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Aspectos bioéticos envolvidos no cuidado ao idoso com HIV/AIDS

Bioethical issues involved in care of elderly with HIV/AIDS

Los temas bioéticos implicados en el cuidado de personas mayores con VIH/SIDA

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ABSTRACT

Objective: to analyze the scientific production on bioethical issues involved in care of elderly with HIV/AIDS.

Method: a systematic review of articles in Scopus and SciELO databases. **Results:** the selected studies displayed an increase in the number of older people with HIV/AIDS; the fact that old people have a lack of knowledge about the ways of HIV transmission; that health professionals have difficulty to address sexuality in old age. It was evident that, despite the conceptions built for the disease, prejudice about sexuality have hampered preventive measures for infection leading to construction of strategies of resistance by the elderly as silence regarding serology, hope for an AIDS cure and a search for the respect of their autonomy. **Conclusion:** there is a need for greater investment in health education to enhance the knowledge of old people about HIV/AIDS, the respect for their autonomy and to minimize the risk of prejudice towards their sexuality.

Descriptors: elderly; acquired immunodeficiency syndrome; bioethics.

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RESUMO

Objetivo: analisar a produção científica sobre os aspectos bioéticos envolvidos no cuidado ao idoso com HIV/AIDS. **Método:** realizou-se revisão sistemática de artigos nas bases de dados *Scopus* e *SciELO*. **Resultados:** os estudos selecionados indicaram que ocorreu aumento do número de idosos com HIV/AIDS; os idosos possuem *déficit* de conhecimento sobre as formas de transmissão do HIV; os profissionais de saúde têm dificuldades de abordar a sexualidade na terceira idade. Evidenciou-se que apesar das concepções construídas em relação à doença, o preconceito sobre a sexualidade tem dificultado medidas preventivas para a infecção levando à construção de estratégias de resistência pelos idosos como silêncio em relação à sorologia, esperança da cura da AIDS e busca do respeito a autonomia. **Conclusão:** verifica-se a necessidade de maiores investimentos na educação em saúde para elevar o conhecimento de idosos sobre HIV/AIDS, respeito à sua autonomia e minimizar riscos ao preconceito à sua sexualidade. **Descritores:** idoso; síndrome de imunodeficiência adquirida; bioética.

RESUMEN

Objetivo: analizar la producción científica sobre temas bioéticos implicados en el cuidado de personas mayores con VIH/SIDA. **Método:** una revisión sistemática de artículos en las bases de datos *Scopus* y *SciELO*. **Resultados:** los estudios seleccionados indicaron que hubo un aumento en el número de personas mayores con VIH/SIDA; las personas mayores tienen una falta de conocimiento sobre las formas de transmisión del VIH; profesionales de la salud tienen dificultades para hacer frente a la sexualidad en la vejez. Era evidente que a pesar de las concepciones construidas para la enfermedad, los prejuicios sobre la sexualidad han obstaculizado las medidas de prevención de la infección que conducen a la construcción de estrategias de resistencia por parte de las personas mayores como el silencio con respecto a la serología, esperanza de la curación del SIDA y de búsqueda por el respeto de su autonomía. **Conclusión:** existe una necesidad de una mayor inversión en educación para la salud para aumentar la conciencia de las personas mayores sobre el VIH/SIDA, el respeto a su autonomía y para minimizar el riesgo de perjuicio de su sexualidad. **Descritores:** ancianos; síndrome de inmunodeficiencia adquirida; bioética.

