

Telling Stories

When Silence Isn't Golden

Jacqui Scipio-Bannerman, RNC

Ring...

"Hello, this is Jacqui, can I help you?"

"Miss, I am HIV-positive, and I passed the virus to my 17-year-old son at birth. He got one of your patients there at the clinic pregnant and he won't tell her that he is infected with the virus." She sighed and went on. "I don't know her last name but her first name is Angelica, and she is 16. Miss, that baby is my grandchild."

I asked the caller again how I could be of assistance to her. I explained that HIPAA (Health Insurance Portability and Accountability Act) laws mandate that I must not discuss any patient information. Then I thanked her for calling and placed my head on my desk.

I know Angelica. She is the sweetest little thing. She is also very excited about her first pregnancy. To make matters worse, she recently told me that she had "broken up" with her

child's father. To translate that into the current generation Y vernacular, she was no longer in a relationship with her "baby daddy."

My mind was reeling as I thought of all the consequences, probabilities, and possible outcomes, yet I was having strong feelings of déjà vu. In March 1998, I wrote an article titled, "Accessory to Murder..." that was published in *Nursing Spectrum*. That story was similar to my current reality. I had written about an HIV-infected woman who was not willing to disclose her seropositive HIV status to her sex partner. However, the major difference between that situation and the current one is AGE. These current parents-to-be are teenagers!

Regardless of their ages, though, my hands are still tied, and a Pennsylvania law (Act 148, Confidentiality of HIV-Related Information Act) has silenced my voice. Once again, I find myself emotionally torn. As a nurse who is committed to public health, I want to do primary and secondary teaching. Yet legally, I can do neither or say anything in this situation. It is almost as if "don't ask, don't tell" applies to HIV prevention.

Luckily, Angelica was found to be HIV-seronegative at her initial prenatal visit. But, though they are no longer involved, her baby's father is still having sex. He is possibly (probably) still engaging in unprotected sex. According to the Pennsylvania law, physicians *may* disclose confidential HIV-related information. The physician must "reasonably believe disclosure is medically appropriate and that there is significant risk of future infection to the contact."

Read between the lines. Any such disclosure would sever the physician-patient relationship and possibly alienate an individual who is in dire need of healthcare himself. Face it! An HIV test is \$25. However, a good, working, trusting relationship between a healthcare worker and patient is priceless. Though I want to pull that young man aside and talk to him, I will remain quiet.

Who said "silence is golden"?

Ms Scipio-Bannerman has no relevant financial affiliations to disclose.

Ms Scipio-Bannerman is Clinical Manager of Women and Children's Health Services (WCHS) in Philadelphia, PA, a practice associated with Pennsylvania Hospital.

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Correction

There was an error in the figures accompanying the article "Update of the Drug Resistance Mutations in HIV-1: December 2008" published in Volume 16, Issue 5, of *Topics in HIV Medicine*. On page 141, the wild-type designation of a drug resistance mutation for darunavir/ritonavir was listed incorrectly. The correct designation is T74P not L74P. The figures and downloadable slides posted on our Web site (www.iasusa.org) show the correct designation, but the error remains in the printed journal copies and in the folded pocket cards inserted with the issue. Corrected pocket cards are available on request through our Web site, where updates are posted as they become available.