

---

# The American Medical Association and the War on AIDS

WILLIAM S. HOTCHKISS, MD

Dr. Hotchkiss is President of the American Medical Association. Tearsheet requests should be sent to him at the AMA, 535 North Dearborn St., Chicago, IL 60610.

## Synopsis .....

Since the identification of acquired immunodeficiency syndrome (AIDS) in 1981 as a distinct disease entity, the number of AIDS cases has steadily increased in the United States and throughout the world. Although the primary etiologic agent of AIDS, human immunodeficiency virus (HIV), has been identified and the major means by which the virus is transmitted—sexual contact, use of contaminated needles by IV drug abusers, perinatally, and through blood or blood products—are also known, no vaccines or specific therapies to combat the disease are available as yet.

*The AIDS crisis underscores the absolute necessity for the continuing support of the biomedical research enterprise in its many forms and settings and calls for an all-out effort in educating the world community about the means of preventing and controlling the disease.*

*The American Medical Association (AMA) has accepted the challenge to be in the forefront of this war on AIDS. In two recent reports adopted by its House of Delegates, the AMA has urged that a judicious balance be established between the well-being of HIV-positive patients and the protection of the public health. Education is identified as the major weapon currently available against the spread of this disease, and physicians are urged to assume the leadership role in educating themselves, their patients, and the public. In proposing 17 recommendations for physician, governmental, community, and public involvement and presenting an aggressive action agenda for the future, the AMA emphasizes the need for concerted and cooperative efforts by all members of society in the fight against AIDS.*

---

IT HAS BEEN A VERY LONG TIME since man was challenged with a disease that presented as great a threat as acquired immunodeficiency syndrome (AIDS). In the interim, knowledge had developed that encouraged us to believe that we had attained a mastery over infectious diseases. Smallpox, tuberculosis, poliomyelitis, Hansen's disease, and many other scourges have been eradicated or effectively brought under control.

Then came AIDS, and we were reminded that vigilance in our pursuit of knowledge can never be relaxed. The challenges that nature can and will present are infinite, and our mastery is an illusion. Our abilities to observe, analyze, and develop responses to new threats may be the most important products of the substantial investments we have made in basic research and investigation over the years. AIDS should convince us of the absolute necessity for continuing support of the biomedical research enterprise in its many forms and settings. We shall conquer AIDS; but when we do, the accomplishment should serve to underscore the need to prepare for the next unexpected problem.

The number of AIDS cases has steadily increased in the United States and throughout the world since the disease was identified in 1981. In 1984, the infectious agent for AIDS was identified as a retrovirus, the human immunodeficiency virus (HIV), which had not been well described previously. Subsequently, a number of diseases have been associated with HIV infection, including a variety of constitutional symptoms and infections collectively known as ARC (AIDS-related complex). To curtail the spread of AIDS and to control the disease in AIDS patients, three major scientific accomplishments would be ideal: (a) the development of an effective vaccine, (b) the development of effective antiviral therapies, and (c) the development of methods for immune reconstitution. At this time none of these remedies is available, and the Public Health Services does not expect that any will be before 1990.

Although vaccines and specific therapies are not available, the primary etiologic agent of AIDS has been identified. Furthermore, the major means by which the virus is transmitted are also known:

sexual contact, the utilization of contaminated needles by IV drug abusers, perinatally, and through blood or blood products. The routine application of tests for the detection of HIV-contaminated blood has significantly reduced the likelihood of virus infection from that source. The effective countermeasure to AIDS is behavior modification resulting from education about the disease. Research on the relationship between behavior and various educational methods is needed if we are to protect people.

As a major educational resource on health matters, physicians are especially important to the current information dissemination process. It is essential that physicians practicing in communities throughout the nation not only be fully informed about AIDS, but also that they share the information with patients and the public.

The American Medical Association (AMA) has accepted the responsibility to equip physicians with the knowledge about AIDS. Although some physicians may not be involved with treatment of an AIDS patient, all physicians will encounter requests for information about AIDS from their patients and the public. When questions and concerns about AIDS arise, they can be addressed best by physicians who are knowledgeable, who understand the circumstances of the person seeking information, and who are available for consultation, face to face, with the person seeking advice. The AMA's primary role, therefore, is to disseminate information to physicians and to support physicians as credible and accessible sources of AIDS information.

