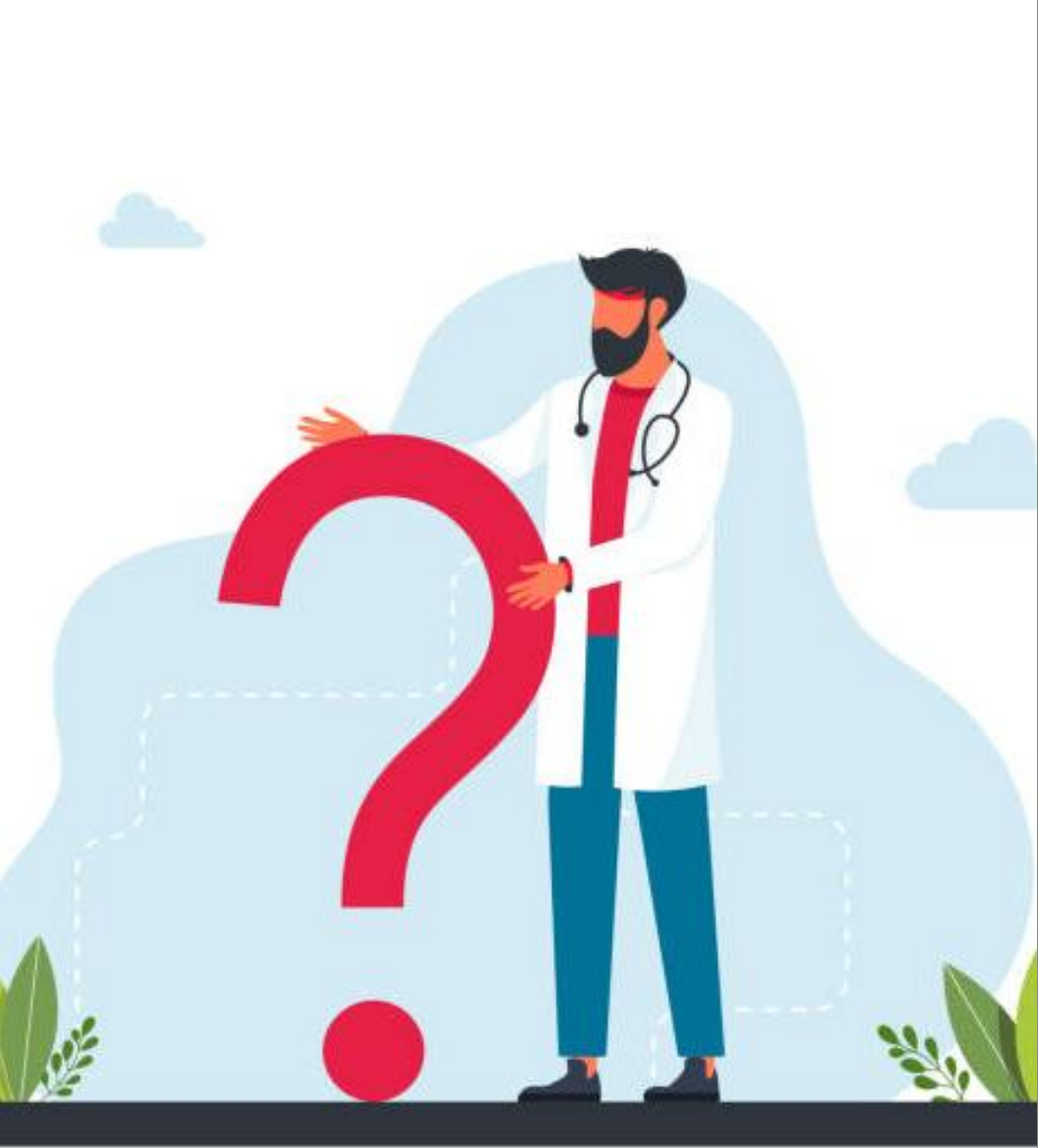




Ethical Considerations in Investigating STIs in Military Healthcare Settings

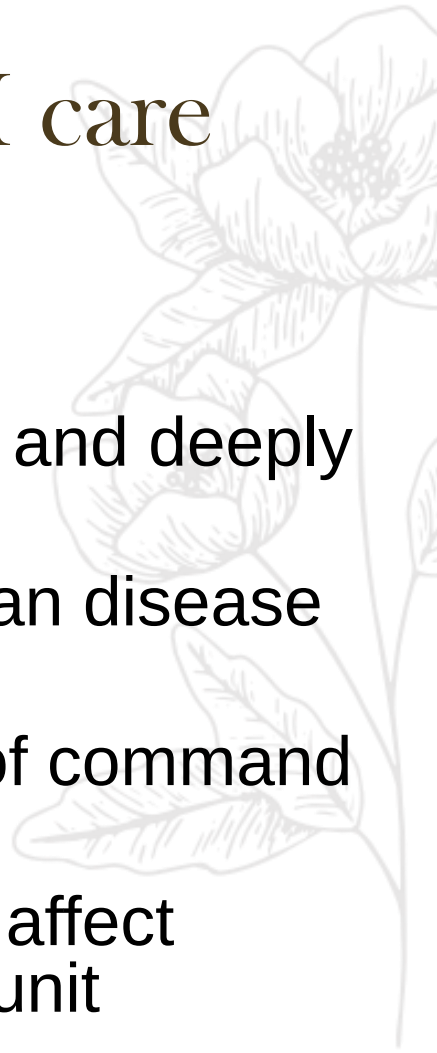
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Consultant Venereologist (Act)
AHCBO



Why ethics in STI care matters



- STIs are common, treatable, and deeply sensitive.
- Patients fear stigma more than disease itself.
- Military systems add layers of command and discipline.
- Breach of confidentiality can affect careers, family stability, and unit relationships.
- Ethical mistakes cannot be undone once harm is done.





Case 1: The phone call from a spouse of a patient

- Soldier with prolonged hospitalization (9 months) and severe disability.
- Initially unable to speak or move independently.
- Gradual recovery after months of dedicated multidisciplinary care.
- Regained speech and mobility with a walker.
- HIV infection was treated with ART.

