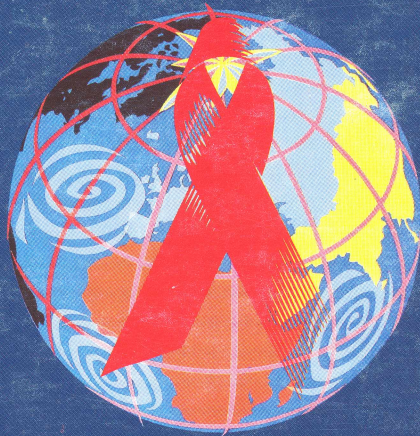


# AIDS



## **FUNDAMENTAL PRINCIPLES** *for the protection of human rights and civil liberties*

HELLENIC CENTER FOR THE CONTROL OF INFECTIOUS DISEASES (KEEL)

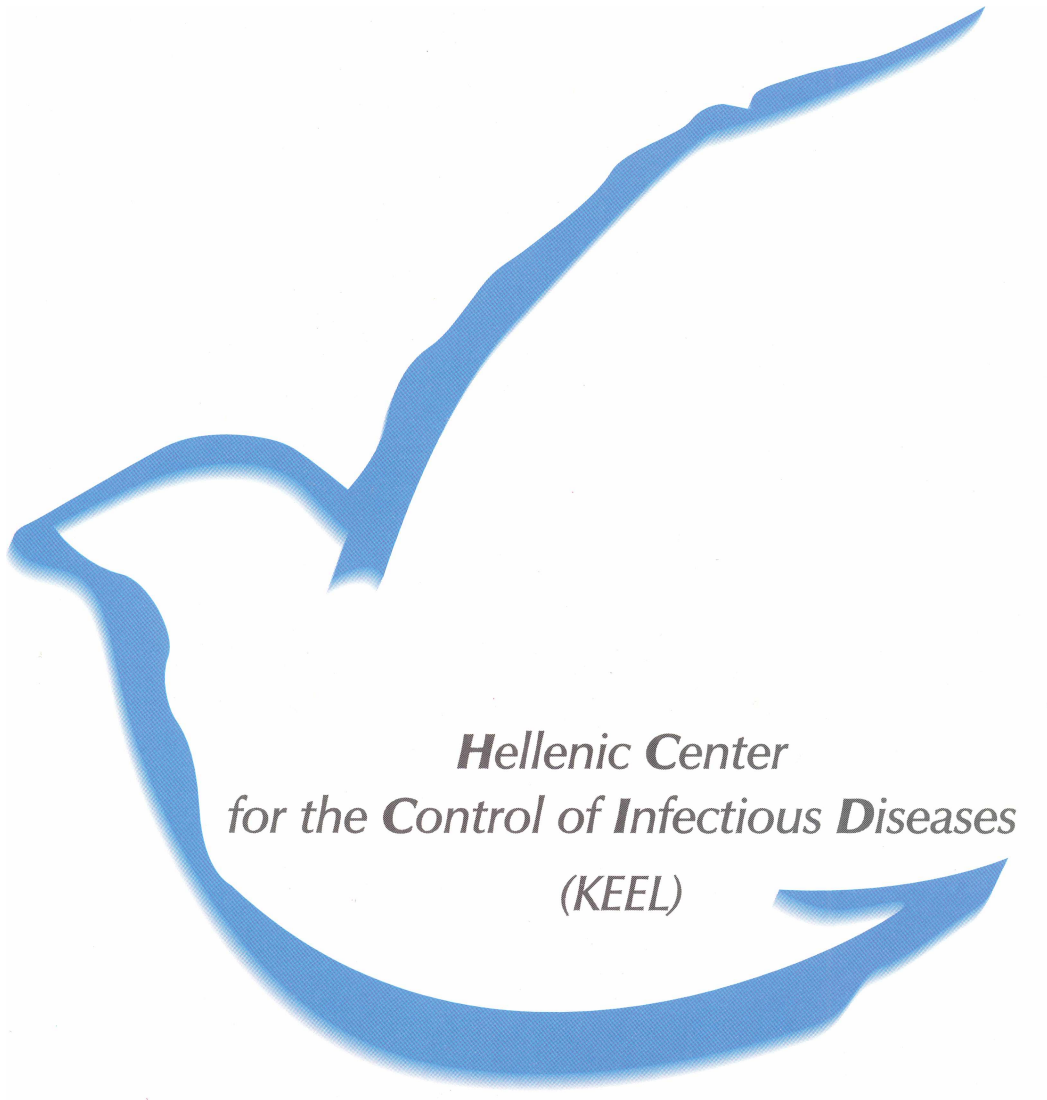
MINISTRY OF HEALTH



*Sev S. Fluss, Chief, Health Legislation, WHO Geneva.  
Without his knowledge, experience, ideals, and  
determination this work would never have been realized.  
We owe him an enormous debt.*

