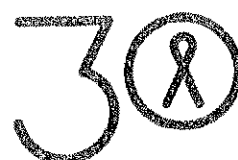


National HIV & AIDS Archive

Print Media

13th to 20th November 1987

HIV Ireland
1987—2017





"I EXPECT TO GET
THROUGH 50 GROSS IN THE
NEXT FEW MONTHS."

Mates

A rather extravagant claim, you'd be forgiven for thinking. But having fun has become a serious business in the last year or so. And AIDS is the culprit.

In New York, it's already the biggest killer of women aged between 25 and 35.

And in Britain, it now claims one life each day. By 1991, BMA figures suggest that up to 100,000 people may have the virus. Heterosexuals and homosexuals alike.

And given the speed with which the virus is changing, the chances of finding an effective cure are remote.

However bleak the outlook, it is possible to guard against it.

Using a condom will greatly reduce the risk of contracting AIDS, as well as cervical cancer and other sexually transmitted diseases. Of that, there's no doubt.

Hence the recent appearance of Mates Healthcare on the condom market.

Mates are made by one of the world's leading condom manufacturers.

The range includes Natural Mates, Ribbed Mates and Coloured Mates. All of which carry the official BSI Kitemark.

They're just as reliable and sensitive as other condoms. But they cost less.

So they're easier on the pocket too. We've been joined in

the protection business by pubs, newsagents, clubs, record shops, garages, charlottes and supermarkets. Thanks to them, Mates are far more widely available.

What's more, though they cost less than other brands, Mates Healthcare Ltd. should still make a healthy profit.

That profit will chiefly be used for education programmes in 'Safer Sex' for the young.

We also plan to give money to hospices and counselling services for those dying of the disease.

All in all, it's our avowed aim to help stop the spread of AIDS. So spread the word.

MATES. YOU MAKE LOVE. THEY MAKE SENSE.

The Times
13th November 1987

BMA view on doctors with Aids

From the Chairman of Council of the British Medical Association

Sir, As your leader, "Confidential Aids" (November 11), points out, doctors are entitled to patients' rights to confidentiality of condition and treatment when they themselves are patients.

Like other patients, once a doctor is diagnosed as being HIV positive counselling and advice about the virus will be given. The individual will then learn exactly how to modify his or her professional lifestyle so that patients can be safeguarded. The advice will come from other doctors who will have expert knowledge about Aids and its transmission.

Before there was a cure for syphilis, another sexually transmitted disease, there were doctors who were victims. We knew how that disease was transmitted and could ensure that patients were not put at risk. Today we know how the Aids virus is transmitted.

The BMA believes that there may be cases where doctors who have the virus should not continue in their particular speciality, and that retraining, replacement or compensation to leave the NHS may be appropriate; for instance, where there is a danger of "blood-to-blood" contact with patients.

There are other forms of medical practice where this kind of contact does not occur and where the doctors can take adequate precautions to ensure that it does not occur. For them it will be perfectly possible to continue to treat patients.

Sir Gerard Vaughan, whose fears are quoted in your leader, would not be in any sort of danger from having his wound dressed by a doctor, or a nurse or dentist for that matter, who was HIV positive unless the doctor had a cut that could bleed into the wound.

Doctors, like others who become sufferers of this disease, know that they must seek advice. Witch hunts which destroy the ethic of confidentiality do great harm. They stop people coming forward for the treatment they so urgently need and the risks of the disease spreading will be magnified. Doctors know full well what their moral obligations are to their patients and what they must do if there is any likelihood of patients being put at risk.

Yours faithfully,
JOHN MARKS,
Chairman of Council,
British Medical Association,
BMA House,
Tavistock Square, WC1.
November 11.

DSR
1994
b397
b398

Ban demanded on faulty condoms

By Thomson Prentice, Science Correspondent

Some brands of condoms are so unsafe that they should be banned, and stricter quality controls should be introduced by the Government, a watchdog group said yesterday.

More than 70 per cent of one brand leaked when filled with water during laboratory tests, according to a survey by the Association of London Authorities. Another had a 19 per cent failure rate, and nine per cent of a third make also leaked.

"We are considering taking legal action under the Trade Descriptions Act, and we urge anyone who has bought these particular brands not to use them", Mr Patrick Kelly, a spokesman for the Association, said.

"At a time when the Government is encouraging the use of condoms to prevent the spread of Aids it is vital that the products should be subjected to the strictest safety checks."

The three imported brands are the Japanese-made Stopex, which had a 73 per cent failure rate; Duet Supersafe Ribbed,

from West Germany, of which 19 per cent failed, and Bio-Plus, made in West Germany and Denmark.

The Stopex condoms are available through mail order, Duet can be bought from chemists, and Bio-Plus are dispensed from vending machines in public houses.

The association warned condom purchasers to buy only well-known products carrying the British Standards Institute kitemark, although it wants those standards to be improved.

Mr Kelly said: "The BSI test allows a 3 per cent failure rate and we see no reason why 100 per cent of all brands should not be electronically tested to reduce this margin."

Durex, the leading brand, passed tests for thickness, weight, visible defects, holes and strength, although two per cent leaked.

The survey was conducted before the Mates brand was launched by Mr Richard Branson's Virgin group of companies.

Independent
13th November 1987

20 condom brands fail test for safety

A TEST of condoms organised by London local authorities has found that only five brands out of 25 met the requirements of British Standards.

John MacDonald, secretary of the Association of London Authorities, said: "Our findings are extremely worrying. Poor standards for condoms undermine the whole government Aids campaign."

London authorities are taking legal action against the retailers of three brands, Stopex, Bio-plus and Duet Supersafe. In the case of Stopex, sold in Haringey, 73 per cent of those tested either burst or were found to have holes. Furthermore, 60 per cent of Stopex condoms were found to be too narrow.

Bio-plus, sold in Barking and Dagenham, failed the strength test and one in 10 was found to have holes. Duet Supersafe, sold in Greenwich, had holes in 19 out of 100 tested.

A further four brands, Bareback, Siltex, Aegis Fruit Flavour and Rib Dot Delay failed because they burst when filled with water

By Simon Midgley
Education Reporter

or had more than the allowed number of holes.

Trevor Davis, the consumer services officer of the Association of London Authorities, said: "The retailers are being sued under the Trade Descriptions Act which says that an article must be suitable for the purpose for which it is sold."

"The Consumer Protection Act 1987 provides no standard to prevent the sale of faulty condoms. It leaves the courts to define what is meant by safe goods. We want standards to define quality."

Durex, which has 95 per cent of the market, conformed to British Standards. Durex Gold, for example, had only two condoms out of a hundred with holes — up to three with holes are allowed. Lifestyles Extra, another nationally-marketed brand made by an American company, was not found to have any holes but was too thick to conform to the British Standard for sensitivity.

Condom demand boosts LIG

BY DAVID WALLER

BUOYANT SALES of condoms helped **London International Group**, consumer products and services group, achieve a 23 per cent increase in pre-tax profits to £15m for the six months to the end of September.

Condoms still represent the only recommended form of protection against Aids and LIG sells over 500m each year, principally under the Durex brand name. Worldwide demand from consumers is growing at 20 per cent a year - and at a higher rate from retailers who are keen to stock the product as it becomes more respectable.

