

**Insensitive communication and discriminatory behaviour when
reviewing HIV-positive patient for colonoscopy
(03HDC13605, 18 June, 2004)**

*General surgeon ~ Public hospital ~ Discrimination ~ Effective
communication ~ Standard of care ~ Support person ~ Rights 2, 4(2), 5(2), 8*

A complaint was made about the services provided by a general surgeon and a public hospital to an HIV-positive man, who later died of an unrelated heart condition. The 56-year-old man was referred to the hospital by his GP for a colonoscopy, and the referral letter noted his HIV-positive status. At the consultation the surgeon questioned the need for the man's male partner to be present as a support person, and discussed the potential risks of the patient's HIV-positive status to hospital staff and equipment. The surgeon then refused to perform the colonoscopy because of concerns about infection risks to himself and other hospital staff, and the possible extra cleaning steps for the hospital's only colonoscope. The patient's partner found the surgeon's manner confrontational and intimidating. When the patient's partner became aggressive the consultation was terminated, obliging the patient to return to his GP so that another referral could be made. The surgeon wrote a follow-up letter to the GP explaining his decision.

It was held that the surgeon's behaviour was discriminatory from the outset and led to a breakdown in communication during the consultation, thus breaching Rights 2 and 5(2). His initial querying of the man's need for a support person (to which he was entitled under Right 8) was hostile and unprofessional, and set the scene for the breakdown in communication that followed. In not considering the health and well-being of his patient to be the first priority, the surgeon failed to comply with ethical and professional standards, in breach of Right 4(2).

The surgeon had recently returned from leave, and submitted that he had not planned his approach to the man's care as was his normal practice. However, this did not excuse his behaviour. Sterilisation procedures for colonoscopy are the same regardless of a patient's HIV status and are not normally discussed in a consultation; queries could and should have been resolved beforehand. Following the events that took place the surgeon made changes to his practice, but did not apologise to the man or his partner for his behaviour.

The Commissioner referred the matter to the Director of Proceedings, who decided not to issue proceedings.