



**MEDICAL AND DENTAL PROFESSIONS BOARD**

**GUIDELINES FOR GOOD PRACTICE IN MEDICINE, DENTISTRY AND  
THE MEDICAL SCIENCES**

**GUIDELINES FOR THE MANAGEMENT  
OF PATIENTS WITH HIV INFECTION OR AIDS**

**BOOKLET 8**

**PRETORIA  
JULY 2002**

Health Professions Council of South Africa  
Post Office Box 205  
Pretoria 0001

Telephone: (012) 338 9300  
Fax: (012) 328 4863

E-mail: [hpcsa@hpcsa.co.za](mailto:hpcsa@hpcsa.co.za)

Website: <http://www.hpcsa.co.za>

## THE SPIRIT OF PROFESSIONAL GUIDELINES

Medicine, dentistry and the medical sciences are professions based on a relationship of trust with patients. The term "profession" means "a dedication, promise or commitment publicly made".<sup>1</sup> To be a good doctor, dentist or medical scientist requires a life-long commitment to good professional and ethical practices and an overriding dedication to the good of one's fellow humans and society. In essence, the practice of medicine, dentistry and the medical sciences is a moral enterprise. In this spirit the Medical and Dental Professions Board presents the following ethical guidelines.

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<sup>1</sup> 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 HIV infection and AIDS have emerged as the most challenging health matter of modern times. The pandemic has created not only medical, but also ethical, legal, social, political and fiscal issues.
- 1.2 The original version of the policy guidelines pertaining to the management of patients with HIV Infection or Aids has been amended substantially on the basis of inputs received from a wide range of stakeholders in the field of HIV/AIDS, both locally and internationally.
- 1.3 It should, however, be realised that the matter concerning HIV/AIDS is a highly sensitive and quite often a controversial issue to address. It is, therefore, not surprising that the inputs received for the revision of the guidelines were not always wholly uniform. Thus it was necessary to follow an approach of compromise in selecting the most appropriate and suitable inputs for inclusion in the guidelines at hand
- 1.4 The guidelines are now much in keeping with international best practice and they reflect to a large extent, if not fully, the views of organisations such as the United Nations Joint Programme on HIV/AIDS (UNAIDS) and that of the World Health Organisation (WHO)

## 2 PREMISES

### 2.1 HIV INFECTION AND AIDS

Although infection with HIV and of AIDS is incurable at present, AIDS is considered a manageable life-threatening disease.

### 2.2 MODES OF TRANSMISSION

- 2.2.1 HIV is transmitted primarily in three ways, namely -
  - a. **Sexually (usually heterosexual);**
  - b. **Prenatally; and**
  - c. **via Bloodborne infections (eg sharing of injection equipment).**
- 2.2.2 It has, therefore, become impossible and unjustifiable to identify and focus on "high risk groups or individuals".

### 2.3 OCCUPATIONAL TRANSMISSION OF HIV

- 2.3.1 The risk of transmission of HIV infection in the health care area from patient to patient, patient to health care worker, and from health care worker to patient, through inoculation of infected blood or other body fluids has been shown scientifically to be very small. Fears, which are not always based on reality, have thus tended to exaggerate the risks out of all proportion.
- 2.3.2 Health care workers and patients are exposed not only to HIV. It should be recognised that at present infection by the hepatitis B virus poses a far greater risk. Universal

precautions against bloodborne infections should, therefore, be adhered to in all health care encounters to minimise exposure of health care workers and their patients.

- 2.3.3 Post-exposure treatment of health care workers in whom inoculation or significant contamination might have occurred, may be beneficial and should be considered in consultation with the Infection Control Medical Officer of the institution, or other designated person. When there has been a risk of contamination, PEP should also be strongly recommended and the health care worker should receive thorough counselling about the possible benefits of PEP in reducing the risk of sero-conversion.

## **2.4 RESPONSIBILITIES OF HEALTH CARE WORKER**

- 2.4.1 In the management of the HIV positive patient, the health care worker has a primary responsibility towards the individual patient. The health care worker also has certain responsibilities towards other health care workers and other parties that might be in danger of contracting the disease from the patient.
- 2.4.2 No health care worker may ethically refuse to treat any patient solely on the grounds that the patient is, or may be, HIV seropositive. Equally, no doctor may withhold normal standards of treatment from any patient solely on the grounds that the patient is seropositive, unless such variation of treatment is determined to be in the patient's interest. Treatment should not be suboptimal because of a perceived potential risk to health care workers. It is accepted that a health care worker will examine or treat a patient only with the informed consent of the patient.
- 2.4.3 Health care professionals are being reminded that an HIV diagnosis, without further examination (such as measuring viral load or CD4 cell counts), provides no information about a person's prognosis or actual state of health. Unilateral decisions not to resuscitate people with HIV are a violation of fundamental rights and may lead to disciplinary action being taken against a health care professional who make himself or herself guilty of such action.

