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ETHICAL PERSPECTIVES ON HIV-AIDS PANDEMIC

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Introduction

The HIV virus was first identified at the beginning of the 1980s. Since then, the question of how best to prevent the spread of this pandemic has become an issue of great concern and it has divided those involved in the task of halting the spread of the disease. The London-based paper *The Tablet* has recently published a number of articles on this issue by theologians, statements of bishops and also reports of discussion among those working to prevent the spread of HIV in developing countries. Catholic Bishops' Conference of India (CBCI) has published its official policy on HIV/AIDS with the title: *Commitment to Compassion and Care. HIV/AIDS Policy of the Catholic Church in India.* It provides perspectives and necessary guidelines in the Church's ministry in this area.

Discussions in the recent international conference held in Bangkok between faith-based and secular groups show the use of condom in the fight against HIV/AIDS continues to be a much debated issue. While it continues to be controversial in the larger society, the official teaching of the Church takes a stand against the contraceptive use of condoms. In the fight against AIDS, that public programmes promote the use of condom as a matter of fact and with indifference to the larger ethical dimensions involved in the campaign does cause concern and it cannot be ignored. It seems that the controversy is pitted as a major difference between "religious" and "secular" approaches. Church organisations in different countries in the world including India are seriously engaged both in the fight against the spread of the virus and the compassionate care for the HIV-infected and HIV-affected.

Statistics

Cardinal Javier Lozano Barragán, president of the Pontifical Council for Health Care in the message written for the World AIDS Day, says as of this year the rough estimate is that there were 40.3 million have been infected . Of these 2.3 million are below the age of 15. According to the Zenit news, this year alone 4.9 million people have contracted the infection. Of these 700, 000 of them belong to the age group below 15. It is frightening to know that in the year 2005 alone 3.1 million people have already died of the infection.

Recently, the Holy Father himself found the figures of HIV-infected "alarming". The pope said in his appeal: "Following closely the example of Christ, the Church has always considered the care of the sick an integral part of mission. I encourage, therefore the

numerous initiatives, in particular those promoted by ecclesial communities, to eradicate this sickness and I feel close to AIDS patients and their families, invoking for them the Lord's help and consolation". The Holy Father called the international community to "renewed commitment in the work of prevention and in solidaristic assistance to those who have been stricken".

The following statistics point to the enormity of the problem of HIV/AIDS in Africa. This is taken from : www. OZSpirit – Church Resources, Australia :

"According to the United Nations, nearly 40,000 Africans will die of AIDS this week.

At least 25 million African people live with HIV/ AIDS. That means that there are more people in Africa with AIDS than there are total Australians.

South Africa has the highest number of people living with HIV/AIDS. It is estimated that one-fifth of all girls in South Africa between 13 and 19 are infected with HIV.

In many parts of Africa the infection rate for girls is six times that of boys and men in the same age group.

In urban Botswana 40 - 45% of adults have HIV/ AIDS.

In India, children as young as 9 are bought at auctions by men who believe sleeping with a virgin cures HIV, AIDS, gonorrhea and syphilis.

There are close to 40 million people in the world with AIDS - 98% of them in the poorest countries.

The list of statistics which highlight the disastrous situation of HIV/AIDS in the poorer regions of the world is both endless and heart breaking. One report on AIDS in Africa was entitled "A Dying Continent." When examining the multitude of facts on HIV/AIDS it is easy to think that there is little hope for those living positively with HIV or for

the countries and regions where HIV/AIDS is at epidemic levels. However, hope does exist. Such hope is grounded in education and the elimination of poverty".

At the same time, the pandemic HIV-AIDS is devastating populations of different countries, especially poor countries in Africa and Asia. In Asia, India has the highest number of HIV-infected people than any other country in the continent. It has an estimated five million HIV-infected people calling for well-planned action plan both to fight the spread of the pandemic and to offer sound humane and responsible health care for the infected and the affected (cf. Editorial, *The Hindu,* 28, 11, 05). Here we need to recall that the sixth of the eight Millennium Goals is to combat HIV/AIDS, malaria and other diseases. Hence it is a global concern. The fight against it is a global responsibility.

