

Equality of Opportunity Committee

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Committee Inquiry into Discrimination against People Living with AIDS and HIV within Healthcare and other settings by Healthcare Professionals

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Purpose

This paper is being submitted at the invitation of the Committee Chair, on behalf of the School of Medicine, Cardiff University, to provide evidence on the training available to medical professionals in relation to working with patients who declare their HIV status.

Background

The School of Medicine at Cardiff University trains around 360 medical students per year and also oversees, in conjunction with the Wales Postgraduate Deanery, the training provided to newly qualified doctors in Foundation Year 1.

Medical students receive training in aspects of HIV/ AIDS at various stages during their 5 year training. This includes an understanding of the basic science / virology of HIV in years 2/3 of the course as well as teaching and observation of clinical HIV care (inpatient and outpatient) during one of the year 4 modules. By the end of their training they are expected to have a working knowledge of all aspects of HIV infection, including the virology and pathogenesis, epidemiology and transmission, clinical aspects and treatment.

They are also taught about methods of preventing HIV transmission, including in the healthcare setting and the use of post-exposure prophylaxis. They receive training, using mannequins in the clinical skills laboratory, on the safe performance of practical procedures, such as taking blood and insertion of intravenous cannulae. This includes the avoidance of needlestick injuries and the adoption of 'universal precautions', given that the HIV status of a patient is often unknown.

In addition, throughout the course, students receive more generic training on aspects of professionalism, ethics and diversity. This serves to prepare trainees for practising medicine in line with General Medical Council guidance (Good Medical Practice / Duties of a Doctor), one of the principles of which is not to discriminate against anyone on the grounds of race, religion, age, sexuality or disability.

After qualification both junior and senior doctors have to attend sessions for continuing professional development. How much further training they receive in relation to HIV/AIDS will depend on the specialty in which they are training, but all hospitals and primary care settings must have infection control policies in place, which minimise the risk of blood-borne virus (BBV) transmission, both from patient to healthcare worker and from one patient to another. They are also required to have protocols in place to manage accidental exposure to BBVs in the healthcare setting, including the use of HIV post-exposure prophylaxis. All clinical staff are expected to be familiar with these protocols; surgeons and others who perform exposure-prone procedures receive special training on how to operate safely on patient with known BBV infection, including HIV, for example by the use of double gloving and blunt dissection techniques to reduce sharps injuries.

Summary / Recommendations-

Much has changed in the past 25 years since the early days of the HIV/AIDS epidemic. At that time, there was no treatment available and AIDS was universally fatal. In addition, there was uncertainty about the routes of transmission of the virus; in particular, the risk to healthcare workers treating patients with HIV infection was unknown. Under those circumstances, there was understandably some reluctance to undertake surgical procedures on such patients. Nowadays, there is widespread knowledge amongst doctors and other health professionals of the success of treatment and the excellent prognosis of HIV infection, as well as the ability to care for such patients with minimal risk.

Much has also been done to reduce the stigma surrounding HIV/AIDS, which relates to the major routes of HIV transmission and the high risk groups. Although there may still be a few isolated cases of discrimination against patients who declare their HIV status amongst health professionals, this is likely to be largely confined to those who qualified many years ago and have failed to keep abreast of more recent advances. The training given to medical students and junior doctors outlined above should ensure that such cases become ever less frequent.