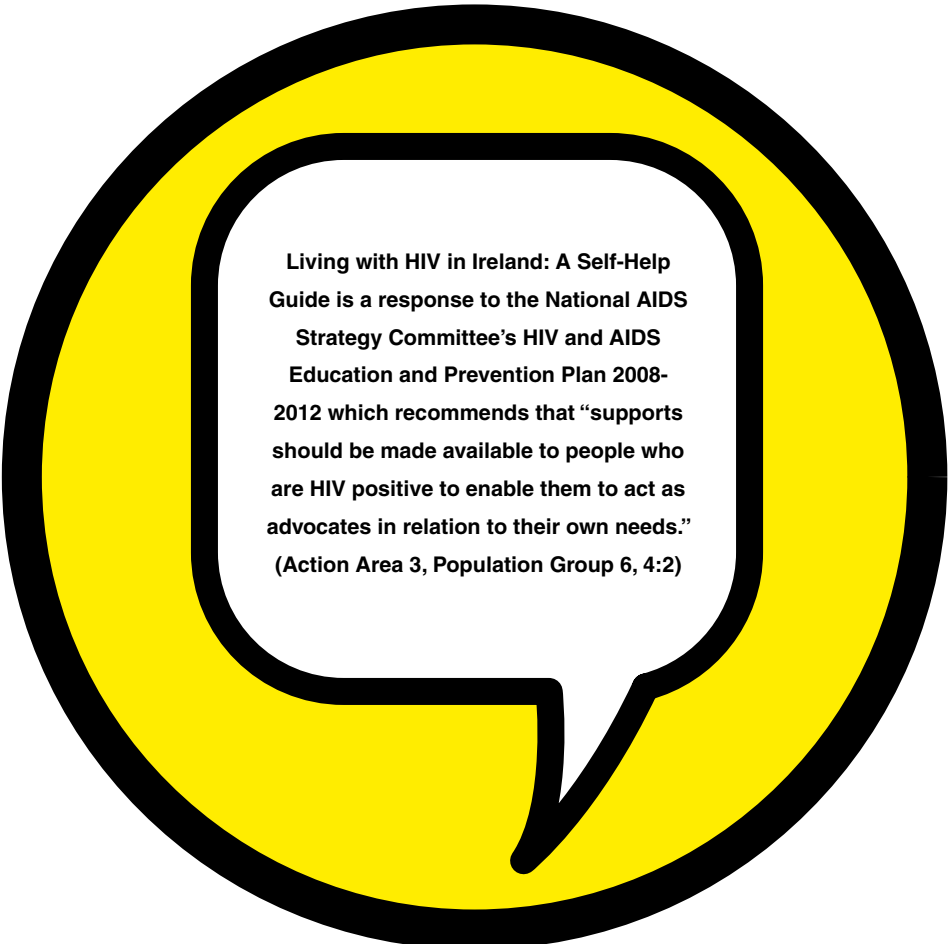




LIVING WITH HIV IN IRELAND: A SELF-HELP GUIDE



Living with HIV in Ireland: A Self-Help Guide is a response to the National AIDS Strategy Committee's HIV and AIDS Education and Prevention Plan 2008-2012 which recommends that "supports should be made available to people who are HIV positive to enable them to act as advocates in relation to their own needs." (Action Area 3, Population Group 6, 4:2)

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Hello

INTRODUCTION

This booklet is intended to provide you with information needed to help you communicate your needs and make informed decisions about the issues that affect you. The topics in this self-help guide surfaced during a series of focus groups held with people living with HIV and these are the topics that were chosen by the participants. The booklet also reflects the main issues which have been repeatedly presented by clients to Dublin AIDS Alliance. While this guide seeks to assist you in addressing issues which may arise, further support is always available at your HIV clinic and local HIV organisation.





THANKS

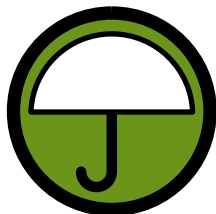
THANK YOU

This booklet is dedicated to the 58 people living with HIV who participated in the focus groups and proofreading which determined the content, clarity, and tone of this guide. Your contribution to its development will no doubt help your peers navigate their own way more confidently through the often complex issues of HIV. We thank you for your time and effort in this endeavour.

Special thanks to Michael Goldrick who conducted the focus groups with sensitivity and verve and who outlined the topics of concern. A further thanks to the medical social workers who provided guidance on many of the issues.

Finally a very special thanks to Alternative Miss Ireland for funding this publication.

HIV CLINICS AND YOU



- 
- **THE ROLES OF CLINIC STAFF**
 - **THE CLINIC EXPERIENCE**
 - **TREATMENT AND COSTS**
 - **HEALTH INSURANCE**
- 

If you have been recently diagnosed, or are returning or coming from abroad, you will need to be referred to an HIV clinic (usually located in a hospital). This can be done by your primary health provider such as your doctor (in Ireland known as a General Practitioner or 'GP') or a health agency. If you are coming from abroad, bring any relevant documentation you may have in relation to your HIV diagnosis and current treatment; this will ensure a smoother transition (see section on Moving or Returning to Ireland).



THE ROLES OF CLINIC STAFF

As a patient you will be dealing with many hospital staff members; it can be helpful to have an understanding of their roles.

Roles	Description
Consultant	Your HIV consultant is a senior doctor who has completed all of his or her specialist training in HIV and whose name is on the specialist register. Specialist registration is specifically for medical practitioners who have completed specialist training recognised by the Medical Council. Your HIV consultant will be responsible for any major decisions or changes concerning your on-going treatment. You may not need to see your consultant every time you attend the clinic. However, you can ask to make an appointment with him/her.
Registrar	A Registrar is a doctor who is training to be a consultant.
Senior House Officer (SHO)	A Senior House Officer (SHO) is a doctor who is training to be a Registrar.
Nurse	Nurses are healthcare professionals who help to manage your health and who can advise you on many HIV and general health issues.

Roles	Description
Pharmacist	A Pharmacist is an expert in all medications and can offer you support and advice on issues like contraindications (when the use of a specific drug with another drug is not advised because it could cause harm) as well as advice on how best to take and store your medications.
Dietician	A Dietician can help you with concerns about diet, lifestyle, and exercise and can also give you practical advice on things you can do to maintain a good standard of health.
Medical Social Worker	A Medical Social Worker can assist with social, practical, or emotional difficulties surrounding your HIV status. Medical Social Workers provide a safe, confidential, and supportive service to discuss any issues that may arise from your diagnosis.
Chaplain	A Chaplain is an appointed member of the clergy within the hospital who can offer both support and advice on a spiritual level.



THE CLINIC EXPERIENCE

The level of support you may require from your HIV clinic will depend on your current life circumstances. However, it is vital that you attend your regularly allocated clinic appointments to keep on top of your health.

At your first clinic appointment you should expect to have your overall health assessed and have blood tests taken. As part of your ongoing treatment you will need to attend a clinic every 3-6 months to monitor both your CD4 count and your Viral Load count. Attend your appointments even if you feel well. Your CD4 count may have decreased and/or your Viral Load increased without you yet feeling ill.

CD4 (T-cells)	Viral Load
<p>CD4 cells, sometimes called T-cells, are white blood cells which help fight infections. HIV can infect CD4 cells and use them to produce more HIV.</p>	<p>A Viral Load is the amount of active HIV in your blood. The higher the count in the Viral Load test the more active HIV is present.</p>
<p>A person who is not HIV positive may have a CD4 count anywhere between 500 and 1200. If your CD4 count drops below 350, or starts falling rapidly, your doctor may consider starting you on anti-HIV medication.</p>	<p>The goal of HIV treatment is to suppress HIV replication (reproduction) in order to bring the HIV Viral Load measurement as low as possible. People with higher Viral Loads have a greater risk for immune system damage that in turns leaves the body at risk for opportunistic infections (infections that occur when a person's immune system is weak).</p>
<p>Most people with HIV find that their CD4 count usually declines over a number of years.</p>	<p>If your Viral Load results have been consistently increasing over a period of time, you may need to start HIV medication. (Your HIV consultant will also take into consideration your CD4 counts before making a decision).</p>

A doctor will discuss your blood tests with you to give you an overview of your current health status. You may have many questions about the terms used when your health is being discussed. You need to know what these terms mean, so ask if you are unsure and write down any details which you feel you may forget. If you understand all the information given to you, you will adjust to your diagnosis more easily and be better equipped to work with your medical team more comfortably.

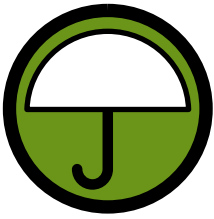
If you require additional support around practical, social, or emotional issues arising from your HIV status, you can request an appointment with a medical social worker in your HIV clinic.



TREATMENT AND COSTS

As part of the public health service, HIV treatment (appointments, medication, or possible hospitalisation) is provided for free in Ireland regardless of whether you are working or not. If you decide to avail of private health care for HIV treatment then there will be consultancy fees but your medication will remain free of cost.

If you present to an Accident and Emergency (A&E) department of a hospital with a non-HIV related complaint without a Medical Card or without a doctor's referral letter, you may have to pay hospital charges for this service.



HEALTH INSURANCE

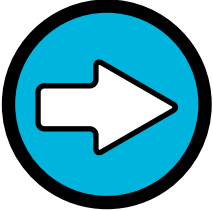
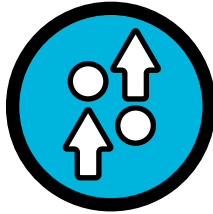
HIV, like many other conditions, is subject to a five year waiting period before any costs associated with it will be covered by a health insurer. This includes all opportunistic infections which occur as a result of the immune system being weakened by HIV.

If you have taken out insurance before being diagnosed with HIV, then you should be covered for any costs after the first 26 weeks.

If you have been a member with any other health insurance provider and wish to change, you can bring your years of membership with you. For example, if you have been with the Happy Health Insurance Company for 2 years, those 2 years will count towards your 5 year waiting period with the new insurance company. Therefore, you will have to wait 3 years before you can claim for any costs. (Note: all accidents are covered from the beginning of a contract).

Major Irish Health Insurance Companies	Contact details
VHI	1890 444 444 www.vhi.ie
Quinn Healthcare	1890 700 890 www.quinnhealthcare.com
AVIVA	1890 716 666 www.aviva.ie
Life Positive	www.lifepositive.co.uk

MOVING OR RETURNING TO IRELAND



-
- MAKING CONTACT WITH AN HIV CLINIC
 - OTHER SUPPORT AGENCIES
 - THE ASYLUM PROCESS
 - DIRECT PROVISION
 - OFFICE OF THE REFUGEE APPLICATION COMMISSIONER
 - SPECIALISED SERVICES
-

Moving to a new country and culture is a different experience for every individual and you should allow yourself time to adapt even if you are returning to Ireland after a period of time. Differences in living conditions, cultural experiences, weather, friends, and religious beliefs coupled with language constraints can have an impact on how you engage with your new or altered surroundings.



MAKING CONTACT

When you move, or return, to Ireland you will need to make contact with an HIV clinic. In order to ensure continuity of care and treatment it is advisable to contact the Irish HIV clinic you think you might be attending before you arrive. You will need to:

- contact the Irish HIV clinic you think you will be attending and confirm a postal address, email address, or fax number where you can send your up-to-date medical details. (Irish HIV clinics are usually located within hospitals. See below).
- have your present or past HIV doctor or Consultant forward copies of your official treatment history to the HIV clinic you hope to attend in Ireland. (If possible, present the documents in English). Your documents should be official medical documents and contain information on:
 - the date you were diagnosed HIV positive.
 - what medications you are or were taking.
 - your current or most recent Viral Load and T-Cell counts.
 - what illnesses you have or have had in the past.

