



**HEALTH PROFESSIONS COUNCIL OF SOUTH
AFRICA**

**GUIDELINES FOR GOOD PRACTICE IN
THE HEALTH CARE PROFESSIONS**

**ETHICAL GUIDELINES FOR GOOD PRACTICE
WITH REGARD TO HIV**

(SECOND EDITION)

BOOKLET 12

**PRETORIA
30th May 2007**

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Practice as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, practice as a health care professional is a moral enterprise. In this spirit the HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered with the HPCSA].

¹ Pellegrino, ED. Medical professionalism: Can it, should it survive? *J Am Board Fam Pract* 2000; 13(2):147-149 (quotation on p. 148).

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GUIDELINES FOR THE MANAGEMENT OF PATIENTS WITH HIV INFECTION OR AIDS

1 PREAMBLE

- 1.1 The HIV/AIDS epidemic has emerged as the most challenging health matter of modern times, causing intense debate and discussion in the fields of medicine, ethics, law, sociology, politics and economics. More so than any other disease in the history of humankind, HIV and AIDS have forced society and health care practitioners to re-consider important values relating to human rights, stigma, discrimination and public health.
- 1.2 South Africa has one of the most rapidly progressing HIV epidemics in the world. The HIV epidemic is undoubtedly increasing the huge burden of disease facing our country and poses a major challenge to our health and social services and to the economy of the country.
- 1.3 As health care providers committed to maximising human health and well-being, we should do all in our power to promote the prevention of HIV as well as providing access to the best possible preventive, promotional, curative and rehabilitative care.
- 1.4 These guidelines are the product of consultations with stakeholders and the revisions are consistent with international best practice, such as is contained in guidelines from the United Nations Joint Programme on HIV/AIDS (UNAIDS), the World Health Organisation (WHO) and the Department of Health (DoH) comprehensive document on HIV and AIDS.
- 1.5 While the guidelines focus on HIV and AIDS, many of the concerns reflected are applicable to other communicable diseases and other health issues that carry similar burdens of stigma and discrimination. However, given the enormity of the HIV and AIDS epidemic and the specific social, economic and ethical conundrums associated with HIV, these guidelines concentrate on assisting South African health care practitioners to deal with the problems associated with HIV and AIDS.

2. HIV INFECTION AND AIDS

- 2.1.1 The human immuno virus is responsible for the epidemic facing South Africa and many other countries. For the most part initial infection with the virus in the main, is a non-event. The majority of people infected with the virus only become aware of their status by voluntarily choosing to have a HIV test. Otherwise they remain totally unaware of their HIV infection until presenting several years later with a disease associated with AIDS.
- 2.1.2 Presently there is no cure for HIV but understanding the impact of the virus on the human body has made it possible to develop effective management programmes that provides great hope for people living with HIV and AIDS. This has made HIV and AIDS a medically manageable condition – a far cry from a few years ago when despondency and depression prevailed amongst HIV positive people and their carers.

3 MODES OF TRANSMISSION OF HIV

- 3.1 HIV is transmitted primarily in three ways:
- 3.1.1 Through unprotected heterosexual or homosexual intercourse;
 - 3.1.2 During pregnancy or at birth from the infected pregnant woman to the foetus or infant; and
 - 3.1.3 Through infected blood (e.g. in drug addicts who share needles, occupational needle stick injuries or exposure to infected blood and blood transfusions).
- 3.2 The modes of transmission referred to in para 3.1 above may be effectively prevented, and health care practitioners can play an important role in this regard.
- 3.3 Much has been said of 'high risk groups or individuals' but given the complexities associated with the modes of transmission, human relationships and sexuality generalisation around the issue should not be encouraged.

4 RESPONSIBILITIES OF HEALTH CARE PRACTITIONERS TO HIV POSITIVE PATIENTS

- 4.1 The primary responsibility of health care practitioners is to their patients.
- 4.2 It is against all ethical and professional rules for a health care practitioner to refuse to treat a patient solely on the grounds of the latter's perceived or actual HIV status. Treatment should never be suboptimal because of a perceived potential HIV risk to the health care practitioner. Unilateral decisions not to resuscitate patients with HIV are violations of fundamental rights.
- 4.3 It is ethically and legally mandatory, to get informed consent before a health care practitioner tests a patient for HIV – by law this always applies except in a medical emergency, or in the case of a child where a parent or guardian is required to give consent.
- 4.4 The diagnosis of HIV, without further examination and investigation provides only the most basic information about a person's prognosis or actual state of health. It is imperative that the health care practitioner continues counselling and conducts further investigations once a patient has been diagnosed as HIV positive.
- 4.5 In the management of an HIV positive patient it is important that the health care practitioner gives due consideration to other health care professionals who are also involved in the management of the same patient (e.g. where necessary, and with the patient's consent, informing them of the HIV status of the patient).
- 4.6 Health care practitioners must support all measures aimed at preventing HIV infection. Such measures include appropriate education regarding HIV infection; alteration of lifestyle; improved management of predisposing and aggravating factors (including other sexually transmitted diseases); mobilising support from the community; and disseminating information regarding preventive measures.

