



Routine testing for HIV

The medical profession has not been blameless in fudging issues around the HIV/AIDS pandemic. We have given in to the conspiracy of silence, denial and stigma by our responses in endowing it with a status quite different to other diseases. It has been argued that treating it as we do other diseases, enabling people to be aware of their status, acknowledging the HIV-positive status of prominent leaders and generally demystifying the disease, would go a long way to reducing the tyranny of stigma currently experienced by so many sufferers. The ethical and legal implications of routine testing for HIV are addressed by David McQuoid-Mason in support of a much more 'normal' approach to our handling of the pandemic (p. 416).

Judge Edwin Cameron has suggested that an approach should be adopted whereby people receiving medical treatment should have their blood automatically tested for HIV unless they specifically opt out from doing so. He argues that this can be done provided three conditions are satisfied: (i) antiretroviral treatment must be made available for offer to the patient; (ii) there must be assurance that the consequences of diagnosis will not be discrimination and ostracism; and (iii) the patient must be secure in the confidentiality of the testing procedure and its outcome. This 'opt out' approach requires less extensive counselling and treats the test like any other sexually transmissible infection, such as the routine testing of pregnant women for syphilis.

Research has shown that adoption of the 'opt out' approach could reduce public resistance to HIV testing and increase the number of people who know their HIV status. It is submitted that such an approach is consistent with the basic biomedical ethical principles of patient autonomy, beneficence, non-maleficence and justice. Such testing is also in line with the constitution and other laws (and is increasingly supported by informed medical leadership).

Falling teenage fertility rates

Many privileged South Africans have correctly been seen as incurable whingers about the appalling state of our society. Crime often tops the list, although there is evidence that progress is being made in reducing this. Another negative perception is that teenage fertility is spiralling out of control, in part because it offers people in desperate financial circumstances access to the Child Support Grant (CSG). Not so, say Moultrie and McGrath in their analysis of teenage fertility rates in South Africa (p. 442).

Teenage fertility rates reached a peak of over 100 births per 1 000 women in 1992 and 1995, and have declined consistently since 2001 to a level of 73 per 1 000 in 2005. They found no perverse incentives for childbearing as a result of the CSG.

The fixation on teenage pregnancy and the CSG represents an unnecessary and counterproductive diversion from the real issues surrounding teenage fertility and pregnancy. Becoming pregnant requires unprotected sex, meaning exposure to HIV and other sexually transmitted diseases. In a country where 15% of teenage women, and no fewer than a third of those who are sexually active, have been pregnant, the real challenge is not the purported drain on the fiscus, but how to make contraception more widely available to teenagers, reduce the disruption to schooling and livelihoods occasioned by early and unwanted pregnancy, and protect South African youth from HIV infection. This debate also detracts attention from efforts to increase the proportion of eligible children who successfully access the grant, allowing it to fulfil its intended purpose, one of the positive associations of which is with increased school enrolment.

Early antiretroviral treatment in patients with TB

With the HIV epidemic in South Africa TB notification rates have shot up dramatically. As ART clinics have been established, TB has emerged as a key clinical problem within these services.

The pros and cons of early or late commencement with ART are analysed by Stephen Lawn and Robin Wood (p. 412). The HIV/AIDS and sexually transmitted infections Strategic Plan for South Africa offers new hope to the millions who are living with HIV and sets important targets to improve joint management of TB and HIV. To enable our clinical services to provide better care for those with both diseases, the authors suggest that the South African national antiretroviral treatment guidelines for the use of ART in patients with TB should be updated to recommend earlier initiation of treatment. Moreover, stronger efforts should be made towards greater integration of TB and ART services.

Hoffenberg

Two obituaries (Saunders, p. 432; Kirsch, p. 434) pay tribute to the life of Bill Hoffenberg, an outstanding medical scientist and physician who was lost to South Africa during his most productive years due to vicious political pettiness. Among the lessons are that organised medicine is not good at supporting colleagues (witness the traumatic experiences of some who more recently tried to provide treatment for HIV patients before the courts forced the state to do so), and lack of recognition of the roles of many whites in opposing apartheid.

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