Early HIV Detection: Responsibility of Physicians or Church?

To the Editor—My interest was piqued by the recent article by Wagoner and colleagues [1] in Clinical Infectious Diseases. However, one did not need to be an astute reader to realize very quickly that the title of the article is not only provocative, as the authors suggest, but it is also deceptive and there are multiple questions that arise in terms of the quality of the science at the heart of the article.

The study is based on self-reported behavior of new patients at the human immunodeficiency virus (HIV) clinic. Such studies have inherent drawbacks [2]. Readers are not privy to the detailed questionnaire. What exactly was the authors’ definition of church attendance? What exactly did the patients mean by their answers? Answering yes/no did not lend itself to differentiation between attendance once in a lifetime vs once a year vs once a month or once a week. What was the evidence for the reliability and validity of the questionnaire? We are also well aware that CD4 counts are low in the presence of acute infections. Were any of the patients unwell at the time of the presentation and were there follow-up CD4 counts to confirm the immune status in the absence of clinical symptoms? The most glaring bias from the authors is evident as one reads the Discussion section. While the finding that men who have sex with men who attended church had lower CD4 counts made the title of the article, the finding that women who attended church reported previous HIV testing more often than women who did not attend church was relegated to passing mention in the Results section. Shame on the authors for selectively highlighting part of their findings, and shame on the editor for publishing such an article in this prestigious journal. I wonder what “level of evidence” would be assigned to this article. With looming cuts to federal funding, one wonders why the National Institutes of Health funded this study. In the political circles of Washington, one often hears the cliché “there is enough blame to go around.” In the case of this article, there is enough shame to go around!

“Church” is often a soft target where folks lay blame for many social ills. Let’s look at ourselves—the medical community—and take responsibility in terms of early detection of HIV. Since 2006, the Centers for Disease Control and Prevention has guidelines encouraging HIV testing [3]. More recently, the US Preventive Services Task Force expanded these recommendations even further [4]. Church outreach may help, but we physicians need to do a better job in early detection of HIV. It would also be a disservice to patients with HIV, cancer, and other chronic conditions to berate the services of “church” when such services provide psychological and spiritual benefits beyond what medications can do [5].

Note

Potential conflicts of interest. Author certifies no potential conflicts of interest.

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References


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