

Sound Ethics in Health Care

Obtaining and Documenting Oral Informed Consent for HIV Testing

Narrator: Welcome to Sound Ethics in Health Care, from the Department of Veterans Affairs National Center for Ethics in Health Care. Today's topic: obtaining and documenting oral informed consent for HIV testing. The Veterans Health Administration is the largest provider of HIV care in the United States, with more than 26,000 HIV-positive Veterans enrolled in care. Dr. Lorenzo McFarland, Senior Public Health Program Manager in the Office of Public Health in VHA, says that VA's goal is to encourage every veteran to be tested for HIV at least once in their lifetime. However, testing must be done in accordance with informed consent requirements established in VA Handbook 1004.01.

McFarland: There are three things I want to highlight. First, oral informed consent is required prior to testing. Second, the provider provides Veterans with educational literature on the benefit of HIV testing. And then finally, document the oral informed consent in the Veteran's health record.

Narrator: Dr. Jonathan Hibbs, a physician at Jonathan M. Wainwright VA Medical Center in Walla Walla, Washington, has been caring for HIV patients for many years. He observes that HIV testing is ethically important for two major reasons.

Hibbs: In general, from a public health perspective, which is also a justice perspective for the ethicist, HIV is important to treat because it spreads to others, and it's important to identify case patients because they can be treated and the risk of infection to others thereby reduced. A second reason is for treatment of the patient for him or herself. When the HIV pandemic began in the United States, the patients were uncurable and to a large extent untreatable. That has changed, initially gradually and over the last 10 years quite markedly. At this point, there's no reason for HIV itself to mean a premature or early death if the patient is able and willing to take highly effective antiretroviral therapy. So beneficence now comes into play — we have something to offer these patients that really will significantly extend their lifespan.

Narrator: Dr. McFarland lists four potential harms of testing for HIV without obtaining the patient's prior consent.

McFarland: First of all, it goes against the fundamental value that patients have the right to decide about their medical care. Second, it could lead to loss of trust between the patient and provider and trust that the patient has in VA. It could lead to lawsuits if we perform a test without the knowledge of the Veteran. And then, let's say a Veteran gets an unwanted test and the result is positive. It could lead to unforeseen outcomes.

Narrator: ...Outcomes that could include significant mental health problems for the patient. Teresa Davis is the infection control nurse and HIV coordinator at Chillicothe VA Medical Center in Chillicothe, Ohio. She acknowledges that some patients may express reservations about getting an HIV test.

Davis: I tell them that getting an HIV test in 2014, or being requested to get one, is not an indication of lifestyle or anything else. I do not use words that might incite panic. I tell them that because some of the risk factors can be so innocuous, we ask everyone to get an HIV test. We're not singling anyone out, and that's how we handle it.

McFarland: We have created some resources to help providers. We have a VA-specific brochure that can be used to guide discussion with the Veteran. We also have an HIV clinical reminder that alerts providers during a clinic visit to Veterans who have not previously been tested for HIV. The clinical reminder documents in the electronic health record that either oral informed consent was given or the Veteran declined testing. So it takes care of the documentation for the provider.

Narrator: Elaine Taylor is a registered nurse and facility telehealth coordinator at Grand Junction VA Medical Center in Grand Junction, Colorado.

Taylor: When we started asking the clinical reminder of some of our 65 year old Veterans, they were taken aback initially. And then we provided the brochure, which I think is just very well-written. We got some funny looks, initially, from these older Veterans, and yet they were the most eager to say "yes" to the test then after being informed about it.

Narrator: Dr. McFarland.

McFarland: Today, we have about three-fourths of our VA facilities using the HIV clinical reminder, and over the last three years they have doubled the rates of HIV testing over the facilities that are not using the clinical reminder. So in a little over three years, we have almost tripled the number of Veterans tested for HIV. So we have moved from 9.2 percent to 25.7 percent. We still have a ways to go — we have more Veterans that need to be tested. And I would like to commend the medical staff at all of the VA facilities, because we provide excellent HIV care. Once Veterans are tested, we have a 99.9 percent linkage rate to care and retention in care. So it is very important for us to continue to test, and to have that test documented.

Narrator: For links to documents mentioned in this podcast, visit www.ethics.va.gov/soundethics_podcasts.asp. If you have a topic that you would like to see presented in a podcast, send an email to yhaethics@va.gov. Sound Ethics in Health Care is brought to you by the Department of Veterans Affairs National Center for Ethics in Health Care.