

Prevention IS Care

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Dr. Carlos del Rio] As we have developed effective therapies for HIV, we...our patients are living longer, and as they're living longer, they're also living healthier, and therefore they are, again, doing normal lives. And normal life involves having sex and...and doing things that you were doing before, when you got infected.

[Dr. Mark Thrun] All of us in medicine really need to know our patients well, sometimes, to take good care of them. Yet, many of us in medicine don't know our patients very well at all.

[Keith Rhoades] I think that one of the things that inhibits open dialogue between the patient and the doctor, and I'm speaking from my own personal experience, is the embarrassment and the stigma.

[Cynthia Jameson] Well, I think it makes a lot of people uncomfortable. They don't usually want to talk about things like that. It's...it's hard to discuss, I think. So, I guess that you have to find ways to break the ice.

[Dr. Thrun] Prevention discussions are the responsibility of both the person living with HIV, or the person at risk for HIV, and the provider that's taking care of those folks.

[Dr. del Rio] You don't say, "Well, now we're going to talk about prevention." You really make it part of your discussion with the patient. And you don't act in a way that it's...any way setting expectations or ...or being prejudiced about something.

[Steve Hemraj] Initially, it is a doctor's responsibility. Later on, as you seek treatment and care, and you become...like today, five years after being diagnosed, it is a joint responsibility.

[Dr. del Rio] I look at it a little bit like if I was a cardiologist taking care of patients with heart disease. It's not enough just to give them medications to treat their heart disease. You have to talk to them about diet, about exercise, about stopping smoking. So you really need to do prevention and care as one activity.

[Ms. Jameson] I wanted to know everything I possibly could about the disease when I first found out, because any time something's happening to me, I want to know everything I possibly can.

[Mr. Rhoades] Doctors need to have an arsenal of information to provide to their patients.

[Dr. Thrun] Many of us say that we're too busy. We don't have a lot of time with our patients. We can't...we can't sit down and have a long chat with our patients to get to know them better, because we simply don't have time; we have people waiting in the waiting room. That said though, many of these discussions really don't need to take a lot of time. They can be done in

two or three or five minutes. And we have the luxury in HIV care to see patients over and over again.

[Ms. Jameson] I think that, um, that it's important for them to discuss prevention at every doctor's visit. I think it's important to let them know how important it is to not transmit the disease and to stay healthy.

[Mr. Rhoades] One of the things, for myself, that I've wrestled with, as being an HIV positive person, is trying to stay as healthy as possible. And when I first was diagnosed HIV positive, my doctor said that, "If you just stay HIV positive and you take your medications, you're gonna live a healthy life." You don't want to complicate that with syphilis, hepatitis, gonorrhea, you know, all the other STDs that are out there, so practicing safe sex has become even more important.

[Dr. del Rio] There's not only telling the patient, "You know, you need to prevent this from being transmitted to others," because many patients are smart and say, "Look, my viral load is undetectable; I probably have a very low risk of transmitting to others." And while their risk is not zero, they're right. They have a low risk, but they have a high risk of getting an STD, getting another infection.

[Mr. Hemraj] For me, for example, I have not had that kind of dialogue in the last year with my doctor about my sexual behavior, and I've had unprotected sex once. But my doctor assumed that because my CV4 and viral load is okay, and I'm doing well, that I am...my behavior is good. And I had to engage the doctor and say, "Doctor, I had unprotected sex once in the last six months, and I would like you to perform all these new STDs for me."

[Dr. Thrun] The benefits are, obviously, that I can take better care of my patient. If I know what they're doing and who their support service is and who their...their supporting people in their life are, I can take better care of my patient. I know who to ask to ...to sort of bring to the table when we discuss important issues. I know who they rely on for counsel, that can help me educate my patient. And...and, simply speaking, there are some medical interventions that I need to do if I know that they're having say... unsafe sex. I should be screening them for STDs. If I don't know they're having unsafe sex, I may not do that.

[Dr. del Rio] I think most physicians buy into prevention, understand prevention. I think that we would like our patients...and we would like to incorporate prevention. I think the difficulty is, as I said, is the challenge is how to do it.

[Dr. Thrun] There are simple things that ...that providers can do to actually get to these discussions. One is just thinking of a simple question that you ask all of your patients, and you just stick with that question. Ask all your patients, "So, who are you dating now?" or "Are you in a relationship?" Conversation is gonna flow from that, and it's a nice segue from sort of the medical discussion around meds and side effects and so forth, into a little bit more personal discussion around risk behaviors.

[Dr. del Rio] I don't think there's a formula. I really think it's...I mean there could be a formula that is "check the box," but I don't think checking boxes helps. I think it's really a matter of a

long-term doctor-patient relationship, and how do you get your patients to, again, wear seatbelts, stop smoking, do the things that are good for them.

[Ms. Jameson] I think just by the doctor being as open as they possibly can and being as honest as they possibly can, that's very helpful.

[Mr. Rhoades] The most important thing and the most important person is myself, and taking care of myself and being responsible for myself.

[Mr. Hemraj] Accurate, good, consistent information changes behavior.

[Dr. Thrun] All of us have values and morals and history and experience that we bring into the patient-provider setting, but we have to remember that this is our patient's life, and our duty is to help improve our patient's life.

[Announcer] For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.