ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Provision of Clean Needles/Syringes to Drug Addicts*
Exchange programs for the needles/syringes are warranted as a means of AIDS control. (HoD 95; reaffirmed BoR 04)

AMA Infection Control Procedures*
The guidelines set out below are based on AMA's recommendations on general precautions for medical care and laboratory workers to prevent HIV transmission:

1. All health care and laboratory workers should use barrier precautions to prevent exposure to blood, body fluids or tissues of any patient.
2. Should there be contamination of the hands or skin with blood or other body fluids, the affected areas should be washed immediately and thoroughly with soap and water.
3. Since accidental needle sticks have been the principal means by which health care workers have become infected with HIV, all need to be aware of such transmission and to take precautions to avoid injuries caused by needles and other sharp instruments.
4. Resuscitation bags and disposable devices for mouth-to-mouth cardiopulmonary resuscitation should be available in areas where there is a likely need for resuscitation.
5. Health care workers with occupationally transmissible infections, exudative lesions, or weeping dermatitis should not be involved with direct patient contact until the condition resolves.
6. Because AIDS patients have a depressed immune system they should not be in contact with persons having other transmissible diseases. Similarly, persons who may have a depressed immune system for reasons other than HIV infection should not be placed in contact with AIDS patients, who may harbor other transmissible infections.
7. Pregnancy has not shown to increase the risk of acquiring HIV infected. It does, however, appear to accelerate the development of AIDS in HIV infected women and infected mothers have a high probability of transmitting the infection prenatally. For these reasons, pregnant workers have a special need to be educated on, and comply with, infection control procedures applicable to caring for HIV-infected patients. Employers in the health industry need to develop and keep current infection control policies to minimize the spread of HIV in their institutions.

The universal precautions just enumerated should be followed with the care of all patients. In certain circumstances additional recommendations or precautions may be necessary. No one can anticipate all of the situations arising in the health care environment that could require extra measures to safeguard against the possible transmission of HIV. Therefore institutions may wish to develop additional recommendations to suit specific procedures. The recommendations that follow address situations that are commonly encountered in the health care setting:

1. Extraordinary care to avoid injuries caused by hypodermic needles and other sharp instruments, and blood or body fluid splashes to the skin or mucous membranes should be exercised by all health care workers involved in invasive procedures.
2. If, during the course of an invasive procedure the patient is exposed to the blood or body fluid of a health care worker, the patient should be informed of the incident and public health service recommendations for the management of such exposures should be followed.

3. All health care workers who suffer from an illness that could compromise their ability to safely and competently perform invasive procedures should be medically evaluated to determine whether they are capable, both mentally and physically, of performing these procedures.

At this time mandatory testing of either patient or health care worker is not justified. Previously, voluntary testing has been recommended for:

1. patients from high prevalence areas of AIDS or who engage in high-risk behavior requiring surgical or other invasive procedures, and;

2. Pregnant women in high-risk areas in the first trimester of pregnancy. It also has been recommended that HIV antibody testing should be readily available to all those who wish to be tested. Other groups for whom HIV antibody testing is now recommended are: those with clinical signs and symptoms suggesting HIV infection; all persons with tuberculosis; and persons who during the period from 1978 to 1985, received multiple units of blood from areas with high prevalence of AIDS. (The recent recommendations from the Centers for Disease Control on management of exposure and infected health care workers are endorsed. It is recommended that prior to the establishment of infection control policies for autopsies, mortician services, dialysis, laboratories, sterilization and disinfection, housekeeping, handling of laundry and disposal of infective waste, the recent guidelines established by the CDC be consulted.)

Local panels should be empowered to monitor the HIV infected physician for compliance with any practice limitations they establish; to advise the physician on the need to inform patients of their HIV status; to monitor the infected physician's compliance with universal precautions; and to assess the effects of the disease on physician competence as AIDS progresses. Physicians and others who participate in making these decisions must be protected from legal challenges and personal legal responsibility.

Any HIV-infected physician should disclose his/her serostatus to a state public health official or local review committee or panel. Ideally, membership on the review committee should be flexible to meet various needs. It should include the patient's physician, an infectious disease specialist not involved in the care of the patient, an epidemiologist, and others as appropriate. Committee members should be unbiased and at least some of the members should be familiar with the performance of the infected physician. This review committee is also responsible for monitoring adherence to universal precautions and must also monitor the physician's clinical competency. Those who do not abide by imposed restrictions should be reported to appropriate authorities such as the state licensure board.

State medical societies should be encouraged to survey hospitals and review their own coverage to determine whether existing liability insurance for those serving on peer review or Physician Health Committees provides protection for those serving on review committees for HIV-infected physicians.

Medical organizations, as able, should assist the establishment of review committees by providing model state legislation which would afford committee members protection, in state and federal courts, when they operate in good faith.

HIV testing as a condition of hospital medical staff privileges should be opposed.