## **2.5 CONFIDENTIALITY**

There is no persuasive evidence that knowledge of a patient's HIV status diminishes the incidence of exposure-incidents. In fact, our law has recognised the important public health benefits of maintaining patient confidentiality regarding HIV status, in order to encourage patients with HIV to be tested and treated.

## **2.6 HIV TESTING**

- 2.6.1 HIV testing should only take place with the voluntary, informed consent of the individual. In accordance with the guidelines set out below. Requirements of routine or universal testing of patients in the health care setting are unjustifiable and undesirable. However, patients may be requested to consider HIV testing when certain well-defined high risk procedures are to be undertaken. These are set out below.
- 2.6.2 The attention of patients should be drawn to the potential abuse of HIV test kits that are nowadays available on the market. Any person who wishes to use such kits should ascertain from his or her doctor or another credible source whether such kits are reliable and safe. New forms of HIV testing should only be adopted if they conform with the guidelines set out in this policy document.

## **2.7 LIMITING THE SPREAD OF HIV**

The medical fraternity supports all efforts to keep the spread of HIV infection in the community as low as possible. Such measures include appropriate education regarding

the 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. Since the guidelines were first published there have been very significant advances in the treatment of opportunistic infections and in the use of antiretroviral drugs. The medical fraternity is committed thereto that patients suffering from whatever disease will have improved access to medical care and treatment.

### 3 EDUCATION

- 3.1 Education and training are essential components of the successful implementation of universal precautions, i.e. those precautions which should be universally applied to prevent transmission of HIV and other diseases in the health care setting. These precautions have proven to be the most effective measures to protect health care workers. These, and all other measures instituted to prevent the transmission of infections in the health care setting will, however, probably fail if they are not supported by an ongoing educational programme.
- 3.2 To be effective, such educational schemes should be -
- 3.2.1 **structured** and preferably assessed by formal examinations;
- 3.2.2 **ongoing** throughout the period of employment; and
- 3.2.3 **continuously evaluated and monitored.**

### 4 EMPLOYERS, COMPENSATION AND INSURANCE

Health care workers who are employed, may take irrational and scientifically unjustifiable steps to minimise the perceived risk of acquiring HIV infection from patients, if there is a notion that their employers are unconcerned and not willing to minimise the risk of occupational infection of health care workers.

### 5 OBLIGATIONS OF EMPLOYING AUTHORITIES

- 5.1 An employer should have a clear-cut *policy statement* that declares the responsibility of the employer towards his employees who become infected whilst performing official duties.
- 5.2 This policy should state the procedures the employee should follow after occupational exposure, which should be the guidelines with regard to the reporting of the incident for purposes of compensation, including the HIV testing of the health care worker and, where informed consent can be obtained, of the source patient and on access to post-exposure prophylaxis
- 5.3 Employers should ensure that all employees are insured against the consequences of such infections. This insurance may be under the Compensation for Occupational Injuries and Diseases Act, 1997 (Act No. 61 of 1997), and/or by a private insurance scheme. Although HIV/AIDS is not a listed occupational disease in terms of the said Act, an employee who can show that he or she was infected as a result of an exposure during the course of carrying out his or her occupational duties, may claim compensation.
- 5.4 Medical students, who are not legally recognised employees, should also be insured, either by their university or by the hospital where they undergo their training, against such incidents.

- 5.5** *There is consensus that adherence to universal precautions is the most important, and possibly the only, action that will significantly protect health care workers against infection by HIV and other bloodborne pathogens. (The exception is immunisation against hepatitis B.)*
- 5.6. For the above reason the following must be in place:
- 5.6.1 All employers must make available to health care workers facilities to institute universal precautions.
- 5.6.2. Such facilities should be provided to the full spectrum of health care workers and should include those paramedical personnel who initially come into contact with the patient, as well as auxiliary and unskilled workers who handle the patients, or could be exposed to contaminated materials. Such facilities should also be available to medical students, who, because they are technically inexperienced and not recognised as official employees, are particularly vulnerable.
- 5.6.3. The facilities available should include the additional sophisticated precautionary measures which may have to be instituted to protect the professional personnel performing invasive procedures known to be associated with a high risk of inoculation with patients' blood.

