

## Original Papers

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# Irish general practice and the human immunodeficiency virus

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### Abstract

Over a quarter (499) of general practitioners in the Republic of Ireland were sent a questionnaire on the human immunodeficiency virus (HIV) infection. Two hundred and fifty eight (51.7%) general practitioners returned completed questionnaires. Ninety six respondents (37.2%) had seen at least one HIV positive patient in their practice. In Dublin two thirds (67%) of respondents had seen HIV positive patients. A large majority (77.6%) of HIV positive people identified by the survey were attending general practitioners in the Eastern Health Board area. Most (61.2%) respondents favour the involvement of general practitioners in the future care of patients with HIV.

### Introduction

A total of 1258 positive antibody tests for HIV had been documented in the Republic of Ireland by August 1992. The continued growth in numbers of HIV infected people will place increasing demands on general practice. To date there is very little information available on the involvement of general practitioners in this country in the care of people with HIV. One local survey in Dublin<sup>1</sup> suggested that GPs felt they needed more knowledge about HIV disease, although the majority felt able to give the required emotional and medical support to HIV positive patients. Individual practitioners, working in an area of high prevalence of HIV, have documented the impact of HIV infection on their practice workload<sup>2</sup> A hospital based survey of Accident and Emergency attendances of HIV seropositive patients<sup>3</sup> has suggested that the majority of attendances could be managed by the general practitioner, although the survey did not examine the reasons why patients chose to attend Accident and Emergency.

The Irish College of General Practitioners has developed a strategy for general practitioner care of patients with HIV and AIDS<sup>4</sup> which recognises general practice as “ideally placed to provide core services for the care of the individual, family and surrounding social group”. The College also states that “the advent of earlier intervention in the infection is going to put the general practitioner into the frontline for the provision of this service”.

The present study was undertaken to obtain information on the extent of contact with HIV positive patients by Irish general practitioners throughout the country and to examine attitudes to the practical and ethical problems resulting from HIV infection. Findings related to contact with HIV positive patients are reported here. Information regarding general practitioners' knowledge and attitudes about HIV will be reported separately.

### Method

A list of all current members of the Irish College of General Practitioners was obtained. Of the 1790 members a random sample of 499 GPs (27.9%) was selected. In June 1992 these 499 GPs were sent a postal questionnaire with a freepost return envelope and a covering letter explaining the purpose of the study and guaranteeing confidentiality; therefore no follow-up contact was made with non-responders. The questionnaire contained questions on the type of practice in which the GP was working (rural/urban, single-handed or group), whether the GP had attended any HIV/AIDS teaching sessions and whether s/he was vocationally trained. To examine the

involvement of GPs in the care of HIV positive people, respondents were asked how many people with a diagnosis of HIV infection they had seen in their practice and how many HIV positive patients were attending for continuing care. Several options for the future care of people with HIV were outlined (from completely hospital-based care to completely GP-based care) and respondents were asked to state which option they favoured. Statistical analysis was carried out with the statistical package Epi Info version 5.01b.

## Results

Altogether 271 (54.3%) general practitioners replied to the questionnaire. This is comparable with other major postal surveys of Irish GPs.<sup>5</sup> Thirteen of the GPs who returned the questionnaire did not complete it, as they considered themselves ineligible (through retirement, illness, having gone abroad or no longer working in general practice). The total number included in the analysis is therefore 258.

The age/sex distribution of the respondents is shown in table 1. One hundred and ninety six (76%) of the respondents were male, 54 (20.9%) were female and eight (3.1%) did not specify their sex. Female GPs were significantly younger than male GPs ( $p < 0.001$ ). One hundred and thirty one (50.8%) respondents were vocationally trained.

One hundred and thirty two (51.2%) of the GPs were working in single-handed practice and 123 (47.7%) GPs were working with one or more other doctors. Three respondents did not specify how many doctors were working in the practice.

Table 2 shows that 96 (37.2%) GPs had seen at least one HIV positive patient. In urban areas 60 of 108 respondents (55.6%) had seen at least one HIV positive patient and in Dublin 47 of 70 respondents (67.1%) had seen one or more HIV positive patients. Most GPs had seen between one and four HIV positive patients, but in deprived urban areas 11 of 24 (45.8%) GPs had seen five or more patients. Fifty seven of the 96 (59.4%) doctors who had seen at least one HIV positive patient were involved in continuing care of one or more patients. Of the 321 HIV positive patients seen by the GPs, 155 (48.3%) were being seen for continuing care.

Table 3 shows the results by Health Board area (figures from Tipperary, which is covered by two Health Board regions, have been included in the Mid-Western Health Board). A total of 321 HIV positive patients was seen by all the GPs (some individual patients may have been seen by more than one respondent).

