BHL
Bioethics and Health Law Journal
journal homepage: www.journals.sbmu.ac.ir/bhl

Original Article

The Effect of AIDS Stigmatization on Curing Patients and Physician- HIV/AIDS Patient Relationship

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ARTICLE INFORMATION

Article history:
Received: *29 November 2020*
Revised: *24 December 2020*
Accepted: *23 December 2020*
Available online: *08 January 2021*

Keywords:
Discrimination
HIV/AIDS
Qualitative Research
Stigma
Stigmatization

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ABSTRACT

Background and Aim: HIV/AIDS and its carrier are not only known as a disease and a patient, respectively. Since the transmission of the disease is most relevant to human deviant behavior, a stigma against the disease has been formed. This study seeks to examine the effect of the stigmatization of the disease imposed on the treatment process and interaction between the physician and HIV/AIDS-positive patient in Iranian society.

Materials and Methods: A qualitative research method has been used in this study. Data collection has been carried out through interviews. Depth interviews and semi-structured interviews have been employed for the patients and doctors respectively. This study was done in the consultation center and infectious disease ward of Imam Khomeini hospital. Six clients of the consultation center and seven infectious disease specialists were selected.

Ethical Considerations: The study followed standard ethics guidelines concerning informed consent and confidentiality.

Findings: HIV/AIDS-related stigma has sparked illogical fears, affects physician-patient interaction in the medical community, and has led to discrimination among these patients in many cases in terms of the right to treatment.

Conclusion: The results obtained showed the unfavorable impacts of the AIDS-related stigma imposed on the medical community and this is an obstacle facing patients with HIV/AIDS to achieve equal treatment rights. The results of the present study show the role of stigma in converting this disease into a socio-cultural phenomenon. Physicians, like other members of society, are affected by values, norms and are constructs of society.

Cite this article as: Tavakol M. Nikayin D. Rezaei M. The Effect of AIDS Stigmatization on Curing Patients and Physician-HIV/AIDS Patient Relationship. *Bioeth Health Law J.* 2021; 1:1-9: (e8). http://doi.org/10.22037/bhl.v1i1.38133

Introduction

AIDS is a health-medical phenomenon, the social, cultural, and economic dimensions of which are very wide. Socially, as a social construction and more specifically a social stigma, or stigmatized issue, it targets the social status of patients at different levels (1-2). This means that a person with HIV/AIDS, in addition to enduring a life of fear, pain, uncertainty, and despair of the future of the disease and close-up of death, receives a sense of exclusion (prejudices), discrimination, contempt, disgust and other types of concerns and sanctions from the community (2-4). The community's perception of AIDS is not just limited to disease and a patient with AIDS but is also known as an indication of the individual(s) who had illegitimate and deviant behaviors and have been infected as a result of their actions and behaviors. AIDS is considered a deviation from the norms of

