



DR. FREEDMAN: MEDIA TREATMENT PRAISED

AIDS IN IRELAND

Dr Derek Freedman has been at the forefront of the fight against AIDS in this country for almost a decade. Interview: MacDara Doyle

Dr Derek Freedman is a practising specialist in the area of sexually transmitted diseases (STDs) who has dealt with the human face of AIDS in Ireland since the disease first raised its ugly head here in the early Eighties.

Although Acquired Immune Deficiency Syndrome was first identified by scientists as recently as 1981, the disease's origins remain shrouded in mystery. Dr Freedman reports that the earliest suspected case of an AIDS-related fatality so far uncovered goes back to the 1969 death of a sailor in Manchester. Anything further back than that belongs to the realms of speculation, although for what it's worth, biologists currently favour the theory that the HIV virus originated in Africa as a mutation of a viral strain present in certain types of monkeys.

Even the statistics relating to AIDS on a demographic basis involve a large element of

guesswork. Dr Freedman cites the latest official estimate of between ten to twenty million HIV positive cases worldwide. The figures for Ireland for HIV carriers stand at about one thousand. Roughly, that number breaks down into about six-hundred intravenous drug users, just over one hundred gay men, one hundred and twenty haemophiliacs, approximately sixty babies, plus a scattering of others.

Despite the occasional sensationalisation of the AIDS threat and instances of unnecessary scaremongering, Dr Freedman remains firmly convinced that the media's contribution to the battle against the virus has been largely positive. 'I've no doubt the media treatment has been a plus,' he states. 'If it wasn't for the media keeping people constantly informed I think we could be in a very dangerous situation here, where people wouldn't have enough information to take care of themselves and take the necessary precautions.

'And I think something is forgotten here. People often cry or scream for the government to use a Public Health Education Programme but my experience is that frequently people don't believe official adverts but do believe what they read by a responsible journalist.' He cites the Swedish experience of the early Seventies where a government initiated programme to educate the public about the dangers of gonorrhoea went virtually unnoticed until the campaign was taken up by the media.

He singles out for praise the majority of TV journalists who he feels, 'have been very forthright and committed to giving full public health information.' Specifically he praises the manner in which condoms have been promoted as life-saving devices on mass audience programmes such as 'The Late Late Show' in contrast to a country like the United States where an innate conservatism has stunted the development of such public service broadcasting.

Ireland has had certain advantages over some of our allegedly more 'developed' Western partners. 'I look at the situation and see we don't have people with AIDS sleeping on the streets, like they have in New York, San Francisco and Los Angeles,' Dr Freedman reflects. 'At least we care for everybody. We mightn't care terribly well for them but they are all cared for.' He recalls meeting a colleague from Milan who informed him of two doctors there who, between them, carry the responsibility for looking after one thousand HIV positive patients. Milan is one of the wealthiest cities in Western Europe.

Pressed on the response of Irish officialdom to date, he is only mildly critical. 'I think it just about comes home as being adequate,' he states guardedly. 'It's been a long hard struggle and it still is but you can say that about any area of health-care. I think I've been in this area so long that I've gone beyond the initial phase of official bashing... I tend to say that if I get some response, let's get on with it on that basis.

While acknowledging that the level of Government resources set aside for coping with AIDS is 'maybe not sufficient', he insists that 'certainly over the decade that I've been working in this field we've seen immense improvement in

the service and facilities offered and the treatment that is available. Overall, it's a combination of the improved management of opportunistic infection and anti-viral therapy that has enabled us to see the life expectancy of someone with AIDS being well in excess of two to three years, whereas before intervention the situation was that eighty percent would be dead within two years. Now eighty percent will live beyond that period.' It's a chilling but paradoxically encouraging statistic. Furthermore there is also evidence which demonstrates that earlier intervention, in the form of earlier treatment, does slow the rate of progress from HIV positive to full blown AIDS.