The Journal of the American Medical Association (JAMA) is on the leading edge of the AMA's efforts to keep physicians up to date on developments. The Centers for Disease Control's "Morbidity and Mortality Weekly Reports" (MMWR), which provide brief but definitive reports, are published in JAMA as "Leads from the MMWR." The "Medical News Section" of JAMA focuses on the variety of issues—medical, legal, and social—that the disease has made acute. Clinical and research articles in JAMA, of course, find a wide audience through the publication. A book entitled "AIDS from the Beginning," which includes the items published in JAMA since AIDS was first identified and some specially prepared commentaries, was published early in 1986, and a revised edition is currently being considered.

The AMA's Board of Trustees and the Council on Scientific Affairs, Council on Medical Service, and Council on Ethical and Judicial Affairs have

*'The American Medical Association (AMA) has accepted the responsibility to equip physicians with the knowledge about AIDS. . . . The AMA's primary role, therefore, is to disseminate information to physicians and to support physicians as credible and accessible sources of AIDS information.'*

given AIDS substantial attention. More than 30 reports have been prepared for consideration by the AMA's House of Delegates and subsequent dissemination. These have addressed and interpreted the science of the disease, its progress, the AMA's commitment to its control, and the professional and ethical responsibilities of physicians in the AIDS crisis.

These reports have established policies that have been used in litigation relating to discrimination, confidentiality, and testing. Also, the reports have helped the profession to maintain a strong sense of confidence in the scientific approach being applied to AIDS amidst an atmosphere of speculative fears in society.

At its annual meeting in June 1987, the House of Delegates adopted Board of Trustees Report YY (J), which delineated 17 recommendations to be pursued. Those recommendations (paraphrased) follow.

## **Guidance**

**Recommendation 1.** A commission, modeled after the one that made recommendations on the problems of Social Security financing in the early 1980s, should be constituted with representatives from the Executive Branch of the Federal Government, the Congress, State and local governments, and the private sector and directed to develop a consensus for consideration by the Congress, the Executive Branch, State and local governments, and private associations and institutions.

Note: The President's National Commission on AIDS was appointed in July 1987. It is hoped that this high-level body, which will operate to the side

of the more formal political processes, may have the best chance of forging the necessary national consensus, which can become the basis for concerted and coordinated action by both the public and private sectors.

**Recommendation 2.** In consultation with the health care community and government officials, the communications industry must develop voluntary guidelines for public service advertising regarding AIDS. The AMA intends to be a catalyst in this effort to immediately bring the communications and health care communities together.

**Recommendation 3.** A conference should be held immediately among the AMA, other organizations of physicians, and public health officials at all levels of government to determine:

- the types of education and training that are necessary for effective counseling,
- the people in the health care community who should receive this education and training,
- the current resources available for such education and training,
- recommendations for providing additional resources, including consideration of the respective roles of medical associations and government at all levels,
- recommendations on how to update information continually as new scientific data are developed,
- recommendations concerning alternative measures to prevent the spread of AIDS where education and counseling are not likely to be effective—particularly among IV drug users, through such programs as expanded methadone maintenance.

Note: This conference was held March 10–11, 1988, in Alexandria, VA. For further information, write to Group on Science and Technology, AMA, 535 N. Dearborn St., Chicago, IL 60610.

## Testing

**Recommendation 4.** Tests for the AIDS virus should be readily available to all who wish to be tested. The tests should be routinely subsidized for persons who cannot afford to pay for them.

**Recommendation 5.** Testing for the AIDS virus should be mandatory for donors of blood and blood fractions, organs, and other tissues intended for transplantation among patients in the United

States or abroad, for donors of semen or ova collected for artificial insemination or *in vitro* fertilization, for immigrants to the United States, for inmates in Federal and State prisons, and for military personnel.

