AIDS

Acquired immunodeficiency syndrome (AIDS) caused by the human immunodeficiency virus (HIV) is a growing epidemic that may surpass the ravages of any plague in human history.

We extend compassion to all who have acquired this disease by whatever means. We urge the provision of medical care for them to the same degree that patients with other life-threatening diseases receive it.

Christian physicians and dentists, following the example of Christ, should care for HIV-infected persons even at the risk of their own lives.

We encourage all health care workers to do the same. In keeping with its historical precedents (e.g., the establishment of hospitals and orphanages), we urge the Church to become involved with the development of new health care ministries to provide compassionate care for persons with AIDS. They need the hope and peace that only the Gospel of Jesus Christ can give them.

We call for public health policies that balance patient confidentiality with protection of the uninfected. We urge screening of high-risk groups and sexual contact tracing of persons who are HIV-positive for both treatment and prevention of further transmission of infection. We encourage all health care workers to take reasonable precautions in caring for all patients.

Failure to inform one's sexual partner or any other person who may be exposed that one is HIV-positive is morally reprehensible, as is discrimination against an identified HIV-positive person. We believe that the interests of the uninfected have priority over the autonomy and confidentiality of patients who are HIV-positive and persist in high risk behavior. Physicians, dentists, and public health officials have a duty to warn in such life-threatening situations.

CMDA reaffirms the sanctity of marriage and deplores non-marital sexual intercourse, homosexual practices, and IV drug use, which account for the vast majority of AIDS cases.

Family life teaching and sexual education are God-given responsibilities of parents. The Church's task is to assist both parents and youth in understanding their sexuality in the context of biblical values. Sexual education in these and all other settings should include risk behavior information and instruction on protective techniques to inhibit the spread of AIDS and all other sexually transmitted diseases. Education and protective techniques alone, however, will not stop the spread of AIDS.

Our society needs to understand and acknowledge that there are compelling emotional, philosophical, medical, sociological and historical reasons for practicing abstinence before marriage and for fidelity within marriage. Since God has designed sexual intercourse for monogamous heterosexual marriage alone, and since this form of sexual practice will ultimately help to solve this problem, the Christian Medical & Dental Associations call our world to affirm biblical sexual morals.

Approved by the House of Delegates
Passed unanimously
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Explanation

Background

The CMDS does not have a position statement on diabetes, heart disease, or any other single disease process except AIDS. Why is this condition so unique that Christian clinicians need to give it special consideration?

HIV disease is unique. It has the transmission characteristics of syphilis and a natural history similar to tuberculosis; it carries with it the prognosis of bubonic plague and the stigma of leprosy. When the disease was first described and its epidemiology was being worked out in the early 1980's, the devastation it caused led to fear, judgment, hostility, avoidance, and discrimination regarding employment, access to medical care, housing, insurability, and other areas. Some Christians felt that the epidemic was God s judgment on those with immoral lifestyles. Some physicians and dentists chose to not treat patients with AIDS. Ethical questions arose about screening, confidentiality of test results, quarantine, access to treatment, HIV positive healthcare professionals, hurried access to research results and/or research drugs, etc.

Some supporters of and activists for the homosexual community labored extensively to ensure non-discrimination and urge non-judgment. These social and political activists were joined by many Christians who felt compassion for individuals with AIDS. This social/political movement encouraged acceptance of homosexual individuals, and directly or indirectly also encouraged acceptance of the homosexual lifestyle. Some of the non-discrimination policies and laws which resulted actually granted favored status to those infected with the HIV.

It was in this context that the CMDS undertook in 1988 to draft a position statement which could truly follow the old sermon theme about loving the sinner while hating the sin. The statement attempts to reaffirm the moral obligation of physicians and dentists to treat patients infected with the HIV, and to encourage the provision of compassionate care in the context of the gospel. It attempts a balanced approach to testing and confidentiality. At the same time, it reaffirms its understanding of and position on biblical sexual morals.

Christian Perspective

The Bible is very helpful in establishing a moral framework which provides parameters for treating persons with AIDS. Particularly relevant is Jesus encounter with the ten people with leprosy in Luke 17:11-19, one of whom was a Samaritan. Lepers in the time of Jesus bore much resemblance to persons with AIDS today--they were seriously ill and they were ostracized. Then, Jews looked down on Samaritans, just as today many people look down on those who take IV drugs or engage in homosexual behavior. When these kinds of people contract leprosy (then) or AIDS (now), they are especially despised.