There is no set time frame for progression from HIV positive to AIDS. 'When this thing started people felt you'd be dead within two to three years. As each year went by we saw that the medium time for progressing to AIDS became longer, five to seven to eight to ten years. We now talk in terms of around ten years but I would put my money on the likelihood of it being probably fifteen to sixteen years. There may even be some people who'll survive as long as thirty years from the time they catch the infection to the time they come down with AIDS.'

Most research concentrates at present on the development of drugs which essentially slow the infection down. The best known is AZT, whilst another with high hopes pinned on it is DTC which is due to appear shortly. Whilst Ireland does make a contribution to the global research effort, albeit a small one, the basic thrust of the domestic programme is directed towards care of patients. As Dr Freedman says, 'It will be many, many years before we can get into the essential viral manipulation that can really effectively treat the condition.'

The earliest myths surrounding AIDS promoted the idea that it was, alternatively, a disease affecting only the marginalised sectors of society or a 'gay plague' sent down by God. But the reality of AIDS in 1990 is that complacency can kill. Dr Freedman warns, 'AIDS is mainly a heterosexual disease. We have this concept of looking at the disease as it is seen in the US, Western Europe, Australia and New Zealand where it remains primarily a risk-group disease. From a global perspective, however, the majority of cases are the result of heterosexual transmission - as in Africa where such transmission is the norm.'

Many areas which were initially risk-group areas - the Caribbean, South America and the urban city centres in the US - have now become mainly heterosexual areas. The progress of AIDS in global society is from being a risk-group disease to a general infection. 'I think that the rate of progress will be very slow in Ireland,' comments Dr Freedman, 'but I think you will see a number of cases each year which have been heterosexually transmitted. Still your chances of contracting the disease through heterosexual sex in Ireland are probably less than you have of winning the National Lottery.'

Amongst the risk-groups, habitual drug abusers are the most vulnerable, especially as

there is evidence which suggests that persistent abuse can further weaken the body's immune system and thus increase the rate of regression from HIV positive to AIDS.

For the gay community the Doctor has nothing but praise. 'We've been fortunate that their response has been extremely useful and productive in terms of adopting safe-sex guidelines and by the adoption of increased responsibility in relationships. They have not only generally switched to more healthy lifestyles but also, at the end of the day, most people have come to me and said they feel their relationships have been augmented by the changes they've made.'

Central to the AIDS issue in Ireland has been the attitude of the Catholic Church towards condoms and its refusal to sanction their use. 'Well I think it is unrealistic to expect the Catholic Church to put on a condom,' reflects Dr Freedman, 'After all they have spent two thousand years condemning them! I think it is sufficient that they stand aside and don't stop responsible agencies from informing people how protective they are. Within the congregation of the Church there will inevitably be some who find it extremely difficult to get away from their heartfelt beliefs of a lifetime. Equally there will be others who recognise that condoms save lives.'

Although he 'suspects' that people are not becoming infected at the same rate as before, Dr Freedman does express one very real fear for the future. 'I'm fearful that we're going to have a large number of people in Ireland coming down with AIDS who were infected in the last decade. Some know they're carrying the virus, some don't.'

Because the Nineties will see a decline in the numbers of HIV positive people and a concomitant rise in those with full blown AIDS, the immediate future must be directed towards management of the sick. Dr Freedman predicts that 'people will live much longer, have much healthier lifestyles and we may learn strategies that will allow infected women to get pregnant without passing on the virus to the baby. We may as well accept the fact that AIDS is going to be with us for a very long time indeed.'

Hence the advice, 'I would say to people today that it is vital they delineate their HIV status. One, they should know if they are HIV positive so they don't pass it on. Two, because if we catch the virus at an early stage we can intervene earlier and we'll be in a better position to manage and look after them to give them a healthier, stronger life. However, I'm not advocating compulsory testing, it must be a matter of choice for each individual. People should exercise the greatest caution when it comes to choosing partners and insist on the practice of safe sex guidelines. If you can't be careful who you have sex with, make sure you use condoms correctly.'

The most serious threat in an Irish context, says Dr Freedman, comes at present from drugs. In the light of current claims of a massive influx of heroin onto the streets of Dublin it is a threat that is all too real.

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