Placebo-controlled AIDS Studies Are Ethical, Researchers Insist

More and more poor countries, particularly in Africa, are ravaged by AIDS. Effective therapy is for the most part unavailable or unaffordable. No vaccine is in sight.

Researchers working to prevent mother-to-infant AIDS transmission — which has largely been achieved in the U.S. — face daunting challenges; not the least of them is an accusation, made two years ago by activist physicians Peter Lurie, M.D., and Sidney Wolfe, M.D., of Ralph Nader’s Public Citizen’s Health Research Group in Washington, and seconded by New England Journal of Medicine (NEJM) editors Jerome P. Kassirer, M.D., and Marcia Angell (PROBE, Feb. ’98):

Studies Needed, Researcher Claims

They asserted that Third World studies in which some new mothers get no treatment, or sham treatments (placebos), are unethical throwbacks to the horror of the Tuskegee Study of untreated syphilis in Negro men.

AIDS researchers reject this charge as outrageously wrong. They say they need to do these placebo-controlled double-blind studies to find out if their newly developed methods to prevent AIDS transmission are, in fact, better than no treatment at all.

“...We’re facing a potential paralysis of any kind of progress in these areas,” asserts pediatric AIDS specialist Catherine M. Wilfert, M.D., of Duke University, who resigned from the NEJM editorial board a year ago to protest Kassirer and Angell’s condemnation of the prevention trials. “How can you have any progress without these controlled studies!” Wilfert declared recently by phone.

Funding agencies, however, have turned out to be extremely sensitive to the “Tuskegee” complaint, Wilfert and other researchers acknowledge. Funders have become resistant to proposals for the no-treatment comparison studies.

To move from the defense to a more forthright scientific and ethical position, Wilfert, who is scientific director of the Pediatric AIDS Foundation, and CDC AIDS guru James W. Curran, M.D., who is now dean of the public health school at Emory University, convened a workshop of forty colleagues — including lawyers, ethicists and administrators, as well as researchers — in Atlanta last spring.

“We wanted to have a group of people sit down and think about the science that needs to be done, and about what’s ethical when you do that science,” Wilfert explained.

Manifesto Distributed at Meeting

The workshop produced a position paper, which was circulated at the World AIDS Conference in Geneva last summer, and finalized last fall. It is scheduled for publication in Lancet next month.

The workshop included participants from Emory, Harvard, Johns Hopkins, and the University of Alabama. Others came from Zimbabwe, Malawi, Thailand, India, and South Africa.

The UN AIDS agency was invited, but did not attend, Wilfert says.

Critics Lurie and Wolfe also were invited, but did not show up.

Lurie and others had insisted that once an effective intervention method was validated experimentally in the U.S., any further studies, even in the Third World, would, ethically, have to provide the same care to the controls, regardless of the cost. At continued on page 6
Baltimore’s Pursuers Won’t Let Go

The final verdict is in on the “Baltimore Case,” as Jock Friedly wrote here last month in his review of Daniel J. Kevles’ massive and painstaking account of the 10-year saga. Are there any lessons to be learned from it? Have they been?

The answer to the first question is yes. To the second: maybe. We’ve listed a few of the lessons, as we see them, below.

The editor of ScienceWriters, the newsletter of the National Association of Science Writers (NASW) notes in the Fall 1998 issue that the media’s role “seemed central” to Kevles in his The Baltimore Case. But the New York Times, which led the attack on Baltimore and his associate, Thereza Imanishi-Kari (TIK), of Tufts, in Boston, managed to publish two highly favorable reviews of Kevles’ book, neither of which mentioned the role of the press. The Washington Post, SW editor Howard J. Lewis noted, performed a similar feat.

Times Took the Lead

As we have long reported, and Kevles now has confirmed, the Timesman who led the pack was then-Washington science reporter Philip Hilts.

He seems to have learned nothing from the experience — or is intent on covering his butt. When a National Public Radio (NPR) broadcaster interviewed Kevles and Washington science writer Daniel Greenberg last autumn, Hilts phoned in from Boston. Objecting to Kevles’ description of his errors and misrepresentations, he claimed he and the Times had looked more closely at the data than Kevles had.

“We spent weeks going through all the original data,” Hilts protested. “And it’s still a tough political football on whether [TIK] was innocent or guilty.”

Of course it is not.

Both Baltimore and TIK have told us that Hilts was so biased that they eventually refused to talk to him. Hilts’ protestation of hard work and even-handedness can be judged against his reports in the Times, and particularly against a piece he wrote in the New Republic (May 18, ’92). Hilts said the Baltimore Case is “perhaps the most remarkable case of misconduct in the annals of American science.”

