Confidentiality, partner notification and ethical issues: A qualitative research on people living with HIV in Istanbul

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Abstract
AIDS is a spectrum of conditions caused by infection with HIV. The virus induces the weakening of human immunity, and, if untreated, eventually results in the clinical manifestation of AIDS leading to the fatal breakdown of total immune system and death. Although the complete cure of the disease has not been discovered yet, antiretroviral treatment is highly indicated, worldwide, for the improvement of the quality of life. HIV spreads primarily by unprotected sexual intercourse (including anal and oral sex), infected blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. HIV/AIDS represents a major social and ethical issue because of the ways of its transmission and the social mindset. It is observed that people with HIV/AIDS can sometimes encounter serious problems and violations in access to healthcare due to the improper conduct of health professionals. This fact affects the physical and psychological integrity of people living with HIV. Turkey is considered one of the countries with low HIV prevalence, but the number of people infected is increasing year by year and the current number has risen up to 15,000. Thus, HIV/AIDS ought to be accepted as a public health problem and there is an urgent need for combating effectively against its spread. This research has been planned as a qualitative field study. The snowball sampling technique was chosen, as it is used when there is insufficient information to create a sample and when it is difficult to reach people to create the research universe. After obtaining informed consent of the volunteers, the interviews were recorded on voice tape. The voice recordings were transcribed, and the contents of the participants’ opinions were systematically analyzed. Data indicate that there is a need to

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reconsider the ethical conduct towards the people living with HIV during healthcare provision in view of ensuring breaking bad news, confidentiality, partner notification and discrimination.\textsuperscript{16-18} Some people might have not accessed health institutions due to various reasons, possibly in apprehension of being stigmatized or discriminated against or because of being excluded from healthcare provision. This fact exacerbates the great risk for public health, as well as the infringement of human rights and right to health.\textsuperscript{19,20} Healthcare policies should be reconstructed to secure patients’ privacy and prevent stigmatization.\textsuperscript{21} Partner notification should be inherent in healthcare systems for patient and partner beneficence as well as for the support of healthcare professionals.\textsuperscript{22} A substantial partner notification system should be incorporated into the health system by thorough policies based on ethical values.\textsuperscript{23} It seems that some people might have not accessed health institutions in apprehension of being stigmatized or discriminated against or for fear of breach of confidentiality and privacy.\textsuperscript{24,25} This fact exacerbates the public health issue of transmissible disease, as well as human rights and the right to healthcare.\textsuperscript{26} Laws and policies that protect against discrimination based upon HIV status or health status more generally must be more widely enacted in Turkey.\textsuperscript{27} This research is a preliminary summary of a Masters thesis ongoing at the Acibadem University Bioethics Master Programme. The data collection process is finished and the thesis is in progress.

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**References**


About the author
Gamze Şenyürek graduated from the History of Science Programme of Istanbul University Faculty of Humanities. She is currently studying at the Bioethics Master Programme of Acibadem University in Istanbul and conducting her dissertation on the ethical issues encountered during the diagnosis and treatment of people living with HIV. Her research focuses on ethical approaches to vulnerable groups, non-discrimination, confidentiality, privacy, and also on the history of medicine. She is also in the training process of MCD (Moral Case Deliberation) of the clinical ethical support (CES) methodology.