

Counseling the patient with newly diagnosed HIV infection

This monthly series was developed from the AOA Task Force on AIDS Writers' Workshop, held August 16 to 18, 1991, in New York. The workshop was sponsored by an education grant from Burroughs Wellcome. It will provide brief clinical updates and perspectives on the human immunodeficiency virus (HIV). Readers may request tear sheets from the AOA editorial offices.

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Question

How do I counsel a patient who has just tested positive for HIV infection?

Answer

It is imperative that you communicate the results of HIV testing—whether positive or negative—in person to the patient. Inform the patient that all results are confidential and can only be released with the patient's permission or according to individual state law. Because the HIV-positive patient frequently faces discrimination in all facets of life (eg, employment, housing, and insurance), make every effort possible to safeguard against inappropriate disclosure.

Because of the gravity of the diagnosis, most persons whose test results indicate they are HIV-positive are unable to absorb any further information at the initial appointment. Therefore, schedule a follow-up appointment, and allot sufficient time during the second appointment for an assessment of the patient's immune status and for allowing the patient to

ask questions. During the patient's second visit, also assess the patient's psychosocial support system, and determine whether crisis intervention may be necessary. Also, realize that for many individuals, the diagnosis of a positive HIV state may estrange them from their families or support system. Therefore, encourage patients to bring spouses/lovers, family, or supportive friends to these appointments.

Evaluate the patient's understanding of the HIV test and knowledge of HIV disease. Explain to the patient that the test result is indicative only of viral status, not disease state. Inform the patient that HIV disease may be considered a chronic illness such as diabetes. Convey an attitude of cautious optimism and encourage the patient to see himself or herself as "living with HIV infection" rather than "dying with AIDS." Outline the goals of therapy and set reasonable expectations.

Of vital importance, give the patient detailed instructions regarding the avoidance of further HIV transmission. Be nonjudgmental in augmenting the patient's understanding of the factors that initially placed him or her at risk. Also, explain that it is crucial for HIV-positive couples to practice safe sex with each other to avoid reinfection with the virus. Counsel all HIV-positive women on birth control, and encourage HIV screening for sexual partners of HIV-positive patients and for children of HIV-positive women.

When counseling risk reduction, be aware of the cultural diversity and attitudinal differences regarding sexuality and drug use. It may also be appropriate to refer the patient for drug or alcohol counseling, or even for detoxification at this time. Encourage HIV-posi-

tive patients to inform their sexual partners or persons with whom they may have shared drug paraphernalia of their HIV status. It is important that the patient maintain a strong supportive network and that they give consideration to informing only those persons who will enhance this positive environment. If the patient is reluctant to inform partners, you may, depending on state law, offer to do so yourself or to delegate the task to the local health department.

Before encouraging patients to be tested, be aware of state requirements regarding the reporting of HIV-positive patients. Only provide testing in your office if you are able to provide adequate pretest and posttest counseling. If you feel that you are unable to provide this

counseling, then make an appropriate referral. Also, be aware of local agencies that provide care or assistance for HIV-infected persons so that you can make a timely referral for support services, economic assistance, or other needs.

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