

Sex, PrEP and the moral backlash : A High Court decision on the funding of a drug that prevents HIV shows 1980s prejudice lingers on

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Sex, health and morality...PrEP and the HIV challenge

The announcement this week that the National AIDS Trust had won its high court challenge that funding for Pre-exposure Prophylaxis (PrEP) could be provided by NHS England made the headlines. The initial media furore highlighted HIV/AIDS activists' beliefs that costs for prevention as well as treatment of HIV lie within the remit of the national organisation. This counteracted the insistence of NHS England that funding the use of PrEP in a preventive mode meant that the costs should be met by Local Authorities as part of their existing responsibilities for public health.

Inevitably, much was made in the TV news and newspaper articles that followed about the costs of the treatment - £400 per person per month- as well as the focus of its use in the preceding research trial, by Gay men.

Reading and reflecting on the news that day I was acutely aware that within the silences existing between the headlines and implied within the issues raised, we were witnessing two things:

- a) A reminder of the dark past and 'moral' rhetoric about HIV/AIDS
- b) the evidencing of a milestone in HIV/AIDs 'care'

30 years ago I qualified as a nurse from Sheffield city Polytechnic (now Sheffield Hallam University). 1986 signalled not only this, but the start of what many may remember as the 'AIDS pandemic' in the UK. Worldwide at that time, young, otherwise healthy young men in particular were dying. The cause of their suffering was unknown and it would be years before we isolated the HIV virus as the precursor to this terrible disease and the suffering it brought - in the interim, many thousands would die and furthermore, thousands more would suffer the social, political and moral backlash arising from a global 'fear' of this unknown killer.

My early years as a newly qualified nurse , working in sexual health were shaped by the affects and effects of AIDS on society. working as a nurse/outreach worker at that time I witnessed individuals and communities disrespected, abused and vilified for simply belonging to what where termed 'risk groups' Gay men suffered the brunt of this public reaction along with African communities, drug users and prostitutes - These groups were identified as bringing on the disease themselves due to their 'lifestyle choices' and were therefore blamed for the condition - the immorality labels were not extended to two of the other groups identified as 'high' risk - thus breast feeding mothers and haemophiliacs were conversely labelled as 'innocent victims' of AIS, with pity replacing the vilification visited upon the other groups. The successful use of PrEP to prevent transmission of HIV is a milestone in our battle to manage and minimise the effects of this terrible disease. It signals the success of science and health focussed research in advancing our understanding of HIV/AIDs such that it is now a chronic condition rather than a life threatening one. people living with HIV are no longer dying in the UK within weeks of diagnosis as they were in the 1980s but

living well into adulthood, able to fulfil their own life plans and society benefits as a result.

Why is this important now? and what was it about the news items that followed the announcement this week that makes me raise this issue again? Well 30 years on I listened again to news items and commentaries which raised the question of whether 'public money' should be spent on a drug to prevent a condition which is easily managed through simple condom use. This in itself appears an innocent and valid question, but within the discussions this assertion was often followed by concern about the 'risk' of seeming to encourage hedonistic lifestyles, promiscuity and lack of responsibility among Gay men should the drug be provided. what struck me was the emphasised link made between a prescribing a drug to prevent HIV transmission and inevitably enabling gay men to take less responsibility for their health. Hidden behind these statements lie assertions I had witnessed 30 years previously - that sexual health and prevention of suffering from sexually transmitted diseases was a questionable use of public money in cases where individuals should exercise 'control'. what is interesting once again, is that the same questions are no longer directed to new innovations for contraceptive drugs...indeed the pursuit of the 'male pill' and less intrusive ways of managing fertility continue. This raises for me the unspoken question of whether £400 per person would be questioned less if the trial which evidenced the effectiveness of PrEP as a preventative drug focused on heterosexual sexual relationships rather than Gay men. It seems that while the treatment and management of HIV/AIDS has moved on, the views of many of the public have not.

The aim of advances in health and medicine is to alleviate suffering and improve our ability to lead healthy and happy lives. if we have the means and opportunity to do so through advances in medicine a, technology or understanding it is our duty to do so. Questions about who should pay and whether the spend is warranted in relation to cost- benefit are always valid. However I also believe that we must not lose sight of how easy it is to return to the marginalisation and 'immorality' discourse which hampered our efforts in the past. we have had many successes in HIV work and thankfully sexual health as a whole has been rightfully recognised as an essential part of our rights as human beings. so while we rightfully ensure that scarce resources are used appropriately to the benefit of the whole population - let us not forget the Mission of the NHS at its inception which is still written within the purpose of the Five Year Forward view : " high quality care for all, free at the point of need"