



Original Article

Current Clinical Ethics of Approaches and Challenges to Aids Management

 Unaiza Jawad¹, Sadia Chaudhary², Zainab Arif³, Hina Jawaid⁴, Uzma Nazim⁵, Waqas Iqbal⁶ and Sharmeen Abbas⁷
¹ Rashid Latif Medical College, Lahore, Pakistan² Rahbar Medical and Dental College, Lahore, Pakistan³ CMH medical and Dental College, Lahore, Pakistan⁴ University of Health Sciences, Lahore, Pakistan⁵ Rahbar Medical and Dental College, Lahore, Pakistan⁶ Sharif Medical and Dental College, Lahore, Pakistan⁷ Services Hospital, Lahore, Pakistan

ARTICLE INFO

Key Words:

AIDS, Ethical approach, management challenges

How to Cite:
 Jawad, U., Chaudhary, S. ., Arif, Z. ., Jawaid, H. ., Nazim, U. ., Iqbal, W. ., & Abbas, S. . (2022). Current clinical ethics of approaches and challenges to AIDS management. *Pakistan BioMedical Journal*, 5(1), 168-172. <https://doi.org/10.54393/pbmj.v5i1.216>
***Corresponding Author:**
 Eiman Syed
 Department of Medical Laboratory Technology,
 Faculty of Rehabilitation and Allied Health Sciences,
 Riphah International University, Lahore, Pakistan.
eiman.syed@riphah.edu.pk

ABSTRACT

Acquired Immune Deficiency syndrome (AIDs) has emerged as a devastating disease for many years. Therefore, to hold the current situation of the AIDS, we need to identify the factors that are creating hurdles for better management and care of patients. **Objective:** To find the ethical challenges to AIDS management in Pakistan **Methods:** This study was based on a survey performed from April 2021 to July 2021. This survey was attempted by the doctors, medical staff who were dealing the patients with AIDS. It is also filled by the patients and their families to access the ethical approach and challenges relevant to doctors or medical staff at the clinical level. **Results:** The ethics of approaches and challenges to AIDS management was accessed through queries of the questionnaire indicated that 70% of patients had a good relationship with doctors while 30% had not well. 69% of patients answer in favor of supportive staff and 30.6% opposed it. Majority of the participants (60%) got proper treatment while 40% opposed the statement. The reason for AIDS diagnosis was found confidential for 76.6% and 23.3% of participants negatively respond. 60% of participants got easy access to medicine and 40% had a hard experience. **Conclusions:** Overall results of the study indicated that we need a proper management system, training of the medical staff to engage in AIDS patient's care about basic rules of ethics.

INTRODUCTION

Acquired Immune Deficiency syndrome (AIDs) has emerged as a devastating disease for many years. Globally its effects have been raised such as more than 75 million people found infected as well as 40 million death occurred [1]. Its prevalence rate is greater than 1% in pregnant and found heterosexual sex is the leading cause of infection. One another epidemic cause of this disease is having sex with same-sex that have a prevalence rate of less than 1% [2]. However, AIDS has a greater impact to increase the economic burden on the health department. Now researcher efforts at the international level come with effective reduction response to overcome the incidence rate of AIDS [3]. Therefore, the probability of eradication of HIV has not been difficult. Such as in 2001, 3.4 million

people were infected and 2.4 million deaths were reported [5]. According to an estimation 19 million patients were saved through treatment programs and HIV prevention [4]. Although its treatment and management are needed high concentration regarding ethical concerns including the ethical discourse that helps in the treatment, lowering the negative social impact especially in the case of gender-based violence that is also the painful cause of acquiring HIV infection [6]. Therefore, it is the responsibility of medical concerned staff to make sure the equality of availability of patient cares particularly those who require emergency or surgical care [7]. The implementation of ethical principles at the clinical level includes the individual's autonomy, beneficence, and equity. It helps to

access the interaction of health care providers with patients. The principle of ethics identifies different problems such as address fairness to being loyal and respectful with the patients [8]. The individual patient's intercourse, decision making the policy, and responsibility all are inclusive to biomedical traditional ethical approach [9]. The challenges to the management of the AIDS pandemic demands new approaches of medical research, care and preventive measures, and political allegiance [10]. The complication in delivering intense care and limited solution of research queries has raised the ethical concern to access effective treatment [11]. To manage the traditional ethical role medical research is playing to shield the patient's rights and HIV/AIDS treatment has raised the research goals [12]. Globally, public health ethicists are accessing the affordability of screen tests and effective management plans for AIDS to overcome the burden on the economy [13].

