

10. **Willam Cates, Jr and Alan R.Hinman, Sounding Board : AIDS and Absolutism - The Demand for Perfection in Prevention, The New England Journal of Medicine, Vol. 327, No. 7, 492-493, 1992.**

Nothing in medicine, or in life for that matter, always works. This seemingly incontrovertible statement often appears to be forgotten where preventive measures are concerned. Because of its paramount importance, the epidemic of acquired immunodeficiency syndrome [AIDS] has dramatized this situation.

### **Use of Condoms**

A recent example of the all-or-none approach was an article in a national periodical entitled "There is No Safe Sex." Because condoms are not foolproof in preventing HIV infection, the author argued that the combination of abstaining from sex until marriage and practicing monogamy thereafter provides our only hope against the further spread of HIV. We agree that abstinence and mutually faithful sexual relationships with uninfected persons are the only guaranteed methods of preventing the sexual transmission of HIV. This does not mean, however, that we should withhold information about ways of reducing risk from those who do not find this approach feasible. Moreover, the absolutist line of reasoning does not take into account that condoms may be effective more than 90 percent of the time and that even delaying the transmission of HIV is beneficial, both to individuals and in changing the dynamics of the epidemic as a whole.

### **Partner Notification**

Similarly, recent exchanges in the Journal have debated the value of partner notification to help prevent the spread of HIV infection. Confidential programs of partner notification have been an effective way to identify people directly exposed to sexually transmitted diseases and to curtail transmission by offering such people diagnosis and treatment. The same process can be applied as a case-finding approach to identify those at the highest risk of acquiring or transmitting HIV infection, because they were sexual partners of people with known HIV infection. Notifying these partners can not only provide them with education in risk reduction, but can also offer them medical and social referral services if they are HIV seropositive. The usefulness of partner notification has been questioned, however, because of its imperfect effectiveness.

### **Interim Methadone Maintenance**

Comprehensive methadone maintenance has been shown to decrease injection and needle sharing and thus can decrease HIV transmission. Most communities, however, have long waiting lists for comprehensive methadone-treatment programs. To avoid this delay, public health officials have considered administering interim methadone therapy to heroin addicts who are on waiting lists for conventional treatment. Some fear, however, that interim therapy will undermine attempts to expand comprehensive programs.

An insistence on the ideal of providing comprehensive methadone services does not take into consideration the HIV-prevention benefits that accrue from short-term interim methadone therapy for those who can be admitted within several months to a more comprehensive program.

Rinsing the "works" of intravenous drug users with bleach between injections serves to kill HIV. Some, however, believe that public funds should not be used to supply bleach or to teach drug users how to use it, because this might imply support for an illicit activity.

### **Other Preventive Approaches**

As with any medical intervention, the potential negative effects (or risks) of preventive measures must be weighed against the possible benefits. To return to the examples cited, the feared negative effect of promoting the use of condoms is that it might increase overall sexual activity. To our knowledge, no evidence substantiates this concern, however strongly beliefs may be held. With partner notification, the potential negative effect might be the loss of confidentiality, but health departments have a decades-long record of being able to protect a patient's identity. It is difficult to cite possible negative effects of interim methadone maintenance, except that it might delay the implementation of a more comprehensive program. The concern with the distribution of bleach is that there might be an increase in the use of injection drugs, but available data do not indicate that this happens; in fact, they indicate a reduction in needle sharing and an increased rate of needle sterilization by participants.

The HIV epidemic and other major health problems are not monolithic events that happen in the same way or at the same rate in all groups. Nor are they uniformly susceptible to any single intervention. Controlling the HIV epidemic and solving other problems will require different, mutually reinforcing techniques to reach the myriad of groups in our pluralistic society. Until we have more effective (or even "perfect") approaches, we should more fully implement the partially effective approaches we have, such as condom use, HIV counseling and testing, partner notification, methadone maintenance, and the use of bleach. We do not live in a perfect world and our quest for solutions must recognize that fact.