

MELBOURNE HERALD

AIDS - AND THE HIDDEN AGENDA

MEDICINE

Michael Kirby

In the Herald (3 May 1989) Dr Calvin Miller criticised as "extraordinary, polarising and negative" a statement made by me at a recent conference in Sydney.

He quoted, out of context, a remark I made that the problem of infection of health care workers and doctors catching AIDS from their patients was "small beer" when compared to the global epidemic.

I can only assume that he must have dozed off during most of my remarks. Certainly, they were not as alarmist as the two talks which preceded them, both of them vividly illustrated with slides showing the blood everywhere in a typical operation room. One of those speakers was Dr Lorraine Day, an orthopaedic surgeon from San Francisco. She came to Australia armed with her bloody slides, anecdotal tales of an orthopaedic friend of hers who had caught AIDS and died and alarmist talk which secured a lot of coverage on prime-time television.

Dr Day's conference hall routine is apparently well known in the United States. Sadly, the expert from the Centres for Disease Control in Washington (the body which first alerted the world to AIDS) was not able to attend the Sydney conference. Its program contained a lot of papers by health professionals worried about AIDS. It fell to me to try to bring the conference back to a proper perspective of the risk to health care workers.

Fortunately, I was armed with the scientific data to do so. I had just returned from expert meetings in Europe. They were attended by the top scientists and public health experts working in this field, including the fabled Jonas Salk now working on an AIDS vaccine and the two scientists (Gallo and Montagnier) who first isolated the AIDS virus.

These conferences had before them the latest statistics on AIDS. The WHO estimate of people already infected with AIDS is between 5 and 10 million people world-wide. That is a lot

of people. The latest figures on health care workers who have caught AIDS from attending to their patients were published recently in the New England Journal of Medicine. This disclosed, at most, some 24 cases. Most of these were cases of "needle stick". That occurs where a worker - generally a nurse or laboratory assistant - breaches proper procedure and suffers a puncture wound with a needle containing infected blood. Hundreds of cases of such wounds and other exposures to HIV infected blood were reported. Only in very rare cases of even direct wounds of this kind, did the health worker become infected.

It is easy for people to lose a sense of proportion in dealing with AIDS. One sees it everywhere. In Washington at the time of the AIDS conference two years ago, police with thick yellow gloves removed demonstrators calling upon President Reagan to pay attention to the epidemic. Even in an Australian courtroom similar isolation has been adopted. These precautions rest on irrational fear not scientific knowledge about the way AIDS actually spreads.

AIDS is already an isolating condition liable to cause alienation and discrimination. Fortunately, now, the modes of transmission are known. It is not transmitted through casual contact or handling of people. As detailed American research shows, even with a direct wound, the risks of a health worker catching the virus from a patient are very, very small.

It was in this context, to bring the rather self-absorbed Sydney conference (not an "AIDS summit" as Dr Calvin grandly called it) back to reality, that I said that the numbers of health care workers infected were "small beer".

What Dr Miller failed to note is that I thrice emphasized that each life is precious. Especially, I said, the lives of health workers were particularly precious to themselves, their families and society.

But the lesson of Auschwitz is that people tolerate statistics of millions. Yet they get excited about human interest, anecdotal stories of isolated individuals. In confronting the AIDS epidemic we must not forget that those millions are individuals too. They too have lives of happiness and pain, families and friends. In designing our policies to deal with the AIDS epidemic, we must retain our sense of proportion. Dr Miller's perspective is full of pious judgments about people who have "foolishly played sexual Russian roulette". It rings with the now discredited "innocent" and "guilty" victims. I do not believe that, dealing with an epidemic, we should indulge ourselves in these moral judgments. Only last week, I learned of another friend who had committed suicide on finding he had AIDS. He was a fine man, married with three young sons. Now, there are millions of such people. Stacked up against them, the

very low risk to health care workers, shown by patient scientific research, comes near the bottom of the list of problems we have to tackle to contain this virus. Our critical problem is behaviour modification, especially in drug taking and sexual activity. That task, so important to all of us, is not made easier by alarmist talk by people who should know better - proposals for "special hospitals", suggestions for "space-suit" gear for surgeons - all to deal with activity which has a very low risk, if basic precautions are followed.

Repeatedly at international conferences, the fear expressed about health professionals is not for their safety, for this is demonstrated by repeated statistics. It is for their capacity to return to old-fashioned caring. This existed in health services before the wonder drugs. But the question now being asked is whether this generation, so used to a relatively risk-free environment, will react in the same heroic way as earlier generations. The alarmist talk at the Sydney conference - not based on sound scientific data - could whip up fears and withdrawal of help that would bear out these dire fears in Australia. That is why it was necessary to try to pull the participants back to a sense of reality and proportion. I do not regret doing so

My sister is a health professional working at a major Sydney teaching hospital. She works with dying patients, some of whom doubtless have the AIDS virus. Of course, I am concerned about her safety and the safety of all health workers. But if they follow basic precautions, on present knowledge, they are extremely safe. Their very low risks should not be magnified to result in policies which will isolate still further those who are ill with the AIDS virus. If that happens, the health workers will become part of the AIDS problem.

Dr Miller reports that following my talk "lips tightened. Backs straightened. Arms folded. Brows drew into frowns". That may have been so in his immediate like-minded circle. But many people at the conference and since have thanked me for bringing the participants back to a sense of reality. And not a few have suggested that for some people in the conference there was a hidden agenda of fear and loathing which has nothing to do with health care. Set loose, such attitudes would put our efforts against AIDS back a decade. This is unnecessary. It must not happen.

Justice Michael Kirby is a member of the WHO Global Commission on AIDS and a Trustee of the AIDS Trust of Australia.