

ORIGINAL

#4 / AAMC

RESPONDING TO THE PATIENT WITH AIDS

ALAN GREGG LECTURE DELIVERED BY

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I AM VERY PLEASED AND HONORED TO HAVE BEEN ASKED TO DELIVER THE ALAN GREGG LECTURE, IN THIS THE 30TH YEAR THAT IT HAS BEEN A PART OF YOUR ANNUAL MEETING.

I ALSO APPRECIATE BEING ASKED TO BE PART OF THIS EXCELLENT PLENARY SESSION ON AIDS AND TO SHARE THE STAGE WITH MY GOOD FRIENDS, DR. PETERSDORF AND DR. FAUCI.

I ALSO WANT TO RECOGNIZE THE SPECIAL EFFORT PUT FORTH BY THE A.A.M.C. OVER THE PAST YEAR IN THE DEVELOPMENT AND PUBLICATION OF THE "POLICY GUIDELINES." I THINK THE COMMITTEE ON AIDS AND THE ACADEMIC MEDICAL CENTER HAS MADE AN IMPORTANT CONTRIBUTION TO MEDICAL EDUCATION AND TO THE MEDICAL PROFESSION.

AND I WANT TO EXTEND A PERSONAL WORD OF CONGRATULATIONS TO MY COLLEAGUE, DR. JAY SANFORD, THE PRESIDENT AND DEAN OF THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES, WHO CHAIRED THE COMMITTEE ON AIDS, AND TO A FELLOW PEDIATRICIAN AND COLLEAGUE OF MINE, WHEN WE WERE BOTH AT THE UNIVERSITY OF PENNSYLVANIA AND CHILDREN'S HOSPITAL OF PHILADELPHIA, DR. FESTUS ADEBONOJO OF MEHARRY MEDICAL COLLEGE, WHO WAS RESPONSIBLE FOR THE SPECIFIC WORDING OF THE REPORT.

AS SOMEONE WHO, FOR 7 YEARS, HAS HAD TO BE VERY CONSCIOUS OF THE POWER OF WORDS IN THESE DELICATE MATTERS, I AM VERY IMPRESSED WITH BOTH THE ACCURACY AND THE APPROPRIATENESS OF THE LANGUAGE OF THE FINAL REPORT, AS APPROVED BY YOUR EXECUTIVE COUNCIL AND PUBLISHED IN TIME FOR THIS MEETING.

ALL IN ALL, IT IS A JOB VERY WELL DONE.

AS YOUR REPORT RECOGNIZES, THE DISEASE OF AIDS IS NOT JUST AFFECTING THE BODIES AND MINDS OF A FEW THOUSAND PEOPLE. IF YOU LOOK AT NUMBERS ALONE, YOU'LL MISS THE REAL STORY OF THIS DISEASE, FOR AIDS HAS BURROWED ITS WAY INTO THE VERY FABRIC OF AMERICAN SOCIETY.

UNLESS WE RECOGNIZE THE EXTENSIVE AND PERMANENT DAMAGE IT CAN DO THERE, WE'RE GOING TO LOSE MORE THAN HUMAN LIVES. WE'LL LOSE THE MORAL AND ETHICAL STRENGTH THAT HAS KEPT OUR NATION TOGETHER FOR OVER 200 YEARS.

I'M NOT READY TO RUN THAT KIND OF RISK. AND I DON'T BELIEVE YOU ARE EITHER.

AS CITIZENS AND AS PEOPLE WHO MANAGE OUR ACADEMIC MEDICAL CENTERS, YOU HAVE TWO MAJOR CHALLENGES:

FIRST, YOU'VE GOT TO DO WHATEVER YOU CAN TO TRAIN YOUNG HEALTH PROFESSIONALS TO SAVE THOSE INDIVIDUAL HUMAN LIVES THAT ARE AT RISK OF AIDS -- AND THAT MEANS INFORMATION, EDUCATION, AND PREVENTION ...

AND SECOND, WE -- YOU AND I AND MANY OTHERS HAVE TO SAVE OUR SENSE OF NATIONAL UNITY AND PURPOSE, WHICH ARE ALSO AT RISK.

AM I OVER-STATING THE CASE? NO, I DON'T BELIEVE I AM. AND THE REASON LIES IN THE BASIC INFORMATION WE HAVE ABOUT THIS DISEASE SO FAR, PARTICULARLY THESE THREE FACTS:

- * AIDS IS STILL A MYSTERY.
- * AIDS IS VIRUALLY 100 PERCENT FATAL.
- * AND PEOPLE GET AIDS BY DOING THINGS THAT MOST PEOPLE DON'T DO ... AND DON'T APPROVE OF OTHER PEOPLE DOING EITHER.