INTRODUCTION

The Acquired Immune Deficiency Syndrome (AIDS), more than a disease, is set up as a social phenomenon of large dimensions and impacts moral, religious and ethical principles, public health procedures and private behavior, issues concerning sexuality, drug use and conjugal morality.¹

To guide the practice of care to the person with Human Immunodeficiency Virus (HIV) and AIDS, bioethics becomes relevant. This is based on four principles: autonomy; beneficence; non-maleficence and justice that guide discussions, decisions, procedures and actions based on moral and normative issues in the biomedical sphere. Its current core is medical ethics, which involves issues related to the beginning and end of life.²

Over time, the epidemiology of AIDS has shown changes in its development and distribution. At first, it was a specific epidemic among young people, later went on to achieve other population groups, regardless of gender and age.³ In this perspective, it appears that the number of elderly diagnosed with AIDS is increasing.⁴⁻⁵

In Brazil, people aged over 60 years are considered elderly.⁶ However, epidemiological studies involving HIV/AIDS began to consider elderly people as those with ages over 50 years-old, as classified by the Centers for Disease and Control and Prevention (CDC), considering the commitment caused by the disease and quantity of infected people.⁴

In Western Europe, in 2007, 12,9% of new reported cases of HIV infection were in people aged over 50 years-old; in Eastern Europe the same situation occurred in 3,7% of cases and in Central Europe the ratio was one for every 10 cases.⁷ In Brazil, from 1980 to 2013, 177.365 AIDS cases have been reported. Of these, 20.605 were in people aged over 60 years-old. The number of older people with AIDS in 2013 accounted for 21,3% of new cases.⁸

Health professionals have difficulties towards considering the sexual lives of the elderly and incorporating it as the subject of their work activities. So, preventive measures for sexually transmitted diseases (STDs) as AIDS that affect this population are not discussed. As a result, there is assistance to sexuality, often directed to the free demand of complaints.⁵ However, sex, to the elderly, is a silent subject and a relevant issue to be discussed, mainly due to the discovery of sexual stimulants used by elderly men.⁹

Elderly people living with AIDS have a hard time when it comes to facing the disease, which influences the attitude to keep confidential the diagnosis.¹⁰ For health professionals, there is a two-fold mission: clinical control of the case and the front preventive actions to the potential risks of transmission. Soon, these face issues involving values and interests of individual patients as well as values and interests that can generally be taken as a public matter.¹¹ Before the confirmed diagnosis, usually some elderly reveal it only to the nuclear family - spouse and children. This decision may justify living with the stigma associated with being old and living with AIDS, and fear of people's reactions.¹⁰

In this context, it is clear that AIDS has two "pains", the disease itself, and the "eyes" of others. This is present due to fear of rejection, especially in the workplace, in addition to the suffering caused by prejudice and the possibility of discrimination.¹⁰

This study aims to analyze the scientific production on bioethical issues involved in the care of older people with HIV/AIDS.

METHOD

A systematic review,¹² which conducted a survey of scientific production in all years available from 1960 until June 2014. Data were obtained from April to June, 2014.

This study was developed respecting the following steps: 1) Definition of research and population concerned; 2) Identification of databases, keywords and search strategies; 3) Establishment of inclusion and exclusion criteria; 4) Conducting search in databases (four independent examiners); 4) Comparison of the results of searches and initial selection of articles; 5) Application of the inclusion of articles criteria, with justification of exclusions; 6) Critical analysis and evaluation of the included studies; 7) critical summary and preparation; 8) Providing a conclusion, stating

the evidence found from the search and systematic analysis, as proposed in the study.¹²

Emerged, then, the following question: “What are the bioethical aspects involved in the care of older people with HIV/AIDS?” For this, systematic search of articles in the database SciVerse Scopus and Scientific Electronic Library Online (SciELO) took place. We used the descriptors: elderly, AIDS and bioethics - with dialogue through the Boolean operator “and”, as Figure 1.

Figure 1. Search for strategy articles. Salvador, Bahia, Brazil, in 2014.