Such favourable market conditions helped LIG's health and personal products division increase its trading profits by 36 per cent to £8.6m, on sales up by just 16 per cent in sterling terms. Fear of Aids has also stimulated sales of surgical rubber gloves.

The home products and services division mustered profits of £7.8m (£6.7m), despite a lower

contribution from businesses divested during the first half. Operating profits from the core photographic and electrical businesses rose by 22 per cent.

Royal Worcester Spode, the fine china company, fell into the red. Mr Alan Woltz, LIG's chairman and chief executive, blamed the £0.4m loss (£0.2m profit) on seasonal factors and predicted that it would make a profit in the full year.

Earnings per share rose by 24 per cent to 7.62p, and the interim dividend was increased by 17 per cent to 2.05p. The results included no contribution from HATU-ICO, Italy's leading condom manufacturer, which LIG bought for L103bn (£47m) in September.

• comment

It is easy to dismiss the threat to LIG's 96 per cent share of the UK condom market posed by Mates, a new condom launched

this week by Mr Richard Branson, the pop entrepreneur. More publicity can only increase the rate of growth in a market already expanding rapidly on fears of Aids and a £20m government education programme - and in any case, sales of condoms in the UK account for only 5 per cent of total group turnover, so the impact on LIG's profits will be strictly limited. The company must be seen as a natural defensive stock, with sales of high-margin condoms rising year-in year-out until a better way of preventing Aids is discovered. The HATU-ICO acquisition seems in retrospect both well-executed and well-financed - with an issue of convertible Eurobonds on which LIG pays only a 4½ per cent coupon. Non-condom businesses are doing well, with the exception of Royal Worcester, and the group is on course for £34m in the full year. This puts the shares on a prospective p/e of 14.

LETTERS

The Church, morality and homosexuality

Dear Sir,

Your second leader today tells us that the beliefs of the Church of England about the moral status of homosexual acts "are not biblical if 'biblical' means that there is a definitive and unambiguous interpretation of scripture sufficient to solve every moral dilemma". But why should "biblical" mean that? When you say that adultery and fornication "are the biblical terms for what is involved in the divorce and remarriage of clergy" you are surely recognizing that the Bible is unambiguous on some matters.

I would like to ask then what your grounds are for supposing that the Bible is not unambiguous in its condemnation of homosexual practices. The Church of England has always recognized the Scriptures as the final court of doctrinal appeal and as the source of doctrinal authority; if it is the case that the Bible unambiguously condemns homosexual activity the Bishops have no authority to condone it.

"But even the most promiscuous homosexual is not lightly to be judged a greater sinner than those who would persecute him," you say. Are you assuming that promiscuous homosexuality is a worse sin than steady homosexuality? This argument is not really about degrees of sinfulness; nor is it clear why the exclusion of an

unrepentant sinner from the priestly office counts as persecution. And where is the light judgement? The real question is whether the open avowal of practices always regarded as sinful by the universal church ought to be tolerated in the priesthood?

I thought "Church, morality and sex" was intelligent enough about the possible place of the Church of England in our world to make the questions worth asking.

Yours faithfully,
IAN ROBINSON
Doncaster, South Yorkshire
9 November

Dear Sir,

I would like to congratulate whoever wrote the leading article today on Church, morality and sex. It is without question one of the most reasoned and thoughtful ethical statements that I have ever seen in a newspaper. I say this as one who has lectured in ethics in two theological colleges (and still do in one) and who was for several years on General Synod, its Standing Committee and Board for Social Responsibility.

The Rev. Tony Higton's motion had two grave defects:

1. He cloaks what is intended to be an attack upon homosexuals, as is clear from his statements to the Press and on television, with

what appears to be an attack on fornication and adultery but does he realise that by Christ's own words every person who marries after divorce commits adultery, and that many in General Synod have for years been trying to find a means by which the Church can re-marry after divorce? He also seems to be unaware that the comparatively few statements in the New Testament about homosexuality are clearly intended not for the genuinely orientated homosexual of today but the perverted heterosexual all too common in the decadent life of that period of the Roman Empire.

2. He speaks of all priests having to conform to "exemplary moral standards" under threat of non-appointment or dismissal but there are Seven Deadly Sins of which lust is only one — how are the clergy to be examined for pride, envy, covetousness, anger, sloth and gluttony — there are few of us who could be declared exemplary in everyone of these!

As you rightly say true morality does not make indiscriminate judgements on groups but on individual accountability — so may it always be if religious intolerance is not to rear its ugly head.

Yours faithfully,
Canon DOUGLAS A. RHYMES
Fontwell, West Sussex
9 November

PAGE 46

City

Wellcome coy on AIDS drug

THE number of diagnosed AIDS cases in the world is only the tip of the iceberg, says Alfred Shepperd, chairman of Wellcome.

But the iceberg that will eventually be Wellcome's profits from their new AIDS drug, Retrovir, has not yet broken surface.

Retrovir is not a cure for AIDS, say Wellcome. It is a treatment. Normally, 50pc of victims die within a year of being diagnosed. Of those treated with Retrovir, 90pc were alive after a year. Alfred Shepperd says Retrovir has no competitor in the world. He

will give no view of future Retrovir profits.

Markets analysts' guesstimates go from £300m to £2bn a year.

But the thought was enough to advance Wellcome's shares 45p to 349p yesterday when the company announced profits for the year 35pc better at £169m.

A large slice of the improvement comes from the £160m sales of Zovirax, the treatment for herpes and Wellcome's top-selling medicine.

Final dividend is 2p making 2.81p against 1.32p the year before.

KENNETH ALLEN

Evening Press
13th November 1987

Schools campaign on AIDS

FURTHER to a recent report that the Department of Health is conducting an AIDS Education Campaign in secondary schools, the Congress of Catholic Secondary School Parent Associations issued a press statement expressing outrage that such a programme should be initiated without any prior consultation with parents.

Parents have continuously expressed their interest in health, human relationships and "sex" education programmes in second-level schools, but have never been consulted by the Department of Health or Education, which set up committees which ignored parents.

In July last, the CSPA issued a statement from the European parents' Association to all the national newspapers, RTE and the Department of Education, HEB and ASTI, on the subject of AIDS education. This appears to have been ignored by all concerned.

(Mrs.) MARY O'CARROLL

P.R.O., C.S.P.A.
Eagle Lodge,
Convent Road,
Rostcommon.

Wellcome Pretax Profit Surged in Fiscal Half

By RICHARD L. HUDSON

Staff Reporter of THE WALL STREET JOURNAL

LONDON — Wellcome PLC said a fast-selling herpes medicine helped fuel a 44% rise in pretax earnings in its fiscal second half. It also predicted that a new AIDS medicine soon will produce profits.

The big U.K. drug company said Retrovir, a treatment for acquired immune deficiency syndrome, racked up sales of £16 million (\$28.5 million) in fiscal 1987 ended Aug. 29. As expected, the new drug didn't contribute anything to Wellcome's profit in the period. Also called AZT, Retrovir is the most effective treatment available for AIDS.

Wellcome Chairman Alfred Shepperd said he expects greater sales and "a higher level of profit" from Retrovir in fiscal 1988. Other company officials said they're beginning new studies of the drug in the U.S. and Africa, research efforts that analysts say could lead to increased consumption. Industry forecasts for Retrovir sales this fiscal year range between £100 million and £200 million.