One hundred and seventy three (67.1%) GPs had attended some form of teaching about HIV and AIDS. Those GPs who had seen HIV positive patients were significantly more likely to have attended a teaching session (75/94 compared to 98/161,  $p < 0.01$ ). Three people did not specify whether or not they had

Table 1 – Age and sex of respondent

Age	Male	Female	Sex not Specified
Not given	1	0	2
20 to 29	3	2	
30 to 39	68	35	1
40 to 49	86	11	4
50 to 59	18	2	1
60 to 69	15	3	
70 to 79	5	1	
Total	196	54	8

**Table 2 – Number of HIV positive patients seen by each GP according to type of practice**

No of HIV pos patients	0	1-4	5-9	10-14	>15	Total
Deprived urban	7	6	3	4	4	24
Urban	41	38	4	1	0	84
Town	34	19	0	0	0	53
Rural/town	32	10	0	0	0	42
Rural	48	7	0	0	0	55
<b>Total</b>	<b>162</b>	<b>80</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>258</b>

**Table 3 – GP contact with HIV patients by health board area**

Health Board	Eligible Returns (%)	GPs with no patients	GPs with 1 or more (%)	No of Patients reported
Eastern	88 (55.0)	34	54 (61.4)	249
Midlands	17 (58.6)	10	7 (41.2)	12
Mid-western	26 (50.9)	20	6 (23.0)	9
North eastern	14 (40.0)	11	3 (21.4)	3
North western	19 (65.5)	17	2 (10.5)	2
Southern	49 (53.8)	35	14 (28.6)	27
South-eastern	22 (56.4)	17	5 (22.7)	7
Western	23 (43.4)	18	5 (21.7)	12

**Table 4 – Which option do you favour for the future care of people with HIV/AIDS?**

Option	Freq	Percent
Special hospital unit for all care	12	4.8
Hospital unit/home care team	85	34.0
Hospital unit/home care team/GP care	17	6.8
Hospital unit/GP care	120	48.0
GP care/referral when necessary	16	6.4
<b>Total</b>	<b>250</b>	<b>100</b>

attended any HIV/AIDS teaching.

Respondents were asked which of several options they thought to be most appropriate for the future care of people with HIV or AIDS. Of those who specified preferred options (Table 4) 97 (38.8%) favoured hospital-based care, while 153 (61.2%) favoured GP involvement in the care

of HIV positive people. There was no significant difference between those GPs who had seen HIV positive patients in their practice and those who had not in terms of the preferred option for the future care of HIV positive individuals.

## Discussion

This study provides the first published information on the distribution of HIV disease in Ireland. It is clear that many GPs in Ireland are seeing patients with HIV and that the problem is not confined to big cities. Over a third (37.2%) of all respondents in this survey had seen one or more HIV positive patients. This is much higher than the 6.4% contact rate reported from Northern Ireland in 1990<sup>5</sup> and similar to the contact rates reported in England and Wales (34.5%) and Scotland (31%) in 1989-90.<sup>6,7</sup> In Dublin two thirds (67%) of GPs who replied to the questionnaire had seen HIV positive patients. The majority (68.8%) of GPs who have encountered HIV in their practices have only seen one or two patients, but in deprived urban areas GPs are seeing larger numbers of affected people.

GPs are already involved in the ongoing management of HIV positive patients. Almost half (48.3%) of the patients who were identified by GPs were being seen for continuing care, while 59.3% of GPs who had seen HIV positive patients were providing continuing care. This study does not provide information on the level of care involved, but it does indicate that the perception that the care of HIV positive patients is nearly all hospital-based is not accurate. A majority (61.2%) of respondents favour the involvement of GPs in the future care of patients with HIV.

A large majority (77.6%) of HIV positive people identified by this survey were attending GPs in the Eastern Health Board area. Of those practitioners who described their practices as being in deprived urban areas, 45.8% had seen more than five HIV positive patients and one GP had seen 26 patients. It has been documented that the general practice contact rate amongst HIV positive patients is almost double that of an age/sex matched group of HIV negative patients.<sup>9,10</sup> This has resourcing implications for general practice. The Irish General Medical Services (GMS) scheme provides free general practitioner care to entitled people and pays GPs an annual capitation fee for each registered patient. Most HIV positive patients who are members of the scheme attract the minimum capitation fee (£19.48 per annum, October 1992). This contrasts with the situation for people with other chronic illnesses, such as diabetes and patients requiring palliative care from cancer. Most of these patients are older and therefore attract a higher capitation fee. At a time when the Department of Health is investing in non-institutional care in the community for HIV positive patients, appropriate resources, including funding, must also be allocated to General Practice.

HIV is here to stay in Ireland, and can not be seen as a problem of relevance only to hospital specialist doctors. GPs are already and will continue to be involved in the care of HIV positive patients. Many of the HIV positive people in this country were infected in the early 1980's through intravenous drug use. These people are now developing AIDS and are looking to their general practitioners for care. Appropriate educational and financial resources must be an urgent priority if we are to enable GPs to meet the needs of their HIV positive patients.

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