**Recommendation 6.** Voluntary testing should be provided regularly for the following kinds of people who give an informed consent:

- patients at sexually transmitted disease clinics,
- patients at drug abuse clinics,
- women in the first trimester of pregnancy who are from high-risk geographic areas,
- persons seeking family planning who are from areas with a high incidence of AIDS or who engage in high-risk behavior,
- patients requiring surgical or other invasive procedures who are from areas with a high incidence of AIDS or who engage in high-risk behavior. If the voluntary policy is not sufficiently accepted, the hospital and medical staff should consider a mandatory program for the institution.

**Recommendation 7.** As a matter of medical judgment, physicians should encourage voluntary HIV testing for patients whose history or clinical status warrant this measure.

**Recommendation 8.** Persons who test seropositive for HIV should be reported to appropriate public health officials on an anonymous or confidential basis—with enough information to be epidemiologically significant.

**Recommendation 9.** Physicians should counsel patients before testing for AIDS to educate the patients about effective behaviors to avoid the risk of AIDS to themselves and others. In public screening programs, counseling may be done in whatever form is appropriate, given the resources and personnel available, as long as effective counseling is provided.

**Recommendation 10.** Physicians should counsel patients who are found to be seropositive regarding (a) responsible behavior to prevent the spread of the virus, (b) strategies for protecting the health of someone who has a compromised immune system, and (c) the necessity of alerting sexual contacts, past (5–10 years) and present, regarding their possible infection by HIV. Long-term emotional support should be provided or arranged for seropositive patients.

**Recommendation 11.** Patients should knowingly and willingly give consent before a test for AIDS is conducted.

**Recommendation 12.** Public funds must be provided in an amount sufficient (a) to promptly and efficiently counsel and test for AIDS, (b) to conduct the research necessary to find a cure and develop an effective vaccine, (c) to conduct studies to evaluate the efficiency of counseling and education programs on changing behavior, and (d) to assist in the care of AIDS patients who cannot afford proper care or who cannot find appropriate facilities for treatment and care.

### **Surveillance and Protection**

**Recommendation 13.** Antidiscrimination laws must be clarified or amended to protect persons who test positive for antibodies to HIV.

**Recommendation 14.** Model confidentiality laws must be drafted that can be adopted at all levels of government to encourage as much uniformity as possible in protecting the identity of AIDS patients and carriers, except where the public's health requires otherwise.

**Recommendation 15.** Consistent with the proposal by the Secretary of Health and Human Services, a national study in various areas of the country must be undertaken immediately to determine the prevalence and conversion rate of the virus in the United States population, and the study must be repeated at appropriate intervals to gauge the spread of the disease.

**Recommendation 16.** Specific statutes must be drafted that, while protecting to the greatest extent possible the confidentiality of information concerning patients, (a) provide a method for warning unsuspecting sexual partners, (b) protect physicians from liability for failure to warn the unsuspecting third party, but (c) establish clear standards for when a physician should inform the public health authorities, and (d) provide clear guidelines for public health authorities who need to trace the unsuspecting sexual partners of the infected person.

**Recommendation 17.** Given the risk of infection being transmitted sexually, and given the dire potential consequences of transmission, serious consideration should be given to sanctions, at least

in circumstances where an unsuspecting sexual partner subsequently finds out about a partner's infection and brings a complaint to the attention of authorities. Preemptive sanctions are not endorsed by this recommendation.

### **Other Actions**

Other actions at the annual meeting authorized the AMA

1. to institute an AIDS public awareness and information program,

2. to endorse the education of elementary and young adult students within the school system regarding the mode of transmission and prevention of transmission of the HIV,

3. to address, through the Council on Ethical and Judicial Affairs, the patient confidentiality and ethical issues raised by known HIV antibody-positive patients who refuse to inform their sexual partners or modify their behavior,

4. to work with various State societies in seeking to delete legal requirements for consent to medically indicated HIV testing that are more extensive than requirements generally imposed for informed consent to medical care,

5. to assist States in their efforts to take whatever actions are necessary to allow blood banks and health departments to share information for the purpose of locating and informing persons who have any transmissible blood-borne diseases.

