



Exposure Ethics: Does HIV Pre-exposure prophylaxis raise ethical problems for the health care provider and policy maker?

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- In press: Bioethics
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Case 1: The sex worker

- Requests PrEP
 - clients who often refuse to use condom (sometimes violently)
 - some clients pay more for unprotected
 - her condoms occasionally break.
 - constant anxiety at the prospect of getting HIV
 - on ‘the pill’ to prevent pregnancy, wants same thing



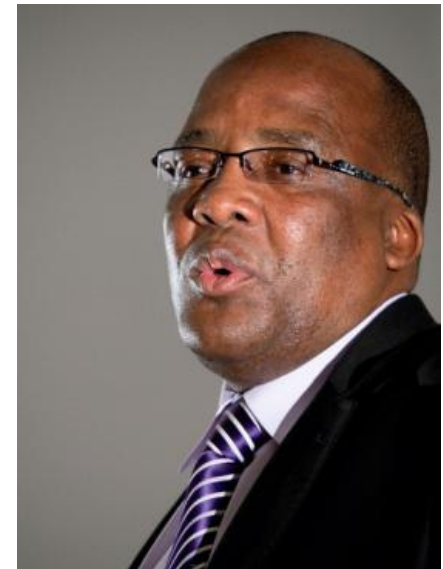
2: The holidayer

- A professional man is going on a regular holiday for a month.
- Intends to go clubbing, drink alcohol, use recreational drugs.
- Had sex with several men during prior holidays, and used condoms most of the time.
- Recently tested HIV negative.
- Wants PrEP to prevent HIV during this month, so he can enjoy his holiday, knowing he is unlikely to contract HIV.



Case 3: The health minister

- Tired of all this prevention failure
- ART expensive 'I want a game-changer!
Lets rather throw ARVs at prevention,
rather than treatment'



Background to PrEP

- Prevents HIV acquisition
- Oral or vaginal or rectal
- Oral (Truvada) is licenced in many countries (others being studied)
- Not 100% protection
- Oral highly effective IF adherent, but adherence poor in many studies



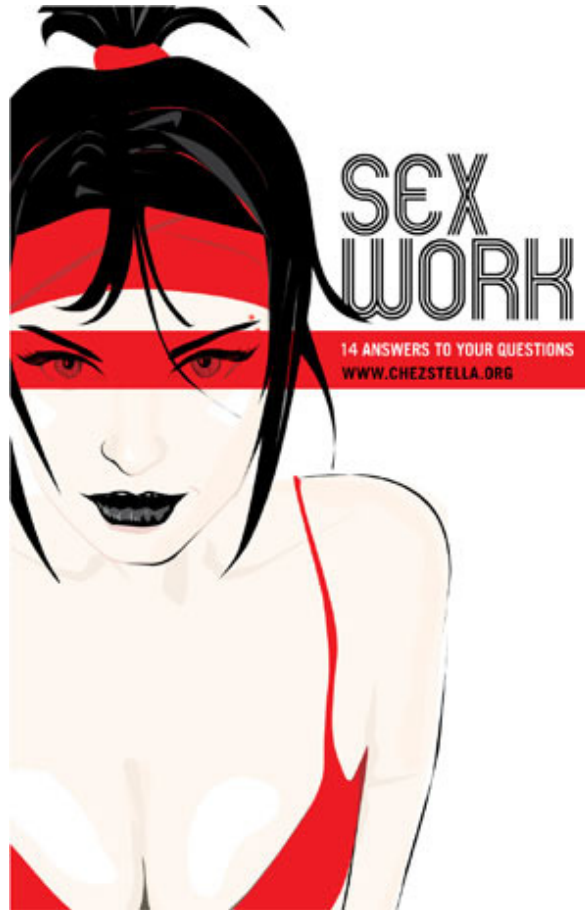
Dealing with ethicists

- “lets frame the debate” - beneficence, justice, non- maleficence, justice
- Lucy: “Nonsense. Try to give an answer. What’s the point of you, otherwise”
- So: lets go with trying to find answers

So, imagine you are a GP or primary
care nurse



What worries you with the sex worker?



What worries you about the
holidayer?



What worries you about the health minister?



The things that worried us

- Disinhibition – and if there is - so what?
- Hurting themselves – breakthrough infections and subsequent treatment
- Community resistance
- Supporting illegal activity
- Give prophylaxis at expense of treatment