AIDS: Family Physicians' Attitudes and Experiences

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A study was developed to examine the current experiences and opinions of a national sample of family physicians with regard to acquired immunodeficiency syndrome (AIDS). The survey response rate was 72.5% (757 questionnaires were returned out of a sample of 1044). Approximately 47% of respondents have cared for an HIV-infected patient. This percentage varied from a low of 31.4% in the Midwest to as high as 56.1% on the East Coast. Thirty-two percent of family physicians practicing in communities of fewer than 2500 have dealt with this illness, while 60% of those in communities of greater than 100,000 have done so. Seventy-seven percent of respondents are willing to provide care to HIV-infected individuals; 62.9% believe that physicians have a right to refuse to care for a patient because he or she is infected with the AIDS virus. Forty percent believe that they would lose patients if it were known that they were caring for an AIDS patient in their office. Finally, the vast majority of those surveyed favor required partner notification and would inform the sexual partner of an HIV-positive patient if the patient refused to do so. *J Fam Pract 1991; 32:71-75.*

Few medical issues have elicited the concern and attention that have been focused on acquired immunodeficiency syndrome (AIDS). One is hard pressed to read a newspaper or magazine without encountering one or more AIDS-related articles. Although publicity is widespread, little doubt exists that misconceptions and prejudice in regard to this disease are equally widespread.

As primary care providers, family physicians stand on the front lines in the effort to provide compassionate care to patients infected by the human immunodeficiency virus (HIV). The American Academy of Family Physicians has stated, "Family physicians should be prepared to provide screening, diagnosis, treatment, prevention education and counselling for patients and their families, as well as to participate in planning, development and presentation of local programs."[1] One could legitimately ask, however, exactly what family physicians' experiences have been with this illness. Is this an illness seen primarily by physicians in urban areas, or is it a concern for rural physicians as well? In addition, since family physicians will be called upon to provide care to AIDS patients, one might wonder what family physicians' attitudes are regarding the various controversies surrounding the ethical issues this illness has raised. The purpose of this report is to describe the results of a national study of practicing family physicians to explore the current experiences and attitudes held by family physicians concerning the care of HIV-infected patients.

Methods

During the spring and summer of 1989, a questionnaire was mailed to 1044 randomly selected, active members of the American Academy of Family Physicians (AAFP). The survey instrument posed 13 questions that covered both sides of one standard page. All subjects were sent a questionnaire at the first mailing, with only nonrespondents receiving questionnaires at successive mailings. The second and third mailings were spaced at approximately 4-week intervals.

The questionnaire requested an opinion on a number of issues and controversies surrounding the care of HIV-infected patients. Each of these questions was closed-ended, allowing a "yes" or "no" response only. Among other questions, the following were included:

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Have you personally cared for an AIDS patient in your practice?

Are you currently willing to care for an AIDS patient in your office?

Do you believe that you would lose, or have trouble attracting, patients if it were known that an AIDS patient was seen in your office?

Do you believe that a physician has the right to refuse to provide care to a patient because he/she is infected with the AIDS virus?

Do you believe that AIDS antibody test results should be withheld from nonphysician personnel caring for the patient for reasons of patient confidentiality?

Should Public Health Departments track the sexual partner(s) of an AIDS-antibody positive patient as is done with other sexually transmitted diseases?

In addition to these and other questions centering on specific controversies concerning HIV disease, respondents were asked to estimate the size of the community in which they practice, estimate the risk of a family physician contracting AIDS from the routine care of an HIV-infected patient, and give an opinion as to what they consider the single major health care problem faced by this nation today. With regard to physician risk of contracting AIDS, respondents were given five response choices: very high risk, high risk, moderate risk, low risk, and very low risk. The question concerning the major health problem faced by this nation included 11 randomly ordered issues that have received widespread publicity, such as infant mortality, control of health care costs, cancer, AIDS, and drug abuse. In addition, respondents could choose an "other" option and note their opinion.

Results

Of the 1044 questionnaires sent to active members of the AAFP, a total of 757 were returned, producing a response rate of 72.5%. The proportion of respondents from each region of the nation and community size mirrored almost exactly the entire membership of the AAFP as provided by that organization. Six respondents failed to notice that the questionnaire had several questions on the reverse side and filled out only the front side of the questionnaire. These six questionnaires were, therefore, eliminated from the study. Although the questions did not include a "no response" option, several respondents chose not to answer one or more questions. Since this decision appeared to be purposeful on their part, this information was noted and is included in the accompanying tables.

Table 1. Major Health Care Problems as Identified by Family Physicians

Item	Percent Identifying Item as the Major Health Care Issue
Control of health care costs/government involvement	23.2
Drug abuse	17.9
AIDS	13.5
Lack of affordable health care insurance to the uninsured	11.8
Tobacco use	11.7

NOTE: Item 1 significantly greater than items 2–5, P < .001. Item 2 significantly greater than items 3–5, P < .05. Items 3–5 not significantly different.

