
The right not to know HIV-test results

SIR—Temmerman and colleagues (April 15, p 969) in their report on the right of tested HIV-infected women in Kenya to not be told of their test findings address the sometimes desperate responsibilities of those practicing clinical medicine versus public health.

5.9% of 324 HIV-infected pregnant women in Nairobi, Kenya reported a violent event after learning their HIV status, all but 1 of whom were subjected to spousal violence. Temmerman and co-workers changed their policy from informing all women of their test results to HIV-tested women being told that they should ask for their results or findings would not be forthcoming. With the original policy, the Kenya investigators counselled 75% of the HIV-positive women, whereas with the new policy only 35% of the HIV-positive women came forward to learn of their infection. With this reduction in notification and counselling, spousal violence was reduced. They conclude that women being tested for HIV should have the right not to be informed and not to know of their HIV status, to avoid harm.

Unlike clinical practice, the intent of public health is to safeguard the community. People are tested for HIV for their own good and to protect others with whom they have intimate or blood contact. To control the HIV epidemic that has infected more than 18 million adults and countless children around the world,¹ public health practitioners must prevent viral transmission, not obfuscate infection. When people do not know they are infected, the virus has an easy time moving from one host to another. The new policy favoured by Temmerman and associates in Nairobi resulted in 40% fewer pregnant women being told of their infection. Therefore, none of these women knew to seek medical assistance or supportive care, to avoid opportunistic infections, or to consider alternatives to breastfeeding of their uninfected offspring.² Even more central to public health, the uninformed women could not tell sexual partners to avoid unprotected intercourse, and thereby prevent new infection. Thus a policy that benefits few in the short term, harms many in the long run. Instead of a more informal testing and notification programme, those responsible for protecting the health of the public should make tests more easily available, while also working to reduce the fear and stigma towards persons with HIV/AIDS.³ As mentioned elsewhere,⁴ only the virus benefits from policies that favour keeping the microbe hidden from view. Practitioners of

public health must maintain a broader view than their clinical colleagues, balancing harm to the individual patient with benefits to the community.

Ralph R Frerichs

Department of Epidemiology, School of Public Health, University of California,
Los Angeles, CA 90095-1772, USA

- 1 Anon. The current global situation of the HIV/AIDS pandemic. *Wkly Epidemiol Rec* 1995; 70: 7-8.
- 2 Nagelkerke NJ, Moses S, Embree JE, Jenniskens F, Plummer FA. The duration of breastfeeding by HIV-1 infected mothers in developing countries: balancing benefits and risks. *J AIDS Hum Retrovirol* 1995; 8: 176-81.
- 3 Frerichs RR. Personal screening for HIV in developing countries. *Lancet* 1994; 343: 960-62.
- 4 Frerichs RR. HIV winners and losers. *Epidemiology* 1995; 6: 329-31.