PNG Med J 1996;39:218-219

Dilemmas in AIDS care

RAI KILA[1]

Port Moresby, Papua New Guinea

We face dilemmas in AIDS care for a number of reasons: because of an attitude problem, because of communication difficulties, in confidentiality and the prevention of spread, in uniformity in the management of HIV/AIDS and in counselling.

1. Attitude problem

Despite all the statistics, data and knowledge available to us, patient care will not improve when our attitude is not right. This is the biggest factor that every health care giver needs to address. No-one else can change that negative attitude for us. The change has to come from within the individual.

All professionals need to change if we are genuine in giving the best care.

Attitude affects and influences every area of life. Our body language can be observed by those receiving our services. HIV/AIDS patients are no different from any other sick person in the hospital. Every patient is an individual human being who needs love and compassion.

2. Communication difficulties

Our attitude affects the way we communicate to others. If our attitude is wrong the patient will not feel at ease, and it will be very hard for them to understand us.

It was not surprising to me when a patient told me, "Dokta em ino tok klia long sik bilong mi". How do we expect patients to be active participants in their own care if we do not have the time to spend and explain to them their illness?

The tendency we have is to make assumptions about things without trying to know the facts.

Communication is very vital. We can help patients to quick recovery by communicating our care for them; or we can help patients to go the other way to reach their death faster than expected because of a bad attitude that causes us not to care.

AIDS is a social issue

We cannot expect society to change its attitudes when the medical and nursing professions are resistant to change. We have to start from home first. We ourselves and our families have to change if we want to change others.

We are role models to those around us. Students and relatives are watching us. They are observing the way we treat others.

HIV/AIDS patients are no different from other suffering patients. They all need love and compassion. The only difference is the stigma we put on HIV/AIDS because the disease in PNG is commonly transmitted through sex.

Why is it so difficult to accept AIDS cases the way we accept others? We do not ease their problem but only complicate it because of our inadequacy.

3. Confidentiality and the prevention of spread

The question of confidentiality needs to be addressed. Prevention through tracing of contacts will be hampered if confidentiality is going to be fully exercised.

It has been argued that the individual's rights must be protected. However, what happens if the individual refuses to stop his or her sexual activities?

Are the rights of the community less

---

1 Mrs Rai Kila, PO Box 6463, Boroko, NCD 111, Papua New Guinea
Present address: Student Services Department, University of Papua New Guinea, PO Box 320, University PO, NCD 134, Papua New Guinea

important than a person's rights in this situation?

The individual is protected so he or she continues to be sexually active and in some cases may be determined to "take as many" with him or her as possible.

The *Post-Courier,* Wednesday 13 September 1995, page 13, had an article entitled, "Vengeful Irish Woman Spreads AIDS – Priest". According to the article that woman slept with between 60 and 80 men. The case only came out because the priest was very concerned after one of his congregation members was tested positive.

Society consists of many individuals. Are we only concerned with one and forget about the rest of those individuals? Don't they have rights too?

4. Uniformity in the management of HIV/AIDS

Papua New Guinea needs a *handbook* that all health workers can use. The booklet can be similar to the one put out by the Fiji National Advisory Committee on AIDS.

It describes clinical presentations and has management guidelines. It identifies one person in the hospital who is in charge. This allows uniformity in the standard of care given and also provides the means of control.

It is suggested that STD staff ought to take over all cases of AIDS in the various wards. The staff can coordinate with the different specialists for medical and surgical problems.

5. Counselling

It is most important that all staff learn basic skills in counselling.

If we are genuine in trying to provide the best then let us communicate with patients using the most simple means and methods. We must use language that patients can understand.

We all know that HIV/AIDS has no cure – physical cure is nonexistent. However, spiritual cure is available through proper spiritual counselling. Spiritual counselling helps the patient to prepare for the end of life. HIV/AIDS patients are human beings who need to be accepted and loved and this is part of the counselling process.

Counselling is one of the most important parts of care. It is very important for all health workers to learn basic skills in counselling. Often we rely on social workers to do counselling. Why wait for someone else?

In Port Moresby General Hospital it is assumed that all HIV/AIDS cases have been counselled. This is not what is happening. I have been visiting several cases and, from what some staff have told me, the social workers have so many cases to attend to that they cannot see them all.

The situation needs critical review. The care of STD and AIDS patients should be brought together and be controlled from a central point. The staff can be trained to do counselling. These staff members should be given full responsibility for all STD and HIV/AIDS patients. They can be called upon to do pretest counselling and follow up cases on discharge.

I strongly suggest that counselling be included in the medical and nursing training programs.