Against this backdrop it is striking that Jesus not only relates to and heals people with unclean diseases, but that he heals them all without regard for whether or not they fall into a doubly-despised sub-group. Moreover, none of the ten appears to be a person of faith before the healing; yet one appears to come to faith in response to Jesus loving care. Surprisingly--but perhaps not so surprisingly after all--it is the Samaritan, the particularly despised one, who responds. Those most rejected by society can often be the most receptive to God s love expressed through medical and other forms of care.

Jesus makes it clear that he wanted all to come to faith, not just to physical health. Yet he healed all ten, irrespective of their openness toward God. Had those with leprosy been involved in sinful behavior, Jesus undoubtedly also would have told them to stop engaging in it after he saved their lives--as he did with the woman caught in adultery (John 8:11). So it is appropriate to uphold and communicate the importance of Christian faith and morality, even though the provision of care is not to depend on a patient s acceptance of either.

Abstracts

Kelly D. A biblical perspective on AIDS. CMDS Journal Fall 1989; XX(3):12-16

A pastor and theologian looks at and reflects on the AIDS epidemic. He first addresses a theology of life which emphasizes the infinite value of human life because it is created by God in his own image, and the divine plan of the marital and sexual relationship. He goes on to discuss a theology of disease and death. Although all disease and disintegration can be traced to the root cause of original sin, and some diseases may be a direct punishment from God, very often we can see no direct connection between specific sin and specific disease. He draws an analogy between the lowered voice of the church for failing to sound a warning about the consequences of sin to the lowered resistance of the body s immune system to infection with the AIDS virus. He goes on to make several observations about the involvement of innocents in plagues and disasters.

The author concludes with a theology of redemption focusing on God s atonement and reconciliation and Man s forgiveness and transformation. He calls Christians to a costly compassion while holding to high godly standards of life and conduct.

Brown HOJ. AIDS: The moral, medical, and spiritual challenges. Ethics & Medicine 1992;8(1):11-16

A professor of ethics and theology expresses some concern about the favored legal status accorded persons with HIV disease, facilitated in some instances by Christians who encourage compassion, but go even further and encourage non-judgmental acceptance of the causative lifestyle. He discusses the moral challenge, and concludes that it is to hate the sin while showing compassion and concern for the sinner while offering the possibility of forgiveness and salvation.

In discussing the medical challenge of AIDS, the author warns that the physical and emotional misery of the disease, its uniformly fatal prognosis, the burgeoning costs of terminal care, as well as unreasonable fear of AIDS may combine to encourage the acceptance of induced death; i.e. physician-assisted suicide or euthanasia. In addition, he asks whether AIDS is related to homosexuality in a specific way, and he doubts that advice on AIDS prevention can be effective without addressing the issue of moral behavior.

Regarding the spiritual challenge presented by this disease, he reaffirms the covenant relationship of one man with one woman as part of the divine creation. He concludes that AIDS may be a warning to return to God s ways, but he fears that it may be used as a pretext for ignoring those teachings.

Baker CJ. The child with AIDS. Today s Christian Doctor 1996; XXVII (1):29-33

A clinical researcher on pediatric AIDS gives information on maternal-fetal HIV transmission, the natural history and symptoms of HIV infection in children, and risk of transmission to healthcare professionals. She gives up-to-date information on research in prevention of HIV disease in children. In discussing ethical issues, she briefly presents the utilitarian position for termination of HIV infected fetuses or newborns, but instead offers the Christian view of non-judgmental ministry to infected individuals.

The author concludes the article with her own personal testimony of moving from existential hopelessness and despair to the foot of the cross. It was there she found hope and the answer to the issue of when the innocent suffer. Motivated by His love, we must seek to minister to Christ Himself by caring for the sick, including those victims of AIDS.

Bibliography

Health and Public Policy Committee, American College of Physicians and the Infectious Disease Society of America. Position paper: Acquired immunodeficiency syndrome. Annals of Internal Medicine 1986;104(4):575-581

This early professional position paper articulates seven specific position statements along with the rationale for each. Included are the obligation to treat, the need for education, non-discrimination in testing and reporting, encouragement of research, and others.