METHODS

This clinical survey-based study was performed at a Hospital in Pakistan from April 2021 to July 2021. The survey was conducted at different social platforms including Facebook, google form shared. This survey was attempted by the doctors, medical staff who were dealing the patients with AIDS. It is also filled by the patients and their families to access the ethical approach and challenges relevant to doctors or medical staff at the clinical level. The data was collected through a questionnaire based on all the questions needed to meet the purpose of this research. The questionnaire for the survey was divided into two portions first one is general to know the participant identity such as AIDS patients, patient's relatives, and doctors. The second one includes the demographic characteristic information and AIDS-related queries such as name, age, gender, AIDS diagnosis, treatment facility, doctors, or another staff behavior. The response categories for the section on knowledge were in 'yes', no, agree, or disagree. Participation in the research was voluntary and confidentiality of data was assured. The statistical data was carried using SPSS software version 25. All the obtained data were evaluated by percentage, chi-square, and t-test. The statistical measured significance was $P < 0.05$.

RESULTS

According to collected information total of 300 participants including 120 (40%) males and 180 (60%) females. Three measured age group that is ≤ 25 of age had 125 (41.6%), age of 26-46 had 150 (50%) participant. 127 (42.3%) participants were single and 173 (57.6%) were

married. 215 (71.6) people were educated and 85 (28.3) were not uneducated (Table 1)

| Number=300 (%) | |
|----------------|------------|
| Gender | |
| Male | 120 (40) |
| Female | 180 (60) |
| Age | |
| ≤ 25 | 125 (41.6) |
| 26-46 | 150 (50) |
| ≥ 56 | 25 (8.3) |
| Marital Status | |
| Single | 127 (42.3) |
| Married | 173 (57.6) |
| Educated | 215 (71.6) |
| Uneducated | 85 (28.3) |

Table 1: Demographic characteristics of study

The ethics of approaches and challenges to AIDS management was access through queries of the questionnaire indicated that 70% of patients had a good relationship with doctors while 30% had not well. 69% of patients answer in favor of supportive staff and 30.6% opposed it. 60% of participants got proper treatment while 40% opposed the statement. The reason for AIDS diagnosis was found confidential for 76.6% and 23.3% of participants negatively respond. 60% of participants got easy access to medicine and 40% had hard experiences.

| Queries | Yes (%) | No (%) |
|--|------------|-----------|
| Are the behavior of doctors good | 210 (70) | 90 (30) |
| Are other medical staff supportive | 208 (69) | 92 (30.6) |
| Are you getting proper treatment | 180 (60) | 120 (40) |
| Is the reason for AIDS diagnosis keep confidential by the health care provider | 230 (76.6) | 70 (23.3) |
| Are all the medicine easily available | 180 (60) | 120 (40) |
| Are you getting aid from the hospital for treatment | 210 (70) | 90 (30) |
| Are you isolated in a special center or room | 123 (41) | 177 (59) |
| Are the people providing your social rights | 130 (43) | 170 (56) |
| Are you get disappointed or rejected in life because of AIDS victim | 180 (60) | 120 (40) |
| Are you felt any inequality during treatment | 90 (30) | 210 (70) |
| Are your family and people treated you well | 150 (50) | 150 (50) |

Table 2: Respondent's knowledge to access the challenges and ethical approaches

Moreover, 70% of patience had got assistance in treatment and 30% had not got any help from the hospital management. 41% of patients were isolated in a separate room while 59% not agreed with the statement. 43% of the participant had enjoyed their social work or activity and

56% of people were unable to do that. 60% of patients face the worse experience, rejections, and disappointment due to AIDS disease while 40% had perceived a positive attitude in this regard. People who face inequality during treatment were 30% and the higher percentage was measured for equality in treatment. 50% Participants' families were found supportive and 50% of patient's families were not supportive (Table 2).