Electronic search through descriptors						
Scopus			SciELO			
Older	Bioethics	Aids	Older	Bioethics	Aids	Total
1.936 articles	2.967 articles	411.502 articles	2.387 articles	1.423 articles	4.610 articles	424.825 articles
Interlocution keywords through the Boolean operator “and”						
“Older AND Aids”	“Aids AND Bioethics”	“Older AND Bioethics”	“Older AND Aids”	“Aids AND Bioethics”	“Older AND Bioethics”	Total
95 articles	174 articles	63 articles	55 articles	20 articles	9 articles	416 articles
After titles reading						
19 articles	48 articles	43 articles	16 articles	9 articles	6 articles	Total
						167 articles
Eligible after abstracts reading						
14 articles	8 articles	4 articles	14 articles	3 articles	2 articles	Total
						45 articles
Refinement of articles after methods reading						
4 articles			3 articles			Total
						7 articles

Source: author’s research

The criteria adopted for inclusion were: articles in English, Portuguese and Spanish; qualitative method; complete articles and available for free, with the elderly population with AIDS and the outcome of bioethical issues related to the care. Literature review articles were excluded, study with focus groups, quantitative, reflection, theoretical and epistemological and that addressed AIDS in the elderly and other age groups together.

For this study it was defined as an elderly person those aged over 50 years-old, in order to encompass both people who are infected with HIV after 60 years as those aged between 50 and 60 years-old since probably these individuals will become older with AIDS.¹³

For the analysis of the data, a script was made in order to standardize information between the authors during the reading of the seven selected articles. These were analyzed through a careful and critical manner, reading and re-reading were performed in the articles full extensions, in order to describe the main results and conclusions of the articles.

RESULTS

Figure 2 shows variables characterizing the articles analyzed in this study. The results will be presented descriptively and then discussed with the integration of other studies based on categories evident from the analysis.

Figure 2 - Characteristics of included studies (n = 7) in the systematic review. Salvador, Bahia, Brazil, in 2014.

Author	Title	Objective	Journal / database / Year	Profession
Vasconcelos MF, Costa SFG, Lopes MEL, Abrão FMS, Batista PSS, Oliveira RC ²	Palliative care for patients with HIV/AIDS: principles of bioethics adopted by nurses	Investigate the principles of Bioethics considered by nurses entered the study, to assist the patient with HIV/AIDS in palliative care.	Ciência & Saúde Coletiva <i>Scielo</i> / 2013	Nurse
Oliveira DC, Oliveira EG, Gomes MT, Teotônio MC, Wolter RMCP ¹³	The significance of HIV/AIDS in the aging process	Identify and describe the contents of the social representations of the Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) among people over 50 years and examine ways of coping used in everyday	Rev Enferm UERJ Lilacs/2011	Nurse Psicologist
Brasileiro M, Freitas MIF ¹⁴	Social representations of AIDS for people over 50 years infected with HIV	Analyze the social representations of people aged over 50 years living with HIV/AIDS	Rev Latino-Am Enfermagem <i>Scielo</i> / 2006	Nurse
Machiesqui SR, Padoim SMM, Cardoso de Paula CC, Ribeiro AC, Langendorf TF ¹⁵	People over 50 years with AIDS: implications for the day-to-day	Describe the implications related to the everyday life of people over 50 who have acquired immunodeficiency syndrome	Esc Anna Nery <i>Scielo</i> / 2010	Nurse
Laroque MF, Affeldt AB, Cardoso DH, Souza GL, Santana MG, Lange C ¹⁶	Sexuality of the elderly: behavior for the prevention of STD/AIDS	Identify the elderly behavior in the prevention of STD/AIDS	Rev Gaúcha Enferm <i>Scielo</i> / 2011	Nurse
Andrade HAS, Silva SK, Santos MIPO ¹⁷	AIDS in the elderly: experiences of patients	Understand the experience of elder people with AIDS enrolled in a reference unit of the National Health System in the metropolitan region of Belém/PA.	Esc Anna Nery <i>Scielo</i> / 2010	Nurse
Rodrigues DAL, Praça NS ¹⁸	Women aged over 50 years: preventive measures of HIV infection	Check the implementation of preventive measures of HIV transmission for women aged over 50 years living in a low-income community.	Rev Gaúcha Enferm <i>Scielo</i> / 2010	Nurse

