

## TOSHKENT TIBBIYOT AKADEMIYASI AXBOROTNOMASI

# ВЕСТНИК ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ







## "BO'LAJAK SHIFOKORNING MULOQOT KOMPETENSIYASI"

I - xalqaro o'quv-uslubiy konferensiyaga bagʻishlangan

**MAXSUS SON** 

2024

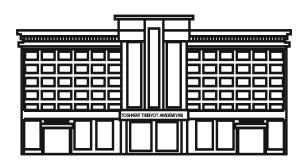
TOSHKENT



2024

2011 йилдан чиқа бошлаган

# TOSHKENT TIBBIYOT AKADEMIYASI AXBOROTNOMASI



## ВЕСТНИК

ТАШКЕНТСКОЙ МЕДИЦИНСКОЙ АКАДЕМИИ

#### СПЕЦВЫПУСК

Материалы I международной учебно-методической конференции «КОММУНИКАТИВНАЯ КОМПЕТЕНТНОСТЬ БУДУЩЕГО ВРАЧА»

Тошкент

ПОМОЩЬ ПРАКТИЧЕСКОМУ ВРАЧУ	
Abdurakhimova Z. K., Zubaydullaeva M.T., Karimova M.T. PRE- AND POST-TEST COUNSELING FOR HIV: MEDICAL AND ETHICAL CONSIDERATIONS	96
Махмудова У.Р., Нуриллаева Н.М., Кенжаев С.Р. СВЯЗЬ КОММУНИКАТИВНОГО ФОРМАТА С ЭФФЕКТИВНОСТЬЮ ИНФОРМИРОВАНИЯ О РИСКАХ СЕРДЕЧНО-СОСУДИСТЫХ ЗАБОЛЕВАНИЙ	98
Нуритдинова Н.Б., Ярмухамедова Д.З., Шоалимова З.М. ПРОБЛЕМЫ КОММУНИКАЦИИ ВРАЧА И ПАЦИЕНТА	103
Рахматуллаева Ш.Б., Муминова М.Т., Эргашев Б.М., Садиков Х-М.А., Фахриддинова Д.М. РОЛЬ КОММУНИКАТИВНОЙ КОМПЕТЕНТНОСТИ В ПРОФЕССИОНАЛЬНОЙ ДЕЯТЕЛЬНОСТИ ВРАЧА-ИНФЕКЦИОНИСТА: ЭФФЕКТИВНОЕ ВЗАИМОДЕЙСТВИЕ С ПАЦИЕНТАМИ И КОЛЛЕГАМИ	108
ТРИБУНА МОЛОДЫХ	
Abdurashitova Sh.A. $^1$ , Abduraimova L.L. $^2$ , Latipova S.A. $^3$ THE IMPORTANCE OF ETHICS IN THE FORMATION OF A HEALTHY LIFESTYLE AMONG STUDENTS	112
Абзалова Н.А. (руководитель), Гамлетова М.И. ПЕРСПЕКТИВЫ ЦИФРОВИЗАЦИИ В МЕДИЦИНСКОЙ КОММУНИКАЦИИ	114
Aymuratova G.R., Pardayeva S.Sh. ALOHIDA IJTIMOIY AHAMIYATGA EGA KASALLIKLARDA MULOQOT QOBILIYATINI OSHIRISH	117
Asomova N.M. TA'LIM JARAYONIDA MULOQOT KOʻNIKMALARINING TA'LIM SIFATIGA TA'SIRI	119
Ilyasova M.M., Gullola A.A. TA'LIM JARAYONIDA MULOQOT KOʻNIKMALARINING TA'LIM SIFATIGA TA'SIRI	124
Maxkamov S.I. THE ROLE OF TELEMEDICINE FOR THE DEVELOPMENT OF PUBLIC HEALTH (REVIEW)	124
Saloni S.M., Tulyaganova D.S. (supervisor)PECULIARITIES OF COMMUNICATION BETWEEN MEDICAL STAFF AND PARENTS OF CHILDREN WITH HEART FAILURE.	127
ТЕЗИСЫ	
