Northern Health Physicians
Partners in Wellness
Public Health Newsletter for Northern Health Physicians
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Introducing:
New Interim Northwest Medical Health Officer, Dr. Rakel Kling

We are very pleased to welcome Dr. Rakel Kling to the role of Interim Medical Health Officer, Northwest HSDA. Dr. Kling will be covering for Dr. Raina Fumerton while Dr. Fumerton is away on maternity leave beginning July 13, 2018 until July 19, 2019.

Dr. Kling grew up in Vancouver where she completed a BA in Psychology, and an MSc in Occupational and Environmental Hygiene. She completed medical school at the University of Ottawa and then returned to Vancouver to complete speciality training in Public Health and Preventative Medicine.

Her interests include environmental health, suicide prevention and mental health promotion. She is looking forward to working with communities in the North.

Dr. Kling will be located in Prince George, where she will be working out of the HSBC Corporate Office (8th Floor, Suite 810). She can be reached at rakel.kling@northernhealth.ca or 250-565-5618.

We are very happy to welcome Dr. Kling to Northern Health!

Submitted by: **Dr. Sandra Allison,**
Chief Medical Health Officer

Distribution Update

It has come to our attention that some physicians are not receiving this newsletter. If you would like to receive this newsletter by email please send an email to NHPhysiciansNewsletter@northernhealth.ca

As of January 1st, 2019 we will no longer be distributing physical copies of newsletters to UHNBC.

All back issues of *NH Physicians, Partners in Wellness* newsletters and bulletins are located on the NH Physicians website: http://physicians.northernhealth.ca/physicianResources/PublicHealth.aspx

Inside this Issue:

Notable Quotable:

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After hours calls to UHNBC Switchboard 250-565-2000 and ask for the MHO on-call

northern health
the northern way of caring

HIV Confidentiality and Disclosure

We have come a long way since the discovery of HIV in 1983 and current medical therapy allows HIV to be managed as a chronic illness. Despite this, people living with HIV across the world and in our own communities continue to experience discrimination and stigma on the basis of their health condition. People living with HIV are refused care, denied jobs, chased out of their communities and subjected to violence all because they have told others that they are HIV-positive. As healthcare providers, we are bound by duties of confidentiality, but there are times when our actions may lead to inadvertent HIV disclosure, particularly in small communities.

'Rebecca' is a woman living with HIV in this region and she shares her perspective on disclosure.

"Disclosure is complicated issue for me in healthcare settings. I don't have faith in the people whom are entrusted with patient confidentiality. I have had bad experiences with pharmacies asking me questions about my HIV medications in a voice so loud that others in the pharmacy could hear. This experience has made me fearful every time I go to a new pharmacy. When I started receiving my medication in this region I was scared about being asked questions about my pills with people in the line behind me being able to hear. However, I was relieved when I was asked to wait in a private room to meet with a pharmacist where no one could hear us talking. I have also worked as a Peer Support Worker and I know that many other people living with HIV have similar experiences and fears. I know a man who had to leave his small community and move to Vancouver's downtown eastside because he did not feel safe after a pharmacy breached his confidentiality.

I have also had bad experiences in the emergency room. I recently had an experience where a doctor was asking me questions about HIV that made me feel uncomfortable. He asked me how I got HIV, even though that had nothing to do with why I was in the emergency room. I felt so vulnerable as I lay there sick with just a curtain separating me from other patients. I thought to myself, 'what if someone I know was also there in emergency?' I have only disclosed to my immediate family and do not want others to know that I am living with HIV. I have known many Indigenous women who have experienced violence after disclosing their HIV status to partners or potential partners and I know others who have committed suicide from living in isolation with HIV. I am always careful about who needs to know, why they need to know, when they need to know, and where I let them know."

