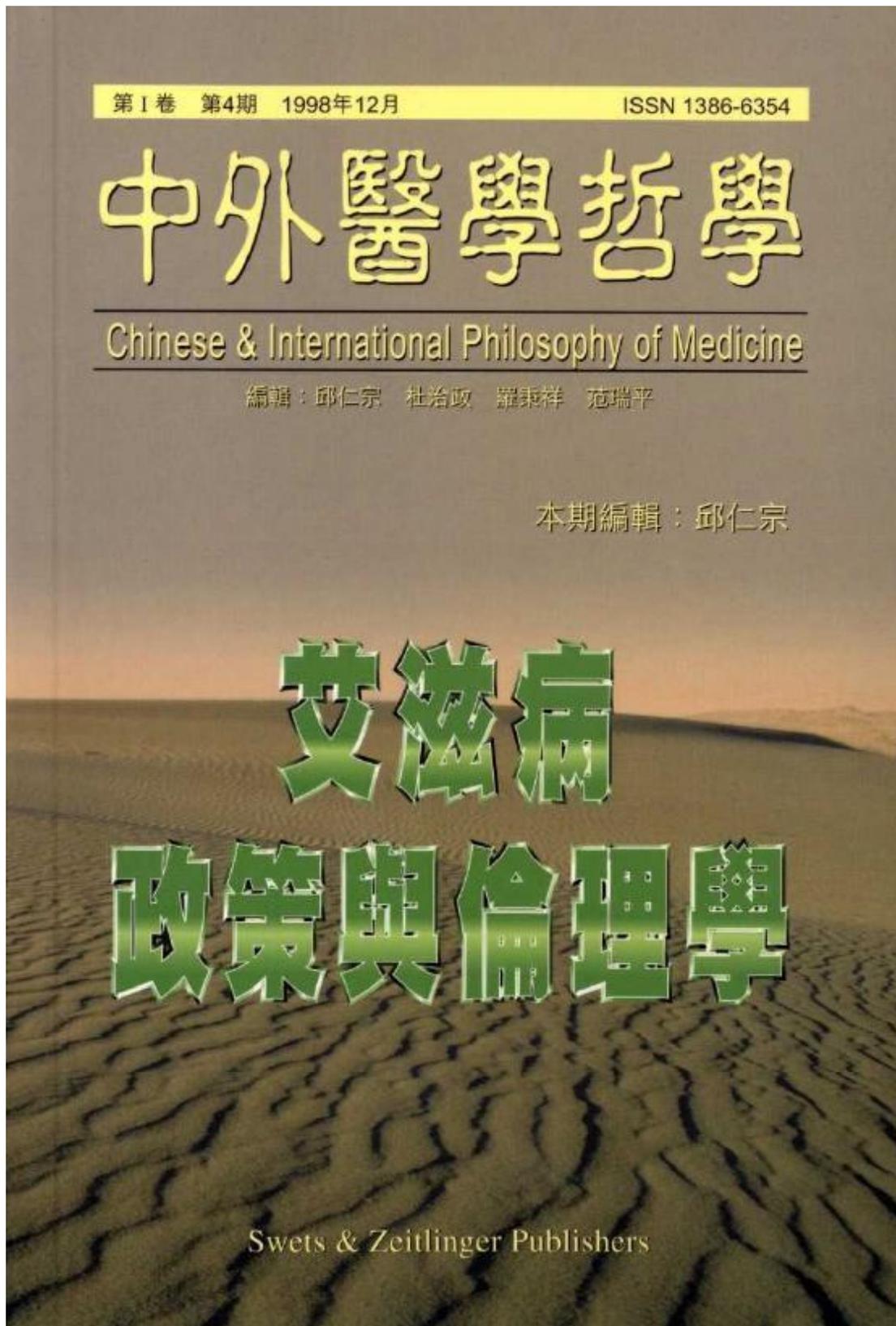


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艾滋病，政策與倫理學
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艾滋病防治中的倫理和政策問題

邱仁宗

摘要

本文討論了艾滋病在中國大陸傳播引起的倫理和政策問題。作者首先指出在預防控制艾滋病問題上中國正處在十字路口。接著作者分析了中國會不會成為艾滋病和艾滋病病毒感染的高發國，討論了制訂有效而合乎倫理的艾滋病防治政策的理論預設和價值以及評論政策的倫理學框架，討論了艾滋病治療和預防中的倫理和政策問題。

