

⌘ Calendar ⌘

XLVI Meeting of the
Advisory Council on AIDS
(ACA)

2:30 pm 2 April 2004

XXXI Meeting of the
Scientific Committee on
AIDS (SCA)

2:30 pm 30 March 2004

XVI Meeting of the AIDS
Prevention and Care
Committee (APCC)

6:30 pm 18 June 2004

XIV Meeting of the
Committee on Promoting
Acceptance of People
Living with HIV/AIDS
(CPA)

2:30 pm 27 May 2004

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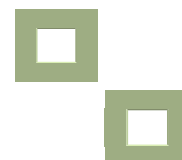
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The 46th ACA Meeting

The 46th meeting has been scheduled for 2 April 2004. There are three main items on the agenda: (a) Establishment of the Centre for Health Protection by the Department of Health; (b) Revisiting the Community Planning Process; and (c) Annual report of the Hong Kong Advisory Council on AIDS.

Members will be introduced the setup of the new CHP and how it is operated in a seamless, sustained and integrated approach as recommended by the SARS Expert Committee. They will then discuss when and how to initiate the second round of the Community Planning Process to prioritize HIV prevention and care activities in the territory with a view to fulfilling the fell short target identified at the last meeting. Finally, members will be presented the annual report that captures the ACA's activities for the period from August 2002 to July 2003, the first year of the ACA in its fifth term of office.

The 31st SCA Meeting



The 31st Meeting of the Scientific Committee on AIDS (SCA) will be held on 30 March 2004. There are three main items on the agenda: (a) Recommended principles of antiretroviral therapy in HIV disease; (b) HIV clinical care model in Hong Kong; and (c) Guidelines on HIV infection and the health care workers. As usual, members will also review its action plan for the current term of office during the meeting.

Committees Meetings

CPA

The Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA) met on 18 March 2004.

Regarding the review of the progress, Members were pleased to know the findings of the review that the CPA was all along working towards the fulfillment of its strategies in line with the terms of reference. They also agreed to uphold the three-point recommendation made in the paper by (a) giving adequate support to the AIDS Support and Services Working Group to expedite its process for making recommendations regarding the needs of HIV infected individuals; (ii) compiling and publishing a series of ethical principles regarding the provision of services for HIV infected individuals to meet the ultimate objective of the CPA; and (iii) continuously expressing concern over controversial issues to convey a positive message to members of the public.

For the ethical principles on partner counselling and referral, Members examined the three recommended principles for health professionals when conducting PCRS for HIV infected persons. They are

i Appropriately conducted PCRS is beneficial to the HIV infected individuals, their partners and the community. Some form of PCRS should be conducted by health professionals who are taking care of HIV infected patients.

ii Approaches to provide PCRS are diversified with different pros and cons. Health professionals

should work with the patient to decide on the most appropriate approach.

iii PCRS should always comply with the existing local laws and professional code and conduct. Having much discussion, Members generally felt that it would be necessary to formulate the fourth principle to stipulate that individual institutions should develop their own protocol for conducting PCRS. The diction would be left for the secretariat.

As a follow-up to Members' deliberation to consult with prestigious professional bodies about the ethical principles regarding the use of assisted reproduction in HIV infected individuals, the feedback collected was that some were in support of the recommended ethical principles and none opposed them. As regards how to promulgate these principles, one out-of-the-box suggestion was to put them on the internet for viewing by members of the public as well as for collecting their views and comments. A set of ethical principles regarding the use of assisted reproduction in HIV infected individuals is reproduced on page 16.

APCC

The AIDS Prevention and Care Committee (APCC) held its 15th meeting on 19 March 2004. There were two main items on the agenda: (a) Introduction to the Prospect Theatre and (b) the Tong Xing Community Participation Project.

For (a), Members were introduced to the Prospect Theatre Company. As one of the professional repertory companies in Hong Kong, it had just celebrated its 10 anniversary.

