

PrEP and Condoms and STIs, Oh My! Moral Work in Clinician Accounts of Prescribing PrEP

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Background:

The complex relationship between PrEP uptake, condom use, and rates of sexually transmissible infections (STIs) have been extensively debated in epidemiological and social research contexts. But how do clinicians make sense of these debates in their approaches to PrEP related consultations? We explore the moral work of prescribing PrEP, in which clinicians negotiate a range of contested moral duties and norms in clinical practice.

Methods:

PrEP prescribing doctors and nurses were recruited from New South Wales (NSW) and Western Australia (WA) between October 2019 and July 2020 for qualitative interviews. Participants (n=28) included general practitioners (n=12), sexual health nurses (n=9), and sexual health doctors (n=7). Data were analysed thematically with a focus on STIs, condoms, and the moral work of prescribing PrEP.

Results:

The rollout of PrEP required participants to adapt values and negotiate tensions between HIV and STI prevention. Before PrEP the primary moral duty was to promote condoms to prevent HIV infections. While the impact of PrEP on STIs and condoms initially concerned many participants, they gradually relaxed their views due to patient enthusiasm and PrEP's effectiveness against HIV. Many participants characterised STI increases as manageable or beyond their role to prevent, and reflected that recommending condoms to patients had previously felt futile. However, some reported continuing vigilance about promoting condoms to encourage STI prevention, and a few were troubled by shifting norms about declining condom use in gay community.

Conclusion:

While clinicians expressed some concerns about rates of condom use and STIs, many viewed their role in promoting condoms and preventing STIs as limited and perfunctory. In contrast, prescribing PrEP involved moral work that suited the goals of both patient and provider in preventing HIV. We suggest that to effectively engage with clinicians, new sexual health interventions should fit in with their priorities and values.

Disclosure of Interest Statement:

The Centre for Social Research in Health and Kirby Institute receive funding from the Australian Government Department of Health. This study was funded by the UNSW Faculty of Arts & Social Sciences HDR Faculty Supported Research Funding Scheme. Smith was supported by a Scientia PhD scholarship from UNSW Sydney. No pharmaceutical grants were received in the development of this study.