

Individuals have the right to avoid sex with partners unwilling to test for HIV but do not have a right to force them to test for HIV

Jason J. Ong PhD^{1,3}, Chongyi Wei DrPH⁴, Stephen Pan PhD^{2,5}, Hongyun Fu PhD^{2,6}, Joseph D. Tucker PhD^{1,2,7,§}

¹ Faculty of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London, United Kingdom

² Social Entrepreneurship for Spurring Health (SESH) Global, Guangdong, China

³ Central Clinical School, Monash University, Victoria, Australia

⁴ Department of Social and Behavioral Health Sciences, Rutgers School of Public Health, Piscataway, New Jersey, USA

⁵ Department of Public Health, Xi'an Jiaotong-Liverpool University, Suzhou, China

⁶ Eastern Virginia Medical School, Norfolk, USA

⁷ University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, USA

§ Corresponding author: Joseph D. Tucker

University of North Carolina Chapel Hill Project-China

Number 2 Lujing Road, Guangzhou, China, 510095

Email: jdtucker@med.unc.edu

Tel: +86 13560294997

Running head: No right to force HIV testing

Conflicts of interest and sources of funding

All authors declare there are no conflicts of interest. Funding has been received from the National Institutes of Health (NIAID 1R01AI114310-01), UNC-South China STD Research Training Center (FIC 1D43TW009532), UNC Center for AIDS Research (NIAID 5P30AI050410), UCSF Center for AIDS Research (NIAID P30 AI027763), National Institute of Mental Health (R00MH093201), UJMT Fogarty Fellowship (FIC R25TW0093), Australian National Health and Medical Research Council (APP1104781) and SESH Global (www.seshglobal.org). Administrative assistance from the Guangdong Provincial Center for Skin Diseases and STI Control, UNC Chapel Hill, and UNC Project-China in Guangzhou, China.

Dear Editor,

We appreciate the thoughtful response and largely agree with the points raised on serosorting for risk reduction and coercion. The focus of our paper was to point out coerced testing in the context of expanding self-testing, and the importance of promoting *voluntary* testing.

Negotiated safety arrangements between partners could be useful for HIV prevention.^{1,2}

Within these settings, improving effective communication skills to persuade, rather than coerce, a partner to HIV test is important. An individual has the right to self-protection when there is concern regarding a sexual partner's HIV serostatus, and has the right to refuse sex with their partner who declines testing for HIV. However, this does not mean they can force someone else to test for HIV against their will, even if it is ultimately for that person's benefit

or good. We acknowledge that balancing an individual's right to self-protection and another's right to autonomy raises ethical conflicts and is not always easy to resolve.³ The World Health Organization (WHO) and The Joint United Nations Programme on HIV/AIDS (UNAIDS) HIV self-testing guidelines opposes coerced HIV test in any setting, including from sexual partners.⁴

We acknowledge that what constitutes coercive testing is clear in its extreme manifestations but is less well-defined when it overlaps with pressured testing that may be motivated by altruism or self-protection. In order to explore the nuances of how men defined and experienced coerced HIV testing, we subsequently conducted a mixed-methods study in the same cohort. This study found that pressure to test for HIV occurs on a spectrum, with clear instances of coercion (e.g. threats to lose employment). At the same time, we also found examples where a man pressured their partner to receive an HIV test 'in the name of love'.⁵

The main conclusion of our letter is about highlighting the possibility for coerced testing, especially in decentralized settings. To be clear, we agree that men have the right to withhold sex as part of an HIV risk reduction strategy. Further research is needed to better understand the risk of coerced HIV testing in diverse settings.⁶

Kind regards,

Jason J. Ong, Chongyi Wei, Stephen Pan, Hongyun Fu, Joseph D. Tucker

REFERENCES

1. Hoff CC, Beougher SC, Chakravarty D, Darbes LA, Neilands TB. Relationship characteristics and motivations behind agreements among gay male couples: differences by agreement type and couple serostatus. *AIDS care*. 2010;22(7):827-835.
2. Cuervo M, Whyte Jt. The Effect of Relationship Characteristics on HIV Risk Behaviors and Prevention Strategies in Young Gay and Bisexual Men. *J Assoc Nurses AIDS Care*. 2015;26(4):399-410.
3. Beauchamp TL, Childress JF. *Principles of biomedical ethics*. New York, NY: Oxford University Press; 2012.
4. World Health Organization. Guidelines on HIV self-testing and partner notification. December 2016. <http://apps.who.int/iris/bitstream/10665/251655/1/9789241549868-eng.pdf?ua=1>. Accessed 16th March 2017.
5. Ong JJ, Dan W, Huang W, et al. Pressured HIV testing in the name of love': A mixed methods analysis of pressured HIV testing among men who have sex with men in China. *Journal of International AIDS Society (in press)*.
6. Cowan E, Macklin R. Unconsented HIV testing in cases of occupational exposure: ethics, law, and policy. *Acad Emerg Med*. 2012;19(10):1181-1187.