Source: author's research

Older people with HIV/AIDS

In four of the studies that investigated elderly patients with AIDS, differences were observed in the samples for the variable gender.^{13-15,17} Regarding education an article studied elderly who had incomplete first degree and poor economic conditions, characteristics compatible to current expansion of the AIDS epidemic in Brazil.¹⁸ These conditions amplify the economic and social vulnerability of people affected by AIDS.¹⁴

Most of old-aged people affected by HIV/AIDS were heterosexuals. However, homosexuals have been studied as well, as shown by two articles.¹³⁻¹⁴ Regarding marital status, two articles show the prevalence of widowers and singles people, who are sexually active.^{14,17} The time of discovery of the disease among the elderly was of two months to 21

years,^{15, 17} being mentioned that, before being infected, they did not use condoms.¹³⁻¹⁴

In the diagnosis of HIV, the first reaction is the “shock” that gradually is surpassed. The initial denial is evident,¹³ nevertheless, some people came to expect a positive outcome and do not change their way of life. For these, AIDS has become a part of their lives.¹⁵ Despite fears and living difficulties with some daily stressors elements and the disease itself, the desire to live and enjoy life are still preserved, resulting in feelings of hope.¹³

The representation of HIV/AIDS among the elderly focuses on psychosocial and biological aspects. Fighting strategies are built from the search for interpersonal relationships, social support¹³ and adaptation to routines, for instance, the treatment.¹⁵ Yet, historic constructions based on negative aspects of the disease difficult the elder's

adaptation in society, especially because AIDS is associated with chronicity¹³, being a constant threat to life.¹³⁻¹⁵

The sexuality of the elderly is associated with myths and beliefs. The elderly are seen as an asexual being^{13-14,16-17} who only has sex in a heterosexual, monogamous relationship.¹³ An elderly infected with HIV is almost impossible to the eyes of society^{13,14}, in various situations this is justified by the fact that the doctor fails to request HIV test before the first symptoms appear. However, even the elderly are exposed to STD/AIDS.¹⁶

Even in face of effective therapies that prolong the lives of HIV-infected people,^{15,18} a negative image of the patient still exists, arousing feelings of pity and stigmatization. But the image of the sick, cachectic and ugly is being replaced by the image of the healthy individual, especially due to treatment advances.¹³

Antiretroviral drugs are represented as a torture and used as a means of denying the disease. Some people overcome their difficulties every day and try to find their place in the world in terms of what they are and not according to the stereotypes that society establishes to people in the third age.¹³ Given the complexity of a disease with no cure,^{14,18-17} the representations of the elderly involve segregation, sublimation, stigma and social inclusion.¹³

Thus, the elderly experience the challenge in face of their own conditions and seek for quality of life and survival, facing the fear of death, oppression and subjugation to the incurability of the disease.¹⁴ So, religion comes as support for these people to tackle the disease.¹³

The difficulties of elderly people in dialogue about sexuality reveal prejudice and/or embarrassment. Thus, the socially constructed concepts hamper the access of this population to the media, especially because they have started sexual life at a time when the practice of condom use did not exist.¹⁶ Moreover, there is the belief that the fear of AIDS, by itself, is capable of preventing marital infidelity.¹⁸

Elderly knowledge about HIV/AIDS and its prevention

Analyzed studies show that, although older people point to the use of condoms as a preventive conduct of infection, they say the use should not be frequent when it comes to sexual practices in a stable relationship, confirming the premise of the use of condoms only in extramarital relations and with unknown people,^{13,16,18} besides being used for the purpose of contraception and dispensable for women who are in menopause.¹⁶ This context – monogamous relationship and the belief in partner loyalty were considered protective HIV behaviors.^{16,18}