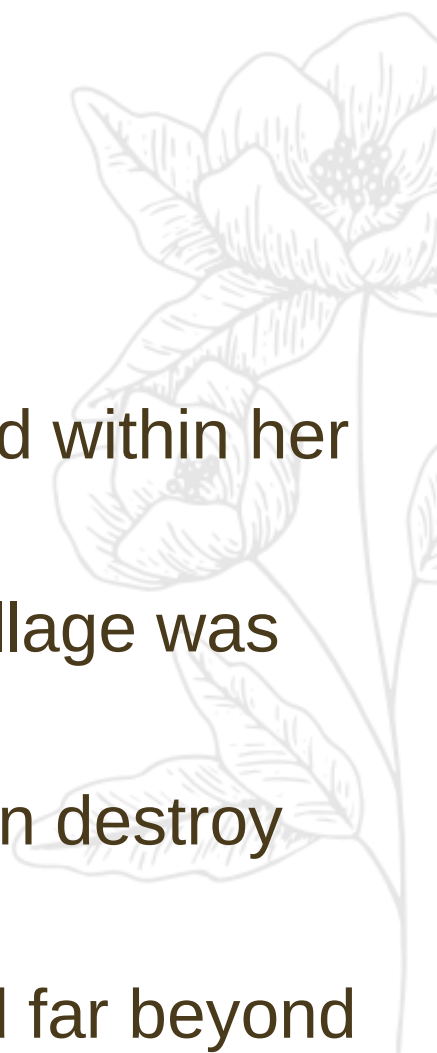
Confidentiality breach occurred

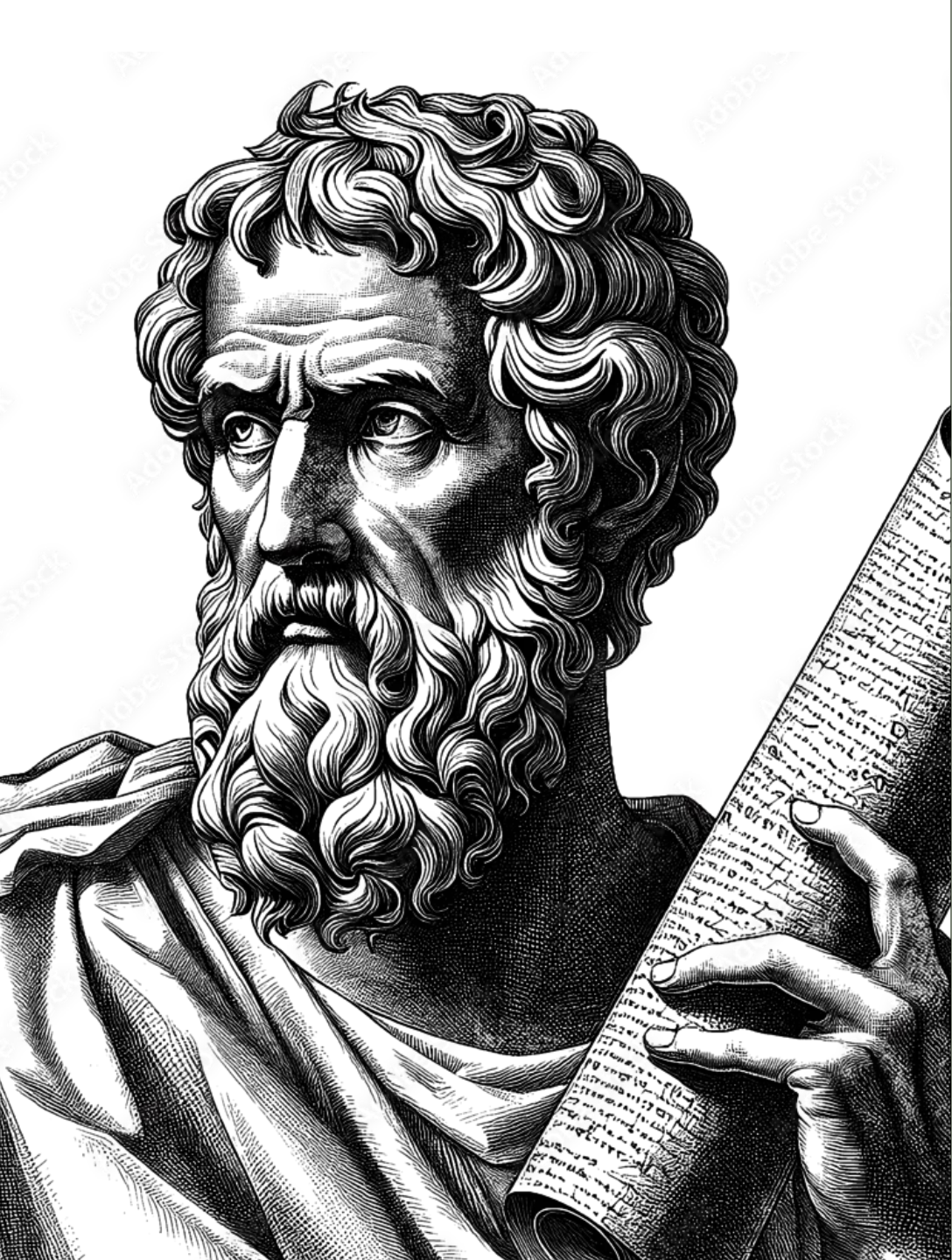


Consequences...



- Wife was blamed and isolated within her own family.
- Fear of stigma in a remote village was overwhelming.
- Community discrimination can destroy social support.
- Emotional suffering extended far beyond the husband's condition.
- Loss of trust in the healthcare system.