society. Sociologists state that deviant behavior is the one that is not consistent with the common behavioral expectations of a specific group and other community members consider it bad or wrong. Any society expects its members to comply with the values and norms, but some individuals always do not follow the values and norms (5). So, AIDS is looked upon as a stigma in society and this thinking can result from the thought that a person with HIV/AIDS is infected with the disease due to his/her sexually immoral behaviors. There is the risk of HIV/AIDS transmission in high-risk behaviors such as risky sexual behaviors (such as sexual relationships outside of the family or relationship with a same-sex) or injection and these behaviors are unethical and inconsistent with the culture of the society based on the public opinion. The patient is a careless, amoral person or one who neglects behaviors approved by society. So, the risk of HIV/AIDS transmission is a kind of natural and earthly punishment for bad behaviors and the pain is the result of sin that (s)he has committed in the past. Based on this attitude, the behaviors are prejudged that should be avoided by physicians (6). Because physicians are also part of the larger community and they cannot be considered a group separated from others. So, these beliefs affect the attitudes of physicians about the patients and their treatment towards these patients. What happens in practice is the negative impact of stigma, as a social construction on the patients' treatment and the relationship between and patients who play a role as the most important groups in the treatment field as well as the providing health services. Because physicians are affected by the HIV/AIDS-related stigma-like viewpoint like everyone else, and therefore these affairs create some issues regarding the manner of treating these patients. "Patients with HIV/AIDS, AIDS Related Complex (ARC) and other manifestations of HIV/AIDS infection have the right to equal health care services, like all members of society" (7). Currently, several statements and laws have been also developed to direct physicians" professional behaviors (8). The Health professions have a moral obligation to avoid rejection of infectious individuals or practice discrimination against them while providing healthcare services. In the early days of the AIDS epidemic, healthcare-related professions reject patients with HIV/AIDS or inform the public about their disease in an inappropriate manner. There are also reports published by healthcare providers about the exclusion of HIV/AIDS-positive patients as members of high-risk groups (7). But for the reasons mentioned above, physicians and the medical staff are challenged in terms of complying with these principles and rules because AIDS is now considered as a social and cultural issue and patients are stigmatized as those who violated norms and those who conduct behaviors contrary to the values accepted in society. This stigmatization prevents access to equal treatment rights. In addition to the above-mentioned items, a person who is infected with HIV/AIDS or fears of infection is concerned for two reasons to achieve the right to healthcare services. (S)He expects to be assured that (s)he has access to routine healthcare services provided to other patients and diseases other than HIV. (S)He expects to have the right to full access to the treatment for the prevention, treatment, and reduction of AIDS-related illness. Here comes discrimination against AIDS patients. The discriminating behavior practiced by healthcare workers also affects society. A clear and explicit set of rules guarantees the right to equal treatment in some cases. The legal provisions that would prevent discrimination (right to equal rights) supported the rights of patients in other countries. Failure to provide equal treatment (such as surgery) to a person who has been admitted as a patient even when the same treatment is given to a patient who is considered as AIDS non-carrier, often means violation of professional rules and could lead to claims for damages caused by negligence. Discrimination is associated with many consequences for society and not only does not reduce HIV-related stigma but also causes other damages; including hiding the disease from the therapist that increases the number of people with AIDS because the medical staff does not take necessary precautions if being uninformed of the HIV-positive patient. Today, AIDS has been proposed as a social problem in most countries. Considering AIDS-related stigma in our society, therapists do not observe the rights of these patients in terms of providing healthcare services, which is rooted in the view held towards this disease. There is an interaction between HIV-related stigma and treatment discrimination for these patients in society. This study aimed to investigate the manner of providing healthcare services and the medical community treatment with HIV/AIDS patients considering the impact of stigma as a social and cultural issue so that we can achieve a better understanding of the situation that is currently going on concerning these patients.

Ethical Considerations

The study followed standard ethics guidelines concerning informed consent and confidentiality.

Materials and Methods

This study is qualitative research. Data collection has been carried out through interviews. Depth interviews and semi-structured interviews have been employed for the patients and doctors respectively. This study was done in the consultation center and infectious disease ward of Imam Khomeini hospital. Six clients of the consultation center and seven infectious disease specialists were selected.

Participants

According to pilot studies conducted in this research and using the case study strategy, Infectious Diseases Ward, Imam Khomeini Hospital was selected as a research field because this center was the best available place considering its special conditions and having special facilities for conducting this research. A key factor in its selection was the special position of this center in terms of treatment for HIV patients. This department has a special ward known as Behavioral Counseling Center that refers many suspected patients to this center for testing. Also, the patients refer to this center every once in a while to take medication or for check-ups and this center gives medical and counseling facilities and the necessary facilities to carry out the relevant tests and refers them to other centers in case of need to further healthcare need. The researcher has used non-probability sampling using the deliberate or judgmental method. The researcher has selected his/her sample from among the patients referred to the counseling center while the field research was being conducted by him/her. A total of 9 behavioral counseling center patients were selected in this study. In the case of patients hospitalized in the Infectious Diseases Ward of Imam Khomeini Hospital, interviews were conducted with all patients who were able to take part in interviews. The interviewees included six individuals, 4 and two of whom were hospitalized in isolated and ordinary rooms, respectively. A total of eight HIV patients were hospitalized in the Infectious Diseases Ward and interviews were conducted with six of them and two other patients were not able to respond due to their poor health status. Also, in the case of infectious disease physicians of the infectious department of Imam Khomeini Hospital, the majority of them were interviewed due to the possibility of interviewing in terms of time and the availability of specialists. There were seven infectious disease specialists, five of whom were interviewed.