Although AIDS has justifiably received overwhelming attention in the media, this sample of family physicians ranked it as only the third major health problem faced by this nation (Table 1). The control of health care costs and the government's role in that process was considered the leading health care problem, followed by drug abuse. In fact, the difference between the percentage of those choosing AIDS as the most important health care issue and the percentage of those choosing concerns about tobacco use and the lack of affordable health care insurance to the uninsured did not reach statistical significance. Moreover, AIDS consistently ranked third regardless of the community size or the region of the nation in which the respondent's practice was located.

That AIDS was ranked as the third major health care problem was not the result of lack of family physician exposure to patients with this illness. Approximately 47% of family physicians reported having cared for at least one HIV-infected patient in their practice (Table 2).

Table 2. Family Physicians Caring for HIV-infected Patients, by Community Size and Location (N = 751)

Community Characteristics	Percent Who Have Cared for an HIV-Infected Patient
Population	
<2,500	32.3
2,501–10,000	31.4
10,001–25,000	39.0
25,001–100,000	50.5
>100,000	60.0
Location	
East Coast	56.1
Midwest	31.8
South	49.5
Plains/Mountains	51.1
West Coast	43.9

All study respondents, 46.6%.

Table 3. Opinions and Attitudes of Family Physicians (N = 751) Regarding HIV-infected Patients

Opinion or Attitude	No Response	Percent of Respondents	
		Yes	No
Willing to provide care to HIV-infected patients	11	77.3	22.7
Would lose or have trouble attracting patients if treating AIDS patients	17	40.2	59.8
Physicians have right to refuse to provide care to AIDS patients	12	63.9	37.1
HIV test results should be withheld from nonphysician health care providers	8	15.2	84.8
Sexual partner should be tracked by public health departments	3	97.7	2.3
Sexual partner has right to know	5	99.2	0.8
Would inform sexual partner if patient refused	35	80.7	19.3
Support mandatory premarital HIV testing	8	56.1	43.9
Have personal health concerns in treating AIDS patient	4	60.4	39.6

NOTE: All above proportions are significant at the $P < .001$ *level.*

This percentage varied from a low of 31.4% in the Midwest to 56.1% in East Coast physician practices.

The size of the community in which a physician practiced affected the likelihood of that physician having cared for an AIDS patient. Rural practices, however, are certainly not immune to this epidemic (Table 2). Whereas 60% of family physicians practicing in communities of greater than 100,000 have cared for at least one HIV-infected patient, almost one third (32.3%) of physicians practicing in rural areas have also treated patients with this illness.

As previously mentioned, 46.6% of the family physicians surveyed have treated at least one patient with this infection, and a total of 77.3% stated that they were willing to do so (Table 3). This response was found even though 60.4% expressed personal health concerns over treating AIDS patients, and 40.2% believed that they would lose or have trouble attracting patients if it became known that they were seeing AIDS patients in their office.

Although the vast majority of family physicians would provide care to these patients, approximately 63% supported the right of a physician to refuse to provide care to a patient because the patient is infected with the human immunodeficiency virus. When asked to estimate the risk of a family physician contracting AIDS from routine care of an HIV-infected patient, approximately 78% of respondents reported that this risk was low or very low. Seventeen percent felt that the risk was moderate, while 4.7% felt that it was high or very high.

This study also broached some of the current controversies in the suggested approach to the control of this disease utilizing disease surveillance methods. Ninety-eight percent of respondents believed that public health departments should track the sexual partners of HIV-infected patients, and 56% favored mandatory premarital testing for the HIV virus.

Concerns regarding patient confidentiality were also raised by this questionnaire. Only 15% of respondents felt that HIV test results should be withheld from nonphysician health care providers for reasons of patient confidentiality. Ninety-nine percent of respondents believed that sexual partners have the "right to know" about their exposure to the human immunodeficiency virus. When asked what the response would be should an HIV-positive patient refuse to inform a partner of his or her HIV exposure, 81% of respondents stated that they would feel morally obligated to notify the partner. The remaining 19% would not inform the partner, as to do so would, in their opinion, represent a breach of patient confidentiality. It is interesting that 35 respondents refused to answer this question. This question had by far the largest no-answer rate.

Discussion

Perhaps the most striking aspect of this study is the finding that, by mid-1989, 46.6% of the practicing family physicians surveyed reported having treated at least one HIV-positive patient. This figure might even represent some degree of underreporting, as the survey used the term *AIDS patients* rather than the more general *HIV-infected patients* on this question. The term *AIDS patients* was used because the wording has a more general recognition and because most authorities now believe that all persons infected with HIV will eventually develop AIDS.[1]

Almost as startling is the finding that nearly one third of family physicians practicing in rural America reported having dealt with this illness. Clearly, the AIDS epidemic is reaching the practices of family physicians regardless of geographic location. These findings give a clear mandate to family practice residency programs to assure high-quality training for their residents in the management of this illness. It also implies that family physicians currently in practice will increasingly need to become proficient in the management of AIDS through continuing medical education programs.