Once the clinic receives your documents, an appointment can be arranged for when you arrive in

Ireland. Alternatively, you can make contact with one of the HIV clinics upon arrival to make an appointment and bring this medical documentation with you. Note: If you do not send or bring official medical documentation of your HIV status, you may have to take an HIV test again to confirm your diagnosis and obtain treatment. HIV Treatment Centres in Ireland:

Name	Contact details
St. James Hospital, GUIDE Clinic www.stjames.ie	353 (1) 416 2315
Mater Hospital, Infectious Diseases Clinic www.mater.ie	353 (1) 803 2930
Beaumont Hospital, Infectious Diseases Clinic www.beaumont.ie	353 (1) 809 3006
Galway University Hospital, Infectious Diseases Clinic www.guh.hse.ie	353 (0) 91 252200
Cork University Hospital, Infectious Diseases Clinic www.cuh.hse.ie	353 (0) 21 4922795
Waterford Regional Hospital, Infectious Diseases Clinic www.hse.ie	353 (0) 51 842646
The Royal Victoria Hospital, Belfast, Infectious Diseases Clinic www.belfasttrust.hscni.net	0044 28 9063 4050



OTHER SUPPORT AGENCIES

There is a range of support agencies available if you are considering returning or moving to Ireland. Making contact with them before or on arrival will aid you in the transition. These include:

The Department of Social Protection

With all social welfare payments, you must satisfy specific personal circumstances that are set out in the requirements for each scheme. If you wish to apply for a particular social welfare payment, you should contact your local social welfare office for an application form and an information leaflet.

www.welfare.ie

Foreign Embassies/Consulates

These services give advice and practical help with travel documentation.

Immigrant Council of Ireland

The Immigrant Council of Ireland (ICI) is an independent, national organisation that supports migrants coming to Ireland for purposes such as work, study, family reunification, or self-employment.

Tel: 353 (1) 674 0202 www.immigrantcouncil.ie

Migrant Rights Centre Ireland

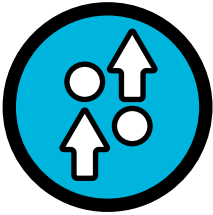
The Migrant Rights Centre (MRCI) is a national organisation which provides support to migrant workers and their families.

Tel: 353 (1) 889 7570 www.mrci.ie

Citizen Information Centres

Citizens Information Centres provide information on issues such as residence rights, employment rights, health services, housing, social security entitlements, and general information about moving to Ireland.

www.citizensinformation.ie



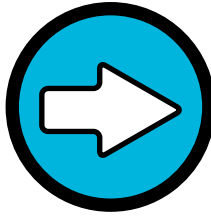
THE ASYLUM PROCESS

Going through the asylum system in Ireland can be disheartening as the process can take some time. The waiting period can create many emotional challenges. During this time, engaging with your HIV clinic and other relevant support agencies can aid in helping you negotiate this system.

As part of the asylum process you must make an application with the Refugee Applications Centre (RAC) at the port where you enter Ireland or at the local Garda (Police) Station. All relevant documents such as travel

documents, passports, birth certificates, and marriage certificates must be submitted during this time.

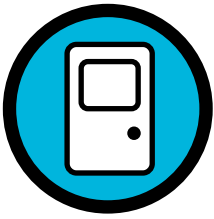
Being truthful and cooperative throughout this process is recommended as otherwise your application may be severely compromised or, in the worse case scenario, withdrawn.



DIRECT PROVISION

As part of the Direct Provision system, you will be provided with accommodation in one of the Reception Centres either in Dublin or in one of the other Reception Centres around the country. The Direct Provision system provides you with food, accommodation, and €19.10 per week plus an additional €9.60 per child (time of press).

If you are requested to move to an alternative accommodation that limits your access to your HIV clinic and your treatment, it would be beneficial to speak to a Community Welfare Officer (attached to your centre), an HIV clinic medical social worker, or an HIV agency worker in order to support an application to remain in a centre where such disruptions will not occur.



OFFICE OF THE REFUGEE APPLICATION COMMISSIONER

After completing the required forms, there is generally a waiting period between submitting your application for asylum and being called for an interview with the Office of the Refugee Applications Commissioner (ORAC). This interview is an opportunity for you to give a detailed account of the circumstances that have brought you to Ireland. An ORAC caseworker will conduct the interview with a language interpreter if required. You can bring legal representation to this interview. A decision about whether your application has been successful or unsuccessful will be based on this interview. You will receive the decision in writing.

If your application is unsuccessful, you can appeal the decision. If possible, continue to seek legal advice during this period so that you are fully prepared for any further steps you may need to take.



SPECIALISED SERVICES

Refugee Information Service

The Refugee Information Service (RIS) exists to counter social exclusion through the provision of a specialist information, advice, advocacy and referral service for asylum seekers and refugees.

Tel: 353 (1) 645 3070 www.ris.ie

The Irish Refugee Council

The Irish Refugee Council (IRC) is an independent non-governmental organisation advocating on behalf of asylum seekers and refugees.

Tel: 353 (1) 764 5854 www.irishrefugeecouncil.ie

Spirasi

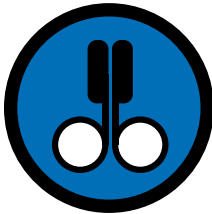
Spirasi is an organisation which works with asylum seekers, refugees, and other disadvantaged migrant groups and has special concern for survivors of torture.

Tel: 353 (1) 838 9664 www.spirasi.ie

The Department of Justice

LoCall 1890 221 227 www.justice.ie

DISCLOSURE



-
- SUPPORT WITH DISCLOSURE
 - PARTNERS
 - CHILDREN
 - PROFESSIONAL DISCLOSURE
 - EMPLOYMENT
 - EDUCATION
 - HEALTH CARE PROFESSIONALS
 - BARBERS AND TATTOOISTS
-

Choosing when, who, and why to tell someone you are HIV positive can be both very difficult and stressful. However, people find disclosure often brings a sense of relief and the possibility of support. When deciding who you would like to tell (such as a friend, family member, or employer) it can be valuable for you to think about the possible reactions of both you and the person you're telling. This may help you feel more prepared and confident.

Remember, deciding who you would like to disclose to is a personal choice and not a legal obligation. For most of us there is at least one person that we can talk to in the hope of receiving a sense of understanding and support.

There is no right or wrong way to decide when, where, or even how to tell someone, but if you do decide to tell somebody it may be helpful to reflect on the following:

- *Who do I want to tell?*
- *Why do I want to tell him/her/them?*
- *Who can support me in disclosing?*
- *How knowledgeable and comfortable am I in answering questions about HIV?*
- *What support might my partner, friends, or family need?*
- *Would they require literature, organisational support, or counselling?*
- *Where would they be able to access information and services?*



SUPPORT WITH DISCLOSURE

The fear of rejection and not wanting to cause stress or worry to people close to you are reasons which can keep you from disclosing your illness to them. Health care professionals understand the implications of disclosure and you can avail of the support offered within HIV clinics and services. Your medical social worker can talk you through the process.



PARTNERS

For some people the hardest person to disclose their HIV status to is their partner or former partner(s). The vast majority of people do want to disclose their status but need support in doing so. HIV clinic staff

see this as a priority and will work closely with you to help you disclose to your current and/or ex-partners.

Healthcare professionals have a duty of care to all under the Department of Health and Children Guidelines and the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, (7th Edition Nov. 2009). See: www.medicalcouncil.ie.

This duty of care includes the partners of people living with HIV. If an HIV doctor feels that a patient's partner has been put at risk of HIV over a significant amount of time, he/she may, in agreement with the patient, make contact with the partner.

If you think your past partners may have been put at risk of infection, your medical social worker, in conjunction with a Health Advisor, can organise anonymous contact with the person or persons to advise them to seek an HIV test.

(See the section on Legal Issues for further information on possible consequences of non-disclosure).



CHILDREN

When thinking about making a disclosure to children (about your HIV status or their own HIV status) their age and level of maturity should be taken into consideration. HIV disclosure is often an ongoing process rather than a once off event. It may be beneficial to think about the following:

- Could I talk to other families who have disclosed to see what may have worked for them?
- Will other siblings be told at the same time?
- Can I talk to a healthcare professional who has experience of supporting people through this process?
- What are my concerns regarding my child's age, reaction, and ability to understand?
- What support could be put in place for my child?
- Should I tell the child's school principle, teacher, or crèche worker? If so, can he or she be a source of support after disclosure? (Note: You are not legally obliged to disclose your child's HIV status to any education authority).
- Am I prepared to answer questions about HIV?

On-going support through this process is important for both you and your family. You can avail of services

provided by your HIV clinic or HIV services (see directory at back of this booklet for local services).



PROFESSIONAL DISCLOSURE

There are situations that will present which may call for you to make decisions about disclosing your HIV status. For example, you may have to fill out a form to obtain employment or housing which may require you to state your current level of health or whether or not you have ever had an HIV test. In some cases you may be asked directly if you are HIV positive. You may also be asked to take a medical examination as part of gaining employment for the purpose of determining your capability to work.

While there is no legal obligation to disclose your HIV status, it is recommended that you are honest when specifically asked about your HIV status on any official medical or insurance forms. In not disclosing your status, you open yourself up to problems in the future should your status become known or should you become unwell. It may be discovered that you have lied to a company and this can ultimately cost you your employment, mortgage, or insurance claim.

The worry of being 'found out' can often be more stressful long-term than an actual disclosure.

If you are not asked specifically about your HIV status, you should not feel that you have to disclose it. For example, you may be asked to state whether you have an illness which may impact on your ability to work. If you feel that your current state of health is fine and unlikely to impede you, then you should not feel obliged to disclose.



EMPLOYMENT

In general there is no social or legal reason why you should have to disclose your HIV status to your employer or co-workers (see 'Professional Disclosure' above). However, it is considered essential to disclose your HIV status if you are engaged, or considering engagement, in midwifery or surgical practice where cross infection may occur.

If you are living with HIV and are in, or seeking, employment, you cannot be discriminated against under the Employment Equality Acts 1998 and 2004 should you choose to disclose.



EDUCATION

Some educational institutions seek an informal medical history on application forms. This is usually to help the institution provide additional support for the potential student. Under the Equal Status Act 2000 and 2004, an educational establishment cannot discriminate against a person living with HIV in relation to admissions or access to education. This also includes training in areas such as nursing and complementary therapies.



HEALTH CARE PROFESSIONALS

Health care professionals should treat all their patients the same. There is no reason why people living with HIV should experience a situation where they are made to feel different than others attending

the same service. It is the duty of all health care professionals to ensure that there is no cross infection (the passing on of HIV by a person or through medical instruments or materials). It is not your responsibility. This is because all health care professionals should operate procedures called Universal Precautions.

Universal Precautions is a term used in the medical field which outlines the steps taken to prevent the cross contamination of air and blood borne pathogens (infection). All health care professionals should exercise these precautions. These processes include:

- always wearing latex gloves when cleaning body fluid spillages.
- the thorough cleaning (mopping and the wiping down) of all surfaces.
- the complete sterilisation of all equipment after each usage and the provision of new materials for each patient.

These precautions are also in place to protect you from getting infections. They also ensure that no-one experiences discrimination as every incident (and therefore everyone) is treated the same.

Whether or not you choose to disclose your HIV status to a health care professional is up to you. It is widely believed, however, that disclosing your status to certain health care professionals will maximise the quality of your care and provide you with a greater level of safety.

GP's and Pharmacists

It is in your best interest that your HIV status be disclosed to your primary health care providers (GP and pharmacist). This will ensure the best medical care for you and prevent you from unknowingly being prescribed medications which may interfere with your HIV treatment.

Dentists

It would be important to tell your dentist about your HIV status as:

- HIV infection can induce oral thrush and certain gum problems.
- there can be problems with bleeding and clotting.
- certain dentistry drugs might interact badly with your own medication.

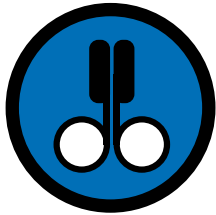
Chiropodists

While foot and lower legs problems are more common in people living with HIV, there is no reason to disclose your HIV status to a chiropodist.

