

Equality of Opportunity Committee

EOC(3)-12-09 (p2): 29 September 2009

Inquiry into Discrimination against People Living with HIV by Healthcare Professionals and Providers - Evidence from Body Positive Cheshire and North Wales

Background

Body Positive Cheshire and North Wales (BPCNW) Are a voluntary sector organisation, that supports HIV positive people across all 6 counties of North Wales. We use a holistic approach and use a wide range of methods to provide seamless social care to our service users.

We currently actively work with 70% of the HIV Positive people in the North Wales area. We frequently come across issues of discrimination against our service users in all areas of their lives, however the discrimination they are sometimes subjected to by the medical profession can often be more damaging, and leaves them reluctant to access further medical care, impacting on their general health and wellbeing. G.P.s will often refer patients back to their GUM clinic for minor issues that could easily be dealt with in the surgery, often leading to patients being forced to attend a clinic out of their local area for a service that should be provided by primary care services.

Our services users are often reluctant to disclose their HIV status to their Dentist as when they do they are asked to attend the last appointment of the day as opposed to a mutually convenient appointment. Our services users feel that they are discriminated against purely on the basis of their HIV status. These examples are commonplace and there are too many to list individually, for the purposes of this committee I am going to use two examples of discrimination experience by our Service Users.

Case 1

A 42 year old male, who had been diagnosed with HIV 12 months previously. He was finding it extremely difficult to come to terms with his diagnosis and as a result had started drinking quite heavily to cope. We put him in touch with the Drug and Alcohol Services and was granted a place at a rehab clinic in North Wales.

On arrival the doctor asked why he was bothering to attend a rehab clinic as he had AIDS and would die anyway. This left our client shocked and upset, he tried to explain to the Doctor that he had HIV and had not had an AIDS diagnosis. The doctor then advised him that he needed blood taking, but that he did not want to do it. Our client advised the medic that he would rather the blood be taken immediately. Our client reported that the Doctor was very reluctant to take his blood. When he did eventually did take his blood he did so in a way that left my client feeling, in his own words 'dirty and disgusting'. This experience left my client feeling reluctant to access any health professionals other than those at the GUM clinic.

Case 2

A 68 year old woman who had just returned home from hospital after a hip replacement operation. My client disclosed her status to her Home care Worker (from an organisation subcontracted by the Local Authority) The healthcare worker then discussed this with the Manager who informed my client that services would be suspended unless she disclosed her status to all of the other workers. My client was very upset as she felt that she was being forced into disclosing her HIV Status. Conversations were held and the Manager told her that she had a 'duty of care to her workers' Letters were sent explaining that providing that members of staff followed the standard hygiene procedure, that the risk of transmission was negligible. We presented the case to the Disability Rights Commission, who advised the Home care agency of their legal obligation to my client. Training was offered by our organisation to educate staff members about the issues of HIV/AIDS however this was not taken up. My client was extremely distressed by the whole experience and this hindered her recovery.

Summary / Recommendations

We as an organisation come across discrimination on a weekly basis, this discrimination is very damaging to HIV Positive people, as it quite often has an impact on their self esteem, discourages them from accessing appropriate medical intervention, which in turn leads to an increased burden on the GUM clinic staff. The lack of knowledge about HIV amongst the general medical community is often astounding. We would see that the best way to combat the discrimination that this inevitably leads to, would be an ongoing programme of education for Health care professionals around basic HIV awareness, routes of transmission and the impact of stigma surrounding the virus.