Ethical Issues

The human tragedy is huge and it calls for a multi-pronged approach to treat and care for the HIV-infected and HIV-affected and to prevent the spread and transmission of the virus. Ethical issues are related both to the treatment and care and the prevention of the spread of the virus. The ethical issues to be addressed in the area of HIV-AIDS pandemic concern bio-medicine, health care, issues of justice and development. Ethical issues that concern specifically bio-medicine, the doctors and health care personnel also touch the humanitarian issues of poverty, malnourishment and social justice. It is well-known that the poor and malnourished are more vulnerable to HIV infection than those who are well-nourished. In this short reflection essay, I shall try to address the two major areas: care for the HIV-infected and HIV-affected and the major issue of prevention of the spread of the infection.

i) Ethics of care for HIV-AIDS-infected and HIV-affected people

I mentioned above the statistical figures of the HIV-infected people at the global and national levels. It is a huge humanitarian issue both for the international and national community. Discussing the issue of care for the HIV-infected and affected, we have to consider ethical and social obligations towards both the patients and those affected by them because they are close relatives as family members, children, spouses, or parents.

Myths and Prejudices

We are aware of unjustified and unethical attitudes and approaches to HIV patients. First, the judgmental attitude that considers that HIV infection is a punishment for wrong sexual behaviour.. Many consider that in a society of permissive and promiscuous sex, HIV pandemic is a divine punishment. This prejudice attaches a stigma to the HIV-infected and it distorts the obligation of care for them. Our obligation of care for HIV- infected must reject all forms of stigmatization and ostracism. First and foremost we have to know that the transmission and infection of HIV virus takes place in various ways.

We also know that a socio-cultural situation of fear, prejudice and ignorance leads people to behave often in irrational ways towards the HIV-infected and those with AIDS. Here is a need for enlightenment about the scientific facts of the infection and the need for education for right attitudes necessary for just and humane care for the HIV patients. Ethics of care demands respect for the dignity and humanity of the HIV –infected persons regardless of colour, gender, and creed. We have a serious educational task to

eradicate prejudices and judgmental attitudes that consider the infection a punishment for homosexual or promiscuity of sexual behaviour. With this goes a social stigma that AIDS patients are "untouchable" and are to be ostracized. This calls for education unto love of neighbour in the Gospel sense of Good Samaritan. The Church in general and personnel working in this area have a big contribution to make.

The first principle of the ethics of care for AIDS patients is the affirmation of their humanity and their dignity as human persons. They are persons and should be treated as persons. For Christians this goes with awareness that the HIV-infected people are our brothers and sisters in Christ. Christians believe that Christ identifies himself with the little ones of the Kingdom, like the HIV/AIDS patients (cf Mt. 25). In our diakonia of care for them, we not only bring Christ to them but we also encounter Christ in them. Christian quality of care for AIDS patients must be seen as an embodied message of hope, love and assurance of personal worth.

In a poor country, the impoverished are the most vulnerable to the HIV infection. We know that antiretroviral drugs can prevent or delay the development of AIDS leading to death. But the cost of these drugs is forbidding for the poor. Hence access to the antiretroviral drugs for the poor becomes a matter of social equity and justice. Here comes the responsibility of the state. Providing the antiretroviral drugs in easily accessible and affordable manner falls under the distributive justice of the state. Here also comes the question of pharmaceutical companies who are hell-bent on profits without any regard for the poor. They too have obligations of justice. We need legislation to tame the greed of multinational

pharmaceutical companies that produce antiretroviral drugs in favour of the poor. So the importance of fair pricing of antiretroviral drugs is a demand of global justice in a world inequitably divided.

Demands of social justice are a challenge to the state, social organisations and institutions of health care. It is also a challenge to all the members of civil society who must contribute to the initiatives of the state in this regard. Humane compassionate care, equity and justice and special care for the terminally ill AIDS patients are duties of our collective humanity

ii) Ethical questions concerning the HIV-affected

We need to consider the ethical questions concerning the HIV- affected. This is also part of ethics of care.

Social justice and compassionate care need to reach out to all those affected, e.g. children orphaned by the death of parents due to AIDS, and parents who have lost their children because of AIDS. Spouses who have died of the same disease need the compassionate solidarity and care to cope with the tragedy of the loss of their loved ones.

