1. To what extent are individuals, communities, and societies responsible for the prevention and control of HIV/AIDS, tuberculosis, and STDs?

Individuals, communities, and societies are all responsible for the prevention and control of HIV/AIDS, tuberculosis, and STDs. First, individuals are responsible for knowing the status of their infection to prevent further transmission of the disease (Bayer & Fairchild, 2010). Likewise, each member of the public is accountable for getting tested and taking precautions to prevent transmission. Second, communities are responsible for providing public health services for testing, treatment, and counseling on infectious diseases. According to Valdiserri, all public health agencies have four main responsibilities to the general public: “empower people about health issues, mobilize communities to solve health problems, develop policies and plans in support of individual and community health, and conduct research to find innovative solutions to health problems” (2002, p. 342). Last, society plays a vital role in prevention of HIV/AIDS, tuberculosis, and STDS. The nation as a whole is responsible for accepting those with positive diagnoses and helping to create a society free of stigma associated with the above mentioned diseases.

2. Is it possible to develop public health policies for HIV/AIDS, tuberculosis, and STD testing and screening that respect both individual privacy and community needs for controlling the spread of these diseases?

It is possible to develop public health policies for HIV/AIDS, tuberculosis, and STD testing and screening that met the needs of the community and individuals. However, maintaining individual privacy and controlling the spread of these diseases will be extremely difficult. For example, mandatory reporting of AIDS/HIV to public health agencies has the potential to violate individual’s privacy. According to Bayer, Levine, & Wolf, screening and testing programs result have been previously reported to employers, public health agencies, medical personnel, and
health insurance companies can lead to a breach in the patient’s right to privacy (1986). The framework presented by Bayer et al., provides four key principles for ethical screening and testing of infectious diseases; respect for persons, the harm principle, beneficence, and justice (1986). By incorporating the principles into public health policies for infectious disease testing and screening will assist in respecting the rights of the individual and meeting the needs of the community. The overall goal for infectious disease testing should always be on prevention and controlling the spread of disease. Although ethical dilemmas may occur, it is possible to initiate public health programs on infectious disease screening and testing the meet both the needs of the individual and the community.

3. When is it acceptable to impose limits on personal freedoms to reduce the spread of HIV/AIDS, tuberculosis, or STDs?

There are times when it is acceptable to impose limits on personal freedoms to reduce the spread of HIV/AIDS, tuberculosis, or STDs. For example, as a means to reduce the spread of tuberculosis in the United States, all immigrants from countries with high rates of tuberculosis were subjected to mandatory tuberculosis screening (Jennings, Kahn, Mastroianni, & Parker, 2003). Although this policy imposes limits on the personal freedoms of immigrants from several countries, it protects the overall health of the American population. Preventing the spread of infectious diseases within the community outweighed the personal freedoms of the potential disease carriers. Furthermore, personal freedoms may be limited during public health emergencies like bioterrorism and pandemics. At the time of public health emergencies name reporting of positive test results, vaccination requirements, and mandatory quarantine can violate personal freedoms (Jennings et al., 2003). However, for the greater good of the community, these measures are necessary to prevent the spread of the disease.
4. What is required from the global health community to address the public health implications of infectious diseases such as HIV/AIDS?

In order to address the public health implications of infectious disease such as HIV/AIDS, the global health community needs to find a unified approach to the disease. Most importantly, prevention needs to be at the forefront of the global health movement of HIV/AIDS. Although, the global prevalence rate has remained steady at just under one percent (0.8%) since 2001, there were over 2 million new infections in 2013 (The Henry J. Kaiser Family Foundation, 2014). According to the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), three prevention strategies have been proven to globally reduce AIDS incidence worldwide: antiretroviral treatment for HIV positive infected individuals, increasing voluntary male circumcision, and preventing mother-child transmission of the virus (Centers for Disease Control and Prevention, 2013).

Moreover, the global health community needs to improve access to medical care and HIV counseling for all infected individuals. The World Health Organization proposes that this can be accomplished by implemented four key strategies including optimizing HIV prevention and care, strengthening the linkages between HIV/AIDS and other health programs, building comprehensive health systems, and reduce barriers to care (World Health Organization, 2011). Therefore, in order to address the HIV/AIDS issue, the global health community needs to focus efforts on educating the public on prevention techniques and improving access to quality medical care.

References