<b>6</b>	<b>KNOWLEDGE OF THE HIV STATUS OF PATIENTS</b>
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- 6.1 There is persuasive scientific evidence that knowledge of the HIV status of a patient does not provide additional protection to the doctor or other health care workers treating the patient. Nevertheless, there is a perception amongst some doctors that under exceptional circumstances, the knowledge of the HIV status of a patient may be useful in order to ensure the use of 'extended' universal precautionary measures such as special gloves, clothing and face masks, and that inexperienced personnel should not be allowed to perform surgery on such patients. It is argued that selective use of such expensive measures will be cost-effective. Exceptional circumstances are defined as palpation of a needle-tip in a body cavity, or the simultaneous presence of the health care worker's fingers and needle or other sharp object or instrument in a poorly visualised or highly confined anatomic cavity. Orthopaedic and other procedures where there is an aerosol of blood, bone fragments or bloody fluids, also qualify.
- 6.2 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. It should be emphasised that the condoning of pre-operative or pre-treatment HIV testing when high-risk procedures are contemplated, should not be abused to justify routine HIV testing of all patients, nor should patients be told that pre-HIV testing is mandatory in such circumstances. 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. However, should a patient decline to be tested for HIV, such patient should be managed by health care professionals as if he or she was HIV positive.
- 6.3 Health care workers should realise that there are factors which make it unrealistic to rely on HIV testing of patients to protect themselves against occupational exposure. Thus, health care workers must appreciate the significance of the window period of infectivity; the ever-increasing prevalence of HIV infection, especially among hospital patients; the time it takes to obtain a reliable HIV test result; and the need to treat, under less than ideal conditions, patients outside hospitals and in emergency care units.
- 6.4 These factors are not under the control of the health care worker and strengthen the view that, to minimise the risk of infection, health care workers should adopt appropriate

universal precautions in all clinical situations rather than rely on knowledge of the HIV status of patients.

## **7 TESTING PATIENTS FOR HIV-ANTIBODIES**

A patient should be tested for HIV-infection only if he or she gives **informed consent**. Such informed consent is made up of the following important elements:

### **7.1 INFORMATION**

- 7.1.1 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 patient; why the surgeon or physician 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.
- 7.2.2 All such communication should be conducted in a language that is easily understood by the patient.

### **7.2 UNDERSTANDING**

- 7.2.1 Furthermore, the patient should clearly understand the information provided, so that he or she may agree to the HIV test, based on such understanding. The importance of the patient's ability to understand the information given means that If posters are displayed in an attempt to inform patients that testing for HIV may be undertaken, these must be supplemented by a verbal pre-test counselling of the patient by the doctor in order to appropriately obtain the patient's informed consent.
- 7.2.2 The principle of informed consent entails that the health care worker accepts that, if the patient were HIV-positive, appropriate counselling will follow. The health care worker must, therefore, ensure that the patient is directed to appropriate facilities that will oversee his or her further care and, if possible, counsel his or her family and/or sexual partners.

## **8 REFUSAL TO HAVE BLOOD TESTED FOR HIV ANTIBODIES**

- 8.1. It is justifiable to test for HIV without the patient's consent, but only in the circumstances set out in the National Policy on Testing for HIV as follows:
- 8.1.1 As part of unlinked and anonymous testing for epidemiological purposes undertaken by the national, 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.
- 8.1.2 Where statutory provision or other legal authorisation exists for testing without informed consent.
- 8.1.3 In emergency situations where infection is suspected and it is impossible to obtain consent, subject to the conditions in paragraphs 8.2 and 8.3 below.
- 8.2. An emergency situation in terms of a patient, is generally considered to be a situation where a patient's health is in serious danger and immediate treatment is necessary. In terms of HIV testing, it is generally argued that there are few, if any, situations where, in order to provide for the immediate care of a patient who is unable to consent, it would be necessary to determine the patient's HIV status.