We need to look at the quality of health care for AIDS patients in the light of human rights perspective. The quality of care for HIV-AIDS patients and the task of prevention of the spread of the virus are part of justice, human rights and option for the poor. Christians are called to embody a quality that makes our health care work in this area human and humanised in a world where there is so much of prejudice, stigma and commercialisation. Such a quality will reflect a holistic approach. Central to this quality is our value stand that considers every HIV-AIDS patient a person,

our brother and sister in whom we encounter Christ as mentioned earlier in the article.

iii) Ethics of preventive care

Prevention of the spread of the virus calls for clearly understood practical and effective steps which at the same time respect the dignity of persons and its demands. It ought to be a diaconia of compassionate care. Effective initiatives undertaken for prevention and concrete steps followed to halt transmission is a complex task calling for a multi-pronged approach. It means that ethical concerns are to be seen in a holistic perspective. In the fight against the disease, education for awareness-raising concerning HIV/AIDS assumes fundamental importance. Education for awareness concerns only correct scientific medical knowledge and facts about the virus and its infection. At the core of the educational project lies the communication of the value and dignity of every human person, the dignity and meaning of human sexuality and human rights and duties flowing from them .Respect for them is a moral imperative.

The whole project of education demands formation of attitudes for the basic values of humanity and human sexuality. These attitudes touch human person in his/her totality which essentially includes sexuality. The latter calls for education unto chastity, the basic and essential virtue of human sexuality.

Chastity as a basic virtue of human sexuality makes clear that the dignity of human sexuality is the dignity of human person. This virtue becomes critically important in the present scenario of the rapid spread of HIV/AIDS pandemic. In a patriarchal society

with male domination, sexuality and chastity need to be liberated. This would also diminish the greater vulnerability of women to HIV infection. Moreover the virtue of chastity held up as a challenging virtue both for men and women not only dignifies human behaviour but also becomes the best way to prevent the spread of the virus. In the educational project for the prevention of the spread of AIDS virus, education unto healthy sexual behaviour and chastity become crucially important.

Ethical questions of prevention of the spread of HIV infection are related not only to biomedicine but also fundamentally to our ordinary life style rooted in our humanity. That we grow into healthy and integrated human persons will have tremendous positive impact on our obligations of preventing the spread of AIDS virus. To adopt purely mechanical medical approach to prevention of AIDS virus divorced from the basic human and ethical dimensions of our relational humanity will be totally inadequate. The project of preventive medicine demands a holistic approach which includes formation and education for healthy human life in community. Such an approach is an imperative of holistic approach of preventive medicine. Preventive medicine is also an educational project for healthy sexual behaviour and chastity. Education in this sense is a long term project and will bear fruit in our fight against the spread of the AIDS virus.

Another aspect in the project of prevention of the spread of HIV/AIDS is that we have to work for the prevention of the spread of the virus from and through those already infected. That is, we need to endeavour that HIV-AIDS patients do not spread the virus to others. This concern is closely linked with justice and equity in

the matter of treatment of HIV-AIDS. But the important thing is we need to work for behavioural changes. Here the resources of religion and culture need to be tapped.

In general, we put great emphasis on prevention which includes not only medical and technological approach but also social, cultural and spiritual dimensions. The latter are important in a Christian approach to the ministry of health care. Though prevention is better than cure, and in the long term is a greater challenge, we in no way should diminish our compassionate care for the HIV-infected. In the quality of service, justice, compassion and solidarity stand out for Christians.

We are also aware that we are not in an ideal world. In a divided and sin-broken world of ours, all initiatives for prevention of the spread of the AIDS virus will have to reckon with the limitations we will meet within our work. While we are committed to a value-based holistic approach to the pandemic, we must have the resources of wisdom and compassion to face and respond to conflicts of moral choices in the concrete situations of persons. All moral decisions based on basic values of our humanity are decisions of conscience in the prudential order. The traditional moral and pastoral principles need to be consulted for responses and evaluation of choices made or to be made. The traditional moral casuistry was concerned with this. It is still very relevant here.

Here is a story coming from Uganda raising hope in the battle against HIV/AIDS(OZSpirit-Church Resources-Australia).

"Ten years ago in Uganda 100,000 women were contracting HIV each year. However, in recent years as a

consequence of strong health education and policy advocacy by President Yoweri Museveni and the rest of the country's political leadership, the infection rate in Uganda has decreased markedly. According to GAIA (Global Aids Interfaith Alliance) 90% of the population are now aware of HIV, even though the country's literacy rate is only 60%. The numbers of HIV-positive women have decreased from 35% to 15%. From this story it is clear that education is the key to combating HIV/AIDS.