Abdurashitova Sh.A.¹, Abduraimova L.L.², Latipova S.A.³ THE IMPORTANCE OF ETHICS IN THE FORMATION OF A HEALTHY LIFESTYLE AMONG STUDENTS	133
Асадов А.М., Гарин Д.К., Асадов М.М. УЛУЧШЕНИЕ КОММУНИКАТИВНЫХ НАВЫКОВ ПРИ ОТДЕЛЬНЫХ СОЦИАЛЬНО-ЗНАЧИМЫХ ЗАБОЛЕВАНИЯХ	134
Асадов А.М., Гарин Д.К., Асадов М.М. УЛУЧШЕНИЕ КОММУНИКАТИВНЫХ НАВЫКОВ ПРИ ОТДЕЛЬНЫХ СОЦИАЛЬНО-ЗНАЧИМЫХ ЗАБОЛЕВАНИЯХ	135
Асадова Г.А. КОММУНИКАТИВНЫЕ НАВЫКИ КАК НЕОТЪЕМЛЕМАЯ ЧАСТЬ ПРОФЕССИОНАЛИЗМА СОВРЕМЕННОГО ВРАЧА	135
Akhmadjonov U.A., Qosimova Z.M. THE IMPACT OF INTERPERSONAL RELATIONS ON THE TEACHING OF OTORINOLARINGOLOGY	136
Akhmatov B.Kh., Palvanova M.S. PRINCIPLES OF COMMUNICATION WITH PATIENTS WITH PSYCHOSIS AFTER AN EMERGENCY CAESAREAN SECTION	136
Ashiraliev I.I., Umarova M.P. PRINCIPLES OF SPEECH EXAMINATION AND CEREBELLAR COGNITIVE AFFECTIVE SYNDROME IN CEREBELLAR ATAXIC PATIENTS	137
Ашуров С.Р. ВЛИЯНИЕ КОММУНИКАЦИИ НА ОБУЧЕНИЕ: СТРАТЕГИИ ПОВЫШЕНИЯ ЭФФЕКТИВНОСТИ В МЕДИЦИНСКОМ ОБРАЗОВАНИИ	137
Wahi N Student (4 course) THE ROLE OF PATIENT-CENTERED CARE IN IMPROVING TREATMENT PLAN ADHERENCE AND HEALTH OUTCOMES	138
Джалилова Г.А., Расулова Н.Ф., Мухамедова Н.С. ИННОВАЦИЯ - ТАЪЛИМ ТАРАҚҚИЁТИ ЙЎЛИНИ БОШ МЕЗОНИ	139
Dilmurodova O.B TIBBIYOT DEONTOLOGIYASI VA UNING AHAMIYATI	139
Ибрагимов Т.Т. АКТУАЛЬНОСТЬ ФОРМИРОВАНИЯ КОММУНИКАТИВНЫХ НАВЫКОВ БУДУЩИХ ВРАЧЕЙ	140
Ilyasova M.M. BOʻLAJAK SHIFOKORLARDA KOMMUNIKATIV KOMPETENTLIKNI SHAKLLANTIRISHGA PEDAGOGIK YONDASHUV	140
Искандарова Ш.Т., Шорустамова М.М. ОРГАНИЗАЦИЯ РАБОТЫ ПРОФИЛАКТИКИ ЗДОРОВОГО ОБРАЗА ЖИЗНИ ДЕТЕЙ С ОГРАНИЧЕННЫМИ ВОЗМОЖНОСТЯМИ	141
Искандарова Ш.Т., Аминова А.А. МАХСУС МАКТАБЛАРДАГИ ИМКОНИЯТИ ЧЕКЛАНГАН БОЛАЛАРДА ЭКОЛОГИК ТАЪЛИМ-ТАРБИЯ МАСЛАЛАРИ	142

5 ISSN2181-7812 www.tma-journals.uz

#### ПОМОЩЬ ПРАКТИЧЕСКОМУ ВРАЧУ

UDK: 005.572:55.145:179

#### PRE- AND POST-TEST COUNSELING FOR HIV: MEDICAL AND ETHICAL CONSIDERATIONS

Abdurakhimova Z. K., Zubaydullaeva M.T., Karimova M.T.

## КОНСУЛЬТИРОВАНИЕ ДО- И ПОСЛЕ ТЕСТА НА ВИЧ: МЕДИЦИНСКИЕ И ЭТИЧЕСКИЕ СООБРАЖЕНИЯ

Абдурахимова З.К., Зубайдуллаева М.Т., Каримова М.Т.

