

ARCHIVED: WORLD MEDICAL ASSOCIATION STATEMENT ON AIDS

*Adopted by the 39th World Medical Assembly Madrid, Spain, October 1987
and rescinded at the WMA General Assembly, Pilanesberg, South Africa, 2006*

Confirmed cases of acquired immunodeficiency syndrome (commonly referred to as AIDS) have been reported in more than 100 countries. It is estimated that five to ten million people worldwide are infected with AIDS viruses and therefore are potentially capable of transmitting the disease. All National Medical Associations and all physicians must share their knowledge and expertise to develop strategies to cope with this disease until a cure can be found.

Because AIDS is an incurable disease, and because it is a predominantly sexually transmitted disease (STD) it presents the physician with many complex issues in addition to the scientific and medical issues inherent in the disease. In order to assist physicians and National Medical Associations, the WMA adopts the guidelines presented in this statement. The WMA is also conducting a scientific session devoted to the subject of AIDS at this 39th World Medical Assembly (1987). The WMA will study the advice of the experts at this scientific session as well as the best information that can be obtained from experts around the world, and will report more fully on this important matter at the 40th World Medical Assembly in 1988. Until a more complete report is available, the WMA recommends the following:

1. That National Medical Associations participate fully with their government in developing a national policy to cope with AIDS and AIDS related problems.
2. That National Medical Associations participate fully in the development of public awareness programs to educate the general public as to AIDS, and the problems associated with AIDS, and how these problems will affect society generally.
3. That all physicians be trained to be effective AIDS counselors. Physicians should counsel their patients to educate them as to effective behaviors to avoid the risk of AIDS for themselves and others. With reference to those patients who are found to be seropositive, physicians must be able to effectively counsel them regarding:
 - a. responsible behavior to prevent the spread of the disease;
 - b. strategies for their own health protection; and
 - c. the necessity of alerting sexual contacts, past and present, regarding their possible infection by the AIDS virus.
4. That tests for the AIDS virus should be readily available to all who wish to be tested. Mandatory testing for the AIDS virus must be required of donors of blood and blood fractions, organs and other tissues intended for transplantation, and for donors of semen or ova collected for artificial insemination or in vitro fertilization. In addition the national policy may provide for mandatory testing for certain other segments of the population, such as military personnel, inmates of penal institutions and immigrants.
5. Voluntary testing, with the patient's informed consent, should be regularly available to the following:

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- a. All patients seeking treatment for sexually transmitted diseases;
 - b. All patients seeking treatment for drug abuse;
 - c. Pregnant women in the first trimester of pregnancy;
 - d. Individuals who are from areas with a high incidence of AIDS or who engage in high risk behavior seeking family planning services; and
 - e. Patients requiring surgical or other invasive procedures. However, if a voluntary policy is not effective, a mandatory requirement should be considered.
6. That each confirmed case of AIDS be reported to a designated authority anonymously or by identifier for epidemiological purposes. Individuals who are found to be seropositive for the AIDS virus should be reported on an anonymous basis with enough information to be epidemiologically significant.
 7. That patients with AIDS and those who test positively for the antibody to the AIDS virus must be provided with appropriate medical care and should not be treated unfairly or suffer from arbitrary or irrational discrimination in their daily lives. Physicians have a long and honored tradition of tending to patients afflicted with infectious diseases with compassion and courage. That tradition must be continued throughout the AIDS epidemic. Physicians and National Medical Associations must participate actively in the development of a sound framework for carefully balancing the right of the patient to be free from irrational acts of prejudice and the rights of others in society to be protected against an unreasonable risk from disease.
 8. That access to patient information should be limited to health care personnel who have a legitimate need to have access to the information in order to assist the patient or to protect the health of those closely associated with the patient. The identity of AIDS patients and carriers should be protected from disclosure except where the health of the community requires otherwise.
 9. That a method be developed to warn unsuspecting sexual partners of an infected individual, while protecting the confidentiality of patient information to the greatest extent possible. The method should afford adequate legal protection to physicians who carry out their professional obligation to warn individuals at risk.
 10. That reliable data be obtained through studies to determine the prevalence and conversion rate of the virus in the population. Such studies must be repeated at appropriate intervals to gauge the spread of the disease.