

CASE #8

HIV STATUS AND DISCLOSURE

CASE PRESENTATION

Complaint

The hospital nurse caring for an insulin dependent diabetic status post recent amputation requests help in determining the responsibility to disclose or not disclose the patient's HIV positive status to home health nurses caring for his wound.

Medical History

The patient is a middle-aged, married man with children who has had insulin-dependent diabetes for about ten years. He is an ambulatory care patient at a small community hospital for management of his diabetes. He is well known to the staff and well liked by them. On this occasion, he presents with deep necrotic ulcers on one foot, and a decision is made to admit him for treatment and evaluation for possible amputation.

Recently, the hospital has instituted routine HIV testing for all admissions. The patient's initial blood work indicates HIV infection, and further testing (ELISA test and Western Blot) confirms the diagnosis. When the patient is informed, he admits to a past bisexual lifestyle. The patient disclosed his diagnosis and his sexual liaisons to his wife, and both are emotionally distraught. In addition to the life-threatening aspect of the diagnosis, they greatly fear the response of their community. They live in a small community, are active in civic affairs, and have children in the local schools.

The foot becomes gangrenous and the patient consents to amputation. Post-operative recovery is satisfactory, and the patient is ready for discharge. The discharge planning nurse is responsible for planning his home care. The wife is anxious about dressing changes and cannot look at or touch the stump. The discharge planning nurse decides that a home health visiting nurse is necessary in order for discharge to be feasible. The patient and his wife agree to this, but insist that the HIV diagnosis be confidential. They believe that information will leak and in this small community their reputations will be ruined. They state that they will refuse the services of a visiting nurse unless confidentiality about HIV status is maintained; they argue that they would rather cope with dressings as best they can and risk infection than have anyone else informed of the HIV status.

Is a referring nurse obligated to inform another professional about HIV status? Does a person who is HIV positive have a right to confidentiality? If so, what are the conditions or limitations of this confidentiality? Should the nurse meet the patient's conditions and refer him to a visiting nurse for care of the wound without disclosing his HIV status, or should she discharge him without services of a visiting nurse and run the risk of poor management of the wound, likelihood of wound infection, and further assault to his compromised immune and endocrine systems?