Journalists Contributed to the Hysteria

In the article, headlined “The Science Mob,” Hilts says it “stands as the exemplar of what’s wrong with the defensive and self-regulating structure of the American scientific establishment.”

Greenberg told the NPR host Dan Charles that when the case first broke, he phoned Baltimore and said, “David, what’s going on?” The response was, “Nothing, it’s just a hysterical graduate student.”

Which, of course, is precisely what Margot O’Toole was.

Whatever else O’Toole became — the Martyr, the Truth-teller, the alleged Conscience of Science — was wholly the work of journalists like Greenberg and Hilts, who should have known better. In Greenberg’s view, the issue is not scientific freedom, or the threat of political attacks on researchers, but rather, the soul of science.

“The soul of science is a very, very elusive element, and nobody has actually pinned it down,” Greenberg tells the NPR audience. “And I don’t think it could be very fruitful to pursue . . . this line of inquiry about who would have been better for the soul of science,” Baltimore and TIK, or their accusers.

This is sophistry. Science is soulless. Greenberg, like Hilts, seems to have learned nothing from this shameless episode of science reporting.

Reporters Missed Clues

Thousands of pages of copy, most of it prolix and dull, were written to support the opposing views — guilty, or innocent, of scientific misconduct — of molecular biologist David Baltimore, Ph.D., of MIT, and his Tufts collaborator Thereza Imanishi-Kari (TIK), Ph.D. Were there ways for reporters to cut through the thickets of verbiage, and reach some clear sense of what was happening — who (what) was right and who (and what) was wrong?

We think so: One key clue relates to science. A second to character. Both were accessible to every reporter.

It took a while, ’til about 1991, when we started covering the story in our first issue (PROBE, Oct. ’91), for the science to be clarified. By then, other scientists, working independently, had begun to report results that confirmed parts of the controversial experiments that were the crux of the case; Baltimore and TIK had originally published them in the journal Cell several years earlier.

Reductively, science is experimental data published in peer-reviewed journals, which have been replicated or confirmed by others. What can’t be confirmed is discarded, or is quickly lost in an abyss of forgotten efforts that, world-wide, swallows up six or seven thousand published reports each day.

Figure it this way: If the Baltimore-TIK findings had been continued on following page

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Despite New Data, Skin Docs Still Shill Schering Sunscreens

We can’t cover all the good stories. We try to pick provocative ones.

At last year’s meeting of the American Association for the Advancement of Science (AAAS) — which usually yields little news — we and many of our colleagues were attracted to a counterintuitive report by epidemiologist Marianne Berwick, Ph.D., of Memorial Sloan-Kettering, in New York. She reported evidence that sunscreen products may not protect users against melanoma, a deadly sun-induced cancer (PROBE, April ’98).

We later reported, exclusively and critically, on a campaign by Coppertone® sunscreen maker Schering-Plough and the American Academy of Dermatology (AAD), which represents the nation’s skin doctors, called “Block the Sun, Not the Fun!” (PROBE, June ’98). Its purpose: to get kids to use sunscreen every time they go out-of-doors, even on rainy days and in the dead of winter. We said the promo was — is — based on imperfect data and faulty science. It violates common sense.

Reporters...
continued from previous page

faked, they would have made an erroneous statement about nature. The odds that a genuine experiment would — could — confirm the original faked one may be real, but given nature’s complexity, they must be infinitesimally small. Of the several confirming studies, some followed TIK’s methodology; others approached the problem from other directions.

The second early clue was the accuser’s character. Tufts postdoc Margot O’Toole, Ph.D., was — is — a Joan of Arc; a seemingly sweet, sincere, but rebellious Irish-American woman, who challenged the establishment on the basis of her inner beliefs and certitudes. She was — may still be — a naif. That may have been the secret of her credibility with reporters, who were similarly naive about science, and resented the “arrogance” of those, like Baltimore, who direct it.

O’Toole’s Original Sin theory of science should also have been a tip-off: As her views unfolded in interviews and testimony, she said that science is a lock-step process, in which one discovery follows, almost deductively, from the previous ones. It’s a narrow path toward truth.

If one step is faked or false, then, as with Original Sin, every subsequent step will be tainted and false, too. This is why O’Toole argued so strongly that the Cell paper be corrected or retracted. O’Toole’s theological view of science should have tipped off our colleagues that she was preaching to non-believers.