Data collection

In this study, open and in-depth interview was used to talk with the patients. Interviews were started with underlying questions and general questions were later asked. These questions revolve around physicians' and medical staffs' treatment of patients and the impact that stigma imposes on these relationships. Semi-structured interviews were also used in the case of specialists.

Findings

According to data obtained from patients, they were satisfied with the treatment of physicians working in this center (Infectious Diseases Ward of Imam Khomeini Hospital) and those who were interviewed had no special treatment with the center's physicians and their assessment was positive altogether. But there were reports of bad treatment of general practitioners or dentists and gynecologists that were not related to the infectious disease physicians and these problems had occurred outside this center. Because of these problems, many of them expressed that they only refer to this center and since physicians refused to admit them, they ignored continuing treatment in most cases, accordingly. This issue is due to the stigma and discrimination (because of their HIV-positive status) and many of those who were interviewed referred to this issue while talking with the researcher. For this reason, some said if they refer to the center, they would not say that they are HIV-positive, which also leads to the lack of observance of precautions required by doctors and medical staff. (There was no contradictory case about the physicians of the center in none of the respondents). One interviewee who was infected by his hemophilia wife explained about the discrimination physicians made between the victims and those who were infected due to their high-risk behavior and said that this difference is due to the stigma attached to these people as perverts and those who had abnormal behavior and stigma has a double impact about them. Out of six interviewed individuals, five individuals were satisfied with physicians" treatment at the hospital and there was only one contradictory case. Two of the people interviewed were dissatisfied with the medical staff of the center

and complained about their inappropriate treatment, the report related to which has been presented below. The hospitalized patients said that they have referred to no ward except Imam Khomeini Hospital, and the impact of stigma caused most of them not even go to the dentist (due to the thought that they will be rejected by the dentist) and the rest of the interviewees suffered from bad teeth condition except one of them. One of the patients said that physicians who do not specialize in it badly treat HIV-positive patients and (s)he has experienced such treatment out of the center when (s)he was rejected for being HIV-positive. One interviewee explained that when he was admitted to the hospital for burns HIV He did not inform the healthcare staff about being HIV-positive, which is caused by stigma and subsequent discriminations. One interviewee reported inappropriate treatment by physicians who are not specialists and are active outside the center. According to data obtained from nine interviewees, 3 cases had no experience of hospitalization whether in this center or outside of it so far, and according to what they have said, they have not referred to other physicians and were satisfied with the services of this center. The other two cases had an experience of hospitalization in this center and they had positive assessment regarding compliance with equal treatment and expressed this principle has been observed about them here. But, one case complained of inappropriate information outside of the center, which does not provide services to patients in health centers (offices, clinics, etc.) out of here and said that this principle is not respected. (S)he had related experience with this dentist and gynecologist and as explained, (s)he no longer says (s)he is HIV-positive while referring to the clinic and brings disposable parts so that (s)he doesn't need to say anything about his/her disease. The eighth case also had the experience of rejection by physicians who are working outside of this center and declined to treat him/her and ordered other medical staff in that clinic to reject him/her while referring to the clinic. The patient also explained that (s)he threatened the physician to infect him/her after experiencing this treatment. One of the interviewees explained that he/she would not say anything about his/her disease while referring to the hospital due to the impact of stigma and subsequent bad medical treatment. But three other cases who had admission experience outside of the infectious department believed that the right to equal treatment is not practiced. An interviewee who had the experience of hospitalization in a center out of this center also complained about the bad treatment of women's specialists and her discriminatory treatment. One case said that they discriminated against patients out of here and HIV-related stigma affects the outcome of their visit. Another case also stated that this principle is not respected enough, especially about giving medication to these patients; but added that because (s)he is regarded as the victim of the disease, (s)he is better treated that than the others in this center. Two cases were also upset about unnecessary precautions taken by the medical staff (for example, asking for gloves or sterilization of the operating room).These findings of this section suggest that HIV-related stigma negatively affected patients' rights for equal treatment and makes discrimination in the treatment of these patients out of this center AIDS-related stigma harms compliance with this issue. Patients who were hospitalized in the Infectious Diseases Ward of Imam Khomeini Hospital generally believed that equal and non-discriminatory treatment was respected and had a positive impression in general. There was only one contradictory case who believed that discrimination was practiced in his case due to being an HIV-positive patient. Out of five other patients, 2 interviewees denied their disease and for the same reason, did not see any difference between themselves and other patients except for minor grievances. One of the interviewees felt differences, but this difference was mainly caused by his poor and homelessness' however, he said that this difference is real (objective) and tried to cope with it. Another case explained that he has experience violation of this principle in Imam Khomeini Hospital Clinic, in which he was rejected and felt that he has been discriminated against. These results suggest that this principle is respected in this ward, but the principle of medical ethics is a challenge outside here, which is caused by the stigma and leads to discrimination against these patients and is also regarded as a barrier to equal treatment. But some patients said that they are used to it and put up with it.

