Rapid Response:

Patients, Clinicians and the Need for Shared Responsibility

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Patients, clinicians, and the need for shared responsibility

The rapidly spreading monkeypox outbreak now constitutes a global health emergency. The merit of this article is to show that this virus can cause severe symptoms, especially among patients living with HIV. The images of the lesions reproduced in this article are disturbing at best, and at the same time, they are necessary to fully understand the severity of monkeypox, which is often described as a virus that typically causes mild symptoms.

This article was made possible by the participation of patients, including myself, who consented to their photos and clinical information being published. These patients understand the value of sharing personal information to help patients and healthcare workers stop the spread of this disease. This shared responsibility should be central to future initiatives for effective forms of health communication and public health messaging.

The history of HIV/AIDS is marked by numerous mistakes, however it is also a unique episode of a highly effective alliance around public health issues. One feature of this alliance was the development of an extensive network of support between patients and activists, together with the doctors and nurses providing care.

This mobilization achieved concrete changes in medical and scientific research, health care delivery, prevention, and the rights of patients, introducing a new and effective model of medical collaboration between patients, doctors and activists. Unfortunately, in the rush of new antiretroviral treatments and the rise of a new generation of clinicians, this earlier experience which transformed how medical care was provided to sexual minorities has been forgotten.

The data reported in this paper indicate the continuous andextraordinary community transmission of monkeypox virus among gay, bisexual, and other men who engage in sexual activity with men. The modes of transmission of the virus and its discriminatory consequences require new forms of shared responsibility of sexual minorities as this outbreak could spread to populations at high risk, such as immunocompromised patients and children.

Therefore, a new ethical approach in terms of self-education and collaboration should be encouraged to emphasize the values we claim to defend so vehemently—tolerance, autonomy and solidarity. Monkeypox demands that we face some salient choices which cannot be reduced to merely ensuring a vaccine. There are other urgent challenges to attend to, like treatment access conditions, information, and quality of health care.

In a paradigm where public health is driven by cost-benefit analysis and systematic review of policies, asking public health scholars and policy makers to take the contribution of patients and activists seriously induces a degree of kneejerk skepticism. Prestigious medical journals are still reluctant to publish non-quantitative work, and policy makers, caregivers and funding institutions are reluctant to consider the development of approaches based on collaborative work between patients and medical professionals. Their oversight is that this shared responsibility is an opportunity for effective public health messaging and health communication to educate, vaccinate and protect.

Medical professionals’ collaboration with patients is a fruitful way to accomplish public health messaging given the many layers of interconnectedness and negotiated social meanings, yet are seldom captured by traditional quantitative methods or clinician-patient relations. A new ethic of shared responsibility is a necessary condition to explain risks to the public and equip vulnerable groups with the tools they need to make healthier choices.

Funding of public health initiatives should be aimed at offering incentives to help health professionals and patients communicate more clearly and openly. Incorporating patients' perspectives can refine and improve health policymakers’ and clinicians’ responsiveness and effectiveness with the challenge that monkeypox represents.

In the context of present pandemics – HIV, Covid-19, Monkeypox – and the ever-present prospect of outbreaks of unforeseen viral diseases, it is a high priority among practising clinicians, those in training, policymakers and the public to ensure there is a firm grasp on a new strategy of collaboration based on shared responsibility.

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