# The general practitioner and human immunodeficiency virus infection: an insight into patients' attitudes

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*SUMMARY. In a study of 100 patients with the acquired immune deficiency syndrome (AIDS), 77% were registered with a general practitioner and a further 14% wished to register. Of those 77 who were registered with a general practitioner, only 47 doctors knew their diagnosis; 19 of the 77 did not want their general practitioner to know. Of this small group of 19, a proportion would visit their general practitioner with symptoms, some of which may be related to AIDS. The main difficulty for patients in telling a general practitioner about their illness was a perceived lack of confidentiality and lack of sympathy. Patients valued understanding and expertise as most important in a general practitioner.*

*This study provides an analysis of why general practice is not seen as a significant resource for many patients with AIDS in the London area and suggests some initiatives to enhance the appropriate use of primary care services.*

## Introduction

ONE study has shown that only 50% of general practitioners are exhibiting any interest in human immunodeficiency virus (HIV) infection,[1] another that nine out of 10 doctors are already giving advice about HIV and one in two are carrying out tests.[2] A further survey suggested that the majority of patients would rather consult a clinic than their general practitioner.[3] It has been shown, however, that 68% of general practitioners feel that they should be involved in the care of people with HIV infection.[4]

The north west Thames region has reported 44% of the total number of cases of the acquired immune deficiency syndrome (AIDS) in the United Kingdom.[5] This study reviews the attitude towards their general practitioners of patients attending two hospitals in the region.

## Method

Fifty consecutive patients each from St Stephen's and St Mary's hospitals, were interviewed either as outpatients or as inpatients. The study population consisted of patients with AIDS (as defined by the Centers for Disease Control, Atlanta, USA); only those with severe mental impairment were excluded. All of the patients were homosexual men; four of them were also intravenous drug users. Personal interviews were conducted by the authors in an informal setting and using a semi-structured questionnaire. An exhaustive history of general practice registration was made in order to detect false positive and negative answers. In both attitudinal questions, patients' replies were recorded verbatim and the researchers subsequently categorized them into the reported groups.

The interviews were conducted between November 1987 and January 1988. Patients with HIV infection (but well) and those with AIDS-related complex were excluded on the basis that some local general practitioners were caring for such patients without hospital input, so that including this group would have led to inevitable bias.

## Results

Of the 100 patients, 22% were resident in the health district serviced by the two respective hospitals. Forty seven per cent of patients were living within the north west Thames region, 37% were resident in the other three Thames regional health authorities, and the remaining 16% lived outside London.

At interview 77% of patients reported that they were registered with a general practitioner. A further 14% expressed a desire to register with a general practitioner. The remaining 9% were not registered nor did they want to be. Just over half the patients (55%) had visited their general practitioner in the last year and overall 81% had seen their local general practitioner in the last five years.

Of the 91 patients with positive attitudes to general practitioners (that is, those who were registered or who would like to register), 67 (74%) would consider consulting a general practitioner about any symptom. When asked about AIDS-related symptoms (as defined by the patient) only 45 (50%) patients would be prepared to see their general practitioner.

Of the 77 patients currently registered with a general practitioner 47 (61%) knew their doctor was fully informed of their AIDS diagnosis. The remaining 30 patients thought that the general practitioner did not know. Of these 30, 19 did not want their doctor to know and 14 of the 19 might consult the general practitioner about any symptoms.

Forty one patients gave reasons for not wishing a general practitioner to know their diagnosis; more than one response was allowed (Table 1). Seventy one per cent feared that the general practitioner would not maintain confidentiality.

Ninety seven patients answered a question about the characteristics they felt were important in a general practitioner; a total of 181 responses were given. Answers were categorized by the interviewers (Table 2).

