

Letter to the Editor

Medical Care of HIV-Infected Individuals in Poland: Impact of Stigmatization by Health Care Workers

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Dear Editor:

Previous articles about stigmatization of HIV patients by health care workers published in *AIDS Patient Care STDs*,¹⁻³ encouraged us to impart the experience of Polish patients regarding their contact with the medical service.

In Poland, medical care for HIV-infected individuals has been provided by physicians working in the reference centers, usually attached to University Hospital Departments of Infectious Diseases. This guarantees that the patients receive antiretroviral therapy according to the international standards. However, HIV-positive patients often live far away from such centers. Moreover, they frequently suffer from diseases which are not associated with HIV infection and thus require professional help of doctors representing other specialties.

In order to compare the life of HIV-positive patients before and after they learn that they are infected, we designed a questionnaire in consultation with sociologists, psychologists, doctors concerned with anti-HIV therapy, and HIV-infected patients themselves. In this questionnaire, patients were asked about their trust in the physicians in charge and about any problems that arose in contacts with other medical specialists. The questionnaire forms were distributed among HIV-infected patients during their meetings (at the Polish National Meeting

for People Living with HIV and at the "Salon of Acceptance" in Warsaw, a monthly meeting of those who have recently learned that they are HIV positive), or were sent to patients of the HIV/AIDS reference centers in Białystok, Bydgoszcz, Chorzów, Kraków, Łódź, Poznań, Szczecin, Warszawa (Medical University Department of Infectious Diseases, Provincial Hospital of Infectious Diseases), and Wrocław. The questionnaires were not discussed with patients. The respondents were asked to complete them at home and send them back in the enclosed envelopes to the person conducting the research. The questionnaires were distributed in the period of June 2004–May 2005. The response was obtained from 321 subjects out of 500 questionnaires prepared (64.2%).

At the time of the questionnaire completion, the respondents were an average age of 35.29 ± 7.99 years. The youngest patient was 21 years old, and the oldest was 65. The majority of the respondents were male 196 (61.1%). None of 117 female patients (36.4%) was pregnant (8 respondents did not provide information on their gender). Most of the patients did not finish their secondary school education; 86 (26.8%) had only primary education, 101 (31.5%) graduated from a basic vocational school, 109 (33.9%) from secondary school, and only 25 (7.8%) were university graduates. More than

half of the respondents (59.2%) admitted having contracted HIV infection via injection drugs.

For 82 patients (25.5%), their doctor in charge was the one helping the most. However, 120 HIV-positive subjects (37.4%) admitted that they experienced refusal from doctors of other medical specialties. Most patients complained of being refused help by dentists (77; 64.2%), gynecologists (13; 10.8%), surgeons and/or orthopedic surgeons (12; 10.0%), general practitioners (10; 8.3%), dermatologists (2; 1.7%), and even by ophthalmologists, cardiologists, or neurologists. Medical advice was refused in situations such as toothache, common cold, phlegmons due to injections, broken limbs, and even surgery for appendicitis or child delivery. Most patients, but not all, were sent to other specialists who could provide help in a particular situation. All the patients were certain that the refusal was due to the fact that they had revealed their HIV status. More than half of the patients experienced disrespect, especially those taking injection drugs, and in more than 30% of cases professional confidentiality was violated and family members or work supervisors were told of the patients HIV status without patient consent. In a single case, the information leaked out of the medical center to the local community.

Medical care system in Poland guarantees specialist treatment for HIV according to the highest standards. It has been often demonstrated that the survival rate of HIV-positive subjects depends on doctor's experience.⁴⁻⁶ However, because anti-HIV treatment occurs mainly in reference centers there is a lack of interest by other medical specialists, who feel exempt from broadening their knowledge on HIV/AIDS. Since many doctors practicing today completed their medical studies in the pre-AIDS era, they often express deep prejudice toward HIV-infected patients, especially injection drug users and homosexuals. These doctors also struggle with the fear of infection as a consequence of their professional duties. Tests for anti-HIV antibodies are frequently done without the knowledge or consent of patients, who are often improperly informed of being positive, with no information provided on prognosis and therapy. (There is no legal obligation to obtain informed consent for HIV test

when it is required for diagnosing patient's medical condition; however obtaining such consent is advised by HIV experts.) On the other hand, young doctors receive insufficient knowledge of HIV/AIDS during their medical studies, impacting the safety of both the patient and the doctor⁷.

Trust in a charge doctor and in the health care system is extremely important for the course of therapy and prognosis. It also helps HIV-infected patients to practice safe sex in order to prevent the spread of the virus. In many countries, including Poland, HIV/AIDS specialists are considered to be most trustworthy, whereas other specialists are distrusted.⁸ This is disadvantageous for prevention and care, as family doctors, in particular, could play an important role in professional support for HIV patients and their relatives.⁹

Discrimination of HIV-infected patients, which also includes medical advice refusal, is more complex than in the case of patients suffering from other diseases. HIV frequently affects people, such as injection drug users or homosexuals, who would be stigmatized irrespective of infection status. Education programs addressed doctors of various specialties who graduated from medical schools in the pre-AIDS era could reduce their fear of HIV/AIDS and address the problem of discrimination against homosexuals or users of intravenous drugs. This seems to be the way in which to improve the quality of life of HIV-infected patients, especially those living far away from their doctor in charge or forced to ask doctors who are not infectious diseases specialists for medical advice. Reduction in discrimination, whether it is subjective or real, may decrease spread of HIV infection.

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