Zovirax Sales Surge

Even without Retrovir's help, Wellcome surprised London financial analysts with a greater-than-expected jump in pretax profit to £87.9 million in the fiscal second half, up from £61.1 million a year earlier. Net income surged 73% to £54.4 million from £31.4 million, while revenue gained 13% to £575.3 million from £507.8 million.

Reacting to the bullish news, Wellcome's share price jumped 42 pence to 346 pence in late trading yesterday on London's Stock Exchange.

Wellcome's second-half earnings rise stemmed partly from a 52% increase, to £160 million, in sales of its lucrative Zovirax herpes medicine. Mr. Shepperd said sales growth continues to accelerate as Zovirax wins additional sales licenses around the world. Wellcome profit also was helped by an end to red ink at Cooper Animal Health Group, a three-year-old joint venture with Imperial Chemical Industries PLC, a maker of veterinary drugs.

For all of fiscal 1987, Wellcome posted a 35% rise in pretax profit to £169.1 million from £125.3 million a year earlier. Net surged 47% to £94.1 million, or 11.2 pence a share, from £63.9 million, or 7.8 pence a share. Revenue climbed 12% to £1.13 billion from £1.01 billion.

Retrovir's status as the first effective AIDS treatment — along with its record retail pricetag of about \$10,000 a year per patient — has thrust the old-line British drug company into the international limelight. Wellcome previously was best known for its allergy and cold remedies, Actifed and Sudafed.

At a London news conference yesterday, Wellcome executives appeared uncomfortable as journalists from many countries focused on Retrovir rather than on its financial results. Mr. Shepperd initially declined to "get mixed up in any arguments" about Retrovir's high price, which has come under attack in the U.S.

Research Continues

But then the Wellcome chairman defended the price as justified by expenses. "The research and development is still going on," he said. "We still have a lot of

expenses on clinical trials ahead of us. The production process is 17 steps. Raw materials are very expensive."

Company officials previously have estimated Retrovir's development costs at \$80 million. Some industry analysts estimate Retrovir's profit margin before development costs, taxes and certain other expenses at about 65%. That's a generous margin, but still less than that of many other prescription drugs.

Wellcome officials said they began enrolling 6,000 people in new U.S. trials of the drug earlier this month. The largest tests, expected to take two to three years, will determine whether Retrovir can prevent illness among the estimated 1.5 million Americans infected but as yet unharmed by the AIDS virus.

In addition, Wellcome officials said, they're starting Retrovir trials in Africa, the presumed source of the virus, to learn more about the disease itself. The company also is studying other AIDS treatments. But Mr. Shepperd said, "We aren't aware of anybody (in the industry) within sight of a cure, or in sight of a vaccine" for AIDS.

There were shortages of Retrovir earlier this year. Wellcome officials said yesterday that a £17 million expansion of factories in the U.S. and England helped build up Retrovir stocks to £40 million by Aug. 29. Gearing up for Retrovir sales forced the conservatively financed company to nearly double its net borrowings to £96 million as of Aug. 29. As of that date, there were 15,000 patients taking the drug in 24 countries, Mr. Shepperd said.

TELEVISION

AIDS is either going to wipe out the world or it is not. Sodom and Gomorrah may and may not have had their day. Time will tell.

But I can tell you, with no fear of being turned into a pillar of salt, that I'm bloody fed up with programmes on AIDS.

Television seems determined (as are some other media) to do AIDS to the death. Likely, all this exposure is being encouraged by governmental and inter-governmental influences; they can't stop AIDS, and they won't try to do the elementary things that might halt it, like locking all the drug addicts who spread most of it away somewhere, which would have the dual benefit of cutting down on their legion of crimes as well.

And they cannot, since no one in history has ever succeeded either, stop people enjoying sex: sin wins every time.

Sure, I'm sympathetic and sure, I hope someone does produce a cure. But meantime, I'm also sympathetic to the millions of sufferers of other mass killing diseases that people just cannot avoid and which need publicity too.

What is it about AIDS: could it be the number of stars who've had it? Because it is attracting far more media time than any other disease.

Yes, we must have compassion: I don't care a hoot about the righteous who cry it is a punishment or retribution for it is no more than syphilis, gonorrhea or VD and no



Charles
Fitzgerald

Why so much about AIDS on our telly?

more a retribution than the man who has a fatal heart attack in the middle of sexual intercourse.

Marathon

But there is yet another programme in the Living With Aids marathon on BBC2 coming our way. But relax: it is not until next Friday and maybe, if the BBC powers that be read this and take a bit of advice, they might just cancel it. But alas, I doubt it, no matter how many millions of us are likely to switch off.

I just thought I let you know about it in advance so you can plan a trip to outer Mongolia or somewhere, where AIDS does not intrude (or has not reached us yet).

Such minority-interest viewing belongs at best, in educational viewing time, or else in the Open University: it is a boring, annoying switch-over

intrusion into my prime viewing time.

● That's if there was something to switch-over to: BBC1 has a film that is billed as 'a wild and adult

comedy' which, in my experience, is usually a come-on for dullness (National Lampoon's Vacation), while 2 has more, even more boring Woody Allen (9.50pm).

Why Jimmy Ellis would once rather have been a zoo-keeper when he is one of our finest actors beats me but apparently, that's what he's been telling Gerry Kelly (Kelly's People, UTV, 10.35pm). Gerry also has the anti-hunt mob along but since the programme comes from the Mourne Mountains, there is not much chance of them finding a good hunt to disrupt down there. Tally Ho... Gone Away!

● The rest of tonight is the usual dull crop of second rate sit-coms, apart from BBC1's late look at Level 42 (11.55pm). BUT there is gem of a film for steam engine fans on the famed scenic Fort William to mallaig section of the Highland Line (BBC2, 8pm). Racing fans have the best of it this afternoon with some great prospects at Cheltenham (BBC2, 2.20pm).



James Ellis is Gerry Kelly's guest in tonight's Kelly's People... On Tour.

Daily Mail
13th November 1987

Daily Mail, Friday, November 13, 1987

Preacher steps up fight to oust gay vicars

THE CLERGYMAN
who persuaded the Church of England to condemn homosexuality as sinful promised yesterday to press for the sacking of gay priests.

The Rev Tony Highton said he would act on information supplied by his supporters across Britain.

Although the General Synod turned down his attempt to outlaw homosexual priests he hopes the declaration that homosexuality is

By **STEVE DOUGHTY**
Home Affairs Reporter

sinful will pave the way for sackings.

The Essex rector intends to take up cases of homosexual priests with the bishops responsible for their discipline. 'You cannot fail to dismiss a clergyman who persistently indulges in sin,' he said.

Mr Highton, who comes from the Church's conservative, Evangelical wing, runs a moral campaigning organisation, Action For Biblical Witness To Our Nation, from his Emmanuel Church in Hawtwell, near Southend.

He says it has no political loyalties, has no outside financial sup-

port and is funded by voluntary contributions.

'We have spent £40,000 — over one-third of our Church budget — on ABWON this year, and we are far in the red. We are borne up by support from thousands of people in churches across the country. It's a grassroots Christian movement. We believe in the power of prayer and the power of God.'

'We are not just about sex — we want to see a return to Christian principles everywhere.'

Establishment figures in the Church hope that now the problem of homosexuality amongst the clergy has been aired the crisis will go away. They believe that if homosexual clergy do not become involved in public scandals there will be no need for action.