6. to seek greater involvement and adequate funding from the State and national levels for immediate development and implementation of AIDS-HIV educational programs,

7. to work with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with AIDS and AIDS-related conditions,

8. to lobby for Federal, State, and local governments to allocate funds for AIDS education programs in schools, colleges, and the news media,

9. to expand its work with AIDS public service announcements to include messages on abstinence, use of condoms, and safer sex for distribution to the media that specifically target high-risk groups,

10. to identify risk factors and guidelines for hospitals, medical staffs, and health workers appropriate to the care of AIDS and HIV-positive patients,

11. to include in such guidelines policies that would enable physicians caring for patients with a positive HIV test to discuss with legal immunity

and in a confidential manner these patients with other health care professionals who are also involved in their care, and assist State medical societies in changing State laws where such an exchange of information is now prohibited,

12. to distribute these guidelines widely and encourage medical staff and health workers to work closely with their hospital administrations and governing bodies in establishing appropriate hospital policy regarding AIDS and HIV-positive patients,

13. to affirm AMA's support for the dignity and self-respect of all patients,

14. to oppose all acts of medically unfounded discrimination against patients because of their medical condition,

15. to join with the Surgeon General of the Public Health Service and the public health community in endorsing the use of condoms as one useful measure in attempting to contain the spread of the HIV,

16. to investigate the possibility of cooperation in setting up a foundation or coalition with the public health community or government agencies, or both, for the purpose of developing standards and producing tasteful public service announcements regarding the use of condoms for limiting AIDS and other sexually transmitted diseases.

## Ethics

At its interim meeting in December 1987, the AMA's House of Delegates received the report "Ethical Issues Involved in the Growing AIDS Crisis" (2) from its Council on Ethical and Judicial Affairs, which concluded in summary

1. A physician may not ethically refuse to treat a patient whose condition is within the physician's current realm of competence solely because the patient is seropositive. Persons who are seropositive should not be subjected to discrimination based on fear or prejudice.

2. Physicians are dedicated to providing competent medical service with compassion and respect for human dignity.

3. Physicians who are unable to provide the services required by AIDS patients should make referrals to those physicians or facilities equipped to provide such services.

4. Physicians are ethically obligated to respect the rights of privacy and confidentiality of AIDS patients and seropositive patients.

5. Where there is no statute that mandates or

prohibits the reporting of seropositive patients to public health authorities, and a physician knows that a seropositive patient is endangering a third party, the physician should (a) attempt to persuade the infected patient to cease endangering the third party, (b) if persuasion fails, notify authorities, and (c) if the authorities take no action, notify the endangered third party.

6. A physician who knows that he or she is seropositive should not engage in any activity that creates a risk of transmission of the disease to others.

7. A physician who has AIDS or who is seropositive should consult colleagues as to which activities the physician can pursue without creating a risk to patients.

## Agenda

The AMA plans an aggressive AIDS-related program for the future. A listing of some of the activities for that program follows.

### Science, technology, education.

- A panel of scientists is preparing a report on HIV testing.
- An expert AIDS panel of the Council on Scientific Affairs will seek to work closely with a similar committee organized by the American Hospital Association to address AIDS problems in hospitals.
- A monograph on counseling AIDS patients, their families, seropositive patients, and the worried well is in preparation and will be ready for distribution as a brochure within a few months.
- A text on adolescent health is being prepared.
- A series of AMA meetings and conferences related to AIDS have been or will be held, including

—a National AIDS Conference on the education of high risk groups, with more than 200 participating organizations. A "white paper" useful for health education purposes is an expected outcome.

—a meeting of medical student representatives from all U.S. medical schools to address the role of medical students in the AIDS education of the high school and college population. The AMA's Medical School Section is cooperating in the effort.

—a biotechnology conference on AIDS treatment methodologies and modalities.

—an adolescent health conference, with sessions on AIDS.

—a Conference on Treatment INDS (investigational new drugs), cosponsored by the Food and Drug Administration, to address AIDS treatment modalities.