#### ОИВГА ТЕКШИРУВДА ДАСТЛАБКИ ВА ТЕКШИРУВДАН КЕЙИНГИ МАСЛАХАТНИ ЎТКАЗИШ: ТИББИЙ ВА АХЛОКИЙ МУЛОХАЗАЛАР

Абдурахимова З.К., Зубайдуллаева М.Т., Каримова М.Т.

Tashkent Medical Academy

В статье рассматривается актуальная проблема медицинского обследования населения на ВИЧ-инфекцию. Добровольное консультирование и тестирование на ВИЧ доказали свою важность как в профилактике ВИЧ-инфекции, так и в качестве отправной точки для оказания медицинской помощи людям, инфицированным ВИЧ.

Ключевые слова: ВИЧ, предтестовое консультирование, послетестовое консультирование

Мақолада аҳолини ОИВ-инфекциясига текшируви бўйича долзарбмуаммо кўриб чиқилган. ОИВга текширув, шунингдек дастлабки ва текширувдан кейин ўтказиладиган ихтиёрий маслаҳат ОИВ-инфекциясининг олдини олишда аҳамиятли эканлигини ҳамда ОИВ билан зарарланган шахсларга тиббий ёрдам кўрсатиш учун муҳим бошланғич нуқта бўла олишини исботлади.

Калит сўзлар: ОИВ, текширувдан олдинги маслахат, текширувдан кейинги маслахат.

HIV medical screening is carried out to determine the disease "HIV infection" in the population. Medical screening for HIV is a set of activities aimed at determining the health status of people for HIV infection, which includes: counseling, testing itself, psychological support of people before and after testing, as well as information about issues related to HIV infection. [1]

#### HIV counseling and testing.

HIV antibody counseling and testing services began in 1985. Currently, voluntary counseling and testing (VCT) is offered to anyone receiving treatment for sexually transmitted infections (STIs), drug dependence, and clients of reproductive centers. [3]

Voluntary HIV counseling and testing is a process through which an individual receives the information he or she needs to make a responsible decision regarding HIV testing and related consequences. This decision is made solely by the client - the specialist provides information, psychological support and confidentiality. [2]

The purpose of counseling and testing is to reduce the risk of spreading HIV infection. The main task is to help uninfected people to acquire skills of behavior that reduce the risk of infection, and to help infected clients not to infect others and to receive the necessary help and support in a timely manner. [1,2]

Pre-test counseling should be flexible, focusing on the specific needs and situation of the patient. The actual taking of the test by the patient, as an outcome of counseling, is not mandatory. However, the client should understand the importance of early identification of his/her HIV status in order to prevent future infection and to make decisions about his/her future behavior. It is important to assist the client in developing responsible,

risk-reducing or safe behaviors. This process involves three main components (counselor tasks):

- Clarifying the patient's needs,
- Providing the patient with the reliable information he or she needs
- providing the patient with psychological support in the process of decision making [3,4].

The patient should be warned that all data recorded in the observation cards are strictly confidential and are intended only for use between the patient and the responsible professionals.

The counselor and responsible medical workers are personally responsible for non-disclosure of the data recorded in patient follow-up documents (outpatient card, temporary follow-up card, etc.). Pre-test counseling is conducted by a medical or social worker in order to form the patient's need to find out his/her HIV status.

During pre-test counseling, patients are registered and provided with information about the testing procedure, possible test results and outcomes. Pre-test assessment of the risk of infection and answers to questions are carried out depending on the patient's need and social significance of the status. At the same time, regardless of the patient's social status: lifestyle, national and racial affiliation, religion, and occupation, tolerance should be observed. [1,2]

After preliminary counseling, it is important to obtain informed consent of the client/patient for testing. If the patient refuses to be tested, he/she should confirm his/her refusal in writing with a signature.

Post-test counseling is conducted after receiving the test results, in order to help the patient plan further behavior, adapt to the new status and relieve stress. Counseling can be provided by a variety of professionals, including health or social service professionals, non-professional volunteers, staff of community organizations, and other trained community members. [5]

General algorithm for conducting post-test counseling. Clarification of the client's needs and level of awareness (in case pre-test and post-test counseling are conducted by different specialists).