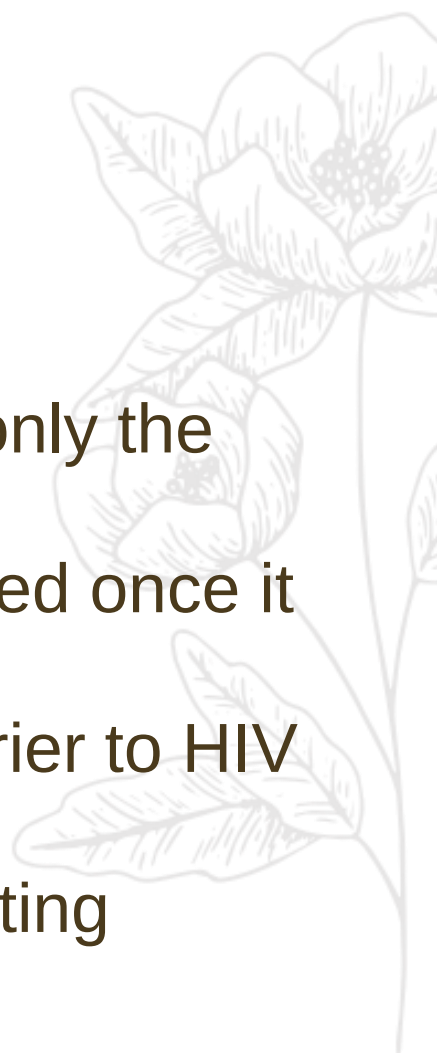




Ethical reflection



- Confidentiality protects not only the patient, but families.
- Disclosure cannot be reversed once it occurs.
- Stigma remains a major barrier to HIV care.
- Ethical duty includes preventing foreseeable social harm.
- Confidentiality is essential to preserve patient's trust.
- Even indirect breaches can cause



When medical information becomes a punishment

අයහපත් හැසිරීම හා සෞඛ්‍ය තත්වය හේතුවෙන් ගතයුතු ඉදිරි ක්‍රියාමාර්ග පිළිබඳ උපදෙස් ඉල්ලුම් කිරීම	
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- Soldier was isolated from peers within his unit.
- Leave granted not for health, but for stigma-driven fear.
- Written sexual history circulated inappropriately.
- Abuse history and homosexual encounters exposed.
- Sensitive documents forwarded beyond medical channels

An illustration on the left side of the slide shows a man in a red shirt in the foreground, looking thoughtful with his hand on his chin. In the background, there are two smaller figures: one on the left is an angel with white wings and a halo, and one on the right is a devil with red horns and a tail. The background is a solid orange color with some faint circular patterns.

Ethical dilemma

Duty of care towards the patient

VS

Disclosure of diagnosis for administrative necessity.

Patient confidentiality

VS

Public health responsibility (Protecting fellow soldiers from infection risk).

Case 3: The patient who delayed returning for care



- Woman diagnosed with HIV and PJP pneumonia
- Survived critical illness after ICU care
- Required immense effort from the medical team
- Discharged with hope of recovery and follow-up
- Months later, respiratory distress returned
- Second admission came tragically too late



