



HIV Infection

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The term "HIV infection" is used to refer to human immunodeficiency virus (HIV) seropositivity and the entire range of clinical conditions, including acquired immune deficiency syndrome (AIDS), in children and adults, caused by HIV.

1. All psychiatrists should educate themselves about the neuropsychiatric, psychological, and social aspects of HIV infection so as to provide appropriate assessment, treatment, and (or) referral services in a competent, ethical, and compassionate manner.
2. Psychiatrists have a role in preventing HIV infection. A complete psychiatric assessment should include sexual and drug use history that elucidates the patient's risk for exposure to HIV infection. Psychiatrists should address the consequences of sexual and drug-related risk behaviours with patients. Patients with HIV infection should be counselled regarding the risk of transmission of HIV to others.
3. A substantial percentage of people living with HIV/AIDS are unaware of their infection. Patients with positive risk histories, as well as all pregnant women, should be offered voluntary HIV antibody testing.
4. HIV testing must always be voluntary and must follow informed consent procedures. Confidentiality regarding HIV serologic status must remain protected. Psychiatrists must inform patients about the limits of confidentiality regarding HIV seropositivity and infection. Limits of confidentiality include provincial notification requirements and, in rare circumstances, to protect third parties from harm.
5. No patient should be refused appropriate psychiatric care on the basis of their HIV serologic status.
6. All undergraduate and postgraduate psychiatry teaching programs have a responsibility to educate their trainees about the clinical care of patients and their families living with HIV infection.

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