Discrimination in the provision of equal treatment

All physicians involved in the treatment of infectious diseases ward of Imam Khomeini Hospital respected this principle and as they said, they had not acted contrary to this principle but these physicians explained that they have treated these patients like other patients in this ward and

have shown no discrimination to them. Also, all the facilities of the ward are used to treat and improve these patients, as in the case of other patients, because the goal of this center is to provide counseling and assistance to patients. However, as they said, many of their colleagues adopt negative views toward their patients in a way that they have been rejected by physicians and medical staff when they need physicians to work with other specialties or to get help from other wards of the hospital; therefore they failed to continue the treatment process or do what is needed by the patient. Physicians attributed their lack of cooperation to the HIV/AIDS-related stigma and their fear of the infection as well as their reluctance to accept them. They also mentioned that if the patient was not HIV-positive, these measures would be carried out for him/her but they are deprived of the treatment due to being HIV-positive status. Another reason mentioned in this regard was more and more exposure rate to the risk of contamination of other expert groups (for example, surgery or biopsy centers). But the interviewed physicians did not think in this way and mentioned that their responsibility is to treat these patients and the related stigma had no impact on the patient's right to treatment. Their statements show that this stigma is fading due to the increasing number of patients.

The difference between HIV patients and HIV-infected illicit drug users

There was only one contradictory case, to which one of the physicians referred that was the difference between addicted HIV-positive and non-addicted HIV-positive patients. He said that they usually delay the treatment of addicted HIV-positive and non-addicted HIV-positive patients and are reluctant to treat such patients and considering their scientific reasons, this is beneficial to the patient (because of resistance made in the body).

Fear in the medical community towards HIV/AIDS patients

One of the physicians described this fear and stated that there are two kinds of fear, one of which is relevant and the other one is irrelevant and there is no accepted scientific reason for it. The relevant fear is due to the impact of AIDS-related stigma, but the irrelevant fear is due to the risk of job transfer risk of HIV infection and lack of government support and lack of necessary facilities fuel this fear. Therefore, this fear remains an obstacle to the treatment of these patients and reduces the incentive to treat them.

Revenge motive in HIV patients

Because health centers and health care workers have shown discrimination against these patients, the revenge motive can be created in these patients, which is big social harm.