Complementary Therapists

Some people choose to use complementary therapies as a form of relaxation, pain relief or to help boost their immune system. However, many herbal remedies (for example St. John's Wort) can greatly interfere with HIV medications so it is important to always ask your HIV doctor or consultant before taking any holistic remedies. Some people feel they have to disclose to acupuncturists because of the implications of needle usage. Acupuncturists should be operating Universal Precautions (see above) so there is no need for you to disclose your HIV status. The area of

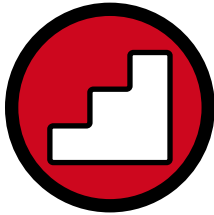
complementary therapies is not as well regulated as other professional bodies so there may be no clauses of confidentiality should you choose to disclose.



BARBERS AND TATTOOISTS

You should not feel obligated to tell barbers or tattooists your HIV status. Some tattooists may ask you to fill out a form which requires you to state whether or not you are HIV positive or Hepatitis positive. You are not legally obliged to disclose your status on this form. Like health care professionals, barbers and tattoo artists should exercise Universal Precautions (see above) and therefore there should be no need for them to enquire about your HIV or Hepatitis status. In light of this, it may be worth asking barbers or tattooists to outline their health and safety policy in relation to needle, ink, or blade usage to ensure that you are safe from any cross infection.

STIGMA AND DISCRIMINATION



-
- INTERNAL STIGMA AND SELF ACCEPTANCE
 - STEPS TO TAKE
-

Stigma is a mark of disgrace or shame; it occurs when a person is no longer seen as an individual but rather as part of a stereotyped group. Discrimination occurs when a person or group is treated less favourably than another in the same situation. HIV and AIDS related stigma and discrimination can be experienced by individuals in all areas of their daily lives and they can be expressed in many ways: through ostracism (being excluded), rejection, negative or judgmental attitudes, or through verbal and physical abuse. People living with HIV or AIDS can sometimes be discounted and discredited not only by the wider community but even by family and friends. Stigma and discrimination become reinforced because:

- People are afraid of becoming infected with HIV.*
- Many people think HIV, despite advances in HIV medication, will invariably lead to death. They do not know HIV can be managed.*
- HIV infection is often associated with behaviours that are subject to moral judgments in society (such as homosexuality, drug addiction, prostitution, or promiscuity). Therefore HIV is viewed as a moral problem rather than a medical condition.*
- A lot of inaccurate information exists in relation to how HIV is transmitted; this can create irrational behaviour and encourage misconceptions of how people put themselves at risk for contracting HIV.*
- HIV infection is often thought to be the result of personal irresponsibility. (“You brought it on yourself”).*



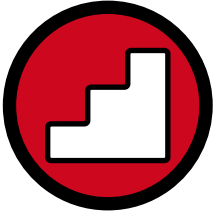
INTERNAL STIGMA AND SELF ACCEPTANCE

As well as the possibility of experiencing stigma from friends, family, peers and people within your community; you can also experience internal stigma. Internal stigma relates to your own feelings and beliefs about yourself and how you might perceive yourself as different to others as a result of your diagnosis.

Internal stigma can make it more difficult for you to come to terms with your diagnosis and how you manage your illness on a personal level. As a result, you may avoid socialising and be left feeling isolated, lonely, and unsupported. These feelings can undermine your sense of self worth which may in turn lower your self esteem.

You may even blame yourself for contracting HIV. Consequently, it may be harder for you to accept your diagnosis or disclose to other people. While it is perfectly normal to have regrets about becoming HIV positive, blaming yourself may cause you to doubt whether you deserve good things in your life. Blame can be a very damaging and unhelpful emotion which can cause you to become trapped in negative thought patterns.

If you are experiencing self blame or if you are finding your HIV diagnosis overwhelming, consult your medical social worker or a counsellor to get support.



STEPS TO TAKE

If you feel that you have been treated unfairly because of your HIV status, don't bottle it up. Talking to someone you trust such as a friend or counsellor can be very helpful in reducing the negative impact of these experiences on you. Sharing your thoughts and feelings with another person living with HIV can offer you empathy and additional support.

Sometimes incidences merit more formal action, such as in the case of harassment or physical assault. If they occur in your workplace or in a hostel for example, you should ask to speak to the manager or director to make a complaint. They have a responsibility for providing a safe place for people to work (or in the case of a hostel, for people to live). Some incidences may be serious enough to require the attention of the Garda Síochána (police). In this instance, you can report the incident(s) to the Garda in the district the incident(s) occurred in. (Your local HIV organisation

can support you in doing any of the actions above).

Negative experiences can be used constructively. Some people choose to write about their experiences to get feelings 'off their chest' and to help other people in the same situation. Getting involved in an organisation dedicated to fighting HIV related stigma and discrimination or giving talks on these issues can also help give a person a sense of purpose.

Finally, it is illegal to discriminate against people with HIV in employment, education, and in the provision of goods and services according to the Equal Status Act 2000-2008 and the Equality Act 2004. If you feel you have been discriminated against as a result of your HIV status, please see section on Know Your Rights.

EMOTIONAL WELLBEING



-
- **STRESS**
 - **ANXIETY**
 - **DEPRESSION**
 - **SUPPORT AND ADVICE**
 - **COUNSELLING**
 - **LOOKING AFTER YOUR
EMOTIONAL WELLBEING**
-

For most people, an HIV diagnosis can be a life changing experience. The range of emotions that can be experienced during this time will vary from person to person. Being diagnosed HIV positive is likely to have a wide variety of both emotional and practical implications for you. By identifying how you feel both physically and mentally, you can determine what support you may need. The initial feelings people have about their HIV diagnosis can change over time. Most people find that they gradually come to terms with living with HIV despite experiencing anxiety at certain times (such as when starting new relationships, when disclosing their status, or when starting or changing medication). The section below provides a summary of some common conditions and concerns that can be experienced by someone living with HIV. It also outlines some steps you can take to look after your emotional wellbeing.



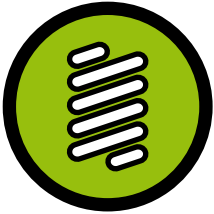
STRESS

Stress is present in many of our everyday life experiences. It is experienced from many sources but the basic sources are:

- Our External Environment (Where we are and what is happening at the time).
- Physical Stressors (These result from internal physical symptoms such as headaches and stomach problems, and external physical stressors such as heat, cold, and excessive noise).
- Social Stressors (These usually occur in any context where interpersonal relationships exist such as school, work, church, family, and community. For example, stress can arise from continued forced contact with individuals with whom you may not share the same values or beliefs).
- Psychological Stressors (These can be events like time pressures or the unrealistic expectations we place on ourselves or allow others to place on us such as, “you must be beautiful,” “you must know everything,” or “you must suppress your feelings whatever you do”).
- Our Own Thoughts (How we view events and what we allow ourselves to think or not to think).

How we respond to stress is based on our capacity to change and adapt to the many different life circumstances we may face. How we deal with stressful situations will determine how they impact on our ongoing mental and physical health. Stress can be positive as a certain degree of pressure stimulates personal growth and development. It is when the level of pressure outweighs our capacity to adapt to change that an imbalance may occur; this can result in negative stress which can manifest as anxiety, depression, anger, irritability, or exhaustion.

Remember, it is perfectly reasonable and normal to feel that some emotions or feelings are difficult to deal with. When you are experiencing feelings such as anger, sadness, anxiety, and fear you can feel very overwhelmed. These are normal reactions to changes in life circumstances and can be part of your adjustment to living with HIV.



ANXIETY

Anxiety is an emotional condition which is characterised by feelings of apprehension, uncertainty, fear, or panic. These feelings typically correspond to how people feel, perceive, or think

about certain aspects of their lives. Anxiety can result in physical symptoms that express how the person is feeling internally. These can sometimes include headaches, gastrointestinal disturbances, a feeling of light headedness, or chest and back pain. Severe anxiety can impact negatively on a person's life interfering with career, family, and social life.



DEPRESSION

Depression can be a very disabling condition that can be marked by mood and behaviour changes such as a loss of interest in life, a lack of motivation, a hopeless feeling about life and its possibilities, anxiety, apathy, frustration, little interest in old activities or hobbies, or a marked slow down in behaviour and thought processes. People with depression sometimes recoil from social settings, and go 'through the motions' just to satisfy those around them rather than doing things to please themselves. People can experience a change in appetite and sleep pattern, and may develop poor concentration and an increase in negative thoughts. Lowered levels of motivation may make it difficult for a person experiencing depression to engage in any activity.



SUPPORT AND ADVICE

Speaking to your G.P., HIV doctor, or medical social worker can be helpful as they all have experience working with people who are depressed or dealing with anxiety. They can help you discuss the options available to help you through this period of your life. These options may include a referral to a more experienced mental health expert or counsellor, having you think about possible lifestyle changes, or encouraging you to access holistic therapies to help reduce your level of stress or depression. Your doctor may feel that medication is the most appropriate option for you at this time. Whatever options are given, the choice is always in your hands.

If you are thinking of harming yourself or are having suicidal thoughts, you should seek help immediately. Your G.P. should be able to provide some immediate help during working hours. You can go to the Accident and Emergency ('A&E') department at your local hospital any time during the day or night where you will be assessed by a mental health specialist and given appropriate support.



COUNSELLING

If you decide to attend counselling or psychotherapy it can be helpful to note that people seek counselling and psychotherapy for many reasons. These can include anxiety, depression, stress, or concern about relationships to name but a few. If these feelings are persistent, they can be debilitating. Usually people seek counselling because they have encountered situations which they would like to talk about, or problems they would like to 'tease out', with someone other than a family member or friend.

The aim of counselling is to provide you with the time and attention to help you to define for yourself the nature of the problems you are facing. In doing this, you can make decisions about what you can do to reduce the impact of these problems on you or on those around you. Counselling can also help to bring about the confidence and skills needed for you to gain new perspectives and a deeper understanding of what is happening for you.



LOOKING AFTER YOUR EMOTIONAL WELLBEING

Relaxation

Our bodies and minds need time to switch off and recover from the pressures and concerns of everyday life. Relaxation lowers blood pressure, respiration, and pulse rates, releases muscle tension, and eases emotional strains. There are lots of ways to do this. Taking time to soak in a warm bath, listening to music, or going for a walk can help us wind down and relax. It is essential for emotional wellbeing to strike a balance between activity, rest, and play. Some techniques and activities which can help us maintain balance in our lives are: yoga, tai chi, massage, breathing exercises, meditation, aromatherapy, reflexology, and exercises to tense and relax muscles.

Exercise

Exercise can be the last thing we feel like doing when we are tired, worried, or feeling down. However, exercise can make us feel relaxed and energised. It can help us sleep better and it has proven benefits for people experiencing fatigue, anxiety, and depression. It can also help prevent these problems occurring in the first place.

Physical activity stimulates the body into releasing endorphins, serotonin, and other natural chemicals that make us feel good. It is thought that aerobic exercise like walking, swimming, or cycling is particularly good if we suffer from feelings of anxiety, and that any regular exercise can help reduce feelings of depression.

Sleeping

Sleep is an important part of our emotional wellbeing. When we don't get enough sleep we can feel tired and irritable, have poor concentration, and feel down and anxious. Exercising and reducing the amount of caffeine you consume in the day, engaging in relaxation techniques before going to bed, can aid in better sleep. Some tips are:

1. Exercise regularly. Regular physical activity, especially aerobic exercise, can help you fall asleep faster and make your sleep more restful. However, for some people, exercising right before bed may make getting to sleep more difficult.
2. Develop a new sleep pattern. Going to bed and getting up at about the same time every day, even on the weekends, helps reinforce your body's sleep-wake cycle and can help you fall asleep more easily at night. Begin a relaxing bedtime routine. Do the same things each night to tell your body it is time to wind down. This may include taking a warm bath or shower, reading a book, or listening to soothing music. Lowering lights can help ease the transition between wakefulness and sleepiness.
3. Don't eat or drink large amounts before bedtime. Eat a light dinner at least two hours before sleeping. If you're prone to heartburn, avoid spicy or fatty

foods which can make your heartburn flare and prevent a restful sleep. Also, limit how much you drink before bed. Too much liquid can cause you to wake up repeatedly during the night for trips to the toilet.