Though some are aware of the importance of using condoms in sexual relations and of the existence of STD/AIDS, its use with the spouse was not a habit. Still, there were those who joined the use of condoms in all sexual relations so they don't transmit AIDS.¹⁶ Failure towards perceiving the

risk of infection through sexual contact occurred due to the confidence in partner loyalty,^{13,15,18} being the use of condoms assigned only to curiosity.¹⁸ Accordingly, it appears that HIV transmission prevention measures have not sufficiently impact on behavioral changes, especially for women.¹⁸

The poor appreciation of prevention of HIV infection by elderly women¹⁸ may have happened due to the lack of knowledge about AIDS, justified by the data being insufficient in the past.^{13,18} Many were not sure about how they have acquired HIV,¹⁸ being that the forms of contagion were considered exclusive to gay men and to people who had sexual intercourse with "transvestites".¹³⁻¹⁴ In this context, there is the existence of prejudices towards people who have other sexual orientations.¹⁴

Among the elderly, AIDS is considered a disease of the other, away from his orderly and morally correct life. Women never or rarely use condoms and also show no intention to use it due to negative interference in the quality of sexual intercourse, likewise they do not value their past in relation to attitudes that could contaminate them. Gender relations permeate the perception of risk of infection through sexual contact and the decision to adopt preventive measures against HIV transmission, which may explain the passive attitude of some women.¹⁸

Regarding the forms of contamination, the elderly believe they have acquired the virus through blood transfusion^{13,15} or during surgery procedures.¹⁵ Furthermore, many think that basic body hygiene prevents HIV.¹⁶ The fragility of the elderly to receive the diagnosis can be associated with surprise and uncertainty about how their exposure to the virus occurred.¹⁵ From this perspective, after being diagnosed with HIV sex is considered dangerous because the infection of the partner is more likely, which justifies the withdrawal or reduction of sex - even when using condoms.¹³

Even during the consultations and lectures, many seniors do not receive direct information or have guidelines on HIV/AIDS with the Basic Units of Health professionals.¹⁶ They seek to learn the subject by the media, such as television, radio, newspaper,^{16,18} magazines, posters, and conversations with friends and neighbors.¹⁸

Ethical and bioethical implications in care of elderly with HIV/AIDS

The elderly seropositive is doubly discriminated: for being old and being seropositive.^{13-15,17} The experienced prejudice and fear of suffering it¹⁴ from family and health services,¹⁷ makes the person with the diagnosis decide not to reveal the serology, for lack of opportunity, social living,¹⁵ or fear of being alone.¹⁴ However, self-image and loneliness disorders involve the disclosure to family.¹⁷

Also, the disease is considered as an obstacle for elders in their work environment, therefore, to be discovered can mean to be dismissed. So the question arises: how to survive with this disease at this age and unemployed?¹⁴ Thus, the

disease appears as the interruption of their dreams. However, for some, with retirement or termination of employment obligations, the dynamics of life change, and from there, enjoying life more becomes easier. For some, retirement is a barrier, and for others, a chance to live better, even having a complex health problem like AIDS.¹⁷

Among seniors with HIV/AIDS the feeling of helplessness and difficulties to face each day with the disease is present.¹⁵ It's like a threat, depriving them of feelings, of touching someone and being touched, like a punishment.¹⁷ Shame shows the stigmatizing side of the disease,¹³ causing family and social isolation,^{13-15,17} low self-esteem, economic commitment, affective, emotional distress,¹³ psychotic symptoms and feelings of inferiority in relation to the partner, especially when there is deficit of support, can lead to isolation and sadness. Added to this, there is the body image determined by the evolution of the disease¹⁷ and physical stereotypes, such as thinness.¹³

Be affected by an incurable disease is interpreted with confusion, anger and relationship conflicts.¹⁷ By the complexity of the situation, the suicide attempt is observed among the elderly as a way to escape a problem causing suffering, escape from facing a reality often emerged from deep loneliness.^{13,15,17} Therefore, health professionals need to listen to them carefully, consider their complaints and concerns and meet their biological and spiritual needs. Acting like this is to take care in a humane way and enhance the bioethical principles of beneficence and non-maleficence - to avoid causing possible damage to the health of the person in their care.²