目錄

艾滋病病毒感染、承受風險，以及治療的義務

Doran Smolkin

摘要

本文提出了一種以後果為根據的論證來支持美國醫學會的政策，即一個醫生在倫理上不可僅僅因為這個病人血清學陽性而拒絕治療一個感染艾滋病病毒的人。對數目有限的論證也加以考慮，它們既有支持這個政策的，也有反對它的。在本文的結論裏討論了感染艾滋病病毒的人必定經常面臨的影響獲得優質醫療的若干障礙。

目錄

摘要

流行學的調查數據表明，我國目前藥物濫用和艾滋病發展的趨勢不容樂觀。本文力圖從倫理道德的角度和公共衛生的觀點討論我國現行的一些預防藥物濫用和艾滋病的策略和措施，並介紹一些國外在這方面工作的成功經驗。希望既往的教訓，他人的成功經驗以及現代科學技術的研究成果能改變我們對藥物濫用的負性態度和看法。從而能在公共衛生政策的制訂及實際項目的實施方面做出必要的調整，這樣才有利於保護公眾的健康和個人的正當權利。

目錄

摘要

本文探討了三個具有特殊意義的問題，它們對開發和試驗預防艾滋病病毒的疫苗提出了獨特的倫理學質疑。這些問題是：在大範圍內推進疫苗的效力試驗時，怎樣把行為干預結合到疫苗效力的研究之中，怎樣制定出計劃以對付與參與某項艾滋病病毒疫苗試驗相關的社會傷害，以及怎樣減少這些傷害。必須仔細地和日益地關注這些政策的倫理學意義。本文所提出的解決辦法包括：設計一種更複雜的預防試驗，這種試驗會把對行為干預與疫苗效力的評價結合起來；對個人的知情同意和社區的參與予以審慎的考慮；嚴肅而周密地設法制定出對付社會傷害的計劃，並使人們了解這些傷害，同時使這些傷害降低到最低程度。

目錄

摘要

通過對中國大陸艾滋病蔓延途徑以及商業性性交易與艾滋病傳播相關關係的分析，本文指出了中國大陸現行艾滋病控制政策的缺陷，建議在承認現實的基礎上，根據倫理原則來重新界定政府、社會、個人在艾滋病控制中的價值，修改、改良直至重構現行的某些法律規定、公共政策以及大眾傾向。

目錄

摘要

對於那些即將死於艾滋病的人來說，在自殺協助可以得到的地方，如美國西海岸的同性戀社區和荷蘭，我們必需考察醫生和朋友(包括情人、配偶、家庭成員、宗教顧問、支持團體的成員，以及其他熟人)在協助一個艾滋病患者決定和行使自殺的過程中所起的不同作用。本文作出一個中心假設：在自殺協助可以獲得的地方，盡可能地保護和加強選擇的合理性是他人的道德義務。在關於艾滋病中自殺的理性選擇中，可以識別出四種成份——不管它是贊成自殺的選擇還是反對自殺的選擇。艾滋病患者可能自問的問題可以表述如下：(1) “自殺是我想考慮的選擇嗎？” (2) “我應當保留治愈的機會嗎？” (3) “我應如何確定自殺的時間？” (4) “我將給他人的幸福和利益以何種份量？” 儘管醫生經常作出與 (1) 相關的斷言，但他們恰當地涉及的只是 (3)；儘管朋友和親密的伙伴經常提供給病人與 (3) 相關的趣聞軼事，但他們主要涉及的是 (1)。簡言之，醫生和病人經常干預艾滋病患者就自殺所作出的選擇的錯誤部分。

目錄

同性戀作為一種精神病：從歷史的角度來看

Douglas C. Kimmel、萬延海

摘要

本文從歷史的角度考察了西方社會對待同性戀的態度的演化，從同性戀被譴責為罪惡到被認為是一種精神病，一直到最近根據經驗研究和跨文化研究，國際醫學和心理學共同體確認人類性傾向的多樣化是一種正常現象，同性戀與異性戀一樣是自然的。

目錄

同性愛先天性初探

萬延海、二言

摘要

本文討論了關於同性戀是先天形還是後天形成的爭論，介紹了近年有關同性戀與腦部結構相關性的研究結果，這些結果在一定程度上支持了同性愛先天性的論點，討論了對這些研究結果的爭議，以及同性愛者的反響。文章涉及研究同性愛的若干理論和方法論問題。