4. Avoid nicotine, caffeine, and alcohol in the evening. These are stimulants that can keep you awake. Try to avoid caffeine for eight hours before your planned bedtime. Your body doesn't store caffeine, but it takes many hours to eliminate the stimulant and its effects. And although often believed to be a sedative, alcohol actually disrupts the pattern of sleep and brain waves that leaves you feeling refreshed in the morning.
5. Go to bed when you're tired and turn out the lights. If you don't fall asleep within 15 to 20 minutes, get up and do something else. Go back to bed when you're tired. Don't stress over falling asleep; it will only make matters worse.

Eating

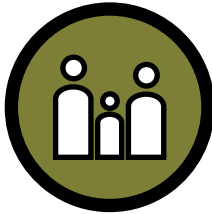
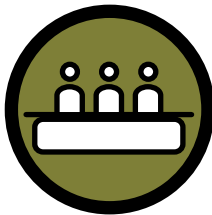
Many people underestimate the important role that healthy eating has on our physical health which in turn influences our emotional wellbeing. For more specific and personal advice about healthy eating, you can ask to see the dietician at your HIV clinic.

Drink and Drugs

Drinking or using recreational drugs too much can sometimes cause problems with our emotional wellbeing. Hangovers and 'come-downs' can make us feel depressed, tense, and short-tempered. You may use drugs and alcohol to help you forget or stop thinking about your problems. However, if you are already having difficulties dealing with your feelings, using drugs and

alcohol will only compound your problems and make it less likely for you to deal with the real underlying issues.

LEGAL ISSUES



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- SOLICITORS AND BARRISTERS
 - FREE LEGAL ADVICE CENTRES (FLAC)
 - THE LEGAL AID BOARD
 - CIVIL PARTNERSHIP
 - MARRIAGE AND CIVIL PARTNERSHIP
 - ADOPTION
 - HIV TRANSMISSION AND THE LAW
-

The history of HIV and AIDS has been rife with both legal and ethical issues, many which have greatly impacted on those living with these illnesses. For the most part however, people living with HIV or AIDS seek legal help for the day to day issues that can affect anyone. Understanding legal systems and legal resources is the first step no matter what the issue may be.



SOLICITORS AND BARRISTERS

Solicitors offer legal services to clients. A solicitor can be consulted in areas such as family law, property law, criminal law, employment law, personal injury, or wills. Solicitors, when required, instruct barristers to act as advocates for their clients if the issue requires attending court.

If you need to speak with a solicitor there are many ways to find one:

- Ask friends or family for recommendations
- Search the internet (Irish websites)
- Look up the Yellow Pages
- Contact the Legal Aid Board
- Contact your local Citizen's Information Centre

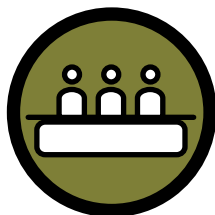
All solicitors are bound by a confidentiality agreement with their clients. Should you choose to disclose your HIV positive status to your solicitor (you are not obliged to), this should remain confidential unless your HIV status is, or becomes, a court matter.



FREE LEGAL ADVICE CENTRES (FLAC)

FLAC is an independent human rights organisation which offers some free basic legal advice to the public. It does not offer legal representation. Contact FLAC for your nearest advice centre.

Tel: 1890 350 250 www.flac.ie



THE LEGAL AID BOARD

The Legal Aid Board provides legal advice and legal aid for non – criminal matters to those who satisfy the requirements of the Civil Legal Aid Act 1995. It also offers a specialised service for asylum seekers.

Legal Advice is any oral or written advice given by a solicitor or by a barrister. This would include letters

and negotiations the solicitor writes or enters on a person's behalf. It is important to note that legal advice can be given in most areas, even the ones that are excluded from Legal Aid. (See below).

Legal Aid is representation by a solicitor or barrister in court proceedings where it has not proved possible to resolve the legal problem through negotiation.

In order to obtain Legal Aid, a person must have (1) limited means, (2) merit to their case, and (3) their case must not be one of the categories excluded by the Legal Aid Act.

In general, to qualify for civil Legal Aid:

1) Your legal problem must be one with which the Board deals with.

The following categories are excluded:

1. Defamation
2. Small claims court cases
3. Licensing
4. Election petitions
5. Class actions for the purpose of establishing a precedent in determining a point of law.
6. Any matter where the applicant is a member of a group having the same interest in the proceedings.
7. Representation for actions in tribunals – although the Legal Aid Board does take cases to the Refugee Appeals Tribunal.
8. Some disputes concerning rights or interests in property.

9. Certain conveyancing matters. However, Civil Legal Aid may be granted for these proceedings:
- in relation to the Family Home.
 - under the Landlord and Tenant Acts (ground rents and renewal of leases) if relating to residential property.
 - under the Rent Restrictions Acts.
 - involving disputes relating to the title or possession of property where the parties are or 'are living as' man and wife and a refusal to grant legal aid would cause hardship to the applicant.
 - involving disputes relating to the title or possession of property where the applicant suffers from an infirmity and a refusal to grant legal aid would cause hardship to the applicant.
 - involving disputes relating to the title or possession of property where the applicant may have been subjected to duress or fraud and a refusal to grant legal aid would cause hardship to the applicant.

2) The case must be reasonably likely to be successful. The likelihood of this will be determined by the Legal Aid staff.

3) You must pass the means test.

Your disposable income must be less than €18,000 per year, and your disposable capital cannot be more than €320,000 (not including the value of your home. Time of press). Disposable Income is your Total Income (wages/salary/social welfare/pension/any other income) minus Allowances.

Legal Aid Board services are not free. A contribution must be made by everyone in respect of Legal

Advice and Legal Aid. In respect of Legal Advice, the minimum contribution is €10 and the minimum in respect of Legal Aid is €50 (time of press).

To apply for Legal Aid you must fill out the form LAA3 which can be downloaded from **www.legalaidboard.ie** or obtained from any law centre. The form can be completed with the assistance of a member of staff at the Legal Aid Board.



CIVIL PARTNERSHIP

The Civil Partnership Bill (Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010) came into effect January 1st, 2011. This bill gives same sex couples rights and responsibilities comparable to civil marriage. The legislation also provides rights for those in long-term cohabiting relationships who have not entered into a civil partnership or marriage. In the Act, there is no difference in the rights and obligations accorded to opposite sex cohabiting couples or same sex cohabiting couples.

To enter a legally valid civil partnership in Ireland, the two parties must:

- have the capacity to become civil partners.
- freely consent to becoming civil partners.
Free consent may be absent if, at the time of becoming a civil partner, a person is suffering from intoxication, brain damage, mental disability, mental instability or insanity to the extent that he/she is not able to understand the implications of civil partnership. In addition, if someone agrees to become a civil partner because of threats or intimidation, his/her apparent consent may also be invalid and the civil partnership may be void.
- observe the necessary formalities.

Capacity to become a civil partner

To be legally entitled to become a civil partner, both of you must fulfill all of the following requirements at the time the registration of the civil partnership takes place. Both parties must:

- be aged 18 or over.
- have given the Registrar 3 months notification of intention to enter a civil partnership (or have a court exemption order if this is not the case) and have been issued by the Registrar with a Civil Partnership Registration Form.
- be either single, widowed, divorced, a former civil partner of a civil partnership that ended through death or dissolution, or have had a civil annulment of a marriage or civil partnership or a valid foreign divorce or dissolution.
- be of the same sex. For legal purposes, a person's gender is deemed to be the one he/she had at birth, even if he/she subsequently had medical procedures to alter his/her gender.

- have the mental capacity to understand the nature of civil partnership.
- not be related to your intended partner by blood to a degree that prohibits you in law from becoming civil partners. If you are related to your intended partner by blood, you should contact a solicitor to ensure that you do not fall within the prohibited degree of relationship.

If either party doesn't fulfill even one of the above requirements, any subsequent civil partnership is legally void.

For further information on civil partnership **see www.citizensinformation.ie.**



MARRIAGE AND CIVIL PARTNERSHIP

In Ireland, there are no specific laws concerning a person's HIV status and marriage/civil partnership.



ADOPTION

People living with HIV have successfully adopted children in Ireland. When adopting a child, a person's health will be taken into consideration alongside his/her financial status, age, and general lifestyle. Each case is decided separately.



HIV TRANSMISSION AND THE LAW

At present there is no law in Ireland stating that a person has to disclose his or her HIV status before engaging in behaviours that may lead to transmission. However, HIV positive people have been convicted in many countries (including the UK, Australia, and the United States) for infecting another person with HIV either deliberately or non-deliberately. There have also

been cases which people living with HIV have been found guilty of putting individuals at risk of contracting the virus. In Ireland, there have been a number of cases involving financial compensation for people who felt they were at risk of contracting HIV in the line of their work (for example those involved in security businesses, street cleaning, or the Garda Síochána).

At the time of print (2011), there has been no test case taken or precedent set in relation to HIV transmission in the Republic of Ireland. In light of world-wide trends, it is highly likely the Irish legal system will soon encounter its first HIV transmission test case. While a precedent may not have yet been set, it is possible, under existing laws, that an HIV positive person could be prosecuted for infecting another person deliberately or non-deliberately. Possible scenarios under the Non-Fatal Offences Against The Person Act 1997 include:

1. 'Endangerment'. For example, when someone who is HIV positive takes the risk of having unprotected sex with another person (regardless of person acquiring HIV). This could lead to a prison sentence of up to 7 years.
2. 'Assault causing serious harm'. For example, when an attempt to purposely infect another person occurs and the person contracts HIV as a result. In this scenario, the prison sentence could be life. To fully prove an attempt was deliberate, evidence such as diaries, e-mails, computer notes, and witness statements could be sought.

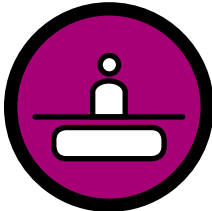
For further information on international test cases and laws surrounding HIV see:

www.criminalisation.gnppplus.net/criminalisation/

www.criminalhivtransmission.blogspot.com

www.aidsmap.com/Transmission-of-HIV-as-a-criminal-offence/page/1497494/

KNOW YOUR RIGHTS



-
- HIV DISCRIMINATION AND THE LAW
 - THE FREEDOM OF INFORMATION ACT 1997-2003
 - THE OMBUDSMAN
 - THE GARDA OMBUDSMAN
 - MAKING A COMPLAINT
 - THE PATIENTS' CHARTER
 - RATE MY HOSPITAL
-

Difficult issues can arise for people living with HIV; some may be related directly to their HIV status, others may not. The following section outlines your rights and the options you have for safeguarding them regardless of what the issue may be.



HIV DISCRIMINATION AND THE LAW

The Employment Equality Act, 1998 and the Equal Status Act, 2000 and 2004 outlaw discrimination in employment, vocational training, advertising, collective agreements, the provision of goods and services and other opportunities to which the public generally have access. Discrimination is prohibited on nine distinct grounds. These are:

- gender
- marital status
- family status
- age
- disability
- race
- sexual orientation
- religious belief
- membership of the Traveller Community.

Discrimination is described in the Act as the treatment of a person in a less favourable way than another person is, has been, or would be, treated on any of the above grounds.

According to the Equality Authority, HIV is considered a disability; therefore it is illegal to discriminate against someone solely because of his or her HIV

positive status. In order for someone to experience HIV discrimination, he or she would have to be treated differently (in a particular situation) than someone who is known to be HIV negative or someone whose HIV status is unknown.

