MIDTERM TAKE-HOME KEY: QUESTION 1

In this case, an apparently healthy young married man has blood drawn for HIV under deemed consent because a lab technician had a needlestick exposure to his blood. He requests not to be told and not to have the result sent to his chart. The test is positive.

This raises at least five ethical issues, some of which conflict in this case:

1. **Patient autonomy**: The patient has the right to determine what is done with his body and with his health information. Ordinarily, he would have had the right to refuse the HIV test and would generally need to sign informed consent documents to have an HIV test drawn. He has asked not to be told the result.

2. **Confidentiality**: The patient asked not to have the result recorded in his chart. He has not said or been asked whether he wants his wife to be informed.

3. **Justice/risk to innocent third parties**: His wife, any other sexual partners, and any potential children are at risk of contracting HIV as a result of sexual or perinatal/lactating contact. The illness could be prevented in the child by medication, and could be prevented (if she is negative) or abated in his wife and other partners if they are made aware of his HIV status.

4. **Truth telling**: The physician has a duty to give the patient the information he needs to make an informed decision. Has this patient truly made an informed decision, or was his “don’t want to think about it” statement a whim or impulse? Would he make the same decision if he knew how much longer and better he could live with treatment? if he understood that his family are also at risk and can be protected?

5. **Beneficence**: The physician also has a duty to do what is good for the patient's health. Knowing how much the patient's life and life expectancy can be improved by current treatment for HIV disease, the physician would have a strong wish to help this currently healthy patient.

These precepts conflict in several ways, including confidentiality versus justice/risk to third parties, autonomy versus justice, autonomy versus beneficence and truth telling. How you deal with this will be individual, but would likely include at least a face to face meeting with the patient in which you made sure that he understood the benefits of treatment and the risks to others and, ideally, obtained his consent to disclose the information to him.