**Ethical, Patients Bills of Right and Professionals Consequences of HIV/Aids Care/Neglect**

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***Abstract***

*AIDS is a syndrome that continues to generate fears, misconceptions, misunderstanding, and discrimination because of stigma, rejection and isolation. Respect for the dignity, privacy and confidentiality of anyone who seeks health care is a fundamental right. The client/patient therefore, has the right to considerate and respectful care and the right for his/her privacy and confidentiality maintained. However the clients/patient with Hiv/Aids is often denied these rights. T hey are usually discriminate against, made to go mandatory HIV testing and their serostatus testing revealed without their consent. These are violations of their rights and the healthcare provider who do such are not only violating the ethics of their profession, but could also be found liable by a court of law.*

**Introduction**

The standards of professional healthcare to clients or patients and or individuals or community is based or human needs and is therefore unlimited by considerations of nationality, social status, religion, race and medical diagnosis. The nurses and other healthcare provider have legal, ethical and professional duty to care for every person that requires such needs. A registered/licensed nurse or healthcare provider could be found liable if she/he fails to provide needed care or treatment and resulting in harm or injury to clients or patients.

In Nigeria, the control professional control bodies like nursing and midwifery council of Nigeria and the medical and dental council of Nigeria, handle with seriousness cases of professional negligence and unethical practices. Also in the past up till now healthcare has become increasingly become complexes and dynamics in nature, which has now lead to inherent professionals and ethical problems/dilemmas and concerns that healthcare providers has to contend with it.

**1.1 Aims and objectives**

**1.1.1 Aims**

The aim is to examine the patient’s bills of right and professional consequences of Hiv/Aids care and neglect.

**1.1.2 Objectives**

The objective of the study is to gather information about Hiv/Aids clients’ bill of rights and implications of Negligence by Nurse and other healthcare practitioners

**Literature review HIV/AIDS**

One of the areas of healthcare today that poses ethical dilemmas is the HIV /AIDS care. This is because despite the recognition human rights on HIV /AID clients. The disease is still associated with stigmatization, intolerance, rejection, fear of contamination and discrimination among healthcare provider, friends, family and society at large. These has resulted on human rights issue like the rights

to be informed consent, confidentiality of diagnosis and reporting voluntary, anonymous testing, voluntary disclosure of serostatus and partner notification and the right to be treated without discrimination for effective management HIV /AID care, the ethical issue and human rights has to seen as a hindrances to reduction an management of the disease factor, with increase awareness on the rights of the client it leads to formulation along governmental organization such as person living with HIV /AIDS (PLW HAS)in Nigeria to fight for their right.

According to John and Udomo 2003, state that the ongoing respect for rights remains an essential component of HIV /AIDS care all over the world. In an attempt to deal with these challenges and dilemmas there is a need to look at professional code of ethics for an insight into these challenges. The ethics of professional healthcare means accepting the covenants relationship of trust between the profession and the community. It brings about professional standards, anticipated expectation and norms of the profession and gives direction from reliable moral and clinical judgments in practice.

Just as the hippocrative oath guides the practice medical personnel; the code of nursing ethics guides the practice of nursing. Through the ethical code are rules and regulations regulating the practice of nursing and if found wanting might be liable for misconduct or breech of rights. Whatever the situation, place or country involved the code of ethics stipulates among other things that the nurse should do.

* Care for and relate with patients/clients in non-prejudicial, non-judgmental and non-discriminating manner.
* Give care that shows respects for client’s beliefs, choices and values.
* Safeguard clients privacy and confidentiality
* Provide professional care to clients who are in need

Another guiding principle apart from professional ethics are act or law and legislation which every country has its own laws or bill rights that guarantee patients to right to life, right to health, right to be free from discrimination and deranging treatment.

**2.1 Ethic o-legal issues in HIV/AIDS care overview of ethical principles**

There are three orderly recognized principles in bioethics that apply to both clinical and research ethics respect for persons, beneficence and justice, respect for person entails respecting the decision of autonomous person and protecting person who lack decision making capacity and there are not autonomous. It also imposes an obligation to treat persons with respect by maintaining confidences and keeping promises. Beneficence imposes a positive obligation to act in the best interest of patients or research participants. Lastly, justice requires that people be treated fairly. It is often understood to require that benefits and burdens be distributed for within society.

Though ethical principles are useful guideline that help to focus on this discussion cannot mechanically or rigidly applied, some exemption to the principles may be appropriate in particular cases, also they often conflict the principles must be interpreted in the context of specific cases.