J. Goulding vs. M. Doherty Dec-S2009-073

In November 2009, a landmark HIV discrimination case was won in Ireland when J. Goulding was deemed to have experienced discrimination as a result of being refused primary care treatment solely because of his HIV status. In its ruling, the Equality Tribunal stated that incorrect and outdated perceptions resulted in the complainant being viewed and treated less favourably than a person who is without HIV (or not known to have the infection) would be treated in similar circumstances.

(See: Equality Authority Annual Report 2009)

If you feel you have experienced discrimination because of your HIV status, contact the Equality Authority:

Public Information Centre

The Equality Authority

Birchgrove House,

Roscrea,

Co. Tipperary,

Ireland

LoCall 1890 245 545



THE FREEDOM OF INFORMATION ACT 1997-2003

This Act gives you the right to access records held by Government Departments and certain public bodies. You do not have to give a reason as to why you want to see any records. The Government Department or body must give you an explanation if you are not given what you ask for. A decision on your application must normally be made within 4 weeks. The Freedom of Information Act gives everybody the legal right to:

- access information held by public bodies and government department records created since 1998. These bodies include city, county and regional councils, the Health Service Executive (HSE), voluntary hospitals, third level education sectors, and services to people with intellectual or physical disabilities.
- access any records that relate to you personally (i.e. hospital files, employee files, membership files).
- have any personal facts or information changed if they are untrue, misleading, or out of date.
- explore possible reasons behind decisions which you feel are unfair or discriminatory.

You can ask for the following records held by government departments or certain public bodies:

- Any records relating to you personally, whenever they were created.
- All other records created after 21 April, 1998.

A record can be a paper document (including notes, letters, and memos), information held on computer, printouts, maps, plans, microfilm, microfiche, and audio-visual material.

It is very unlikely that any fees will be charged in respect of personal records, except when a large number of records are involved.

To make a request under the Freedom of Information Act you must:

- make your request in writing.
- state the date you are writing, your name and address, and if possible, a telephone number.
- state that you are requesting the information in accordance with Section 7 of the Freedom of Information Acts 1997 and 2003.
- state whether the information you are looking for is your personal information or the information about a public body.
- state specifically what records you are looking for (e.g. files, documents, notes, memos) and specifically what dates. For example, do you want all files or just files from 2009 onwards?).
- state how you want to access the files. For example, do you want to view the files at the agency you are

writing to? Do you want to collect photocopies of the files or have them sent to you? In some cases, you may be asked to provide identification.

The letter should be sent to the Freedom of Information Officer at the agency you are writing to. It is advisable to ask for a receipt of your letter to ensure that the agency you applied to has noted your request.

Sample Freedom of Information request

Freedom of Information Officer
Higher Learning College
Old Village Road
Co Dublin

Matilda Bloggs
21 Richardson Court
Stablecore
Co Dublin

June 19th, 2011

To whom it may concern,

In accordance with Section 7 of the Freedom of Information Acts 1997 and 2003, I wish to request accessing to the following records which I believe to be held by your college:

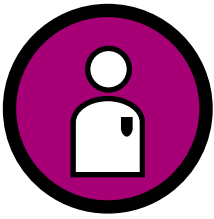
All written information on me, Matilda Bloggs, since June 1st, 2008 which is held in the college administration office. This would include all files, notes, internal memos, and records.

I would like photocopies of all the above and I would like them posted to the above address.

I would also be very grateful if you would forward me a receipt of this letter.

Yours sincerely,

Matilda Bloggs
Tel: 000-0000000



THE OMBUDSMAN

If your complaint concerns any government department, the Health Service Executive (HSE), local authorities (such as City or County Councils) or An Post, you can write to the Ombudsman. The Ombudsman investigates complaints from members of the public who feel they have been unfairly treated by certain organisations. The Ombudsman's office is impartial and independent. If he/she finds a complaint is justified he/she will take steps to make sure that the person making the complaint is compensated in some way.

Before you contact the Ombudsman, you must first try to solve your problem with the public body concerned. The Ombudsman will not address your issue if you have not first tried to address it with the body or agency concerned. In some cases, there may be formal local appeals systems which you will have to go through before coming to the Ombudsman, for example, the Social Welfare Appeals office. If you fail to resolve your problem and you still feel the body concerned has not treated you fairly, contact the Ombudsman.

Note: You should complain to the Ombudsman as soon as possible but not later than 12 months after the action you want to complain about

occurred (or you became aware of it occurring).

For further information, see: www.ombudsman.gov.ie

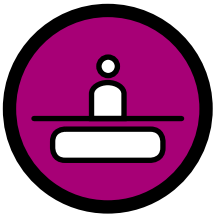


THE GARDA OMBUDSMAN

The Garda Ombudsman is responsible for receiving and dealing with all complaints made by members of the public concerning the conduct of members of the Garda Síochána.

The Garda Ombudsman's mission is to fairly and efficiently deal with the public's complaints concerning Gardaí.

If you would like to access information on making a complaint, contact the Garda Ombudsman office at:
LoCall 1890 600 800 www.gardaombudsman.ie



MAKING A COMPLAINT

Each of us, at one time or another, has wanted to complain about something, whether it be a service or a person. There may be some reluctance to complain due to the following reasons:

- Not wanting to look bad
- A fear of being ignored
- A fear of being singled out
- Not knowing how to complain
- Not knowing who to complain to

People often walk away from a professional encounter feeling that they have been ignored, treated badly, or simply not listened to. Some may feel like they have experienced discrimination (treated less favourably than others) or prejudice (unreasonably or unfairly disliked). Different situations demand different approaches. However, the more calm and reasonable you are in approaching someone or some agency to make a complaint, the more likely you are to get a favourable response.

General Steps of Making a Complaint

The first step is knowing what you want as an outcome before you actually make a complaint. For example, do you just want to make your views known or do you want an apology? Do you want a procedure changed? Do you want your money refunded? Knowing what you want as an outcome will help you aim for an objective. Once you achieve that objective, there may be no need to take the matter further.

If you wish to make a complaint against a specific person, then it is good practice to attempt to explain your particular grievance or problem to that person. The person may not be aware that he or she has offended or hurt you and may want the opportunity to personally address your concern. Most issues are resolved at this level.

If you receive no satisfaction from that person, enquire whether it would be possible to talk with his/her manager and then inform his/her manager of your grievance. If you are unsatisfied with the outcome, you can enquire if the service or organisation has a complaints procedure. This may entail writing a letter of complaint to a higher level person such as the Director/ Chief Executive Officer, Board of Directors, or Area Manager. This may result in specific actions which lead to your complaint being addressed to your satisfaction. (When writing a letter of complaint, keep it brief but try to give as much relevant detail as possible; this helps give the 'bigger picture' to the person in authority).

If you wish to make a complaint against a service you are engaged with because you feel your needs are not being met, you should make contact with

the service to arrange a meeting with the manager to discuss your concerns and offer suggestions. Alternatively, you can write a letter but be prepared to meet with a member of staff as most organisations or agencies (if they care about improving services) will want to 'tease out' the issue with you.

An organisation or agency may not be able to address your concerns to your satisfaction; if it is unable to do so, you should be provided with a reasonable explanation as to why your issue could not be addressed to your satisfaction at this time. It could be beneficial to keep in contact with the organisation in relation to the issue(s) presented as there may be opportunities for change to still occur in the future.

Example Letter of Complaint

The Manager
ABC Fitness Group
Shyer St.
Dublin 2

John Bloggs
21 Richardson Court
Stablecore
Co. Dublin

15th June 2011

Dear Sir/Madam,

My name is John Smith. I wish to make a formal complaint regarding a situation which occurred within your fitness club on the evening of 12th April 2011 at 9pm. As you may be aware I have been a member of your club for some months now and have never had any problems with either your equipment or staff service up until now.

On the evening mentioned I was signing in to the club as usual when one of your staff approached me and asked me would I mind not coming into the club that night. Upon hearing this I enquired why I was been asked to do so when my membership gives me full access to the club every day of the week.

Your staff member replied that several members of the club had asked that I refrain from training in the club because they believed me to be HIV positive and feared I was putting members at risk. I left the premises upon hearing this statement. Regardless of whether or not I am HIV positive I believe such discriminatory practices are unfair and more importantly illegal. Therefore I would ask you to investigate your club's policies and make appropriate changes to your staff's training.

I appreciate your immediate attention to this matter. I would be grateful if you would inform me how you intend to implement new policies and procedures in line with the Equal Status Act 2004. I would like at this time to terminate my membership and I ask to be fully reimbursed.

Yours sincerely,

John Bloggs



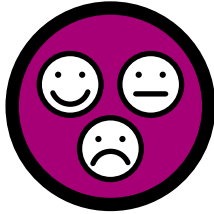
THE PATIENTS' CHARTER

The Patients' Charter was introduced in Ireland in 1994. Outlining the rights of the hospital patient, key points covered by the charter include the:

- Right to be admitted immediately to hospital in a medical emergency (and otherwise be placed on a waiting list).
- Right, in the event of cancellation, to be given a new appointment for an early date and to be treated on a priority basis.
- Right to be treated in a courteous manner at all times, by all members of hospital staff.
- Right to receive visits from relatives and friends – including children.
- Right to be treated with respect in relation to your religious and philosophical beliefs.
- Right to your have your privacy respected.
- Right to be informed of the consultant under whose care you are being placed; of the nature of your illness in a language you can fully understand; of the results of any tests/x-rays etc; of your proposed treatment, including expected benefits and possible side-effects; and of alternative forms of treatment.

- Right to complain about any aspect of the hospital service, to have the complaint investigated, and be informed of the outcome as soon as possible.

For further information on your rights as a hospital patient **see: www.thepatientscharter.ie**



RATE MY HOSPITAL

The 'Rate My Hospital' facility gives you the opportunity to state how your hospital has scored under a range of different headings. Operated by Irishhealth.com, it builds a picture of the level of service offered by each hospital and how patient-friendly they are. This not only helps patients but also benefits hospitals in terms of getting feedback from patients. The site also gives you the opportunity to nominate individuals or units you think deserve special merit for exceptional care.

See: www.ratemyhospital.ie

MONEY AND BUDGETING



-
- **STEPS YOU CAN TAKE WHEN YOU ARE IN DEBT**
 - **CREDIT UNIONS**
 - **MABS**
-

If you are in debt and are having problems managing your money, there are some steps that you can take. Most 'creditors' (people you owe money to) are agreeable to some sort of payment plan. After all, some payment is better than no payment.



STEPS YOU CAN TAKE WHEN YOU ARE IN DEBT

1. Make a list of everyone you owe money to.

2. Decide which debts to pay off first.

Some debts are a priority because the consequences of not paying them may be serious. Mortgage, rent, electricity, and gas bills are priority debts. The consequences of not paying your mortgage or rent may be repossession or eviction. If you don't pay your utility bills, your electricity or gas supply will be cut off. The non-payment of other debts may not have as serious consequences at first but they may in time lead to court appearances, fines, or even prison.

3. Sort out your budget.

Work out your personal weekly or monthly budget. A budget will help you cut out unnecessary expenses and save money, or help you stop running up big debts. A budget will show you how much spare cash you have to pay your debts. Make a note of how much your income is and then make a note of how much money you need to spend on basic living expenses (such as food or household goods). Be honest! See what you can afford to pay your creditors after this and decide how much you'll pay to each.

4. Get in touch with your creditors and agree a payment plan.

Contact each creditor whose bill you haven't paid. Explain your situation and offer to pay an amount which you can afford. All fuel suppliers (electricity and gas) follow a code of practice which means the company should not cut off your supply if you agree a payment plan with them and then keep to it.

5. Stick to your payment plan.

Remember, when you are in debt, a payment plan is like giving you a second chance before a penalty occurs. If you do not keep to your payment plan, creditors have a right to do what is in their contract with you. This might be the repossession of a home, the eviction from a flat or apartment, or the turning off of your gas or electricity supply. (In this instance, utility companies will also charge you a reconnection fee which will add to your overall debt).

