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The Ethics of Universal HIV Testing Amongst College Students

Jordan McKean
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Abstract: Universal HIV testing is a newly developing idea in the United States. While some authors have addressed the ethical implications of this idea using countries in Africa as models, this paper explores mandatory HIV testing in the US, primarily in college students. The time that one spends in their undergraduate college career is a critical period of possible HIV contraction. Most newly infected individuals fall between the ages of 20-24. Requiring HIV testing in college students is an attempt to lower the number of individuals diagnosed HIV-positive every year. This also comes with the added benefit of early detection, better treatment options, and decreased transmission. While most argue against mandatory HIV testing because of possible infringement on autonomy, this paper will address a case at Florida State University where informed consent is not in practice. Other possible objections will be explored as well and a plan on how to move forward in the implementation of universal HIV testing will be offered. In addition to fighting for a cure, mandatory testing is the most important and moral course of action in reducing cases of HIV.
Since the start of the 1980’s HIV/AIDS epidemic, there have been considerable changes regarding the management of HIV. These changes include treatment options, knowledge about contraction and continued transmission, and education in public schools on safe sex. However, there has not been a change in testing requirements. The current system of HIV testing is voluntary, just like it was in the 1980’s. While other aspects regarding HIV have evolved to reflect a more educated society, our current testing requirements have not shown any considerable improvement. The major battle the HIV/AIDS epidemic is currently faced with is delayed testing leading to continued transmission and delayed treatment. Voluntary testing cannot sufficiently fight this battle as nearly 262 individuals are infected with HIV every hour (“amfAR: Making AIDS History”, 2013). In 2012, 2.3 million people were newly infected with HIV, marking more than 75 million people who have contracted HIV since the beginning of the epidemic (“amfAR: Making AIDS History”, 2013). These numbers exemplify the need for new outreach methods encouraging younger generations to get tested in order to discontinue transmission. College-aged individuals are at a higher risk for HIV transmission given higher involvement in risky behavior, which can be defined as sexual promiscuity and substance abuse.

Most of the literature that explores the implications of universal HIV testing usually only considers this in countries in Africa, failing to address these implications in the United States and certainly not on a college campus. Traditional arguments for mandatory HIV testing often only focus on the infringement of autonomy. While I address this and other arguments, I offer a new response to the objection of autonomy and informed consent. In a college setting, most universities require a number of mandatory
vaccines before entering as a student on the campus. One could argue that this infringes upon one’s autonomy, but most just view these requirements as necessities to keep the student body safe and healthy. Also, some arguments fail to address that a main reason mandatory HIV testing is not a current practice is because social stigmas create the attitude that only certain social groups and promiscuous individuals should be tested. While my analysis does not cover the financial barriers that one might face when proposing mandatory HIV testing, it does underscore the importance of making a change in testing requirements.

In this paper, I argue that mandatory HIV testing is morally permissible and should be required for students entering a college or university. In addition to testing before entering a college or university, students should continue to be tested twice a year throughout college. This new testing system will be implemented in hopes of lowering HIV contraction and HIV related deaths.

**Risky Business: College Experimentation and HIV**

In a university setting, students are faced with different temptations on a daily basis. College has been portrayed to most students as a time of experimentation with drugs, alcohol, sex, etc. and while this may come with the temporary side effect of a hangover, experimenting can lead to permanent side effects that will affect one’s quality of life years after he or she is finished with college.

Imagine a fictitious student, Susan, who begins her college career with hopes of graduating in four years with a business degree. Susan makes friends in college and hears about different parties and nightclubs that she should attend in order to have the “college experience.” Susan attends these functions, uses some legal and illegal substances, and
Susan’s judgment is impaired. What happens during the hours of Susan’s intoxication is unknown to Susan, but one can only imagine that she ends the night in somebody else’s bed. This series of events is not a one-time thing. In fact, situations like this, ones that constitute the “college experience,” happen very frequently in Susan’s college years. After four years, Susan does in fact earn the title of a college graduate, but she also graduates with another: HIV-positive.

Now, imagine if Susan was required to get tested for HIV before entering and throughout college. Imagine that twice a year, Susan had to schedule an appointment at the university health center in order to check her HIV status. Chances are, if this had been the case, Susan would not have graduated as another statistic in the vast number of HIV-positive graduates that exists today.