* The principles are utilitarian perspective embodies the idea that acts should be evaluated according to consequences.
* The deontological approaches stress that research ethics should be guide by generalized rules or obligation.
* The virtues ethics focuses on the motivation or character of the actor, rather that the act itself etc.

Generally, the widely accepted international ethical guidelines do accepted the fundamental principles of autonomy, beneficence and justice. Another thing is patients ‘right which emanate from human right, constitutional rights, civil rights, consumer right and codes ethics of medical and nursing profession formed on the basis of rights is life.

The legal rights of an HIV /AIDS infected persons or clients and the ethical obligation of medical profession and general public has not received careful attention till date and so has not been precisely defines. There are questions like confidentiality, consent of the person before taking blood for HIV test, discrimination of the person infected with HIV infection for employment and various other issues.

Laws and medical ethics are disciplines with frequent areas of overlap. T he parameters of each are, however, district. Law is the established rule of for conduct, the violation of which may create criminal or civil liabilities while ethics is the identification of values. Ethics maintains what ought to be? Laws maintain has to be. T hey both share common goals of creating and maintaining social good.

The ethic legal issue examines how the law regulates medical practice. This is because today patients are becoming more aware of their rights and are prepared of challenging theirs. The patient/client with HIV /AIDS has the same as anyone else and so access to medical care is his fundamental right. The American nurses Association commented on the patients bills of right which also cover the HIV infected person. These are as follows:

* The right to considerate and respectful care and there is no dehumanization or degradation (standard 1 of the bill of rights).
* The right to expect that his request for health services is granted and therefore, to receive adequate treatment and care without discrimination (standard 7 bill of rights).
* The right to expect that all communications and records pertaining his care are treated confidential (standard 6 bill of rights and standard 2 of American Nurses Association ANA codes of ethics).
* The right to voluntary testing, however, negatives attitudes and beliefs and misconception about HIV usually limit the care gives ability to provide compassionate respectful and competent care for the clients with infected HIV /AIDS the care given to them is usually compromised with the care given either by judging and condemning clients or avoiding him, being unwilling to treat or care for him and there generally unto wards behaviours towards the client or patients.

**2.2 The right to non-discriminating care**

The patients’ bill of right, the International Council of Nurses (ICN) code of ethics and it documents on HIV /AIDS care stated that all nurses and midwives have a moral ethical, legal and professional responsibility to care for all patients including HIV infected person. The ICN codes of ethics stated that the primary responsibility of the nurse is to all people who require nursing care.

Despite these non-prejudicial and non-discriminating codes, care givers still tend to be unwilling to care for people suspected of or confirmed with HIV /AIDS due to fear of contagious. The diagnosis of HIV /AIDS as stressful because of the stigma often leads to rejection and isolation but when rejection is from healthcare providers. The patient stress becomes unbearable. And this is stated in the report of ICN conference on HIV /AIDS, we continue to hear stories of people with AIDS being shunned, isolated, refused medical treatment and stripped of their human and civil right that people already suffering, should be subjected to such indignity is intolerable and even more so when it occurs on healthcare institution by healthcare professionals who should know better.

According to Jackson and H inter (1992) stated that non-discrimination ought to be the rule in HIV /AIDS care, it is therefore a breach of code of ethics for nurse to refuse care for a person infected with HIV /AIDS. Whether such a practitioner is guilty of man slaughter depends on the degree of negligence. The right to voluntary testing of HIV serostatus HIV testing should be voluntary not mandatory and results should be personal and confidential. The world health organization and UNAIDS do not support mandatory testing whether for patients or for health workers as this is coercive, as such there is no moral justification for such healthcare providers to insist on patients undergoing HIV testing before treating them. Consent is a “condicio sine qua num” to the examination or testing the patients. The hospital cannot therefore take patients’ blood sample for HIV without patient informed consent.

Another aspect of HIV testing is the right to adequate pretest and posttest counseling of clients to prepare and support them mentally, emotionally and socially for the result. No individual should receive a positive result without proper counseling. Counseling helps to overcome negative reaction, encourages voluntary disclosure to sexual partners, assist the clients to make informed decisions and cope better with the health condition and thereby prevent further transmission of HIV .

The right of confidentiality and disclosure of serostatus in medical and nursing practice, confident information cannot be disclosed without the consent of the client/patient, unless where the disclosure is require by law or by order for a court or is consider necessary in the public interest. Confidentiality in HIV testing and report is important because of social stigma and subsequently discrimination and ostracization associated with HIV /AIDS.

