Correspondence

HIV Testing: Voluntary or Mandatory?

Sir—in their article on the value of mandatory testing for HIV in a sub-Saharan hospital population, Palmer et al. [1] argue that their study shows the advantages of routine and mandatory HIV testing of all hospitalized patients. However, the authors offer no data on how such testing affects patients, since the patients in their study were not aware that they were being tested and were not informed of the test results. It also needs to be noted that the authors consider one of the “benefits” of HIV testing to be the ability to prevent HIV-positive patients from using scarce hospital services, presumably because such services would be wasted on these individuals.

Also, it is well established that HIV testing that is done without patient consent not only is unethical [2] but also can be actively harmful to the patient and counterproductive with respect to prevention efforts [3, 4]. Voluntary counseling and testing (VCT) enables individuals to deal constructively with the possibility that they might be infected with HIV. Studies have shown that VCT may be a cost-effective part of prevention of HIV infection [5]. VCT includes good-quality pretest and posttest counseling and proper referral to follow-up services, which enable clients to (1) prepare for the possibility that the test results could be positive; (2) carefully prepare strategies to mobilize support from a potentially hostile social environment; and (3) become acquainted with the concept of “living positively with HIV” [6].

Thus, mandatory HIV testing is inadequate and unethical, and by no means should it be considered a “simple” shortcut to getting HIV-positive patients to help prevent the spread of HIV to others. HIV testing needs to be part of a “package” of support and care services. These need to begin in the hospital and extend into the community.

The article contains 2 more mistaken claims. One claim is that there is no stigma related to HIV in Zimbabwe (for better information, see [7]). The other is that “no national [HIV] surveys have been undertaken.” Indeed, surveys have been done annually from 1991 through 1997. Results of these surveys can be obtained from the National AIDS Control Program Zimbabwe.

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References

Reply

Sir—we appreciate the letter from Dr. Meursing et al. [1] concerning our article [2], in which we recommended mandatory HIV testing of hospitalized patients in a sub-Saharan population. In their letter, Dr. Meursing and colleagues raise several issues—namely, the ethics of testing without patient consent, the value of voluntary counseling and testing in enabling patients to deal with social and psychological issues, and the ethics of publicized population testing in Zimbabwe.

The authors appear to misunderstand both the design of our study and the intent of the discussion and conclusions. First, we used a linked, anonymous HIV test, the results of which were neither recorded in the patients’ records nor made known to the patients or the physicians who were caring for them. The purpose of our study was simply to ascertain the seroprevalence of HIV infection among hospitalized patients and to determine how this correlated with patient demographics, other disease, general knowledge about HIV, and hospital costs. The lack of consent therefore was not unethical, since the test results could in no way be used to harm or influence the patient socially, physically, or psychologically. The allusion to “benefits” that patients might lose referred to inhospital care for nontreatable HIV-associated illness; specifically, cryptococcal meningitis [3], for which patients were sent home to receive home care, since no hospital-associated benefits were available in the current cir-