# HIV/AIDS AND TB NEWSLETTER

## NEWSLETTER FROM THE NATIONAL HIV/AIDS AND TB PROGRAMME, PRETORIA

Number 35    13 June 2003

### NOTE FROM THE EDITOR

It has been some time since the last HIV/AIDS and TB newsletter. The past few months have been very busy, with the end of the financial year, collating information for the annual report, and visiting the provinces.

The national office decided to visit all of the nine provinces to interact with provincial HIV/AIDS and TB staff, and in some cases district staff as well. These visits are aimed at interacting with individual provinces on progress, plans and challenges. A team from the national office has already visited 7 of the 9 provinces, with the last two visits to take place by the end of June.

The process of compiling the annual report has also been illuminating. The annual report highlights achievements in the last year in the various programmes within the HIV/AIDS and TB Chief Directorate. This includes the:

- Office of the Chief Director (including the National Integrated Plan and the SANAC Secretariat)
- Interdepartmental Support Programme
- Youth Programme
- Partnership Support
- STI and HIV/AIDS Prevention
- Research and PMTCT
- Treatment, Care and Support (including VCT and HBC)
- Government AIDS Action Plan
- Tuberculosis, and
- NGO Funding

The full Department of Health annual report will be available by end July 2003, and will be placed on the website.

A document that is available already on the website is entitled "Tracking Progress Against the HIV/AIDS/STI Strategic Plan for South Africa, 2000-2005". This document provides a brief overview of what has been achieved against the various goals and strategies contained in the Strategic Plan since its launch in July 2000. This document can be accessed by visiting the website (www.health.gov.za), clicking on AIDS, and then on Reports.

### SOUTH AFRICAN AIDS CONFERENCE

Delegates who wish to attend the 4-day SA AIDS Conference at the International Convention Centre (ICC) Durban, South Africa from the 3rd to the 6th of August 2003 are requested to visit the official SA AIDS Conference website at http://www.sa-

aidsconference.com where one is able to submit a registration form online, and download scholarship application forms.

The registration costs are as follows:

| | |
|---|---|
| Before 21 July | R2 223 |
| After 21 July | R2 565 |
| Accompanying person | R 114 |

*For more information, please contact the Conference Secretariat at (012) 481-2074 or aidsconference@samedical.org.*

## A SHORT GUIDE TO ADHERENCE TO MEDICATION FOR CHRONIC CONDITIONS

The subject has been split over three issues:

- This issue – beyond DOTS, the doctor-patient relationship and the consultation
- The following issue – Treatment counselling, the treatment plan and practical strategies
- A following issue – experiences in a rural/under-privileged setting

### Adherence – beyond DOTS

In previous articles we have looked at the background to adherence to medication for certain chronic conditions, which includes TB and HIV antiretroviral therapy. Compliance rates of 60% for TB are clearly not satisfactory and recent unpublished compliance rates by one of the major HIV disease management companies of 60% (for 70% of their patients), makes many wonder if we will ever get it right. In both instances vast resources are pumped into different structures with really if little effect since these compliance rates are not much better than for other conditions (see earlier article). The recent HIV compliance rates for HIV antiretroviral therapy provide ammunition to those who do not want to supply the medication but then the same should be argued for TB since the rates are apparently not much better.

Clearly a new approach is necessary if we are to achieve the desired results. Developed countries are beginning to realize that in order to achieve improved health standards and lower costs a new partnership and protocol has to be developed between doctors, health care workers and the patient. It has to be a unique partnership going back to basic treatment principles – a partnership of understanding, education and trust between the two major players. Not only have doctors and health care professionals got to change attitudes and practices but the patient has to take on more responsibility for treating their condition. This is a 'chicken and egg' situation and will present problems, which are not insurmountable.

### The doctor- patient relationship

The relationship between patient and doctor is pivotal and is the first area that needs to be addressed. Simple steps such as changing the office layout will send out different signals to the patient. A doctor sitting on the other side of a desk behind a pile of papers answering phones during the consultation sends out signals of authoritarianism and l control. It can also instil the 'fear of God' into the patient.