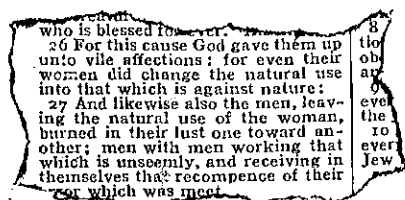
Mr Highton thinks differently.

Services for AIDS patients 'needed'

The psychological aspects and the issues involved in counselling those with AIDS and in training staff have, to date, been largely ignored in Ireland, the annual conference of the Psychological Society of Ireland was told in Ballina, Co Mayo, yesterday. A psychologist, Ms Patricia Redlich, Dublin, said as our AIDS population increases, the need for counselling services, support groups and the training of staff becomes increasingly urgent.

A British AIDS counsellor, Mr Ray Lightbrown, said that if HIV positive people felt good about themselves, recognise their own self-importance to love, trust and respect themselves, then they could not become ill. "This psychological strength will fend off illness," he said.

The Archbishop of Canterbury went further. Admitting that homosexual acts are condemned in the biblical and Christian tradition, he argued that the church should not condemn disciplined and responsible homosexuals. He declared "in the face of much cruel prejudice, I want to insist that to be homosexual by nature is to be a full human



St Paul knew what he thought

being". He said that the bishops were giving particular thought to homosexual clergy, and warned the synod of the danger of driving them out of the church.

The synod nonetheless strengthened the Bishop of Chester's motion, by declaring that the homosexual acts it specified should earn the same "call to repentance and exercise of compassion" as, it agreed, should be applied to fornication and adultery. But two of the three "houses" of the synod, clergy and bishops, turned down a proposal, accepted by the laity, that "appropriate discipline among the clergy should be exercised in cases of sexual immorality". The compromise merely "calls" on them to be exemplary in all spheres of morality.

The Archbishop of Canterbury was not expected to offer a clear, simple moral line. To him, "so serious a matter" as homosexuality "ought not to be dealt with by a single word". But simplicity may be just what his flock seeks and needs.

Church of England

Sin is a complex business

THE CHURCH of England is against homosexual practices, but not very much. The general synod, the Church's parliament, with homosexual clergy in mind, this week decided that homosexual acts, unlike fornication and adultery, are not a sin: they merely "fall short of the ideal" that "sexual intercourse is an act of total commitment which belongs properly within a permanent married relationship".

A parish priest, the Reverend Tony Highton, had tried to persuade the synod to accept a motion that fornication, adultery and homosexual acts are "sinful in all circumstances". The church has always previously thought so. He felt it should say so now, because the Lesbian and Gay Christian Movement is increasingly active in presenting the alternative view that the church should "officially recognise the permissibility and value of permanent monogamous homosexual relationships". Anglican priests from the gay movement were busily distributing their literature in the galleries of Church House Westminster during the crucial meeting of the synod.

But the bishops were against Mr Highton—in particular the Archbishop of Canterbury. The Bishop of Chester put forward a compromise motion substituting "falling short of the ideal" for "sin", and proposing that even this mild reproof should refer only to homosexual "genital" acts, thus exonerating other forms of homosexual embrace. The bishop argued that the Greek of the New Testament justified the restatement of Anglican doctrine to express "love, sadness, sensitivity and understanding" towards homosexuals.

The Times
16th November 1987

Reassurance on doctors with Aids

*From the Chief Medical Officer,
Department of Health and Social
Security*

Sir, Your first leader of November 11 discusses the question whether a patient should have the right to be informed that his general practitioner is himself an Aids patient. The Law Report in the same issue includes a summary of Mr Justice Rose's judgement in the case (entitled *X v Y and Another*) which prompted the leader.

Regrettably neither the leader nor the report mentions two highly relevant points which the judge made, one about the importance of confidential counselling of any persons infected with HIV, including Aids patients, as a means of controlling the spread of Aids, and the other about the significance of confidential counselling in the case of patients who are themselves doctors.

As to the first, the judge held that the preservation of confidentiality in respect of the medical records of Aids patients was of paramount importance, and he gave an entirely practical reason — namely that if such confidentiality were breached, or people who might be infected had reason to fear that it would be, they would be reluctant to come forward for counselling ("the most

important treatment today"), and the public would be likely to suffer from an increase in the spread of the disease.

Regarding the second, the two practitioners in the case (who were, as a result of the injunction, not identified) were found by the judge to have sought confidential counselling and to have been effectively counselled, so that "the very small theoretical risk that they might infect a patient... was, in practice, removed by counselling". Thus the doctors who were the subject of the case were *not* a risk to their patients.

Admittedly some doctors, for example those who carry out certain types of surgical procedures, could present a theoretical risk to their patients if they were deterred from coming forward for confidential counselling; but that is why the preservation of confidentiality in the case of a doctor is as important, so far as the public is concerned, as in the case of any other patient.

Yours sincerely,
DONALD ACHESON,
Chief Medical Officer,
Department of Health and Social
Security,
Alexander Fleming House,
Elephant & Castle, SE1.
November 13.

Unknown

16th November 1987

Secrecy on Aids vital, House told

By Martin Fletcher
Political Reporter

Doctors carrying the Aids virus must be promised total confidentiality, a minister told the Commons yesterday.

Mr Antony Newton, Minister for Health, said: "If confidentiality is in question people who might otherwise be at risk will be less inclined to come forward

There was no evidence of any patient having been infected with the Aids virus through his doctor, he said in response to a condemnation by Mr Robin Cook, the shadow Health Secretary, of "a sensational campaign by the tabloids to publish the names of doctors".

However, some Tory backbenchers led by Sir Gerard Vaughan, the former health minister, believe patients must be told if their doctors are carrying the virus.

£10m Aids trust, page 2

THE TIMES MONDAY NOVEMBER 16 1987

Clifford Longley

Homosexuality: The question the synod never really heard

Surveying a display of press reports of the general synod's great sex debate next day, a member of the synod was head to remark that she could hardly believe all the journalists had been present at the same occasion.

The *Today* newspaper remarked in an editorial that "where exactly the church stands on sex its members will now have to work out for themselves", which could have been as much a comment on the press coverage last Thursday as on the result of the debate on Wednesday. *Today* thought it was "Still Godly to be Gay" but reported "the church did say gay sex was sinful."

The *Mirror*, on the other hand, reported: "Gay priests are not sinners, says church". The *Daily Express* thought the synod "had rejected a plea to condemn gay relations and premarital sex", while The *Daily Mail* said the church had "ruled that homosexuality is sinful". The *Sun's* "Pulpit Poofs can Stay" was in a class of its own.

All this confusion was surely the fault of the general synod itself rather than the journalists, however. With no press reports yet written, both sides claimed that the result of the debate was in their favour that same afternoon. The explanation is that the resolution they eventually carried was devised by the House of Bishops as a formula as many as possible could vote for.

The Church of England is assumed from outside, by no means just by the press, to be a body which possesses a *magisterium*, or official teaching authority, which is capable of giving a simple answer to yes/no questions. Paradoxically this is not the nature of Anglicanism, yet the church does sometimes promote that image by its actions.

In particular the general synod itself is in thrall to a parliamentary style of proceedings, which progresses by putting propositions to an Aye or No

vote: and the largest vote wins. Some attention to nuances is possible by the crude mechanism of amendments, but they are invariably drafted before the debate starts, and there is no other method for tailoring what is to be said to what members of the synod want to say.

