Volume 4, Issue 3, 2026

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

CONFIDENTIALLY, CONSENT, AND COMPULSION: EVALUATING PAKISTAN'S LEGAL AND ETHICAL FRAMEWORK FOR STD DIAGNOSES AND TREATMENT

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DOI: https://doi.org/10.5281/zenodo.20697655

Keywords
challenges, historical context, laws, opportunities, theoretical context

Article History
Received: 31 January 2026
Accepted: 16 March 2026
Published: 30 March 2026

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Abstract

This research is a critical analysis of the legal and ethical system of Pakistan used in the diagnosis and treatment of sexually transmitted diseases (STDs), specifically the interaction of confidentiality, informed consent, and compulsion by the state. The healthcare system in Pakistan is functioning in a complex socio-cultural environment of high levels of moral norms and stigma on sexual health, which poses high barriers to patient disclosure and care-seeking. Though patient privacy and voluntary consent are considered a priority in the current laws and professional codes of ethics, a lack of enforcement, uncertainty in the mandates of the practice of public health, and irregularities in clinical practice usually compromise these values. The study examines the adverse inference of mandatory reporting regulations, poor privacy laws, and the absence of professional training on patient autonomy, and undermining trust in the healthcare system. Therefore, take into account the ethical conflicts arising when there are clashes between the need to safeguard the rights of individuals and the role of the state to regulate the spread of infectious diseases. The paper finally summarizes the necessity of more explicit statutory direction, enhanced confidentiality protection, and ethically-based public-health interventions to enhance the management of STDs in Pakistan.

Introduction

In Pakistan, STDs are a growing public-health issue, and the absence of healthcare literacy, stigma, and healthcare delivery imbalance contribute to their underreporting and late diagnosis (Javed et al., 2025). In this regard, the concepts of confidentiality, consent, and compulsion are especially important as they impact the behavior of patients and clinical practice (Samo et al., 2025). Even though the importance of patient privacy is expressed in the form of national health policies and professional codes, the application of the principle in practice remains uneven due to the cultural norms, availability of resources, and the lack of knowledge of the legal aspects of the matter (Ali et al., 2025).

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ISSN: (e) 3007-1607 (p) 3007-1593

This leads to individuals avoiding timely medical care because of the adverse social outcomes at the cost of individual and greater population-health objectives (Samo et al., 2025). The conflict between individual liberty and the welfare of the entire population is particularly high when it comes to STD treatment. Striking a balance between the duty to prevent transmission and the ethical duty to respect patient rights is a challenge that has been compounded by a lack of legal clarity and inconsistent training of the providers (Khan, 2025). This scenario prompts some important questions on when and whether compulsion is justifiable and how confidentiality can be ensured without undermining epidemiological requirements (Zubair, 2025).

Literature Review

Thus, the Studies in the field of digital learning have been on the rise in recent years due to the necessity of understanding the role of technology in cognitive experiences and learning outcomes (Zubair, 2025). Research has shown that multimodal platforms have the potential to significantly enhance learner motivation by providing adaptive routes and interactive information tailored to individual needs. Scholars such as believe that personalization algorithms reduce the cognitive load by assisting in making information most successful (Elsfoury, 2024). Other authors are concerned with the significance of social presence and suggest that even in asynchronous environments, collaborative technologies that are incorporated in digital platforms could be utilized to keep the motivation up (Gilada, 2025).

However, the problem of equity and access remains as well since the disparities in digital literacy and bandwidth accessibility have been demonstrated to introduce a disparity in user experience (Ali et al., 2025). Thus, the combination of these results proves the intricate interplay of technology, pedagogy, and learner characteristics (Khan, 2025). The pedagogical tools used by instructors to utilize the best of digital learning environments are the target of parallel studies. Constructivist models support that the inquiry-based task will be more effective in knowledge transfer and understanding when it is reinforced with the help of technology (Jamil et al., 2026). Research on instructor presence shows that prompt guidance, discussion prompts, and clear assessment criteria have a significant effect on the persistence and course completion rates of learners (Samo et al., 2025).