The Golden Rules of Money Management are:

- Decide a budget for your weekly or monthly spending.
- Don't spend what you can't afford.
- Don't ignore bills. Be proactive and contact your creditors. Ignoring bills will greatly lessen your chance of negotiating payment or of you keeping your home.
- If possible, consistently pay something (no matter how small an amount) to your creditors.
- Beware borrowing money in order to repay your debts. You could just be getting deeper into debt. Stay away from 'easy money'. Companies offering 'pay day' advances and moneylenders might seem like an easy solution at the time,

but with some legal doorstep lending companies charging between 157.3% and 272.2% APR (Annual Percentage Rate), you may be left repaying hundreds, even thousands of euros in interest alone that you can ill afford (even on small loans). Such companies, charging outrageous interest rates, take advantage of people under financial strain.



CREDIT UNIONS

A Credit Union is a group of people who save together and lend to each other at a fair and reasonable rate of interest. A popular way of saving money and accessing loans, Credit Unions offer members the chance to have control over their own finances by making their own savings work for them. Every credit union is owned by the members (the people who save and borrow with it). Credit Unions also provide a variety of other insurance services at very reasonable rates. With Credit Unions, you can pay off your loan early, make additional lump sum repayments, or increase your regular repayments, without a penalty. (Other lenders may charge in these situations). Credit Unions in the Republic of Ireland are covered by the Deposit Protection Scheme which is administered by the Financial Regulator. This is a scheme that

can provide compensation to depositors if a credit institution is forced to go out of business. It covers deposits held with banks; building societies; and credit unions. The maximum amount a credit union member can receive under this scheme is €100,000. There are many Credit Unions around Ireland. For the one nearest you, **see: www.creditunion.ie**



MABS

If you are experiencing financial difficulties, get advice. MABS (Money Advice and Budgeting Service) is a national free, confidential, and independent service for people in debt or in danger of getting into debt. They can help negotiate payments to your creditors and help you devise a budget.

MABS Helpline Tel: 1890 283 438 www.mabs.ie

HOUSING



-
- HOMELESSNESS
 - RENTING
 - MORTGAGES
-

Housing needs for people can vary according to their current life circumstance. The following section outlines possible housing situations.



HOMELESSNESS

People become homeless for many different reasons. If you find yourself in this situation in Dublin, you will need to present to the Local Authority Assessment and Placement Unit who will organise temporary accommodation for you. The unit will assign you a Housing Officer who will provide you with more long term accommodation options. Bring relevant documents with you such as your birth certificate, photo identification, and your Personal Public Service Number (PPS).

The Local Authority Assessment and Placement Unit
160 Capel St, Dublin 1

Women and Families:

10:00am - 12:00pm Monday - Friday

Men:

2:00pm - 4:00pm Monday - Friday

Outside of these hours the Local Authority Housing Unit service can be contacted on the 24 hour **Freephone number 1800 707 707**.

The Homeless Person's Unit

offers advice on your social welfare entitlements and you can call into their offices.

Women and Families:

10:00am - 12:00pm Monday - Friday
41 Castle St., Dublin 2.

Men:

10:00am - 12:00pm Monday - Friday
Oisín House, 212 - 213 Pearse St, Dublin 2.

Outside of clinic hours, the Homeless Persons Unit can be contacted on **Freephone 1800 724 724.**

For short-term accommodation outside of Dublin you must make contact with your local City/County Council.

In order to secure long-term accommodation you must make sure that you are registered with your City/County Council. It is important to present to the housing section of your City/County Council on a regular basis. If you do not present regularly, your name may be removed and you will need to begin a new housing application.

You may find that the system itself can be often inflexible and the wait very long but persistence and engagement with the appropriate support services will aid you in securing long term accommodation. There are various organisations that can support you in the process of securing more stable and long term accommodation. These include:

Focus Ireland

Tel: 01-6712555 www.focusireland.ie

Dublin Simon Resettlement Service

Tel: 01-6354888 www.dubsimon.ie

Centrecare

Tel: 01-8726775 www.centrecare.ie

Merchant's Quay Settlement Service

Tel: 01-6790044 www.mqi.ie

Dublin City Council-Resettlement Service

Tel: 01-7036100 www.dublincity.ie

A further list can be accessed at

www.homelessagency.ie



RENTING

Renting a house or apartment can be quite expensive especially in Dublin and the major cities. You may be required to provide references from previous landlords to secure the accommodation. You are usually required to provide a deposit (which is typically

a month's rent) plus a month's rent in advance.

If you require advice in relation to housing rights due to issues with your landlord, you can contact

Threshold, an organisation which provides free and confidential information, advice, and support to people with housing problems.

Tel: 01-6786096. www.threshold.ie

There are a number of property websites which advertise places to rent. See:

www.daft.ie

www.loadza.com

www.myhome.ie

Also, newspapers often contain advertisements for places to rent. If you can, try to access an early edition of the newspaper; this gives you an advantage over other people who might be seeking the same kind of accommodation.

Rent Supplement

If you are on social welfare, you may be entitled to rent supplement. This is a social welfare contribution to your rent.

Applying for rent supplement:

- First ensure that you are registered with your local City or County Council Housing Authority (for example, Dublin City Council). You can do this by completing a housing application form (available at your nearest City or Council Housing Authority office).

- Fill out a Rent Supplement form from your local City/County Council. (Section 1 of the form is completed by you).
- Then secure accommodation with a landlord who accepts rent supplement and who will then complete section 2 of the Rent Supplement form.
- Once the form is completed you will need to attend the Health Centre which covers the area you are moving to. (You can confirm where your local health centre is and clinic times by contacting the ***Callsave HSE Info-line (1850 241850)*** and giving your proposed address.
- When attending your local Health Centre, it is important to bring all relevant documentation such as the rent supplement form, your social welfare payment details, and photo identification.
- The Community Welfare Officer (CWO) at the Health Centre will make a decision on your rent supplement application in order to calculate your weekly contribution. **Note:** All deposits are discretionary; full amounts may not be given. Deposits are also paid in arrears.
- It can be helpful for the CWO to contact your potential landlord to confirm that the rent supplement is being paid.

Habitual Residency Condition

The Habitual Residency Act applies to social welfare payments such as rent supplement. To qualify for a social assistance payment you must be habitually resident in Ireland. The determination of a person's habitual residence is made in accordance with five factors which are set out in legislation as follows:

- Length and continuity of residence in Ireland or other parts of the Common Travel Area (England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man).
- Length and purpose of any absence from Ireland or the Common Travel Area.
- Nature and pattern of employment.
- Your main centre of interest (what ties you to Ireland, for example: a home or a family).
- Your future intentions to live in Ireland.

Resuming previous residence

A person who has previously been habitually resident in Ireland or within the Common Travel Area and who moved to live and work in another country and then resumes his/her permanent residence in Ireland may be regarded as habitually resided immediately on his/her return to the State.

In determining habitual residence in such cases the deciding officer will take account of:

- why you want to return.
- what you want to do when you return.
- proof that you are returning to Ireland on a long-term basis (e.g. you have transferred bank accounts and terminated all entitlements in the country you were living in).
- how long you were previously living in Ireland.
- the record of employment or self employment in the country you were living in.
- Whether you have maintained links with the previous residence and can be regarded as resuming your residence rather than starting a new period of residence.

For further information on Habitual Residency, please **see: www.welfare.ie**

Rental Allowance Scheme (RAS)

If you are getting Rent Supplement for more than 18 months and you are in need long-term housing, you may be eligible for the Rental Accommodation Scheme (RAS).

Under the scheme, local housing authorities draw up contracts with landlords to provide housing for people with a long-term housing need for an agreed term (a minimum of 4 years). The local authority pays the rent directly to the landlord (you will continue to contribute to your rent but you pay this contribution to your local authority and not to your landlord). In order to apply a landlord must be tax compliant and his/her property must pass an inspection to ensure the quality of the accommodation.

The local authority will make the final decision regarding who is eligible under the scheme.

To apply for this scheme contact can be made with your local City or County Council Housing Authority.



MORTGAGES

Your overall health is not taken into consideration by mortgage providers when you begin the initial mortgage application process. It is your financial ability to service the requested loan that is the primary factor. This along with savings and previous credit history will determine if you qualify for a mortgage. Once you have been offered your loan facility, one of the conditions on the loan offer will be that you provide the lender with a life assurance policy (mortgage protection). Living with any illness can be a problem as you may not be given life assurance which in turn will mean that you cannot meet this requirement.

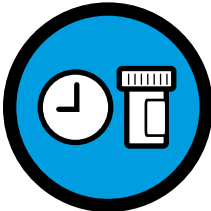
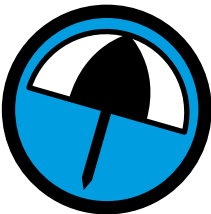
In Ireland it is possible to get a mortgage by availing of a “waiver.” This is at the discretion of each Bank and is viewed on a case by case basis. A waiver releases you from the obligation of having to get life assurance and allows the bank you have chosen to give you a mortgage without the bank and your partner/spouse/next of kin having the protection of this cover in the event of your premature death. However, people living with HIV have been successful in securing life assurance in Ireland, but this has been done on a case to case basis. The role of a person’s HIV consultant is vital to this process (he or she will

be written to) as a decision to grant life assurance is often determined by the person's current state of health and likelihood of further good health in the future.

PNI Mortgages Ltd has been successful in offering this service to people living with HIV for both Mortgage protection and Family protection life cover.
For further information contact:

Name	Details
Paul Neale PNI Mortgages Ltd	Tel: 353 (1) 2017545 353 (86) 2640686 Web: www.pni.ie

TRAVEL



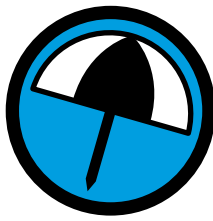
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- TRAVEL INSURANCE
 - EUROPEAN HEALTH INSURANCE CARD
 - VACCINATIONS
 - TRAVELLING WITH YOUR MEDICATION
 - TIME ZONES AND YOUR MEDICATION
 - FOREIGN HIV AGENCIES
 - FOREIGN COUNTRY ENTRY POLICIES
-

Travelling these days can be stressful, but as the growing numbers of people going through airports show, it's somehow worth it when we arrive at our destination. Travelling, however, poses additional issues for the person living with HIV. Planning for possible scenarios ahead of time will improve your chances of a safer and more enjoyable trip. If something does happen, you will know what to do and where to go.

Before you go on a trip – especially an extended one - it is advisable to tell your HIV doctor who can provide you with any recommendations about what you may need to know.

Questions an HIV positive person should ask when planning a trip include:

- Can I get travel insurance?*
- Are certain vaccinations (which are required by certain countries) safe to receive?*
- If I forget or lose my medications can I buy them in a foreign country?*
- Is it safe to stop taking my medications for a short period?*
- Are there hospitals near where I am visiting if I become unwell?*
- Are there any HIV agencies in the area that I could contact if required?*
- Will my HIV status prevent me from being able to visit a country?*
- Is my passport in date? (Some countries will not allow a person in if his or her passport is shortly due for renewal).*



TRAVEL INSURANCE

People living with HIV can obtain travel insurance. More travel insurance companies are considering providing this service so it is worth shopping around.

See: www.hivtravelinsurance.com
www.alctravel.eu



EUROPEAN HEALTH INSURANCE CARD

If you are planning to travel to another European country then it is advisable to get a European Health Insurance Card (EHIC). This can help reduce the cost of medical care whilst abroad. Ask your doctor or medical social worker about this or you can access the HSE website for more information.

See: www.hse.ie



VACCINATIONS

Vaccinations (for example, flu shots) are treatments that build up your body's defences against certain infections. Once you decide on your destination, find out as soon as possible whether you need any special vaccinations before you travel. You will need to determine whether it is safe for you to receive them so discuss the required vaccinations with your HIV doctor.

