

## ENHA Case Study Series: Disclosure of an HIV/AIDS Diagnosis

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**Setting:** A small health clinic in a rural setting in sub-Saharan Africa

**Scenario:** A man from a nearby village presents to a rural health clinic and reports symptoms of long-standing sickness. An expatriate physician working in the clinic examines the man with the help of a local nurse, who acts as an interpreter of the regional dialect. The patient explains that he recently went to a district hospital, where he was seen by doctors and had a blood test done. The patient was given a sealed letter by the doctors, who instructed him to deliver it unopened to his local clinic. The expatriate physician opens the letter and reads that the patient has tested positive for HIV. The patient is unaware of his HIV status and wants to know the contents of the letter.

The expatriate physician feels compelled to disclose the diagnosis and offer support to the patient, but is quickly stopped by the local nurse. She explains that revealing the test results would only serve to harm the patient, as there is significant stigma attached to HIV/AIDS within the community. She is concerned that the patient will be shunned by his village and that his wife may leave him. The nurse also points out the difficulty of accessing anti-retroviral medications in this remote region. The expatriate physician insists that he is obliged to disclose the patient's HIV status, but the nurse is adamant that she will refuse to translate the information to the patient.

**Analysis:** The Humanitarian Healthcare Ethics Analysis

**Tool (HHEAT)** is intended to facilitate discussion and deliberation for those involved in ethically challenging situations and will assist humanitarian healthcare workers in implementing well-considered decisions. Read the six steps listed above then proceed through the questions found on Page 2. They are designed to help you or your team structure reflection and deliberation on the ethical dilemma presented in the case study. You may skip questions that appear less relevant to the issue or explore dimensions pertinent to the context but not listed in the tool.

### Humanitarian Health Ethics Analysis Tool

- 1. Identify/clarify ethical issue:**  
What is at stake and for whom?
- 2. Gather information:**  
What do we need to know to assess the issue?
- 3. Review ethical issue:**  
Does information gathered lead us to reformulate the issue?
- 4. Explore ethics resources:**  
What can help us make a decision?
- 5. Evaluate and select the best option:**  
What options are possible and which is the "best" under the circumstances?
- 6. Follow up:**  
What can we learn from this situation and what supports are needed?

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Humanitarian Health Ethics Analysis Tool	
1.	Is it really an ethical issue? What is at stake and for whom? How is the issue perceived from different perspectives? When must a decision be made? Who is responsible for making it? What has been done so far?
2.	What information is needed to deliberate well about this issue and enable us to make a well-considered decision? What constraints to information gathering exist? Consider: a) Resource Allocation and Clinical Features, b) Participation, Perspectives and Power c) Community, Projects and Policies
3.	Does the process so far reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? Have our biases/interests affected how we see the issue?
4.	What values and norms ought to inform our decision-making? Consider: professional moral norms and guidelines for healthcare practice; human rights and international law; ethical theory; local norms, values and customs.
5.	What options are possible in this situation and what ethical values support each option? What consequences might result from each option? Can consequences, values and obligations be reconciled?
6.	What can we learn from this situation? What support do those involved need?

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**Disclaimer:** Case studies in the ENHA (Ethics Narratives in Humanitarian Aid) series are based on the reflections of humanitarian healthcare workers on ethical challenges experienced in the field. While the stories presented in the cases draw on real events and the accounts of real persons, many stories are composites in which similar experiences are woven together. In all of the stories, details such as names, dates, locations, career and life stage, gender, and profession have been changed, obscured, or omitted. Any resemblance the stories may bear to actual persons, places, and events is co-incidental.

While the stories often aim to show what the protagonist is thinking or feeling, the Humanitarian Healthcare Ethics Research Group's intent as the stories' author is not to suggest that the values and assumptions held by a story's protagonist are those of all or many humanitarian healthcare workers. Similarly, the values, opinions and actions of a protagonist or other actors in a story should not be understood to reflect those of, or be endorsed by, the Humanitarian Healthcare Ethics Research Group.