— D.R.Z.

Now, confirming our concern, there are provocative new data that suggests that regular use and reliance on sunscreens may actually increase children’s risk of melanoma.

Sunscreens can and do prevent sunburn. And for this very reason, a European melanoma research groups finds, these products allow and encourage kids to stay and play longer in the sun — increasing their risk, later, of melanoma.

These findings have been published in the Journal of the National Cancer Institute (Dec. 16, ’98). The authors are Philippe Autier, M.D., of the European Institute of Oncology, in Milan, and colleagues from Lyon, Brussels, and Bochum, Germany. They examined 631 youngsters from the four countries, interviewed their parents, and found:

Most of the children were slathered with sunscreen products during their summer vacations. But the more sun exposure they had, the greater the number of pigmented moles (nevi) the doctors detected on exposed parts of their bodies.

Risks Differ

The relative risk for a high number of these skin imperfections was 70% higher (relative risk: 1.68) for the heaviest users of sunscreens. By contrast, the relative risk for kids who wore cover-up clothing in the sun, with or without sunscreens, was 40% lower than average (.59).

“The highest risk associated with sunscreen use,” what is more, “was found among children who had never experienced sunburn,” the team reports. The differences were statistically highly significant.

The potency of the users’ sunscreen products — the SPF, or sun protection factor — did not affect the children’s nevus counts.

The higher counts of these pigmented moles in heavy sunscreen users reflects the longer burn-free sun exposure they permit, Autier and his co-workers say. In a sense, the products bypass the natural protective mechanism — sunburn — that tells people to get out of the mid-day sun.

The researchers do not go into the scientific reason(s) for these findings. But it is known that sunburn is largely caused by ultraviolet sun rays in the 290-320 nanometer range, which are effectively blocked by most present-day sunscreens. Pigmented moles, however, may be caused by other UV wave-length light rays that are less effectively blocked by these sun products.

“Since a high nevus count is a strong predictor of melanoma,” the researchers write, “sunscreen use may be involved in melanoma occurrence because it may encourage recreational sun exposure.”

Cutback is Needed

These data, and the cumulative findings, suggest that sunscreen use and sun exposure should be cut back. However, a National Cancer Institute dermatologist, Maria Turner, M.D., takes a more cautious view in an editorial in the same issue of the Journal as the European research report:

“This study design does not allow inference of causality,” she says. “It can only infer an association” between sunscreen use,
Samaritan Faces Jail, Addicts Face Death;

By Jean Herskowitz and David Zimmerman

Highland Park, N.J.
New Jersey has almost 50,000 injection drug users who are not — yet — infected with AIDS.

Two New Jersey cities, Newark and Jersey City, are among the nation's top 10 in AIDS cases per capita.

New Jersey has the third highest rate of injection-related AIDS transmission, and the highest prevalence of AIDS among women and children, most of whom are black or Hispanic.

New Jersey is the only northeastern state with no legal provision for clean needle exchanges.

New Jersey's Republican governor, Christine T. Whitman, opposes needle exchanges, even though her own advisory council on AIDS, and New Jersey medical and public health leaders, favor these programs — as do almost two-thirds of all New Jerseyans.

Now, a white, 39-year-old middle-class woman has been convicted of breaking a New Jersey law. She's been sentenced to 90 days in jail (suspended) and 100 hours of community service for distributing clean needles to drug users in nearby New Brunswick, where she lives.

This AIDS activist's name is Diana R. McCague. She is founder of the Chai Project, a community needle exchange program, through which she and her fellow workers distributed 150,000 sterile syringes to drug users before the county prosecutor forced her to stop last year.

Chai, McCague notes, means life and connotes good luck in Hebrew; it's a word she learned from her Irish-American grandmother.

Appeal In Process

Presently, McCague told PROBE in an interview here, her own life is on hold while she appeals her community service conviction. She's still committed to the Chai Project, and is politically active in its support, but would be jailed if charged again.

The syringes cost 7 cents apiece. Her entire program, distributing tens of thousands of the inexpensive syringes, can be run for a year, she says, on less than the $200,000 it costs to treat one AIDS patient.

Public education now is McCague's mantra as she fights to save the Chai Project.

"Advocate! Advocate! Advocate!" she exclaims. "Don't wait for Whitman's second term to run out; the governor's mindful of her legacy: Neglect. Trying to look good. Letting people die in the process!"

Whitman has called needle exchanges "a tacit endorsement of drug users".

