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Director, Ethics and Professional Affairs |
Directeur, Éthique et Affaires professionnelles
Canadian Medical Association | Association Médicale Canadienne

Sent via email: Cecile.Bensimon@cma.ca

Re: Section 4.2 – Draft Canadian Medical Association’s Policy on HIV

Dear Doctor Bensimon:

I write to you to express concerns regarding Section 4.2 of the draft Canadian Medical Association (CMA) policy on HIV. This proposed policy, that encourages and/or directs physicians to involuntarily disclose an individual’s HIV status to partners, is not only unnecessary, it has the potential to create harm by increasing HIV-related stigma, negatively impacting physician-patient relationships, and have ancillary impacts such as discouraging testing and seeking medical care.

By way of background, PAN is a proactive provincial network of 43 community-based and allied organizations working to address HIV, hepatitis C and related conditions. PAN facilitates communication and the sharing of best practices, and provides professional/workforce development and leadership training to members and people living with HIV (PLHIV). We provide face-to-face networking opportunities, research and evaluation; and undertake collective action to influence public perceptions and policies affecting persons living with HIV, hepatitis C and those most “at risk”.

Here in BC, Section 4.2 of CMA’s draft policy on HIV has been met with consternation and alarm by member organizations of the PAN network and by people living with HIV - as well as with affiliated organizations and agencies in public health including practitioners.

Partner notification has and should continue to be performed by public health clinicians - as it is these practitioners who have the capacity and training to undertake this complex work. It is essential that public health continue to be involved in partner notification – rather than it being the responsibility of physicians potentially working in isolation - as this policy suggests.

We also take exception to the wording of the policy – “if physicians *are confronted* with an *HIV-infected* patient *unwilling to inform...*”. Such language is archaic and singles out people living with HIV and stigmatizes them, which in turn may impact how people access health and social services they need. Sadly, HIV related stigma is an ongoing reality for PLHIV here in BC – PAN has been involved leading a province-wide, community-based research study called *BC People Living with HIV Stigma Index* and data collected indicates that 30% of study participants reported that they had avoided healthcare as a result of stigma or discrimination and 24% had avoided local health or social services when they needed them because of their HIV status. It is critical that any policy adopted by the CMA not in any way add to stigma but rather challenge it.

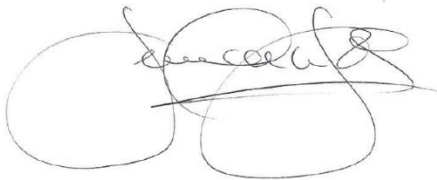
We suggest it is also essential that this proposed policy be read against the backdrop of the ongoing overcriminalization of HIV non-disclosure. Despite very progressive statements made by the federal government over the past two years (including the release of revised federal prosecutorial guidelines in December of 2018, Canada being the first country in the world to formally endorse the science of U=U) – this is still a country that continues to see the overly-broad use of criminal law in cases of alleged HIV non-disclosure, including charges of aggravated sexual assault, which leads to prosecution and terrible

consequences for individuals at every stage of the criminal justice process. People living with HIV are also often at a disadvantage in society due to poverty, exposure to abuse and violence, etc. non-consensual disclosure to partners can therefore lead potentially not only to criminal charges, but also to further violence – this is especially true for women living with HIV.

We do note that there are many areas of the proposed CMA policy on HIV that are truly positive and constructive. The CMA’s acknowledgement of the importance of addressing syndemics amongst people living with HIV, and the need to reduce stigma is greatly appreciated. We also applaud the positions being taken by the CMA in the draft policy that opposes both HIV criminalization and discrimination.

We strongly urge the CMA, however, to rework section 4.2 – ideally in consultation with people living with HIV as well as public health practitioners and clinicians with expertise in this area. And if there is anything that PAN can do to assist in this, please do not hesitate to reach out.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Evin Jones", written over a large, faint, circular watermark or stamp.

J. Evin Jones
Executive Director, PAN