Generally, people with HIV should not be given 'live' vaccines such as those for Yellow Fever or Vaccinia. (A live virus vaccine is a vaccine that contains a living virus that is able to give and produce immunity, usually without causing illness. For most people with healthy immune systems, live virus vaccines are effective and safe. However, they may pose serious problems for people living with HIV). If Polio or Typhoid vaccinations are required, they should be in the 'inactivated' versions to make them suitable for you to receive.

Countries have different vaccination requirements for entry. If you cannot receive a vaccination because you are HIV positive, you should bring a letter from your doctor stating that you have a medical reason why you could not get the vaccination. Most countries accept these letters.



TRAVELLING WITH YOUR MEDICATION

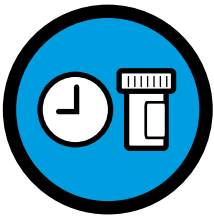
If you are taking anti-retroviral medication, it is recommended that you carry it in your hand luggage when you travel. It is advisable to pack medication for an additional few days in case of unforeseen circumstances that delay your return. It is also advisable to carry an official prescription/ list of your HIV and non-HIV medications with you in case you need to produce documentation at customs. This documentation may also help with refills in the event of you losing any medications.

Some people choose to post their medication before leaving the country. If you choose to do this, make sure that your medication has arrived before you travel. Posted medication can be screened and checked by customs which may delay or prevent them from being delivered. If you decide instead to purchase your medication in a foreign country make sure that it is possible to do so before you travel and confirm the cost involved (see 'Foreign Agencies' below).

When taking medication with you on your trip, it can be beneficial to have a letter from your doctor explaining that the medication is for a chronic medical

condition and for your own personal use. (Your doctor does not have to specifically mention your HIV status in the letter). This can help you when dealing with questions from custom officials.

If you are planning on taking a break from your medication while on holiday, it is advisable to discuss this with your HIV doctor first to determine the impact this may have on your health.



TIME ZONES AND YOUR MEDICATION

Apart from the prospect of jetlag on long trips, be aware of how possible time differences will affect your medication regime. Some people choose to remain at Irish time whilst others choose to gradually adapt to the new time zone. Whatever your choice, make sure that you discuss your plan with your HIV doctor who can advise you.



FOREIGN HIV AGENCIES

When you have decided upon a destination, take note of foreign HIV agencies near where you will be staying. These agencies can advise you on what to do if you lose your medications or where to go if you become ill when in the area. The National AIDS Manual (NAM) website has a worldwide list of these agencies.

See: www.aidsmap.com



FOREIGN COUNTRY ENTRY POLICIES

The following is a brief overview of current foreign entry policies on popular destinations. For more detailed information, **see:**

www.hivtravel.org and www.aidsmap.com

Country	Entry Regulations	Residence Regulations	Additional Information
Australia	No restrictions for tourists	HIV testing for permanent visa applicants over the age of 15 is required.	A residency permit will only be granted to HIV positive people meeting certain criteria. (See: www.hivtravel.org)
Austria	No specific entry restrictions for people living with HIV or AIDS.	No specific residency restrictions.	
Argentina	No specific entry restrictions for people living with HIV or AIDS.	Foreigners with a known HIV infection are not subject to specific residence regulations.	
Bahamas	No reliable information.	No reliable information.	
Barbados	No health checks on entry. No information on entry restrictions.	No information on residency restrictions.	Anti-retroviral medications can be imported for personal use. A doctor's prescription should be carried.
Brazil	No health checks on entry. No known legal restrictions.	No known legal restrictions.	
Cambodia	No specific restrictions for people living with HIV or AIDS.		
Canada	No entry restrictions for tourists or short stays.	All foreigners intending to stay in Canada for more than 6 months have to get tested for HIV.	A positive test result is grounds for refusal of permission to immigrate. HIV positive refugees, as well as HIV positive relatives of persons with a residence permit, are allowed to enter Canada.
Chile	No specific entry restrictions for people living with HIV or AIDS.	Foreigners with a known HIV infection are not subject to specific residence regulations.	
China	No restrictions for people living with HIV or AIDS who are staying up to six months.	An HIV test is required for work or study applications for a stay of over six months.	
Cuba	No restrictions for short-term tourist stays.	Students wishing to obtain a study grant for Cuba must undergo testing. An HIV test is required for foreign nationals wishing to stay in Cuba over three months.	

Cyprus	No restrictions for short-term tourist stays. No HIV testing on entry.	Foreign nationals applying for a residence permit in order to work or to study must undergo a medical examination by the Health Ministry to confirm that there is no infection with HIV, Hepatitis B/C, or syphilis.	If the result of the examination is positive, no residence permit is granted. EU citizens, diplomatic personnel and high-ranking company employees are exempt from these regulations.
Czech Republic	No specific entry restrictions for people living with HIV or AIDS.	No residency restrictions for people with HIV or AIDS.	
Denmark	No specific entry restrictions for people living with HIV or AIDS.	No residency restrictions for people living with HIV or AIDS.	
Egypt	No HIV testing for tourist stays.	HIV testing required for residence and work permit applicants.	No residence or work permit will be granted if test result is positive. Foreigners diagnosed with HIV while in the country are expelled.
Germany (Bavaria)	No specific entry restrictions for people living with HIV or AIDS.	Germany is a Federal State. HIV testing is required for applicants wishing to stay in Bavaria for more than 180 days. NB: Citizens from the EU and Switzerland are exempt from this regulation.	Tests lie within the remit of the responsible officer and are usually only undertaken when there is 'suspicion.' Measures to terminate a person's stay cannot be taken if adequate medical care is not available in the foreign national's country of origin.
Greece	No specific entry restrictions for people living with HIV or AIDS.		HIV/STI testing for sex workers. People with a positive test result are not allowed to work in this area of expertise. They are treated for free.
India	No specific entry restrictions for people living with HIV or AIDS.		All restrictions lifted in November 2010.
Ireland	No specific entry restrictions for people living with HIV or AIDS.		
Israel	No specific entry restrictions for people living with HIV or AIDS.	Working migrants have to undergo a health check including an HIV test.	Those concerned must purchase a health insurance policy.
Italy	No specific entry restrictions for people living with HIV or AIDS.		

Japan	No specific entry restrictions for people living with HIV or AIDS.		
Latvia	No specific entry restrictions for people living with HIV or AIDS.		
Mexico	No specific entry restrictions for people living with HIV or AIDS.		Mexico's government provides 100% free access to antiretroviral therapy.
New Zealand	No restrictions for stays of up to 1 year.	Residency and work permit applicants must undergo HIV testing. No tests are required from tourists staying less than 3 months.	20 HIV positive people per year accepted as quota refugees.
Poland	No specific entry restrictions for people living with HIV or AIDS.	Applications for long-term stays (3 months and beyond) require medical testing for HIV.	There are specific regulations concerning refugees. Health questions and information on chronic diseases are part of the application procedure. Tests can be enforced in specific situations. HIV infection is not a ground for refusing an application.
Romania	No specific entry restrictions for people living with HIV or AIDS. No HIV testing on entry.		Only patients entering Romania with substitution therapies (methadone etc.) must carry a prescription.
Russia	No HIV testing required for short-term tourist stays (up to 3 months). Multiple entry visa: HIV test required.	A negative HIV test result is required for long-term stays (more than 3 months), for students and for foreign employees.	Foreign nationals found to be HIV positive are expelled. It is possible to import antiretroviral medication for personal use. Medication should be declared at customs.
South Africa	No restrictions for tourists living with HIV or AIDS. No HIV testing on entry.		
South Korea	People with HIV are not permitted to enter the country. However, for a stay of up to 3 months, it is not mandatory to prove one's HIV status (for those visitors who do not require a visa). There are no controls at the border regarding the HIV status.	Special protective measures may apply, especially for public performers (dancers, singers, musicians, etc.).	If a person's HIV positive status becomes known, he/she is expelled.

Spain	No restrictions for people living with HIV or AIDS. No HIV testing on entry.		
Thailand	No specific entry restrictions for people living with HIV or AIDS.		
Tunisia	No restrictions for short-term tourist stays (30 days).	Foreigners and students who intend to stay in the country for longer than 30 days are required to get tested for HIV.	
Turkey	No restrictions for people living with HIV or AIDS. No HIV testing on entry.		
United States of America	No restrictions for people living with HIV or AIDS.		<p>Entry bar has been lifted as of January 4, 2010.</p> <p>Note: HIV is no longer considered a communicable disease for entry purposes. When submitting the online ESTA form to clear your entry to the U.S., it is important that you do check "no" for the question about communicable diseases. HIV is no longer considered as such by the U.S. authorities.</p> <p>NB: Emergency rooms cannot turn away any patient in need of care, so people living with HIV can go there. They will however be billed for the entire amount, which could be huge. Non-HIV care or treatment will also cost. Unless the patient's country of residence has a mechanism for paying for out of country care, or he or she has travel insurance, costs may be very high.</p>

United Kingdom and Gibraltar	No restrictions for people with HIV or AIDS.		In certain circumstances, TB-related health checks are performed at entry ports. People found ill are then directed to treatment.
Vietnam	No specific entry or residence restrictions for people with HIV or AIDS. No HIV testing on entry. However: The Vietnamese law requires HIV positive people to report to the health control authorities on entry.	No health certificate is required on entry. There are no specific immigration laws.	The Vietnamese law requires HIV positive people to report to the health control authorities on entry.

DEATH AND DYING CONSIDERATIONS



- PLANNING AHEAD
- MAKING A WILL
- DEATH CERTIFICATES
- DEATH CERTIFICATES AND HIV OR AIDS
- BEREAVEMENT GRANTS

Death, as someone once said, is the one appointment we all must keep; it is an inevitable part of life. But as with life, there are choices around death.



PLANNING AHEAD

People make plans everyday. Plans for life changes, for work, for education, for socialising, for travelling. Planning ahead for the future will always give a person a sense of control and planning ahead for death should be seen as no different. It gives individuals the ultimate say in determining what will happen when they die. Making these plans known to family and friends can greatly reduce the amount of stress they experience as they cope with their loss. They may want to be told:

- if the person wants a ‘viewing’ of his or her body.
- what kind of service the person wants (religious, non-religious, or no service at all).
- where he or she wants the service.
- what happens at the service (special readings, thoughts, or music).
- whether a person wants to be buried or cremated.
- where a person may want to be buried or have his or her ashes scattered.

Funerals can be quite expensive and there is an increasing trend in ‘pre-paid’ funerals. This is when a payment is made upfront or over a period of time to a funeral home so that there is no financial burden

for the deceased's family at the time of the death. Some funeral homes may keep the cost static (you agree a price regardless of possible inflation) but some may add the cost of inflation to the initial price.

Alternatively, people can open a Credit Union account specifically for this purpose. Families can also prepare by getting a regular, realistic estimate of the likely cost of the type of funeral an individual wants and then putting that money aside in a deposit account with a high rate of interest. This will ensure that, when the time comes, they do not have the added stress of worrying about the funeral cost. Many funeral homes support people in doing this by keeping individuals posted as to the current cost of the type of funeral they have chosen.

Costs of a funeral can be reduced by:

- in the case of a religious ceremony, forgoing the 'removal' (evening) service in favour of a single service. (The removal service dates back to the 19th century when employers refused to give staff leave to attend morning funerals; it is not a religious requirement). Most funeral directors will offer a much reduced rate if this is the case.
- opting for cremation. This is much cheaper than buying a plot and services can be religious or non-religious. Some people buy an urn for their ashes which is then buried. Others choose to have the ashes placed in a current grave plot, or scattered at a specific meaningful place.
- opting to 'rent-a-coffin.' Some people are opposed to burning precious hardwood and opt to 'rent a coffin' when having a cremation. This occurs when an inexpensive chipboard coffin is inserted in a hardwood

display coffin for the funeral or service. Afterwards, the body and the disposable coffin are cremated.

