PRACTICE OBSERVED

Practice Research

Are general practitioners ready to prevent the spread of HIV?

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Abstract

General practitioners are excellently placed to assess a person's risk of being infected with the human immunodeficiency virus (HIV) and to give advice on reducing that risk. Their attitudes to the acquired immune deficiency syndrome (AIDS) and infection with HIV are, however, unknown. A questionnaire survey of 196 general practitioners in East Berkshire Health District was used to assess general practitioners' readiness to undertake opportunistic health education to prevent the spread of infection with HIV. Altogether 132 replied. Sixty four of them expressed little interest in health education about HIV, and one in six would not dissent from the notion that AIDS could be controlled only by criminalising homosexuality. Only 75 of them had initiated discussions about HIV with patients. Moreover, many underestimated the risks from heterosexual sex while exaggerating the risks from non-sexual contact.

Advice from general practitioners if given extensively might reduce the spread of infection with HIV. How best this may be achieved needs to be considered urgently.

Introduction

General practitioners have been urged to respond to the challenge of the acquired immune deficiency syndrome (AIDS).[1,2] In particular, they are being expected to educate those at risk, advise those who are well but worried, and help care for patients infected with human immunodeficiency virus (HIV). The predicted growth in the epidemic of AIDS[3] means that the participation of general practitioners is important, but little is known about how they will respond. A survey in 1986 found evidence of ignorance and anxiety about AIDS among general practitioners as well as among other health professionals.[4]

The question of health education about AIDS in general practice is important for several reasons. AIDS is a large and growing public health problem,[3,5] against which prevention of infection with HIV is the most effective weapon. Until a vaccine is available this can be achieved only by widespread changes in sexual behaviour.[6] The government's public education campaign needs to be supplemented by personal advice according to each person's risk of infection. General practitioners see two thirds of the population each year[7]; their interest in and advice on lifestyles is valued[8] and can be beneficial.[9,10] They could, therefore, greatly help to limit the spread of AIDS by giving appropriate advice about HIV and safer sex to all their patients when they see them in the surgery. Such opportunistic health education requires an interest in health education about HIV; the ability to discuss sex with patients; and the ability to advise accurately on reducing risks.

We present the results of a questionnaire that cast light on the readiness of a group of general practitioners to undertake opportunistic health education about HIV.

Methods and results

We obtained lists of general practitioners working in East Berkshire Health District from the local family practitioner committees. In April 1987 we circulated a questionnaire designed to assess general training needs in AIDS with a covering letter from the district medical officer. Replies were analysed to consider general practitioners' knowledge about, attitudes to, and skills and practice in health education about HIV.

Altogether 196 general practitioners were sent the questionnaire, and 132 (67%) returned it. The results refer to the numbers of doctors answering each question (not all of them answered every question).

Interest in health education about HIV—The general practitioners were asked to express their interest in various topics to be covered in a training

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programme for AIDS. A topic entitled "Approaches to health education" aroused the least enthusiasm: 68 out of 127 said that they wanted it very much or much compared with 110 out of 129 who said that they wanted local services for HIV and AIDS, which was the most popular topic. Some general practitioners seemed to think that health education could not prevent the spread of HIV. Of the 130 who answered, 13 agreed that the only way to control AIDS was to make all homosexual activity illegal, 10 were neutral, and 107 disagreed. The doctors were also asked whether they had ever raised the question of AIDS with a patient without having been asked. Seventy five out of 131 had done so at least once. Table I shows how appropriate they considered raising questions of safer sex and protection against infection with HIV with different groups of patients.

TABLE I—*Appropriateness of raising questions of safer sex and infection with HIV with different groups of patients. Numbers are proportions of general practitioners replying*

	Appropriate		*Inappropriate*
Drug users	131/131	Women aged 20-50	69/130
Gay men	130/132	Men aged 20-50	66/130
Gay women	41/126	Attenders at family planning clinics	51/129
Pregnant women	29/128	Travellers to United States	49/129
All patients	8/131	Travellers to Africa	5/132

Ability to discuss sex—The general practitioners' abilities to discuss sex with their patients were assessed by reactions to two statements. The first was "I feel comfortable asking questions about patients' sexuality when necessary." One hundred and one out of 130 agreed, 15 disagreed, and 14 were neutral. The second statement was "I feel I have the skills to ask a patient any information relevant to HIV infection." Eighty four out of 129 agreed, 17 disagreed, and 28 were neutral.