Ethical and bioethical aspects related to the care of elderly with HIV/AIDS

It is known that the population over 50 years-old¹⁵ and health professionals have difficulties to talk and understand sexuality at this stage of life,¹⁵⁻¹⁶ which leads to the belief that there are barriers.¹⁶ The invisibility of sexuality implies a fragmented care, as several preventive actions are not performed effectively. This attitude may result not only in the late diagnosis, but also in increased exposure to HIV.¹⁵

In the third age, the problem of HIV/AIDS presents the discussion of social values and behaviors related to the elderly culturally determined.¹³ The silence on the HIV status of one's family can mean protection strategy,^{15,17} in order not to suffer discrimination and not to affect relationships with others. However, serologic anonymity while protecting often deprives individuals of access to social rights and health.¹⁵

AIDS is a disease that gives stigma and discrimination, and is the person's right not reveal their diagnosis or any information about their health condition to anyone. By acting this way, the health professional will be respecting the autonomy of the patient under their care and acting ethically in their professional practice.²

It is important that the patient is aware of the knowledge about the therapy, in order to make decisions and collaborate with care actions and self-care,² glimpsing the autonomy of care and life choices.¹⁵ In situations where the elderly cannot decide on his own, it is necessary to resort to the family that can make decisions about the best approach to be adopted for the loved one.² Actions based on the accountability of those involved allow comprehensive care, which includes the biological, clinical, social, ethical and subjective aspect, as well as influences on quality of life.¹⁵

It is of great importance of bioethics to guide health professionals, particularly the nursing staff responsible for the care of people with HIV/AIDS - which must be based on ethical principles. Nurses have to recognize the need to act in an ethical manner, so that all people have equal access to quality health and care services. It is emphasized that this approach is supported by the Professional Code of Ethics.²

Health professionals that value the principle of beneficence, enable raising the benefits to the patient by promoting comprehensive care. Regarding the principle of non-maleficence, this compromises the nurse to try and prevent foreseeable damage. And by emphasizing the principle of justice the commitment towards achieving a fair and equal assistance without discrimination and respecting the dignity of the human being is demonstrated.²

In this context, health professionals and authorities need to create more space for discussion and/or STD/AIDS prevention programs.¹⁶ It is necessary to direct interventions to prevent HIV transmission, given the beliefs, information and people needs. Thus, arouse reflections and possibilities of conscious behavioral changes in the face of the AIDS epidemic in the elderly.¹⁸

DISCUSSION

Since its discovery, AIDS was related to gay men, users of injecting drug and sex workers.¹⁹ It is a mistake to think that older people do not have sex and not use drugs. Generally, these people are less informed about HIV/AIDS and little aware of how to prevent it.³ In Brazil, AIDS in this age group occurs predominantly through sexual transmission. Because of the stigma of third age, family and health professionals refuse to see seniors as sexually active beings. This approach leads to consequences, especially regarding prevention.³

The increase in the HIV infection cases in the elderly is associated with socio-cultural, demographic changes related to the aging population, innovations in health care, deficient prevention; and individual, social and programmatic vulnerabilities.¹⁰

There is no doubt that AIDS is a problem for all people, especially the disadvantaged,²⁰⁻²¹ requiring the use of ethical rationale for moral discernment in areas that involve many emotions. A challenge to health professionals is about the responsibility for the prevention, care, treatment, application of appropriate methods of analysis and control.