**Table 1.** Reasons given by 41 patients for not wishing a general practitioner to know their diagnosis of AIDS.

| | Number of respondents |
|---|---|
| General practitioner not maintaining confidentiality | 29 |
| Staff (especially receptionists) not maintaining confidentiality | 19 |
| General practitioners lacking in sympathy | 13 |
| General practitioners lacking in knowledge | 8 |
| General practitioners lacking in skills | 6 |
| General practitioners lacking in interest | 4 |

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**Table 2.** Characteristics which 97 patients with AIDS thought were important in a general practitioner.

| | Number of respondents |
|---|---|
| Understanding | 54 |
| Expertise | 48 |
| Communication skills | 18 |
| Accessibility | 12 |
| Homosexuality | 12 |
| Confidentiality | 11 |
| Motivation | 7 |
| Others | 19 |

## Discussion

Wide differences occur in the prevalence of HIV infection and AIDS in the UK and health care strategies need to acknowledge these geographical variances in order for overall medical needs to be met. The results from this study offer an insight into the attitudes of patients to their general practitioner and focus on central London as an area with the highest number of patients with HIV infection and where the standards of general practice vary enormously.

The main client group in London (homosexual men) and in Scotland (drug users) present the health care services with a contrasting yet equally needy group of young people requiring help. Intravenous drug users are a particularly isolated community who are unable to form the kind of support that the homosexual population has mobilized. This may be why the combination of primary and secondary care services has worked well in Scotland.[6]

It was encouraging to find 77% of this study population was registered with a general practitioner. Cartwright found that only 1% of the population did not have a National Health Service doctor in two studies 20 years apart.[7] Pease, however, studied a casualty department in inner London and found 25% of patients not registered with a general practitioner.[8] However, with 23% of AIDS patients currently not registered with a general practitioner and a further 30% registered with a doctor who did not know the patient's full medical diagnosis, over half of this group could not call upon the services of a general practitioner or felt they could not disclose information 'in confidence' to their doctor. Why is it that patients do not see the general practitioner as a resource to be utilized?

We believe there are three components to this vexed question. First, there is the inertia exhibited by some general practitioners in becoming involved in the care of patients with HIV and AIDS. This phenomenon itself requires further analysis but may include hostility towards homosexual patients.[1,4,9] Secondly, hospitals seem to retain total care of patients and in so doing alienate the general practitioner. The marginalization of general practitioners undermines their ability to provide care specifically in looking after family and friends and in terminal care. This was illustrated in the study by nine patients (not necessarily from the group who did not want to register with a general practitioner) who mistakenly perceived that the sexually transmitted diseases clinic could provide total care. Thirdly, providing primary care is particularly challenging when the potential users of such a service are reluctant to tell the general practitioner their medical diagnosis. This last problem is itself multifactorial.

First, confidentiality is an important issue of care.[10] Of the group unwilling to disclose information to their general practitioner, 61% of responses specifically cited confidentiality. It is widely known that some general practitioners have demanded that sexually transmitted diseases clinics inform doctors of a patient's history. The General Medical Council has recently issued guidelines on this question and concludes by upholding the patient's request for privacy (*HIV infection and AIDS: the ethical considerations,* unpublished paper, May 1988).

Secondly, the fact that patients commonly perceived an unsympathetic reaction confirms earlier work.[10] This may be due to the prejudice some doctors have shown to such patients. It is significant that it is the two characteristics of understanding and expertise that patients see as most important in a general practitioner. Studies have revealed that one in six general practitioners think that AIDS can only be controlled by recriminalizing homosexuality[1] and one in 10 general practitioners think homosexuality should be illegal.[4] The attitude of patients to the general practitioner will mirror the general practitioner's attitude to the patient.

Thirdly, patients perceived general practitioners to be lacking in skills and knowledge about AIDS. It is necessary to remind patients, clinic physicians and general practitioners that fundamental principles of medical care are universal and HIV disease and AIDS are no exception.

A multifaceted problem is clearly demonstrated where the attitudes of clients and hospital staff are as important as those of the general practitioner. We believe that perceptions of patients are determining factors in the decision to seek help. These may need modifying, however, in order for the needs of patients to be met in the most appropriate, flexible and cost-effective way possible. The clinic staff, clinic doctors and voluntary staff find themselves in a unique position in being able to influence and advise on the most appropriate use of primary and secondary care services. A firm belief in general practice, manifested by encouraging the use of primary care services and facilitating good communication will ensure an enhanced uptake of general practitioner services by patients.[11]

Finally, among the increased needs for clinical acumen, for educational, for therapeutic, preventive and supportive strategies the most vital and unchanging needs are for the doctor's compassion and time. Given that, the patient's trust may well follow.

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