5 CONFIDENTIALITY

- 5.1 Ethics, the South African Constitution (Act 108 of 1996) and the law recognise the importance of maintaining the confidentiality of the HIV status of a patient.
- 5.2 The test results of HIV positive patients should be treated with the highest possible level of confidentiality.
- 5.3 Confidentiality regarding a patient's HIV status extends to other health care practitioners. Other health care professionals may not be informed of a patient's HIV status without that patient's consent unless the disclosure is clinically indicated. For treatment and care to be in the best interests of the patient, the need for disclosure of clinical data, (including HIV and related test results), to health care practitioners directly involved in the care of the patient, should be discussed with the patient.
- 5.4 The decision to divulge information relating to the HIV status of a patient must always be done in consultation with the patient
- 5.5 The report of HIV test results by a laboratory, as is the case with all laboratory test results, should be considered confidential information. A breach of confidentiality is more likely to occur in the ward, hospital or health care practitioner's reception area than in the laboratory. It is, therefore, essential that health care institutions, pathologists and health care practitioners formulate a clear policy as to how such laboratory results will be communicated and how confidentiality of the results will be maintained.

6 HIV TESTING

- 6.1 HIV testing must only take place with the voluntary, informed consent of the patient. The South African Constitution (Act 108 of 1996) and the law recognises that testing for HIV is unlike testing for any other medical condition and that special conditions apply.
- 6.2 The attention of health care practitioners is drawn to the potential abuse of HIV test kits that are currently available on the market. Health care professionals must be aware of the reliability and safety of such kits in order to provide the necessary counselling and information to patients. New forms of HIV testing must only be adopted if they meet acceptable scientific standards.
- 6.3 In order to obtain an informed consent, the patient should be given information regarding the purpose of the laboratory test; what advantages or disadvantages testing may hold for him or her as a patient; why the health care practitioner wants this information; what influence the result of such a test will have on his or her treatment; and how his or her medical protocol will be altered by this information. The psychosocial impact of a positive test result should also be addressed.
- 6.4 All communications between the health care practitioner and the patient concerning HIV testing should be conducted in a language that is easily understood by the patient.
- 6.5 The patient must clearly understand the information provided, so that he or she agrees to the HIV test, based on a proper understanding. The importance of the patient's ability to understand the information means that if posters are displayed in an attempt to inform patients about HIV testing, these must be supplemented by verbal pre-test counselling of the patient by the health care practitioner in order to obtain an informed consent.
- 6.6 A requirement of informed consent in respect of HIV testing is that if the patient is found to be HIV-positive, post-test counselling will follow. The health care provider must, therefore,

ensure that the patient is directed to appropriate facilities that will oversee his or her further care and, where relevant, counsel his or her family and sexual partners.

7. KNOWLEDGE OF THE HIV STATUS OF PATIENTS IN THE HEALTH CARE ENVIRONMENT

- 7.1 Health care practitioners should be aware that there are factors that make it unrealistic to rely solely on HIV testing either in everyday practise or when dealing with a person who has been occupationally exposed.
- 7.2 Health care practitioners must appreciate the significance of the window period of infectivity; the prevalence of HIV infection in the community (and therefore in their patients); the different tests available; and, where applicable, the time frames necessary to obtain a reliable HIV test result.
- 7.3 There is no evidence that knowledge of the HIV status of patients protects health care practitioners or reduces the risk of needle stick injuries. However, given the high incidence of HIV infection, in all instances health care establishments should ensure that universal precautions are used to provide protection against HIV infection.
- 7.4 Where certain well-defined high risk or exposure-prone procedures are contemplated, the patient should be informed of the concerns and asked to consent to HIV testing. All patients have a right to refuse testing, and where a patient refuses to test for HIV under such circumstances, the patient may not be refused treatment on this basis. Should a patient decline to be tested for HIV, such patient should be managed by health care practitioners as if he or she was HIV positive.
- 7.5 “High risk” procedures may require the use of “extended” universal precautions such as special gloves, clothing and face masks. “High risk” procedures include, for example, the palpation of a needle-tip in a body cavity; the simultaneous presence of the health care practitioner’s fingers and a needle or other sharp object in a poorly visualised or highly confined anatomic cavity; and orthopaedic and other procedures where there is an aerosol of blood, bone fragments or bloody fluids.
- 7.6 It should be emphasised that permitting pre-operative or pre-treatment HIV testing with informed consent where high-risk procedures are contemplated, or under specific circumstances, should not be misinterpreted or abused to justify routine HIV testing of all patients, nor is it permissible for patients to be told that pre-HIV testing is mandatory in such circumstances.