BECAUSE OF THAT THIRD ELEMENT, WE NEED TO KEEP OUR VALUES AND OUR PRIORITIES STRAIGHT. WE NEED TO DO EVERYTHING WE CAN TO STOP THIS DISEASE IN ITS TRACKS.

BUT WE'RE FIGHTING A DISEASE, NOT THE PEOPLE WHO HAVE IT.

AS WE WAGE THAT FIGHT, WE DON'T HAVE TO COMPROMISE OUR FEELINGS ABOUT THE KIND OF BEHAVIOR THAT SPREADS THE AIDS VIRUS. IN FACT, OUR BASIC WEAPON AGAINST AIDS -- EDUCATION -- IS DIRECTED RIGHT AT THOSE HIGH-RISK PATTERNS OF BEHAVIOR.

THAT'S THE APPROACH WE NEED TO TAKE, BOTH IN SCIENCE AND IN SOCIETY. IT'S THE SAME KIND OF TOUGH-MINDED APPROACH THAT WE'VE USED IN THE FIGHT AGAINST SYPHILIS, GONORRHEA, ALCOHOLISM, AND -- YES -- SMOKING AND A HUNDRED OTHER CONDITIONS THAT REFLECT HIGH-RISK PERSONAL BEHAVIORS.

OF COURSE, I'M USED TO TALKING IN THIS MANNER. AS A PHYSICIAN AND AS YOUR SURGEON GENERAL, I'M PART OF A TRADITION OF CARE THAT WILL NOT ABANDON THE SICK AND THE DISABLED, WHOEVER THEY ARE AND WHATEVER THEY MAY HAVE DONE TO HAVE ENDED UP IN SUCH A FIX.

THAT'S THE TRADITION OF MEDICINE. BUT IT ALSO HAPPENS TO BE A FUNDAMENTAL TRADITION OF OUR COUNTRY. AND THIS IS WHERE YOU AND I MUST TAKE THE SAME POSITION.

AS AMERICANS, WE HAVE EVERY REASON TO BE PROUD OF THE WAY WE'VE SUCCESSFULLY FACED THE CHALLENGE OF FAIRNESS AND HAVE TRIED TO ELIMINATE ALL ANY VESTIGE OF DISCRIMINATION BASED ON RACE, COLOR, CREED, AGE, SEX, NATIONAL ORIGIN ... OR DEGREE OF ABILITY OR OF DISABILITY.

IT HASN'T BEEN AN EASY TRADITION AND WE HAVEN'T BEEN PERFECT AT IT EITHER. BUT OUR RECORD IS STILL VERY GOOD ... IN FACT, IT REMAINS THE MODEL FOR THE REST OF THE WORLD.

AND IT'S A RECORD TO BUILD ON ... NOT A RECORD TO IGNORE.

ALL RIGHT ... WHAT'S NEXT?

I BELIEVE THAT THE MEDICAL PROFESSION -- THROUGH ITS NATIONAL PROFESSIONAL ASSOCIATIONS, INCLUDING THE A.A.M.C. -- HAS SPOKEN IN VERY FORTHRIGHT, CLEAR, AND I WOULD EVEN SAY COURAGEOUS TERMS OF THE CHALLENGE PRESENTED TO THE PHYSICIAN BY THE DISEASE OF AIDS.

I SEE NO NEED FOR ME TO REPEAT OR PARAPHRASE THE PUBLISHED POSITIONS TAKEN BY THE AMERICAN MEDICAL ASSOCIATION, THE AMERICAN COLLEGE OF PHYSICIANS, THE AMERICAN HOSPITAL ASSOCIATION, AND MANY OTHERS. THEY LAY OUT THE ISSUES FOR ANYONE TO SEE AND UNDERSTAND AND THERE IS REMARKABLE UNANIMITY ON WHAT THOSE ISSUES ARE.

WHAT, THEN, IS LEFT TO BE DONE?

I BELIEVE WE NOW NEED TO FOCUS ON SOMETHING I WILL CALL, IN THE ABSENCE OF ANY BETTER PHRASE, THE "PROFESSIONAL WILL TO RESPOND."

WE KNOW WHAT WE HAVE TO DO. THE LEADERS OF OUR PROFESSIONAL ASSOCIATIONS HAVE DONE A GOOD JOB LAYING OUT THE OPTIONS.