But when that decision-making straight-jacket is applied to inherently complex issues of moral theology, the church's difficulties are further compounded by the lack of a common theological language and method.

The key resolution the synod debated began by setting up an "ideal": sexual intercourse was an "act of total commitment which belongs properly within a permanent marriage relationship". The preamble was a questionable theology of marriage, in fact, as it is the entering of a permanent marriage relationship which is the "act of total commitment", not sexual intercourse itself.

It then described two classes of conduct as "sins against this ideal", which is at best a loose figure of speech. At worst it is logical nonsense: to sin is to break a binding moral rule or law — so one may speak of a sin against a rule; or one may speak of sinning against someone who is thereby hurt or offended, God or man.

The concept of sinning against an ideal is quite different: one cannot apologise to an ideal. So it is not what is usually meant by a sin. In practice it was a hostage to fortune for which ransom had to be paid in the media next day: it gave the headline writers a three-letter word that everyone thinks they understand, but in a quite different sense.

A third class of conduct was then introduced, homosexual genital acts, which were described as "also" falling short of this ideal, though without the word sin. But the only ethical judgment contained in all of that so far is the word "properly" in the ideal-defining preamble. The rest is tautology: adultery,

fornication, and homosexual genital acts, whatever they are, are by the very definition of their meaning as words, not performed "within a permanent marriage relationship".

However, the synod accepted an additional qualifying formula, to the effect that these various acts which fell short of, or sinned against, the ideal, should be "met by" a call to repentance. It means the church should invite those who have acted outside the area described as "the ideal" to recognize that they have done so, and as a result be sorry.

To be sorry that one has "fallen short of an ideal" is good enough spiritual advice, but into that category must fall everyone and everything. This did indeed fit the synod's mood — that it too was full of sinners who must cast no first stones — but it destroyed any qualitative distinction.

Traditional Judaeo-Christian morality puts much less weight on aiming to be as close to the ideal as possible, much more on a minimum level of permissible conduct which is biblically defined in the formula "Thou shalt not ...". To contravene one of those rules is to commit a grave sin, which has traditionally been described by religion as the most dreadful thing that anyone can do.

The question that homosexuality challenged synod members to try to answer, but which they did not answer, was whether homosexual genital acts were in that category. But they never really heard the question — for all sorts of reasons it was judged better that they shouldn't.

Meanwhile the press and no doubt the public thought that was the very question the synod was being asked, and had in fact answered. And the bishops, presumably, thought they were lucky to get away with it.

Sexual morality

From Rabbi Julia Neuberger

Sir, I was somewhat surprised by the Chief Rabbi's article ("Compassion, but we cannot condone evil", November 9). A leader of the Jewish community, which has benefited so much from the fight for civil liberties and minority rights, should not scorn such causes, describing them, sarcastically, as "sacred". In his view what appears to be sacred is the unyielding orthodoxy which relies on the opinions of rabbis of the past and those of the present who wish they were in the past.

The Torah itself rules out male homosexuality, but it makes no mention of lesbianism. Would this, according to the Chief Rabbi's lights, make lesbianism acceptable? Or do we have to accept that these texts, written with religious faith and in the assumption of divine inspiration, were in fact written by men for men — and what women did to and with each other was of no interest?

Judaism, unlike Christianity, has very positive attitudes to sex; the sexual act is encouraged between husband and wife on the sabbath, and the wife has a right to sexual satisfaction. It is not so much a question of mastering natural instincts as setting them into a social context which Judaism rightly encourages, and there is no reason why that social context could not, in our time, include stable homosexual relationships.

Can anyone seriously wish to return to a time when homosexuality was criminal? And, if one takes on the Chief Rabbi's hating the sin but loving the sinner, is this really possible? The Inquisitors of old argued that they were burning Jews and heretics

out of love, but the expression of that love was mighty strange.

I remain, Sir, yours faithfully,
JULIA NEUBERGER,
South London Liberal Synagogue,
Prentis Road,
Streatham, SW16,
November 10.

From the Reverend R. F. Thomas

Sir, Thank God for the article on the Jewish view of homosexuality by the Chief Rabbi, and thank you, Sir, for printing it. It is clear and uncompromising in its condemnation of homosexual practice, yet compassionate in its attitude towards those who are homosexual.

It leads me to ask why we haven't had similarly clear and unequivocal statements by Christian moral theologians or Church leaders. Have they all been infected with the virus of theological relativism, which in the long run will cause even more harm and suffering than Aids?

It's this kind of theological approach — which is surely not simply a question of temperament, as John Cole argues in his article on November 7 — that has given rise to the unbiblical and un-Christian idea that homosexual practice is acceptable if it is kept within a stable relationship.

The Chief Rabbi's article also makes me wonder whether this toning down of traditional Christian morality is one of the results of the cutting of the roots of Christian faith from the Judaism out of which it grew. If so, the sooner we re-discover some of the Jewish beliefs we've lost sight of the better.

Yours faithfully,
RICHARD THOMAS,
The Rectory,
Hunston,
Chichester, West Sussex.
November 10.

Unknown
16th November 1987

Aids blood kills five babies in California

**From Ivor Davis
Los Angeles**

Twenty-one newborn babies, who received blood transfusions over a five-year period at one of this city's most respected hospitals, have been infected with the Aids virus, including five who have died of the disease, a paediatrician heading a US government study said at the weekend.

So far only 200 of the 700 mostly premature babies who were given blood at Cedars Sinai Medical Centre have been tested, according to Dr Thomas Mundy, who heads the still continuing study.

The new figures were given by Dr Mundy after American television networks reported that two of the babies given blood by the hospital over that five-year period had died of Aids. There were also claims that precise figures were not being fully revealed.

Dr Mundy said that less than 5 per cent of the babies given blood had tested positive for Aids. But, he admitted, it was not easy to track down infants given blood before the hospital began screening its blood supply for Aids in spring, 1985, so researchers did not know exactly how many babies might have been infected.

The report has sent shock waves through the country.

The Times
16th November 1987

GPs with Aids must get advice

By Thomson Prentice
Science Correspondent

Doctors who believe they have been infected with the Aids virus have a duty to seek expert advice on whether to continue to practise, the Government's chief medical officer said yesterday.

But their willingness to come forward depends crucially on the same assurances of confidentiality that must be extended to everyone who is worried about being infected, Sir Donald Acheson said.

He was commenting on the report in a Sunday newspaper which named a consultant kidney specialist who developed Aids and died six weeks ago from an Aids-related pneumonia.

Sir Donald said it was as much in the public interest to preserve the confidentiality of an infected doctor as any other patient.

The controversy rose in the wake of the High Court ruling earlier this month which prohibited the *News of the World* naming two other doctors believed to be continuing to practise despite having the infection.

The Department of Health and Social Security pointed out yesterday that there is no recorded case in the world of a doctor transmitting the human immunodeficiency virus (HIV) to a patient.

Referring to the consultant who has been identified, the department said: "Doctors have a duty not to harm their patients. This doctor, mindful of patient care, sought advice on his condition.

"The advice given resulted in him stopping his work in the renal unit where there was a small, theoretical risk of transmitting infection through blood-to-blood contact.

"Subsequent monitoring of his renal patients did not reveal any spread of HIV infection.