Especially when they face unequal access to medicines, the lack of information in the high-risk population, exclusion, confidentiality, discrimination and sex taboos.²⁰⁻²¹

It appears that people with HIV/AIDS do not suffer only physical symptoms, there are implications for their overall well-being;²⁰ discrimination at work, at home, and in society in general - and often by health professionals, who unconsciously violate the rights of patients.²¹ Therefore, when diagnosing the patient with HIV, it is expected that the confidentiality of information is part of professional conduct, since the patient has autonomy to decide who can be communicated.²⁰

The ethics of care based on discourse recognizes rationality in decisions that involve moral aspects in the daily care and emphasizes respect for freedom, dignity and diversity. The presence of the "who", the intervention's target, is not limited to a "be-there-to-be-treated." In addition to the clinical and epidemiological criteria, care raises the authentic presence of each person, which allows sharing choices on the "to do" in a mutual recognition movement of desirable lifestyles.¹⁰

So, in an attempt to protect themselves and protect that value, fear leads them more to "hide" than to reveal. In this sense, religion stands out as one of the main ways of coping with AIDS events,¹ or rationalization as a defense mechanism to assist in the survival and maintenance of a selfish structure, allowing the individual to process and develop a new condition of life.⁹

The HIV-positive diagnosis for HIV causes changes in personality structure, relationships and values of people. If, in one hand, there are feelings of hopelessness, anguish, shame, survival uncertainty, guilt, denial, rejection of others; in the other hand there are gains, as the closest family presence.¹

For the elderly, living with HIV/AIDS sometimes is a process permeated with such intense and distressing feelings that the desire to die is present. For the family there are antagonistic feelings, given by an initial rejection and by later acceptance and testing of different stages of (re)adaptation that, to some extent, resemble the person with AIDS.⁹

From this perspective, there is a need for greater public investment in health education, since despite legislative achievements by the elderly, such as the Statute of the Elderly, this segment is still not prioritized. Thus, it is necessary to create information resources that meet these people, involving them in the process of knowledge and behavioral change. Health professionals also must understand the spread of AIDS in this age group, in order to run preventive actions.²²

In Cuba, the National Program for Prevention and Control of HIV/AIDS has provided follow-up for people with HIV/AIDS through a multidisciplinary team that provides support such as counseling, information and guidance on this condition.²⁰ In Brazil, progress and achievements in research and access to medication facing the AIDS epidemic are undeniable. However, in the field of prevention, programs need to be improved, which is a challenge for the Unified

Health System (SUS) to work efficiently and effectively, increasing actions to reverse the trend of STD/AIDS growth in population aged over 50 years-old.⁵

To health professionals, it is necessary to recognize the limits of their values to provide quality care to people affected by HIV/AIDS - avoiding a discriminatory care.²³ In this context, care must be guided by the four bioethical principles - respect for autonomy, beneficence, non-maleficence and justice. This practice will encourage the responsible care and contribute in minimizing ethical/ bioethical implications related to elderly care with HIV/AIDS.

CONCLUSION

The results highlighted that the epidemiological profile of HIV/AIDS has changed over the years in relation to sexual orientation, age and gender. The low education, poor economic conditions, the lack of knowledge and low rates of condom use are factors that influence the increase in the number of people aged 50 years-old or more affected by HIV/AIDS. Moreover, gender relations permeate the perceptions about the risks of infection through sex due to confidence in partner loyalty.

Even with the advances in health care, many professionals cannot associate HIV/AIDS with the elderly, and have difficulties to address issues related to sexuality in this age group. The bias is evident in the context of family, society and health professionals. Facing the situation, the elderly seek resistance strategies, such as the support in religion, not revealing their HIV status and hoping that science finds a cure.

It has been seen that HIV/AIDS provides impacts on moral, religious and ethical principles and that health professionals need to respect the autonomy of the elderly in relation to the confidentiality of information, mainly on account of socially constructed ideas about the disease. Thus, there is a need for investments in health education directed to the sexuality of the elderly, with the prospect of expanding the knowledge of these people and minimizing their exposure to risk.

It was also enhanced the lack of studies that are related to the bioethical aspects of care of old-aged people with AIDS. In this sense, conducting research in the field of aging from the perspective of sexuality becomes essential for health professionals to identify strategies to support the planning and implementation of prevention of HIV/AIDS in the elderly, affected or not by this disease.

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