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### AIDS - TODAY AND TOMORROW

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**World AIDS Day**, as notified by UN is observed on 1<sup>st</sup> December, every year for the last 28 years by all UN Member States. Persons from every walk of life especially health officials, private and public organizations observe the day, to spread awareness about this severely inflicting condition and how to overcome where it hurts. It is not only the individual who is affected but HIV affects the family, relatives, neighbours, society and the country as a whole.

In 2015, an estimated 36.7 million people were living with HIV – a global HIV prevalence of 0.8% with 1.1 million deaths due to AIDS or AIDS related illnesses. There were 5.1million HIV positive people in Asia Pacific region with 180 000 [150 000 – 220 000] deaths due to AIDS or related causes in 2015. <sup>1</sup> In India around 2.1 million people are infected with HIV with 130,000 deaths from AIDS/AIDS related illnesses every year. <sup>2</sup>

AIDS has proven itself as a global epidemic with wide scale implications afflicting everyone in its domain. Antiretroviral therapy with ever emerging potent drugs stops the virus from multiplying, keeping a check on the virus load, thereby prevents the development of full blown AIDS. However the only way to counter this menace is to find out the ways and means for its prevention. Therefore the theme for year 2016 **World AIDS Day** was “Hands up for HIV prevention”.

Wide strides have been made, all possible ways and means of its transmission have been thoroughly studied and uncovered and we only need people to be educated and how to live with the virus. In India, and other third world countries where literacy rate is very low it is proving to be a difficult proposition to educate people. Once HIV status is known the person is under a constant threat of discrimination. One who has committed a cardinal sin and is looked upon as a second class citizen. He or she is not allowed to move in the society and is outclassed from a social gathering; even his near and dear ones are not spared, being referred to as relative of HIV person. The children too are often subjected to social boycott in the school.

Even the individuals regarded as saviors from this dreadful condition the doctors and healthcare personnel are not averse to this, hence likely deny the patient a proper medical care and treatment. Worst affected are pregnant females who are sometimes refused hospital admission even in labor and are forced to deliver on their own or in crude inexperienced hands of midwives. Terminally ill Patients in dire need of surgery are denied proper medical care once their HIV status is revealed. Hence many people are forced to hide their HIV status, knowingly subjecting others at risk of infection or to forgo medical attention altogether.

Although standard methodology and guidelines have been promulgated regarding performing HIV test and disclosure of the same to the patient, it becomes very difficult for the treating consultant to break the news either to the patient himself or to the family members. The situation is further complicated, whom to reveal it first the patient or family members or not to reveal it at all to the family. In the present scenario where a mere thought of HIV infection lives an individual mentally traumatized and socially unacceptable, it is better to sensitize the patient first. The patient should be made to believe that there is life beyond HIV.

With advancement in the field of HIV treatment a person can lead an absolutely normal life. Once the patient is sensitized it is better to take a middle path regarding revealing the status to the patients family. Let the patient himself sensitize his family since he is the one who understands his family and is in a better position than any other person to judge how and when to reveal and its possible fallout.

### **References**

1. UNAIDS (2016) Fact sheet November 2016. [cited 21 Decmber 2016]. Available from: <http://www.unaids.org/en/resources/fact-sheet>
2. UNAIDS (2014) The Gap Report. [cited 21 December 2016]. Available from: <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>

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