*For*

*V. Boltho Massarelli, Head of Division for Higher  
Education and Educational Research, Council of Europe,  
Strasbourg. For her long and arduous struggle for the  
protection of Human Rights and Civil Liberties in the  
Council of Europe we owe an immense debt of gratitude.*



*Hellenic Center  
for the Control of Infectious Diseases  
(KEEL)*

**FUNDAMENTAL PRINCIPLES**  
*for the protection of human rights  
and civil liberties*

**ATHENS 1996**

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## **FOREWORD**

*Fundamental principles for the upholding of human rights and civil liberties define the basic rules for the protection of these rights and liberties which must be adhered by the state, the society and each individual responsible citizen. The effort to consolidate these principles is daily, continuous and arduous and extends to all sectors of social life, family, work, armed forces, education, justice, prisons, social security and welfare.*

*I hope that this work will contribute to obtain clarity and understanding of the importance of the protection of human rights and the avoidance of discrimination in all these sectors.*

*It is my pleasure today to introduce the translation into english of this work with the conviction that we also contribute, with our limited power, to the global cooperation for the protection of human rights and civil liberties.*

*I.D. Stratigos  
Professor of Dermatology  
and Venereology  
National University of Athens  
Chairman of the Board  
Center for the Control of  
Infectious Diseases*

## **PROLOGUE**

*The Fundamental Principles for the Protection of Human Rights and Civil Liberties do not form legal regulations with narrow meaning. They do, however, form a code which stems from universally accepted principles regarding the protection of Human Rights and Civil Liberties, international Covenants and Declarations, the Greek Constitution, the Universal Declaration of Human Rights, and the Convention for the Protection of Human Rights and Fundamental Freedoms, as amended by Protocols 3 and 5 of 1963 and 1966.*

*For the first time in our country these principles are covered here in a formal code. The "FUNDAMENTAL PRINCIPLES FOR THE PROTECTION OF HUMAN RIGHTS AND CIVIL LIBERTIES REGARDING HIV/AIDS" has been achieved after months of laborious revision and keeping in mind the guidelines of the World Health Organisation, the Council of Europe, the Parliament of the European Union, and internationally accepted Covenants and Declarations regarding protection of Human Rights and Civil Liberties. Included are 150 articles which have been approved by the Committee of Legal Support and Legal Problems of KEEL (Hellenic Center for the Control of Infectious Diseases) and the Public Information Committee of KEEL.*

*We believe that these Fundamental Principles and faithful adherence of them ranks Greece among the nations which secure the protection of human*



*rights and civil liberties regarding HIV/AIDS.*

*We also believe that the spreading of these principles will contribute to everyone's sensitivity, put public servants at ease, and create more precise understanding among citizens.*

*The recording of these codes was considered necessary not only because of the dangerous nature of the illness but more so because of the danger of years of untreated social justice.*

*Maria Kara, M.D.*

*Coordinator of the*

*Public Information Committee*

*of KEEL*

*Haris T. Politis, Ph.D.*

*Coordinator of the*

*Committee of Legal Support*

*and Legal Problems of KEEL*

## **A CKNOWLEDGEMENTS**

*We warmly thank,*

*Professor **I.D. Sratigos**, Chairman of the Board of Directors of KEEL, who from the start embraced and supported this attempt with all his ability, advice, and exceptional interest.*

***Theodoras Papadimitriou**, Director of KEEL, with the confidence that this achievement will contribute to the struggle which he has devoted himself to for the better of some years for the human rights and civil liberties of persons who are infected and live with AIDS.*

***Mary Angel**, President of the "ELPIDA", Non Governmental Association, and member of the Public Information Committee of KEEL, for her unqualified support and precisely thoughtful advice which was invaluable for the publication of this work.*

***Athanasios Syrrakos**, Deputy Coordinator of the Committee for Legal Support and Legal Problems of KEEL, for his valuable legal expertise and/or feedback and suggestions.*

