ORIGINAL ARTICLE

Attitudes towards and experience of general practice among HIV-positive patients in the Republic of Ireland

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Summary: In order to study their attitudes to and experience of general practitioner care, 150 attenders at the only HIV specialist clinic in the Republic of Ireland were asked to complete an anonymous, self administered questionnaire. (81%) of respondents reported having a regular GP and 94% of those indicated that the GP was aware of their HIV diagnosis. The majority (64%) of patients with a regular GP reported seeing-their doctor on more than 5 occasions during the previous year. Most patients were satisfied with the support which they received from their GPs. Even so, the majority of patients (72%) would go directly to the hospital clinic for any problem which they perceive to be HIV related.

Keywords: HIV, AIDS, family practice, attitudes. Republic of Ireland

INTRODUCTION

In the Republic of Ireland, 52% of the more than 11400 people known to be HIV positive are, or have been, injecting drug users[1]. The National AIDS i Strategy Committee in this country has stated that the ideal method of delivery of services for patients with HIV disease is by the general practitioner in a community-based setting[2]. As the number of patients with HIV disease grows, hospital services are increasingly stretched, and the need for general practice 'involvement becomes more pressing.

GP attitudes towards HIV infection and AIDS have been studied at local and national levels[3-12]. Much less is known about HIV positive patients' attitudes to and experience of general practice. UK studies in this area have focused almost entirely on homosexual/bisexual men[13,14,15]. A German study has examined the attitudes of a group of HIV positive patients, a minority (15%) of whom were injecting drug users[16]. We studied the attitudes to, and experience of, general practice among a group of HIV positive patients in the Republic of Ireland.

In Ireland approximately 35% of the population is entitled to free general practitioner care under the General Medical Services (GMS) scheme. Eligibility is determined on the basis of low income and patients must apply to their local Health Board office for entry to the scheme. Younger patients are usually required to reapply to the scheme on an annual basis to ensure continuing entitlement. Once patients have been accepted onto the scheme they then register with the GP of their choice, and receive a 'medical card'. Medical card holders receive free care from their own GP, but can always choose to pay for services from another GP if they so wish. Patients with a medical card receive necessary medication without having to pay. However, prescriptions must be written by the GP with whom the patient is registered and prescriptions issued by the hospital are taken by the patient to the GP to be transcribed onto the appropriate form. The 65% of patients who are not eligible for care under the GMS are private patients and must pay for their general practitioner care. They are not required to register with a specific GP or practice.

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SUBJECTS AND METHODS

At the beginning of May 1992 a questionnaire was inserted into the case notes of all patients attending the HIV clinic at St James's Hospital, Dublin. At their next clinic attendance, each patient was asked to complete the questionnaire, with help from one of the staff if necessary. Staff were asked to recruit consecutive attenders over two 2-month periods (May, June and September, October 1992). Although no patient refused to partake in the survey, because of the demands of a busy clinic some patients were missed. Patients who were in prison custody at the time of their clinic visit were excluded from the study. The questionnaire was self administered, anonymous and confidential. It included questions on demographic details, whether or not the patient had a regular general practitioner, level of contact with the general practitioner, and attitudes of the patient to the GP.

Data were analysed using Epi Info version 5.01. The Chi square test, or where appropriate. Fisher's exact test was used to assess the significance of associations.

RESULTS

Demography and diagnosis

One hundred and fifty questionnaires were returned. Because the questionnaire was self administered, not all questionnaires were fully completed. Where denominators differ, this is included in the text. The overall median age of respondents was 29.6 years, range 20 to 51. Median age was 30.8 (range 20 to 51) for men and 27.6 (range 21 to 35) for women. There were 115 (77.2%) male respondents and 34 (22.8%) female respondents; one person did not specify their sex. Eight patients (6.7%) had their diagnosis made outside Ireland. Sixty-eight (45.9%) of the 148 patients who responded stated that they had been admitted to hospital at some time during the previous year.

A total of 100 (66.6%) patients had injected drugs at some stage and the proportions were similar for men and women (65.8 and 70.6%). Sixty-five of the drug using patients (65.0%) had used drugs within the 6 months prior to answering the questionnaire.

