



## Letters to the Editor

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Letters should be submitted in duplicate, double-spaced (including references), and should not exceed 400 words.

### Risk of AIDS among Lesbians

Articles addressing safe sex practices of homosexual men and heterosexual men and women are common.<sup>1,2</sup> However, little research has addressed the risk of AIDS (acquired immunodeficiency syndrome) in the female homosexual community, and thus it is reasonable to assume that homosexual women are least likely to have adopted any safe sex practices.

In the female homosexual population, the perceived risk of HIV (human immunodeficiency virus) infection is low, and indeed the risk of contracting the AIDS virus through female-to-female transmission is comparatively slight. However, there is some risk and at least one case has been documented in the literature.<sup>3</sup>

Intravenous (IV) drug use is the most direct and most likely method of the AIDS virus entering this population. However, non-IV drug-using female sexual partners of female homosexual IV drug users are at increasing risk of coming into direct contact with HIV infection through sexual contact.<sup>3</sup> The combination of IV drug use and lack of knowledge of the necessity for, and the practice of, safe sex techniques may be lethal, even between two women.

Research addressing homosexuality and alcohol is sparse, although evidence suggests that the prevalence of alcohol abuse in the female homosexual population is higher than that in the

female heterosexual population.<sup>4</sup> There is anecdotal evidence of a similar higher prevalence of IV drug use in the homosexual community, including the lesbian community, yet there is a dearth of relevant research.

Scant literature acknowledges this population, thereby perpetuating the myth that risk is virtually non-existent in the lesbian population. Since 1986, only two reports that mention this population have been found,<sup>3,5</sup> and only one detailed article in the "popular press" has seriously addressed risk factors and prevention measures.<sup>6</sup> However, articles addressing risks in almost all other populations abound.<sup>7</sup>

While implementation of full-scale incidence and prevalence studies of HIV in the female homosexual population are not currently feasible, it is important to specifically include this group in studies of knowledge, attitudes, and practices involving AIDS and AIDS prevention. Homosexual women remain an ignored population, and their sexual practices and risk of infection are assumed to be non-existent at worst, or similar to that of heterosexual women at best. Ultimately, the ability of lesbians to protect themselves from HIV infection may be overestimated due to the lack of research addressing at-risk behaviors practiced by, and the aura of invisibility surrounding, this population.

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### AMA Policy on Chiropractic

Our Public Health Brief on family physicians' views of chiropractors (*Am J Public Health* 1989;79:636-637) unintentionally leaves the impression that the American Medical Association's policies regarding chiropractors have not changed since 1965 when the AMA declared it a violation of medical ethics for medical physicians to have any professional associations with chiropractors. In fact, in 1978 the AMA's Judicial Council adopted new opinions under which physicians could refer patients to chiropractors, and in 1980 the AMA revised its Principles of Medical Ethics by eliminating previous proscriptions against any associations between physicians and "unscientific practitioners." The AMA's new ethical guidelines permit a medical physician to "be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services" (*American Medical News*, October 9, 1987; 47).

In spite of these changes in AMA policies, a 1976 law suit brought by chiropractors against the AMA for violating the Sherman Antitrust Act has continued to wind through the courts. After a decade of legal maneuvering, trials and retrials, a US District court ruled in 1987 that the "AMA and its officials . . . instituted a boycott of chiropractors in the mid-1960s by informing AMA members that chiropractors were unscientific practitioners and that it was unethical for a medical physician to associate with chiropractors" (*American Medical News*, September 11,