

Breaking Bad News Standardized Patient Scenario – HIV Case

Patient:

Bernie Jacobson is a 52 year old male who has been in good health until recently who is coming for results of a recent HIV test.

He is a recovering alcoholic (beer and whiskey favorite drinks) having been abstinent for 5 years. He was married once (in 1982) and lived in Syracuse until he divorced 8 years later, in 1990, when he came to terms with his sexual identity, and after having had multiple unprotected sexual encounters with men. At that point, he moved to New York, got into the 'bar scene', started drinking heavily, and multiple unprotected encounters, most associated with alcohol use. He later moved back to Rochester (in 1999) when he gave up alcohol and wanted to settle down. Although he lost two jobs in part related to his drinking, he now holds a steady job at Kodak as a production supervisor. He has one daughter, 22, who lives in Colorado. He is now in a monogamous relationship with Paul.

He has used condoms regularly with Paul, and with several prior male partners during the past 2-3 years. His partner is not infected with HIV or hepatitis. He was tested once in 1991 and tested negative. Last year, he had mild case of shingles (a painful chicken-pox like rash) on his left chest and shoulder. He saw a doctor at an urgent care center who prescribed a medication (you don't remember the name but did take it twice a day). The rash went away in a couple of weeks and he gave it no further thought.

Since then, has not thought much about testing until recently, when he and Paul decided to live together. Paul urged him on several occasions to get tested, and he finally had a test 2 weeks ago. At that visit, he discussed HIV and HIV risk factors (oral and anal intercourse) with his doctor during pretest counseling. The doctor explained that the test is very accurate, and that HIV infection does not mean AIDS. He has never used intravenous drugs or received a blood transfusion.

He returns to the office today (without his partner) to learn his test results. He feels generally well although a bit fatigued for the past few weeks. He does not anticipate a positive result, although he has been a little worried about the results. The results are *positive* (indicating infection with HIV). His reaction to the news progress through a variety of strong emotions:

1. Shock and disbelief ("This can't be happening to me.")
2. Denial (he feels well, so the test must be wrong; anger at Paul for making him come for the test)
3. Self-blame (regret for past sexual behavior and drinking; "I guess I should have come in sooner to be tested.")
4. Grief – sadness that this has happened to him.
5. Worry – ("How am I going to tell Paul?" "Does he really need to know?") He expresses worry about becoming ill and dying. He is concerned about how to tell his partner this result. He should ask for suggestions on how to talk to his partner.

He should be able to achieve direction, reassurance, and closure at the end of the visit with the physician if the physician is confident, provides clear information and is empathic. If those qualities are lacking, the patient should remain anxious.

Physician:

The patient is a middle age male in good health. He has a history of multiple sexual partners in the past (homosexual) while living in NYC (in the 1990's) and drinking heavily; he rarely used condoms. Now he is in a monogamous relationship with Paul and uses condoms regularly. He has recently been tested for HIV after his partner's urging. He did have an episode of shingles about a year ago, and was treated in an urgent care center with famciclovir, with complete resolution of symptoms.

You have already discussed HIV risk factors during the pretest counseling session. He was treated for a urethritis in 1991, but cultures came back negative. It was at that time that he had a negative HIV test. He has never used intravenous drugs or received a blood transfusion.

Today, he returns to the office without his partner to learn his test results. The HIV test is *positive* (positive tests on both the ELISA and Western Blot, indicating HIV infection). You were somewhat worried because of his recent episode of shingles, indicating that he might have diminished immunity. Your goal during this visit is to demonstrate your ability to break bad news, respond empathetically, and help the patient make future plans for further evaluation and informing partners who may be at risk. You plan on referring the patient to an HIV specialist, so the primary purpose of today's visit is to share the news, rather than discuss the details of HIV infection or therapy. Although you know that antiretroviral medications are highly effective, you do not know what Bernie knows about treatments. You suspect that, because of his recent shingles, he likely will need medication.