**Hype Hurts a Useful Class of Products**

Sunscreens are legally classified as drugs because they are applied to the body to protect it from injury. When we first wrote the standard guide to nonprescription drugs in 1983 — this first edition was called The Essential Guide to Nonprescription Drugs (Harper) — the SPF system was relatively new. We applauded, because it turned sun protection into science the consumer can use.

At that time the highest (most protective) SPF's listed on product labels were about SPF 15 — and they were recommended only for very fair-skinned folks.

Today, SPF 30 and SPF 45 products are routinely sold and widely used. This is a marketing advance, not medical progress. It could be a disaster, because these products may allow people to stay in the sun all day, every day, without burning.

Marketing success demands larger and larger markets; this may account for the increasing annual hype for sunscreens, exemplified by Schering-Plough Consumer Products' program to promote everyday use of its Coppertone™ products for kids.

The reality is that few folks need daily use of SPF 45 sunscreens, and they know, or should know who they are: very fair-skinned individuals of northern European descent who tan poorly but burn and freckle easily — particularly those who have a family history of skin cancer. Very dark-skinned people, on the other hand, who do not burn easily, have a low risk of sun-induced skin cancer. The American Cancer Society reported last month, for example, that melanoma is only one-sixteenth as prevalent among black Americans as among whites.

### Sunscreen...

continued from previous page

Sunscreen...

Sunscreen...

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Until more evidence is available, she adds, "There is, as yet, insufficient evidence to discard the use of sunscreens as a sun protective agent."

Few will quarrel with Turner's views. But there is a huge gap between her conclusion that it is too soon to "discard" sunscreens, and her Academy's endorsement of a campaign — aimed at parents, teachers, coaches, camp counselors, as well as the kids themselves — to promote sunscreens for every possible moment of sun exposure.

PROBE phoned AAD, in Schaumburg, Ill., and its current president, Roger Ceilley, M.D., of the University of Iowa, in Des Moines. We asked if the new findings have prompted AAD to reconsider their endorsement of Schering-Plough's "Block the Sun, Not the Fun!" campaign.

The answer is: No.

# # #

Stay tuned. — D.R.Z.
N.J. Gov. Stands Pat

of drug use."

PROBE asked Gov. Whitman why, as a policy matter, New Jersey is willing to spend $200,000 to treat one AIDS-infected addict, but will not spend a fraction of that amount on clean needles to prevent AIDS infections and save her citizens’ lives. Her spokeswoman, Wendi Patella, said Whitman was too busy working on the New Jersey budget to reply. Patella added:

“She believes very strongly and firmly that these programs send the wrong message to young people.” And, “There are no studies proving that needle exchanges lower the rate of infections.”

Rationale Offered

Based on her interaction with addicts through the Chai project, and on scientific studies of needle exchanges, McCague says Whitman is wrong. She plunks a fork down on the table in the restaurant where she’s seated for this interview.

“Is this fork a ‘tacit endorsement’ for eating food that’s bad for you?” she asks. “Does it make me responsible for your doing that?”

She opposes drugs:

“I want to grab people by their collars, and yell, ‘Cut it out! What are you doing!’”

New Jersey officials, many of whom acknowledge the integrity of McCague’s commitment, say her problem is that the law is the law. Laws that keep sterile syringes out of addicts’ hands remain on the books in only nine states, including New Jersey. These laws, and their continued enforcement in the AIDS era, express the double-bind morality through which citizens willingly allow their vulnerable neighbors to sicken and die — rather than acting to save them. Even if addicts were willing, and perhaps able, to stop, McCague notes, New Jersey has only 8,000 treatment slots.

Studies Show Benefit

Published studies indicate that needle exchanges reduce AIDS virus transmission by one-third to one-half. The exchanges provide a bridge to treatment for some users, but, McCague argues, that’s not their immediate purpose:

One addict, who becomes psychotic, and is routinely committed after he’s arrested, phoned her recently from a mental hospital. He told her he’d just got back the results of his HIV test: Negative.

“The Chai Project didn’t make me want to shoot up more,” she quotes him as saying. “It didn’t make me shoot up less. ‘It just made me shoot up safely!’”

New Brunswick is the home of Rutgers University and Johnson & Johnson (J&J), the multi-billion dollar, multinational drug company. Rutgers has helped the Chai Project, McCague says. J&J has not.

McCague advocates needle exchanges, activism, and hope:

“What’s wrong with hope, ‘til drug users get to where they’re ready to stop, and become productive members of society?” she asks. “You don’t know what a person’s potential will be. It’s sinful — immoral — to write them off!”

