Qingyan Ma¹ PhD, Zachary C. Rich¹, Feng Wu², Hongbo Sun², F. Words Matter: Discussing Research
1. University of North Carolina Project-China, Guangzhou, China
2. Center for Human Medical, Zhongshan School of Medicine and School of Sociology and Anthropology, S
3. Guangzhou Eight People's Hospital, Guangzhou, China
Contact: Qingyan ma@med.unc.edu

Abstract
This research aims to present a culturally and locally specific meaning of HIV cure as articulated by HIV-
infected individuals and medical professionals in China in order to increase the cultural sensitivity of
ongoing HIV cure research and optimize researcher-participant communication. Our results indicate there
is a dichotomy of the cure concept between medical professionals and HIV infected individuals, which we
named as the “hard” cure vs “soft” cure.

Background
• Currently, HIV cure trials are initiating in major cities, such as Beijing and Guangzhou.
• A localized and culturally specific way to talk about HIV cure has yet to be developed to inform HIV cure
research on a global scale.
• Better communication between medical researchers in different national settings can facilitate more
successful international collaboration on HIV cure research.
• Good physician and patient communication is critical for achieving higher patients’ satisfaction, building
trust, empowering patients and ultimately restoring health.

Methodology
Study Design: We conducted a qualitative study in an infectious diseases hospital in Guangzhou from
September 2014 to June 2015. The data was collected using in-depth interview and focus group discussion.
Research Setting:

Perception of HIV cure of infected individuals

"The Berlin Patient is a dead end for HIV research. The cost for transplant surgery is very expensive."

"I don't need to take medication anymore. zhiyu can prevent future changes. That's it."

Perceptions of HIV cure of medical professionals

"Among professionals we can communicate effectively regarding each other by 'cure'. By saying cure, we mean all
the viruses within a patient's body have been eradicated so the patient does not need ART anymore."

We are using 'zhiliao' to describe the situation of being cured, and there will be some additional descriptions such as your HIV condition is well under control and hardly cause harmful effect in your daily life."

Map of Guangzhou

Research Participants: HIV infected individuals were recruited through purposive sampling at the out-patient
HIV clinic and snowball sampling. Stakeholders, such as clinical-pharmacists, medical researchers and public
health administrators were recruited through snowball sampling.

In-depth Interview: Individual in-depth interviews involved HIV-infected individuals and stakeholders.
Each in-depth interview lasted 30 to 60 minutes.

Focus Group Discussion: one focus group discussion with MSM (n=12).

Data Analysis: All in-depth interviews and the focus group discussion were transcribed verbatim from audio
recording in Chinese. Data were analyzed using grounded theory. The coding of the transcription was
facilitated by using Atlas ti 7.0 software.

Results
The Demographic information of HIV infected individuals (n=27)
Among the 27 HIV infected individuals, there were 20 men and 7 women. Majority of the research participants aged
between 30 to 49. Over 50% of them were married and 48% of them have been on ART for more than one year. Nearly
50% of the research participants received undergraduate education or higher.

Stakeholders information (n=18)
Clinical physicians (n=4), Traditional Chinese medicine (TCM) physicians (n=3), medical researchers (n=2), public
health administrators (n=3), CBO members (n=6)

"If I can be cured, it will be fine to take medicine every day for certain time period. But taking the medicine everyday
doesn't make me think of HIV."

"We are using ‘zhiliao’ to describe the situation of being cured, and there will be some additional descriptions such as your HIV condition is well under control and hardly cause harmful effect in your daily life."

"Among professionals we can communicate effectively regarding each other by ‘cure’. By saying cure, we mean all
the viruses within a patient's body have been eradicated so the patient does not need ART anymore."

We are using 'zhiliao' to describe the situation of being cured, and there will be some additional descriptions such as your HIV condition is well under control and hardly cause harmful effect in your daily life."

"For cure (zhì yù), the virus should be totally cleaned up. For treated well, the symptoms are under control, there
is no negative impact on life. Cure is a myth, miracle."

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“Hard” cure (zhì yù): the biomedical definition of HIV cure

“Soft” cure (zhì hào): a cultural meaning of HIV cure

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<th>“Soft” cure</th>
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Interpretation
The “hard” versus “soft” cure dichotomy is analogous to the tension in describing ongoing research as “cure” versus
“remission.” Using a “soft” cure concept may provide a clearer and more culturally sensitive way of discussing HIV
cure research with potential research participants and other HIV-infected individuals. This may also help re-align
expectations with the early stage of cure research and increase community engagement in HIV cure research.

Previous studies have demonstrated the importance of an appropriate language used to describe HIV cure research
(Rennie et al, 2015, Tucker et al 2014). In addition, social relationships (Oiao et al, 2015) and the social meaning
(Chu et al, 2014) for HIV cure research are equally important for the ongoing HIV cure research worldwide. Our
research extends upon these previous literature by bringing the concept of culture into the understanding of HIV
cure.

“Soft” cure is the cultural meaning of HIV cure we proposed based on our empirical study. We suggest that “soft”
cure is a definition of HIV cure that takes into account of linguistic components, local traditional medical practice and
local social relationships.

Conclusions
The “soft” cure concept of HIV cure illustrates the possibility of a shared language between laypeople, such as HIV
infected individuals and medical professionals. It provides another angle to communicate medical concept, such as
remission, to HIV infected individuals.

This qualitative study can be a precursor for future quantitative study to test the concept before or after HIV clinical
trials.

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The map is attributed to http://humansandviruses.blogspot.com/2014/10/dang-that-dengue.html