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Resúmenes de Ponencias

**Segunda Ponencia: ASPECTOS MÉDICOS, SOCIALES Y ÉTICOS
RELACIONADOS CON LAS INFECCIONES POR VPH**

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**MEDICAL, SOCIAL, AND ETHICAL ISSUES AND CHALLENGES OF HPV
INFECTIONS: What can we do?**

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This brief presentation will provide an overview of the medical, social, and ethical issues and challenges associated with HPV infections and conclude with recommendations for addressing them. The facts about HPV will be briefly discussed: HPV infections are silent, not reportable and associated with considerable and disproportionate shame and stigma. HPV can cause cancer yet few patients know and understand this and few providers are willing to discuss it. Worldwide cervical cancer remains a major killer of women. New opportunities with evolving technologies in diagnostics, therapeutics, and vaccines offer true hope of eliminating worldwide cervical cancer mortality.

The medical issues and challenges associated with HPV and cervical cancer are enormous. Providers are often reluctant to discuss the association of HPV and cancer. Such discussions take time when time is a premium in patient interactions and the discussions require provider skill, comfort and competency in addressing intimate sexual health concerns. Health care infrastructure and medical policies and incentive issues are also present. Payment and reimbursement strategies are complicated and the introduction of new HPV diagnostic and therapeutic options into existing infrastructures is difficult, time consuming and threatening to some established systems and revenue streams.

The social and political issues are perhaps the most challenging dimensions of HPV infections. Because HPV is sexually transmitted, the associated shame and stigma burdens are enormous yet disproportionate to actual morbidity and mortality. Although there are high prevalence rates of HPV in some populations, cervical cancer rates by relative comparison are low. In the United States, the highest rates of cervical cancer are among underserved populations of women, creating greater difficulties in outreach,

service, and education. Current Pap screening programs have been successful by many standards and many provider organizations are reluctant to disrupt or complicate the current Pap screening infrastructure with HPV technologies or information. Cost benefit analyses are needed to compare long term and short term factors with existing and evolving technologies. Yet sadly, the few existing economic comparisons fail to address factors of greatest importance to women – personal pain and comfort issues, their time, and the impact of procedures and time on their intimate, family, and professional lives.

The ethical issues associated with HPV are also complex. First and foremost, women have a right to know and understand the facts as we know them. They have right to quality health care that includes new technologies. In the United States, like most of the world, there are dramatic differences in health care services available to women based on their ability to pay for such care. Yet the costs of untreated disease are actually borne by all of society. Another ethical reality to address is that by failing to educate women about HPV and cervical cancer, we are actually contributing to the myths and misinformation about women's health. This "conspiracy of silence" fails because it exacerbates the shame and stigma about HPV and cervical cancer. And eventually when women do learn and understand, their frustration and mistrust of the health care system grows and creates additional problems.

What can we do? First we all share in a universal and fundamental responsibility to help educate women about HPV and cervical cancer. This can be done in age appropriate and culturally sensitive ways that do not intimidate, scare, alienate, or label women. We can seek the same high levels of understanding about HPV and cervical cancer that we have with infant care and other reproductive health issues. Avoiding the challenge of HPV and cervical cancer education because it is challenging creates greater future difficulties for us when HPV vaccines are eventually available. Second, we need to mobilize women to educate other women.

The women's health movement is a phenomenon that can be tapped to include cervical health. For example, established international breast cancer awareness efforts can be complimented with cervical health awareness initiatives. Third, we can and must educate providers to talk to patients about HPV and cervical cancer. This is a particularly daunting task for many providers worldwide do not yet understand the HPV-cervical cancer link and many more unfortunately remain uncomfortable talking to women about intimate sexual health matters. Fourth, we can all work with our legislative representatives to ensure that women have access to comprehensive reproductive health care that includes evolving technologies in HPV and cervical cancer screening, diagnostics, treatment and eventual vaccines.

And last, and most importantly, we, the international scientific and clinical communities interested in HPV and cervical diseases can develop a plan and agenda and mobilize resources for achieving the goal of eliminating worldwide cervical cancer morbidity.