Activist Presses Onward

On a sunny January day, Diana McCague is wearing a green jacket, ribbed turtleneck, and green pants. She is slender and pretty, with chin-length brown hair. Six delicate gold loops, in decreasing size, line her right ear.

Low-key and gentle, she also is incredibly persistent when it comes to pushing for legalization of syringe exchange in New Jersey. Her friends say she’s “obsessed” — activism is in her blood.

Raised in a conservative middle-class household, McCague was distributing Nixon leaflets with her parents at age 10. “Every night on TV we’d see the body count from Viet Nam, and the footage of the demonstrators: the Chicago Seven, Kent State. In my house the concept was, ‘Demonstrators are bad.’”

Now she is one.

McCague earned her B.A. in sociology and history at New York University, graduating with honors. Her marriage, at age 20, lasted a couple of years, followed by a period of non-activism. Then, when a friend died suddenly of cancer in 1991, McCague did some soul-searching about the direction she wanted her life to take.

“I began volunteering on an AIDS hotline. Later I started going to Act Up meetings. It was great — protesting and getting an audience with the Commissioner of Health to draw attention to AIDS issues.

“We stood in front of high schools and distributed condoms. I learned to use the press, and within one academic year we did 12 or 13 schools. You can spend all the money you want on lobbyists — but you’ll never get social change without the grassroots.”

In 1994 she founded the Chai Project. Her workers were “almost all women, all white, and mostly gay or bisexual.”

McCague — whose only addiction is nicotine — found herself helping thousands addicted to far more serious drugs. Most of this help ended last July, when the Appellate Division of the New Jersey Superior Court confirmed her conviction for distributing syringes. Despite the arrests, and seizure of her driver’s license (which hit hard, as she supported herself as a part-time cab driver) McCague vows to fight on.

PROBE readers can support the Chai Project by sending checks to POB 1470, New Brunswick, N.J. 08903.
AIDS... continued from page 1

least, they said later, such studies would have to provide the simpler, less costly drug regimen validated last year in Thailand (PROBE, March '98).

The researchers who met in Atlanta disagree. Even the Thai protocol, which calls for smaller doses of the anti-retroviral drug Zidovudine, “is still 15 to 20 times more [costly] than the total annual per capita health care expenditure in many developing nations,” they said. Hence, it is meaningless in practical terms. What is more, the Thai moms did not breast-feed their infants; they used formula. So the study’s results may not be applicable to other poor countries, where AIDS is transmitted in mother’s milk.

New Studies Needed

Newer, shorter, cheaper — better — methods tailored to the individual areas' conditions thus are still urgently needed, the researchers' position paper states. Both double-blind “equivalency design” studies — an experimental intervention vs. a proven one — and double-blind “superiority design” studies, in which one group gets the treatment and the other gets placebos, are needed. The latter proposal, the report indicates, confutes the critics' charge of Tuskegee-like malpractice.

The working group does, however, set requirements for the controls — they can’t simply be counted and left wholly untreated. Rather they must be guaranteed “the highest practically attainable standard of care in the country in which the trial is being conducted” [emphasis added].

This means not the U.S. standard of care, as some critics demand. But on the other hand, this may well mean more than a poor country’s “existing standard of care” — which in many Third World countries is essentially nil.

Defining the “highest practically attainable standard of care in the host country [study site] is difficult,” the researchers acknowledge.

Conditions Stated

The researchers stipulated, per international guidelines, that “sound scientific design is a fundamental ethical principle” of all studies. Conversely “appropriate ethical standards must guide such studies.”

To this end, they declared:

The medical problem being studied should be a health priority for the host country’s public health officials: You can’t test frostbite remedies in Equatorial Africa. What is more, the study cannot harm the local health care resources or infrastructure.

Informed consent must be obtained from each participant. Researchers can’t tell them that if they don’t participate they can’t have the highest practically attainable [local] standard of...
this experimental therapy, Henry was told. While it was too soon to fully evaluate it, the doctors added, 9 of the 10 were disease free — and two had survived for more than four years.

Pondering this dilemma, Henry reached out for other options. Specifically, he was in touch with Patrick McGrady, Jr., in Port Ludlow, Wash. He is a consultant to cancer patients. He steers his clients to cancer treaters, some of whom provide conventional therapies, and some of whom provide alternative therapies such as vitamins, coffee enemas, and unapproved extracts of urine.