"The health authority for which this doctor worked sought advice from the department. On the health authority's behalf, the department

Continued on page 24, col 8

Aids-hit doctors must get advice

Continued from page 1

consulted with members of the Expert Advisory Group on Aids who advised that the doctor should stop working in the renal unit.

"Following a period on administrative duties, he did return very briefly to restricted medical duties which did not involve invasive procedures or work in the renal unit.

"The department encourages all doctors who have any reason to think they might have been exposed to the Aids virus to seek advice.

"To reinforce this, the chief medical officer, Sir Donald Acheson, has been in touch with the president of the General Medical Council, Sir John Walton, who supports the view that doctors who discover that they are infected with HIV have a duty to seek confidential advice on what steps they should take to protect their patients."

"The continued practice of an HIV-infected doctor would depend on the nature of their work and their clinical condition."

Sir Donald told *The Times* last night: "In this particular case our policy to encourage people to come forward had exactly the desired effect. The doctor involved took the advice offered and desisted from his work in the renal unit and from invasive procedures."

The British Medical Association has said that some of the "handful" of doctors who may be HIV positive may have to give up their speciality, or leave the NHS, because of the risks of passing the infection to their patients.

While the doctors could not be compelled to give up practising if their patients were at risk, they were strongly advised to do so, Dr John Marks, chairman of the BMA Council, said.

● The naming by the *Mail of Sunday* of the dead Aids doctor was crucially different from the attempt by the *News of the World* last week to name two living doctors with the disease, a media law expert said last night (Francis Gibb, Our Legal Affairs Correspondent, writes).

In the case of the *News of the World*, the information about the two doctors, who are still practising, was obtained from an official who was in breach of his duty of confidence to his employer, the health authority. In that case, the judge ruled in chambers that

to their patients.

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In the case of the *News of the World*, the information about the two doctors, who are still practising, was obtained from an official who was in breach of his duty of confidence to his employer, the health authority. In that case, the judge ruled in chambers that there should be no disclosure of the doctors' names.

But in the case of the *Mail on Sunday*, the newspaper did not appear to have obtained the information about the doctor from a corrupt health service employee. Second, the doctor at the centre of the disclosure was already dead, and the judge obviously decided that in this case, the public interest in disclosure outweighed the case for preserving confidentiality.

The media law expert added that in general, if a doctor had Aids and admitted this, newspapers would probably be able to name them.

Haemophiliac aid, page 2
Letters, page 17

Independent
16th November 1987

Condom care

Stockholm (Reuter) — Sweden's capital plans to equip youngsters from the age of 14 with unlimited free condoms to combat Aids. In France, the authorities said they were withdrawing two brands of condom from sale because of their "ineffectiveness" and the "serious risks" of Aids run by users:

Row over disease rages in Britain as U.S. report gives new hope

PAGE 5

The doctor who died from AIDS

By JOHN ILLMAN, Medical Correspondent

THIS is Dr Frank Goodwin, the first British doctor to be named as an AIDS victim.

The death of the father-of-three, a kidney specialist, has personalised the controversy raging over whether medical staff carrying the virus should continue to treat people.

But the Department of Health insisted last night that Dr Goodwin, 49, who was married to an eye specialist, did not infect any of his patients at the London Hospital, Whitechapel. And a spokesman said that unless there was a risk of blood-to-blood contact there was no reason why a doctor should not carry on working provided there was regular skilled clinical supervision.

Dr Goodwin, whose case was published yesterday in *The Mail* on Sunday, died from pneumonia associated with AIDS.

He was forced to stop work after a blood test revealed that he had been infected by the virus. His job involved working in the dialysis unit where blood for kidney patients is constantly processed and used.

There is no suggestion that his wife has contracted the AIDS virus.

But very few details about the circumstances of the case have emerged. It is not clear how Dr Goodwin was infected or for how long he was treating patients before the test confirmed that he had the virus.

A spokesman for the North East Thames regional health authority said last night: 'No one is parting with this information even if they have it.'

Former Health Minister Sir Gerard Vaughan said last night that it was 'disgraceful' that a doctor with AIDS should have been doing the kind of work carried out by Dr Goodwin.

The decision to identify Dr Goodwin yesterday was attacked by Sir Donald Acheson, Chief Medical Officer at the Health Department.

But *The Mail* on Sunday in-

HEALTH OFFICIALS INSIST THAT NONE OF HIS PATIENTS WERE AFFECTED

sisted that it had been justified. By naming the doctor and describing the kind of work he did the paper claimed: 'It will become apparent that the medical profession, for reasons best known to itself, is not providing the care which the public have a right to expect.'

Disclosure

Last week the chairman of the BMA council, Dr John Marks, said doctors infected by AIDS should not continue working in specialities where there was a danger of 'blood-to-blood contact' with patients.

The latest disclosures come against the background of a recent High Court ban on the *News of the World* from publishing the names of two other doctors be-

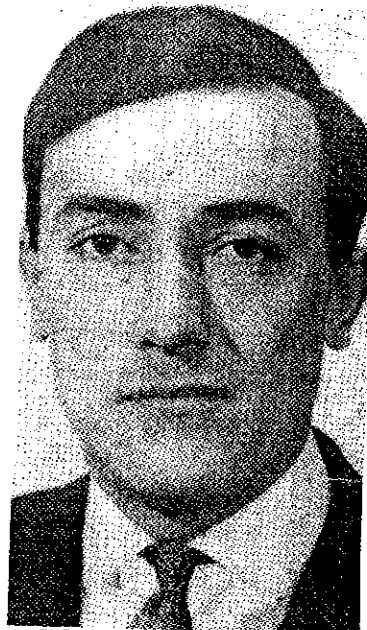
lieved to be continuing work despite having the disease.

But the Health Department said last night there was no known case of a doctor carrying the virus infecting a patient.

'Doctors have a duty not to harm their patients. This doctor, mindful of patient care, sought advice on his condition. The advice given resulted in him stopping his work in the renal unit where there was a small, theoretical risk of transmitting infection through blood-to-blood contact,' said the spokesman.

A British Medical Journal obituary that appeared before the AIDS connection was disclosed, Dr Goodwin was described as being 'obsessively careful in every aspect of his work, never sparing himself or lowering his standards.'

It said he had died after 'a long illness'.



Dr Goodwin: Worked with kidney patients

Spread of the killer virus 'is slowing'

From RICHARD LAY
in New York

THE spread of AIDS in America is not as alarming as was first feared, a White House report reveals.

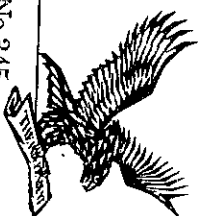
The investigation, which is still under way, shows that nearly 650,000 people are carrying the virus, rather than the 1.5 million estimated by the Atlanta-based Federal Centre for Disease Control.

The inquiry was launched by the Reagan administration to find the true extent of what had been called an AIDS plague.

None of the information has yet been published, but the Chicago Tribune says it has managed to obtain an optimistic seven-page memo on the findings.

It is expected that the study, ordered by Mr Reagan six months ago, will be completed by the New Year.

These latest statistics follow a New York survey last month which showed that the virus was not spreading widely beyond members of known risk groups and their sexual partners.



