Of HIV, grief and TOP

To the Editor: People living with HIV are frequently people living with very high levels of grief. They grieve over the loss of life expectancy and of their own dreams for the future. They are often grieving over the loss of a spouse or a child. In our practice, they are frequently grieving over the loss of other close relatives. This makes them emotionally very vulnerable people.

At first sight, the offer of TOP to such people in early pregnancy may seem to be a compassionate way to avoid further grief from infant losses, and to avoid increasing the number of orphans in our nation. Yet there is strong evidence that a decision for TOP may precipitate a severe grief reaction of its own. Such grief has been associated with a 7-fold increase in suicide and homicide,[1] and a 180% increase in psychiatric illness, in the year following TOP in first-world countries with excellent access to health care.[2,3] In South Africa, with the generally poor access to psychiatric care and high levels of violence, the effects can be expected to be far greater. The effects of maternal depression, of resorting to substance abuse or of the development of self-destructive behaviour, may completely negate the advantages to the family of not having another baby to nurture.

This question raises the need for very skilled and careful counselling of women with HIV before TOP is offered, and very careful follow-up and emotional support following TOP, should they choose that option. It also makes even stronger the case for ready access to HAART.

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