An effective response to the HIV/AIDS epidemic by governments, health institutions and leaders in education is the first step in coping with this crisis. This response must be grounded in raising awareness about both the causes and preventative measures for contracting HIV/AIDS. This advocacy is both urgent and essential in all regions of the world, in particular the poorer regions. We must act now."

The "ABC" Approach and the Church

An approach known as "ABC"= "abstain, be faithful, use a condom" has also emerged. This approach avoids "condom only" or "condom mainly". The Church will not accept the "C" of this approach by way of principle and promotion. Uganda followed this ABC approach and was able to contain the spread of the disease to a high percentage. The CBCI document : *HIV/AIDS Policy of the Catholic Church in India* says that "the Catholic Church does not promote the use of condoms"(p.17) The Church is aware of programmes of: "condoms only" or those of "condoms mainly". The Church doesn't follow either. The CBCI policy says: "The Church will not promote use of condoms." In marriages where one or both are infected, couples find themselves in a situation where the expression of love through the marital act with openness

to life is also life-threatening. "We suggest that pastoral ministers / counsellors should empathetically share the anguish of the couples; inform them about the Church's teaching on marriage and sexuality; offer guidance on the basis of the Church's accepted moral principles "(p.17). Basically the preventive care ethics will be faithful to values of our humanity enlightened by the teaching of the Church and at the same time pastorally responsive to concrete situations of people for which the tested moral–pastoral principles of Catholic tradition will be our guide.

"B" means "being faithful" usually refers to fidelity to one's partner within marriage, a demand of marital covenant. It should be expanded to include the virtue of chastity. Chastity is the virtue of human sexuality. Chastity of people who are married or unmarried is a demand of respect, appreciation and faithfulness to the dignity, the value and the meaning of human sexuality. It is an ever valid and necessary virtue of human sexuality. In the present crisis situation of AIDS pandemic, living the virtues of faithfulness within marriage and chastity become all the more important. They become the best protection against HIV/AIDS disease. Hence the need for a sound sex education becomes an urgent duty. Our educational institutions need to design good programmes to implement and promote healthy and morally sound and meaningful sexual behaviours.

In our approach we are also aware of the complex social cultural and economic situations that influence people's behaviours and condition their choices, especially in poor countries of the South. It is known that in these countries, the impact of AIDS pandemic has been disproportionately devastating. We do not offer solutions as if we are in an idealized world.

In preventive education, "safe sex" is the bottom-line. Programmes of government give great importance to mechanical methods of prevention (almost exclusively promoting use of condoms whose use is not 100% guarantee against the infection of AIDS virus) while ignoring or neglecting education unto value-based healthy sexual behaviour and practice of chastity. Fidelity to partner within marriage and practice of chastity are the best protection against HIV/AIDS infection. In preventive education, primacy of importance should be given to the moral and value dimensions of healthy sexual behaviour. Church-based organisations involved in HIV/AIDS health care initiatives have a serious obligation to promote this as the best prevention.. The importance of such an education is not dependent on the tragedy of HIV-AIDS and the crisis created by it. These are important and valuable apart from the danger of infection due to unfaithfulness or promiscuous sex though the urgency for such an education has been recognised because of the AIDS pandemic.

Care for Patients and Prevention

Special attention has to be given to the care of HIV-AIDS patients and to the HIV-AIDS prevention measures in human rights perspectives

i) Universal Declaration.

Universal Declaration of Human Rights of the U.N. says in article 25:

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services and the right to

security in the event of unemployment, sickness, disability, widowhood old age or other lack of livelihood in circumstances beyond his control.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection. Hence the right to adequate health care is not only a right but also a duty on the part of individuals, communities and the State. In the context of HIV, global justice demands that rich countries help poor countries to fight the pandemic adequately. If we apply rigorously human rights in the case of fight against HIV, we have to accept that access to antiretroviral drugs is a human right within the framework of the right to health. This has been recognised by the guidelines of the UN in regard to the fight against HIV.

It means that rich countries must cooperate to guarantee the access of adequate antiretroviral drugs for which international patent laws will need modification.

