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Counselling before and after HIV testing remains a weakness in the system

by Neil Self

HIV became a reportable communicable disease in BC in 2003. Since then, the data collected by BC Centre for Disease Control (BCCDC) has been mostly positive. Despite fears, there was no decrease in the number of people being tested and there were no major breaches of confidentiality. However, there are still some issues about HIV testing, pre- and post-test counselling, and partner notification.

The quality of the counselling has raised questions, in part because it's entirely dependant on the person delivering it. In many cases, a family doctor with a good doctor-patient relationship provides counselling with compassion and skill. In other cases, the doctors—especially in clinics, emergency rooms, and drop-in medical centres—may not have the requisite skill, time, or relationship with the patient. This is an increasing concern given the difficulty of finding a family doctor in BC. The BCCDC should therefore be applauded for dedicating public health nurses to assist in this process. The nurses are specifically trained to provide this health service and can spend much more time with patients—an average of 6.7 hours per person.

Another concern with the counselling involves the frame of mind of the newly diagnosed person. Many are in a state of shock and they don't absorb valuable information. The BCCDC reports that less than half of newly tested people recall being told that HIV was reportable or that there was a non-nominal (anonymous) option.

To address this situation, there needs to be improved relationships between patients and healthcare providers, as well as appropriate follow-up and referrals. BCPWA has therefore developed a pocket-sized resource for newly diagnosed people, to ensure they have all the information they need when they leave the counselling session—regardless of how much detail they were able to retain.

Point of care (POC) testing adds a completely new level of problems to counselling. Unfortunately, there are more

questions than answers here. Currently these rapid-result POC HIV tests are available throughout BC; we've been assured that they will adhere to standard counselling procedures. Further research and vigilant monitoring will be required before we can evaluate the effects of this new technology.

While there hasn't been a decrease in the number of people being tested for HIV since HIV reporting began in BC, there are still populations that aren't getting tested. Even the best counselling procedures and resources may not be enough to overcome the physical and psychological barriers that continue to block access to testing for many people. The stigma associated with HIV hasn't decreased, despite considerable medical advances. The continuing stigma of having HIV combined with even the slightest apprehension about making HIV reportable will continue to be a challenge for public health in BC.

Hard-to-reach populations, such as the homeless and sex trade workers, access health services less frequently and may not connect with the 9-to-5 world of the healthcare system. Fortunately, public health nurses and some doctors are willing to work outside the 9-to-5 system. Allowing patients to be tested and counselled outside their area of residence is also a step in the right direction, particularly for Aboriginal and people living in rural areas who are concerned with privacy in their small communities.

HIV testing in BC, isn't perfect, but we've come a long way and we appear to be heading in the right direction. ⊕

A future article will be devoted to partner notification.



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