

## The Aids epidemic that never was and why political correctness influences too much medical spending

By KAROL SIKORA -

**Billions of pounds were spent telling us we were ALL at risk from Aids. But as scientists now admit the threat was overblown, Britain's top cancer expert attacks the political correctness that influences too much medical spending.**

Medical care should always be geared to the saving and protecting of lives. Compassion in the face of any type of human suffering should be at its core.

But sadly, the vicissitudes of political correctness can dictate medical priorities.

Certain diseases become fashionable in the public consciousness and so attract more political support and attention.

A classic example of this pattern is HIV/Aids. When this burst on the scene in Britain in the early Eighties, it became the biggest health issue facing the country, over-riding all other medical problems.



*Hard-hitting: An image from the Government's Aids awareness campaign in the Eighties*

It monopolised ministerial attention and swallowed huge sums of public money in campaigns to raise public awareness.

The gay community, which was the most likely to be affected by Aids, was at the forefront of the pressure for vastly increased state funding.

A whiff of panic filled the air, with projections of a soaring rate of mortality from Aids before the end of the century.

The Aids terror was extended overseas. It was said that a massive pandemic, on the scale of a modern Black Death, was sweeping through the Third World.

Death, in the form of HIV/Aids, was sweeping his cruel scythe through Africa and the Indian sub-continent, extracting an unprecedented toll.

Just as the Aids scare in Britain galvanised the bureaucracy of the state into expensive action, so the international agencies, such as the UN, the World Health Organisation and a host of Third World charities, were gripped by a sense of urgency about the need to tackle Aids.

Yet it has turned out that much of this panic, however understandable, was misplaced.

In Britain, contrary to all the official propaganda of the Eighties that everyone was at risk, it turns out that the disease has largely been confined to certain specific groups: gay men, drug users and migrants.

All those with HIV and Aids, of course, deserve all the medical support that can be given, but the truth is that the overblown panic, based more on politics than science, led to a gross misallocation of resources.



*AIDS activists protest outside the premises of a South African pharmaceutical company.*

Between the early Eighties and 1993, the Government spent £900 million on advertising, educating about and treating Aids. And the 1987 public awareness campaign - comprising the now famous Tombstone and Iceberg leaflets and adverts, as well as a week of educational TV programmes - cost £20 million.

At one stage in the early Nineties, we had the absurdity that the number of people in Aids counselling, helplines and other jobs exceeded the conceived number of sufferers. Moreover, for every three Aids victims there was one Aids organisation. A fortune was wasted on lecturing people who were never at risk.

Now it turns out that, to an extent, the same is true of the developing world, where the UN has admitted that the scale of Aids has been exaggerated.

An official report published yesterday shows that the grim forecasts have been over-blown.

In reality, far from seeing a remorseless rise, Aids has been on the decline for a decade. According to the UN's latest, more honest, analysis, the number of people living with HIV has shrunk from nearly 40 million to 33 million.

Furthermore, new infections have been calculated at 2.5 million, a drop of more than 40 per cent on last year's estimate. In India, the number of Aids sufferers has been revised downwards from six million to three million.



Professor Karol Sikora says medical funds should be directed to the care and treatment of the elderly, not 'trendy politically correct' causes such as Aids

Again, just as in Britain, the idea that everyone is equally at risk has proved to be a fallacy. The UN report admits that, in most parts of the world, the disease is concentrated on gay men, drug users and prostitutes.

This is not to deny that there is still a major problem with Aids, requiring urgent global action. But it does put some of the hysteria in perspective.

What we need in medicine is a sense of realism, not illpolitical posturing, which leads only to warped priorities. We can certainly see the problems of this approach in other areas.

A dramatic case is the variation in attitudes towards different types of cancer.

Breast cancer has become a hugely fashionable cause, eagerly taken up by politicians and the media, yet prostate cancer wins nothing like the same attention.

This is despite the fact that 20,000 people die from each of the two diseases every year. There are more than 20 charities working in the field of breast cancer, but just two for prostate cancer.

Cherie Blair and her successor as Prime Minister's spouse Sarah Brown have each hosted receptions in Downing Street for breast cancer awareness and fund-raising, but I am not aware that the same has happened for prostate cancer.

The feeling of imbalance is just as telling when we look at lung cancer. All too often, there is a nasty sense of blame attached to this killer, because so many of its sufferers have a history of smoking.

So lung cancer gets nothing like the support of other killer conditions, though politically correct campaigners would not dream of indulging in the blame game towards drug users or gay men who had acquired Aids. Similarly, the care of the elderly is a seriously neglected cause.

In contrast to breast cancer, there is no icon like Kylie Minogue or Linda McCartney to win the backing of the fashion or pop industries.

The suffering of the old and infirm continues on a scale that would not be tolerated if the victims were younger, more glamorous or came from a certain favoured minority.

This approach not only reeks of injustice, it is also irrational in terms of resources.

In certain diseases, medical treatment has advanced so far in the Western world that even vast increases in spending may have little real effect to the number of deaths.

In medicine, this is known as the therapeutic plateau. Thanks to great improvements in drugs, care and diet, we may have reached that plateau in heart disease, whereby no amount of new funding is going to lead to a heavy fall in the death rate.

Over the next 20 years, we may also reach it for cancer.

In some ways, then, we would be better using medical funds in areas where people can really see a tangible difference - as in the care of the elderly - rather than using up finite resources where there is no chance of a dramatic new breakthrough.

The same can be true of the Third World. For all the concentration on HIV, by far the biggest killer in the world is dehydration, which is responsible for 12 million deaths a year, mainly in Africa.

Simple, cheap improvements in water supplies would seriously cut that number.

Our habit of allowing fashion to influence medical priorities is not new.

The poets Byron and Shelley positively romanticised disease and at the end of the 19th century, there was a narrow concentration on tuberculosis, though a host of other killers bred by poverty in an age without mass affluence or the welfare state were virtually ignored.

Today, we must be realistic about the best way to use health funds.

In recent decades, we have made remarkable advances in conquering disease and lengthening life expectancy.

In the year of the Queen's Coronation, she sent out just 206 telegrams to those of her subjects who had reached the age of 100. Last year, she had to send 4,250.

The real challenge facing us is how we deal with this dramatic change, where the elderly are living so much longer.

That is by far the greatest health dilemma facing our society - not how to tackle Aids or breast cancer.

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FAIR thanks FAIR member Christine Maggiore, Founder of *Alive & Well AIDS Alternatives*, for bringing this story to our viewers' attention and we encourage all members to submit such articles of interest.