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## **PREAMBLE**

7. Everyone has a right to health and should enjoy Human Rights and Civil Liberties without discrimination, as is expressed in general principles and declarations concerning the protection of Human Rights and Civil Liberties.
2. The state has the responsibility to ensure and secure public health.
3. The state has the responsibility to ensure the Human Rights and Civil Liberties of people infected with the HIV/AIDS virus as long as the public health is not put at risk. HIV/AIDS is not transmitted through general social contact. The state, therefore, has the responsibility to ensure the human rights and civil liberties of people infected with the HIV/AIDS virus.
4. The AIDS epidemic can only be effectively confronted when everyone shares the same rights and responsibilities.
5. People infected with the HIV/AIDS virus share the same rights and responsibilities.
6. Each person, government, community, organization, private business, and the mass media should be aware of their responsibilities and should be active and persistent in their efforts.
7. Each person is effected directly or indirectly by AIDS, therefore they should respond with personal interest, will, and hope for the future.
8. All persons, couples, families, and communities must collaborate to create and share a common vision. Solidarity, support, integration, participation, and



membership in the community with rights to equal opportunity regarding employment, housing, education and social services. They also have rights regarding marriage, freedom of movement, beliefs, free association, as well as the right to psychological and social support, justice and equality.

77. People living With AIDS should not suffer from discrimination. They have the right to privacy, social security, access to scientific progress, and asylum.

18. Individuals living with AIDS also have the right to take part in the formation and execution of policies and educational programs for AIDS.

19. Individuals and communities must change and adjust their social and institutional conditions to respond effectively to the threat of AIDS.

20. Everyone is obligated to be concerned about prevention as well as the health care of those infected with the HIV/AIDS virus.

21. Everyone is obligated to protect themselves and others from infection.

22. The family and community should be supported and strengthened as much as possible.

23. The family and the community are obligated to educate their members about the prevention of infection. Members infected with the HIV/AIDS virus should not be abandoned, but rather, surrounded with care and support.

24. Families with members infected with the HIV/AIDS virus should not suffer from discrimination or be stigmatized within their communities.

25. The members of each family have equal rights and obligations.

26. Parents, equally, have the responsibility to educate all members of their family so that they understand fully the concept of prevention, care, tolerance, cooperation, and the principle of non-discrimination towards people with the

HIV/AIDS virus.

27. Employers are obligated to be aware and informed about matters associated with HIV/AIDS and to provide opportunities for building awareness among employees. They must not allow discrimination towards those infected with the HIV/AIDS virus regarding housing, employment rights, privacy, health care, and general labor and social security rights.

28. Parties involved with law, health, social activity and insurance are obligated to maintain ethical principles such as self-determination, protection of privacy, and the provision of aid.

29. Cultural, educational, and religious organizations are obligated to inform themselves on issues related to AIDS, provide information and prevention, promote tolerance and cooperation and avoid discrimination towards those infected with HIV/AIDS.

30. Cultural, educational, and religious organizations must have access to dialogue with governmental, inter-governmental, and non-governmental agencies regarding AIDS issues so that they are correctly and responsibly informed.

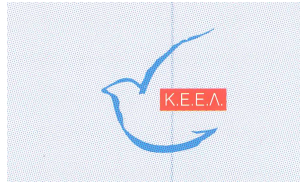
37. Communities have the right to financial support from available state resources for programs associated with AIDS.

32. Communities are obligated to secure the fair and equal distribution of programs for prevention and health care of their members, including groups and persons who are disadvantaged, in a just fashion.

33. Non-Governmental Organizations have, above all, the right to take part in the formation of policies associated with HIV/AIDS, given that they are important players at the community, national and international levels.



34. Financed Non-Governmental Organizations are obligated to effectively promote and carry out programs for prevention, health care, and legal, psychological, or social support, and to coordinate their activities so that they are effective.
35. Governments are obligated to secure that their laws, policies and practices do not promote or advocate discrimination towards people infected with the HIV/AIDS virus.
36. Governments have the right to request technical advise, aid, and support from UN AIDS and other similar agencies or organizations for the formation of policies and execution of a national program for AIDS.
37. Governments ought to secure sufficient resources for programs associated with AIDS, as well as mechanisms for effective handling of public needs.
38. Governments are responsible for the creation of community support care, and non-discrimination for people infected with the HIV/AIDS virus.
39. Governments are obligated to secure the maintenance of ethical principles in the fields of health and research.
40. Governments, having delivered on their responsibility to protect the public health, are obligated to put into effect an AIDS prevention policy and to secure access to health services for all citizens, without exception.
41. International Organizations have the right and responsibility to dialogue with governments on issues regarding HIV/AIDS, as well as sufficient support for them.
42. International Organizations are responsible for effectively securing international cooperation regarding HIV/AIDS and especially supporting less-



developed countries as they confront the threat of AIDS.