We are in a divided world of the powerful rich and the powerless poor. Hence the right and duty of adequate health care will be marked by option for the powerless, an option that will inform and shape policies and priorities of health care and also the health care services, institutions of the Church and the State. Preferential option for the poor is one of the pivotal points of the Social Teaching of the Church.

ii) Poverty and HIV

It has been pointed out by studies done in Africa that the spread of HIV/AIDS is related to poverty. It is the product of poverty, of powerlessness of the disempowered and of marginalization, and of hopelessness. The poor die of AIDS because they are poor. It means they cannot meet adequate nutritional needs, medicine and do not have access to HIV prevention and care.

If eradication of poverty is a demand of social justice, it is all the more so for the prevention of HIV/AIDS. For the poor survival, life and justice are life and death issues, especially in a population of high incidence of HIV infection. In such situations, eradication of poverty means right to survival, life and justice.

Today we speak of feminisation of poverty in so far as women become more vulnerable to the negative effects of poverty. They bear the brunt of severe poverty. So too, in the present situation of developing countries, there seems to be feminisation of HIV infection. In a situation of gender bias and discrimination, women are more vulnerable to the infection. Hence in our ministry of health care, this has to be kept in mind. Feminisation of HIV infection is also part of an unjust world in which right to life, justice and health care is more easily denied to women. Justice and human rights in the area of health care are possible only in a just and equitable world.

Day-to-Day Ethical Iissues

Physicians and other medical personnel have to confront their own biases to provide ongoing and humanised care for this new and transmissible epidemic. *The many ethical issues that*

confront the practitioner in the day-to-day care of people with AIDS could be the following:

Case One

What is the legal decision-making status of a long-term partner?
How should I facilitate communication between family members?
Who are some other staff members who may be able to help?
How should I deal with any prejudices I may have in this case?

Case Two

What should you do if a patient refuses to be tested?

Case Three

When should you report a patient's HIV status to the Public Health Department?

Case Four

Should you prescribe protease inhibitors to a patient who is unlikely to follow through on the treatment regimen?

These questions for physicians and health care personnel are not merely technical but are also ethical.

CAFOD'S Approach

Here below I speak of CAFOD's approach in its campaign for care and prevention of HIV.

CAFOD, the Organisation of the Bishops' Conference of England and Wales (http://www.cafod.org.uk/), equivalent to Caritas India speaks of three layers in the pandemic in the understanding of HIV prevention: impact, risk and vulnerability.

We have to design strategies that address these three layers for effective prevention.

According to CAFOD, impact stresses the close link between care and prevention. It is of tremendous importance to keep those affected by HIV in good, physical, emotional and economic health as long as it is possible. This is essential for prevention. This would save families from decline into poverty and protect them also from stigmatization that goes with the pandemic. This is the first layer.

The second layer focuses on risk reduction by providing individuals and communities with correct and full understanding of the dangers and risks of infection. This would help people to gain skills and acquire resources that could facilitate changes in their behaviour and life-styles with a view to minimizing risks. The risk reduction strategies would include abstinence, mutual fidelity to the spouses in marriage.

Secular NGOs would include reducing the number of partners and use of condom which the Church does not accept in its work for prevention of the spread of AIDS virus. As is known, sexual route is not the only way the infection spreads. Hence there is need to ensure safer blood transfusions, drug injecting and antenatal and delivery practices. According to CAFOD reducing risk is a process, an education which enables people to the risks their behaviour could entail and the steps they need to take to reduce the level of risk in their situations and circumstances. It is a continuum and a valid process. In this process, people try to move towards realizing moral values with all its ups and downs. Traditional

moral theology has learnt to handle the problems pastorally with attention to moral principles.

The third layer reckons with vulnerability. It means that HIV prevention strategies have to consider that behaviour changes of people will be difficult, if not impossible if wider circumstances of their life do not change. Thus the following factors can curtail the behaviour choices of people who are vulnerable to infection: They are discriminatory or unjust economic, social, cultural, legal political, gender related, sometimes, religious factors. Hence initiatives meant to reduce vulnerability should be recognised as essential steps in a fuller HIV prevention strategy.

Conclusion

The Church in her social mission with its deep sense of the social meaning of the Gospel and endowed with a rich body of social doctrine must demand the Church-based organisations to denounce these unjust discriminatory factors and to work for redressal of unjust imbalance in society. It will be a work of faith that does justice in the spirit of compassionate love. The Church as a whole and Church-related organisations are called to embody the compassion of Jesus in their care and service of HIV-infected and HIV-affected and work for the prevention of the spread of AIDS virus in the different ways possible for a better future for all. For Christians, this *diakonia* is a work of Gospel witness.