
The Role of the American Hospital Association in Combating AIDS

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Synopsis

The American Hospital Association (AHA) has taken a leadership role in assisting health care providers in dealing effectively with the challenges of AIDS. Early work focused on preventing infection in the health care setting with the use of the Centers for Disease Control's recommended precautions concerning blood and body fluids. Supporting this effort were a number of live teleconferences, videotapes, and publications that addressed the use of precautions with AIDS patients, community issues associated with the disease, and the development of employee policies.

In July 1987, a Special Committee on AIDS/HIV Infection Policy was formed by the AHA Board of Trustees and charged with developing recommendations on the issues that needed to be addressed if hospitals were to continue to meet the challenge of AIDS effectively. The committee's first set of recommendations, approved in November 1987, reaffirmed the use of universal precautions, provided guidance on the appropriate uses and application of HIV testing, and stated that the delivery of care should not be conditioned on the willingness of a patient to undergo testing. The second set of recommendations, which were approved in January 1988, focused on the need to distribute the responsibility for AIDS care among a wide variety of health care providers, to seek creative financing approaches that involve both the private and public sectors, and called on hospitals to provide leadership in ensuring that a continuum of services is available to AIDS patients. Continuing efforts to assist hospitals in the care delivery issues associated with AIDS are described.

HOSPITALS have been the frontline of America's war against AIDS since the disease was first identified in 1981. Each day, hospital personnel have dealt with the pressing needs of preventing further transmission of the virus, as well as caring for persons who have been infected. In doing so, they have wrestled with the difficult medical, legal, and moral issues that AIDS has put before us.

Indeed, AIDS has challenged many of our fundamental notions about modern medicine. Both health care professionals and the public have grown accustomed to the extraordinary ability of science to prevent and treat infectious disease. Yet the stubborn and virulent nature of AIDS has frustrated and bewildered a generation unused to feelings of helplessness. Such feelings are particularly difficult for health care workers, who must grapple both with limits of their ability to treat the disease and with their own concerns about an important, although small, risk that has been introduced in their workplace.

The problems of AIDS have been further complicated by the social stigma that has continued to

accompany the disease. Because of its initial appearance among homosexual men and IV drug users, attitudes about the lifestyles of those populations have become closely bound with attitudes about the disease. These attitudes have contributed to destructive and irrational fears about AIDS.

The resulting potential for rejection and even discrimination has raised new concerns for health care providers about the balance between (a) actions needed to deliver appropriate care and ensure a safe hospital environment and (b) the protection of the interests of the HIV-infected person. Providers are often confronted with competing goals and increasingly are being faced with hard choices regarding the management of HIV-infected patients and staff.

While AIDS has presented new challenges to the health care field, perhaps more importantly it is also illuminating old problems that have eluded resolution for years—the emotional, social, and financial stresses that can result from catastrophic illness and the worsening problems of medical indigence and inadequate health insurance cover-

age. None of these problems are unique characteristics or byproducts of AIDS, but the rapid escalation of the disease, its particularly savage course, and its current prevalence among young people in their most productive years have added new twists to the difficulties of caring for the terminally ill.

The American Hospital Association (AHA), as the principal advocate for the nation's hospitals, has devoted considerable resources to assisting health care providers in dealing effectively with the challenges of AIDS. Our early efforts began as a response to the uncertainties about how to care for AIDS patients and have since expanded to focus on the broad spectrum of issues and the framework for the development of policies to address them.

Ensuring a Safe Hospital Environment

From the beginning, a central issue for hospitals has been the management of infection in the health care setting. When providers in California and New York first began seeing AIDS in the early 1980s, little was known or understood about the nature of the disease or its etiology. Although much of the epidemiologic evidence suggested that AIDS might be caused by a blood-borne agent, the human immunodeficiency virus (HIV) was not widely understood until 1984. Our responses have become more sophisticated as we have learned more about the science of AIDS.

In 1983, the AHA Advisory Committee on Infections within Hospitals developed a comprehensive set of recommendations entitled "A Hospitalwide Approach to AIDS" (*J*). This document, which was sent to all member hospitals, provided information on the science of the disease as it was understood at the time and outlined appropriate precautions that had been recommended by the Centers for Disease Control (CDC) concerning the blood and body fluids of patients with known or suspected cases of AIDS. Although the HIV had not yet been identified, these precautions, based on the model for preventing transmission of hepatitis B, have continued to be the basis of our approach to preventing infection in the health care setting.

The committee's recommendations also went beyond the clinical aspects of the disease to focus on the impact of the precautions on patients, the importance of protecting the dignity and confidentiality of patients, and the need for mechanisms to address the concerns of the staff. The committee

urged hospitals to consider aggressive education and counseling programs as a critical management tool for handling patients' and employees' concerns regarding AIDS. Further, the recommendations recognized the need for "every hospital . . . (to) address the policy and management issues raised by the treatment of AIDS patients," particularly those institutions with little or no experience in dealing with the disease.