Requiring universal HIV testing is morally permissible as it attempts to stop the vicious cycle of infection. The fifth leading cause of death in the United States for people between the ages of 25 and 44 is HIV infection (Opt and Loffredo, 2004). Half of all new HIV infections are recorded as being in those under 25 (Opt and Loffredo, 2004). This age range of people less than 25 accounts for high school and college aged individuals. Mandatory HIV testing for those entering college allows for an individual to know their status before entering their years of experimentation.

However, testing at the beginning of college isn’t enough. Susan was most likely not HIV-positive when she entered college. If the university required her to get tested at least twice a year, she would have been more conscientious with her actions knowing that she soon faced a HIV test. Also, Susan’s partners would have also been required to receive testing and this may have slowed their sexual activity and HIV transmission. It is
immoral to continue to engage in risky behavior if one is HIV-positive. It is equally immoral to continue to engage in risky behavior without knowing one’s HIV status because there is the chance that one could be HIV positive. If there is the chance that one is HIV positive, one cannot morally engage in activities that could result in the transmission of HIV. For example, having unprotected sex with a partner without ever having received a HIV test is morally impermissible because there is the chance of one being HIV-positive. Since transmission still continues with the option of voluntary testing, mandatory testing provides a guarantee that the choices we make will not result in the morally impermissible act of spreading HIV.

**Early Detection: Better Treatment and Decreased Transmission**

Mandatory HIV testing is morally permissible under the assumption that if one is to get tested early enough, one will be subject to better treatment and will be reluctant to engage in further risky activity. Now let’s imagine that Susan contracted HIV later in her college career, after she was initially tested before beginning her time at the university. If she was required to continue to be tested throughout the rest of her years in college, she could have discovered her HIV-positive status long before graduation or thereafter. Knowing her status early allows for Susan to receive the best possible treatment. A major issue with the growing HIV/AIDS epidemic is that detection is often years after contraction. Later detection of the virus leads to fewer treatment options.

Early HIV infection (i.e. a six month range after contraction) is combated using a method called antiretroviral therapy. The benefits of this treatment method include treating early symptoms of HIV, protecting the immune system, and reducing HIV transmission during the early contraction period (Smith et al. 1999). Patients that are
administered this treatment early often show a decrease in resistance and drug toxicity, while those who have delayed antiretroviral therapy become sick and develop resistance quickly (“Clinical Care Options”, 2013). In patients that are HIV- positive, their immune systems weaken from the invasion of T-cells so protecting the immune system as early as possible is critical in one’s survival. Also, studies have shown that one is more likely to transmit HIV during the early stages of contraction, so reducing the risk of this transmission is vital in stopping the cycle of HIV infection (Smith et al. 1999).

Given the knowledge that early treatment is available and beneficial, it is obvious that getting tested routinely is the only way to receive these benefits. While it is too general of a statement to claim that all college students will engage in risky behavior, the temptation is nonetheless there so we must take all possible precautions. Allowing the system of voluntary testing to continue allows for people to turn a blind eye to HIV. It permits them to live under a veil of ignorance, not knowing their status. To accept this to continue is unethical. It is morally permissible to require HIV testing in college students because transmission will decrease, and the quality of life for an infected person will increase.

While requiring HIV testing seems like a radical idea, New York and Connecticut passed state laws in 1996 that required every newborn baby to be tested for HIV. Both states experienced significant improvements in the number of women who were aware of their HIV status before giving birth and in the number of babies born with HIV yearly. Specifically in New York, the amount of women that knew their HIV status at the time of giving birth increased from 64 percent in 1997 to 95 percent in 2003 (US Senate Committee on Homeland Security and Governmental Affairs, 2007). This affected the
number of babies born with HIV yearly as New York went from an average of 500 HIV-positive babies born per year to 8 HIV-positive babies born per year (US Senate Committee on Homeland Security and Governmental Affairs, 2007). This extreme improvement supports the idea that implementing mandatory HIV testing will help lower the number of HIV-positive individuals that are diagnosed every year.