Dr. Abu Hamour, Northern Health HIV and Hepatitis C Care Medical Lead shares one of his many experiences of how HIV disclosure has negatively impacted his patients: *"I cared for one man who had to move away from Prince George after his neighbors found out about his HIV status. They vandalized his home – smashed his windows and TV and he was forced to move to Vancouver."*

Given the significant consequences of HIV disclosure (both planned and inadvertent due to breaches of confidentiality), here are a few tips to think about:

- Be mindful that hospital settings, such as the emergency department and ward rooms often do not provide enough privacy to ensure confidentiality when discussing a patient's HIV status
- Ensure that your office assistants are careful about how they communicate with patients in areas where other patients can hear (e.g. reception by the waiting room)
- Share information about a patient's medical history only when it is relevant to clinical care. For example, consider these two scenarios and think about where including HIV status is needed:
    - "HIV-positive man, recent fall, rule out ankle fracture"
    - "HIV-positive man with CD4=80, new focal neurologic deficits, rule out intracranial space occupying lesion"
- Always ask patients if they are comfortable with you sharing their medical information with various care providers. Some people will only feel comfortable with certain pharmacies, clinics, dentist, etc. and the preferred provider is not always the one closest to their home.
- Be familiar with resources you can use to help support patients when they choose to disclose their HIV status to others.
- Be prepared to discuss the current legal milieu around HIV disclosure and how non-disclosure of HIV status in sexual encounters (unless a condom is used AND the viral load is <1,500 copies/mL) may lead to criminal charges.

Here are some resources to get you started:

HIV Disclosure brochure for women, developed by BC's Positive Women's Network in 2016, sponsored by BC Women's Hospital: http://librarypdf.catie.ca/PDF/ATI-20000s/26526.pdf

HIV Disclosure for youth: http://librarypdf.catie.ca/PDF/ATI-20000s/26528.pdf

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HIV Disclosure and the Law Brochure: http://librarypdf.catie.ca/PDF/ATI-20000s/26524.pdf

Positive Living Society: Disclosure, Telling someone you are living with HIV: https://positivelivingbc.org/wp-content/uploads/2015/03/Disclosure_OnlineBooklet.pdf

Indigenous Communities and HIV Disclosure to Sexual Partners: Questions and Answers: http://caan.ca/wp-content/uploads/2017/06/non_disclosure_indCommunities-EN_aug6_web.pdf

In addition, **Northern Health's HIV and Hepatitis C Specialized Support Team** can provide further information regarding treatment, community resources, and social support. Contact the team at **1-888-645-6495.**

Submitted by: Denise Jaworsky, MD, FRCPC and Anonymous Patient Partner

The Truth and Reconciliation Commission

The Truth and Reconciliation Commission's report was released in December 2015. The report details 94 Calls to Action (recommendations) for Canadians to redress the legacy of residential schools (Actions 1-42) and advance the process of reconciliation (Actions 43-94). This newsletter series will walk through the 94 Calls to Action to support Northern physicians and other providers to learn about the legacies and take actions towards reconciliation in their practices, relationships, and communities.

The categories to redress the legacy of residential schools include; child welfare, education, language and culture, health, and justice. This issue we highlight the last 3 Reconciliation Calls to Action. Others will be shared in upcoming newsletters.

To learn more about the Truth and Reconciliation Commission and the Calls to Action, visit http://nctr.ca/

Business and Reconciliation

92. We call upon the corporate sector in Canada to adopt the United Nations Declaration on the Rights of Indigenous Peoples as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources.

Newcomers to Canada

93. We call upon the federal government, in collaboration with the national Aboriginal organizations, to revise the information kit for newcomers to Canada and its citizenship test to reflect a more inclusive history of the diverse Aboriginal peoples of Canada, including information about the Treaties and the history of residential schools.
94. We call upon the government of Canada to replace the oath of citizenship with the following: "I swear (or affirm) that I will be faithful and bear true allegiance to Her Majesty Queen Elizabeth II, Queen of Canada, her heirs and successors, and that I will faithfully observe the laws of Canada including Treaties with Indigenous Peoples, and fulfil my duties as a Canadian citizen."

Submitted by: Dr. Sandra Allison, Chief Medical Health Officer