Concerning the motives of revenge and infecting others with the virus, six of the interviewees denied it and said that they never had such a thought or intention. Even three of the respondents who were badly treated by the physicians or medical staff stated that it never fueled the revenge motive in them. But bad medical treatment has been associated with frustration in these patients. There was only one contradictory case. He said that he will take revenge on the related physician and is just waiting for the right time. One interviewee also said that he never talks about his HIV-positive status while referring to the healthcare centers, so he never had a problem. One interviewee also explained that he has threatened to infect the physician who rejected him. He added that he never really wanted to take revenge and only intended to threaten him. In these cases, religious beliefs play a major role in helping them put up with the discrimination and showed their discomfort using curses or the like. According to data obtained from patients admitted in the infectious ward, only one patient was motivated to take revenge and infect the other one by infecting his child because he treated him badly. In other cases, the motive was negative. One patient denied his disease and did not pay attention to it according to his statement. Others say they suffered a lot because of this problem and the related stigma and do not want others to endure this pain. Patients' religious beliefs also contributed to the rejection of the motive. Even this motive was negative in 2 patients who had faced discrimination from doctors or medical staff.

Conclusions

The general framework of the project flows in symbolic social interaction school, this school mainly focuses on face-to-face interaction. However, actions can also be carried out in other ways. The main focus of this study is also face-to-face interaction between HIV patients and physicians as an example of symbolic social interaction school. The deviation is reacted by the society depending on its extent of disapproval. Community groups may react to perverts whose abnormal behavior is not approved by society using the following ways: "expressing hatred, anger,

rejection, denial of civil rights and verbal reproof or physical punishment, detention, fines, imprisonment".[9] The disease is regarded as a deviation by society. When the patient's role is regarded as being along with the methods for dealing with patients (that is, putting them under medical control and putting them in the hospital), the concept of disease is well used as a deviation because the common norm is health and well-being and the patient is considered as a pervert due to his/her conduct, which is contrast with the common norm. But it does not end here for AIDS. AIDS is not only known as a diversion and the patient is stigmatized due to being sick, but also it is associated with having high-risk behavior. For example, infection through intravenous drug use: drug use is known as the main problem degrading most of society's moral values and destroying many of the younger generations.[10] The patient receives the label doubly. A patient is a person who is looked upon as a criminal, with no punishment but death is waiting for him/her. Human behavior is known as a deviation when it reaches the limit, which is considered as an individual unacceptable deviation from groups' normative expectations from their point of view and leads to the emergence of collective or mutual reactions, which in turn leads to "rejection", "threatening" and chastisement of the people who have committed such behavior (18). The disease transmission ways, which are mainly limited to injecting equipment as well as sexual relations outside of its moral and legal framework, challenge the relationship between doctors and patients. According to the preceding description, patients are labeled considering the view hold towards AIDS as a deviation from accepted norms and rules and norms in our society and other societies. This labeling has a more important outcome that is proposed as a stigma. However, considering the definition proposed for the term stigma, we imagine that a stigmatized person is not a perfect human and efficiently, and maybe thoughtlessly, reduce his/her opportunities to live. We develop a kind of "theory of stigma", an ideology that explains his/her inferiority and provides a reason showing us he or she is dangerous (13). The foregoing was an introduction to express the centerpiece of this study .i.e. the stigmatization of these patients. If we consider the disease a deviation that has violated the existing norm .i.e. health, so AIDS that violates both health norm and is caused by the violation of ethical norms and legal accepted principles (in the case of sexual relationships, homosexuality, addiction, etc.), is certainly associated with stigma. Stigma plays a role in converting biological disorders into a socio-cultural phenomenon, so it is experienced in certain ways and has been shown in the HIV/ AIDS sample. This example also provides an illustrated and powerful description of the second source of Goffman's stigma (11). According to the stigma classification offered by Goffman, AIDS is placed in the second category that includes individual character deficiencies such as dishonest, cowardly, and submissive, or abnormal sensations, inflexible and unreliable beliefs. According to existing evidence, these traits are related to individuals who are suffering from, for example, psychiatric disorders, prisons, drug addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behaviors, mental disorders, sexually transmitted diseases and alcoholism and suicidal tendencies, and so on. According to "Alonzo and Reynolds, individuals infected with HIV/AIDS are stigmatized because of their disease:

1. is associated with their deviant behavior, whether as a result or as a source of deviant behavior.
2. is considered to be their responsibility.
3. is morally questioned based on a religious belief and culture and by regarding it as unethical and punishable behavior.
4. is a contagious disease and is considered a threat to society.
5. leads to a kind of unwanted and unpleasant death.
6. cannot be understood by the local community and ordinary people and is associated with the negative attitude of medical health service providers.[1,2] The challenge arises here is and this article is to study it; in fact, how much the existing stigma challenges the interaction between physician and patient and caused discrimination to these patients. This discrimination can lead to much social harm. According to Jillings & Alexus, evidence indicating the presence of stigma shows itself in nursing and patient care in three forms:

1. Labels and stereotypes are attributed to certain diseases by society.
2. Patients' behavior is regarded as a result of stigmatization in others' views.
3. The values and assumptions of caregivers concerning a selection of diseases. Nurses and other health workers provide care for individuals suffering from HIV/AIDS and have their perspective toward stigma that may lead to prejudice and discrimination for patients (12).

The relationship between physician and patient is a type of interaction carried out through symbols, which are formed by activists in society. What creates a challenge in this interaction is AIDS as a symbol of deviant behavior, which is contrary to principles accepted in society that has changed it into a stigma. Failure to adhere to these principles leads to discrimination and subsequent harm. Discrimination here means to make a distinction between HIV-positive patients only due to their positivity and other non-HIV patients (13). This discrimination is associated with harms, including exclusion and isolation of patients and lack of continuing the treatment process, which creates a cycle of social and health harms. Considering that just being patient places human in a category apart from normal people and the disease is a condition that contrasts the state of health and is placed in a class of social deviations based on some sociologists' views and distinguishes the individual from other people, if he/she is infected as a result of his/her deviant behavior, he/she will be labeled in a double manner as the one who has violated the social norms. This label causes these patients to be stigmatized due to the risk of HIV/AIDS because they have been classified as deviant people who violate the norms of society. Also, based on the theory of social deviations, these people are known as deviants. According to the labeling theory, when behavior is known as deviant behavior, individuals who have practiced this behavior will be labeled. Today HIV/AIDS is a stigma in our society and many other societies and is created as a result of labeling individuals as social deviants. In the late twentieth century, seropositive was one of the highly health stigmatized states. HIV negative symbol is the result of a cultural trend where the boundaries between "healthy self" and "unhealthy other" who is patient are extended to a contagious disease, sexual misconduct, and abuse. AIDS-related stigma is a social construction and is based on deviance and perversion and the social negative reaction. Stigma is a discrediting label that shows its carrier as a culturally unacceptable and inferior person. This term was entered the sociology by Goffman. AIDS-related stigma is placed in the second Goffman's stigma category and clearly shows the stigma's role in transforming a biological disorder into a socio-cultural phenomenon. This issue affects all groups in society and the negative attitudes to HIV/AIDS disease affect the interaction between these patients and others. Stigma, disgrace, marks, all of which indicate one thing has created many problems for these patients. Problems that are associated with much social harm. Such stigma has not been observed in any other disease to such extent, which is due to the public belief that the disease is caused by the moral and behavioral deviation of these patients. One of the characteristics of objectivity on the issue of social stigma is to prevent HIV -infected people from access to social and treatment services. Part of the deprivation is caused stems from the fear of spreading the disease to healthy people (especially health service providers). This is the very thing that has been having studied by Alonso Reynolds who stated that the disease is not understood by the local community and ordinary people and is associated with the negative attitude of healthcare providers.[14] But these patients should be treated like other patients and need healthcare services and should enjoy equal human rights as human being compared with other patients. But what is underway in the medical community and our medical staff is in a direction contrary to this principle. Because physicians are also a class of the society and the HIV/AIDS-related stigma affects them as a social and cultural construct (15).