Schiedermayer DL. Choices in plague time. Christianity Today 8/7/87; 31:20-22

In this personal account of his experience with the AIDS epidemic, the author relates how his first encounter with this deadly plague forced him to choose whether he would desert, persecute, or choose to care for those afflicted with AIDS. Drawing a parallel between the desertion and persecution of historical plague victims and that of modern- day AIDS patients, he asserts that the consequences of such maltreatment only heighten the effects of plague. On the contrary, he notes that historical exceptions in which persons have chosen to care for plague and AIDS victims have resulted in positive consequences for society as a whole. He concludes by urging Christians to extend compassion to persons afflicted by AIDS in hopes that the terror of this plague will diminish.

Emanuel EJ. Do physicians have an obligation to treat patients with AIDS? New England Journal of Medicine 1988;318(25):1686-1690

Taking a strong stand for the internal morality of medicine, the author answers the title question with a yes. He goes on to discuss situations of excessive risk, those with questionable benefits, obligations to other patients, and obligations to self and family.

Sherer R. Physician use of the HIV antibody test: The need for consent, counseling, confidentiality, and caution. JAMA 1988;259(2):264-265

Starting with the potential harm which can result from HIV testing and the inappropriate release of results, the author encourages anonymous testing of individuals at risk, as well as adequate pretest and posttest counseling and confidentiality.

Bergamo F, Greely JH. AIDS in a dental office - two views. CMDS Journal Fall 1989; XX(3):28-29

Two practicing dentists address practical implications of the AIDS epidemic. One relates a personal encounter with an established patient who now has the disease, and how his office staff's response required him to take new steps to provide treatment. The other articulates legal requirements and professional standards about treating patients with AIDS, but calls Christians to a higher standard.

Pellegrino ED. Ethics. JAMA 1990;263(19):2641-2642

In the annual JAMA Contempo issue, Dr. Pellegrino devotes this op-ed piece to the many difficult ethical dilemmas posed by the HIV epidemic. He asks questions about access to treatment, obligation to treat, responsibilities of patients, cost of care, use of experimental drugs, efforts at prevention, and many others.

Giesel EH. AIDS and the obligation to treat: A personal journey. CMDS Journal Spring 1990; XXI(1):14-16

An internist relates her experience with a non-compliant and uncooperative AIDS patient whose behavior placed her and others at risk. Her response of personal concern and frustration is balanced by her Christian motivation. Her conclusion is that Christian physicians have a professional obligation to accept that risk.

Smith S, Moreland-Smith A. Christians in the Age of AIDS. Wheaton, IL: Victor Books, 1990.

Addressing the impact of AIDS on the world, church, family, and the individual Christian, the authors consider the nature and growth of the AIDS epidemic, the response of society to this disease, and the call to Christians to minister to those who are afflicted. They encourage members of the Christian community to consider becoming a Samaritan alongside the many others already working to bind up the wounds of our nation caused by this epidemic--to offer compassion, healing, and ultimately eternal life through Christ and propose models of ministry for doing so.

Rozar GE, with Biebel DB. Laughing in the Face of AIDS: A Surgeon's Personal Battle. Grand Rapids, MI: Baker Book House, 1992

This book illustrates the power of God in the face of adversity, calls us to examine our relationships with our own family members, and challenges us as Christians to respond to the AIDS epidemic as Christ would have us.

Lo B, Steinbrook R. Health care workers infected with the human immunodeficiency virus. JAMA 1992;267(8):1100-1105

The authors review the history of the controversial 1991 guidelines proposed by the CDC and the AMA and their subsequent revisions. They suggest that disregarding the guidelines will further erode public trust, and they encourage physicians and dentists to respond more effectively to public fears about HIV transmission. The challenge is to protect patients while respecting the privacy and livelihood of health care workers.

Shelp EE, Sunderland, RH. AIDS and the Church. Louisville, KY: Westminster Press, 1992.

Noting that the AIDS epidemic has witnessed scientific, medical, and economic changes since the time of its inception, the authors assert that a biblically and theologically based response to this epidemic remains both appropriate and essential. They urge Christians to develop and engage in ministries which are designed to reach all persons affected by AIDS, not merely those who are afflicted with the disease. Drawing on the various roles that Jesus fulfilled during his earthly ministry, they challenge members of the Christian community to adopt the role of servants in extending compassion to AIDS victims whom society may regard as sinners or outcasts.