The hidden ethical failure



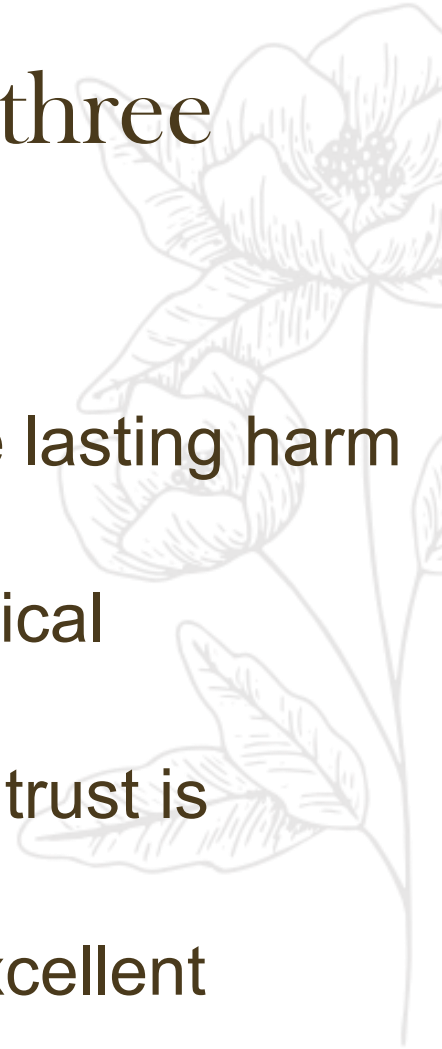
- Discrimination by minor healthcare staff during first admission.
- Patient treated differently because of HIV status.
- Fear of humiliation prevented early return to hospital.
- Delay in care led directly to worsening illness.
- Ethical harm can be as deadly as medical

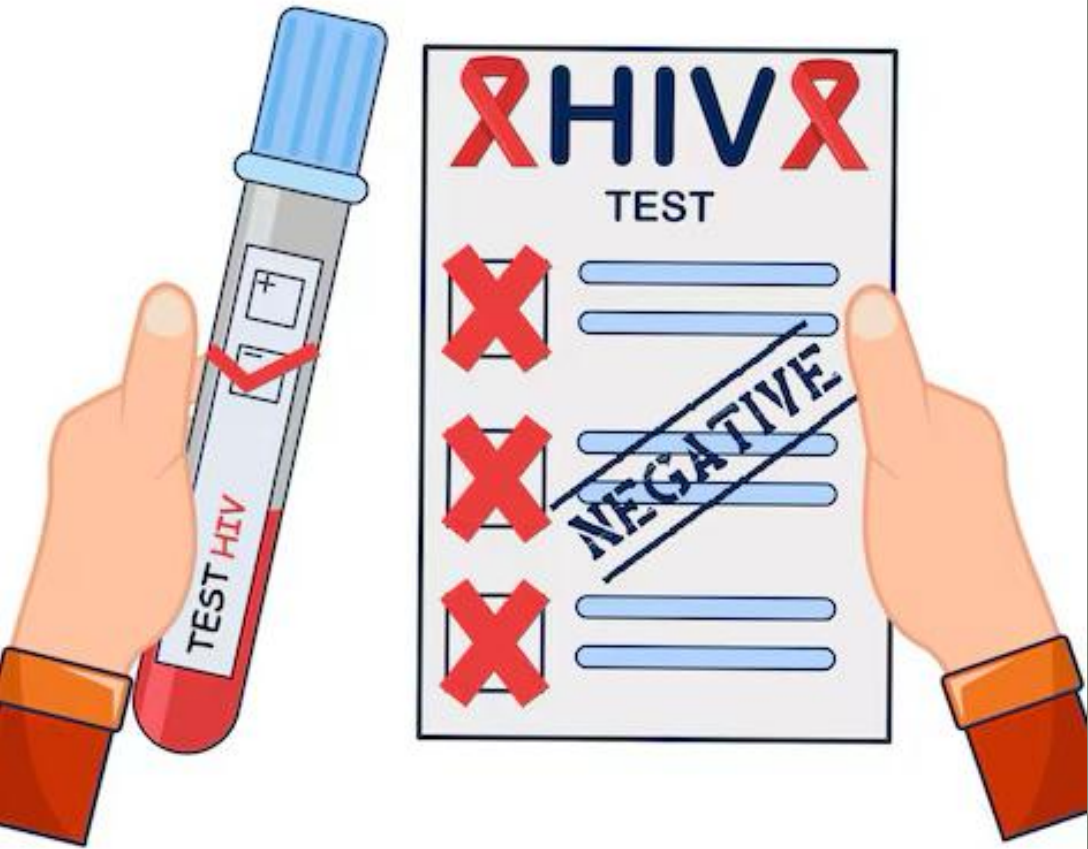


Lessons from the three cases



- Confidentiality breaches cause lasting harm beyond correction.
- Discrimination undermines clinical outcomes.
- Patients may avoid care when trust is broken.
- Ethical failure negates even excellent treatment.
- Military healthcare must balance duty and compassion.