DISCUSSION

Health care behavior is an eminent part that turns the individual's life into a hopeful journey. A health care provider must have a positive attitude toward the community to encourage health education. This study reports the data of clinical ethics of approaches and the challenges that were experienced by management as well as patients. As the medical information should keep confidential by law [13, 14]. AIDS patient's medical history or details are very sensitive therefore required extra protection [15]. If you want to get information about AIDS patients you need to get authorization to release AIDS information [16, 17]. In this study, we found few cases that had issues of release of confidential information AIDS patients. It is because lack of awareness about the consequences and basic ethical rules to maintain the privacy of patients [18]. In the current study, we found that few physicians feel uncomfortable and maintain distance from the patients. Similarly, the response was noticed where families keep the social distance from a seriously ill person including AIDS [19].

Moreover, AIDS is a complex viral infection that cannot be completely treated through vaccines or other medicine. Its transmission is not only through sexual interaction but also associated with other factors such as drugs abuse, and blood transfusion [20-22]. It is also connected with stigma and discrimination that affect the infected person psychologically [23]. A study reported the ethics of health care and support as a debate to resolve the issues that cause the enormous ethical dilemmas [24]. Ethics of approaches revolve around the problem associated with the rights of humans that assure safety, protect the policy, prevent community harms and ensure global justice. There is no easy and sudden solution to make sure the better ethical behavior and care management for AIDS [25]. A study about the AIDS effected population of the Netherlands reported that immense treatment with care provided by the caretaker, dealing with the patients sympathetically, and taking them seriously is deemed much valuable for the AIDS patients [26]. Literature on general patient center care identifies the three crucial aspects namely provider training and competence, patient's education, and provider attitude for the specific

AIDS management [27, 28, 29, 30]. However, many studies based on surveys measured the response low rate. It's completely on the patient's willingness while few of the studies experience the better association among the patient's perception and better interest for survey [31-33]. One more study demonstrated that some physician's attitudes hurt the care of AIDS patients. As their finding concluded the worse and discomfort attitude during treatment of AIDS patients ultimately imposed the hurdle to deliver the best health care [34]. A subgroup of physicians shows an uncomfortable attitude towards homosexual patients [35]. Although in the current finding we had measured the 70% positive response of physicians with AIDS patients and 30% patients clam the discomfort behavior of physician. This report provided insight into clinical challenges to AIDS patients, interaction with a health care provider, physician behavior, and easy access of patients to medical treatment. Family support and other people thought has a great contribution to make the patient's health better. While in this study we found that 50% of patients had the experience of positive attitude of people including family and similarly in the same way 50% the participant reported the negative behavior. The interaction of medical staff and physicians was found quite well. The overall response of the questionnaire shows that there are many challenges for AIDS patients as well as for health care providers. Now, need for proper training or to study the basic principles of ethics that help to aware society or staff that how should we treat AIDS patients. Especially in developing countries like Pakistan. The strength of this study is that we information of specific national sample of AIDS-infected persons which assist the AIDS management in-country. Eventually, in this study, we found essential information that can meet the patient's requirements and hope. Our findings assure that those who are engaged with care delivery should persistently catch the patient's wishes to meet the basic requirements.

CONCLUSION

People in the world belongs to families, community, religion and a nation. The discussion on ethics of approaches above shows the interdependency with each aspect of the life of human beings. Therefore, to get the maximum betterment to achieve the management goal especially in the case of AIDS. We as a citizen and doctors need to understand long and intense about each step. Now the millions of lives are at risk. So, ethical approaches and management challenges are important in this regard.

REFERENCES

- [1] Oyaro M, Wylie J, Chen CY, Ondondo RO, Kramvis A.