## **EPIDEMIOLOGY**

43. Examinations for the detection of HIV/AIDS virus antibodies should occur only with the informed consent of the individual. Refusal to give consent, for examination, by any individual, should not result in any unfavorable consequences.
44. General screening of the population is not allowed.
45. Examination of a particular or specific social group is not allowed. For reasons regarding the protection of third parties, the following persons are exempt: prostitutes, blood donors, and donors of organs, tissue, and sperm.
46. Mandatory examination of persons is not allowed for any reason, even if they are «suspect» or "believed" to be HIV positive.
47. Examinations are anonymous and confidential except for those involving donors of blood, organs, tissue or sperm.
48. Physicians are responsible for informing the KEEL about every case, while maintaining strict anonymity and without recording personal data on the HIV positive person or AIDS patient.



## **FOREIGN NATIONALS, ASYLYM SEEKERS, AND REFUGEES**

49. Examination for the detection of AIDS antibodies is not allowed as a condition for exiting a country regardless of the destination.
50. Examination for the detection of AIDS antibodies is not allowed as a condition for entering a country regardless of the country of origin.
57. Examination for the detection of AIDS antibodies is not allowed as a condition for providing residence permits, regardless of the country of origin.
52. Deportation, unfavorable treatment, or discrimination towards persons with AIDS is not allowed, regardless of the country of origin.
53. Examination for the detection of AIDS antibodies is not allowed as a condition for equal treatment of foreign nationals or asylum seekers or refugees regarding the awarding of scholarship grants, admission to a university, etc., regardless of the country of origin.
54. The diagnosis of an HIV positive person cannot negate the favorable legal stipulations of the previous article.
55. Examination for the detection of AIDS antibodies is not allowed for asylum seekers and refugees.
56. Asylum cannot be denied as a result of persons being diagnosed HIV positive.

## **FAMILY**

57. Examination for the detection of HIV/AIDS antibodies is not allowed as a condition for marriage.

58. Pregnant women who are HIV positive are in no way obligated to terminate their pregnancy. Furthermore, a woman, who has received complete medical information and who has analyzed all factors including the positive and negative consequences, has the right to choose whether to continue or terminate the pregnancy.

59. Parental guardianship/care and the right of a parent to be in communication with his/her minor child cannot be denied based only on the fact that the parent is HIV positive.

60. Examination for detection of HIV/AIDS antibodies is not allowed as a condition for adoption.

## **HOUSING, RENTAL RESIDENCE**

67. Tenants who are HIV positive or suffering from AIDS are not obligated to inform their landlord as to the status of their health.

62. Landlords who are HIV positive or suffering from AIDS are not obligated to inform their tenants as to the status or their health.

63. A tenant cannot be evicted on the grounds of being HIV positive or an AIDS patient.

## **EMPLOYMENT**

64. Examination for detection of AIDS antibodies is not allowed as condition for employment.

65. Applicants or candidates for employment cannot be asked questions regarding their sexual orientation.

66. An HIV positive person is not obligated to inform an employer as to the status of his health.

67. The discovery that an employee is HIV positive, after having been hired, should in no way result in unfavorable consequences.

68. Termination or unfavorable change of employee labor relations, such as transfer, demotion etc., based only on the fact that a person is HIV positive, is not allowed.

69. Existing legislation regarding sick or ill employees should also apply to employees with HIV/AIDS.

70. Employees with any illness, including AIDS, should be treated with understanding and allowed to work according to their ability.

77. An employer who recognizes that an employee is HIV positive or is AIDS patient, is obligated to exercise and maintain discretion. The same applies to anyone who is in a directing or managerial position or who in some way has or exercises administrative power.

## **EDUCATION**

72. Examination for detection of HIV/AIDS antibodies in children is not allowed as a condition for matriculation at any level, at any private or public educational institution.

73. The protection of the children's health is secured on the part of the state through the proper and appropriate provision of information for educators, parents, and the children themselves.

