The Ethics of HIV Self-Testing
Prof. Lucy Allais
Two separate sets of questions:

What is the optimal use of self-testing in public HIV programs? Is rolling them out likely to be effective? Should it be a priority?

Are there ethical objections to allowing the sale of self-testing kits to individuals?
BIOETHICAL PRESCRIPTIONS
To Create, End, Choose, and Improve Lives

F. M. Kamm
Does the test require expertise to administer and interpret?

Can the test be harmful? Are there risks?

Expertise is often needed in medicine because patients are unaware of the relevant tests and treatments – not relevant here.

Another reason given for limiting drugs to prescriptions status is if they are potentially addictive- not relevant here
While drugs are not the same as tests, in the US, for a drug to be considered to change of status from prescription to over the counter, it should:
Have benefits that outweigh the risks
Have low potential for abuse or misuse
Be able to be used accurately by consumers and not rely on health practitioner supervision for its safe and effective use
Oral contraceptive pill across borders:

Zambia vs Zimbabwe
Mexico vs USA

Poorer people were much more likely to prefer and to access over the counter.

No issues with respect to addition or ease of administration

Paternalism and failure to respect patients (will they come for tests?)

sex

Benefits
Enabling people’s managing and being informed about their health is generally a good thing; knowledge of HIV status is particularly important and any non-harmful intervention that has the potential to increase this should be welcomed.
Potential to massively expand testing and knowledge of status:
people who are embarrassed to go to a clinic, people who don’t have time to go to a clinic, people who work at a clinic and don’t want their co-workers to know
evidence that men interact with health care systems less than women and are significantly under-tested for HIV as a group.
Harms

Harms to the individual?

Physical risks of carrying out the test. Getting an incorrect result. Integration into the health care system – links to getting help. Distress.
The accuracy, ease of use and sensitivity of the tests are well-tested (and not questions for an ethicist)

The test has no physical harms or side-effects.
Harms

Harms to the individual?

Physical risks of carrying out the test.
Getting an incorrect result.
Integration into the health care system – links to getting help.
Distress.
It is argued that providing testing only with counseling provides better links to care, advice about safe sex practices, advice about sources of support, and help with possible distress from a negative result.
Counseling can of course provide benefits.

When the state restricts significant individual choices the standard of justification is not just that the restriction might have benefits, but that the alternative is so harmful that the state has a positive duty to protect people from it.

Having a workout accompany your diabetes test might provide benefits, but that would not justify the state’s imposing this.

Consider requiring women to have counseling before buying a pregnancy test – this would be inappropriate and paternalistic.
We should be careful of comparing self-testing with an imaginary ideal of perfect counseling, rather than with the counseling that is likely to occur and is occurring in actual programs.

People can be tested privately without counseling and are given tests by insurance companies without counseling; the restriction therefore will apply more to the poor.

The idea that depression is dramatically more likely to follow a positive result in the absence of a short post-test counseling session is implausible and psychologically naïve. In all medical settings an unwelcome diagnosis can take time to sink in.
Self-tests can provide information about accessing support and care, including help line numbers.
Harms

Harms to others

Could HIV self-tests be used coercively?
Abusive family members or abusive employers
Restricting people from harming others is not the same as forbidding individuals to access anything that could conceivably be used to harm others.

To restrict individuals from this choice and benefit, it is not enough that it is possible for tests to be used coercively, we would need compelling evidence to think that access to self-testing would create or seriously exacerbate abusive relations in ways that are in tension with the state’s ability to protect vulnerable groups.
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