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Stigma of Aids remains a major stumbling block to tackling sexual disease, says **Dr Steve Taylor**, lead consultant for HIV services in Birmingham

Reality check

It was during the 1980s that HIV/AIDS first hit the headlines, with people terrified of what appeared at the time to be an incurable and fatal disease, one that could be caught so very easily.

Twenty years on, treatment has evolved so much, that if a person is diagnosed early enough they can likely go on to live long and active lives. So why is it that an alarming number – one third – of HIV infected people in this country are unaware that they carry the virus?

We know how to diagnose HIV. A straightforward blood test can do that, but the biggest challenge for those of us tackling HIV/AIDS isn't lack of money, technology, or even new treatment. It's all about stigma.

Think about it – how does the word HIV/AIDS make you feel?

Everyone has their own perception of the disease and those affected by it, but it is this very attitude that is a silent killer for many as we all dodge the elephant in the room.

How do we, as a society, deal with it?

It isn't dealt within schools, it is rarely talked about in rational terms by the mainstream media, which appears more interested in sensationalising stories and attributing blame than educating. To make matters worse, we can now prosecute people who transmit HIV. A move which seems to absolve the 'other person' of taking some responsibility for their own sexual health and further stigmatises those infected.

But perhaps the greatest offenders, and those who should not be able to plead ignorance as so many people do, are my colleagues in the medical profession.

Month after month, we see people diagnosed with late stage HIV presenting in a critical condition.

Some will die an avoidable death, 500 in the UK last year.

The real travesty is the number of times that they have been in contact with medical services for years without being offered an HIV test. Recurrent pneumonia; shingles; chronic diarrhoea; skin problems; sinusitis; hepatitis; unexplained weight loss; oral thrush; night sweats, the list goes on and on.

So why won't we offer an HIV test if it's clinically indicated?

It's nothing special just another blood test. Or is it? It's that stigma again, we somehow feel that by offering the test we are saying to our patients: "We know you have sex." And if you have HIV: "We know you must somehow have had some form of dirty deviant sex" to catch it.

Do doctors feel comfortable asking

about 'sexual risk behaviours'? In my experience, not many do. Is this going to change? Hopefully.

Because if we don't ask, we make assumptions, and this is where it goes terribly wrong. Assumptions like: "She's not that type of woman so I didn't even consider it."

If we can't bring ourselves to ask ques-

tions that can improve our diagnostic acumen, then we need another approach.

So let's normalise the HIV test; don't make it exceptional, just inform patients that it is done routinely when any patient presents with symptoms X and Y. You are not making a judgment on that person's moral fibre or insulting them, you are being a professional.

You are considering this viral infection as one of many possible causes of their symptoms.

And if you do make an early diagnosis? Well, you have probably saved that person's life and prevented many others from picking up this highly stigmatised infection.

One of my patients said to me this week: "When I was younger I had unprotected sex a few times, so did my friends. Unfortunately I became infected, they didn't."

"Why do I have to live with this shame that I did something terribly wrong? I had unprotected sex – that's it!"

This fear and stigma naturally means that those who are aware that they have HIV don't want to talk about it. We look after around 800 HIV positive patients at Heartlands Hospital and yet only a handful felt comfortable enough to talk to the public or media on World AIDS Day to discuss their condition.

That's a sad indictment of how they fear society sees them.

This continued stigma could be killing thousands. The stigma or fear of judgement certainly prevents people from

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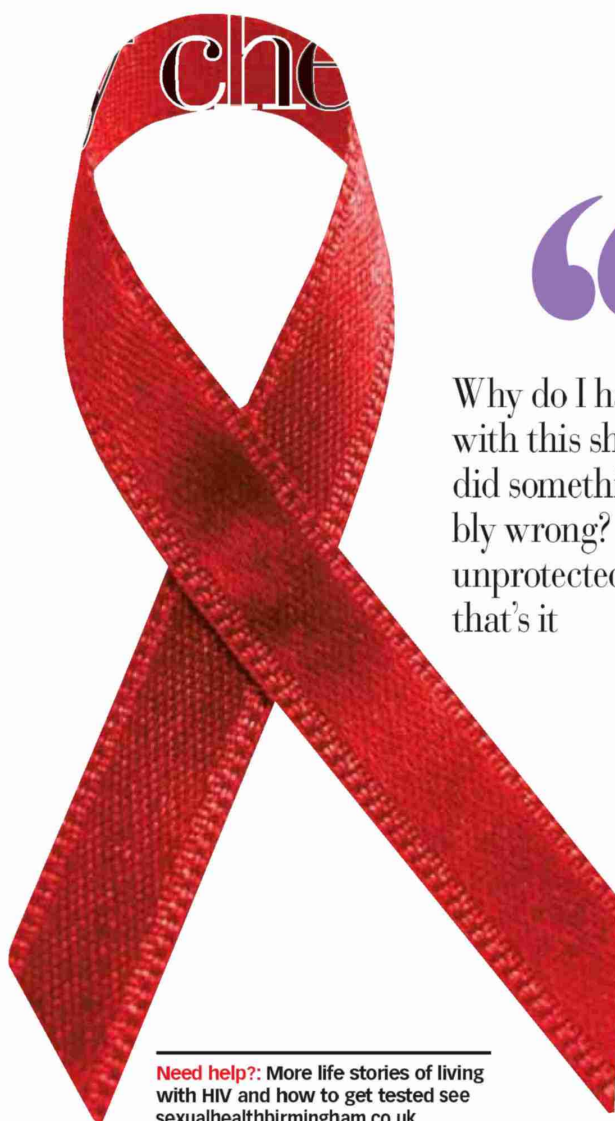


testing and influences us as to how, when, and if we ever offer the test.

We have to ask ourselves why this stigma exists. How many of us have had unprotected sex – even just the once? Have you asked every partner their sexual history? I doubt it.

Consciously or not, everyone is guilty of making assumptions and moral judgements about HIV and it's the people it affects. It's a dirty word, but this elephant in the room is killing people and it's time the public and medical profession took a long hard look at themselves.

Dr Steve Taylor is the lead consultant for HIV Services at Birmingham Heartlands Hospital.



Why do I have to live with this shame that I did something terribly wrong? I had unprotected sex – that's it

Need help?: More life stories of living with HIV and how to get tested see sexualhealthbirmingham.co.uk