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Access to medical services of seropositive people in Romania. The perspective of HIV-AIDS specialists

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Abstract: HIV infection and AIDS have long had ramifications that transcend medical boundaries. With psychosocial implications, HIV-AIDS is becoming one of the longest-lasting pandemics in modern history. The stigmatization and blaming of HIV-positive people in Romania not infrequently affects the quality of their medical care. Also, certain providers may not have had the opportunity to care for HIV-positive people. Sometimes medical staff may be insufficiently informed in treating and caring for people affected by HIV-AIDS. However, from the perspective of HIV-AIDS specialists, medical care is offered to all HIV-positive people.

Keywords: HIV, medical care, discrimination, refusal, medical personnel

Introduction

The negative behaviour of certain medical service providers when affected people reveal their diagnosis of HIV infection can be difficult to understand. Lack of knowledge about HIV transmission and

management by health care providers who do not specialize in HIV infection may be the result of poor medical education, taking over outdated customs. It is important that health care providers are well trained and informed about HIV in order to provide support and health care that can reduce discrimination caused by the disease (Donnelly, 2016). Access to medical services can become a real challenge for this category of beneficiaries. In order to improve access to medical services and implicitly the health status of the beneficiaries, it is important to consider the perspectives of this population category so that we can understand the current problems (Asghari, 2018). Even in this context there are a number of positive effects regarding the increased awareness and priority given to public health by governments and the expansion of social services for people living with HIV-AIDS. In many countries, infrastructure and laboratories have been strengthened, and in others primary medicine has been improved (Yu, 2008). However, when we talk about poor countries such as those on the African continent, HIV-AIDS prevention programs or social protection and care cover only a small part of the population due to high costs. HIV-AIDS services in this region being available only in large cities covering a small number of beneficiaries (Binswanger, 2000). Often dealing with the diagnosis of HIV-AIDS can lead to PRESSURE some cultural policies oppressive (Singer, 1994).

For example, in the case of groups with risky behaviours such as injecting drug users or gay people it is desired to change their public image in order to gain support but also to reduce the distance towards civil society (Velimirovic, 1987). Due to the stigmatization and unfavorable prognosis of HIV infection, affected people end up being part of NGOs that aim to fight for their rights and freedoms regarding access to treatment, financial and legislative support with the aim of combating discrimination and social stigma (Brashers, 2002).

The sociology of the dynamics of this epidemic it made it a shunned topic in discourses about sexuality, race and gender by placing the disease in the sphere of the body politic (Govender, 2017). The question arises why the attitude towards HIV infection or AIDS is totally different from other diseases or infections. Issues debated by public health policy in health education programs such as indoor smoking or other chronic diseases are not viewed as problematic but rather as general (Ornstein, 1992). However, the determination of causal relationships within the social context cannot be reduced to a single variable that strictly refers to a "social epidemic" (Bannister-Tyrrell, 2020). Emotionality and political manipulation are real threats to the rational approach to HIV-AIDS prevention (Moatti, 1988).

