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Refusal to provide health care to people with HIV in France

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Refusals to provide care to people with HIV have been reported in the USA,¹ the UK,² and elsewhere in Europe,³ but their frequency remains poorly documented. In 2015, the French parliament examined a law that includes an article on non-discrimination in access to health care and the possibility of doing tests to determine the extent and nature of the discrimination. During the legislative debates, AIDES did a situation testing survey⁴ to ascertain the frequency and nature of refusals to provide dental and gynaecological care to people with HIV.

The situation testing survey was done by telephone in 440 dental and 116 gynaecology offices randomly selected in 20 French cities, chosen on the basis of their HIV incidence and medical density for these two specialties. The replies to two callers requesting an appointment for the same reason (scaling or a vaginal smear), both with the same sociodemographic characteristics and the same health insurance status, differing only in their HIV serological status, were compared. Negative responses were categorised as outright refusals (explicit refusals to grant an appointment), disguised refusals (arguments aimed at discouraging the caller from making an appointment), and discriminatory remarks with no refusal to provide care.

A third of the dental offices refused to provide care only to the people with HIV, most of these refusals being of the disguised type. Gynaecology appointment refusals were less frequent. Discriminatory remarks were made by 17% of the offices (table). These results reflect a lack of understanding of the modes of HIV transmission and the universal precautionary measures. Adherence to these measures is especially important because they are aimed at preventing infections other than HIV and because many people with HIV do not know their serological status (20% in France⁵). We advise that this kind of situation testing survey is done in all countries to fight refusals to provide care.

Table 1. Frequency of discrimination and refusals to provide care, France, April 2015.

| | Dental Offices (% [95% CI]) n=440 | Gynaecology Offices (% [95% CI]) n=116 |
|--------------------------|---|--|
| Refusals to provide care | 33.6 [29.2; 38.0] | 6.0 [1.7; 10.3] |
| Outright | 3.6 [1.9; 5.3] | 1.7 [0.7; 4.1] |
| Disguised | 30.0 [25.7; 34.3] | 4.3 [0.6; 8.0] |
| Discriminatory remarks | 16.8 [13.3; 20.3] | 17.2 [10.3; 24.1] |

1 Anderson BJ. HIV stigma and discrimination persist, even in health care. *Am Med Assoc J Ethics* 2009; **11**: 998–1001.

2 Elford J, Ibrahim F, Bukutu C, Anderson J. HIV-related discrimination reported by people living with HIV in London, UK. *AIDS Behav* 2008; **12**: 255–64.

3 Nostlinger C, Rojas Castro D, Platteau T, Dias S, Le Gall J. HIV-related discrimination in European health care settings. *AIDS Patient Care STDS* 2014; **28**: 155–61.

4 Rorive I. Proving discrimination cases. The role of situation testing. Stockholm: Centre for Equal Rights, 2009.

5 Supervie V, Ndawinz JD, Lodi S, Costagliola D. The undiagnosed HIV epidemic in France and its implications for HIV screening strategies. *AIDS* 2014; **28**: 1797–804.