In tandem with the issuance of these guidelines, in December 1983 the AHA broadcast a live teleconference to hospitals in more than 100 cities across the nation. The broadcast provided a unique forum for the discussion of the decisions hospitals must make concerning AIDS. In addition to focusing on the use of precautions with AIDS patients, the multidisciplinary panel debated a range of administrative and legal issues and fielded questions from the audience.

A variation of this approach was undertaken in January 1986 in response to the growing need for extensive education in communities and their hospitals. Hospitals were encouraged to invite members of the community—teachers, emergency response personnel, and business leaders—to share in viewing "The AIDS Dilemma: Confronting Fears with Facts." The live broadcast was designed to provide the most up-to-date information on AIDS and to stimulate dialogue in the community on the issues involved. Some 14,000 persons participated in the teleconference.

The same month, the committee issued a revised set of guidelines reflecting the gains in our understanding of AIDS and the development of HIV screening. Again, the committee worked closely with the CDC on the content of the guidelines. In addition, two videotapes were subsequently made available to hospitals. "Fear of Caring" examined employees' concerns about caring for AIDS patients. "Managing AIDS in the Workplace" focused on providing assistance to human resource personnel in the development of employment policies, as well as education and counseling. The AHA also continued to provide technical assistance to individual institutions.

A critical event took place in May 1987: the CDC issued its report on three health care workers who had tested positive for the HIV after nonpercutaneous exposure to the blood of infected patients. The announcement had a significant impact on the field. Although the exposures did not dramatically change the base of knowledge regarding routes of transmission or the risk of infection to health care workers, the resulting

publicity had a profound effect on the perceived level of risk in the health care setting. For the many hospitals that had not yet dealt with an identified AIDS case, the issues suddenly became more immediate.

The AHA took two important steps to help hospitals with the flood of questions and concerns. In June, after consultation with CDC, we issued a statement to all hospitals endorsing the use of universal precautions as the most effective means of preventing HIV transmission. We then produced a special broadcast bulletin, available free of charge to all member hospitals, on the need for and use of universal precautions. A copy of the telecast was sent to all members to keep and use in educational efforts. A companion educational videotape, which dramatizes attitudes that may prevent some health care workers from adequately protecting both themselves and their patients ("Is It Worth the Risk?"), was made available shortly thereafter.

The AHA is continuing to focus its energies on helping hospitals to implement an effective program of universal precautions. Current projects include the development of specialized training resources and an examination of the financial implications of protective measures. Further, the AHA has worked closely with the Occupational Safety and Health Administration to provide the perspective of hospitals in the development of guidelines for the protection of health care workers.

Development of Institutional Policies

The growing complexity of AIDS-related issues facing hospital management, coupled with the increasing number of hospitals affected, prompted the AHA Board of Trustees to consider additional ways in which the AHA could help hospitals develop policies that would promote continued delivery of high quality care and facilitate the resolution of conflicts. In July 1987, a Special Committee on AIDS/HIV Infection Policy was formed and charged with (a) identifying the issues that needed to be addressed if hospitals were to continue to meet the challenge of AIDS effectively and (b) developing recommendations for responding to those issues.

This national panel, which was drawn in part from the membership of the Advisory Committee on Infections within Hospitals, represented many perspectives—legal, nursing, medical, infectious disease, and administrative. Further, the members included persons from hospitals with extensive

experience with AIDS, as well as small rural facilities with few AIDS patients.

The Special Committee presented its work in two volumes of recommendations. In November 1987, the first volume, "Ensuring a Safe Hospital Environment," (2) was approved by the AHA Board of Trustees and sent to all member hospitals. It focuses on the actions that should be taken to protect patients and staff from infection and safeguard the interests of persons with HIV infection.

First and foremost, AHA's support for the use of universal precautions as the most effective means of preventing transmission of HIV in the hospital setting is reaffirmed in "Ensuring a Safe Hospital Environment." This volume also provides guidance on the appropriate uses and application of HIV testing. The recommendation is that routine screening of either patients or staff not be substituted for rigorous adherence to universal precautions because such screening is not necessary to reduce the risk of exposure to HIV. The Special Committee set forth additional criteria for the limited use of HIV screening in the case of certain procedures where additional precautions are identified that could not be implemented universally but that would materially reduce the risk for patients or staff. The Special Committee further stated that

Hospitals that perform HIV tests for any purpose must recognize the extreme sensitivities associated with these tests by adopting policies that address the use of informed consent, the standards for using an HIV test as a screening device, notification of patients, the need for counseling, and appropriate use of test results to influence treatment decisions, and the maintenance of confidentiality of information about HIV status.