74. The expulsion of children from school based on their being HIV positive is not allowed.

75. Notification of a child's health is not required or obligatory. It is recommended, nonetheless, that the school physician or director be notified for reasons regarding the protection of that same child.

76. The school physician, director, as well as any member of the faculty or remaining staff who is informed about children who are HIV positive, is obligated to maintain strict confidentiality.



## **MILITARY - ARMED FORGES**

77. Mandatory examination for the detection of HIV/AIDS antibodies is not allowed among persons obliged to serve or already serving in the military.

78. HIV positive persons who are registered and able to serve may not be excluded from fulfilling their military service or term without their consent, particularly when their health is satisfactory and they are able to serve.

79. HIV positive individuals who do not desire to serve their military term should be exempted.

80. The service release document, for HIV positive persons unable to serve, should be phrased in such a way as not to reveal the status of the persons health.

## **PRISONS**

81. Mandatory examination of inmates or prisoners for the detection of HIV/AIDS antibodies is not allowed.
82. Segregation or isolation of HIV positive prisoners within prisons is not allowed, except under special circumstances such as when dangerous and aggressive behaviour is exhibited towards other inmates.
83. Demeaning or humiliating behaviour and discrimination towards prisoners resulting from their being HIV positive is not allowed.
84. HIV positive prisoners may not be denied participation in activities or work.
85. Discrimination towards prisoners is not allowed based on race, color, sex, language, religion, political or any other convictions, ethnic or social origins, sexual orientation, status, birth, or any other situation.
86. Information about the health of prisoners should only be given to particular persons such as the prison physician or the director, and only for the protection of that prisoner or the public health.
87. The spreading of information about the health of a prisoner in the prison is not allowed.
88. Any prisoner who is HIV positive or an AIDS patient has the right to health care. If compatible with considerations of security and judicial procedures, prisoners with advanced AIDS should be granted compassionate

early release, as far as possible, according the existing legislation, in order to facilitate contact with their families and friends and to allow them to face death with dignity and in freedom.

89. Access to condoms should be free and anonymous, and available for purchase from special machines or the prison canteen.

90. Prisoners who are proven drug addicts and who have prior medical approval should be provided the means for sterilisation of their syringe for their personal use.

## **HEALTH CARE**

97. Hospitals, physicians, and health care personnel are obligated to provide health care to persons who are HIV positive or who are suffering from AIDS. For no reason can fear of transmission to oneself be justified.
92. Examination for the detection of HIV antibodies as a precaution for healthcare personnel or any other reason is not allowed without the prior informed consent of the person seeking medical care.
93. Routine examinations of patients is not allowed. Examination is only allowed if a medical need exists, and following the explicit consent of the patient after having been fully informed (informed consent).
94. Examination of a patient must contain no misleading instructions or information.
95. Routine examination of health care providers as well as other allied health professionals is not allowed.
96. Segregation of AIDS patients from other patients is not allowed except for reasons regarding the protection of the AIDS patient.
97. AIDS patients may not be transferred to another hospital except upon their own request or at least their explicit consent and only for reasons regarding better provisions for care. A complete copy of a patient's medical record should be provided in case of transfer.
98. If for any reason a hospital or health care provider is not capable of



providing the appropriate aid to a person who is HIV positive or who is suffering from AIDS, they must see to it that the most appropriate health care be provided and without delay. Until aid arrives, the hospital or health care provider is responsible for the care of the AIDS patients using available means. Under no circumstances may this article serve as a pretext for discrimination among patients.

99. Every physician, health care provider, allied health professional, or hospital employee or associate with any legal connection is obliged to maintain strict medical confidentiality.

700. Clinical or therapeutic medical experimentation may be carried out within the framework of research protocol and with the informed and written consent of the person infected with HIV/AIDS and their family (in cases of minors, etc.), and as long as all the ethical principles stated in international Declarations, i.e. the Declaration of Helsinki, regarding Human Rights are strictly maintained and without exception or deviation.

707. Medical and health care personnel should provide complete information to individuals who are HIV positive or who are AIDS patients as to the nature of HIV/AIDS, the risks, the means of transmission, the means of improving or not worsening their condition, and the way to avoid transmission to sexual partners or third parties. They have no right to interfere or make ethical judgements or assessments regarding the way which an HIV positive or an AIDS patient person became infected.