**Objection 1: Informed Consent**

The primary objection to mandatory HIV testing has overall been tied to the medical practice of informed consent. This means that a medical procedure, vaccine, etc. cannot take place without a patient’s permission. Informed consent is a legal and ethical mandate that establishes boundaries in the physician and patient relationship. The need for informed consent arises from the high value individuals have for autonomy and self-determination (Berg et al. 2001). The argument based on autonomy is rooted in Kantian moral philosophy that exemplifies the importance of being one’s own person. There is a sense of morality associated with governing one’s own body and making one’s own decisions regarding their wellbeing. In terms of HIV testing, the practice of informed consent is in place, but there are exceptions given one’s mental or physical state. If a patient is described as being mentally ill and at risk of HIV infection, testing can proceed without the patient’s permission (Fraser, 2005). The ethical relationship between physician and patient rests on the premise that the physician does not have absolute rule over a patient’s body. The patient is thus reassured that all medical procedures and practices are self-determined. Arguments against the practice of mandatory HIV testing emphasize that this mandate would undermine the value of autonomy and blur the lines of the patient and physician relationship.
Response to Objection 1

While informed consent is indeed a medical practice that ensures physicians are not going to perform major medical procedures without the permission of a patient, there are minor medical procedures that exist that do not require informed consent. For example, at Florida State University, students are required to receive two combined MMR vaccines against measles, mumps, and rubella (“Immunization Requirements”, 2012). Forcing a student to receive these vaccines is not typically associated with undermining the student’s autonomy, but required to keep the student body safe and healthy. An additional requirement of an HIV test would do the same. Before entering the university, students would know their status and this knowledge would inspire students to make safer decisions.

While voluntary HIV testing allows for someone to make their own decision on knowing their HIV status, Susan obviously did not feel the need to get tested during her time in college. A recent research study showed that university students who were tested for HIV took more initiative to talk to their partner’s about their HIV status and engage in safer sex methods. University students who were educated about HIV, but never took the time to get tested did not report talking to their partners about their HIV status (Wenger et al. 1992). This study shows that the simple act of being tested makes university students take safer precautions when having sex. Testing for measles, mumps, and rubella is required for safety precautions, and HIV testing should be required for the same purpose.

Objection 2: Pretest Counseling

For life-threatening, infectious diseases, physicians are thought to have a moral obligation to provide pretest-counseling options (Fraser, 2005). In literature arguing in
opposition of mandatory HIV testing, there is a fear that mandatory testing would come with a lack of pretest-counseling options. It is seen as unethical to inform someone of their HIV status without having explored how one would react to either a negative or positive result (Fraser, 2005). When the program for pretest counseling was established, the overall goal of this necessity was to provide test-takers with HIV prevention methods, discover how at risk for infection the particular individual was, and to explain the unfortunate reality of false-negatives and false-positives that sometimes arise with HIV testing (Rugg et al. 1999). Implementing mandatory testing is viewed as taking a step in a direction that leaves behind this systematic approach to HIV testing because more rapid testing methods will be used. Rapid testing methods are associated with an increase in false-negatives and false-positives, which might then require more availability of pretest counseling. Requiring HIV testing may result in a lack of accessibility to pretest counseling because there will be an increase in the number of individuals in need of this necessity. If pretest counseling is not seen as an essential part of testing, HIV tests could possibly lose their sense of urgency and importance. Without a systematic approach, mandatory HIV testing could potentially desensitize the subject of HIV infection to the point that pretest counseling was not viewed as being important or required.

**Response to Objection 2**

Pretest counseling for HIV testing is necessary for ensuring that patients know exactly what the test entails. I agree that a patient should be made aware of the possibility of false-positive and false-negative results, which would require that patients still have access to pretest counseling. However, in a recent article about HIV testing, informed consent, and pretest counseling, Frith argues that pretest counseling is unnecessary and
HIV testing should proceed in the future as a test similar to the tuberculosis test.

Tuberculosis testing proceeds in a blanket test fashion meaning that a physician asks for permission from a patient for a blanketed number of tests in order to rule out multiple diagnoses. Receiving this permission should include an explanation to patients about what the tests entail, which could be considered pretest counseling. For mandatory HIV testing, I would argue that post-test counseling is as equally important as pretest counseling for the wellbeing of patients. No matter the results of the test, post-test counseling should be made available to all patients. Mandatory HIV testing is often viewed as being insensitive to patients who actually might be diagnosed with the disease, but still requiring pretest and adding post-test counseling would eliminate this argument of insensitivity.

