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# *Disclosure of HIV Status to Health Care Providers in the Netherlands: A Qualitative Study*

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*We qualitatively investigated perspectives on HIV disclosure to health care providers (HCP) by people living with HIV (PLWH). Perspectives varied across PLWH and between PLWH and HCP. Some PLWH felt they should always disclose so that HCP could take necessary precautions or because disclosure optimized care. Others felt that disclosure was not an obligation but a courtesy. Still others felt that disclosure was unnecessary as all HCP should apply universal precautions or because HIV status was not relevant to care. Most HCP claimed they should be informed about patients' HIV status as this would reduce occupational risk of infection and improve care. HCP also felt that disclosure concerns by PLWH were unnecessary given the HCP' duty of professional confidentiality. Some acknowledged that disclosure was not always necessary but still indicated wanting to be informed. Perspectives on HIV disclosure in health care settings differed substantially between PLWH and HCP.*

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People living with a concealable condition such as HIV are often in a position to decide if they will disclose their condition in interactions with others. Generally, when determining whether to disclose, people living with HIV (PLWH) weigh the advantages and disadvantages of said disclosures (Serovich, Lim, & Mason, 2008; Stutterheim, Shiripinda, et al., 2011). A number of advantages to disclosure have been documented. These include increased provision of emotional and social support, better mental and physical health, greater adherence to antiretroviral therapy (ART), and increased CD4+ T cell counts (Chaudoir, Fisher, & Simoni, 2011; Heflinger & Hinshaw, 2010; Smith, Rossetto, & Peterson, 2008; Strachan, Bennett, Russo, & Roy-Byrne, 2007). On a broader level, disclosure has also been linked to safer sex and the reduction of public HIV-related stigma (Chaudoir et al., 2011; Obermeyer, Baijal, & Pegurri, 2011). However, disclosure can also have negative impacts. A significant body of literature has demonstrated a link between HIV status disclosure and stigmatization (Chaudoir et al., 2011; Logie & Gadalla, 2009; Stutterheim, Bos, et al., 2011), and in parallel fashion, there are studies showing that concealing HIV can limit stigmatization (Emlet, 2006; Richman & Hatzenbuehler, 2014; Smith et al., 2008; Stutterheim, Bos, et al., 2011).

Most of the literature on HIV disclosure has focused on voluntary disclosure or concealment, more generally or in the context of partners, family, or friends (Obermeyer et al., 2011; Parcesepe & Cabassa, 2013; Smith et al., 2008). A much smaller body of literature has looked at specific contexts for disclosure, such as health care. In fact, to our knowledge, only a handful of studies have explored PLWH's perspectives on disclosure to health care providers (HCP; Bairan et al., 2007; Edwards, Palmer, Osbourne, & Scambler, 2013; Weatherburn, Keogh, Reid, Hammond, & Jessup, 2013) or HCP's perspectives on disclosure of HIV status by patients (Aultman & Borges, 2011; Mill et al., 2013).

Studying HIV status disclosure in health care settings is important because the experience of disclosure to HCP can be very different than the experience of disclosure to others (Chaudoir et al.,

2011). Health care is a setting in which many PLWH feel obliged to disclose their status (Rintamaki, Scott, Kosenko, & Jensen, 2007; Rutledge, Abell, Padmore, & McCann, 2009), and also a setting in which PLWH often do not expect their disclosure to be met with negative reactions (Stutterheim et al., 2009). Unfortunately, negative responses to PLWH on the part of HCP do occur (Corrigan, Watson, & Miller, 2006; Jin et al., 2014; Philip, Chadee, & Yearwood, 2014; Pickles, King, & Belan, 2009; Rohleder & Lyons, 2015). In fact, in a study conducted in the United Kingdom, almost half of the PLWH who reported having experienced discrimination indicated that this discrimination involved a health care provider (Elford, Ibrahim, Bukutu, & Anderson, 2008). These kinds of experiences are highly detrimental to the mental and physical well-being of PLWH as manifested in increased psychological distress, poorer treatment adherence, and lower retention in care (Henry et al., 2015; Langebeek et al., 2014; Stutterheim et al., 2009).

Clearly, positive interactions between PLWH and HCP are vital, and an important step in optimizing interactions between PLWH and HCP is positive disclosure experiences. We therefore investigated both PLWH's and HCP's perspectives on the disclosure of HIV status in health care contexts, and in doing so, we paid particular attention to the reasons underlying those perspectives. Paralleling the perspectives of both PLWH and HCP in one study of disclosure is something that, to our knowledge, has not previously been done.

## Method

### Study Design and Context

PLWH's and HCP's perspectives on their interactions in health care settings were explored qualitatively using a general inductive approach with no formal methodological orientation. The Open University of the Netherlands' Faculty of Psychology and Educational Sciences Ethics Board provided approval for this study.

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