—a public policy invitational conference on the role of government in adolescent health and AIDS, Duke University, June 1988.

—a teleconference transmitted to hospitals on AIDS in hospitals and its impact on employees.

—a teleconference transmitted to medical schools on medical schools and AIDS.

- A survey of physicians' knowledge and attitudes on AIDS.

#### **Medical education.**

• The Medical Education Group is considering collecting appropriate AMA reports on AIDS and packaging them for distribution to U.S. medical schools as a resource.

• The Council on Medical Education will be developing a report on the impact of AIDS on medical education.

**Medical services.** The financing of AIDS care will be studied by the Council on Medical Services with input from Blue Cross/Blue Shield, the Health Insurance Association of America, and others. As part of this effort, the council will visit major AIDS centers.

#### **State legislation.**

• Efforts of State legislatures to address AIDS will be monitored and reported on quarterly in "State Health Legislation Reports."

• The AMA's Department on State Legislation plans to assist State medical societies and specialty societies with responses to State initiatives.

• The AMA conference on State legislation, January 6-9, 1988, in California, addressed AIDS as well as other issues.

• The AMA will hold a series of meetings for State and specialty society representatives.

**Federal legislation.** The Council on Legislation and its staff will continue to monitor AIDS developments in Congress.

#### **Communications.**

• "AMNEWS" plans to continue its coverage of news about AIDS as it breaks. A regular biweekly column on AIDS developments is being considered; the feature would not supplant coverage of

events that merit specific attention in "AMA News."

• The AMA's Division of Television, Radio and Film Services is producing AIDS teleconferences and video news releases on AIDS, and related articles will be produced in JAMA as appropriate. The division also is working on a proposal for a series of short educational videos aimed at high school students.

• AMA responses to incoming media calls regarding AIDS will receive appropriate attention, as has been the routine practice.

• The AMA has distributed a book to State medical societies explaining a Health and Human Services (HHS) radio project on AIDS and advising the societies on responses to radio station inquiries that are generated by the HHS program and made to the radio station.

• The AMA's "AIDS Issue Packet" will be updated as needed for AMA speakers.

• AIDS questions will be included in professional and public survey instruments.

• Community responses to AIDS were addressed in a section of the National Leadership Conference program in February.

**Legal.** The Council on Ethics and Judicial Affairs will review its opinion on AIDS care and other issues in 1988.

**Auxiliary.** The AMA's Auxiliary, whose membership is composed of spouses of AMA's member physicians, featured AIDS education as part of the program at its Leadership Conference in February. The Auxiliary's list of projects for 1988 includes AIDS activities. The Auxiliary will promote its existing AIDS guidelines and education plans in its newsletter. The Auxiliary could be interested in working with the medical student outreach program on AIDS education.

**Medical society relations.** The Council on Medical Society Relations plans to convey information concerning AMA's AIDS-related activities to the members of the Federation of State and County Medical Societies. A survey through FEDNET has just been completed on State medical society AIDS task forces and hot lines.

These activities amply demonstrate that the AMA intends to meet its responsibilities to inform the medical profession about AIDS, encourage and support research, protect patients' rights, contribute to the general public awareness of the disease, discourage high risk behaviors, encourage and coordinate with the activities of other organizations, provide a variety of forums for the thor-

ough discussion of events and developments, and serve the needs of its members for inspiration and advice as medicine responds to the threat of the HIV.

Further, the AMA is making every effort to identify additional activities that would make its contributions more effective. The AMA's efforts and policies are an interim response and will certainly evolve as new information becomes available.

**References** .....

1. Report YY of the Board of Trustees: Prevention and control of AIDS—an interim report. Group Office of Science and Technology, American Medical Association, Chicago, June 1987.
2. Report A of the Council on Ethical and Judicial Affairs: Ethical issues involved in the growing AIDS crisis. Division of Medicolegal Affairs, American Medical Association, Chicago, December 1987.

**AIDS**  
A worldwide effort will stop it.



WORLD HEALTH ORGANIZATION  
SPECIAL PROGRAMME ON AIDS