The Ethicist

I'm H.I.V.-Positive but Undetectable. Do Casual Sex Partners Need to Know?

The magazine's Ethicist columnist on medical disclosure and marital malaise.



By Kwame Anthony Appiah

Published Feb. 6, 2025 Updated Feb. 20, 2025

You're reading The Ethicist newsletter, for Times subscribers only. Advice on life's trickiest situations and moral dilemmas from the philosopher Kwame Anthony Appiah. Get it in your inbox.

This is the fourth installment in a series for this column, answering readers' thorniest questions about sex and love as part of a special magazine issue on relationships.

I'm a young gay man who is H.I.V.-positive. I learned of my status more than a year ago and started taking medicine the day I was diagnosed. Since then, I have been continuously undetectable, meaning I cannot transmit the virus to others through sexual activity. But even though I pose no risk to my partners, my status still weighs heavily on my mind.

I'm certain that if I were to start dating someone seriously, I would disclose it before getting down to business. With random casual hookups, it has been my practice to tell people — though I would rather not. It feels private, it often kills the mood and, most of all, since I'm undetectable, it feels unnecessary. After all, if I can't transmit the virus, it feels about as relevant to casual sex as my cholesterol levels.

To be sure, H.I.V. is a scary virus, so it makes perfect sense that people would want to know if their partner is positive — and a right to know clearly arises in some cases. I don't think it's controversial to say that a person with untreated H.I.V. is ethically obligated to disclose their status to their prospective sexual partners. But if I'm incapable of infecting others (since I take my medicine every day) does the obligation remain? — Name Withheld

From the Ethicist:

When it comes to the H.I.V. status of people who have multiple sex partners, some know that they're positive, some believe that they're negative based on past tests and some don't know one way

or another. As a person who is undetectable and regularly monitored, you present a lower transmission risk than people in the second two categories — who won't feel that they have anything to disclose.

In the slogan of the global health campaign, "U = U" — that is, "Undetectable = Untransmittable." (Obviously, there are other S.T.I.s to be concerned about, and to take precautions against.) And so there isn't the assumption that you must be negative unless you say otherwise. For that matter, many sexually active people realize that any partner's claimed negative status comes with some uncertainty.

If you're asked, you should tell the truth. But given the expectations people have in these casual encounters, you don't need to volunteer your status. With a serious relationship, as you recognize, the expectations are different — you'll properly share the ongoing medical realities that shape your life. (You wouldn't keep a diabetes diagnosis to yourself, either.) The aim is to be truthful while recognizing the different expectations of casual hookups and committed relationships. Commendably, you're doing everything right to protect both your health and that of your partners. Behaving morally here requires not that you reveal everything but that you share what matters, when it matters.

Note that in some states, there can be criminal penalties for people living with H.I.V. if they do not disclose their H.I.V.-positive status before a sexual encounter. These circumstances may be important considerations for some people living with H.I.V.

My Husband Can't Have Sex. What Are My Options?



Illustration by Tomi Um

My husband and I have been together for six years and married for five. In that time, he has never been sexually functional, an issue that we believe to be a result of both medical and medication-related issues. We married with the understanding that we wanted

to have children and (obviously) have a normal sex life. To that end, we have been to see multiple doctors about his sexual dysfunction. The usual medications have proven ineffective for him. One doctor prescribed him an injectable medication, which he claims to have tried on his own and found too uncomfortable to use.

The end result has been a sexless and childless marriage. Years on, my husband refuses to seek out new treatments. He also refuses to look into alternative ways to have children, and he's even expressed an unwillingness to engage in other forms of sexual play with me. As a woman in my 40s, I still have strong sexual urges, and I'm not content to live out a life sentenced to self-gratification. I also love my husband, however, and I know that an open marriage is not tolerable to him. I'm curious what advice you have on the ethics of navigating a situation like ours. What obligations do two spouses have toward each other in a loving but sexually mismatched marriage? — Name Withheld

From the Ethicist:

Your husband's problems mean that your marriage lacks two big things that you expected and planned for: a sex life and children. I do have questions about those expectations. Do you think that he misled you — that he concealed the nature of his condition — or that he simply hadn't anticipated that it would persist? You might

have decided to refrain from premarital sex, but if you hadn't, and he was sexually dysfunctional before you married, why did you assume that you would have a normal sex life?

It's possible that he was honestly mistaken about his future sexual functioning but had been less than candid about his interest in having children. What's disheartening is that he seems to have ruled out parenthood without discussion. Even if he were opposed to adoption and would consider only children who were biologically his, urologists have techniques for extracting sperm from sexually impaired men. So he doesn't seem to be taking your wishes here seriously. His refusal of any kind of sexual play, even if he himself can't experience arousal, similarly sets his concerns above yours.

At this point, you're basically friends without benefits. Although you describe your marriage as "loving," he hasn't behaved the way a loving husband ought to. Someone else in his condition might be able to learn to take pleasure in giving sexual pleasure. Someone else in his condition could talk with you earnestly and openly about the prospects of parenthood. What ails your marriage, then, goes way beyond physiology. I hope he'll agree to join you in some form of counseling, and come to take your desires seriously. What he finds "tolerable" has to be responsive to your legitimate expectations and needs. That means exploring a range of possibilities, maybe even your finding sexual satisfaction with another partner while maintaining what you value in your

marriage with him. You won't know what can work if you don't seek to find out together. What threatens your marriage, in the end, isn't so much his incapacity as his unwillingness to address it.

Editors' Note: Feb. 20, 2025

After this column was published, thoughtful readers alerted us to the complex legal ramifications of nondisclosure of H.I.V. status. In some states, people who are living with H.I.V. can be criminalized if they don't disclose their positive status before a sexual encounter. These circumstances may well be important considerations for people living with H.I.V., and should have been included in the original column. The column has been updated to note the existence of these laws.

Kwame Anthony Appiah is The New York Times Magazine's Ethicist columnist and teaches philosophy at N.Y.U. To submit a query, send an email to ethicist@nytimes.com. More about Kwame Anthony Appiah