8. REFUSAL TO HAVE BLOOD TESTED FOR HIV ANTIBODIES

- 8.1 It is not justifiable to test for HIV without the patient's consent, except in the circumstances set out in the National Policy on Testing for HIV, (e.g. as part of unlinked and anonymous testing for epidemiological purposes undertaken by the national, or a provincial or local health authority, or an agency authorised by any of these bodies - provided that HIV testing for epidemiological purposes is carried out in accordance with national, legal and ethical provisions regarding such testing.
- 8.2 Where the health care practitioner has sustained a risk-bearing incident such as a needle stick injury because immediate post-exposure measures may be beneficial to the health care professional, information as to the HIV status of the source patient may be obtained in the following ways:

- 8.2.1 Testing any existing blood specimen from the source patient. This should be done with the source patient's consent, but if consent is withheld, the specimen may nevertheless be tested, but only after informing the source patient that the test will be performed and providing for the protection of privacy.
- 8.2.2 If there is no existing blood specimen and the patient still refuses to consent to an HIV test the patient should be treated as HIV positive and prophylaxis should be initiated in respect of the health care practitioner who has been placed at risk of HIV infection.
- 8.2.3 If the patient is unable to give informed consent and is likely to remain unable to do so for a significant length of time every reasonable attempt should be made to obtain appropriate proxy consent. Proxy consent means consent by a person legally able to give such consent in terms of the National Health Act (Act No. 61 of 2003) – i.e. in order of precedence, a spouse or partner, a parent, a grandparent, an adult child or a brother or sister of the patient, or in terms of the Children's Act (Act No. 38 of 2005) the clinical manager in the absence of such persons in the case of a child.
- 8.3 It must be emphasised that with regard to HIV testing there should be no medical emergency situation and it may be difficult legally to justify such a situation on the basis that testing without consent was necessary in order to save a person's life.

9. PARTNER DISCLOSURE

- 9.1 Health care practitioners should try to encourage their HIV positive patients to disclose their status to their sexual partners so as to encourage them to undergo VCT and access treatment if necessary. This is consistent with good clinical practice.
- 9.2 If the patient refuses consent, the health care practitioner should use his or her discretion when deciding whether or not to divulge the information to the patient's sexual partner, taking into account the possible risk of HIV infection to the sexual partner and the risks to the patient (e.g. through violence) that may follow such disclosure. The decision must be made with great care, and consideration must be given to the rights of all the parties concerned. If the health care practitioner decides to make the disclosure against the patient's wishes, the practitioner must do so after explaining the situation to the patient and accepting full responsibility at all times. The following steps are recommended – the health care practitioner must:
- 9.2.1 Counsel the patient on the importance of disclosing to his or her sexual partner and on taking other measures to prevent HIV transmission.
- 9.2.2 Provide support to the patient to make the disclosure.
- 9.2.3 If the patient still refuses to disclose his or her HIV status or refuses to consider other measures to prevent infection, counsel the patient on the health care practitioner's ethical obligation to disclose such information.
- 9.2.4 If the patient still refuses, disclose information on the patient's HIV status to the sexual partner and assist them to undergo VCT and access treatment if necessary.
- 9.2.5 After disclosure, follow up with the patient and the patient's partner to see if disclosure has resulted in adverse consequences or violence for the patient, and, if so, intervene to assist the patient appropriately.

- 9.3 Health care practitioners must recognise the major ethical dilemma when confronted with a person who is HIV positive and who refuses, despite counselling, to inform his/her partner or partners.
- 9.4 When health care practitioners are expected to record diagnostic information for patients on medical insurance for the purposes of processing claims, or in line with the rules of the medical scheme, the patient must give informed consent for such information to be placed on the account (e.g. ICD-codes).

