

Can you keep it a secret?

CASE REPORT

WK Wong MBChB, MRCP, KYE Sha FHKAM, FRCP

Correspondence to: Dr Wai Kwan Wong, Room 8C, Block G, Department of Medicine and Geriatrics, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Hong Kong. E-mail: wwk854@ha.org.hk

CASE REPORT

In July 2010, a 69-year-old retired secondary school teacher presented to our hospital with chest pain after meals. There were also odynophagia, tiredness, and considerable weight loss (5 kg within 2 months). Physical examination showed diffuse, severe oral thrush, which was confirmed to be Candidiasis by throat swab. The patients had immigrated to Hong Kong from Shanghai in 2004 after her husband died of pneumonia and lived alone in a public housing estate. Her only child only communicated with her by phone occasionally.

She had a history of hypertension and dyspepsia. In January 2010, oesophagogastroduodenoscopy (OGD) revealed gastritis with a normal oesophagus. In March 2010, she had right herpes zoster ophthalmicus and was given acyclovir.

OGD revealed an oesophageal ulcer. Immunohistochemical staining of the biopsy confirmed cytomegalovirus (CMV) infection. CMV-pp65 antigenemia was confirmed by subsequent blood assay. Antibody for human immunodeficiency virus (HIV) was positive, which was verified by the western blot assay. She was already in the late stage of the infection. There were AIDS-defining illnesses, including oral candidiasis and CMV infection, and her CD4 count was only 63/ μ L. She reported that her deceased husband was her only sexual partner, and there was no history of illicit intravenous drug use, major operation or blood transfusion.

Cotrimoxazole was started as prophylaxis against opportunistic infections. Valganciclovir and fluconazole were also given to treat the CMV infection and Candidiasis, respectively. She was referred to the Kowloon Bay Integrated Treatment Centre, which is for ambulatory HIV patients taking anti-retroviral therapy.

The diagnosis, treatment plan, and prognosis of the disease were elucidated in details. She remained unruffled and understood the expected downhill course of the disease. She wanted to move to an aged home, as she felt continuous malaise and decline in self-care ability. The patient requested that medical staff not disclose her diagnosis to her daughter.

She sought help from social workers for aged home placement, but her application was rebuffed by a few private aged homes. The patient demanded that the medical staff and social workers not disclose her diagnosis when applying to home for the aged. Should this request be followed?

DISCUSSION

After the introduction of anti-retroviral treatment in 1996, HIV-infected persons live much longer. There are a number of new infections in the elderly population.¹ Elderly patients often suffer from a number of comorbidities and social problems (poverty and isolation). They become frail as their disease progresses, and require care homes or nursing homes for long-term care.

In Hong Kong, AIDS remains a notoriously stigmatising disease and affected patients are not 'welcomed' by institutions. The Hong Kong Council of Social Service conducted a knowledge, attitudes, behaviours, and practice study on AIDS among social welfare personnel in Hong Kong in 2001²; 31.5% of respondents preferred not to provide service for persons with AIDS. Many western countries provide institutions or home care programmes that are tailor-made for elderly persons with HIV. Similar programmes should also be implemented in Hong Kong.

Should we keep the diagnosis confidential as requested by the patient? According to the

fundamental principles of medical ethics, patient autonomy should always be respected. Breaching an individual's confidentiality against his/her wishes breaks the doctor-patient rapport, and in certain situations, may violate the personal data (privacy) ordinance and result in legal consequences. It is only acceptable to override such a request if the resulting potential hazard is detrimental to society, and the patient is not able to appreciate the consequence of their decision, in terms of beneficence to other patients.

If our patient fully understands the drawbacks of not telling the aged home workers about her diagnosis (e.g. lack of drug supervision and side-effect monitoring) and independently manages her own medications, her decision should be respected. Anyhow, the risk of infecting HIV via providing personal care and social contact is low if universal precautions are followed. However, the patient should be counselled to encourage discussion of her condition with the aged home workers—her caregivers. This could achieve better patient care,

decrease anxiety (for all parties), and in the worst case, ensure early blood test and prophylactic treatment be undertaken if direct contact with blood occurs (e.g. a needle stick injury). On the contrary, the management plan could differ drastically if she were not mentally capable of rational reasoning and decision, and/or she engaged in high-risk behaviour which could endanger the safety of others. The ethical guidelines of the Hong Kong Hospital Authority state that when the welfare of other health workers is endangered, it would not be unethical if those who are at risk of HIV infection are informed of the risk even without the patient's consent.³

REFERENCES

1. Leigh BC, Temple MT, Trocki KF. The sexual behavior of US adults: results from a national survey. *Am J Public Health* 1993;83:1400-8.
2. 香港社會服務聯會。香港社會服務聯會愛滋病支援服務計劃。本港社會福利工作人員對愛滋病的知識和態度之調查報告。二零零二年十月。http://druguids.socialnet.org.hk/Documents/kabp1.pdf. Accessed 10 October 2010.
3. *Ethical guidelines on HIV-related issues in HA*. Operation Circular No. 25/2008. Hospital Authority Head Office. 10 Nov 2008.