Although he offers medical advice, he is not a physician. Pat, rather, is a former colleague and friend of ours — a journalist who has now taken a different road. He had grown disenchanted with orthodox medicine, as exemplified by the American Cancer Society (ACS), for which his father, Pat Sr., worked as a PR man. Pat Sr. got cancer, then feuded with the ACS and the Cancer Establishment — which he felt had let him down. After he died, Pat Jr. picked up his cudgel.

**Death Foreseen**

Pat and I had discussed these matters, and more and more had come to disagree. He explained to me once, in Los Angeles, that if we were to take 100 cancer patients and treat them “my way,” meaning conventional care, and treat another 100 “his way,” meaning through referrals to alternative healers, the results would be the same:

“After five years,” we recall Pat’s saying, “they’ll all be dead!”

My brother-in-law Henry sent $400 to CANHELP, Pat’s consulting business. He received in return a packet of treatment suggestions; the two men later communicated by letter or phone. At Henry’s request, Pat researched ABMT for OCCL on the National Cancer Institute’s (NCI) Medlars data base. He told Henry the printout showed clearly that this method provides “little or no benefits” to “patients such as you.”

Pat’s dismissal of bone marrow transplant was troubling news for Henry, since his doctors had said this was his only hope for survival. After considerable discussion and reflection, he rejected Pat’s advice. He underwent the long, difficult course of experimental therapy that his doctors proposed. The worst part, at the end, was radiation therapy of his brain.

**Recovery Described**

Henry recovered slowly — and remained free of cancer for the rest of his life.

He rejoined and rebuilt his business; produced the second “Eyes” series, as well as a series on poverty in the U.S., and another on black American scientists.

Henry’s last production, “Make Me a World!” about black American art and artists, airs this month on public TV outlets.

Henry clearly used well — and enjoyed — the life he regained.

His health, nevertheless, was not good. Besides the aftereffects of cancer and its treatment, Henry had had polio as a teenager, needed a leg brace, and developed the painful and debilitating post-polio syndrome. He suffered a stroke, possibly as an aftereffect of the brain irradiation.

He began to fail a year ago; then it was downhill 'til his death. His final diagnosis was myelodysplasia — the same disease that killed astronomer Carl Sagan, Ph.D., a few years ago under similar circumstances.

**Stem Cells Vanish**

Myelodysplasia is an aftereffect of bone marrow transplantation: the regenerated bone marrow fails, for as-yet-unknown reasons; the body runs out of red, white, and all other blood cells. Transfusions can stem the tide briefly, but there is no proven recourse. When diagnosed, Henry was already too ill for one of the experimental treatment trials now in progress.

If Henry had followed Pat McGrady’s advice, and passed up autologous bone marrow transplantation nine years ago, he almost certainly would have died long ago. Going the “establishment” route, even with an experimental therapy, extended his life by almost twenty per cent.

We faxed this story to Pat McGrady, and invited his comment. We’ve not heard from him as yet.

**He is Missed**

My wife and I, and Henry’s other sister, Judi, and especially our two sons, are grateful for the added time he was with us. Henry taught one of our sons to fly an airplane in these years.

Until close to the end, Henry was glad to be here with us. He faced his final illnesses courageously.

Given the travails of the bone marrow procedure and therapy, and last year’s slow decline to death, would Henry, given the choice, have opted for a faster, earlier exit from his cancer?

Henry didn’t have this choice; no one ever does. And it’s not a question that can be answered by science, medicine, journalism — or even by the family members who loved him. — D.R.Z.
AIDS...
continued from page 6

care. Neither may the researchers, in fact, deny refusers this standard of care.

A key requirement is that any new method that proves to be safe and effective must quickly be considered for wide implementation in the host country (see box, P. 1).

Will these standards satisfy the researchers’ critics?

Wilfert says she’s heard no outcry as yet. But the test will come when the paper is published next month. She hopes her group’s measured approach prevails.

“This is a reasoned statement of ‘Sometimes you can and sometimes you can’t do placebo-controlled trials,’” the pediatrician says. “But you don’t say, ‘No, you can’t ever do one!”’

Medical History Given

A reader, internist Richard H. Lange, M.D., of Schenectady, N.Y., and an associate, have provided this brief and anonymous history of their profession to their New York State colleagues:

2000 BC “Here, eat this root.”
1000 AD “That root is heathen. Say this prayer.”
1850 AD “That prayer is superstition. Drink this potion.”
1900 AD “That potion is snakeoil. Swallow this pill.”
1950 AD “That pill is ineffective. Take this antibiotic.”
2000 AD “That antibiotic doesn’t work anymore. Here, eat this root.”

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