Physicians are urged to inquire of a patient with HIV infection whether the patient is taking unprescribed medications or drugs manufactured by a pharmaceutical company with an unfamiliar name. Appropriate action should be based on the circumstances but the patient should be made aware of the possible ineffectiveness and complications of such medications. (HoD 92; reaffirmed BoR 04)
**Definition of Disability***
ACP works with appropriate Federal agencies as well as the insurance industry to include in the definition of disability HIV positive physicians, medical students and physicians-in-training, who although still physically and mentally capable to practice medicine, cease performing evasive procedures either voluntarily or as a result of regulation or statute. (HoD 92; reaffirmed BoR 04)

**Mandatory Testing for All Physicians***
ACP vigorously opposes mandatory HIV testing of all physicians. (HoD 91; reaffirmed BoR 04)

**Physician Responsibilities to Patients***
Physicians who are at a significant risk of being or becoming infected with the HIV virus should establish their serostatus and monitor that status at regular intervals. A physician who knows that he or she is seropositive shall not engage in any activity that creates a significant risk of transmission of the infection to patients, based on scientific data. Physicians who perform exposure-prone medical procedures should know their HIV antibody status and monitor that status at regular intervals. Physicians who are infected with HIV should not perform exposure-prone procedures unless they have sought counsel from an expert review panel as described by CDC and been advised under what circumstances, if any, they may continue to perform these procedures*. Physicians who are cognitively impaired by HIV infection, as with other illnesses, shall not engage in any activity which causes significant hazard to their patients. (HoD 91; reaffirmed BoR 04)

* The review panel should include experts who represent a balanced perspective. Such experts might include all of the following: a. the physician's personal physician(s); b. an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission; c. a health professional with expertise in the procedures performed by the physician, and; d. state or local public health official(s). If the physician's practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist. Physicians who perform exposure-prone procedures outside the hospital/institutional setting should seek advice from appropriate state and local public officials regarding the review process. Panels must recognize the importance of confidentiality and the privacy rights of infected physicians.

**Testing**
ACP supports voluntary testing for the HIV antibody, in conjunction with appropriate counseling to high-risk individuals. The cost of the tests should be subsidized for those who cannot afford to pay for it. Voluntary testing for the AIDS virus should be routinely offered to:

- a. Patients at sexually transmitted disease clinics;
- b. Patients in drug abuse and rehabilitation programs;
- c. High-risk pregnant women in the first trimester of pregnancy;
- d. High-risk individuals seeking family planning services; and
- e. High-risk patients requiring surgical or other invasive procedures.

ACP supports voluntary testing for the HIV antibody only after the patient has given consent, with a full understanding of the adequacy of the current test, medical implications of a positive HIV antibody test, and the reporting requirements and confidentiality protections.

ACP supports the use of universal precautions as the primary method to prevent transmission of HIV infection in health care settings. ACP does not support the use of involuntary testing for the purpose of infection control, in part because a person who tests negative for the HIV antibody may nevertheless be infected with HIV.

ACP supports testing of a patient without consent if a health care worker sustains significant percutaneous
or mucocutaneous exposure to the body fluids of that patient and the patient refuses voluntary testing. (HoD 91; reaffirmed BoR 04)

ACP supports limiting notification of test results to:

a. The individual tested;
b. Health care workers who have a legitimate need to have access to the information in order to assist the patient or to protect the health of others;
c. Sexual or needle-sharing contacts; and
d. Blood, semen, and organ banks. ACP supports legislation to provide adequate funds to public health authorities to establish a mechanism to find, test and counsel endangered sexual or needle-sharing partners of infected individuals.

ACP supports mandatory testing for: Donors of blood, semen, ova, tissue and organs, military personnel, and immigrants.

ACP opposes mandatory HIV testing but supports voluntary premarital testing. (HoD 87; revised HoD 91; reaffirmed BoR 04)

**Treating and Paying for AIDS Patients**

ACP supports legislation to provide sufficient funding for:

a. Counseling and testing for AIDS patients;
b. Research to find a cure and develop an effective vaccine (without taking away necessary resources to study other diseases);
c. Providing care of AIDS patients who cannot afford to pay for their treatment;
d. The education of the public regarding appropriate prevention measures.

ACP supports legislation that would prohibit health insurers from:

a. Testing applicants to identify and subsequently exclude persons testing positive for the HIV antibody;
b. Using other discriminatory tests, such as T-Cell subsets, to determine an applicant's exposure to the HIV antibody; and
c. Canceling or failing to renew group or individual health insurance policies because an individual has AIDS or tests positive for the HIV antibody.

ACP supports legislation that would extend group health insurance coverage from the current 18 months to 24 months for those employees who leave a firm with 20 or more employees (at a premium of no more than 102 percent of what it would have cost the employer to cover an employee).

ACP supports state subsidization for HIV positive individuals who cannot afford to pay for the high premiums of conversion policies (once their COBRA protection runs out).

ACP supports legislation to allow Medicaid buy-in by the poor and near poor.

ACP endorses the following American Medical Association policy (with modifications):

a. Physicians are dedicated to providing competent medical service with compassion and respect for human dignity.

b. A physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is seropositive. Persons who are
seropositive should not be subjected to discrimination based on fear or prejudice.

c. Physicians who are unable to provide the services required by AIDS patients should make referrals to those physicians or facilities equipped to provide such services.

d. Physicians are ethically obligated to respect the rights of privacy and of confidentiality of AIDS patients and seropositive individuals.

e. States that do not already have a contact tracing program should give serious consideration to implementing such a program. Provisions must be made for adequate safeguards to protect confidentiality of seropositive persons and their contacts and for the counseling of parties involved.

