

Position Statement on HIV-Infected Psychiatrists

Retained and reaffirmed by the Assembly, May 2012

Retained and reaffirmed by the Board, July 2012

Approved by the Board of Trustees, December 2004

Approved by the Assembly, November 2004

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Introduction

Individuals infected with the human immunodeficiency virus (HIV) must be treated with compassion and with due respect to rights, privacy, and confidentiality. The available evidence and the current guidelines of the U.S. Centers for Disease Control and Prevention (CDC) suggest no indication for mandatory HIV testing for physicians.

However, because of the physician's professional obligation to do no harm, guidelines are needed in the event that psychiatrists are unable to perform professional duties because of HIV disease. Psychiatrists, like all physicians, should be aware of and comply with the CDC guidelines for preventing HIV transmission. Clinical evidence indicates that HIV infection is not spread by casual contact. The clearly defined modes of transmission are direct exposure to HIV-infected blood and direct exposure to HIV by sexual contact.

I. Clinical Competence

Recognition of impairment of clinical competence resulting from any illness should be the responsibility of individuals treating the psychiatrist, as well as supervisors, colleagues, and family. Restriction of clinical privileges on the basis of HIV infection alone are clearly unwarranted. When observations of the psychiatrist's behavior indicate impaired clinical competence, American Psychiatric Association (APA) Guidelines to District Branch Impaired Physician Committees should be followed and appropriate authorities notified.

II. Confidentiality

Reporting to public health authorities of HIV infection/AIDS in psychiatrists should be no different from that for other infected individuals. All reporting should maintain an individual's rights to privacy and confidentiality. APA guidelines relating to confidentiality and disclosure apply to psychiatrists who are HIV-infected as well as to other infected individuals.

III. Discrimination

Action against an otherwise qualified individual in licensing, hospital privileges, or admission to medical training programs on the basis of HIV serostatus is discriminatory and in violation of APA policy and federal law. The Americans with Disability Act of 1990 applies to HIV infection and prohibits discrimination in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment.

IV. Licensing

Psychiatrists with HIV infection should meet the same licensing requirements as other psychiatrists with psychiatric or other medical conditions. There is no indication for mandatory HIV testing for physician licensure. Denial or suspension of the affected psychiatrist's license on the basis of HIV infection alone should not occur.

V. Hospital Privileges and Admission to or Promotion in Psychiatric Residencies

There is no indication for mandatory HIV testing for hospital privileges or for admission to or promotion within psychiatric residencies. HIV infection alone is not grounds for exclusion from residency or hospital privileges. Psychiatric or other medical impairment, on the other hand, needs to be evaluated.