The Special Committee also stated that the delivery of care should not be conditioned on the willingness of a patient to undergo testing or on the results of a test, except where clinically indicated. The report further calls for hospitals and their medical staffs to work together to develop policies that ensure the delivery of appropriate care to HIV-positive patients.

Since the publication of "Ensuring a Safe Hospital Environment," the AHA has sought to provide hospitals with practical assistance in developing their own institutional policies that address the management of HIV infection and the protection of both patients and staff. An important part

of that effort took place in March 1988 when the AHA and the American Medical Association sponsored a joint teleconference, "AIDS Policies: Hospital/Medical Staff Dialogue and Decisions." This unique presentation provided discussion and debate on the need for and methods of achieving collaboration between medical staff and administrators in the development of policies that promote consensus and provide for the resolution of conflict. The teleconference also provided an up-close examination of the policies of two hospitals and the processes by which these policies were developed.

An important management resource has been developed by our affiliate, the American Academy of Hospital Attorneys. Their report, "AIDS and the Law: Responding to the Special Concerns of Hospitals," (3) provides administrators and their legal advisers with a thorough overview of legal issues associated with AIDS.

The Delivery and Financing of Care

A third area of importance to AIDS patients and to hospitals is the organization and financing of AIDS care. The escalating demand for a complex array of services during an era of retrenchment in health care coverage has prompted concerns that AIDS will test the limits of the current financing system in new ways and perhaps jeopardize the pluralistic approach to financing health care. To address these concerns the Special Committee developed a second report, "Health Delivery, Financing and Public Health," that was approved by the AHA Board in January 1988. This second set of recommendations examines the issues that must be addressed in order for hospitals to continue to provide high quality care to persons with AIDS or AIDS-related illnesses. In addition, because hospitals have a vital interest in the health of their communities, the report examines the actions needed to prevent further spread of the HIV outside of the hospital setting and the role that health care institutions can play in promoting public awareness.

"Health Delivery, Financing and Public Health" focuses on the need to distribute responsibility for AIDS care among a wide variety of health care providers to promote community-based care and to lessen the potential cost burden faced by any one institution. The recommendations also urge hospitals to provide leadership in working with other health care providers and community organizations to ensure that a continuum of services is available

to AIDS patients and that care is appropriately coordinated among providers.

The Special Committee also identifies the obstacles to adequate financing of AIDS care and outlines a strategy for dealing with them. Underlying this strategy is the belief that every effort should be made to address the financing of care for AIDS patients and HIV-infected persons under a pluralistic system. Accordingly, the committee's report and recommendations call for the development of creative new approaches to managing risk in the private sector, in tandem with the improvement of public coverage for persons unable to afford or obtain private coverage.

This strategy is intimately linked with AHA's continuing efforts to seek improvements in indigent and catastrophic care. As such, the report establishes a framework for advocacy and focus for dialogue with insurers, business, and government on fundamental issues that must be dealt with to ensure the continued viability of our pluralistic system.

In addition to seeking these long-term solutions, AHA is continuing to pursue projects to assist hospitals in coping with the demands of AIDS care in the present environment. Among these was our October 1987 teleconference "AIDS: Payment, Treatment and Liability," which examined innovative ways of delivering and financing care, as well as legal issues encountered by management. We have also initiated a study of the financial implications of universal precautions. Further, the AHA is exploring ways to facilitate the development of community- and home-based services for AIDS patients.

Looking Toward the Future

Although hospitals are meeting the challenge of AIDS care today, it is clear that much needs to be done to ensure that they are able to do so in the future. For most of the 1980s, care for AIDS patients was concentrated primarily among a group of hospitals in metropolitan areas. The growing number of persons affected by the disease means that virtually all community hospitals around the country will eventually care for AIDS patients. Already, the profound impact of the disease on the health care field is touching all hospitals. All institutions are now confronted with the need to develop institutional policies that will help them address the complex range of issues.

Even though many questions concerning AIDS continue to be unanswered, there is much that

hospitals can do to prevent the transmission of the virus and to provide high quality care to AIDS victims. And they are doing it. But many challenges remain. The AHA is committed to helping hospitals and society find the answers.

References.....

1. American Hospital Association: A hospitalwide approach

to AIDS: the recommendations of the Advisory Committee on Infections within Hospitals. Chicago, IL, 1983.

2. American Hospital Association: Ensuring a safe hospital environment: report and recommendations of the Special Committee on AIDS/HIV Infection Policy. Chicago, IL, 1987.

3. American Hospital Association: AIDS and the law: responding to the special concerns of hospitals. Report prepared by the AIDS Task Group of the American Academy of Hospital Attorneys of the American Hospital Association. Chicago, IL, 1987.

I HAVE AIDS
Please hug me



I can't make you sick

AIDS HOT LINE FOR KIDS
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