

HEARD BUT NOT SEEN: EXPERIENCES OF TELEHEALTH BY PEOPLE LIVING WITH HIV (PLHIV) IN COVID TIMES

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Background: COVID-19 has brought about – or hastened – innovations in clinical care such as ‘telehealth’ (i.e. consultations conducted via video-conferencing platforms or telephone) that are likely to persist beyond the pandemic. It is therefore important to consider the ways in which the clinical encounter is changed through these innovations.

Methods: As part of an ongoing cohort study, in-depth interviews were conducted with people living with HIV (PLHIV) diagnosed since 2016. This paper draws on the accounts of 23 participants (median age 32 years; 21 male and 2 female) about their experiences of HIV clinical service provision during COVID-19. Interviews were conducted between June 2020 and April 2021.

Results: Participants’ accounts included positive reflections on telehealth, primarily related to convenience and reducing risk of COVID-19. However, accounts also included concerns that telehealth consultations may lead to some health issues being overlooked because the participant’s body was not physically present (or even visible when conducted by telephone only). However, telehealth could also lead to different kinds of attentiveness or care. Some participants suggested that clinicians inquired into the lived experience of antiretroviral therapy (e.g. adverse effects) more frequently and/or in ways that differed from in-person visits; and some participants reported that they had raised issues previously undiscussed with clinicians. Participants’ accounts indicated a trend towards less frequent clinic visits (and less frequent monitoring) during the COVID-19 pandemic. However, more than half of participants changed antiretroviral regimens during this period – although not for reasons of virologic failure – indicating that greater attention may have been given to people’s actual experiences of taking medications.

Conclusion: Existing critiques of HIV surveillance and policy contend that physical bodies have become decentred as clinical markers increasingly stand in for PLHIV. Encouragingly, experiences of telehealth suggest that these clinical encounters may sometimes actually enable modes of engagement that prioritise the lived experience of HIV.

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