An event that has affected my nursing practice has to do with HIV infections and people living with the Human Immunodeficiency Virus or Acquired Immunodeficiency Syndrome (HIV/AIDS). As a medical surgical nurse for the past 13 years, there have been many interactions with people infected or newly diagnosed with HIV. Some patients were very compliant with treatments and schedules, but others were not. I could not help to feel angry with these patients for refusing treatments or medications. I heard comments that we “were experimenting with them”, or comments that “I am not sick” as well as many others. Some people refused medications and said they felt ok. In my mind I thought that they were the ones experimenting on themselves. I used to encourage people to continue or start treatments because I felt I knew better.

 Research says if you are HIV positive you need to be on Highly Active Antiretroviral Medications (HAART). Their introduction in the mid 1990's decreased the mortality of HIV. However, because of the stigma of living with HIV, some people prefer to defer treatments, so they do not have to explain taking medications or doctor’s appointments. Some people living with HIV/AIDS (PLWHA) refuse treatments altogether. This is where the issue becomes personal. My family friend Gigio who was older than me by 13 years passed away on 2007 because of HIV complications. He remained secretly infected with HIV, which he likely got from his gay lifestyle. He was so afraid of the HIV stigma that he died from lymphoma brought on by HIV infection. He apparently refused medicines and treatments. Additionally, he kept his HIV status confidential. No one knew while he was alive. I figured it out, shortly before he died, while I visited him at Elmhurst Hospital's ICU. I could not understand why people stayed out of treatment. Here I was a nurse, and I could not help my close friend to stay alive or in treatment. I had failed my friend in connecting him to care or treatment options. I could not process in my mind why people could refuse treatment.

 The article by Malison, Relf, Dekker, Dolan, Darcy and Ford, *Maintaining Normalcy: A grounded Theory of Engaging in HIV Oriented Primary Medical Care* found that people transitioned from sporadic users of care to regular users of care. Being diagnosed with HIV is such a shock to patients’ normal lives that it takes them sometime to adjust to the medical care and follow ups, and adjusting the medication regimens to their daily routine. Many PLWHA also postpone beginning treatments until symptoms of opportunistic infections start to appear. As soon as people feel more in control of their lives and a sense of normalcy returns, patients tend to become regular users of care. Additionally, the stigma of PLWHA has been described as a more difficult thing to endure, even worse than the symptoms of HIV. The stories of people getting cast as outsiders by family and friends are common. Others have been fired or hurt their careers. The fears are real and no one wants to risks the consequences of being labeled as an HIV patient. For some, being abandoned, abused or belittled by their partners is reason enough to deny HIV treatment and the risks associated with people finding out. Confidentiality is the greatest ally we can have in making patients feel trust for nurses and medical treatments. Staying professional and available for patients when they are ready to remain as regular users of care.

 In summary, the stigma of being an HIV/AIDS sufferer is great barrier to obtain care for patients dealing with the infection and disease and the social consequences of being exposed to family, friends and peers. Our job as health care workers is to remain understanding and encouraging for patients that reach for treatments. The consequences of being treated can be costly for many sufferers, so as care providers we must remain available for people when they are ready to be treated consistently. This was an enlightening experience and research for me, which I’ll value as I treat people with this disease in the future.