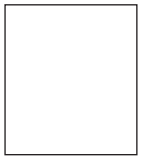

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HIV

Background

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Methods

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Results

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Discussion

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Keywords

HIV; AIDS; ;

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A number of 'AIDS doctor' memoirs were published in the 1990s recalling experiences of the early years,[8] but the stories of the Australian GPs who were willing to provide ongoing HIV care have remained largely untold. General practitioners feature in the first person accounts of Australian PLHIV[9] and medical specialists who worked in the area[10] as well as in socio-historical research on the early years,[11] but only a few such accounts have been authored by GPs themselves. A short piece was published in AFP in 2004, describing experiences of 'working in an inner-city, 'queer' general practice',[12] and in that same year, restricted access recordings of interviews with four GPs were archived in the National Library of Australia as part of an oral history project on the 'Australian response to AIDS'.[13] These provided insights into the enormous strain experienced by the GPs working at the 'coalface', their role as advocates in pushing for early treatment access and the support they provided to patients living with and dying from a highly stigmatised disease.

Our national study was the first to record first-person accounts of GPs involved in providing HIV care in different settings ae

> say they're friends … But I've been invited to grandchildren's birthday parties, of people who are HIV … and [I felt] privileged to be there.' [Current GP prescriber 3]
>
> 'Although I would know a person who is positive and their close friends who are caring for them, and their home and their dogs and cats, and things like that, I … certainly wouldn't have got involved on a level that I get involved now. Because I knew that … They were going to die and it was a matter of when they were going to die … I don't think it was a conscious decision. I think it was just something that happened.' [Current GP prescriber 16]

While some were willing to seek assistance from mental health professionals, this was not necessarily straightforward for participants:

> '[We] had a psychiatrist … so there were self-help things … offered … lots of people came for the first meeting … but the numbers dwindled really quickly … [D]octors think, "I'm not suicidal so I don't need anything like that." Or, "You only need that if you're weak." And that was my attitude then, too. And I think that's got a lot to do with being male … And doctors, you know, we're supposed to be in control.' [Current GP prescriber 11]
>
> 'I got to a point probably 4 years ago now where I just left, I walked out … And that's when I acquired a psychiatrist. And it's made a big difference … Because, of course, even if you try to talk to colleagues away from this practice, like we all have doctors, most have, you know, other doctor friends, they don't get the … issues that you have to deal with.' [Current GP prescriber 29]

Many GPs talked about reducing hours spent in providing HIV care as a way to manage the emotional impact of this work, while others ultimately left the field:

> 'I suppose I really escaped [to another area of general practice] because although the work was similar, it was, it me685.19rk, while otheV1VI7par

strength from that involvement. Seeking help from mental health professionals was potentially fraught, but the decision to solider on could have long-term consequences. Working part-time was a consistent theme, but some did choose to leave the field. As noted in the data, achieving a work–life balance is essential for all GPs. However, given the historically unique conditions of the early years of the HIV epidemic, the strategies these GPs developed to sustain their engagement over time should be encouraging to all clinicians regarding their potential to survive and even thrive through the most difficult of circumstances.

As there has been little other research conducted on GPs providing HIV care, the body of literature most relevant here is that which explores professional motivations to provide care to marginalised or underserved groups. United States research has shown that despite structural constraints, most physicians feel they have a duty to 'serve the underserved', and will overcome considerable barriers to 'actualize this service ideal'.[16] Family physicians who rate highly the 'universalist' value of enhancing and protecting the wellbeing of all people are most likely to provide care to indigent patients.[17] The choice to pursue general practice as a career has also been consistently associated with having a 'social orientation'.[18] However, particular special interest[19] areas within general practice may still be viewed as more challenging than others, increasing the need to understand clinician engagement with these sub-fields.

A small body of Australian research has investigated the motivations of GPs who work in Abori04 Tm5s oGPs who worgagement with GPs demonstrated in sustaining this role, providing care when others refused, at risk to themselves and their professional reputations, is both inspiring and humbling. Future research could explore the role that female doctors played in responding to an epidemic primarily affecting men, as well as the particular complexities faced by gay male doctors in caring for their own communities.

HIV has become a remarkably different health condition today. With the assistance of ART, those who are newly diagnosed can now expect to live a full and long life,[22] and there are suggestions treatment can also reduce the number of new infections.[23] Nonetheless, new HIV diagnoses recorded annually have been consistently increasing in number for more than a decade,[6] and some estimates suggest up to 30% of infections are yet to be diagnosed.[24] The expert delivery of ART and other forms of HIV care will require more GPs to become engaged with HIV medicine in all parts of Australia.[25] We hope these accounts of the early years of HIV care offer new insights and help to inspire the next generation of Australian GPs to continue this work into the future.

Implications for general practice

- GPs have always played a central role in HIV care, but there have been few published accounts of those who worked on the frontlines of the epidemic in the early years.
- The heroism that these GPs demonstrated in providing care when others refused, demonstrates the strength and resilience that clinicians can draw upon in even the most extreme of public health emergencies.
- Recognising and learning from the experiences of the first generation of GPs providing HIV care can offer new ways to engage the interest of the next generation.

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