10	OCCUPATIONAL TRANSMISSION OF HIV, COMPENSATION AND INSURANCE
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- 10.1 There is a slight risk of transmission of HIV infection in the health care environment (e.g. from patient- to-patient, patient-to-health care practitioner, and from health care practitioner-to-patient) through the exchange of infected blood or other body fluids – although scientifically the risk has been shown to be small. The risk can be reduced to negligible levels by effective infection control and hygiene measures. Nonetheless health care practitioners need to remain vigilant regarding the risk of occupational exposure to HIV.
- 10.2 Universal precautions must be practised at all times by all health care practitioners and health institutions in the health care environment.
- 10.3 Post-exposure treatment of a health care practitioner or a patient must be available where the possibility of an exchange of blood or body fluids has taken place. There can be no excuse for any health institution and practise not to have a clear and concise policy on such treatment.
- 10.4 Health practitioners working in the health care industry must make their employers aware of the importance of HIV. They should assist in the development and formulation of a comprehensive HIV and AIDS policy that covers prevention, treatment and care, as well as non-discrimination and non-stigmatisation. In developing a policy it should not be forgotten that a number of health care practitioners are themselves infected with HIV – the ethos of a caring profession should apply to fellow health care professionals. It is also imperative for employers in the health care industry to familiarise themselves with their constitutional, legal and ethical obligations when dealing with HIV and AIDS.
- 10.5 Students in faculties of health sciences, who are not legally recognised employees, and who face the possibility of occupational HIV exposure should be insured - either by their University or by the hospital where they are undergoing training.
- 10.6 There is consensus that adherence to universal precautions is the most important preventative action that will significantly protect health care practitioners against infection by HIV and other blood borne pathogens.
- 10.7 For the above reasons the following must be in place:
- 10.7.1 All employers must make available to health care practitioners the tools and systems necessary for the latter to practise universal precautions.
- 10.7.2. The necessary universal precaution tools and systems must also be provided to paramedical personnel, auxiliary and unskilled workers who handle patients (or could be exposed to contaminated materials), and health science students who may be potentially exposed to the risk of HIV infection.

11. HEALTH CARE PRACTITIONER'S INFECTED WITH HIV

- 11.1 Health care practitioners cannot be obliged to disclose their HIV status to an employer nor may any health care practitioner be unfairly discriminated against or dismissed as a result of his or her HIV status.
- 11.2 Health care practitioners are expected to be aware of the benefits of voluntary HIV testing and are encouraged to consider VCT. Where the health care practitioner tests positive for HIV, they should attend further counselling.
- 11.3 Restrictions that cannot be scientifically justified, should not be imposed on HIV positive health care practitioners.
- 11.4 Universal precautions should always be used when undertaking invasive procedures in order to minimise transmission from health practitioners to patients.
- 11.5 Patients should be made aware by health care practitioners that HIV infection can affect everybody including health care practitioners.

12. ACCOUNTABILITY

Health care practitioners who decide not to follow the guidance in this Booklet (including the Annexure), must be prepared to explain and justify their actions and decisions to patients and their families, their colleagues and, if necessary, to the courts and the HPCSA.

ANNEXURE

1. BASIC ELEMENTS OF PRACTICALLY APPLICABLE AND UNIVERSAL PRECAUTIONS

- 1.1 Universal precautions are designed to prevent:
- 1.1.1 Penetration of the skin by contaminated sharp objects; and
 - 1.1.2 Contamination of the skin, especially non-intact skin and mucous membranes, in particular the conjunctivae.
- 1.2 As a general principle, disposable instruments should only be used once, and re-usable items should be sterilised.

2. BODY FLUIDS WHICH SHOULD BE HANDLED WITH THE SAME PRECAUTIONS AS BLOOD

- 2.1 The following body fluids should be handled with the same precautions as blood:
- 2.1.1 Cerebrospinal fluid
 - 2.1.2 Peritoneal fluid
 - 2.1.3 Pleural fluid
 - 2.1.4 Pericardial fluid
 - 2.1.5 Synovial fluid
 - 2.1.6 Amniotic fluid
 - 2.1.7 Semen
 - 2.1.8 Vaginal secretions
 - 2.1.9 Breast milk
- 2.2. The following other body fluids and tissues should also be treated like blood:
- 2.2.1 Any other body fluid which is blood stained.
 - 2.2.2 Saliva in association with dentistry.
 - 2.2.3 Unfixed tissues and organs.