OUR PROFESSIONAL JOURNALS HAVE BEEN SCRUPULOUS ABOUT GUARANTEEING PROMINENT COVERAGE OF ALL THE ISSUES AND HAVE PRINTED THE CONTRIBUTIONS OF THOUGHTFUL, RESPONSIBLE, AND HELPFUL PEOPLE.

SO WE ARE NOW AT THE LEVEL OF THE INDIVIDUAL PHYSICIAN ... AND WE MUST ASK IF HE OR SHE IS DEMONSTRATING THE PROFESSIONAL WILL TO RESPOND TO THE CHALLENGES, AS THEY'VE BEEN SPELLED OUT.

I THINK WE NEED TO FOCUS ON THE NEED TO SUPPORT THE INDIVIDUAL PHYSICIAN -- WHETHER IN GRADUATE OR POST-GRADUATE TRAINING OR ALREADY IN PRACTICE -- AND PROVIDE THAT PERSON WITH SPECIFIC GUIDANCE FOR HIS OR HER PERSONAL AND PROFESSIONAL BEHAVIOR.

IN THIS CONNECTION, I RECOMMEND THAT YOU READ NOT ONLY THE MAIN BODY OF THE REPORT OF THE COMMITTEE ON AIDS, BUT ALSO APPENDIX A, WHICH URGES US TO HELP OUR COLLEAGUES -- YOUNG AND OLD -- "ADDRESS AND COPE WITH THEIR FEARS AND PREJUDICES IN TREATING HIV-INFECTED PATIENTS."

IN OTHER WORDS, IT'S NOT ENOUGH FOR OUR PROFESSION TO CLARIFY THE ISSUES AND THE CHALLENGES. THAT'S BEEN DONE AND IT'S BEEN DONE VERY, VERY WELL.

BUT IT'S NOT ENOUGH. WE NEED TO HELP MAKE SURE THAT EVERYONE IN THE PROFESSION IS PROCESSING THAT INFORMATION AND IS MAKING ALL THE NECESSARY ADJUSTMENTS OF BEHAVIOR AND OF COMMITMENT.

WE NEED TO PROVIDE SUPPORT TO THE INDIVIDUAL PRACTITIONER WHO IS TRYING TO BALANCE THE "DUTY TO TREAT" WITH THE "DUTY TO WARN." I SAY "PROVIDE SUPPORT" BECAUSE I CAN'T SAY "PROVIDE ANSWERS." AT THIS NATIONAL, ORGANIZATIONAL LEVEL, WE DON'T HAVE MANY ANSWERS THAT ARE BOTH SPECIFIC AND ALSO UNIVERSALLY APPLICABLE IN EVERY PATIENT-CARE SITUATION IN EVERY JURISDICTION ACROSS THE COUNTRY.

THE PRACTITIONER -- AT THE LOCAL LEVEL -- HAS TO DEVISE THE APPROPRIATE, SPECIFIC ANSWER THAT BOTH WORKS IN THAT PRACTICE ENVIRONMENT AND THAT ALSO FITS WITH THE PRACTITIONER'S OWN SENSE OF WHAT IS AT STAKE ... MORALLY, ETHICALLY, PERSONALLY, AND PROFESSIONALLY.

AN INDIVIDUAL PHYSICIAN WHO CANNOT SORT OUT THESE QUESTIONS AND DEAL WITH THEM AS WELL AS POSSIBLE -- FOR WHATEVER REASONS -- IS NOT A PHYSICIAN WHO WILL DEMONSTRATE THE "PROFESSIONAL WILL TO RESPOND."

AND RIGHT NOW IT IS ABSOLUTELY ESSENTIAL THAT BOTH THE MEDICAL PROFESSION AND THE GENERAL PUBLIC FEEL SECURE THAT INDIVIDUAL PHYSICIANS ARE SHOWING THAT KIND OF COMMITMENT AND PROFESSIONAL WILL-POWER.

WE ARE ALREADY SEEING THE ALTERNATIVE TO THIS COURSE OF ACTION. WE ARE SEEING, FOR EXAMPLE, THE ISSUE OF CONFIDENTIALITY BEING DECIDED BY THE ELECTORATE THROUGH THE BALLOT BOX.

WE ARE SEEING PRESIDENTIAL COMMISSIONS AND STATE COURTS TRADING THEORIES AND OPINIONS ABOUT PROFESSIONAL MEDICAL BEHAVIOR.