Consent in HIV testing

HIV testing requires **informed and voluntary consent**

Consent must be **free from coercion**

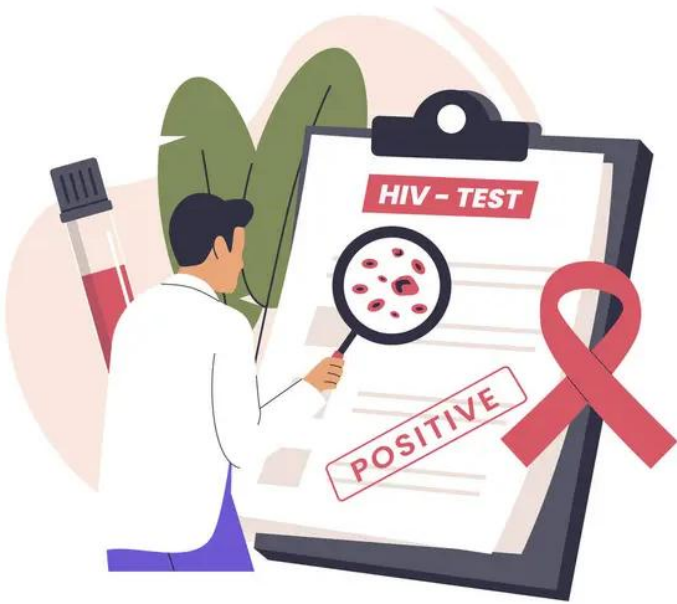
Types of consent:

Implied consent

Express (verbal) consent

Written consent

Maintaining confidentiality of test results are essential



Evolution of HIV testing: From counselling to information

Pre-ART era:

- Mandatory **pre-test counselling**
- Structured **post-test counselling**
- Strong emphasis on psychological preparation
- High stigma, limited treatment options

Post-ART era:

- Routine provider-initiated testing
- Shift from “counselling” to “pre-test information”
- Focus on early diagnosis and linkage to care
- Still requires informed consent and confidentiality



Core Ethical Principles

- **Autonomy** – respect for the patient's choices and consent
- **Beneficence** – acting in the patient's best interest
- **Non-maleficence** – avoiding preventable harm
- **Justice** – fairness and non-discrimination in care
- **Confidentiality** – the duty to protect a patient's medical information from unnecessary disclosure.



Military-specific ethical challenges



- Confidentiality versus institutional requirement of disclosure.
- Soldiers live and work in close environment, increasing stigma.
- Units may react with fear rather than evidence.
- Dual loyalty challenges clinicians in military systems.
- Policies must protect both military readiness



Take-home ethical checklist

-
- **Before disclosing any STI-related information, ask:**
 - Is this disclosure legally required?
 - Is it ethically justified?
 - Is this the minimum necessary information?
 - Could this harm the patient or their family?
 - Could this damage trust in healthcare services?





Take-home Message

- **E**thics is not theory—it is a bedside practise.
 - **E**very patient deserves dignity.
 - **E**very soldier deserves trust.
 - **E**very clinician carries this responsibility.
- Trust is the foundation of healthcare.
 - Fear of disclosure leads to delayed care and hidden disease.
 - Ethical practice strengthens, not weakens, military readiness.
 - Confidentiality encourages early reporting and treatment.
 - Stigma and discrimination reduction is a professional responsibility.
 - Our duty is to heal without causing further harm

Questions



Thank you

