carefully considered by the doctor, observing patient confidentiality and in agreement with the person concerned.
(1) Commission of the European Communities, Communications from the Commission on the fight against AIDS, Com (87) 63 final, 1987, 2.
(2) Commission of the European Communities, Communication from the Commission on the fight against AIDS, Com (87) 63 final, 1987, 8.