LETTER FROM WESTMINSTER

The politics of AIDS

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In its way the political handling of the acquired immune deficiency syndrome (AIDS) emergency must rank among the classic public health responses of this century. It is far too soon to be certain, but the chances of containing the spread of the disease do look better than they did even three months ago—a prospect that for once has less to do with the advance of medical science than with the practice of politics.

We are grudging to concede that the authorities can get something right, but even in today's heated pre-election atmosphere there are few voices criticising the government for inaction or saying that it should be following a different policy.

Faced with the onset of an incurable, deadly disease of epidemic potential, and for which doctors and scientists could offer no prophylaxis, the politicians had to come up with their own. Inevitably, it took them into territory that governments instinctively avoid.

Give them problems that require answers that can be measured in terms of providing finance or passing legislation and they feel at home. The politics of AIDS is not primarily about either money or law. It is to do with morals, ethics, individual freedom, and communications—areas where governments tend to stumble.

It is the kind of bothersome mess that governments tend to farm out to royal commissions or committees of inquiry. If such an idea crossed the cabinet's mind it was quickly dispelled. As soon as the government decided that it was in the business of saving lives rather than souls the response took shape.

The first phase has been the high impact public education campaign, special targeting of risk groups, and ensuring the safety of blood and blood products. Mr Norman Fowler, Secretary of State for Social Services, with visits to Europe and the United States behind him—and now probably the best informed health minister in the world—has convened an international seminar on 23 March to help him estimate the future course of the AIDS epidemic and what is needed for the next phase by way of provision for counselling, care, treatment, and research.

At what might be called the end of the beginning where do we stand? Regardless of everything now being done, AIDS will remain a major public health problem for the foreseeable future. It is not yet a great burden on the National Health Service. At the latest count only 686 cases had been reported in the United Kingdom, and almost half the patients had died. Projections are for 1300 new cases this year and 3000 in 1988. Possibly 40 000 people are infected, and future planning is on the basis that most will develop AIDS.

The cost of hospital treatment is put hazily at between £10 000 and £20 000 per patient. The average time in hospital is 66 days in the two years between diagnosis and death, but the aim is to reduce this to the United States level of 20 days by a policy of care and treatment at home.

The good news seems to be that the rate of sexually transmitted infections other than the human immunodeficiency virus (HIV) seems to be flattening out since the Department of Health's publicity campaign, which has reached 98% of the population. There is likely to be a correlation between the incidence of AIDS and that of other sexually transmitted diseases.

Among the population outside at risk groups the only monitor is the sampling of blood donations. Out of three million, only three were found to be positive. So there is reason to hope that spread

to the heterosexual community can be contained. The scale of the problem here is still only one tenth of what it is in the United States, even taking account of the population difference. Have we acted in time? The indicators begin to point in the right direction but, failing a vaccine or a cure, it will be a long time before we know. Meanwhile, the government has just announced that it is allocating £7 million for the treatment, care, and counselling of victims and carriers of AIDS, £3 million of this in 1986-7, a sum that was immediately criticised by health authorities and experts as "not enough."

Select committee inquires into AIDS

Last week the Commons select committee on social services, under the indefatigable Mrs Renée Short, began its inquiry into the problems associated with AIDS. For this it has appointed three medical assessors, Dr Alastair Donald, Dr Anthony Pinching, and Professor Keith McAdam. The first witnesses were from the DHSS.

It proved to be a fascinating session with the chief medical officer, Sir Donald Acheson, taking almost all the bowling and scoring a few sixes into the bargain. He was reassuring on the headline seeking questions about protecting nurses and the risks from kissing.

The MPs were rather concerned about the ethics of blind screening or anonymous testing, which the chief medical officer said ministers were considering. This would involve HIV antibody testing of blood taken in hospital for other purposes without the knowledge of the patient. It would be done for epidemiological reasons, as is common in measuring the prevalence of measles antibodies. I gather that ministers are not too keen about this.

On the role and training of general practitioners, who will be key people in the AIDS war, Sir Donald deferred to the Royal College of General Practitioners and the General Medical Services Committee of the BMA. There is to be a DHSS conference before Easter on the care of patients with AIDS in the community.

Some MPs have reported the worries of family doctors over confidentiality, and whether the spouse of an AIDS patient should be told. When asked about that Sir Donald replied: "The physician in charge of the case must follow the patient's wishes but has discretion if he feels that in certain circumstances the patient's wishes that his or her spouse should not be told are inappropriate. But the general rule, which is followed very closely by genitourinary physicians in this country, is that the case has to be very strong indeed before the spouse is told."

In written evidence the DHSS said that the present monitoring system was working well. Doctors report cases on a voluntary in confidence basis. The balance of argument does not at present indicate a need for statutory notification, though this is being kept under review. DHSS advisers are also considering whether surgeons and others concerned with invasive procedures should be allowed to continue if infected.

For the moment, however, the government has decided that the most important area is public education: "The key to avoiding AIDS lies with individuals themselves, their attitudes, and their behaviour."

The BMA is due to give evidence to the select committee on 18 February. On that day the committee also expects to issue its report on primary health care, the subject of last year's hearings. By all accounts its findings will not support the government in any radical shake up of primary care but commend the best examples of what is already being done.