One in Three

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On Being a Doctor

One in Three

A few years ago, the Centers for Disease Control and Prevention reported that one out of every three black men who have sex with men are HIV positive. Since I am a physician who happens to be both black and homosexual, I belong to this risk group. For me, getting an HIV test is a yearly ritual—it’s something many black men who have sex with men do because of the fear embedded in our psyches for simply being who we are.

During my latest doctor’s visit, a nurse drew my blood and told me to return for my test results in a week. I left with the usual amount of anxiety that accompanies an HIV test, keenly aware of my “risk group” status. One week later, I returned to the clinic, and after I waited for what seemed to be 2 hours (although in reality it was only 30 minutes), a nurse informed me that my test results had not yet returned.

Physicians make horrible patients. We dismiss physical symptoms altogether, or we give ourselves the most serious diagnosis possible. If we urinate frequently, it’s diabetes. A mole is melanoma; a persistent cough, tuberculosis. I work at an HIV clinic, so I know that HIV serum antibody tests are actually a series of 3 tests (2 enzyme-linked immunosorbent assays [ELISAs] and 1 Western blot test). If the first ELISA is negative, the result will be in the computer within 2 days. After a week, if the test results are not in, it’s likely that the first ELISA result is positive and the lab is confirming the diagnosis with the second ELISA and the Western blot. Knowing this and being told my HIV test was pending after a week was not a good thing. But the nurse shrugged her shoulders and just smiled at me.

“Why don’t you come back in a couple days? It should be ready by then,” she said.

“Well, it’s been a week, and it shouldn’t be longer unless something’s wrong, right?” I said.

“Unfortunately we don’t have the results yet. I’m sorry.”

I left with a polite “thank you.”

At home, I revisited my sexual experiences from the past year, including my inconsistent condom use. I looked for rashes and lymph nodes and examined every crevice of my body for anything suggesting HIV infection. I found nothing, but the Centers for Disease Control and Prevention says I’m at risk because of who I am, and in my heart I knew I was at risk for what I had done. I thought, “Could I become the next one-in-three statistic on the pages of medical journals and in media headlines? I can see it now—the HIV doctor who couldn’t practice what he preached.”

Two days passed, and I returned to the doctor’s office for my test results. In the waiting room, I hoped to have the nurse I had spoken to before. She had a benevolent demeanor that puts you at ease like you’re home with your mama.

“Mr. Malebranche,” a loud voice called. Another nurse, heavier in weight and attitude, led me into a cold examining room and left. It was 10:00 a.m.

Five minutes later, the nurse returned and handed me a paper.

“You’re negative. Everything looks good,” she said.


“What about the HIV test?” I asked.

“It’s negative,” she said flatly.

“No it’s not. It’s still in the laboratory. Why isn’t it back yet?” I asked.

She took the paper from me and looked at it.

“You’re right. Why don’t you come back in a couple of days? It should be back then,” she said.

A couple of days? Again? My blood boiled as I tried to remain calm despite the nonchalant style in which she was providing me with HIV-test counseling. “I can’t be the stereotypical angry black man—not now,” I thought.

“Ma’am, I’m a physician. I do work with HIV. I know what it means when an HIV test takes a long time to come back. Could you call the lab to find out, please?”

Half recognizing my fear and half annoyed by my insistence, she reluctantly exited. My mind remained on one horrific thought: “This is it, I’m HIV positive.”

Although I know HIV is not a death sentence, that cliché was more difficult to swallow when I thought about my own HIV status. I looked at the clock—10:10 a.m. I thought about my HIV-positive friends whom I would call first for support. 10:20 a.m. How would I tell my family? Parents aren’t supposed to bury their children. 10:30 a.m. 10:55 a.m. The nurse with the benevolent demeanor entered, and I couldn’t remember ever being so happy to see a familiar face in my entire life. She smiled at me.

“Hey, you were here the other day for your test results. You get them yet?” she asked.

“No, but one of the other nurses left me here at ten o’clock to check on my HIV test—it’s still listed as ‘In laboratory.’”

“Do you remember the nurse’s name?”

“No, but she’s heavyset.”

She looked at me curiously. Something was wrong.

“What is it?”

“Well, we only have one heavyset nurse here, and she just went on her lunch break.”

“She went on lunch break?”

“Yeah. Listen, baby, I’ll go check on those results for you myself. I’ll be right back.”

I was furious. How could a medical professional take a
lunch break and leave a patient waiting for HIV test results, especially when the patient is a physician who has explained his anxiety to her? Maybe she didn’t know that I belong to a “risk group” or inconsistently used condoms, and thus didn’t prioritize my test results over her eating. “If she treats fellow medical personnel like this, how does she treat other patients?” I thought. My body was numb. “This is it—I’m HIV positive.”

11:00 a.m. After I’d spent a full hour in that sterile examining room, the benevolent nurse returned.

“The lab faxed the results. I just have to get one of the doctors to sign off on it, and you can go home,” she said.

As thankful as I was, the benevolent nurse was still missing the most important part of this whole interaction. “The results?!” I said impatiently.

“Oh, it’s negative.”

She handed me a paper, which shook in my trembling hand. Below my name, next to “HIV antibody test,” it said “Negative.” I started to cry.

“Why was it still listed as ‘In laboratory’ if it was negative?” I asked.

“I don’t know, honey, these things happen. I’m sorry you were put through this.”

“That’s OK.” But I was lying to her—I wasn’t OK. I handed the paper back to her, wiping the tears from my eyes.

“Could you please make a copy of this for me?” I needed written confirmation of the bullet I had just dodged.

“No problem.”

As she left, I wanted to take my frustration out on the nurse who had deserted me, but that would have been displaced. She didn’t put me at risk for HIV. I did.

Maybe being a black homosexual man isn’t my real HIV-risk group, but being a physician is. We often advise our patients to engage in healthy behavior, yet frequently we smoke tobacco and drink alcohol, have poor nutritional habits, and have unprotected sex as if we are immune to disease ourselves. A colleague of mine recently informally surveyed several medical professionals regarding HIV-test practices. She found that many have unprotected sex, but the only ones who were routinely tested were homosexual men and pregnant women. She asked me, “Does our status affect us knowing our status?”

Often, medical personnel don’t follow proper HIV-testing and counseling practices. People sometimes avoid HIV tests because of past negative medical experiences and fear of the testing process. Now I see why. If we discourage people with our approach to HIV testing and counseling, individuals and communities will continue to go untested, those with HIV will not know their status, and the epidemic will continue.

The benevolent nurse returned with a copy of my test results. “I hope this doesn’t prevent you from coming back here for your next test,” she said.

But I knew that I would never go back to that office again.

I was too emotionally drained to wait for the “lunch-break nurse” to return and chastise her in person. A life awaited me where my status as a physician or a black homosexual man didn’t influence my HIV-risk assessment, but rather encouraged me to engage in safer sex and get tested on the basis of my behavioral risk. I stepped outside to a glorious summer morning, no longer fooling myself about my risk for contracting a disease simply because of who I am.

One in three? Not if I have anything to say about it.

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