- opting for less costly, environmentally friendly coffins over traditional coffins. These 'Eco-Coffins' can be cardboard, bamboo, banana leaf, or water hyacinth and they are suitable for burial or cremation.

Remember, funeral homes are businesses; if you decide to plan ahead, shop around.

Useful sites:

www.deadireland.com

www.dublin.ie/burymegreen/

www.greencoffinsireland.com

www.rip.ie

www.scattering-ashes.co.uk



MAKING A WILL

In making a will, a person is making a choice about the future. A will can provide peace of mind, for you and for the people closest to you. When people do not make wills, their family and friends are often left quite stressful decisions to make. If there is no will, the law will decide what intervention is taken and who gets what. A will is the only way to ensure that whatever you leave is distributed with the minimum delay. If you are thinking of making a will, you should seek the advice of a solicitor. You must be 18 years old or over or have been married to make a will.

Reasons why you may want to make a will:

- You are married or in a civil partnership and have children.
- You live with your partner but you are not married or in a civil partnership.
- You are a homeowner.
- You have your own business or firm.
- You are (getting) divorced or separated.
- You wish to leave some money/assets to your relatives.
- You wish to leave some money/assets

to someone with disabilities.

- You want to give some money/assets to a charity or a special cause.
- You want to reduce tax liability on your estate allowing you to leave more to your loved ones and favourite causes.

A Living Will

A Living Will outlines the type of intervention you want in the event that you are unable to make a decision for yourself (for example if you are too ill or incapacitated to decide for yourself). In the event of you being unable to make a decision relating to your own health care, legal, or financial affairs, you can appoint a trusted person to make decisions on your behalf.

A Last Will and Testament

A Last Will and Testament is a vital document which is written either by you or by a solicitor on your behalf. It can contain your wishes about:

- how your possessions or monies should be divided.
- who you wish to act as guardian to your children.
- your funeral arrangements.

Once you have decided to make a Living Will and/or Last Will, a solicitor will legally document your wishes as you have written or described.

To change your will, you can also make a separate document, called a codicil, which is like an update added to the end of your will. This document, again signed by you and your witnesses, should set out clearly and accurately the changes you want to make to your will. These changes are then legally binding.

Not making a will

If you die without having made a will, you will be described as having died “intestate.” This means that everything you own will be distributed in accordance with the law. This is broken down as follows:

- If you are married/in a civil partnership with no children, then your spouse or civil partner gets the entire estate (your possessions).
- If you are married/in a civil partnership with children, it is divided with two thirds of your estate going to your spouse/civil partner and one third divided between your children. (Note: Stepchildren do not have succession rights to the estate of a deceased person. If for instance a man becomes remarried and his new wife has children from another marriage, this does not give the children of the previous marriage any right to the estate of the man married to their mother).
- If you have no spouse/civil partner but have children then your estate is broken up evenly between them.
- If you have no spouse/civil partner or children your estate goes to your parents to be divided equally. (Under the Status of Children Act and the Adoption Act 1952, parents who have legally adopted a child assume all the rights and obligations of the natural parents. Therefore, if an adopted child was to die without children, both adopting parents would inherit equally if a will was not made).
- If your parents are deceased and you have no spouse or children, then your brother(s) and/or sister(s) - or their children if your siblings are deceased- will share the estate equally. (If you are adopted, your adopted brother(s) and/or sister(s) will share the estate equally).

Natural brothers and sisters may also be entitled to a share of the estate as they did not forgo their rights as siblings. Contact a solicitor in this case).

- In matters where there are no direct relatives your estate will be divided between your nearest relatives of equal relationship (for example, distant cousins).
- If you have no existing relative at all, your estate will go to the government.

Note: A former will is automatically revoked when you register a civil partnership unless it was made in knowledge of that registration. For further information on civil partnership rights see www.citizensinformation.ie.

Capital Acquisition Tax

If a person receives a gift or an inheritance following a death, he/she may be liable to types of Capital Acquisitions Tax. The benefit (the gift or inheritance) is taxed if its value is over a certain limit or threshold. Different tax-free thresholds apply depending on the relationship between the person who has died and the person receiving the benefit. If a person receives a gift or inheritance from his/her spouse, he/ she is exempt from Capital Acquisitions Tax.

Power of Attorney

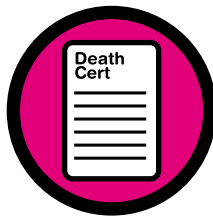
Power of Attorney is a legal device in Ireland that can be set up by a person during his/her life when he/she is in good mental or physical health. It allows another specially appointed person ("the Attorney") to take actions on the person's behalf if he/she is absent, abroad, or incapacitated through an accident or an illness.

If someone in Ireland is mentally incapacitated, all of his/her assets and property are normally frozen and cannot be used by anyone else unless they are jointly owned or if someone has Power of Attorney to deal with the person's property or money.

An Enduring Power of Attorney also allows the Attorney to make "personal care decisions" on your behalf once you are no longer fully mentally capable of making decisions yourself. Personal care decisions may include deciding where and with whom you will live, who you should see or not see, and what training or rehabilitation you should get. You can appoint anyone you wish to be your Attorney, including a spouse, family member, friend, or colleague.

You can appoint a Power of Attorney through a solicitor who must prepare and arrange completion of all necessary documents which include:

- The Enduring Power of Attorney document itself which gives a full explanation of what is involved.
- A Statement of Opinion signed by your Solicitor advising that you fully understand what you are doing.
- A Statement of Opinion signed by your doctor confirming you are in sound mental health.
- Notices to at least two people nominated by you, as persons to be notified when you have nominated a Power of Attorney. (One of the people who must be notified must be a spouse or civil partner. If you are unmarried, not in a civil partnership, widowed or separated, then the person nominated can be a son or daughter. If you have no spouse/civil partner or children, any relative can fill the this role).
- Written acceptance by your Attorney of your nomination.



DEATH CERTIFICATES

A death certificate is needed to proceed with a funeral and to sort out the deceased's financial affairs. A death is registered by the Registrar of Births and Deaths for the registration district in which the death occurs. A relative or other eligible person must obtain a Medical Certificate of the Cause of Death from the medical practitioner who attended the deceased during his or her last illness. A death is registered when a qualified informant (often a husband, wife, or nearest blood relative) attends at the office of the Registrar of Births and Deaths and provides the following information:

- Date and place of death
- Full name and surname of the deceased
- Marital status of the deceased (married, civil partnership, bachelor, spinster, widowed or divorced)
- Gender of the deceased
- Age and date of birth of the deceased
- Occupation of the deceased

A death is registered in the district in which the death occurred and not necessarily where the deceased was living.

Where there is a sudden, unexplained or unnatural death, a Coroner is charged with the legal responsibility for investigating the death. Where a death is reported to the coroner and is the subject of a post-mortem examination or inquest, registration of a death can only occur when there is a Coroner's Certificate issued after the post-mortem or inquest. The death certificate will then be available from the District Registrar's office.

Note: It may be several weeks before the post-mortem report is received from the pathologist. If a toxicology (drug) screen is required it may be several months before the post-mortem report is completed. A person does not necessarily have to wait for the Death Certificate before claiming social welfare benefits, as a copy of the Death Notice from the newspapers will be accepted if there is a delay in getting the certificate.



DEATH CERTIFICATES AND HIV OR AIDS

Some people may wonder if their death certificate will note their HIV or AIDS status. According to the Coroner's office, it can be up to the discretion of a doctor whether HIV or AIDS is mentioned on a death

certificate (see below). For example, if a person dies as a direct result of an HIV related illness (such as a specific cancer or pneumonia) then HIV may be put down as an antecedent cause of death. That is to say, HIV was present before the person got the illness. If there are two or more 'opportunistic' infections present at the time of death, the doctor may list the types of infections and/or put down AIDS as the cause of the death.

If an HIV positive person dies as a result of an accident or illness which is not related to HIV, then it is up to the doctor on site to decide whether HIV should be noted on the death certificate under 'other significant conditions.' It is also up to the doctor to decide whether HIV was a contributing cause of death. For example, if a person develops an infection after an accident and dies as a result of that infection because his or her immune system is weak, HIV may be put down on the death certificate as an 'antecedent' or pre-existing cause.

A Death Certificate (Cause of Death section):

CAUSE OF DEATH	
I Disease or condition directly leading to death	I (a)..... due to (or as a consequence of)
II. Antecedent causes Other significant conditions	II (b)..... due to (or as a consequence of) (c).....



BEREAVEMENT GRANTS

The Bereavement Grant is a once-off payment to help someone with funeral costs. Eligibility for this grant is not related to the person's ability to pay for the funeral, rather it is based on Pay Related Social Insurance (PRSI) contributions. The grant is usually paid to the person responsible for payment of the funeral bill.

The grant is also paid on the death of a person who has been getting a contributory pension or on the death of their spouse, partner, or someone for whom the contributory pensioner would have been getting a Qualified Adult Allowance or an Qualified Child Allowance.

An additional Widowed Persons Bereavement Grant is also available to widows or widowers with dependent children whose spouse has died.

If a person does not qualify for a Bereavement Grant, he or she may get assistance towards the funeral expenses under the Supplementary Welfare Allowance (SWA) scheme. Payment is based on a means test. Applications should be made to a person's local Community Welfare Officer at his

or her local Health Centre before the funeral bill is paid, as the cheque will be issued directly to the undertaker. The SWA scheme also provides for Exceptional Needs Payments in particular situations. This is a once off payment for a particular hardship.

If the deceased was getting a social welfare payment or someone is claiming for them as a dependant or getting a Carer's Allowance to look after them, it is important that the Department of Social and Family Affairs is notified within the first few days of the death. Notifying the Department does not mean the payment will be taken back immediately. In many cases, the spouse/partner/civil partner, parent, or carer may continue to receive a payment for six weeks following the death.

Information booklets and application forms can be obtained from local Social Welfare Offices.

LoCall 1890 202 325 (Leaflet request line) www.oasis.gov.ie

HIV SERVICES DIRECTORY

Agency	Description
<p>Dublin AIDS Alliance 53 Parnell Square West Dublin 1 Tel: 353 (1) 8733 799 www.dublinaid salliance.ie</p>	<p>Dublin AIDS Alliance works to improve conditions for people living with, or affected by, HIV and AIDS and Hepatitis. Services include support, counselling outreach, advocacy and mediation, as well as the provision of HIV, STI, and drug use information. All services are free of charge.</p>
<p>ACET 14-15 Lower O'Connell St. Dublin 1 Tel: 353 (1) 878 7700 / 878 8601 www.acet.ie</p>	<p>ACET is a voluntary organisation working as a Christian response to HIV and the related issues of sexual health and drug dependency. ACET provides Education, Training and Community Care services.</p>
<p>Open Heart House 2 St Mary's Place Dublin 7 Tel: 353 (1) 830 5000 www.openhearthouse.ie</p>	<p>Open Heart House provides peer support for people living with HIV and a range of services including holistic therapies and a meals programme.</p>
<p>AIDS WEST Ozanam House St. Augustine Street Galway Tel: 00353 (0) 91 566266 HelpLine 00353 (0) 91 562213 www.aidswest.ie</p>	<p>AIDS WEST offers care and support to those affected by HIV/AIDS and to those worried about their sexual health. It also offers information and education on all aspects of sexual health.</p>

Red Ribbon Project

Redwood House
9 Cecil Street
Limerick
Tel: 00353 (0) 61 314354
Helpline 00353 (0) 61 316661
www.redribbonproject.com

The Red Ribbon Project is an organisation working in the area of Sexual Health Promotion, HIV, and STI Prevention, and Support Services in counties Clare, Limerick, and Tipperary North.

Sexual Health Centre

16 Peter St.
Cork
Tel. 00353 (0) 21 4275837
www.sexualhealthcentre.com

The Sexual Health Centre Cork provides a wide range of sexual health promotion and HIV support services.

The National Drugs and HIV Helpline 1800 459 459

NOTES

CONTACT

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