Of the 100 injecting drug users (IDUS), 91 responded to a question about methadone use and 48 (52.7%) of these were on regular methadone. Seventeen patients were receiving methadone from the National Drug Treatment Centre (a specialist centre which accepts referrals from all over the country). Nine patients were receiving methadone from their own GP, 12 from another GP, and 6 from one of the 2 community-based drug treatment units currently in existence in Dublin. Nine patients stated that they were buying methadone on the street. Only 6 patients said that they were receiving methadone from more than one source. Of these, 5 were buying it on the street as well as receiving prescribed methadone (4 from a GP other than then-own and one from a community-based clinic); one patient was receiving methadone from both their own GP and another GP.

Of the respondents (144) who specified their sexual orientation, 106 (73.6%) identified themselves as heterosexual, 31 (21.2%) as homosexual and 7 (4.9%) as bisexual. Six people did not answer the question.

Overall, 88 of the 148 patients (59.5%) who responded to a question regarding sexual partners said they had a regular sexual partner. Of the 104 heterosexual patients, 67 (64.4%) had a regular partner, compared with 15/31 (48.4%) homosexual patients and one of the 7 bisexual patients. Five of the 6 patients who did not specify their sexual orientation had a regular sexual partner.

Contact with general practitioners

A total of 122 (81.3%) patients stated that they had a regular GP. Of the 102 patients with a medical card, (i.e. free medical care and drugs) 96 (94.1%) perceived themselves as having a

regular GP; 7 of these reported that their GMS doctor was not their regular doctor. Only 26 of the 48 (54.2%) patients who did not have a medical card (i.e. private patients) reported having a regular GP (P< 0.0001). The proportion of drug-using patients who reported having a regular GP was similar to that of non-drug-using patients (83.0% compared to 77.6%). The proportions were also similar for heterosexual patients and homosexual or bisexual patients (82.1% compared to 81.6%).

Over one-third (50/138, 36.2%) of patients said that they had changed their general practitioner since they were diagnosed HIV positive. The most frequently cited reason for this was their belief that the initial GP did not know enough about HIV (Table 1). Other reasons frequently cited were that the initial GP would not prescribe methadone, that the GP knew the family too well and that the GP didn't want the respondent as a patient.

Of the 88 patients with a regular sexual partner, 63 (71.6%) said that their GP was aware of their relationship. This finding was similar for heterosexual and homosexual/bisexual patients (48/67, 71.6% compared to 11/16, 68.8%). However only 33 patients (37.5%) said that their partner attended the same GP as themselves.

Table 2 illustrates the level of self-reported patient contact with the general practitioner. Only 27 (18.0%) patients had not seen a GP in the past year and only 11 of the 122 (9.0%) patients with a regular GP had not seen the GP in the past year. Not surprisingly, those patients who perceived themselves as having a regular GP were far more likely to have seen a GP (112/122 compared to 12/28,

Table 1. Reasons for changing GP since diagnosis of HTV (74 answers from 50 respondents)

	No. of patients
GP didn't know enough about HIV	17
GP wouldn't prescribe methadone	14
Moved house	11
GP knows family too well	10
GP didn't want me as a patient	10
No confidence in GP	4
Recommended HIV doctor	3
GP biased against HIV	2
GP biased against drug users	1
GP wouldn't prescribe Valium	1
GP retired	1

Table 2. GP attendances in the past year (148 respondents, percentages in brackets)

Number of attendances	Patients with a regular GP		Patients with no regular GP		Total	
0	9	(7.5)	16	(57.2)	25	(16.9)
5 or less	34	(28.3)	8	(28.6)	42	(28.4)
6 to 10	26	(21.7)	2	(7.1)	28	(18.9)
11 to 20	18	(15.0)	2	(7.1)	20	(13.5)
Over 20	33	(27.5)	0	(0.0)	33	(22.3)
Total	120	(100)	28	(100)	148	(100)

P<0.0001).

The majority (64.2%) of patients with a regular GP reported that they had seen their doctor more than 5 times, and 33 patients (27.5%) reported seeing their doctor more than 20 times in the past year.

Patients were asked to report the frequency with which they had received transcribed prescriptions from their general practitioners without being seen. A large majority (104/143, 72.7%) stated that this had never happened in the preceding year. Twenty-one patients (14.7%) reported receiving prescriptions without being seen on 5 or less occasions and a small number (18/143, 12.6%) reported this occurring on 6 or more occasions.

Seventy-three (48.7%) patients reported attending the Accident and Emergency Department in the previous year. The majority (82.2%) of patients who had attended A&E had been on five or less occasions, and only 5 patients reported attending A&E on more than 20 occasions. Having a regular GP did not affect the likelihood of attending A&E; of those patients with a regular GP, 50.8% attended an A&E Department, compared to 53.6% of patients without a regular doctor. Patients who had been admitted to hospital during the previous year were significantly more likely to have attended A&E (43/68 compared to 29/80, $P< 0.005$).