The result of the test is communicated during the individual meeting in a clear and precise manner without emotional coloring. After the result is communicated, a pause should be made for the client to realize the meaning of the test result. If the client misunderstands the meaning of the result, guiding or clarifying comments should be made about them and concise and clear answers should be given to questions the client has. [4,5]

It is unacceptable to have a personal relationship with the test result, the patient's identity and HIV infection, and it is unacceptable to unnecessarily communicate the fact of testing and its results to other professionals or authorities. The attending physician, with the patient's consent, shall, on the basis of clinical indications, report the test result to allied specialists involved in the patient's treatment.

It is forbidden to communicate the test result without confirming the final diagnosis in accordance with the testing algorithm, as well as by telephone, by mail, using other means of communication, to any third parties (relatives, acquaintances, employees, etc.) of the patient without obtaining his/her consent to disclose his/her HIV status. [5]

It is important to draw the patient's attention to the fact of the existence of HIV infection in his/her life and not to be distracted by side issues (search for perpetrators, search for alternative methods of elimination of the diagnosis or treatment). The patient should be made aware of the importance of timely inclusion in HIV care and early initiation of treatment. The patient should feel responsible both for his/her own health and for the health of his/her loved ones. The boundary between the responsibility of the counselor and the patient should be clear. The consultant assumes responsibility for the completeness and correctness of the information provided, for the quality of counseling, for the timely and complete provision of medical services, provided that he/she cooperates with the patient.

In case of a negative test result, the main task of counseling is to motivate the client (patient) to correct behavior, lifestyle and eliminate risk factors for HIV infection.

In case of doubtful (uncertain) test result - the main task of counseling is to motivate the patient/infected to undergo repeated testing, as well as to properly direct him/her to eliminate risk factors leading to HIV infection. [1]

The importance of completing the testing process to an unequivocal result should be made clear. The patient after counseling should understand that his personal interest in finding out the final HIV status, overrides the interest of the counselor.

If the test result is positive, it provides an opportunity for timely utilization of support, treatment and care services.

The counselor should provide information about all institutions that provide services for people with HIV infection. [2]

Commission counseling and testing

Commissioned counseling and testing is permitted in individual cases to address controversial issues or to ensure competence. [1]

Thus, voluntary HIV counseling and testing (VCT) has proven to be important both in the prevention of HIV infection and as an entry point for health care for people infected with HIV. VCT provides an opportunity to learn and perceive one's HIV serologic status in a confidential setting, with providing counseling and referral for ongoing medical care and emotional support. In the event of a positive HIV test result, the benefit of testing is the ability to provide appropriate medical care and early interventions to treat and/or prevent HIV co-morbidities. Recent studies have shown that VCT can be a cost-effective means of preventing HIV transmission.

#### List of references:

- 1. Order of the Ministry of Health of the Republic of Uzbekistan  $N^{\mbox{\tiny 0}}$  336 "On improvement of preventive measures and organization of medical care for HIV infection in the Republic of Uzbekistan" from 24.05.2018.
- 2. Abdurakhimova Z.K., Giyasova G.M., Latipova F.Sh.//Conducting pre- and post-test counseling on HIV/AIDS. Methodological recommendations. Tashkent. 2007.
- 3. UNAIDS Technical Review: Voluntary Counseling and Testing (VCT). UNAIDS, 2000.
- 4. Nikitina M, Roschupkin G. et al. Counseling before and after HIV test -Manual, Minsk 2008.
- 5. Goloborodko N.V., Lapitskaya G.V.  $\$  commendations on conducting voluntary counseling and testing for HIV (instructions for use). Minsk, 2011

### PRE- AND POST-TEST COUNSELING FOR HIV: MEDICAL AND ETHICAL CONSIDERATIONS

Abdurakhimova Z. K., Zubaydullaeva M.T., Karimova M.T.

The article considers the current problem of medical screening of the population for HIV infection. Voluntary HIV counseling and testing has proven to be important both in the prevention of HIV infection and as a starting point for providing medical care to people infected with HIV.

**Keywords:** *HIV, pre-test counseling, post-test counseling.* 