Patients said nobody supports them out of the center (Infectious diseases ward, Imam Khomeini Hospital) and all look upon them as guilty. This is due to the impact of AIDS-related stigma in these patients. Patients assess the physicians' treatment positively, but those who have had the experience of dealing with physicians outside this center were dissatisfied with the inappropriate treatment of physicians after being informed about their HIV-positive status and stated that this is due to negative attitudes toward the disease (examples in the case of dentists, gynecologists, general practitioners outside the center). This inappropriate treatment causes patients to hide their disease while referring to hospitals that are considered as information control techniques, as Goffman argued, which are used by individuals with stigma use to manage their information and has deterred patients from the follow-up treatment in many cases. Patients who had related treatment experiences outside this center, in hospitals, and by other physicians with different specialties, have been discriminated and most of them have been deprived of treatment. Although the medical community doesn't hold this stigma-like look towards these patients most of them refuse to treat these patients and even refuse to accept them because values and norms affect mutual relations between physician and patient and are also

effective on the physician-patient interaction in the social context. This has led many patients to hide their HIV-positive problems while referring the physicians or hospitals. This in turn causes the medical staff not to observe the necessary precautions and can cause harm to the medical staff or other patients. Therefore, existing discriminations against the treatment of these patients and the observance of ethical standards that have little to do with the actual behavior of individuals about discrimination are often in contrast with the accepted beliefs about justice and fairness. As a result, the motive for revenge by infecting others with HIV is one of the issues that arise. However, this issue was not very true about the interviewed patients and only one or two cases were seeking revenge. This motive had been created in them due to improper and discriminatory treatment and lack of medical ethics from physicians and medical staff. Although this issue is small, it can cause beg harm to the community. Another problem that is created for these patients as a result of stigma is denial and hiding the disease that is considered as information control techniques, which are referred to by Goffman. Many patients hide their disease even from the physicians and hospitals due to the bad attitude held by society towards this disease because if the disease is detected, they will be rejected. Isolation is very high in these patients and many of them prefer to limit their families to hide the disease so that they can better manage and control their information and prevent their stigma from being exposed and as Goffman said, they hide their disease to be accepted like any healthy person and reduce tensions in their social relations. Many of these patients complained about the lack of knowledge in this area. However, this ignorance is not only limited to ordinary people and many patients spoke of ignorance of cultural groups and even employees of the health care system (such as physicians and nurses). This ignorance causes challenges for these patients and causes discrimination for these patients. This causes discomfort, annoyance, and resentment for these patients and increases the pain caused by the disease. Also, since many of these patients are from the lower strata of society and do not work or can work, it creates problems in their treatment process, because they cannot pay for the treatment. The results indicate the role of stigma in converting this disease into a social and cultural phenomenon. It is important that the AIDS-related stigma harms equal treatment of the disease and is considered as an obstacle to acceptance of these patients by the medical staff, and the medical community, because physicians, like other members of society, are affected by the values, norms, and constructs of the society. When physicians as the most knowledgeable people in this field, reject these patients and hold negative attitudes towards them, we cannot expect more from another member of society. This issue has created many problems for HIV/AIDS patients in their treatment and social relations and Goffman's results showed, these individuals, because of being stigmatized, face many challenges in their social relations.

Acknowledgements

This study was funded by the Sociology Department, School of Social Sciences, University of Tehran, Tehran, Iran. The authors thank the Ministry of Health of Iran and all the study participants for their enthusiastic support and cooperation throughout this project.

Conflict of Interest Statement

The author declares that they have no conflicts of interest.

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