Disclosure of diagnosis to the general practitioner

Patients were asked if their GP knew their diagnosis of HIV. Only 134 of the 150 patients responded. Of these, 119 (88.8%) said that their GP knew that they were HIV positive. In situations where the patient had a regular GP, the GP was significantly more likely to be aware of the diagnosis (110 of 117, 94%, compared to 9 of 17, 52.9%, $P<0.001$). Neither the sexual orientation of the patient, nor a history of injecting drug use influenced the disclosure of the diagnosis of HIV to the doctor.

In the majority of instances where the GP knew the diagnosis, (87/119, 73.1%) the patient had told the GP. Twenty-one patients reported that the hospital had informed the GP, and 7 patients stated that their GP had been informed by another doctor. In 6 instances the GP had actually diagnosed HIV disease. One patient said that his GP had been informed by Body Positive (a support group for HIV positive people) and 5 patients stated that their family had informed the GP. Thirteen patients did not specify who had informed their GP.

Table 3. Reasons for not having a regular GP (44 answers from 28 respondents)

	No. of patients
No need	10
GP doesn't know enough	9
Fear of GP's reaction to HIV	8
Fear of GP's reaction to drug use	6
Worry about confidentiality	4
GP difficult to contact	4
Fear of GP's reaction to sexual orientation	1
Too expensive	1
Doctors full up for GMS cards	1
Can't get a GMS card for long enough	1
Refused to give prescribed drugs	1

The commonest reason given by the 15 patients who specified why they hadn't informed their GP was fear of the GP's reaction to HIV (8 patients). Other reasons cited were worry about confidentiality (4 patients), fear of GP's reaction to drug use (3 patients), fear of GP's reaction to Sexual orientation (2 patients). Three patients stated their belief that the GP didn't know enough. Six patients cited more than one reason.

Patients without a regular general practitioner

Of the 28 patients with no regular GP, 20 said that they would like to have a regular GP. Seventeen of the patients were drug users and 15 of these would have liked a regular doctor, compared to 5 of the 11 who did not specify drug use ($P<0.05$).

Patients were asked to give reasons why they did not have a regular GP (Table 3). The commonest reason was that the patient had no need of a GP. Other frequently cited reasons were fear of the GP's reaction to HIV and a belief that the GP did not know enough about HTV. Several respondents were concerned about confidentiality. Two patients (both injecting drug users) had had difficulty obtaining a medical card, and one patient cited expense as a reason for not having a regular GP.

Care by the general practitioner

The patients were asked if their GP had discussed a number of specific preventive issues with them. Ninety-six people answered the question, 48 (50.0%) of whom said that their GP had discussed one or more of the issues (Table 4). Only just over one-third of the patients who answered the question remembered discussing safer sex or the use of condoms with their GP. Twenty-three (33.3%) of the 69 injecting drug users remembered discussing needle exchanges and 14 patients had been told how to clean their equipment.

The majority (52.8%) of patients rated highly (excellent or good) the support which they had received from their GP (Table 5). There were significant differences between patients who had injected drugs and others. Injecting drug-users were much more likely to rate the support they had received from GPs as poor (33.7% compared to 7.3%, $P< 0.005$).

Table 4. Preventive issues discussed by GP (133 answers from 96 respondents, 69 of them IVDUS)

Issues discussed	No. of patients	(%)
One or more issues	48	(50.0)
Using condoms	37	(38.5)
Safe sex	36	(37.5)
Needle exchanges	23	(24.0)
How to clean works	14	(14.6)
Family planning	13	(13.5)
Hepatitis B vaccination	10	(11.5)

Patients were asked if their GP did night calls. The question was answered by 127 of the 150 respondents. Of these, 66 (52.0%) said yes, 43 (33.9%) said no and 18 (14.2%) did not known. Patients whose GPs did night calls were twice as likely to rate GP support highly, with 44/62 (7.1.0%) rating support as good or excellent, compared with 19/54 (36.56%) of patients whose doctors did not or were not known to provide night calls.

Choice of location for care

The majority of patients said that when they have a health problem which they think is HIV related, they go straight to a hospital clinic. Just over a fifth (22.5%) go to their GP and only 2 patients said that they would go to an A&E department. Five patients indicated that they would go to either their GP or a hospital clinic. The choice of location was similar for patients with or without a regular GP.