**2.3 Ethical responsibilities of the nurse to care for HIV/AID clients**

The ethical and moral issues in HIV /AID care include the duty of nursing and midwifery personnel to provide care, and responsibility of HIV personnel to protect their parents and the community from harm related to transmission of disease. The responsibility to care for the sick is moral ideal and a distinguishing feature of nursing and other health professions that is part of the choice to join the profession.

In caring for people with HIV /AIDS nurses and midwives personnel may have misconception of the HIV /AIDS risk that interferes with ability to provide care. However they have moral and ethical responsibility to care for all people with or without HIV /AIDS or other disease. As the ICN code of ethics for nurses, “The nurses’ primary responsibility is to those people who require nursing care.

Healthcare workers do not pose a serious risk of HIV/AID and other blood borne disease to patient provided they adhere to basic principles of standard precaution. Despite the rarity of this form of transmission the ethical responsibility of HIV transmission to others must be defined. This means that personnel must adhere strictly to guidelines in their workplaces which may include voluntarily withdrawal from performing exposure prone and invasive procedures to avoid putting patients at risk. The ethical principles of doing good and doing no harm must constantly uphold.

To combat fear which is commonly associated to the misunderstanding of the mode of infection method of prevention, and/or other social stigma attached to HIV /AID, which the extent is disproportionate to the actual risk, and can result in denial or care or neglect of HIV /AID clients, with proper education strategies for nursing and midwifery personnel impact knowledge and skills, counseling caring for and where appropriate, a change attitudes and beliefs reduce the likelihood to stigmatize and disseminate clients.

**Methodology**

For this study the researcher decide to use non experimental or descriptive study. Data were collected using questionnaire with focus was on client right to care and negligence

**3.1 Technique for data collections**

The data was collected using questionnaire and checklist which focuses on gathering information on hiv/Aids clients and professional negligence.

**3.2 procedure for data collection**

**3.2.1 Source of data collection**

The dependability for this project were derived from primary and secondary source

**3.2.2 The primary source**

For the purpose of this study the data were obtain as briefly explain below

A Questionnaire Administration

B Oral Interview

**3.2.3 Secondary data source**

The data from secondary source came from existing works and including data obtain from writing thesis, internet site and official report.

**3.3 Sampling technique and sample size.**

The sample sizes were basically obtained from general Hospital Bida with reference to Hiv/Aids clinic. The sampling technique is systematic Random sampling technique which involved Administration of fifty (50) questionnaires to fifty (50) clients.

**3.4 Method of data analysis**

The data obtain were analyzed using Descriptive statistic

**Data interpretation**

From the result of data obtained, fifty questionnaires were distributed and all were retrieved without lost or Damage. Out of the fifty respondent 40% of the respondent fall within the age of 18-24 years, 60% of them were male and 60% were married, 90% understand what are Hiv/Aids

On the issue of patient Bill of right 75% of the clients understand and know what is patients of right, most of the clients about ninety percent(90% )were counsel before confirmation (pretest counseling),also 80% knows they have right to accept test or not. However 25% respondents had experience onto wards behavior by healthcare workers while discrimination was 20% .Some of the respondent about 50% of those whom experienced of discrimination and onto wards behavior seek disciplinary in the institution and legal redress and others do not due lack of awareness of their rights.

**4.1 Findings**

Based on the findings in the research it was discover that most clients has knowledge of what is Hiv/Aids and the patient Bill of rights, so mostly had pretest before being confirmed.

However for those who experience violation of the rights through on towards behavior and discrimination seek legal action or Redress. These goes in line with the statement of Jackson and H inter (1992) who stated that non-discrimination ought to be the rule in HIV /AIDS care; it is therefore a breach of code of ethics for nurse to refuse care for a person infected with HIV /AIDS. Whether such a practitioner is guilty of man slaughter depends on the degree of negligence. T he right to voluntary testing of HIV serostatus HIV testing should be voluntary not mandatory

**Conclusion**

In conclusion, the social problem associated with HIV/AIDS makes it difficult for HIV positive to willingly disclose their serostatus or avail themselves of the advocacy efforts of NGOs and human rights in both subtle and averts ways.

The nurse is the patients’ advocate and should ensure that the rights of the patient are not violated. She needs to look at the code of ethics of the profession for guidance in order to provide care void of litigation. There is therefore the need for the nurse to be adequately educated on both the professional code of ethics and legal aspects of practice.

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