**Objection 3: Social Stigma of HIV Testing**

The HIV epidemic has done little to desensitize our views of HIV positive individuals. There exists a social stigma about HIV positive individuals that acts as deterrence to testing. When the HIV epidemic first gained widespread attention, many felt that being HIV positive would cause them to be discriminated against. Knowledge regarding HIV treatment was scarce so there seemed to not be any incentive to get tested early. There appeared to be inherent risk factors associated with HIV infected individuals, especially surrounding women. Domestic violence, restricted healthcare, and loss of housing were all thought to be factors associated with individuals that contracted HIV. These social barricades acted as the inciting incident to the implementation of special requirements regarding HIV testing that do not apply to other blood tests (Lo et al. 2000). It can be argued that the specific ethical dilemmas that are presently associated with HIV
testing procedures are due to the negative past psychological and social connotations associated with HIV infected individuals. If mandatory HIV testing were to be enforced, there is an underlying fear that these social stigmas would increase.

**Response to Objection 3**

Eliminating social stigma of HIV positive individuals can only be achieved through continued education about HIV/AIDS. There are studies that exemplify the misunderstandings of HIV contraction even amongst college-aged students. Research about university students and their knowledge of HIV showed that most students were not sure if HIV could be contracted through kissing (Opt and Loffredo, 2004). This lack of knowledge leads to a fear of HIV because the facts regarding transmission and treatment are so unknown. Education courses in universities could eliminate these social stigmas by explaining the truths and myths surrounding HIV and other sexually transmitted diseases.

While I argue for mandatory HIV testing, I do not believe that anyone should wear his or her HIV status like a scarlet letter. Whether one shares his or her status with friends or family is a personal choice. Knowing the status is the most important piece of information for an individual because they can then make decisions on sharing this with a partner and creating a possible treatment plan. If a system of mandatory HIV testing were in place, we could eliminate the social stigma all together because universal testing would lead to universal knowledge of prevention and treatment. Voluntary HIV testing creates the idea that HIV is a social faux pas because the idea remains that those that volunteer for the test are promiscuous individuals. Mandatory testing eliminates this idea that only
certain social groups (those who participate in risky behavior, homosexuals, etc.) should be tested.

**Conclusion**

Mandatory HIV testing attempts to solve a growing problem in modern society. Mortality rates from HIV related deaths are increasing and while treatment options are improving, the lack of early detection makes these options obsolete. Requiring students to get tested for HIV before entering college obliges them to know their status before taking part in stereotypical, risky behavior associated with the “college experience.” Continued testing twice a year provides an approach for those students who will contract HIV to have access to early treatment options. This testing requirement may call for health insurances or college tuitions to cover the expenses of HIV tests. How this requirement would play out financially has not been explored in this analysis of mandatory HIV testing, but this gives room for continued research on how this might be funded.

Unfortunately, the reality of the situation is that making the jump from voluntary to mandatory HIV testing is quite unrealistic. Certain universities are aware of the need for more students to be tested and are trying to make HIV tests a normal part of one’s time in college. Georgia State University provides free HIV testing, without an appointment, once a month at a convenient location on campus in addition to everyday testing with an appointment (“Georgia State University: Health Promotion”, 2013). Universities may need to focus on advertising to students free, no appointment needed testing as often as possible. While in a perfect world universal HIV testing would be required for college students, a step in this direction could start with opt-out instead of opt-in HIV testing. This might increase the number of individuals that are tested not only
on a college campus, but when visiting a primary care physician in general. Perhaps from this step there could be implementation of mandatory HIV testing when one attends a yearly physical. After these improvements, there may be room for requiring HIV testing upon enrolling in a particular college or university.

The best solution to the HIV/AIDS epidemic is to find a cure, but it is not ethical to continue with the current system of voluntary testing. This allows for continuing contraction and transmission, as it is impossible to expect everyone to volunteer to take this blood test. As a society, we must be aware of our HIV status not only to make ourselves available to the best treatment possible, but also to eliminate transmission to future partners. If this system can start with opt-out testing then perhaps to university requirements, we can hope that future generations will see a decline in HIV related deaths and with continued research, a potential cure.

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Works Cited


