

Health professionals and HIV: Promoting health through fostering an inclusive and tolerant society.

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The decrease in the number of cases of Human Immunodeficiency Virus (HIV) worldwide reveals the great impact of interventions carried out by multisectoral organizations in more than 160 countries.¹ In 2015, the United Nations, the Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) formulated health strategies that aim to stop the progression of the disease and eventually eradicate it. This is a people-centered approach, based on the principles of human rights and health equity.²

Current scientific evidence has shown the importance of initiating antiretroviral treatment as soon as possible in all persons with confirmed HIV infection, regardless of CD4 count.³ However, in many countries with limited resources, such as Chile, this measure has not yet been implemented and the threshold to initiate antiretroviral therapy in asymptomatic patients is 350 CD4 lymphocytes/mm³.⁴ From a medical perspective, the provision of timely medical treatment has become an ethical dilemma.

The abovementioned problem is not the only one faced by patients and health professionals. In 2016, there was an increase in the incidence of HIV in Chile.⁵ These data shocked the population and encouraged the implementation of massive campaigns led by the Ministry of Health (MINSAL). One of the objectives of these campaigns was to improve access and adherence to treatment, promoting an inclusive and non-discriminatory environment. However, despite the enormous efforts made by the authorities, health professionals and civil associations, discrimination, lack of empathy and often rejection, brought HIV beyond the medical context and into a complex socio-cultural problem.

In this context, discrimination is understood as the unfair treatment received by People Living with HIV/AIDS (PLWHA) or by those believed to be infected with the virus.⁶ On the other hand, stigma, unlike discrimination, focuses on sensations and emotions, and does not necessarily provoke concrete reactions against HIV and PLWHA. One of the most relevant documents on this issue is the Political Declaration on HIV/AIDS issued by the United Nations. This document establishes the development of public policies that improve access to health and promote human rights to reduce the stigma, discrimination and violence associated with HIV.⁷

This document is in line with the vision defined by the WHO of “...zero HIV-related discrimination where people living with HIV are able to live long and healthy lives”.⁸

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The Pan American Health Organization and UNAIDS state that discrimination in health centers includes, among others, the use of unjustified safety or protective measures, refusal of treatment, unjustified referrals, and making provision of treatment conditional on taking HIV tests.^{6,9}

However, despite the fact that discrimination is considered a violation of human rights worldwide and is penalized by law, the practice of day-to-day discrimination is still present. The use of pejorative language is frequent among healthcare professionals and students.

The use of excessive safety and protective measures, instead of preventing accidents, hinders the work of health professionals and increases the level of risk. Therefore, the question of how much and what do health professionals know about HIV is very relevant. Knowledge is often the best tool to overcome prejudices and in the healthcare context it is undoubtedly the best tool to treat PLWHA. On the other hand, it is worth to verify if universities and public organizations actually provide the necessary knowledge so that their students and professionals in training work without fear, or if it is each individual's responsibility to get

trained in the subject.

We believe that higher education institutions have the responsibility to deliver knowledge to their students for the timely, ethical and non-discriminatory treatment of people with HIV. It is important to remember that the highest percentage of PLWHA are men who have sex with men or transgender women, and that disinformation with respect to gender identity causes mistakes, such as not addressing these patients by the name they feel identifies them best.

The Chilean government should promote campaigns for the prevention of AIDS as well as for promoting the use of condoms without moral or religious conditioning or prejudices that convey confusing and unrealistic messages. It should also inform the population that the HIV/AIDS epidemic is not confined to homosexual men or sex workers, as today it may affect any sexually active person who does not use adequate protective measures.

As members of a health team and part of this society, we make a call to reflect on what we are doing to provide our patients with effective medical treatment in an inclusive environment, free from discrimination.

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