702. If the results of an examination for the detection of HIV/AIDS antibodies are positive even after a re-test, the physician is obligated to



inform the relevant parties without further delay. The results must be reported in every situation due to the infectious nature of the disease. Notification should be made privately, with sensitivity, and in a confidential manner. It should also be provided by specially trained personnel and with psychological and social support.

*103.* Neither physicians or any other persons have the right to notify the spouse or sexual partner of an HIV positive person as to the status of that person's health so as to protect them from the risk of infection. Providing every psychological and social means of support, it is preferred that the same person who is HIV positive be encouraged to act so that the spouse or partner may be protected.

*104.* If the HIV positive person is not persuaded to inform either spouse or sexual partner of his/her infection with HIV, then, having exhausted all means of persuasion, the physician may resort to the Committee of Legal Support and Legal Problems of KEEL, or to the public prosecutor, who, after having verified that the necessary conditions exist, may grant permission for notification.

*105.* Minors must also be informed of infection, and always with the cooperation of parents, emphasizing in particular, the long period that one remains seropositive at this age, and always with strong psychological and social support.

*106.* Individuals who are HIV positive or AIDS patients have the right to take advantage of existing experimental procedures, under the stipulations of article 100, and to enjoy all possible benefits.

## **PRIVACY AND CONFIDENTIALITY**

707. The maintenance of confidentiality regarding the health of a person who is HIV positive or who is suffering from AIDS, is a fundamental obligation of not only the physician and allied health professionals, but also the administrators and other personnel of the health care institution, as well as every employee of insurance providers or related organizations, even that of the state.

708. In the case of civil or penal suits, legal stipulation are made regarding the rights of health care personnel permitting them to refuse to testify before court in cases where the condition of an HIV positive person may be revealed.

709. The death of a person with AIDS does not nullify the obligation for maintenance of confidentiality.

770. The death of a physician or relevant persons obliged to maintain confidentiality (heirs binding) does not nullify the obligation for maintenance of confidentiality.

777. Binding to confidentiality are not only those obligated by the stipulations of the law, but also relatives and acquaintances, as well as members of volunteer/non governmental organizations who work with HIV positive persons and AIDS patients.

772. Confidentiality must be maintained between physicians and between relevant service. Only when it is medically or procedurally imperative can

deviation from the principles of confidentiality be justified.

7 73. Confidentiality may be lifted only under special stipulations in the law, in particular when the public health is put at risk, as is specified in other provisions in this document.

114. The records of the HIV positive individual or AIDS patient should be kept anonymous and confidential. If, during processing, personal data is revealed, that data may be entered, changed, altered, or transmitted to a third party only after acquiring explicit written consent, as a consequence of the process.

7 75. Research on personal records may only occur if the records are kept anonymous and confidential. If, during processing, personal data is revealed, that data may be entered, changed, updated, or transmitted to a third party only after acquiring explicit written consent, as a consequence of the process, and only to the degree that their consent allows.

7 76. The same applies to systematic record keeping or registrations.

7 77. Confidentiality also applies to the state. Under no circumstances may evidence be given to a private citizen or organisation, such as an employer insurance agencies, etc.

718. By principle, the transmission of information should be kept at a minimum and among the smallest number of persons.

7 79. The proper maintenance of confidentiality should be extended to every person who due to his/her profession or field of speciality comes into contact with HIV positive individuals or AIDS patients. These include social workers, reporters, employees of consultants of insurance agencies, etc.

## **H E A L T H C A R E P E R S O N N E L**

720. Given the obligation of health care personnel for the provision of care to persons who are HIV positive or suffering from AIDS, the state should take suitable measures, with directives or guidelines, and appropriate education which should include methods for safe care and management of HIV positive persons or AIDS patients, information on epidemiological trends, counseling techniques and methods which contribute to the psychological and social support of patients. Included is the development of ethical and legal discussions regarding the HIV/AIDS virus so that the risk of infection is minimized and so that the best and most effective services are provided.

727. The state as well as the health care institutions are obligated to provide health care personnel, adequately equipped according to international standards, so that the risk of infection is minimized.

722. Health care personnel should consider every patient, of whatever cause, a candidate carrier of the HIV/AIDS virus or Hepatitis B or C, and should accordingly take appropriate protective measures.

723. Health care providers are not obligated to undergo examination for the detection of HIV as a condition for employment with a public or private hospital, a private physician's office, or any medical practice or health related service.

