

The physician's role in a community-based effort against the AIDS epidemic

Acquired immune deficiency syndrome (AIDS) clearly represents the greatest threat to the public health of this generation. AIDS is not only a serious, complicated, and frequently fatal disease, it is also a serious social illness that threatens to create a two-class society based on infective status with those afflicted facing potential loss of civil liberties as well as social ostracism.

See also the AMA interim report (pp 477-487).

Given that an effective treatment or a vaccine is not likely to be developed in the near future, it makes sense to do more research on and allocate more resources for prevention. Prevention is theoretically possible, since AIDS is basically a behaviorally transmitted illness where the vast majority of those infected have chosen to place themselves at risk through their sexual practices or use of intravenous drugs.

The basic message of prevention is simple: We must stop sexual transmission by engaging in mutually monogamous relationships, or, if not, by practicing protective sex. We must stop blood-borne transmission by reducing the abuse of intravenous drugs and eliminating sharing of contaminated needles and syringes. Lastly, we must stop perinatal transmission by counseling those at high risk of infection to undergo testing and not become pregnant.

While the preventive message is simple, the methods for teaching it are decidedly complex. We could learn much by looking at successful prevention programs for other serious public health problems and capitalizing on the experience. While no problem is as devastating in its overall scope as AIDS, the problem of preventing teen pregnancy has strong similarities.

Teen pregnancy, like AIDS, is predominantly a sexual problem. The solution to both is to change human behavior. Mutual obstacles to overcome include the glamor of sex sold as a commodity in every aspect of our lives. Another

obstacle is the perplexing objections of some who think it is inappropriate and in some way promotes sexual promiscuity to educate our youth about biologic function and sexual problems. Lastly is the unsolved issue of how to change noncognitive behavior (i.e., sexual behavior).

Attempts to modify established norms of sexual behavior and drug use by limiting educational efforts to specific groups or programs are doomed to failure. Our nation's efforts at battling teen pregnancy have traditionally taken this approach and have been disappointing. Recent community-based approaches, however, have not only been successful, but may also offer an innovative model for approaching the AIDS epidemic.

The recent report of Vincent et al¹ of a successful program to reduce teen pregnancy in South Carolina has demonstrated that community-based public health programs can be effective. This program was most notable because many institutions and community groups participated, including the media, schools, clergy, and parents. Francis et al² have also called for a similar community-based program in the battle against AIDS.

Where does the physician fit into this overall preventive effort? Clearly, physicians will be called upon to diagnose and treat HIV infection and its complications, but, for most practitioners, this will be a minor role. For any community-based program of prevention to be successful, physicians must assume a prominent role in preventive education.

The physician-patient relationship provides an ideal forum for discussing prevention because it is not restricted by the social standards applied to the schools or the mass media. Ideally, every patient under the care of a physician has a need and a right to be informed about AIDS. The majority of individuals in our society who are at little or no risk of developing AIDS need to be

informed so they can develop enlightened attitudes about this disease that will influence their community's schools and workplaces. The remainder of our patients, who are at increased risk for transmitting or acquiring HIV infection because of their sexual practices or drug use, must be provided with the message of prevention that can save their lives. Clearly, for those at highest risk (i.e., homosexual and bisexual men, intravenous drug abusers, prostitutes, immigrants from Third World countries where HIV is prevalent, promiscuous heterosexuals, and sexual contacts of all the above), high-quality confidential HIV-antibody testing combined with counseling should be an integral part of the preventive effort.

At present, many obstacles stand in the way of this idealized physician's role. Physicians must stay adequately informed of the complexities of HIV infection, must be capable and willing to take nonjudgmental histories of sexual practices or drug use, and must know how to use and interpret HIV-related serologies and how to counsel. Also, patients must overcome their own fear and embarrassment of discussing AIDS with their physician and not withhold personal information, including sexual practices, that is important in determining their personal risk.

Our society as a whole is now faced with the challenge of implementing community-based plans of basic education and awareness about the disease as well as allocating the necessary re-

sources to deal with the epidemic overall. Physicians must be willing not only to participate in this community process, but also to become leaders in disseminating the message of prevention. The medical profession must now develop effective educational forums for physicians on the disease and the message of prevention and must also increase physician participation through peer pressure. Physicians must come to view AIDS prevention as equally or more important than smoking cessation, reducing heart disease risk factors, or increasing seat belt use. Other health care professionals must also participate in the educational process to assist those physicians unwilling or unable to counsel patients themselves.

Considering the gravity of the disease, its preventable nature, and the difficult issues, no physician has the moral right to refuse participation in the fight against AIDS.

LEONARD H. CALABRESE, DO

Department of Rheumatic and Immunologic Disease
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44106

References

1. Vincent ML, Clearie AF, Schulchter, MD. Reducing adolescent pregnancy through school and community-based education. *JAMA* 1987; **257**:3382-3386.
2. Francis DP, Chin ML. The prevention of acquired immunodeficiency syndrome in the United States. *JAMA* 1987; **257**:1357-1366.