

EO Files (April 2012)

“THINGS WE DO, PEOPLE WE MEET – Reflections in Brief”

Everyone benefits when we speak up against stigma

Lam Woon-kwong urges zero tolerance for discrimination against those with HIV/Aids

The recent suicide of a young doctor who was allegedly living with HIV is a tragic reminder, once again, of the destructiveness of stigma and discrimination.

The fact that a young person chose to end his life, giving up hope and a promising future, is particularly jarring to our sense as a community. It begs the question: by allowing stigma and discrimination to prevail, are we as a society failing to fulfil our core values?

Despite years of efforts, stigma sticks around stubbornly. In our "Baseline Survey on Public Attitudes towards Persons with a Disability", conducted in 2010, the Equal Opportunities Commission found that one-third of the respondents showed "avoidance and repulsion" towards people living with HIV/Aids, making them one of the most stigmatised and marginalised groups of people with disabilities.

This is to the detriment of all. Indeed, the negative consequences of stigma and discrimination against people with HIV/Aids are well-documented. It breeds fear and causes some to ignore medical realities, such as the fact that universal precaution is already an effective and sufficient measure to prevent infection in medical settings, including surgical procedures.

It lowers the quality of life for people living with HIV/Aids, including loss of employment and social support networks. It can drive people to psychological despair, which may have played a part in why the young doctor took his own life. And it is the biggest barrier to timely HIV/Aids testing and treatment, which defeats the overall effort in

preventing the disease.

In trying to combat HIV/Aids-related stigma, the media has an important role to play, as it can wield significant influence in shaping public attitudes and in supplying knowledge.

Yet, as this recent suicide case has demonstrated, some of the media coverage on this issue has been disappointing. Indeed, not only was the victim's privacy violated, the way that the tragic incident was reported may have served to deepen the stigma attached to people with HIV/Aids.

The reports stoked public alarm, as seen in the recent demand by a group that all health care professionals must declare their HIV/Aids status.

Such calls would set the anti-stigma programme back and hamper the willingness of potential patients to come forward to receive necessary testing or initiate treatment.

In a report on the 2010 survey, the Equal Opportunities Commission recommended a number of initiatives to address the issue of stigma associated with people with disabilities, including those living with HIV/Aids. I want to highlight the crucial ones here.

First, wider promotion networks should be tapped to educate the general public, in order to impart proper medical knowledge and to widen awareness on the needs and rights of people with disabilities, including the negative impact of prejudice on the entire community.

Second, we recommend that, where necessary, active intervention should be undertaken to promote responsible media reporting, particularly in cases of suicide.

And, finally, we encourage the public to speak up against stigma. Silence, as Plato said, gives consent. Everyone in Hong Kong is protected under the Disability Discrimination Ordinance from discriminatory acts based on disabilities, including HIV/Aids.

Indifference to the plight of others would serve to weaken our own rights.

In the case of this young doctor, we are left with a profound loss: not only for his family and friends, but also for the patients he could have helped, and for the lives he could have saved. Stigma robbed us, and we are all the poorer.

But it need not be so. We can all play a role in eradicating costly stigma. By speaking up for mutual respect, by teaching facts and dispelling myths, we can do our part to confront the issue and make a difference.

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