With funding support from the AIDS Trust Fund, it organized various projects to promote drama education on the one hand and to disseminate authentic messages of HIV/AIDS prevention and care on the other among students in the secondary schools. Last year, it organized a project titled "Creative Theatresports Scheme". Twelve secondary schools with 15 to 20 students from each school participated in the project. The result of the project was encouraging. Students were taught the skills of performing art and familiarized with accurate knowledge of HIV/AIDS. Members were given to know that similar projects with different emphases would be organized this year if funding it hoped for was forthcoming.

As regards (b), the Tong Xing community participation project (同行工程) was initiated by the Red Ribbon Centre. An education film titled "Love Under the SUN" was produced for the World AIDS Day 2003 to raise the public awareness of HIV/AIDS and to promote the acceptance of people living with HIV/AIDS. A VCD recording the film was made subsequently to commemorate the event. The "Tong Xing" Project, in a nutshell, was a community participation project. Members of the public joined the "Tong Xing" project would be awarded a VCD for free. By joining the project, they need to secure a certification. AIDS NGOs would then become partner organizations responsible for certifying who had taken part in the project. A launching ceremony would be held in April in the Red Ribbon Centre.



Ethical Principles Regarding the Use of Assisted Reproduction in HIV Infected Individuals

Background

1. The desire of HIV positive individuals to procreate has been noticed in the HAART era when the morbidity and mortality of HIV infection have been dramatically reduced. To acknowledge their procreative rights, assisted reproductive therapy has been in use for HIV positive patients overseas to prevent HIV transmission to the HIV negative partners and their offspring. Albeit appearing a safe procedure, the possible risks of infecting the partners and the offspring associated could not be eliminated.

2. The birth of the first baby conceived by assisted reproductive technology in Hong Kong took place in 1986. Since then, some public hospitals and private practitioners have been offering assisted reproduction to their clients. So far, there has been no documented case of its use in HIV positive patients locally. In view of the possible demand in the future, the CPA put forward the following ethical principles to be observed regarding the use of assisted reproduction in HIV infected individuals in Hong Kong.

Principles

(I) **HIV infected individuals should enjoy equal right to access assisted**

reproductive treatment in Hong Kong as to those who are HIV negative. Although there is a lack of local experience in using assisted reproduction in HIV infected individuals in Hong Kong, this should not constitute a reason for declining such request given that it is technically feasible. People with HIV/AIDS are protected under the *Disability Discrimination Ordinance*. According to its section 26, it is unlawful to refuse to provide a person with disability with services of any profession unless the provision of such services would impose unjustifiable hardship on the service providers.

(II) **HIV infected individuals should be given comprehensive information and appropriate counselling on their reproductive options and the pros and cons on each of the options.** A multidisciplinary team, consisting of HIV physicians, assisted reproduction specialists, nurse counsellors and medical social workers should be equipped with such knowledge. They should adopt a **supporting attitude** by providing appropriate and unprejudiced information and medical assistance when necessary. The common goal is to minimize the possible risks of procreation and the use of assisted reproduction and maximize the well-being of the child and the couples.

(III) **The same principles under the Code of Practice on Reproductive Technology & Embryo Research should be applied irrespective of the clients' HIV status.** In particular, the welfare of the child will be of

paramount importance. The latest ethical guidelines set out by overseas authorities should be referred to. A set of criteria and recommendations recently published by overseas authorities for the use of assisted reproduction among HIV infected men and women should also be taken as a reference.

(IV) **The final decisions as to procreate or not and which reproductive options to opt for should be made by the couples themselves** after counseling. The decisions made should be free from coercion of any kind from any health care providers.

Conclusion

To conclude, HIV infection per se should not be an absolute exclusion criterion for access to assisted reproduction. The HIV positive individuals should enjoy equal access to such service and be evaluated using the same principles as applied to the uninfected people. Health care workers should preferably be equipped with knowledge to provide appropriate information and counselling in a non-discriminatory manner. The dogma in medical ethics, namely autonomy, beneficence, nonmalefeasance and justice should be considered at all times and the final decisions concerning the procreative choices should always be made by the patients and be respected by the health care providers.