- 8.3. In terms of a health care worker, where a health care worker has sustained a risk bearing incident such as a needlestick injury, this may be determined to be an emergency situation.
- 8.4 In view of the fact that immediate post-exposure measures may be beneficial to the health care worker, information as to the HIV status of the source patient may be obtained in the following ways:
- 8.4.1 Testing any existing blood specimen. 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. The information regarding the result may be disclosed to the health care worker, but must otherwise remain confidential and may only be disclosed to the source patient with his or her informed consent.
- 8.4.2 *If the patient is unable to give informed consent* and is likely to remain unable for a significant length of time in relation to the prophylactic needs of the health care worker or other patients, then every reasonable attempt should be made to obtain appropriate vicarious consent. **Vicarious consent** means the consent of the patient's closest relative or, in the case of a minor, the consent of the medical superintendent in the absence of a parent or guardian.

<b>9</b>	<b>THE DOCTOR'S DUTY TOWARD HIV POSITIVE PATIENTS</b>
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- 9.1 No doctor may ethically refuse to treat any patient solely on the grounds that the patient is, or may be, HIV seropositive.
- 9.2 No doctor may withhold normal standards of treatment from any patient solely on the grounds that the patient is HIV seropositive, unless such variation of treatment is determined to be in the patient's interest and not by perceived potential risk to the health care worker.

<b>10</b>	<b>CONFIDENTIALITY</b>
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- 10.1 The test results of HIV positive patients should be treated at the highest possible level of confidentiality.
- 10.2 Our courts have recognised that confidentiality regarding HIV status extends to other medical colleagues and health care workers, and other health care workers may not be informed of a patient's HIV status without that patient's consent. The need for transmission of clinical data to those medical colleagues and health care workers directly involved with the care of the patient, should be discussed with the patient in order to obtain his or her consent for disclosures considered to be in the patient's best interest in terms of treatment and care.
- 10.3 The principle of confidentiality applies in respect of the patient. The decision whether to divulge the information to other parties involved must, therefore, be in consultation with the patient. If the patient's consent cannot be obtained, ethical guidelines recommend that the health care worker should use his or her discretion whether or not to divulge the information to other parties involved who are at clear risk or danger. To date, we have not had legal clarity regarding whether this situation is an acceptable limitation of the right to confidentiality. Therefore such a decision must be made with the greatest care, after explanation to the patient and with acceptance of full responsibility at all times. The following steps are recommended:

- 10.3.1 Counselling the patient on the importance of disclosing to his or her sexual partner and for taking other measures to prevent HIV transmission.
- 10.3.2 Providing support to the patient to make this disclosure.
- 10.3.3 Where the patient still refuses to disclose his or her HIV status or refuse to consider other measures to prevent infection, counselling the patient on the health care workers's ethical obligation to disclose such information and requesting consent to do so.
- 10.3.4 Disclosing such information.
- 10.3.5 When informing the patient about the importance of disclosure, the attention of the patient should be drawn to the possibility of violence and other adverse consequences that such disclosure may hold in store for the patient concerned.
- 10.4 The report of HIV test results by a laboratory, as is the case with all laboratory test results, should be considered confidential information. Breach of confidentiality is, however, more likely to occur in the ward, hospital or doctor's reception area than in the laboratory. It is, therefore, essential that health care institutions, pathologists and doctors formulate a clear policy as to how such laboratory results will be communicated and how confidentiality of the results will be maintained.

<b>11 DOCTORS INFECTED WITH HIV</b>
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- 11.1 No doctor or health care worker is obliged to disclose his or her HIV status to an employer nor may any employee be unfairly discriminated against or dismissed as a result of his or her HIV status.
- 11.2 The benefits of voluntary HIV testing should be explained to all health care workers and they should be encouraged to consider HIV testing. Any doctor or health care worker who finds himself or herself to be HIV positive, should be encouraged, to seek counselling from an appropriate professional source, preferably one designated for this purpose by a medical academic institution. Counsellors must of course be familiar with recommendations such as those of the Centres for Disease Control so that unnecessary, onerous, and scientifically unjustifiable restrictions are not placed on the professional activities of an HIV positive doctor.
- 11.3 Infected doctors may continue to practise. However, they must seek and implement the counsellor's advice on the extent to which they should limit or adjust their professional practice in order to protect their patients.

**ADDENDUM****BASIC ELEMENTS OF PRACTICALLY APPLICABLE AND  
UNIVERSAL PRECAUTIONS**

These precautions are designed to prevent -

- a. penetration of the skin by contaminated sharp objects;
- b. contamination of the skin, especially non-intact skin and mucous membranes, in particular the conjunctivae.