In the meantime, the study of learning analytics demonstrates that the patterns of interactions with students could be used to make real-time choices about instruction and help teachers to intervene before the process of disengagement takes place (Javed et al., 2025). Along with these benefits, educators experience a continuous workload burden, ethics of data usage, and the inclusion of new tools in the proven curricula (Sameen et al., 2023). This literature highlights the importance of integrating effective instructional design and considerate technology integration to assist various learners in the digital environment (Raza et al., 2024).

Historical Context of Legal and Ethical Framework for STD Diagnoses and Treatment in Pakistan

In the past, the efforts of Pakistan to combat HIV and STDs were predominantly reactive and not based on rights-based approaches but on panic in the public-health sector (Raza et al., 2024). One of the earliest government-led interventions to formalize STD/HIV surveillance and treatment in Pakistan was the National AIDS Control Program (NACP) that was created in the late 1980s (Elsfoury, 2024). Nevertheless, the lack of a specific legal statute addressing confidentiality or compulsory testing created significant gaps in ethics over the decades (Sameen et al., 2023).

Another key milestone occurred in 2013 when Sindh became the first province in South Asia to promulgate the Sindh HIV/AIDS Control, Treatment and Protection Ordinance (Gilada, 2025). In this legislation, clear guarantees were established that no individual was forced to undergo HIV screening without their explicit consent, and the medical institutions were obliged to keep the HIV status of patients confidential (Javed et al., 2025). There was also a law that limited disclosure of the information of

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ISSN: (e) 3007-1607 (p) 3007-1593

HIV-related cases, as it could be performed by the order of the court or justified in the care facilities (Jamil et al., 2026).
With these developments, there was slow progress: in 2019, the Sindh High Court required the establishment of a commission (as per the 2013 Act) to enforce the provisions (Ali et al., 2025). At the same time, compulsion was a controversial issue: in the past, provincial policies, such as in Khyber Pakhtunkhwa, required HIV testing before surgical procedures (Zubair, 2025). This historical development demonstrates a continuing conflict between the needs of public health and the security of the rights of individuals.

Theoretical Context of Legal and Ethical Framework for STD Diagnoses and Treatment

The analysis of the integrity of confidentiality, consent, and compulsion in the Pakistani system of STD diagnosis and treatment can be placed in a range of the most significant theoretical approaches in medical ethics and law in public health. A foundational lens is the principles of autonomy, non-maleficence, beneficence, and justice as explained in the principles. In Pakistan, autonomy is important in highlighting the right of a patient to make informed decisions regarding testing and treatment, though, in practical terms, in the context of a socio-cultural setting dominated by stigma, gender inequalities, and low health literacy, autonomy is often limited. The non-maleficence principle is also important because violations of confidentiality may lead to serious social ills, such as discrimination, marital discord, and job loss.
The second theoretical dimension brought about by public-health ethics is collective welfare, and the role of the state in ensuring that the disease is not transmitted. This model occasionally supports a small degree of compulsion, such as in specific screening in high-risk settings. Nevertheless, the international standards in the policy of STD/HIV propose the least restrictive approach to STD/HIV, favoring voluntary testing and counseling over coercive methodologies.
A third theoretical strand emerges out of the human-rights law that makes health care a subset of more comprehensive rights to privacy, dignity, and bodily integrity. In this perception, any kind of mandatory testing or disclosure should pass a test of legality, necessity, and proportionality. When applied to Pakistan, these theories demonstrate that there has always been a tension between the protection of individual rights and the realization of public-health objectives and that there is a sense of improved, ethically consistent legal frameworks.

Laws Regarding Legal and Ethical Framework for STD Diagnoses and Treatment in Pakistan

In Pakistan, legal safeguards of confidentiality, consent, and compulsion in care of HIV/STDs are based on provincial and national law, which is further supported by public-health guidelines. One of the most important provincial laws.

