

Breaking Dogmas in Midwifery and Physiotherapy in Central Europe in Maternal and Neonatal HIV Medicine (Letter to editor)

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Abstract:

Textbooks and book chapters used for education in OBG in CEE in Czech Republic and Slovakia are full of unacceptable false dogmas on HIV positive women and neonates. An urgent educational campaign should be introduced, so that medical students and doctors in specialization training get state of the actual updated information on HIV and pregnancy, including ARV and other treatment possibilities.

To the Editor

Since 1990, when HAART was introduced in therapy of HIV infection, mortality decreased from 4.5 million (1997) to 1.7 million (2017). Textbooks and book chapters used for education in OBG and physiotherapy in CEE in Czech Republic and Slovakia are full of false dogmas on HIV positive women and neonates. (1.3) An urgent rapid educational campaign should be introduced for medical students and doctors in specialization training, which will include state of the actual updated information on HIV and pregnancy. The aim of this letter is to inform the healthcare staff about the dearth of knowledge on mortality and treatment options of AIDS, especially when deadly disease has changed for “chronic” disease.

Table 1 informs about unacceptably bad knowledge of doctors trained for specialization by opinion leaders in V4 in comparison

to Kenya. In CEE (Slovakia, Czech Republic, Hungary, Poland) the doctors often get wrong information about AIDS as “untreatable” and ultimately “fatal” disease with “100% mortality” within 10 years, and other basic misleading information. Therefore, educational campaign in medical students and students of midwifery and nursing has to be initiated in V4 (2) to change this unacceptable and shameful state.

References

1. VOTAVA M (2003) *Medical microbiology special* Brno:Neptun ISBN 80-902896-6-5.
2. MARTIUS G et al. (1996) *Gynecology and Obstetrics*. Martin : Osveta, 658 s. ISBN 80-88824-55-9.
3. HALUSKOVA E, BOZIK J (2015) *Poverty, Social Context and Social Policies to Eliminate It*. Bratislava: IRIS, 244 pp. 978-80-8153-040-1.

Table 1: Correct answers of physicians – MD in CEE/V4 (SK, CZ, HU, PL) versus Kenya on HIV/AIDS in pregnancy. Correct answer (16, 20).

	SK	CZ	HU	PL	KENYA
1. What is MTCTP in pregnant with HIV?	25%	12.5%	25%	12.5%	90%
2. Is HIV treatable disease?	75%	100%	75%	50%	100%
3. What is HAART?	6.25%	0%	6.25%	0%	100%
4. What is the transmission rate for MTC in 2010-2015? (1-3%)	0%	6.25%	6.25%	6.25%	80%
5. What is the mortality for AIDS after ART?	12.5%	25%	25%	25%	100%

4. HARDY M, VANSAC P, BENCA J, PALUN M, GALLOVA A, SUSTA M et al. (2018) *Demand on Non-Medical Health Professions Training: Adaptation to New Challenges of the Aging Populations (letter)*. *Clinical Social Work and Health Intervention*, 9(3), 74-75. doi:10.22359/cswhi_9_3_11.