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Pre-exposure prophylaxis: Where HIV prevention and responsibility intersect

HYPOTHETICAL CASE

A 24-year-old man presents to his primary care provider requesting pre-exposure prophylaxis (PrEP) for HIV. He reports having unprotected sex in the setting of substance use several times each month. The primary care provider has conflicting thoughts on PrEP and balances concerns over limited health care resources, medication side effect, and the possibility that this intervention will encourage risky behavior while diverting resources from the root cause of this behavior. The provider also wonders if PrEP is something that insurance should cover for the patient and how responsibility factors into these concerns.

ETHICAL DEBATE

The arrival of an effective vaccine and cure for HIV will be too late for millions of patients, and new prevention methods are essential. Each year in the United States, approximately 50,000 persons are newly infected with the virus, and its prevalence has reached 1.2 million.[1] These new infections primarily occur among vulnerable groups with long histories of discrimination in the United States, including men who have sex with men (MSM) and black heterosexual women.[1,2] The application of oral highly active antiretroviral therapy (HAART) as PrEP is of particular interest given its statistically significant effect[3] and the complex ethical issues that inarguably will emerge. Presently, this intervention involves daily use of HIV medication in oral or topical form by persons without HIV who are at high risk for the infection.

Key questions about the ethical concerns related to PrEP focus on the issue of responsibility. First, who is responsible for the payment of PrEP in the United States? Second, are the likely users of PrEP responsible for their HIV risky behaviors? The first question depends on the second. If a person is not solely responsible for acquiring a disease and, in fact, the community at large bears some responsibility, then perhaps the prevention measures for that disease should be supported differently than others.

HIV EXCEPTIONALISM

The concept of HIV exceptionalism is furthered by pre-exposure prophylaxis toward HIV and helps address the question of responsibility. HIV exceptionalism signifies the tendency to treat legal, health, and other issues differently in the setting of HIV in order to protect those living with and at risk for the illness.[4] HIV greatly affects people in marginalized and stigmatized communities, and this accounts, in part, for why HIV prevention is treated differently. The early years of HIV prevention were marred by a lackluster public health response consisting of fragmented efforts not supported by the community at large.[5] While condom breaks and accidental needlesticks are possible, for example, they are not frequent. The virus predominately spreads through active mechanisms, such as unprotected sex and intravenous drug use (IVDU). Powerful social, cultural, and biological forces underlie these active routes of HIV transmission, and many of them, including race, sexuality, and substance abuse, are beyond the control of those experiencing them.

WHO WILL USE PrEP?

Examining issues of responsibility in the setting of PrEP requires establishing for whom this intervention is presently indicated. Thus far, persons at highest risk for sexual transmission of HIV are targeted as potential users of PrEP.[6] A number of studies demonstrate the infrequency of HIV transmission within heterosexual and MSM couples of different HIV status when the partner living with HIV is successfully treated with HAART and has an undetectable blood plasma viral load.[7,8] A risk/benefit analysis is unlikely to show that PrEP would be a useful addition in this setting. The potential harms make PrEP an unlikely intervention for these already low-risk couples. Therefore, people who have high-risk unprotected sex will likely be prescribed PrEP.

RESPONSIBILITY

One of the more controversial issues throughout the ethical discourse on

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No relationships to disclose.

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"Are special prevention methods warranted when populations are at greater risk for HIV because of forces beyond individual control?"

responsibility is who pays for the intervention. Should public and private insurance companies pay for such a preventive service, as they do for colonoscopy? Should payment for PrEP be the individual's responsibility, perhaps with public and charitable assistance? If responsibility falls on the individual, then class and economic disparities may influence access and in turn change the demographics of the epidemic.

Many people feel that those who have the power to prevent HIV through less costly methods should not participate in PrEP. We must recognize the difficulty of understanding power and sex, especially within our complex social structures. To assume that persons not involved in violent relationships or substance abuse have the autonomy to use adequate protection against HIV is a denial of powerful social and cultural forces intimate with HIV transmission. The capacity to avoid high-risk sex is additionally influenced by structural violence,[9] coercion, and forces of nature, among other factors.[10]

Structural violence is one example of a subtle threat toward safe sex autonomy. This does not include actual physical violence; rather, it references how social structures and institutions negatively impact basic human needs. Sabrina Chase, PhD, conducted ethnography of Latina women in Newark, New Jersey, who live with HIV and experience this type of violence. These women allowed Dr. Chase to illustrate how unmet basic needs place their community at high-risk for HIV transmission. Examples of unmet basic needs include lack of safety, education, housing, and access to health care.[9] Also, society places a variety of stressors and controls on the community of men who have sex with men. While the circumstances are different, the effect on basic needs is similar. Until these disparities are reduced, does the community and state owe these communities a greater level of HIV prevention and resources? How much responsibility can we assign to individuals who acquire HIV in these circumstances?

Natural desires may influence autonomy. Based on a series of interviews, unsafe sex is described as "natural" and the way "God intended" sex to be.[10] Couples seem to need the level of intimacy that sexual activity brings. Also, some find themselves in more submissive roles, potentially making the assertion of prevention difficult in moments of intimacy. One man captures this in an interview with Timothy Rhodes, PhD: "I did become positive having sex with people, unsafe sex with people, knowing they were HIV positive…'Well how unsafe can you get?', and still thinking to myself 'Well who cares?' [why?] I sort of wanted to do whatever he wanted me to do, to be part of that whole scene."[10] Some authors have theorized that unprotected anal sex within this community is an act of rebellion and transgression against negative societal attitudes and regulations.[11]

Contributing to the conversation on responsibility is the fairness objection. This suggests that the actual consequence of a person's choice exists outside that individual's control.[12] For example, some people will have unprotected sex and never acquire HIV. This has much to do with circumstances beyond an individual's control, such as race, socioeconomics, location, and sexual orientation. As a result, something more than one person's conscious behavior is involved in HIV transmission. Are special prevention methods warranted when certain populations are at greater risk for HIV because of forces beyond individual control?

CONCLUSION

Pre-exposure prophylaxis for HIV in the United States must be approached with equal doses of enthusiasm and caution. An ethical analysis of this public health measure is essential because it targets vulnerable populations with a potentially harmful intervention in the setting of a stagnant HIV epidemic. Many of those at highest risk for HIV in the United States are not bearing full responsibility for that risk. Numerous external forces exist beyond individual control and at times are imposed upon them by the greater community. This analysis suggests that a public health prevention that utilizes more community resources than what is considered the standard might be permissible in the setting of HIV. PrEP represents a newer form of HIV exceptionalism in which aggressive and costly measures that might otherwise be disregarded are found acceptable because of a feeling that something greater is owed to those living with and at risk for HIV. JAAPA

F.J. Gianola, PA, and Jim Anderson, PA-C, ATC, department editors

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