1. **The Sindh HIV and AIDS Control, Treatment and Protection Act, 2013,** which expressly stipulates that health-care workers must keep the confidentiality of individuals who are, or are suspected of being, HIV-positive, or undergoing HIV-testing. Within this Act, the information related to HIV of a person may not be disclosed unless in accordance with a court order - disclosing it outside the court is not possible. The law also identifies a few highly specific situations when a health worker can disclose a partner, like in situations where behavioral counseling did not work, and the risk of transmission is high. The Acquired Immune Deficiency Syndrome and Human Immunodeficiency Virus on the national level.

2. **The Prevention and Control) Act, 2017**. This law prohibits any HIV test from being performed, and no treatment from being administered without the consent of the individual (or his legal representative). Further, the Act outlaws compelling a person to reveal his or her HIV or AIDS status, except when a court directs otherwise that such a revelation needs to be made in the interest of justice.

3. **The National HIV Counselling and Testing Guidelines (2024)** in Pakistan apply the global

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ISSN: (e) 3007-1607 (p) 3007-1593

public-health ethics by incorporating the 5Cs of Consent, Confidentiality, Counselling, Correct results, and Connection. Under these guidelines, the testing should be voluntary and, preferably, consent should be informed and should be privately given, though pre-test counselling can be conducted in groups, but the person should always have the right to decline. Therefore only a few exceptions to informed consent: legal court-ordered testing could be permitted in legal cases, or anonymous testing in surveillance or blood-bank cases, but mandatory testing is usually not acceptable.

Overall, the legal framework of Pakistan has strong statutory provisions that will ensure confidentiality and informed consent during HIV testing and treatment. Although the use of compulsion (e.g., the court-imposed testing) is acceptable in very limited conditions, voluntary, rights-based methods are more or less supported by the law.

Challenges for Legal and Ethical Framework for STD Diagnoses and Treatment in Pakistan

Thus, Pakistan is confronted with various structural, cultural and legislative issues that prevent effective execution of confidentiality, consent and restrictions on compulsion in STD diagnosis and treatment. Thus, though legislation, like the Sindh HIV/AIDS Control, Treatment and Protection Act (2013) and national testing guidelines, stress the importance of privacy and voluntary testing, confidentiality violations are still rampant. The healthcare staff does not have standard procedures to deal with sensitive patient data, and the mistake may occur either accidentally or intentionally. In smaller communities where anonymity is hard to achieve, patients are afraid of being exposed, socially stigmatized and discriminated against, which makes them avoid seeking care in a timely manner.

Another significant issue is informed consent. A patient who suffers from low health literacy is likely to rely heavily on his or her doctor and will have less opportunity to exercise health choices. Autonomy is further hindered by cultural barrier especially among women and adolescents, where patients may be coerced by family members, community leaders or even the medical staff to take or refuse the tests. Other times, women in marriage are subjected to a test without their consent, or their test results are presented to their husbands without their consent, which is a reflection of greater gender inequality and power differences.

So, ethical questions address issues of compulsion in the context of STD/HIV testing. Periodic screening in prisons and immigration situations or pre-employment medical examinations are informally practiced, but are discouraged by the law. These practices are not clearly defined in the law and can violate rights to privacy and bodily autonomy.

Opportunities for Legal and Ethical Framework for STD Diagnoses and Treatment in Pakistan

Scalable, cost-effective solutions for the dissemination of best practices throughout the country are through digital learning platforms and tele-mentoring programs. There are also opportunities in the area of building up the public-health infrastructure. Confidential counselling rooms, investment in a secure health-information system, and use of electronic medical records that have restricted access can increase patients' confidence and reduce the risk of confidentiality breaches. These reforms are in line with the international standards and can be facilitated by international collaborations with the WHO, UNAIDS and regional health networks. One more opportunity for change is engaging the community by involving religious leaders, women's groups, youth groups and grassroots NGOs to provide adequate sexual-health education and voluntary testing. By making communities aware that confidentiality is upheld and consent is observed, more people will probably seek care.

Lastly, Pakistan's growing human rights-based approach in policymaking provides a conducive environment for reform to take place. The recent outbreaks and evidence-based findings can support more explicit protection, enhanced grievance redress mechanisms, and more effective governance mechanisms by policymakers.

