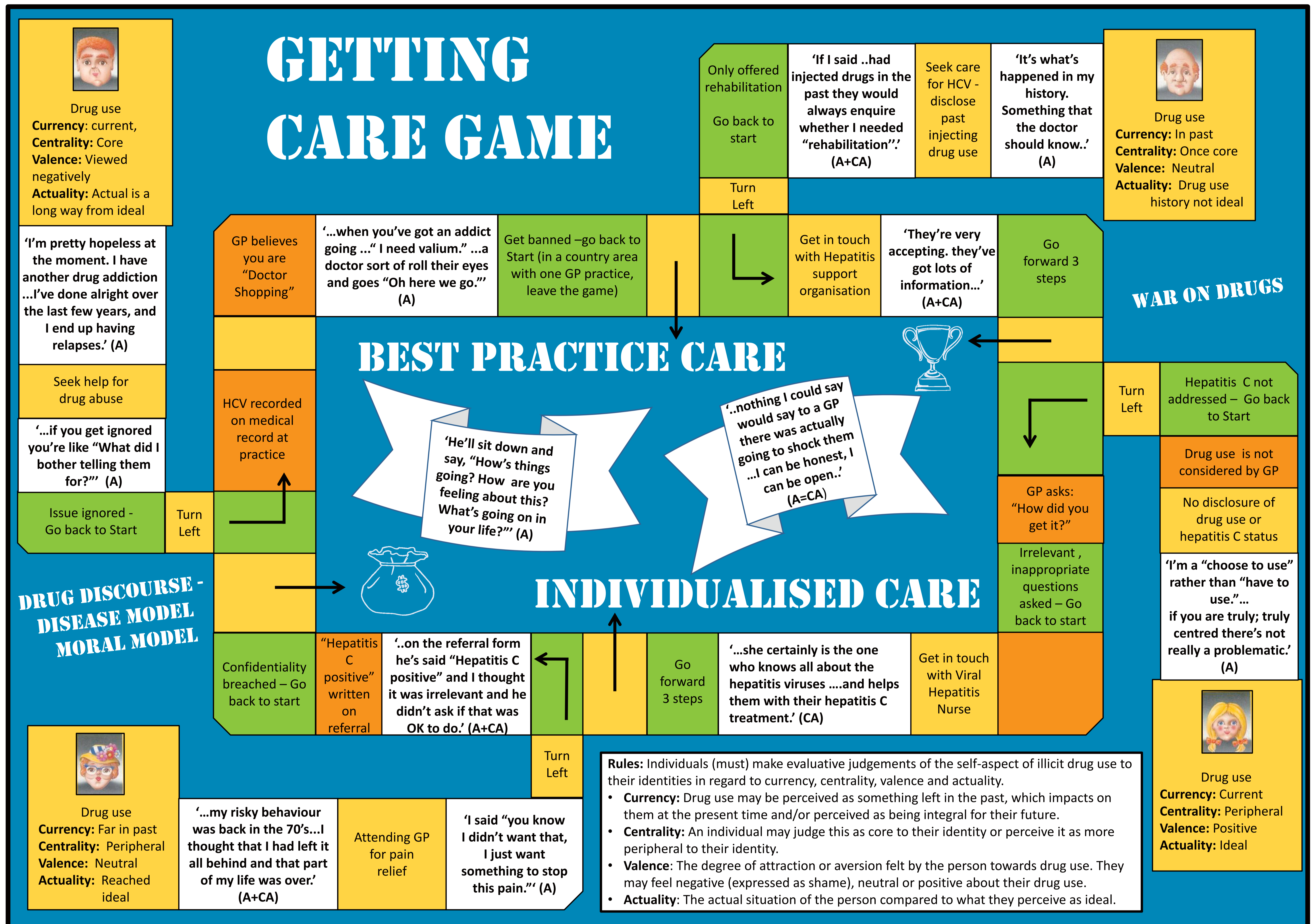


Care provided for hepatitis C: Congruence between patient self-identity and stereotypes applied by general practitioners (GPs)

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1. Introduction

Hepatitis C (HCV) is estimated to affect more than 1% of the Australian population.

