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

• “let’s frame the debate” - beneficence, justice, non-maleficence, justice
• Lucy: “Nonsense. Try to give an answer. What’s the point of you, otherwise”
• So: let’s 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