Forty percent of family physicians reported that they believed their practices would be adversely affected were

it known that they cared for an AIDS patient in their office. This concern seems realistic given the recent study by Gerbert et al,[2] who found that one in four patients would seek care elsewhere if their physicians were known to be treating patients with HIV disease. It is encouraging, however, that despite this fear of losing patients, 77.3% of respondents indicated a willingness to provide care to AIDS patients. This percentage of physicians indicating a willingness to treat HIV-positive patients is similar to that obtained by other surveys.[3,4]

The questionnaire did not request reasons why physicians would choose not to provide care for HIV-positive patients. One suspects, however, that either a lack of adequate knowledge of this disease or a concern for personal health risks were the major factors. That 60.4% of respondents indicated at least some degree of personal health concerns in treating AIDS patients suggests that fear of contracting the disease is a factor in this decision process. Although the majority of respondents suspected that the risk of contracting AIDS from routine care of an HIV-infected patient is low or very low, a total of 21.3% felt that the risk is moderate or higher. Since recent studies indicate that this risk is, in fact, extremely low, further education of physicians may be needed.[5–11]

The finding that 62.9% of respondents believed that physicians have the right to refuse to care for a patient solely because the patient is infected with HIV is at odds with the American Medical Association (AMA) position, which states that physicians may not ethically refuse to care for a patient based on this criterion.[12] Although some physicians may refuse to care for HIV-infected patients because of inadequate knowledge of the disease, family physicians should acquire the skills necessary to care for these patients. The protocols for treating HIV infection are straightforward and easily obtained. As the HIV virus continues to spread, the increasing numbers of infected individuals are likely to overwhelm the ability of infectious disease specialists to provide comprehensive management for all HIV-infected patients, and the responsibility for treating these patients will fall on those in primary care. With probably no other illness do family physicians refuse even peripheral involvement by saying they are "not qualified to give care."

Although confidentiality of HIV test results is well accepted, the majority of respondents would inform allied health personnel caring for their patients of the HIV test status. Obviously these physicians were willing to risk breach of confidentiality in an effort to protect their support personnel.

Of interest is the finding that 56.1% of family physicians supported mandatory premarital HIV testing. The experience in Illinois clearly shows that this means of controlling the spread of AIDS is inefficient.[13] There, during the first 6 months of mandatory testing, only 8 of 70,846 applicants for marriage licenses were found to be seropositive. The estimated cost was approximately $300,000 for each seropositive individual identified. The Director of the Illinois Department of Public Health concluded that "mandatory premarital testing is not a cost-effective method of controlling the HIV-infection."[13] The AAFP has recently gone on record as opposing premarital HIV testing.[1]

The overwhelming majority (97.7%) of respondents supported the tracking of sexual partners of HIV-infected individuals by public health departments. Though widely accepted as a means of controlling other sexually transmitted diseases, contact tracing has received limited attention in regard to the control of HIV infection. Obviously, contact tracing would be of benefit if it resulted in safer sex practices by individuals who know they have been exposed to the HIV virus. Several, but not all, studies have presented data to support the assumption that people will adjust their sexual practices based on knowledge of HIV test results.[14–19]

The major controversy over contact tracing centers on the concern that keeping lists of HIV-infected individuals could lead to widespread discrimination. It has been suggested that this potential for discrimination may lead at-risk persons to avoid counseling and testing programs and might even result in greater underdiagnosis of the disease.[20,21] Kegeles et al[22] have reported that only one third of 574 homosexual men would consent to HIV testing if reporting results to public health officials were required. Although experts differ on this issue, it is noteworthy that such a controversial aspect of this disease carried strong support from the study respondents.

Perhaps the most controversial aspect of this study revolves around the question asking respondents' reaction to an HIV-infected patient's refusal to inform his or her sexual partner. Although 99.2% of respondents felt that the partner had the "right to know," 80.7% would feel morally obligated to inform the partner against the patient's wishes, whereas 19.3% would refuse to break physician-patient confidentiality. This controversy has generated numerous articles addressing the issue of appropriate physician response to this dilemma.[23–30] Most agree with the majority of the respondents in this survey. The AMA has, in fact, taken the position that if efforts to persuade an HIV-positive patient to "cease endangering a third party have failed," the physician should notify and counsel the endangered third party.[31]

The results of this study give insight into the experiences and opinions of family physicians with regard to the HIV epidemic. It should be emphasized that, like other surveys, this study is limited to what respondents think concerning the issues discussed above. What actu-

ally occurs in physicians' offices could be ascertained only by actual observation of the physician-patient encounter.

Certainly the opinions of practicing physicians need to be heard by those formulating policies in the fight against the spread of AIDS. While researchers, epidemiologists, and experts in ethics may be in the best position to define such policies, it will be the primary care physician who will be asked to implement them. In the same vein, primary care physicians should be willing to accept their responsibility to care for HIV-infected individuals. Physicians must receive the education and training necessary to meet these demands. Particular emphasis may need to be placed on reassuring physicians that the likelihood of contracting this virus from the routine care of HIV-infected individuals is extremely remote.

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