Where there is no statute that mandates or prohibits the reporting of seropositive individuals to public health authorities, and a physician knows that a seropositive individual is endangering a third party, the physician should: Attempt to persuade the infected patient to cease endangering the third party; If persuasion fails, notify public health authorities in states where there is already a contact tracing program; and If the public health authorities take no action, notify the endangered third party.

a. In states with strict confidentiality laws which limit the exercise of this duty by reason of severe penalties for any breach of confidentiality, especially HIV-related information, special legislation is needed to grant a physician legal immunity to act in the following ways: The legal right to notify endangered third parties directly; The choice of not acting at all if, in the physician's judgment, the danger to the third party is seen to fall short of substantial risk.

b. A physician who knows that he or she is seropositive should not engage in any activity that creates a risk of transmission of the disease to patients.

c. A physician who has AIDS or who is seropositive should consult his or her personal physician as to which activities can be pursued without creating a risk to patients.

ACP believes that patients who test HIV positive should be provided full protection against discrimination in employment, housing, medical and dental care and other aspects of life.

ACP continues to encourage members and other physicians to pursue the highest ideals of medical practice by providing care to those individuals suffering from AIDS. The College recognizes such care as a truly compassionate and selfless commitment to patients' well being. (HoD 87; revised HoD 88; revised HoD 91; reaffirmed BoR 04)

**HIV Policy - A Joint Position Paper of the American College of Physicians and HIV Medical Association**

**HIV Prevention**

1. States should work to eliminate requirements for a separate informed consent for HIV testing.

2. Public health officials and others in public leadership should promote evidence-based prevention interventions, including ensuring access to comprehensive sex education for youth, wide availability of condoms and education about their proper use, and broad availability of syringe exchange programs and drug treatment interventions, to minimize the risk of HIV transmission.

3. The U.S. government should increase funding for evidence-based HIV prevention activities through the Centers for Disease Control and Prevention to fund community-based programs aimed at populations at high-risk and groups with intermittent access to care, and to enhance surveillance activities.

4. Physicians and other health professionals should educate patients about all behaviors that put them at risk for HIV infection and other sexually transmitted infections (STI). Physicians
treating patients with HIV infection should educate their patients about eliminating behaviors that might contribute to transmitting HIV infection to sexual and drug using partners.

**Access to Quality HIV Care**

5. All people living with HIV/AIDS in the U.S. should have access to HIV care provided by or in consultation with those skilled in providing care for HIV/AIDS. Physicians, hospitals and other health professionals are obligated to provide state-of-the-art and humane care to patients with HIV infection or arrange for referral to an HIV expert. Adequate resources should be dedicated to addressing the unique psychosocial needs of newly identified patients in the health care setting. Funding for HIV care should be adequate to maintain a competent workforce. The Federal government should evaluate the adequacy and capacity of the HIV clinical workforce.

6. The U.S. government should work with states to assure access to care to all patients with HIV/AIDS by establishing a program, as recommended by the Institute of Medicine that would provide comprehensive medical care and prescription drugs to all low income persons with HIV infection. At a minimum, Congress should increase funding for programs funded under the Ryan White CARE Act and enact legislation that would allow state Medicaid programs to expand eligibility to low-income persons with HIV infection before they progress to AIDS.

**Patient Protections**

7. Confidentiality of HIV positive individuals should be protected to the greatest extent possible, consistent with the duty to protect others and to protect the public health.

**HIV Research**

8. The U.S. government should continue to support a comprehensive portfolio of research into the causes, prevention and treatment of HIV infection and AIDS, including research aimed at identifying a vaccine; prevention technologies including barrier methods to prevent HIV acquisition; the development of improved antiretroviral therapies; therapeutic and prophylactic regimens for opportunistic infections and malignancies that affect persons with HIV infection. Further research evaluating the behavioral and cultural aspects of prevention and treatment of HIV in the U.S. and the associated co-morbidities should also be well represented in the research agenda.

**The Global HIV/AIDS Epidemic**

9. The U.S. government should continue to devote substantial resources to respond to the global pandemic with a particular focus on developing countries. Resources should be devoted to evidence-based prevention interventions such as risk-reduction programs for sexual transmission, condom distribution, syringe and needle exchange, drug treatment programs and programs to prevent perinatal transmission; antiretroviral treatment and comprehensive medical care and support services for infants, children and adults; and programs to provide care and services to HIV-related orphans. The U.S. government should also remain a major contributor to the Global Fund to fight HIV, Tuberculosis, and Malaria. U.S. scientists, physicians, and other experts should continue to assist and be supported in the assistance of developing countries to address the operational, scientific and training issues surrounding implementation of new programs.
10. Visitors with HIV should be able to enter the United States and otherwise qualified immigrants with HIV should be able to obtain permanent residency status or citizenship. (BoR 08)

*ACP policy originating from ACP sponsored resolution introduced to the AMA House of Delegates*