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Patients need not be told of infection, Department of Health rules after consultant dies

Doctors with Aids can still practise

By Nicholas Timmins
Health Services
Correspondent

DOCTORS infected by the Aids virus should be allowed to continue to practice, providing their work does not involve blood-to-blood contact and they accept regular supervision, the Department of Health said yesterday.

Patients do not have the right to be told when their doctor has the virus if there is felt to be no risk to those being treated, the department added.

It was revealed at the weekend that a consultant kidney specialist at the London Hospital, Whitechapel, died of Aids six weeks ago.

The consultant had sought advice about his condition, the department said. He had stopped working on the renal unit where

there was a small theoretical risk of transmitting the virus through blood-to-blood contacts. Tests carried out on his patients had shown no spread of the infection.

The case looks certain to lead to strong pressure on John Moore, Secretary of State for Social Services, for more stringent action against doctors who are infected, when he announces financial help today for 1,200 haemophiliacs who have contracted the virus through contaminated blood products.

Conservative backbenchers, including Sir Gerard Vaughan, the former health minister, are demanding that patients should be told if their doctors are infected. Harriet Harman, Labour's health spokesman, said notification to the Department of Health should be compulsory where a doctor is found to be HIV positive.

The Government's position was vigorously defended by Sir Donald Acheson, its chief medical officer. It would not help anyone if doctors' names were published, he said.

Since there was no known case of an HIV-positive doctor infecting a patient, even in countries where Aids is much more prevalent than in Britain, there was only a small theoretical risk to patients, Sir Donald added. With no effective treatment available, there was no incentive for a doctor or anyone else to come forward if they knew their name would be made public.

"The principal tool we have available to reduce the spread of this condition is encouraging people to come forward so they may be advised how not to pass it on," he said.

Some parts of medical practice were perfectly safe, Sir Donald added. "In others, like penitential surgery, there are small theoretical risks and the person will be counselled accordingly."

Any doctor who refused advice to stop work which might put patients at risk could be suspended by the General Medical Council, Sir Donald said. "If we have a system where a doctor knows that if he goes for help his name will be published, then I think most people would agree that he is less likely to come forward."

Sir Donald has been in touch with Sir John Walton, President of the General Medical Council, the department said. Sir John had stressed that doctors have a duty to seek confidential advice if they are infected.

Sir Gerard Vaughan said health authorities should be notified where doctors are infected, and the doctor transferred to administrative duties.

The patients' interests must come first, especially where there was risk of an untreatable illness, Sir Gerard added. "The real question is whether or not there is a risk and unfortunately for doctors and dentists who are engaged in taking blood or giving injections there is a risk."

Sir Gerard's views, however, are rejected by Aids specialists who say the risks lie in a doctor's infected blood coming into contact with a patient's blood, not from taking blood, injections, or similar procedures.

Harriet Harman said there should be compulsory notification in confidence to the Department of Health where a doctor is infected.

"There are a number of reasons why a doctor might not come forward. They might make their own judgement and be wrong about whether the work they do is a risk to patients, or fear losing their livelihoods," she added.

"The department could then assess the risk and the public would be secure in the knowledge that if anything in a doctor's practice put patients at risk the department could step in to prevent that. It is not enough just to rely on doctors coming forward."

Mr Moore is today expected to announce aid of more than £10m to the 1,200 haemophiliacs who have contracted the Aids virus from contaminated blood products used in the treatment of their condition. Sixty have already developed Aids and 45 have died.

Evening Press
17th November 1987



Shirley MacLaine in the title role of her new film "Madame Sousatzka," in which she plays a piano teacher, being made at Twickenham Studios, London. The 53-year-old actress says she has become an AIDS counsellor after losing close friends to the disease.

Actress assumes AIDS role

Actress Shirley MacLaine has become an AIDS counsellor after losing three of her closest friends to the disease.

The 53-year-old star said today she receives sackfuls of letters from sick and dying victims frightened and desperate for her help to fight the killer disease. Some regard her as a spiritual leader and believe that her specialist knowledge of metaphysics and re-incarnation can help them come to terms with their fate.

The actress, on a rare visit to London to record her latest film, said she recently organised charity functions and made speeches in the US to raise money for AIDS sufferers.

Three of her closest friends had died from the disease but she had not taken an AIDS test because she was not involved in any relationship.

Miss MacLaine was speaking at Twickenham Film Studios, Middlesex, where she is playing the title role in a new £3 million film, "Madame Sousatzka," the story of a piano teacher and her Indian boy protege.

Evening Herald
17th November 1987

First Aids kit

INSTANT Aids tests are being developed in the U.S. and Japan. And the first kit could be available here in little over a year, produced by the American company, Du Pont.

The kit is still awaiting approval from the Food and Drugs Administration there.

It will be pocket sized or even smaller and simple to use, according to reports. It requires a single drip of blood diluted and the results (available in about a minute) are read by a colour change.

Drug addict is sixth Irish AIDS victim

by ORLA GUERIN

ANOTHER AIDS victim has died in Dublin bringing the total number of deaths from the disease in the Republic to six. The man, a 35-year-old Dubliner, died on Monday, 4 November in Hospital Five of the St James' Hospital Complex in Dublin, *The Sunday Tribune* has learned. Until now, the death had not been publicly reported.

The man, a drug addict who was originally admitted to Cherry Orchard Hospital in early September with a suspected case of ARC (or AIDS Related Complex), had returned home to Ireland from Amsterdam earlier this year.

In mid-September he was admitted to St James Hospital as a possible AIDS case.

"Various treatments were tried in St James Hospital, including several drugs, but at this point in time there is no valid treatment for AIDS, so the man was allowed to return home," according to Dr James Walsh, the Department of Health's National Co-ordinator for its AIDS Monitoring scheme.

The man was re-admitted to hospital for treatment ten days before he died, when his condition deteriorated.

Only two of the eight cases of AIDS reported to the Department of Health are known to be still alive — one in Galway and the other in Dublin. Of those eight cases, seven were homosexuals, and one a haemophiliac, according to Dr Walsh.

Up to 20 more known drug-addicts in Dublin could be at risk of developing the disease, *The Sunday Tribune* has learned. A new scheme for monitoring the disease, introduced three weeks ago by the Department of Health in conjunction with the Jervis Street Drug Treatment Centre has found that 20% of those attending the centre have the HTLV-3 virus which can cause both AIDS and ARC.

"This means that 10% of those attending the centre will eventually end up with the disease, according to the findings of the Centre for Disease Control in Atlanta which say that half of those with the HTLV-3 virus eventually develop full-blown AIDS," Dr Walsh said.

November 18, 1987

Aids: skin report is rejected

A NORWEGIAN medical researcher said today that the Aids virus could theoretically be transmitted through the skin, but US public health officials said the finding indicated no threat to public health.

Dr. Lasse Braathen, associate professor of dermatology at Riks Hospital in Oslo, told an Aids conference in Washington that a common type of cell

found in the skin and in the body's mucous membranes, called Langerhans cells, could be penetrated by the AIDS virus.

"Our research gives us a completely new picture in that the infection takes place in the mucous mem-

brane itself and in the skin", Braathen told reporters.

"If you ask me if this (transmission) is theoretically possible, I must say yes. But practically, I must say it's not much of a risk," he said.

Dr. Anthony Fauci, Aids co-ordinator for the National Institutes of Health and a prominent Aids researcher said the finding does not mean that Aids actually is transmitted in this manner.