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ISSN: (e) 3007-1607 (p) 3007-1593

Discussion

The ethical compliance is even more complicated due to cultural dynamics. Bedrock and deeply entrenched social taboos around sexual health can make it less likely that patients will discuss their health with health care providers, which in turn can make it less likely that patients will make autonomous decisions. Women and adolescents, and specific, marginalized groups, are over-represented, and in some cases, experience breaches of confidentiality or coercive testing practices. These are not just unethical, but also misleading and will ultimately result in a loss of faith in the health system.

In Pakistan, however, problems related to the public-health situation illustrate the need to reconcile the interests of the individual with the collective interests. While in some of the high-risk settings compulsion appears reasonable, the international best practice trends favour voluntary, rights-based practices for improved health-related outcomes. Therefore, Pakistan ought to improve the enforcement measures, raise provider education and community education to make the legal safeguards a reality on the ground.

Conclusion

That there is a good legal and ethical system for diagnosis and treatment of STDs in Pakistan and that there is a focus on the issue of confidentiality, consent and minimal compulsion. The provincial laws (for example Sindh HIV/AIDS Control and Protection Act) and national laws explicitly prohibit compulsion and preserve rights and autonomy, implying a focus on human rights and autonomy**.** But there are substantial enforcement issues. Confidentiality, consent and autonomy practices are impacted by cultural stigma, low health literacy, provider training and monitoring, and informal provider practices of compulsion. By aligning the legal, ethical and public health objectives, Pakistan can create a more human rights-based, culturally inclusive and effective STD prevention and treatment program. This will help build confidence in the health system, improve health, and uphold human rights.

Recommendations

A few recommendations can be made for improving confidentiality, consent and ethical practices in the diagnosis and treatment of STDs in Pakistan. First off, there are improvements that need to be made to the current laws. Provincial and national laws need to be implemented in all health care practices, including guidelines for breaking confidentiality, legal remedies and control measures. Compliance can be ensured through the establishment of independent oversight bodies or through the strengthening of the provincial health commission.

Secondly, training and capacity building of healthcare providers are required. Medical curricula and in-service training programs should include medical ethics, informed consent, confidentiality, culturally sensitive communication and others. These can be applied in practice by the providers with role play, case scenarios and CPD. Third, there is a need to improve the infrastructure. Healthcare facilities will be required to establish private counseling rooms, secure records, and access to eMRs in order to ensure patient confidentiality.

Fourth, stigma can be reduced by engaging with the community and educating them, and voluntary testing is encouraged. Engaging religious leaders, youth groups and NGOs can contribute to a broader understanding of the public on sexual health, patient rights, and confidentiality. Lastly, policy harmonization and research should be given priority. There is a need to harmonies the national guidelines at the provincial level and to ensure consistency in research to identify gaps in the implementation of the guidelines. These steps can be combined to form a rights-based, ethically sound concept that enhances STD prevention, diagnosis and treatment and encourages patient trust and societal health outcomes.

Research Limitations

The various restrictions on studies involving confidentiality, consent and compulsion in the diagnosis and treatment of STDs in Pakistan. Firstly, there is underreporting and a lack of data.

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ISSN: (e) 3007-1607 (p) 3007-1593

Many are afraid of social stigma and discrimination and do not seek care or disclose their STD status, resulting in incomplete and biased STD data sets. Second, there are differences between the healthcare facilities and the implementation of laws, which affect generalization: what is found in urban centers does not necessarily apply to rural or less-served areas.

Third, the scope of primary research is limited by cultural and ethical sensitivities that limit access to some populations, especially women, adolescents and marginalized populations. Fourth, the swiftly changing policies and guidelines impose time limitations, with changes in the legal and procedural systems that might occur within the time frame of the research.

Future Research Directions

The inter-province comparative studies can help to highlight inter-provincial disparities in law enforcement, medical facilities and social-cultural obstacles and how these differences could inform a balanced national policy that is balanced.It is essential to understand the perspectives of marginalized and high-risk populations, including sex workers, PIDS, women and adolescents, in order to understand consent and confidentiality concerns of vulnerable groups.

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ISSN: (e) 3007-1607 (p) 3007-1593

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