724. The state and the hospitals should provide the appropriate medical and psychological support for health care personnel so that they can best handle the psychological stress related to the care of persons infected with the HIV/AIDS virus.

725. Exposure of a health care provider to biological fluids of a person infected with HIV/AIDS should be followed with an examination and counseling. Strict confidentiality should be observed with regards to the results of the tests.

726. An infected with HIV/AIDS health care provider has all the rights which apply to every citizen.

727. An infected with HIV/AIDS health care provider, who practices privately or in a hospital, should not participate in any medical activity which could create an even minimal risk of infection to a patient or to himself/herself given the sensitive nature of his/her health.

128. Health care providers infected with HIV/AIDS should receive appropriate counseling so that, if the possibility exists, the structure and nature of their work is changed or their schedule is made more flexible.

729. Health care providers infected with HIV/AIDS as a result of their professional practice should be informed as to whether their situation falls under the category of being considered a work related accident.



## **SOCIAL SECURITY, WELFARE**

*130.* Everyone, as well as the state, should be made aware that the HIV/AIDS virus affects mostly young persons who have not yet completed the number of years required for collection of social security. Thus, special provisions should exist for social security and welfare.

*131.* Both social security and welfare are civil rights which are fulfilled when economic need exists but what is most desirable is that the state provide the best possible social care.

*132.* Examinations should be provided, as they are provided, at no charge.

*133.* AZT should be dispensed, as it is dispensed, at no charge and without discrimination. The same applies to other therapeutic treatments which are determined, by the rules of medical science, to contribute to the improvement or non-deterioration of the health of persons infected with HIV/AIDS.

*134.* The state should provide, as much as possible, the maximum increase in benefits or pensions funds, subsidies to HIV positive persons or AIDS patients to insure a satisfactory quality of life.

*135.* The state should provide for the lumpsum return of a partial amount or total of contributions of persons infected with HIV/AIDS.

*136.* Individuals with HIV/AIDS should be able to take advantage of all programs and special benefits for persons with special needs.

737. Special provisions should be made for the best care of HIV positive persons or AIDS patients, taking into account the particularities of the disease. These provisions include home care, and psychological or social support.

738. In the case of HIV positive employees who have reduced hours, due to their condition, special provisions should be made by way of subsidies or benefits to the employer, so that their pay or compensation is not reduced.

739. The previous stipulations regarding social security and provisions for care should be provided without discrimination based on color, race, religion or citizenship of asylum seekers and refugees in particular.

## **PROTECTION FROM UN ORTHODOX TREATMENTS AND MISLEADING ADVERTISEMENT**

*140.* The state should not allow treatments or cures for HIV positive persons or AIDS patients to be provided by unauthorized persons.

*141.* The state should protect HIV positive persons, AIDS patients, and every citizen from any misleading advertisement or illicit promise regarding the diagnosis or therapy of AIDS.

*142.* The state has the right and responsibility to intervene with strict controls every unorthodox treatment promising diagnosis, therapy, health care, and improvement or non-deterioration in the condition of persons with HIV/AIDS.

## **LEGAL ISSUES**

*143.* An individual who is HIV positive or who is suffering from AIDS should, upon request, be ensured anonymity, when filing suit, subpoena or summons, or when being prosecuted, subpoenaed or summoned, if there is any chance that their condition may be revealed through the legal documents or the public hearing or procedure. In all cases of the nature, the proceedings should be kept behind closed doors.

*144.* It is proper for courts to reserve special favorable treatment in the case of requests for legal aid and benefits in civil and penal suits. Also, the state should provide their strongest support to the needy who have been infected with HIV/AIDS virus so that they have access to the best legal protection.

*145.* Given the condition of persons infected with HIV/AIDS, they should enjoy special favorable treatment such as the speedy carrying out of the suit.

## **SOCIAL LIFE**

*146.* Individuals infected with HIV/AIDS virus should not be banned from entering public places.

*147.* Clubs and organizations, of any legal nature, such as those supporting HIV positive persons, self help groups, or homosexual organizations may not be suspended or prevented from operating.

*148.* The state is obligated to contribute to the knowledge of each citizen on how to protect themselves from the transmission of the HIV/AIDS virus through the continuous education of the population.

*149.* The state is obligated to contribute to the avoidance of any discrimination or bias towards persons with HIV/AIDS through the continuous information/education of the population.

*150.* The state is obligated to protect persons with HIV/AIDS from any social discrimination or animosity.

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