目錄

Abstract

The AIDS/HIV prevention and control in China is at crossroad. At present, there are insufficient grounds for us to say that China will definitely become a country with a high HIV infection rate in the future. However, we have much less sufficient grounds for saying that China will never reach that stage. On the contrary, we have much more reason to say that it is very probable for China to become a country with high HIV infection rate if we leave the current policy unchanged. The reasons are: economic reforms associated with large scale population movements in unprecedented way; proliferation of all sorts of high risk behaviour, presence of other STDs which facilitate the spread of HIV; the risk of iatrogenic spread through untested blood transfusion; the "sex revolution" with changes in patterns of sex behaviour and increased casual sex, multiple sex partners among the younger generation; most Chinese still do not know how to protect themselves; and the ethical and legal atmosphere necessary for effectively preventing the HIV epidemic has not been formed.

The conventional public health approach is not sufficient to prevent or control an HIV epidemic. When the cases of HIV infection were detected one by one in China, health professionals and programmers believed that they could take a conventional public health approach to cope with HIV epidemic. But they are wrong. HIV infection is an epidemic so special that the conventional public health measures such as testing, reporting, contact tracing, isolation are inadequate or ineffective to control the epidemic. HIV is often spread among those groups who are usually marginalized or stigmatized by society through behaviours both confidential or private.

An effective policy of preventing HIV cannot be insensitive to ethical issues. However, many of health professionals and programmers bypassed ethical issues emerged in the prevention of the HIV epidemic. Even some health educators, sexologists and officials believe that "AIDS is the punishment by God" or "AIDS is the punishment for promiscuity". For them suffering AIDS is not morally irrelevant, and thus the ancient conception of disease was revived. But this conception of disease has already proved wrong and harmful to the treatment and prevention of any disease, especially to HIV. The consequence entailed by this conception is that the HIV positive and AIDS patients were discriminated against and stigmatized. When their positive serological status was disclosed, they were

faced with the risk of being expelled from school or fired from working unit, even rejected for admission into hospital, and their rights to confidentiality and privacy were often infringed upon. If all these ethical issues cannot be properly treated, how can those persons in danger or risk get access to information, services, education, counselling and techniques necessary to prevent HIV infection? One Chinese adage says that "You cannot have fish and bear palm both". In the prevention of HIV epidemic we have to have the protection of public health and the safeguarding of individual rights.

For controlling HIV epidemic what we need is not a repressive law, but a supportive law to build a supportive environment in treatment and prevention of AIDS/HIV. So the policy and law involving AIDS/ HIV should be reformed.

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Abstract

The prospect of drug use and HIV epidemic cannot be optimistic in China. More and more people, mainly young men or women use drug and are infected with HIV, while the effective intervention is short. The preventive measures usually are aimed at the target of the general public, but cannot meet the demand of diverse social groups.

Traditional ideology in China is that individual should be subordinated to community, community to the society at large, and marginalized group to mainstream group. It follows from this ideology that preventive method is stereotyped with same pattern to everyone and cannot meet various demands of various target groups.

In China drug use is traditionally deemed as a sin or crime to her/ his family, country and nation, and should be severely punished. But this attitude toward drug users is unfair. Drug use itself does not offend China's criminal law, and does not do harm to others, society and country. There is no legal basis to treat drug users as criminals, and put them into addiction release rehabilitation farms that are built with the money of taxpayers. This practice is useless to control drug use and spread of HIV infection. The moral judgment of drug use as moral deterioration also caused negative impact on the control of drug use and HIV prevention.

The change of a fixed behaviour is very difficult, but substituting a behaviour with another is easier than prohibiting it. It has been shown by the success of programmes providing methadone, clean needles or/and syringes, disinfected water etc. However, all of these programmes are difficult to be introduced and implemented in China, because one concept has to be built, i.e. a drug user is a patient, but not a criminal.

Abstract

The conception that commercial sex is a high risky behaviour and prostituting women are one of major high risky group has been prevalent in mainland of China and formed one of the conceptual basis on which public policy of HIV prevention was shaped. But it should be challenged as it is not sound and fair.