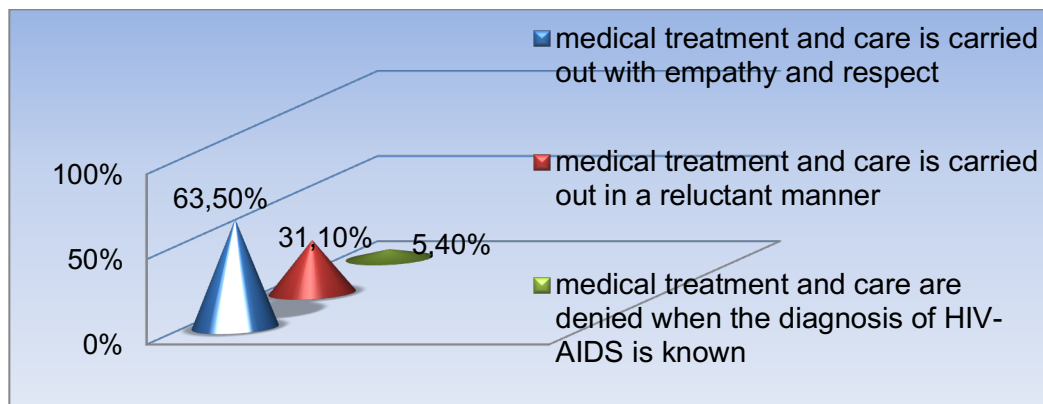
Research Results

During the research, 74 specialists active in the field of HIV-AIDS at the national level participated. Specialists come from medical, social and administrative backgrounds with expertise in the treatment and management of HIV infection and AIDS. They can have various specializations, such as: infectious disease doctors, nurses, psychologists, counsellors, sociologists, social workers, or researchers. The research was carried out at the national level between February 1, 2022 and July 7, 2023 through the sociological survey method based on an online self-administered questionnaire. The research question

from which the entire investigative process started is: Are the members of the medical staff prepared to treat HIV-positive people in Romania?.

Figure 1

The attitude of medical staff towards PLHIV (%)



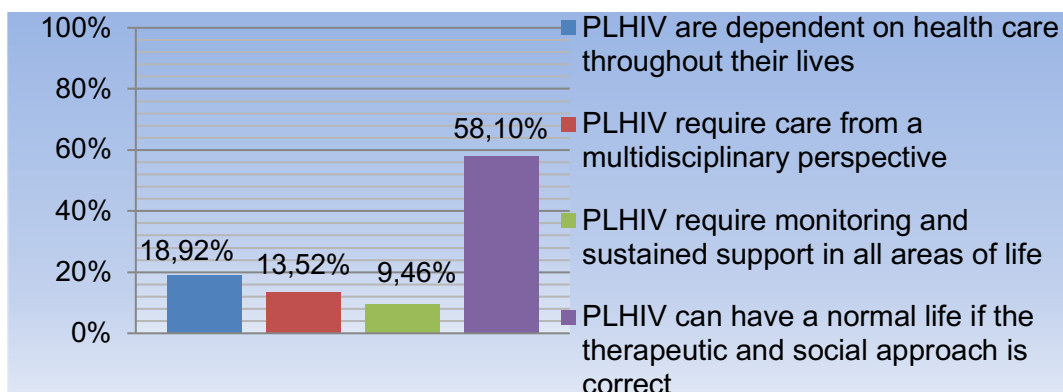
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When they were asked about the attitude of the medical staff when treating and caring for an HIV-positive person, most of the specialists, over 63%, stated that currently the medical treatment and care provided are carried out with empathy and respect towards PLHIV, there being no risk of be discriminated against within the health network .

However, on the same question, the specialists in the field of HIV-AIDS think, in a proportion of approximately 31%, that despite all the measures and progress made in the health system, medical treatment is carried out conditionally, with reluctance and fear on the part of the health staff when a person discloses his or her serological status. In a rather low percentage of only 5%, the respondents are of the opinion that currently we still encounter situations in which medical treatment and care is categorically refused by the medical staff in the case of HIV-positive people. Following the application of the questionnaire to professionals in the field of HIV-AIDS, it was found that they affirm that they fulfil their ethical obligations, even in the context of a lack of resources. However, there is still discriminatory behaviour and attitudes towards HIV-AIDS patients in a significant proportion of medical staff.

Figure 2

The perception of HIV-AIDS specialists regarding HIV-positive people (%)