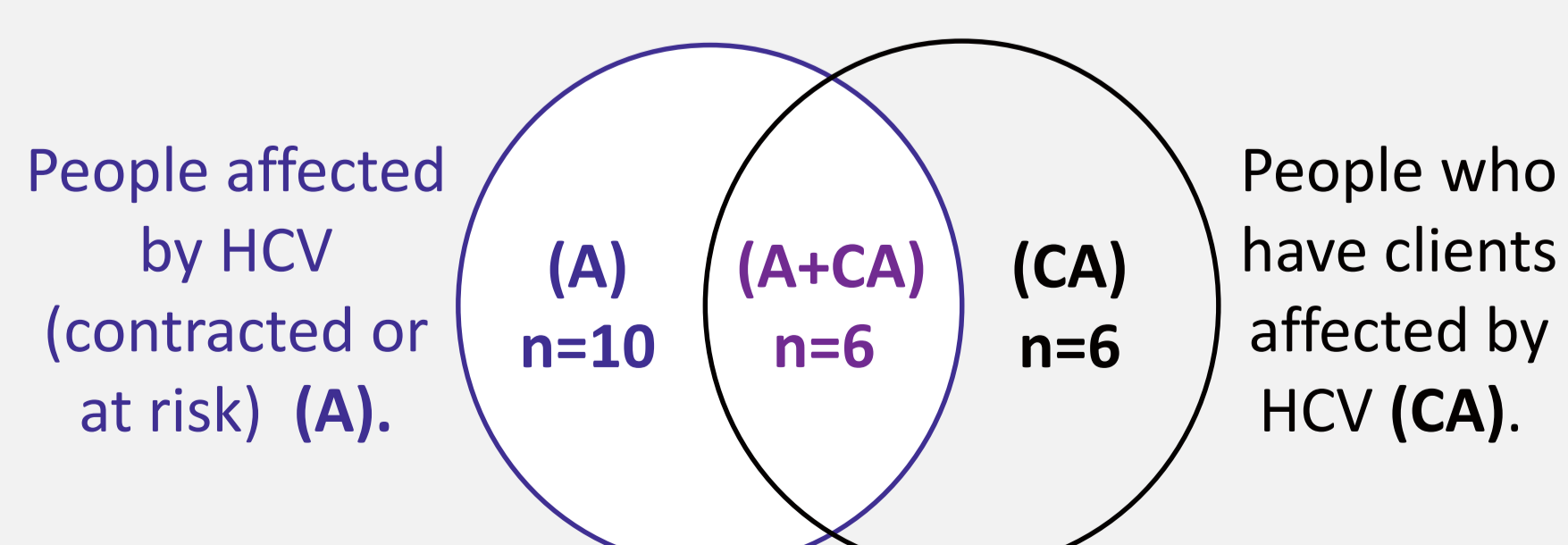
Treatments are available with the potential to cure HCV but only around 2% of people with HCV undertake this.

To reduce harm and allow informed choice it is critical that people with HCV receive appropriate advice on their diagnosis, management, and treatment for their disease.

Private General Practitioners (GPs) are uniquely positioned to provide this care. However, barriers to care provision have been reported.

2. Methodology and Sample

Semi-structured qualitative interviews (N=22) were conducted with participants as below.



Transcribed interviews were thematically analysed to identify participants' perspectives of care provided by GPs for HCV.

3. Results

Participants affected by HCV reported a history of injecting drug use.

Participants described their expectation that GPs' professional responsibilities should include providing best practice care for people seeking help for illicit drug use and/or HCV.

It was acknowledged that GPs faced difficulties balancing this responsibility with responding to "doctor shopping".

Participants described experiences of patients seeking help for illicit drug use being shunned and treated as suspect.

Some patients, who no longer identified as someone with any desire for illicit drugs, reported that when they disclosed their HCV status, GPs treated them as patients who may relapse or with a current drug addiction.

Participants described people with HCV becoming cautious and selective about disclosing their drug use or HCV status to GPs.

4. Conclusions

The significance of illicit drug use to a person's self-identity may vary over time and between individuals. Whilst patients' HCV may have been transmitted during illicit drug use the care sought from GPs by patients with HCV may be detached from this behaviour. When GPs are assessing the appropriate care to be provided to patients, eliciting the significance of drug use to the patient would allow GPs to tailor and target this care.

This assessment would take into account the currency, centrality, valence (degree of attraction or aversion) and actuality (ideal versus actual) of illicit drug use to the patient.

Participants affected by HCV described a variety of combinations of evaluative judgments in regard to the self-aspect of drug use. However participants perceived that GPs treated patients with HCV at all times as though illicit drug use was the central and current, ongoing issue for these patients. Part of GP's treatment of this "problem" of illicit drug use was perceived as aimed at transforming patients to a state of having aversion to this behaviour (expressed as shame) and changing a patient's actual state to an ideal state of abstinence from their drug addiction.

Promoting effective engagement between GPs and patients, including engagement about injecting drug use or HCV, depends on the countering of stereotypes such as those described in this report.

5. Acknowledgements and References: We would like to thank the participants for their willingness to share their experiences and perspectives. Please refer to the handout for references.