HEPATITIS C TESTING AND GAINING INFORMED CONSENT: TAKING STOCK AND INNOVATING FOR THE FUTURE

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Background: Informed consent is always required prior to testing and treatment for hepatitis C. This is confirmed in the national testing policies and the WHO best practice guidelines. In recent times, treatment rates have fallen. If Australia is to realise its commitment to eliminating hepatitis C by 2030, testing rates may need to be increased by 50%.

Analysis/argument: Drawing on available literature, we argue that the race to elimination has encouraged new and innovative testing models. We examine shifting approaches to consent and rights in new testing models, identifying a dilution in the substance of how informed consent is managed, and its symbolic and literal value.

Outcome/results: We suggest there is a shift in rhetoric regarding the relative importance of informed consent and other rights such as the right to privacy. Some models involve less direct engagement with patients; others use language and concepts that enact individuals and their rights as an impediment to testing and treatment. In the process, often other factors that might have influenced a decline in rates of testing and treatment are not taken into consideration and may reproduce experiences of stigma and discrimination.

Conclusions/applications: Upscaling testing and improving the cascade of care are often said to be about advancing patient health and human rights. We see these moves differently, however. They represent an erasure of humanist ideals and values, such as individual freedom, autonomy and integrity, and an intensification of the process by which people living with hepatitis C medicine are subsumed under a public health agenda. In *taking stock and innovating for the future*, we encourage policymakers, practitioners and researchers to think carefully about how the race to achieve elimination compromises gaining informed consent and the possible consequences of these shifts on the lives of people affected by hepatitis C.

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