- Human immunodeficiency virus infection predictors and genetic diversity of hepatitis B virus and hepatitis C virus co-infections among drug users in three major Kenyan cities. *South. Afr. J. HIV Med.* 2018;19(1):1-9. doi:10.4102/sajhivmed.v19i1.737
- [2] Maughan-Brown B, George G, Beckett S, Evans M, Lewis L, Cawood C, et al. HIV risk among adolescent girls and young women in age-disparate partnerships: evidence from KwaZulu-Natal, South Africa. *J. Acquir. Immune Defic. Syndr.* 2018;78(2):155-162. doi:10.1097%2FQAI.0000000000001656
- [3] Suswani, A, Arsin AA, Amiruddin R, Syafar M, Palutturi S. Factors related quality of life among people living with HIV and AIDS in Bulukumba. *IJCMPH.* 2018;5(8):3227-3231. doi:10.18203/2394-6040.ijcmph20182966
- [4] Kohler P, Schmidt AJ, Cavassini M, Furrer H, Calmy A, Battegay M, et al. The HIV care cascade in Switzerland: reaching the UNAIDS/WHO targets for patients diagnosed with HIV. *Aids.* 2015;29(18):2509-2515. doi:10.1097/QAD.0000000000000878
- [5] El-Sadr WM, Rabkin M, DeCock KM. Population Health or Individualized Care in the Global AIDS Response: Synergy or Conflict?. *AIDS.* 2016;30(14):2145-2148. doi:10.1097%2FQAD.0000000000001192
- [6] Li Y, Marshall CM, Rees HC, Nunez A, Ezeanolue EE, Ehiri JE. Intimate partner violence and HIV infection among women: a systematic review and meta-analysis. *JIAS.* 2014;17(1):18845. doi:10.7448/IAS.17.1.18845
- [7] Wagman JA, Gray RH, Campbell JC, Thoma M, Ndyanabo A, Ssekasanvu J, et al. Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: analysis of an intervention in an existing cluster randomised cohort. *Lancet Glob. Health.* 2015;3(1):e23-e33. Doi:10.1016/S2214-109X(14)70344-4
- [8] Hlongwa P. Current ethical issues in HIV/AIDS research and HIV/AIDS care. *Oral Dis.* 2016;22:61-65. doi:10.1111/odi.12391
- [9] Race K. *The gay science: Intimate experiments with the problem of HIV.* Routledge. 2017Jul;28. doi:10.1111/1467-9566.12750
- [10] Nichol AA, Bendavid E, Mutenherwa F, Patel C, Cho MK. Diverse experts' perspectives on ethical issues of using machine learning to predict HIV/AIDS risk in sub-Saharan Africa: a modified Delphi study. *BMJ open.* 2021;11(7):e052287. doi:10.1136/bmjopen-2021-052287
- [11] Dube K, Sylla L, Dee L, Taylor J, Evans D, Bruton CD, et al. Research on HIV cure: mapping the ethics landscape. *PLOS. Med.* 2017;14(12):e1002470. doi:10.1371/journal.pmed.1002470
- [12] Mukumbang FC, Van Belle S, Marchal B, van Wyk B. An exploration of group-based HIV/AIDS treatment and care models in Sub-Saharan Africa using a realist evaluation(Intervention-Context-Actor-Mechanism-Outcome) heuristic tool: a systematic review. *Implementation Sci.* 2017;12(1):1-20. Doi:10.1186/s13012-017-0638-0
- [13] Eba PM. HIV-specific legislation in sub-Saharan Africa: a comprehensive human rights analysis. *Afr. Hum. Rights Law J.* 2015;15(2):224-262. doi:10.17159/1996-2096/2015/v15n2a1
- [14] Le Roux Kemp A. (2013). HIV/AIDS, To Disclose or not to Disclose: That is the Question. *PELJ.* 2013;16(1):200-239. doi:10.4314/pej.v16i1.7
- [15] World Medical Association. World Medical Association Declaration of Helsinki. Ethical principles for medical research involving human subjects. *JAMA.* 2013;310(20):2191-2194. doi:10.1001/jama.2013.281053.
- [16] Van delden JJ, van der Graaf R. Revised CIOMS international ethical guidelines for health-related research involving humans. *JAMA* 2017;317(2):135-136. doi:10.1001/jama.2016.18977
- [17] Harriss D J, MacSween A, Atkinson G. Ethical standards in sport and exercise science research: 2020 update. *Int. J. Sports Med.* 2019;40(13):813-817. doi:10.1055/a-1015-3123. Epub 2019 Oct 15.
- [18] Sun S, Li Z, Zhang H, Jiang H, Hu X. Analysis of HIV/AIDS epidemic and socioeconomic factors in Sub-Saharan Africa. *ENTROPY.* 2020;22(11):1230. doi:10.3390/e22111230
- [19] Bennett B, McDonald F, Beattie E, Carney T, Freckelton I, White B, et al. Assistive technologies for people with dementia: ethical considerations. *WHO.* 2017 Nov 1;95(11):749-755. doi:10.2471%2FBLT.16.187484
- [20] Gilbertson A, Kelly EP, Rennie S, Henderson G, Kuruc J, Tucker JD. Indirect benefits in HIV cure clinical research: A qualitative analysis. *AIDS Res. Hum. Retrovir.* 2019 Jan 1;35(1):100-7. doi:10.1089/aid.2017.0224
- [21] Dubé K, Hosey L, Starr K, Barr L, Evans D, Hoffman E, et al. Participant perspectives in an HIV cure-related trial conducted exclusively in women in the United States: Results from AIDS Clinical Trials Group 5366. *AIDS Res. Hum. Retrovir.* 2020Apr1;36(4):268-82. doi:10.1089/aid.2019.0284
- [22] Dubé K, Eskaf S, Evans D, Saucedo J, Saberi P, Brown B, et al. The dose response: Perceptions of people