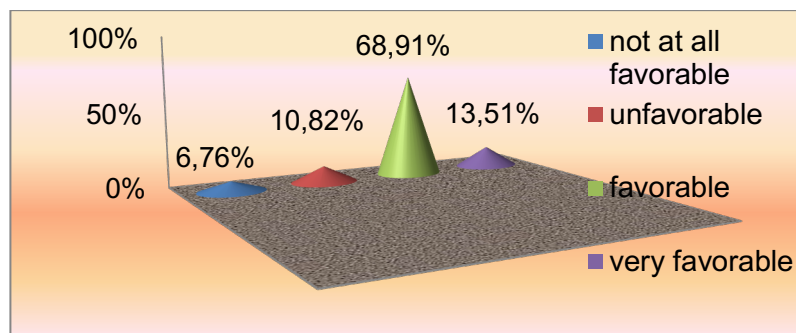


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The interviewed professionals stated that these people can lead a normal life without great particularities if the therapeutic and social approach is carried out correctly. Thus, over 58% of specialists believe that an HIV-positive person is as entitled as any other person to have access to medical services, which would create the necessary conditions for a life as close to normal as possible. Due to the chronicity of HIV infection, more than 18% of subjects believe that people affected by this disease require a long-term therapeutic approach throughout life, requiring periodic monitoring and treatment that is adapted according to the evolution of the disease. It is known that once antiretroviral treatment is started, it should not be interrupted, and its effectiveness should be correlated with laboratory test values (viremia and CD4). Thus, due to the chronicity of the disease, PLHIV people practically remain dependent on medical services. What is interesting in the analysis of this question is the fact that a rather low percentage of respondents of only 13% are of the opinion that HIV-positive people need care within multidisciplinary teams. As we reminded throughout the paper, this disease has far exceeded the medical boundaries becoming a socio-cultural, educational and professional stigma.

Figure 3

Evolution of PLHIV people in Romania in the next 15 years (%)

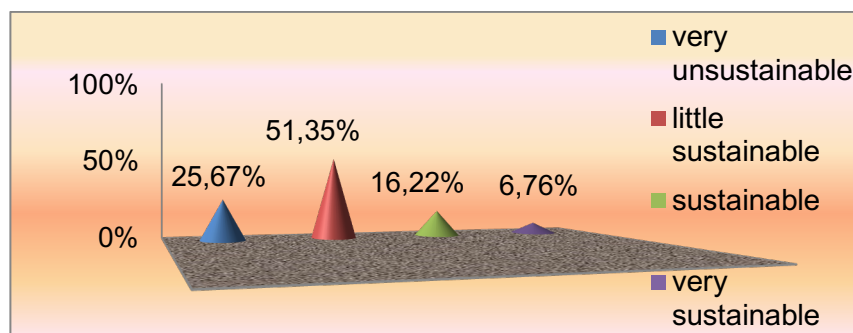


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The dramatic post-December history of infected children in Romanian hospitals and orphanages offered a grim perspective on the disease, often deadly and cruel. The evolution of HIV infection towards a disease that becomes manageable and treatable in the long term creates a new perspective on PLHIV in our country. Compared to 30 years ago when a diagnosis of HIV-AIDS meant a death sentence, today we are talking about long-term survivors. The evolution of treatment has made a decisive contribution to how HIV-positive people are viewed today. Asked how they see the evolution of PLHIVs in the next 15 years, almost 69% of the subjects believe that we are witnessing a good evolution, and the future offers promising prospects. Specialists consider that the favourable evolution will be primarily influenced by therapeutic comfort, grace to the development of new active substances, effective and easily tolerated by the beneficiaries. A percentage between 6%-10% states that the evolution of PLHIV persons in Romania will have a negative or very negative trajectory. This pessimism of some specialists can of course be fuelled by the poor management of the governors regarding the allocation of budgetary resources needed for the National HIV-AIDS Health Program in Romania .

Figure 4

UNAIDS 95-95-95 objectives reported in Romania until 2025 (%)



Source: generated by the author

A quarter of the respondents believe that these objectives become impossible to achieve in the current situations, let alone by the year 2025, and due to the fact that we have beneficiaries who are effectively lost from the hospital records.

About 16% of specialists are more optimistic, considering that if efforts are channelled in this direction, the UNAIDS goals can be achieved by our country. A little over 6% of the professionals surveyed believe that this effort is becoming very sustainable for Romania, and thus we can align ourselves with the requirements and objectives proposed by UNAIDS.

Conclusions

Following the dimension analysed, HIV/AIDS specialists from Romania think that in most situations encountered, the medical act is carried out with empathy and respect towards PLHIVs. However, within the medical dimension, rather worrying aspects have been identified that we must take into account. A first aspect is that of the evolution of the phenomenon at the level of our country, which, despite all efforts, new diagnosed cases appear. Another worrying aspect is due to the absence of national education programs among the general population. Most programs being run by patient associations or specialized NGOs, thus feeling an acute lack of information among the population. This situation creates even more the phenomenon of discrimination and stigmatization of people affected by this disease due to collective panic and the lack of information from approved sources

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