Advice on reducing risk—Doctors need to be both confident and competent if they are to give patients effective advice on how to reduce the risk of infection with HIV. Of the 131 general practitioners who answered the question about whether they knew enough about the factors that put people at risk of infection with HIV, 107 agreed, 16 disagreed, and eight were neutral. Of the 128 general practitioners who answered the question about whether they could appropriately advise their patients about HIV and AIDS, 91 agreed, 17 disagreed, and 20 were neutral. The general practitioners' knowledge about reducing the risk was assessed by asking them to classify the "risk of catching the AIDS virus, if present, in certain situations" as high, low, or no risk or "unsure." Sharing needles and anal intercourse were classified as high risk by all 132 and 131 of the 132 general practitioners, respectively. More interesting perhaps were the routes of transmission about which at least 5% of the general practitioners were unsure. Forty out of 131 were unsure about breast feeding; 11 out of 132 about insect bites; eight out of 130 about deep (French) kissing; seven out of 131 about saliva; and seven out of 132 about oral sex. In addition, routes that carry no risk were regarded as carrying some risk by some general practitioners (saliva 72 out of 131; insect bites 25 out of 132; sharing crockery or cutlery, or both, eight out of 132; and swimming pools eight out of 132). The most important advice to protect people from infection with HIV concerns safer sex. The general practitioners were asked to classify various sexual activities according to the risk of transmission of HIV; table II shows the results.

Discussion

Sixty four (33%) doctors did not return the questionnaire. They might be expected to be less interested in the issues of AIDS than those who replied. Only half of the general practitioners who responded expressed an interest in health education being part of a training programme for AIDS, and only just over half of them had ever raised the question of AIDS with a patient unprompted. This is sad because doctors are regarded as good and credible sources of health information,[8] and preventive work by them might have a large impact on morbidity and mortality from AIDS. One in six of these general practitioners would not dissent from the notion that criminalising homosexuality would help control AIDS, which is a similar proportion to that found in a study of medical students' attitudes to AIDS.[11] Thus these general practitioners at least would have little interest in a more positive approach to preventing infection with HIV.

TABLE II—*Classification of risk of transmission of HIV according to type of sexual activity*

Sexual activity	High risk	Low risk	No risk	Unsure
Anal intercourse (n=132)	131	1		
Vaginal intercourse (n=132)	69	60	3	
Oral sex (n=132)	60	59	6	7
Deep (French) kissing (n=130)	8	62	52	8
Mutual masturbation (n=130)	1	37	90	2
Kissing on the cheek (n=132)		4	126	2

The assessment of the relative suitability of different groups of patients for health education (table I) yielded some surprises. Gay women, for example, are less at risk of infection with HIV than pregnant women; and adults aged 20-50 will probably be at the highest risk during the next few years, but many doctors thought it inappropriate to raise the issues of infection with HIV with them. Current knowledge about the prevalence of HIV in the United States and Africa does not justify such large differences in assessments of "appropriateness."

General practitioners must be able to discuss sex with their patients if they are to assess their risk of infection with HIV. Nearly a quarter of this sample could not say that they felt comfortable asking questions about their patients' sexuality, and a third could not say that they had the skills to ask for any information relevant to infection with HIV.

Most of the general practitioners were confident that they knew enough about and could advise on reducing their patients' risk, although 24 out of 131 and 37 out of 128, respectively, were not. The advice they might give is, however, troubling. Uncertainty about methods of transmission is undesirable and often unnecessary. The numbers fearing transmission of HIV where none would normally be expected are surprising, particularly for saliva (clinicians' divergences from expert opinions on AIDS have been noted before[4]). More worrying are the assessments of risk for various sexual practices (table II). Although the ranking of risk was orthodox, the weight apparently given to particular activities could be dangerous. For example, although anal intercourse was considered to be high risk by all but one of the 132 doctors, vaginal intercourse was high risk for 69 (too few[12]) and oral sex was high risk for 60 (too many[13]). Our overall impression is that many of the general practitioners had a distorted view of the risks of infection with HIV: on the one hand, they underestimated the risks to heterosexuals as opposed to homosexuals (including women), and, on the other hand, they exaggerated trivial or non-risks at the expense of real ones.

