

## WRITTEN INFORMED CONSENT AND HIV TESTING RATES: THE SAN FRANCISCO EXPERIENCE

Goldman et al. posit without empirical evidence that written informed consent is not a barrier to routine HIV testing.<sup>1</sup> Our experience in San Francisco, California, suggests otherwise.

In May 2006, the San Francisco Department of Public Health Medical Care System, which includes an acute care hospital, a long-term care facility, and more than 15 primary health care centers, eliminated the requirement for a separate written informed consent form for HIV testing.<sup>2</sup> Before May 2006, clinicians were required to complete a separate HIV-test laboratory requisition form and obtain written documentation of patient informed consent to order an HIV test. Incomplete forms were rejected by the laboratory. Beginning in mid-May 2006, patient consent forms were removed from medical settings, and HIV antibody testing was added to the routine laboratory requisition form. Clinicians were required to obtain informed consent and to document in the medical chart that the patient consented, but a patient signature was not required, consistent with California state law.

These administrative changes resulted in an increase in the monthly rate of HIV testing (from 13.5 HIV tests per 1000 patient visits in June 2006 to 17.9 HIV tests per 1000 patient-visits in December 2006).<sup>3</sup> The mean number of positive tests per month increased from 20.6 (95% confidence interval [CI]=17.3, 23.8) before the change in policy to 30.6 (95% CI=25.7, 35.5) after the change in policy ( $P=.006$ ).<sup>2</sup> No tests were rejected because of incomplete documentation after the policy change.<sup>2</sup> The trend of increased HIV testing after the policy change has continued. No adverse consequences of this policy change have been reported.

In San Francisco, as in the United States as a whole, we continue to have unacceptable numbers of undiagnosed HIV infections. We also continue to miss opportunities to diagnose individuals early: approximately 40% of those newly diagnosed with HIV are diagnosed with AIDS within 12 months of their

positive test.<sup>3,4</sup> Facilitating awareness of HIV serostatus is vital for both treatment and prevention; testing is a necessary step toward linking to care,<sup>5</sup> and receipt of an HIV-positive test is associated with dramatic reductions in HIV risk behavior.<sup>6</sup>

We strongly support efforts to increase HIV serostatus awareness and believe that ethical and professional testing can be done without requiring written documentation of informed consent. Our results demonstrate the public health benefits of such an approach. ■

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M. Das-Douglas originated the response and led the writing. N.M. Zetola, J.D. Klausner, and G.N. Colfax provided meaningful editorial input.

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