Grenz SJ. Why reach out to persons with AIDS? Direction 1993; 22(1):63-72

Drawing on the biblical account in which Jesus healed a man with leprosy (Mark 1:40- 42), the author asserts that as Christians, we are called to minister to persons with AIDS and that we are to do so with the compassion of Christ. He cites biblical passages which illuminate the nature of God, the character of Christ, and the calling of the Church in challenging Christians to care selflessly for those who suffer from AIDS.

Pellegrino ED. Ethics and Treatment of HIV infection. In AIDS, Ethics & Religion. Maryknoll, NY: Orbis Books, 1994:78-82.

Focusing on the prospect of early treatment of AIDS patients which has been made possible by research advances, the author maintains that the common debate over issues of patient confidentiality and patient autonomy have gained a new urgency since frequent testing is essential for such early treatment. He raises issues such as the patient's obligation to undergo treatment, the physician's duty to encourage treatment, and resource allocation. Though he admits that these issues are not yet resolved, he is optimistic that the prospect of early treatment will replace fatalistic resignation of physicians and patients to the AIDS epidemic.

Mann J. A conference of hope: A new beginning. In AIDS, Ethics & Religion. Maryknoll, NY: Orbis Books, 1994:214-19.

In these opening remarks to the VIII International Conference on AIDS/III STD World Congress in July 1992, the author contends that the insufficiency of our response to the AIDS epidemic thus far can be traced to our misunderstanding of AIDS itself. He urges the health care community to abandon the perception of AIDS as a separate, unique, and isolated health problem in favor of viewing it as a disease which is deeply [and] fundamentally about people and society. He is optimistic that members of the health care community, by adopting this new understanding of AIDS, will be empowered to confront the societal ills which have diminished our ability to respond effectively to the AIDS epidemic.

Goodgame R. AIDS: Fact, feelings and faith (chapter 7); Medical science and God s Word give answers to questions related to AIDS (appendix 1) in New Issues in Medical Ethics. Hollman J, ed. Bristol, TN: CMDS, 1995:93-108, 109-120

A missionary during the early AIDS epidemic in Uganda addresses facts (the epidemic, the forecast, the virus, bad behavior, God, testing, treatment, prevention), and feelings (moral outrage, blind compassion), about the AIDS problem, and he filters them through faith to conclude with practical suggestions for a Christian response. The appendix gives more information about AIDS in a concise question and answer format, then uses scriptural quotations to answer five important questions about God s plan for sex and marriage, Christian response to the disease, comfort and salvation for the affected individual.

Harris J, Holm S. Is there a moral obligation not to infect others? British Medical Journal 1995; 311:1215-1217

The authors state that there is a strong prima facie obligation not to harm others by making them ill where this is avoidable. They go on to state, however, that the reasonableness of expecting people to live up to this obligation depends on society reciprocating in the form of providing protection and compensation.

Messenger OJ, Messenger DR. Borrowed Time: A Surgeon's Struggle With Transfusion-induced AIDS. Buffalo, NY: Mosaic Press, 1995

This book is a personal and honest account of the secret burden of having HIV disease. The career changes, the social isolation, the depression, and the victories are clearly portrayed. They can be an encouragement to Christian physicians, clergy, neighbors.

Elder HA. AIDS: Fear and compassion. Ministry July 1996:6-8

A Christian infectious disease specialist gives details of the HIV infection and then encourages ministering without fear. He gives concrete suggestions about showing care and compassion. His conclusion is that, because of God s incomprehensible mercy and grace to us as broken individuals, we should accept His transforming grace to obediently minister to others.

Kaldjian LC, Jekel JF, Friedland G. End-of-life decisions in HIV-positive patients: The role of spiritual beliefs. AIDS 1998;12;103-7

This personal survey of 90 patients hospitalized with AIDS concludes that spiritual beliefs and religious practices appear to play a role in end-of-life decisions. Discussions about end-of-life decisions may be facilitated by a patient's belief in a forgiving God and impeded by a patient's interpretation of HIV infection as a punishment.