DISCUSSION

This study, carried out in the only HIV specialist clinic in the country at the time, provides interesting information on GP involvement in the care of HIV positive patients in Ireland, particularly Dublin. Whereas previous studies have concentrated on the experiences of homosexual/bisexual men[13,,16], our work also provides insight into the attitudes and experiences of patients with a history of injecting drug use. The hospital setting for the study allowed patients to answer the questions about general practice freely, without fear of giving offence. Although the pressures of a busy clinic meant that not all attenders were successfully recruited to the study, no patient refused to participate.

Table 5. Patient rating of general practitioner support (125 respondents, one of whom did not specify injecting drug use)

Rate GP	Non-IVDUs (%)		IVDUs (%)		Overall (%)	
Excellent	19	(46.3)	16	(19.3)	35	(28.0)
Good	7.	(17.1)	23	(27.7)	31	(24.8)
All right	12	(29.3)	16	(19.3)	28	(22.4)
Poor	3	(7.3)	28	(33.7)	31	(24.8)
Total	41	(100)	83	(100)	125	(100)

A total of 81% of respondents perceived themselves as having a regular GP, and most others would like one. The study provides some evidence that the system of registering with a specific doctor or practice (as in the National Health Service in the UK and for the one-third of the Irish population who are GMS eligible) encourages the development of an ongoing relationship between GP and patient. Patients with medical cards were more likely to report having a regular GP compared to private patients (94% compared to 60%).

The overall high rate of disclosure of diagnosis of HIV to a GF (89%) was an encouraging finding and did not differ depending on sexual orientation or a history of injecting drug-use. The Irish situation is in marked contrast to that in the UK, where studies have reported disclosure by only 50% to 55% of HIV positive patients[13-5]. The reasons for this difference are unclear, but merit further investigation.

The level of satisfaction with GPs generally, as expressed by patients was also encouraging, with three-quarters of patients rating support as ‘all right to excellent’. However, an important point to emerge from the study was the difficulty which injecting drug users have in accessing satisfactory care. Almost one-third of IDUS felt that they had received poor support from their GP. Given that over half of more than 1400 HIV positive people in the Republic of Ireland have been infected through injecting drug use, it is important that we adequately address the problems associated with servicing the needs of this group. Satisfaction was significantly influenced by GPs willingness to do night calls; food for thought for those who advocate abandoning GP out-of-hours commitment[17].

The high consulting rate of HIV positive patients with their GP has been previously reported by individual practices[18] and was confirmed by this study. Nearly two-thirds of patients with a regular GP had seen their doctor more than 5 times in the past year and over a quarter reported attending a GP on more than 20 occasions. This contrasts with attendances at A&E, where less than half of the patients reported attendance during the previous year, and the vast majority (83%) who had been to A&E attended less than 5 times. However, an earlier study indicated that many of the problems for which patients attended A&E could have been “ dealt with in general practice. Why patients chose to attend A&E when they had a regular GP is unclear from this study, and merits further investigation.

Despite the high level of attendance at GPs, nearly three-quarters of patients nominated the hospital clinic as their initial port of call for any health problem which they thought was HIV related. Clearly it is important to understand the factors influencing patients' decisions regarding use of services if we are to promote the involvement of general practitioners in the care of HIV positive patients. This is an area which requires further research.

Also important to examine is the content of general practitioner consultations with HIV positive patients. Participants in the current study had a low level of recall of discussion by GPs of preventive issues such as safer sex and safe injecting techniques. The fact that a large majority of both intravenous drug using and gay patients with a regular sexual partner reported that their GP was aware of their relationship emphasizes the potential for HIV prevention in the context of general practice.

Our study has indicated that Irish HIV-positive patients nearly all have a regular GP. They are attending their GPs frequently and by and large are satisfied with the support they receive. This augurs well for future increased involvement of GPs in the care of HIV positive patients. An important area for consideration in promoting a shift towards community-based primary care for people with HIV disease is the elucidation of factors which determine patients' choice of location for care. Why is it that patients go directly to the hospital for HIV related problems when they attend GPs for other medical needs?

There is a need to define more clearly (for both patients and doctors) what aspects of HIV care can be carried out in the community and what should be hospital based. We have looked at contact with and attitudes towards general practice among HIV positive patients. Further work is needed to explore the content of HIV related GP contacts.

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