IN A WORD, WE ARE SEEING PHYSICIANS RELEGATED TO A SIDELINE ROLE, AS THESE IMPORTANT MATTERS ARE DEBATED AND ADJUDICATED ELSEWHERE IN OUR SOCIETY.

FRANKLY, I CAN'T RECALL ANOTHER SITUATION IN WHICH A FUNDAMENTAL ISSUE OF MEDICAL PRACTICE -- IN THIS CASE, THE CONFIDENTIAL NATURE OF THE PHYSICIAN-PATIENT RELATIONSHIP -- WAS LEFT TO THE ELECTORATE TO DECIDE.

IT'S NOT A GOOD SIGN.

TO ME, IT MEANS THAT THE PUBLIC IS FRUSTRATED BY A PERCEIVED LACK OF LEADERSHIP -- REAL OR IMAGINED -- ON THE PART OF THE MEDICAL PROFESSION.

AND I'M CONCERNED THAT YOUNG PHYSICIANS -- THE YOUNG MEN AND WOMEN IN YOUR SCHOOLS AND MEDICAL CENTERS -- MAY FEEL THE SAME FRUSTRATION. IF THAT'S THE CASE, THEN -- AGAIN -- WE CANNOT EXPECT THEM -- ON THEIR OWN -- TO EXERCISE THE PROFESSIONAL WILL TO RESPOND TO THE CHALLENGES POSED BY THE AIDS EPIDEMIC.

THEY NEED A GREAT DEAL OF SUPPORT, AND I BELIEVE THE TIME IS RIPE FOR US TO FOCUS ON THAT PARTICULAR TASK ... THAT IS, WHAT KIND OF SUPPORT SHOULD THAT BE AND HOW CAN WE PROVIDE IT?

ONE FINAL POINT. I BELIEVE THAT AMERICA'S PHYSICIANS POSSESS A SUFFICIENT RESERVOIR OF COMMITMENT TO THE TRADITIONAL, ETHICAL TENETS OF MEDICAL PRACTICE SO THAT THIS TASK OF SUPPORT IS NOT AN OVERWHELMING ONE. MY PROOF IS NOT VERY SCIENTIFIC, BUT I FEEL I CAN NEVERTHELESS SAY THAT THE GREAT MAJORITY OF OUR COLLEAGUES ARE INDEED PROVIDING QUALITY, COMPASSIONATE CARE TO PERSONS WITH AIDS.

I AM AWARE, OF COURSE, THAT THERE HAVE BEEN SOME INSTANCES OF AIDS PATIENTS BEING TURNED AWAY FROM PHYSICIANS' OFFICES OR HOSPITAL ADMITTING OFFICES. BUT THOSE ARE CLEARLY EXCEPTIONS TO THE RULE OF PROFESSIONAL BEHAVIOR. I DON'T LIKE THE FACT THAT THEY HAVE OCCURRED ... BUT I DO NOT BELIEVE THEY ILLUSTRATE ANYTHING OTHER THAN A SCATTERED LAPSE FROM THE NATIONAL PROFESSIONAL NORM.

IN ANY CASE, WE CANNOT ALLOW SUCH CONDUCT WITH REGARD TO AIDS. IF WE LET IT PASS FOR AIDS, THEN WHAT WILL BE THE NEXT EXCEPTED CONDITION ... OR CLASS OF PATIENT?

THESE HAVE BEEN A FEW THOUGHTS SUGGESTED, IN PART, BY OUR COLLECTIVE EXPERIENCE WITH AIDS OVER THE PAST 7 YEARS AND PARTLY BY THE REPORT OF YOUR COMMITTEE ON AIDS AND THE ACADEMIC MEDICAL CENTER.

IT'S A GOOD REPORT. I COMMEND THE A.A.M.C. FOR DEVELOPING AND PUBLISHING IT. AND I COMMEND THE COMMITTEE FOR INCLUDING, IN THE APPENDIX, A STATEMENT ON PROFESSIONAL RESPONSIBILITY WHICH HARKS BACK TO THE BASIC PRINCIPLES OF PATIENT CARE AND WHICH REMINDS US THAT THE INDIVIDUAL PHYSICIAN WHO WISHES TO LIVE AND PRACTICE BY THOSE PRINCIPLES NEEDS A GREAT DEAL OF SUPPORT -- AND NEEDS IT NOW -- IN THIS VERY TRAGIC "AGE OF AIDS."

AGAIN, THANK YOU FOR YOUR INVITATION TO ADDRESS YOU TODAY ... AND BEST WISHES FOR A SUCCESSFUL ANNUAL MEETING.

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