"This report does not change in any way the Centres for Disease Control (CDC) statements on the transmission of HIV (the Aids virus)," Fauci said in a statement.

The Times
18th November 1987

Exposure to Aids

From Mr R. J. Nicholls

Sir, Since Aids is a lethal disease it is reasonable that patients should have information about the state of health workers with whom they come into contact. The converse should apply, however, since health workers are also members of society and are likely to be at greater risk than patients of being exposed to the disease.

Your leading article of November 11 talks only of Aids, whereas it should also have considered individuals with HIV-positive serology. Many such people are infective and will go on to develop the full acquired immuno-deficiency syndrome. The question of non-sexually transmitted exposure involves the whole of society.

Yours sincerely,

R. J. NICHOLLS

(Consultant surgeon, St Mark's
Hospital and St Thomas'
Hospital),
3 Little Heath, Charlton, SE7.

Doctors preach segregation for Aids carriers

By Andrew Veitch,
Medical Correspondent

A group of Christian doctors yesterday issued a plan to halt the Aids epidemic by segregating and isolating tens of thousands of people carrying the virus.

Everyone would be tested every six months and those infected would be sent to towns designated as separate living areas. All visitors to Britain would require a certificate to show they were free of infection, backed up by on-the-spot blood tests.

The plan has been drawn up by the Christian Medical Fellowship which claims membership of 4,300 doctors in the UK. It was immediately condemned by other Christian doctors.

Specialists fear that rightwing Conservatives might use the idea to call for draconian measures.

Dr Caroline Collier, the fellowship's Aids specialist, yesterday told a meeting at the Royal Society of Medicine in London that the plan was being put forward for discussion. It was not a firm proposal.

Three million people would be infected within four years if the virus continued to spread at its present rate, she said. That would jeopardise the nation's economy and defence. The potential danger was as grave as the threat of war, and Britain might have to be put on a war footing to face it.

Dr Collier told the meeting: "We can attempt to halt the

epidemic by specific control measures of six to nine-monthly screening and separated living areas for those infected in order to prevent the spread of the virus.

"This justifies serious consideration. We are talking about the lives of three million people." The "living areas" would be designated towns and cities.

Details of the plan will be spelt out in her book, the Twentieth Century Plague, written for the fellowship and published next week.

Nationwide screening now would possibly identify 82,000 of the 100,000 thought to be infected, Dr Collier writes. Successive tests would then be necessary.

"The nation would have to be seen to be facing a national crisis of death of the young generation on an unprecedented scale before such drastic measures would find acceptance," adds Dr Collier, formerly a GP in Stourbridge, Worcestershire.

A fellowship member, Dr Patrick Dixon, of University College Hospital, London, dissociated himself from the plan: "I am horrified. It is a recipe for concentration camps," he said. The Social Services Secretary, Mr John Moore, has ruled out enforced testing for the Aids virus.

The Twentieth Century Plague by Dr Caroline Collier. To be published on November 25 by Lion. Price £1.95.

Irish Press
19th November 1987

AIDS donor— no charges

Aids victim Ian Sowerby, who allegedly twice tried to donate his infected blood is not to be prosecuted. The 19-year-old from Hyde Park, Leeds was questioned by police after he was said to have tried to give blood at the city's transfusion centre. But special screening tests prevented the AIDS virus getting into the bloodbanks.

Evening Press
19th November 1987

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BODYCHECK
BY NOELEEN DOWLING

Women and the AIDS scare

THE BIGGEST rise in AIDS in America is now amongst women, where the incidence of infection has more than doubled this year. In Britain recently it was announced that the disease is now spreading there amongst heterosexuals. In this country we have seen the tragic consequences of women infected with the disease giving birth to babies who are HIV positive.

What all those sad statistics mean is that AIDS is very much a woman's problem, so it's timely that Diane Richardson, the writer of the first book about that problem, "Women and The AIDS Crisis" (Pandora Books, £3.95 stg) will be in Dublin next weekend (November 28) to speak at the Focus on Women Seminar in Jury's Hotel.

Diane Richardson's book published last May broke much new ground in that there was virtually no material on the subject when she started, in March 1986. "For that reason I was reluctant to do it. But since the beginning of the year the whole subject has become much more widely discussed, there are Women's AIDS groups, and a recognition that we have to talk about heterosexual transmission."

It has become much more widely understood, partly as a result of Diane Richardson's

book, that AIDS is not a disease which is confined to homosexual men or to those who abuse drugs. People now know that it can be transmitted sexually between a man and a woman. But knowing that, is one thing. Being prepared to accept the responsibility for preventing that danger is another.

Diane Richardson, who is a Social Psychologist teaching at Sheffield University, says there is a fundamental difference in attitude to AIDS between men and women. The Terrence Higgins Trust (which pioneered public education in the whole area in Britain) gets more calls from women than men, she says.

Some heterosexual men find it difficult to see themselves as being at risk, says Diane Richardson. "There is a basic denial of that risk amongst some men because if they are to admit that they are concerned about it, people might think that they are gay or drug abusers. Women do not have that problem," she says.

In fact, the kind of issues AIDS raises amongst women are actually nothing new for them, she says. "It has always been women who were more at risk from sex." They always ran the risk of getting pregnant, or if they slept around, of getting a "bad reputation," or

catching a venereal disease, so they have been accustomed to practising "safe sex" to a far greater extent than men.

"Lots of people now know the facts. We have a problem, however, in getting them to accept that the risk applies to them." She's critical of the British government's advertising campaign so far on the subject, particularly those which are directed at girls and ask them to carry condoms. "We're still not asking men to take responsibility for themselves."

She's also critical of our own Health Education Bureau's booklet on the subject. "They seem to be saying — don't do it. Be celibate or monogamous. They're approaching it from a particular moral viewpoint, which not everyone shares. It's dangerous advice if the people who read it don't hold those attitudes."

In her talk to the conference next week, Diane Richardson will deal with both sexual and reproductive issues, at why women's problems in relation to AIDS are different to men's, and at the challenge to relationships raised by the whole problem. She'll also deal with practical matters like safer sex. "After all, condoms only make sex safer, they're not fool-proof," she adds.

Wall Street Journal
20th November 1987

Sandoz, Genetics Institute Sign AIDS Drug Accord

By a WALL STREET JOURNAL Staff Reporter

CAMBRIDGE, Mass. — Genetics Institute Inc. said it signed a five-year contract with Sandoz AG to supply the Swiss company with GM-CSF, an experimental drug being developed to fight infections in AIDS and cancer patients.

The biotechnology concern earlier licensed world-wide marketing rights to its genetically engineered version of the drug to Sandoz, which is conducting clinical trials with it. Genetics Institute will provide the drug to Sandoz for both clinical tests and commercial sales.

Terms of the contract weren't disclosed, but analysts said Genetics Institute probably will get at least 10% of the eventual sales of the drug for manufacturing it, plus additional royalties under its earlier licensing pact with Sandoz.

GM-CSF, or granulocyte-monocyte colony stimulating factor, is a naturally occurring substance that promotes growth of white blood cells that fight invading microbes. Doctors hope the drug will help patients whose immune systems have been weakened by acquired immune deficiency syndrome, anti-cancer drugs and other factors. The drug has performed well in early clinical trials, and some analysts believe that it may reach the market within two years.

The manufacturing contract underscores Genetics Institute's growing capacity to manufacture genetically engineered drugs.