

The disease that transformed medicine: AIDS turns 20

Twenty years ago this month, on Mar. 27, 1982, *Canada Diseases Weekly Report* carried the first Canadian account of a new disease — actually a cocktail of symptoms because AIDS did not yet have that name — that was starting to cause concern in the country's gay community. That case report, "*Pneumocystis carinii* pneumonia in a homosexual male — Ontario," contained only 700 words (*CDWR* 1982;8[13]:65-7), but millions more would soon follow.

"I still remember this case vividly because I knew the guy really well," recalls Dr. John Doherty, the Windsor, Ont., GP who informed the Laboratory Centre for Disease Control (LCDC) of the strange symptoms he had seen in a 43-year-old gay patient. The only thing that surprised him was how quickly the centre sent investigators to Windsor — they were in his office the next day. He shouldn't have been surprised, because the centre had been waiting for such a call since June 5, 1981, when *Morbidity and Mortality Weekly Report* carried a report on 5 cases of *P. carinii* pneumonia discovered among "active homosexuals" in Los Angeles (*MMWR* 1981;30:250-2). Doherty's patient, who had not felt well since a trip to Haiti in January 1981, entered hospital Jan. 5, 1982, and died 6 weeks later, on Feb. 18.

Doherty's report, and the thousands that followed, would change the lives of many physicians. McGill Professor Norbert Gilmore, a clinical immunologist who coauthored the first Canadian review article on the new disease (*CMAJ* 1983;128[11]:1281-4), called an American colleague when HIV-infected patients began seeking his care and was warned: "Don't have anything to do with it — it takes over your life."

Gilmore did not listen. "At the start there was this sense of frustration and doom about it because even though we weren't seeing huge numbers of patients, there was little we could do for them. But my hope now is to see these

patients live into old age, and we are getting there." Compared with 1982, when physicians had few if any effective drugs for combating HIV, today's doctors can employ roughly 17 different drugs in 84 different combinations.

Dr. Martin Schechter, national director of the Canadian HIV Trials Network, isn't as optimistic. He agrees the new drug cocktails represent "a quantum leap forward in moving HIV toward chronic illness status, but the problems of drug resistance and toxicities associated with these complex regimens are increasingly leading to drug failure." And he also notes that 90% of people infected with HIV remain untreated because they live in the developing world.

"AIDS has had an unerring ability to hold a mirror up to the deficiencies in societies around the world," Schechter concluded, "and the epidemic has been fuelled by these failings."

Gilmore, meanwhile, says AIDS transformed medicine. "Despite all the horrors it brought, it is a tremendous model of viral illness that we've never had before, and it has taught us a tremendous amount. Public health has

been transformed. Our understanding of sexuality has changed — we're no longer so Victorian in our thinking. And it has made governments much more intolerant of risk, which is very important."

He also thinks the disease transformed people from patients into consumers. "The people most affected by this demanded to be part of the process, and back then this was something brand new. Physicians learned that when decisions are being made about people, these people should help make them."

Twenty years later, Gilmore has no regrets about becoming so involved in fighting a single illness. "Yes, I changed my career path because of it," he says. "And I'm a better doctor because I did."

During those 20 years, a lot has changed. The *CDWR* and LCDC no longer exist, at least under those names, and that first diagnosis in Windsor has been followed by over 18 000 more across Canada. But Doherty, who closed his family practice in 1998 and is "winding down" his career, will never forget that first case. "It was an interesting thing," he says, "that happened many years ago." — *Patrick Sullivan, CMAJ*

AIDS: acquired immunodeficiency syndrome

The following abstract appeared with the first Canadian review article on AIDS, published in *CMAJ* in 1983 (*CMAJ* 1983;128[11]:1281-4).

"AIDS is a new illness that occurs in previously healthy individuals. It is characterized by immunodeficiency, opportunistic infections and unusual malignant diseases. Life-threatening single or multiple infections with viruses, mycobacteria, fungi or protozoa are common. A rare neoplasm, Kaposi's sarcoma, has developed in approximately one-third of patients with AIDS. More than 800 cases have been reported in North America, over 24 of them in Canada. The majority of patients are male homosexuals, although AIDS has also developed in abusers of intravenously administered drugs, Haitian immigrants, individuals with hemophilia, recipients of blood transfusions, prostitutes, and infants, spouses and partners of patients with AIDS. The cause of AIDS is unknown, but the features are consistent with an infectious process. Early diagnosis can be difficult owing to the nonspecific symptoms and signs of the infections and malignant diseases. Therefore, vigilance by physicians is of the utmost importance."