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4. Witztum JL: Current approaches to drug treatment for the hypercholesterolemic patient. *Circulation* 1989; 80: 1101-1114

## Ten years of AIDS

Please spare us any more of the rantings of Dr. James Parker (*Can Med Assoc J* 1992; 146: 1692-1693), who seems to be cocooned in his own little world, away from the reality of acquired immunodeficiency syndrome (AIDS). He is unable to adapt to a changing world and has consistently lashed out at those who are attempting to deal with the AIDS crisis in Canada with caring and compassion (two more Cs that I would use in place of his "capitulation" and "craziness").

Parker is indeed correct that AIDS has altered the integrity of the practice of medicine. From my perspective this change has been for the better. AIDS has altered the physician-patient relationship to make it virtually unrecognizable. No longer will patients accept the dicta of god physicians who stand on their pedestals preaching to patients about what they must do. Rather, patients with AIDS are intimately involved in their care and, in fact, are more knowledgeable about infection with human immunodeficiency virus (HIV) than most physicians. They wish to be involved in decision making, and they seek out new drug therapies. This type of patient involvement should be a model for all other diseases.

Parker, on the other hand, would continue to play the god of medicine, preaching to his patients and demanding furtiveness and secrecy with respect to HIV.

He has advocated the testing of individuals without their informed consent, mass screening programs that are of dubious benefit and the mandatory testing of individuals at risk for HIV, as well as of physicians. To back up his argument he uses selective interpretation of the literature, an example being the cases of horizontal transmission that have been fully refuted in follow-up of the patients.

Pornography is in the eye of the beholder. The poster that Professor James Miller and I displayed (*ibid*: 383) was not pornographic but, rather, erotic. There is a significant difference between the two. The poster emphasizes the need to target specific populations by eroticizing safe sex. I regret that Parker was offended by the poster. However, it was likely intended not for his eyes but as an educational tool. By failing to provide appropriate educational messages to those at risk Parker is dooming potentially thousands of people to exposure to HIV.

Similarly, Dr. Willi D. Gutowski's letter (*ibid*: 1694) lambastes those who preach the use of condoms for safe sex. Clearly the alternative — namely, abstinence — would have a devastating effect on HIV transmission rates, since sexual behaviour in teenagers will take a long time to change. While the abstinence message is being promulgated who knows how many teenagers will be infected by HIV as they explore "their premature sexual urges."

HIV has indeed altered the way we practise medicine. Fortunately, having talked to many physicians over the years I know that attitudes such as Parker's are rare. I suggest that he take a look at my two Cs and replace "capitulation" and "craziness" with "caring" and "compassion."

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[Dr. Parker responds:]

The names of the thousands whose young lives were interrupted by war, documented in the archives of the war department, attest to the recruiting effect of a poster that depicts a sergeant major with piercing eyes and a prominent moustache pointing to the onlooker: "Your country needs you." Such is the power of symbolism and its effect "in the eye of the beholder."

The differences between hard pornography, soft pornography and erotica may be a subject for debate, but I am sure that my attitude, which Dr. Mackie finds rare, is shared by many others who view his posters as less than elegant.

Mackie's statement that "by failing to provide appropriate educational messages to those at risk Parker is dooming potentially thousands of people to exposure to HIV" forces me to reply with the message "AIDS — Safe sex is an uninfected partner." I have publicly suggested that this message be made available to adolescents and be prominently displayed in all high-school washrooms (*Vancouver Sun*, Dec. 10, 1991). The central message in AIDS prevention is that AIDS is an infectious disease, and to suggest anything less to our young people is misleading.

The jury is still out on the question of who doomed potentially thousands of people to exposure to HIV. It may well prove to be those who, for political or other reasons, have opposed screening for this disease since testing became available.

I remain convinced that allowing the control of HIV infection to proceed on a voluntary basis has been and continues to be the height of folly and represents capitulation to the disease. Dr. Raymond Shandera's letter (*ibid*: 1693-1694) about the 20 or more HIV-positive teenaged girls in a