There are safe protective measures that can reduce HIV infection and control HIV transmission. HIV was transmitted between prostitutes and clients due to the shortage of protective measures. Surveys that there are many cases ranging from 65.6% to 98.4% in which condom is never used in commercial sex. The reason is mainly that male clients refused to use condom when prostitutes asked them to wear. Prostituting women are powerless in the bargain with clients on the use of condom. So it is clients who should be mainly responsible for HIV infection and transmission in commercial sex. There are some cases in which clients are infected with HIV by their prostitutes, but more cases show that prostitutes are infected with HIV by their clients. Clients constitute more risky group than prostitutes and should be main target in HIV prevention.

In mainland of China AIDS/HIV is taken as associated with immoral and illegal behaviour first, and then as disease. And persons living with AIDS/HIV are taken as sex wrongdoers, and then as patients. So they have to get access to medical advocacy only after they are morally blamed. And prostitutes are morally condemned much more than they clients are. But AIDS is first a disease, and it cannot form a premise on which a moral judgement is made. Secondly, persons living with AIDS/HIV are patients, victims of a disease, not moral defendants. As prostitutes and their male clients both take risk to be infected with HIV, but the right to health care of prostituting women as well as women in general are ignored, neglected or even rejected.

The unjust treatment of prostituting women highlights vulnerable powerless status of women in general. It is the gender inequality that made women in a disadvantaged position in employment and education, and thus pushed them enter into prostitution. The society should be accountable for that. But instead the society condemned them, treated them as criminals. Policy and law involving HIV prevention should be reformed on the basis of conceptual change.

Abstract

The term 'homosexuality' was invented by 19 century German physician Benkert. It means that a man cannot respond to opposite sex, but is attracted by the other of same sex. Before Benkert homosexuality was condemned as a sin by Christian church, and even illegal in some European countries. With the industrial revolution the condemnation against homosexuality came from civil society and medical profession rather than religion.

In the end of the 19th century there was a tendency in which homosexual orientation was taken as a diagnostic unit in European and American countries. In 1920s a movement of homosexuality was born in Germany, but the Nazi regime promulgated a law to prohibit it, thousands of homosexuals were arrested and died in concentration camps. Then Freud fled to Britain and announced that homosexuality is not a pathological phenomenon in the sense of psychiatry.

While men and women joined together in an unprecedented way in the Second World War, but in 1950s homosexuality as well as communists was cracked down in a movement initiated by Joseph McCarthy in United States. However, Alfred Kinsey and his associates found many men have experienced homosexual behaviour. Then many physicians and psychiatrists made great efforts to treat homosexuality with hormones, shock therapy, castration and even surgery, but failed eventually.

In 1970s psychologists and psychiatrists came to realize that homosexuality is not a mental illness on the basis of empirical studies. In 1980s three empirical studies led international medical community and psychological community to the consensus that homosexuals are as normal and natural as heterosexuals.

Abstract

Homosexuality exists in all times, all countries, all ethnic groups and all social classes. A survey shows that 2% of married men and women have homosexual experiences. It is a controversial issue on what causes a human being to be a homosexual. Many traditional behaviourists claims that homosexuality is a result of going astray in the course of growth and development. Although homosexuality has been excluded from mental illness by psychologists, but the public including a part of homosexuals themselves still think homosexuality perverse. But the majority of homosexuality maintain that homosexuality is not a choice, nor a disease, but a personal identity.

The biological study on homosexuality began in the 18th century. In 1989 psychiatrists concluded that personal life in various aspects is determined by biological, familial, social and cultural factors of various kinds, sex orientation is a part of personal life, homosexuality is formed by more than one factor. But the dispute on nature v. nurture on homosexuality is still not solved: whether homosexuality is determined by environment or genetics.

The findings of biological studies on homosexuality, especially on the correlation between homosexuality and brain structure in 1990s seem to show that homosexuality is determined by genetic factor or at least influenced by this factor. But it cannot be ignored that the environment and psychological dynamics mechanism play a certain role in it. However, these findings caused further controversy. People with different sex orientation seem to make different interpretation of these findings. Somebody worries about that if homosexual gene is identified one day, this gene will be corrected by gene therapy, or the fetus with this gene will be aborted. Anyway, homosexuality is not simply preprogrammed, but a complex embodiment of one's value and personality. Gene is a only part of it, but not its whole.