Are general practitioners in east Berkshire representative of their colleagues elsewhere? There is no reason to suppose that they are greatly atypical. Moreover, as the district will probably have a higher than average incidence of disease associated with HIV during the next few years[14] the answers of these general practitioners are important in themselves. Within a few years the epidemic of AIDS among homosexuals and drug users will be a leading cause of "life years lost" in some districts.[5] It will also be the cause that could most easily have been prevented. A massive heterosexual epidemic can still be prevented if patterns of sexual behaviour change.[12] The results of our survey are disappointing because they suggest that many general practitioners are not yet ready to help their patients in limiting the spread of HIV.

Evidence that general practitioners can affect sexual behaviour is lacking, although many people are keen to receive advice about other aspects of their lifestyle from their family doctor,[8] and such advice is sometimes heeded.[9,10] Unfortunately, many general practitioners never give such advice.[8] The evidence suggests that a change in sexual behaviour can protect against infection with HIV. Safer sex (in particular, the avoidance of receptive anal intercourse) is associated with relative protection against infection with HIV.[13] Condoms probably prevent the spread of HIV,[15] although their failure rates as contraceptives[16,17] and their low acceptability[18,19] mean that their use should be promoted only in the wider context of advice on safer sex.

Thus general practitioners' advice about sexual behaviour could benefit their patients. Furthermore, as general practitioners see two

thirds of those on their list each year[7] (though probably a smaller proportion of those at highest risk) such advice given carefully to every patient might also greatly reduce the spread of HIV in the population. There remains a need for evaluating the most effective ways in which this can be done. Nevertheless, the matter is so urgent that this need must not be used as an excuse for inaction.

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General practitioners and management of infection with HIV

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Abstract

General practitioners will have an increasingly important role in the management of patients with the acquired immune deficiency syndrome (AIDS) and infections with human immunodeficiency virus (HIV) as the numbers of cases increase. Altogether 280 general practitioners working in Oxfordshire were sent a postal questionnaire inquiring about their education, knowledge, current practice, and attitudes in relation to managing infections with HIV. Of the 235 (84%) general practitioners who replied, nine out of 10 were giving advice about infection with HIV to their patients. One in two were testing patients for such infection, and one in four were caring for infected patients. Nevertheless, uncertainty remained about the risks of transmission of infection with HIV and general practitioners' knowledge of educational activities for their patients could be improved.

The introduction of a facilitator to work with general practitioners in managing patients with AIDS or infection with HIV is planned, especially to help general practitioners develop the skills needed for prevention.

Introduction

As the numbers of patients infected with human immunodeficiency virus (HIV) and with the acquired immune deficiency syndrome (AIDS) increase general practitioners will have an increasingly important role in screening for HIV antibody state, counselling patients positive for HIV, and managing patients with AIDS. Although there have been some studies of doctors' and nurses' views about AIDS,[1-3] little is known about the education, knowledge, current practice, and attitudes of general practitioners in relation to the management of infection with HIV. We undertook this study to obtain such information as a step to develop the prevention and treatment of these infections outside hospitals.

Methods

The sample comprised 280 general practitioners whose practice was in Oxfordshire. They were sent a postal questionnaire with a freepost return envelope during spring 1987. The questionnaire covered six main topics: education of the public (health education, educational material based in the practices, and dealing with patients' questions); professional education (of general practitioners and staff in the practice); screening for HIV antibody state; managing patients positive for HIV antibody; patients with AIDS, and attitudes to AIDS and infection with HIV.

The component of the questionnaire concerned with professional education included a series of questions on educational activities undertaken by the general practitioners (attending meetings or seminars on AIDS and reading medical publications on AIDS) and a series of questions about seeking specialist advice or information about AIDS from clinics for genitourinary medicine and department of infectious disease. The number of educational activities was added together to give a maximum score of five, and the number of activities for seeking information was added together to give a maximum score of four.

The component of the questionnaire concerned with measuring doctors' attitudes to working with the issues of AIDS consisted of 10 questions to which the respondents were asked to indicate agreement on a seven point scale ranging from "strongly agree" to "strongly disagree." Responses to the 10 scales were added to give a combined overall attitude score. The scores were divided into equal numerical thirds: "low," "middle," and "high." Low indicated a less positive attitude towards working with patients with AIDS and high a more positive attitude.

Results

Altogether 235 general practitioners (84%) replied.

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