- living with HIV in the United States on alternatives to oral daily antiretroviral therapy. *AIDS Res. Hum. Retrovir.* 2020Apr1;36(4):324-48.
- [23] Hernandez J, Kumar A. Globalized Means for Diagnostic and Preventative Management of HIV/AIDS. *Int. STD Res. Rev.* 2018;1-5. doi:10.1089/aid.2019.0175
- [24] Brown BJ, Sugarman J. Why ethics guidance needs to be updated for contemporary HIV prevention research. *JIAS.* 2020 May; 23(5):e25500. doi:10.1002%2Fjia2.25500
- [25] Sandfort TG, Mbilizi Y, Sanders EJ, Guo X, Cummings V, Hamilton EL, et al. HIV incidence in a multinational cohort of men and transgender women who have sex with men in sub-Saharan Africa: Findings from HPTN 075. *PLoS One.* 2021; 6(2):e0247195 doi:10.1371/journal.pone.0247195
- [26] Engelhard EA, Smit C, Kroon FP, Nieuwkerk PT, Reiss P, Brinkman K, et al. A survey of patients' perspectives on outpatient HIV care in the Netherlands. *Infect. Dis. Ther.* 2017;6(3):443-52. doi:10.1007/s40121-017-0164-z
- [27] Engelhard EA, Smit C, Nieuwkerk PT, Reiss P, Kroon FP, Brinkman K, et al. Structure and quality of outpatient care for people living with an HIV infection. *AIDS Care.* 2016; 28(8):1062-72. Doi:10.1080/09540121.2016.1153590
- [28] Tran BX, Dang AK, Vu GT, Tran TT, Latkin CA, Ho CS, et al. Patient satisfaction with HIV services in Vietnam: status, service models and association with treatment outcome. *PloS One.* 2019;14(11):e0223723. doi:10.1371/journal.pone.0223723
- [29] Land L, Ross JD. Barriers to questionnaire completion: understanding the AIDS/HIV patient's perspective. *Nurse Res.* 2014Jan1;21(3):20-23. doi:10.7748/nr2014.01.21.3.20.e1227
- [30] Hung A, Pradel F. A review of how the quality of HIV clinical services has been evaluated or improved. *Int. J. STD. AIDS.* 2015; 26(7):445-55. doi:10.1177%2F0956462414543938
- [31] Beattie M, Murphy DJ, Atherton I, Lauder W. Instruments to measure patient experience of healthcare quality in hospitals: a systematic review. *Syst. Rev.* 2015;4(1):1-21. doi:10.1186/s13643-015-0089-0
- [32] Rathert C, Williams ES, McCaughey D, Ishqaidif G. Patient perceptions of patient-centred care: empirical test of a theoretical model. *Health Expect.* 2015(2):199-209. doi:10.1111/hex.12020
- [33] Pai YP, Chary ST. Dimensions of hospital service quality: A critical review: Perspective of patients from global studies. *Int. J. Health Care Qual. Assur.* 2013;26(4):308-340. doi:10.1108/09526861311319555
- [34] Vorasane S, Jimba M, Kikuchi K, Yasuoka J, Nanishi K, Durham J, et al. An investigation of stigmatizing attitudes towards people living with HIV/AIDS by doctors and nurses in Vientiane, Lao PDR. *BMC Health Serv. Res.* 2017;17(1):1-3. doi:10.1186/s12913-017-2068-8
- [35] Blackstock OJ, Moore BA, Berkenblit GV, Calabrese SK, Cunningham CO, Fiellin DA, et al. A cross-sectional online survey of HIV pre-exposure prophylaxis adoption among primary care physicians. *J. Gen. Intern. Med.* 2017;32(1):62-70. doi:10.1007/s11606-016-3903-z