As a general principle, disposable instruments should only be used once, and re-usable items should be sterilised.

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

- 1.1 Cerebrospinal fluid  
Peritoneal fluid  
Pleural fluid  
Pericardial fluid  
Synovial fluid  
Amniotic fluid  
Semen  
Vaginal secretions  
Breast milk
- 1.2. Any other body fluid which is blood stained.
- 1.3. Saliva in association with dentistry.
- 1.4. Unfixed tissues and organs.

**2. BODY FLUIDS SUCH AS URINE, SWEAT AND SALIVA**

These body fluids do not pose any risk, (except in the context of dentistry).

**3. AVOIDANCE OF INJURIES WITH 'SHARPS'**

- 3.1 Recognise risky objects, not only needles and knives, but less obvious ones such as towel-clips, suction drain introducers, bone spicules, etc.
- 3.2 Never allow a sharp object, especially a contaminated one, to come near one's fingers. (Do not resheath needles, use instruments to load and unload scalpel blades, etc.)
- 3.3 Be personally responsible for the immediate safe disposal of all 'sharps' that one uses into an approved container.
- 3.4 Never handle a 'sharp' without looking at it.
- 3.5 Never put down a 'sharp' except in an agreed neutral area.

- 3.6 Use the safest 'sharp' that will do the job; knives and sharp needles only for skin, scissors and blunt (round-nosed) needles for tissues.
- 3.7 Never feel for a needle point (or other sharp object) with fingers.
- 3.8 Never put one's fingers in an area or wound where someone else is using a 'sharp'.
- 3.9 Avoid use of wire sutures.
- 3.10 Use heavy-duty gloves (ring-link or similar) in danger situations (broken bones, sharp foreign bodies).

#### **4. AVOIDANCE OF SKIN/MUCOUS MEMBRANE CONTAMINATION**

- 4.1 Three risks are identified, namely -
  - a. blood or body fluid on hands;
  - b. spillage on the health care worker's body;
  - c. spray-aerosol to eyes and face.
- 4.2 Never have contact with patients, soiled linen, etc. if skin of hands is not intact (cuts, eczema, etc.) unless the lesions can be completely isolated by impermeable adhesive tape.
- 4.3 Use gloves.
  - a. Latex gloves to be used by every health care worker handling blood/body fluid.
  - b. Torn glove to be removed immediately and contamination washed away.
  - c. Double gloving reduces skin contamination during operations by 80%, and may reduce the risk associated with 'sharps' injuries.
- 4.4. Spillage.
  - a. Where risk of spillage exists, use plastic aprons and impermeable boots.
  - b. Ensure that all spillage is immediately cleaned.
  - c. Double seal all containers of blood and body fluid.
- 4.5 Spray/aerosol.
  - a. Where risk exists, use face/eye protection (face shields, eye-goggles).
  - b. Laser and fulguration smoke should be continuously aspirated by suction.

Routine implementation of these simple, logical measures, which are not time consuming, nor significantly expensive, by all members of the health care team, should reduce the risk of infection of health care workers by patients, and of patients by health care workers 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 workers.



## **Ethical guidelines for good practice in medicine, dentistry and the medical sciences**

The Medical and Dental Professions Board of the Health Professions Council of South Africa has embarked on a project to bring together ethical and professional guidelines for doctors (medical practitioners), dentists, and medical scientists. The following Booklets are separately available:

- Booklet 1:** *General ethical guidelines for doctors, dentists and medical scientists*
- Booklet 2:** *General ethical guidelines for health researchers*
- Booklet 3:** *Ethical and professional rules of the Medical and Dental Professions Board*
- Booklet 4:** *Professional self-development*
- Booklet 5:** *Guidelines for making professional services known*
- Booklet 6:** *Guidelines for the management of health care waste*
- Booklet 7:** *Policy statement on perverse incentives*
- Booklet 8:** *Guidelines for the management of patients with HIV infection or AIDS*
- Booklet 9:** *Guidelines on research and clinical trials involving human subjects*
- Booklet 10:** *Research, development and use of the chemical, biological and nuclear capabilities of the State*
- Booklet 11:** *Guidelines on keeping of patient records*
- Booklet 12:** *Canvassing of patients abroad*
- Booklet 13:** *National Patients' Rights Charter*
- Booklet 14:** *Confidentiality: Protecting and providing information*
- Booklet 15:** *Seeking patients' consent: The ethical considerations*