3. BODY FLUIDS SUCH AS URINE, SWEAT AND SALIVA

Body fluids such as urine, sweat and saliva do not pose any risk.

4. AVOIDANCE OF INJURIES WITH “SHARPS”

Health care practitioners should avoid injuries with “sharps” by:

- 4.1 Recognising risky objects, not only needles and knives, but less obvious ones such as towel-clips, suction drain introducers, bone spicules, etc.
- 4.2 Never allowing a sharp object, especially a contaminated one, to come near one's fingers (e.g. they should not resheath needles and should use instruments to load and unload scalpel blades, etc.)
- 4.3 Being personally responsible for the immediate safe disposal of all “sharps” that they use into an approved container.
- 4.4 Never handling a “sharp” without looking at it.

- 4.5 Never putting down a "sharp" except in an agreed neutral area.
- 4.6 Using the safest "sharp" that will do the job (e.g. knives and sharp needles only for skin; scissors and blunt (round-nosed) needles for tissues).
- 4.7 Never feeling for a needle point (or other sharp object) with their fingers.
- 4.8 Never putting their fingers in an area or wound where someone else is using a "sharp".
- 4.9 Avoiding the use of wire sutures.
- 4.10 Using heavy-duty gloves (ring-link or similar) in dangerous situations (e.g. where there are broken bones, sharp foreign bodies).

5.	AVOIDANCE OF SKIN and MUCOUS MEMBRANE CONTAMINATION
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- 5.1 Three risks have been identified regarding skin and mucous membrane contamination, namely from:
 - 5.1.1 Blood or body fluid on the hands;
 - 5.1.2 Spillage of blood or body fluid on the health care practitioner's body;
 - 5.1.3 Spray-aerosol of blood or body fluid to eyes and face.
- 5.2 Health care practitioners should never have contact with patients' soiled linen, etc. if the skin of their hands is not intact (e.g. from cuts, eczema, etc.) unless the lesions can be completely isolated by impermeable adhesive tape.
- 5.3 Health care practitioners should use make careful use of gloves:
 - 5.3.1 Latex gloves should be used by every health care provider handling blood or body fluid.
 - 5.3.2 Torn gloves should be removed immediately and contamination washed away.
 - 5.3.3 Double gloving reduces skin contamination during operations by 80%, and may reduce the risk associated with "sharps" injuries.
- 5.4. In respect of spillage health care practitioners should:
 - 5.4.1 Use plastic aprons and impermeable boots where the risk of spillage exists,
 - 5.4.2 Ensure that all spillage is immediately cleaned.
 - 5.4.3 Double seal all containers of blood and body fluid.
- 5.5 In respect of spray-aerosol health care practitioners should:
 - 5.5.1 Use face or eye protection (e.g. face shields, eye-goggles) where the risk of spray-aerosol contamination exists.
 - 5.5.1 Should continuously aspirate laser and fulguration smoke by suction.

Note: Routine implementation of these simple, logical measures, that are not time consuming, nor significantly expensive, by all members of the health care team, should reduce the risk of infection of health care practitioners by patients, and of patients by health care practitioners to very nearly zero. Disciplined implementation of these precautions in dealing with all patients should make pre-treatment determination of a patient's HIV status irrelevant in terms of the safety of health care practitioners.

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

- Booklet 1:** *General ethical guidelines for health care professions*
- Booklet 2:** *Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006*
- Booklet 3:** *National Patients' Rights Charter*
- Booklet 4:** *Professional self-development*
- Booklet 5:** *Guidelines for making professional services known*
- Booklet 6:** *Guidelines on over servicing, perverse incentives and related matters*
- Booklet 7:** *General ethical guidelines for health researchers*
- Booklet 8:** *Ethical Guidelines for Biotechnology Research in South Africa*
- Booklet 9:** *Research, development and the use of the chemical, biological and nuclear capabilities of the State*
- Booklet 10:** *Seeking patients' informed consent: The ethical considerations*
- Booklet 11:** *Confidentiality: Protecting and providing information*
- Booklet 12:** *Guidelines for the management of patients with HIV infection or AIDS*
- Booklet 13:** *Guidelines withholding and withdrawing treatment*
- Booklet 14:** *Guidelines on Reproductive Health management*
- Booklet 15:** *Guideline on Patient Records*
- Booklet 16:** *Canvassing of patients abroad*
- Booklet 17:** *Guidelines for the management of health care waste*