In Europe in the HIV clinics changes have already started to occur. Yes, the doctor can have the pile of papers but telephones are **never** answered during the consultation but the desk

has moved. It now sits against the wall with patient and doctor sitting on the same side as the patient. The relationship has changes immediately to one of equality and becomes conducive to the exchange of information rather than a question and answer session more akin to an interrogation across the desk. As the doctor makes notes it means the patient can see what the doctor is writing, lowers levels of suspicion and it also makes it easier to show the patient any documentation that may have come from the labs in terms of blood and other tests. The two players in the consultation share their space and the doctor shares information with the patient. The doctor does not lose status – in fact status is enhanced.

This principle can even be extended to ward visits where often the doctor is accompanied by several support staff and medical students. Again there has always been a tendency to stand at the end of the bed. Faced with a barrage of faces the patient often feels intimidated. Put the doctor next the patient and the whole scenario changes – the others stand at the base of the bed and their status becomes that an onlookers rather than participants.

The same applies to the surgery where onlookers if involved in the consultation should be totally apart from where the main consultation is taking place and that includes ancillary staff. A consultation is a private affair and others should never be present without the consent of the patient.

The doctor is and remains the pivotal consultative point. Passing any part of the interview over to another individual without even the patient's permission lessens the importance of the condition in the patient's opinion and creates barriers.

Other medical professionals such as nurses, social workers and ancillary staff are skilled in that they have the knowledge and are there to re-enforce the doctor patient interview – not to take over. They do not command the same degree of respect, although they should do but if the doctor patient interview is carried through correctly then re-enforcement will establish their identity on the treatment procedure and establish the same sort of relationship.

In conclusion a correct relationship will allow for

- Open and honest dialogue
- Reduction of stress levels
- Patient education about the disease, its progression, blood and other tests
- The beginning of a treatment plan with patient co-operation

**The Consultation**

Where chronic conditions are concerned, especially HIV and TB, initial counselling is nearly always a doctor function since this establishes the groundwork for treatment and provides the basis for the doctor to understand and get to know the patient. Volumes have been written on the counselling procedures and certain protocols have been laid down. Lack of time is nearly always been given for incorrect counselling. If the foundations are incorrect then the structure will collapse. The patient detects a lack of interest in his/her own personal and well-being, which ultimately reflects itself at later stages of the treatment procedure.

Provision of chronic medication requires the same counselling procedures as diagnostic counselling and this is now accepted internationally. The lessons learnt in the developed world can easily be adapted to the South African context where any condition is concerned since the vast majority of patients (over 80%) want to know about their condition AND its

treatment. Lack of knowledge often leads to a feeling of despair and despondency. Providing the correct treatment counselling not only empowers the patient but allows the patients to start taking responsibility for their own treatment.

Data shows that patients who understand the rationale for treatment and the role of adherence in achieving the desired results and avoiding disease progression report higher levels of adherence than those without.

In following consultations the procedure becomes much easier for the doctor and the support staff. Interviews can become shorter as patients are adherent and take over responsibility.

To summarise remember:

- Patients will often fail to understand the contents of the consultation – the "yes" syndrome
- Patients will always tell doctors what they want to hear – the 'respect' syndrome
- Open-ended questions are an invaluable tool
- Patients will never discuss problems with their doctors unless the relationship is one of trust and mutual understanding
- Most patients would like support but are scared to ask for it
- In the case of chronic conditions the only point of contact is the doctor. Patients often have non-treatment related concerns. Tackling these as well will often lead to greater levels of adherence.
- Cutting down consultations because of time constraints will lead to lower levels of understanding and adherence.

*This article because of length will be continued in a further issue.*
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*This article is part of a series by Peter Adams of Treatment Helpline Direct. Questions and comments may be directed by e-mail to helplinedirect@tiscali.co.za or though the Unidos Trust at 011 708 7262 during office hours.*

## Important Dates and Meetings

16 June: Youth Day

## Useful Websites

www.health.gov.za
www.aidsinfo.co.za
www.aidsdirectory.co.za
www.dpp.org.za
www.hst.org.za
www.global-campaign.org (for news on microbicides)
www.who.int/hiv
www.saavi.org.za
www.afroaidsinfo.org
www.lovelife.org.za
www.childaidsservices.org
www.equityproject.co.za
www.learnscapes.co.za
www.hivan.org.za

www.unaids.org
www.caprisa.org

You are also encouraged to share information on other useful websites. Feedback on the Department of Health website would be especially valuable.

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**Red Ribbon Resource Centre**

For all requests of HIV/AIDS materials (posters etc.), please contact:

Tel: (011) 880-0405
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