

Reflection on the Future of STD Approach Towards the Technological Progress

One of the biggest challenges to practice contemporary medicine is the continuous adaptation to the health financing models, often forcing us a dangerous detachment of the Hippocratic principles that rule our activities in the patient's care. The result of this equation is a glaring duality between the quality care exercise and the conditions to accomplish it. Nowadays, I would say that the health professional in our country is an "acrobat of principles", since he has a clear notion of his responsibility to meet the population needs in the health field, but otherwise faces clear limitations, which eventually impacts negatively on the quality of his work. The care of people with sexually transmitted diseases (STD) is a clear example of this duality. We are aware of care limitations based only on clinical information shown by signs and symptoms, but the inaccessibility of confirmatory tests make of us hostages of this ancient politic aspect of our health care system.

Interestingly, this flagrant technological care limitation to people with STD reaches not only patients who depend on the Unified Health System (SUS), but also those covered by health insurance and even private clinic. Although this practice is denied during public debates, it is known that in most of the assistance outside SUS, STD diagnosis is only based either in signs and symptoms or using techniques considered outdated in more technologically prepared countries.

In our area, the chronic lack of resources caring people with STD has fuelled the inertia of progress regarding the absorption of currently available technology. In countries where access to technology is more easily accessed, the health professionals are living in an era of diagnosis based on molecular biology, a reality still distant to our Brazilian reality. Eventually, some progress might be available for some patients with a higher income, but if it is not available for all, there is no condition to talk about availability in an acceptable democratically way. Unfortunately, the current reality is uncomfortable, requiring disposition of all people involved in health care to intervene and change the course of the future in the setting of care for people with any STD. May this discomfort could be the lever for necessary changes, awaking our citizenship feelings from this long sleep, possibly nourished by the dismay of health care professionals who fight against STD.

Sometimes I catch myself thinking and looking for answers to explain the poorly disguised resistance against the rapid STD diag-

nostic tests. Today, there are tests already available in the international market with excellent performance scores (we need to be careful about the choice) and its acquisition could objectively helps in controlling several STD.

How can we talk about the *Chlamydia trachomatis* infection without the provision of investment (personal and technological resources) in diagnosis based on in molecular biology? Considering this same way of thought, we can recall the modern diagnosis of infections caused by *Trichomonas vaginalis* and *Neisseria gonorrhoeae*, among others. Nowadays, the molecular biology techniques have reached such a development and practicality that we shall hardly have reliable arguments not to use them, now and in the future.

In the context of my pragmatic optimism concerning the incorporation of technology to care people with STD in the future, I foresee that this change of paradigm will provide a solid base to an extraordinary evolution on this care quality. This is the persuasion tool that I address to the health authorities of our country. But again, the duality spectrum emerges! How can I talk about automated diagnosis of syphilis or isolation of *Treponema pallidum* lesions using DNA replication technology if we still have pregnant women giving birth without a single VDRL test? I also see that laboratories testing the technique of *Treponema* identification in dark field are increasingly rare to find. We forget the "old" and did not create conditions to absorb the "new"! What is the result of this crazy equation? Wrong diagnoses and treatments! But, let us be practical. Objectively, I consider that if we not detaching from our atavistic duality, we never will find the real progress! We can practice our care activities to people with any STD using what we have available, but we must never abandon our vision of what is the best possibility for the patient under our care. Isn't it already time for a more active position of our part?

GERALDO DUARTE

**Full Professor of Gynecology and Obstetrics Department
School of Medicine of Ribeirão Preto
of São Paulo University
E-mail: gduarte@fmrp.usp.br**