ABC of AIDS

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HAVING AIDS

Six years ago last December I started to feel unwell, with fatigue, nausea, diarrhoea, and weight loss. Being homosexual I took myself off to my GP thinking I had hepatitis or glandular fever. He did blood tests and over six months discovered that I had a very low platelet count and recommended that I attend the haematology department at one of London's teaching hospitals, which I did for the next four years.

Every time I visited the hospital I asked if I had AIDS. At that time I didn't know that there was something called HIV infection. I knew only about AIDS. No one ever explained the difference, but they did continually assure me that I definitely did not have AIDS. But being gay and aware I was very worried. Finally in September 1985 I was given the HIV antibody test, which proved to be positive. Then I was transferred with the speed of light to the sexually transmitted disease clinic, for which I shall always be most grateful.

At the clinic the doctors, nurses, and counsellors answered my questions. They explained that I had the AIDS related complex and that all the nagging little things that were bothering me were due to that. They put me in touch with Body Positive, a group of men who are all HIV positive and organised themselves into a support group for anyone finding themselves in a similar position. I went on a counselling weekend and was well informed and felt so good being surrounded by 40 people in the same state as myself. I was reassured and realised that I wasn't a leper.

I continued visiting the clinic until, in June 1986, I became ill. I was breathless, could hardly walk 25 yards, and had acquired an uncomfortable dry cough and a dreadful wheeze. Immediately, my doctor had me admitted and began a series of tests.

Discovery and fear

In the main it was actually very pleasant. I had my own room, no restrictions on visitors, and a fabulous view. The tests were the usual blood and urine tests and, finally, a bronchoscopy under a general anaesthetic. This was due to take place on a Thursday morning. Because of my HIV antibodies I had to be the last in the operating theatre so that the theatre instruments could be thoroughly sterilised. Before this I was sent for an examination of my lungs in the nuclear medicine department. I had had this examination before, when I had been asked to take part as though I would be helping in an experiment and had been told that there would be no results. This time while lying on the table having my lungs scanned, I overheard the man operating the machine say to the doctor who had just injected me, "The PCP is not a lot worse."

I cannot describe the fear and despair which took hold of

me. AIDS was a terrible killer disease that happened to those "promiscuous" gays who had at least 40 sexual partners a night. I knew that was true. I had read it all in the *News of the World*. Certainly you had to be a lot more "promiscuous" than me. After all I had lived with my lover in a monogamous relationship for five years. I couldn't have AIDS. Anyway, my lover was HIV negative so the strain of the virus I had couldn't be the killer one. But that overheard remark made me very frightened. What could I do? Who could I turn to? I was alone and stranded in this hospital and about to be put under an anaesthetic.

Luckily I didn't know much about the rest of the day, but at 6 am the following morning I was awoken by the sound of rustling plastic and opened my eyes to be confronted by a nurse in boots, plastic apron, hat, and rubber gloves. I wanted to die—there and then. When she returned 20 minutes later I asked why she was dressed in this weird outfit and was told that she had the right to protect herself. I replied that I also had a choice and I chose not to be cared for by an ill informed and insensitive nurse. That salutary little experience was, fortunately, the only one I remember. I hasten to add that the hospital went to great lengths to educate its staff, and this would never happen now. Moreover, my reaction proved to me that I had started fighting.

The truth

The consultant and his colleagues promised to tell me all their results on the Friday evening. True to their words they arrived in full force at 4.45 pm. I was told the whole truth. I had insisted on that from the beginning, and that is what I got. Not bluntly or coldly but caringly and sympathetically. I felt sorry for the poor guy telling me. I had PCP, TB, CMV, herpes, and cryptosporidiosis. Jackpot! He said that as cotrimoxazole would lower my platelet count still further they would concentrate on curing the TB and the other things and leave the PCP to see how it developed. But the good news was that I could go home for the weekend and return to hospital on Monday morning to start the treatments.

They left and my doctor from the sexually transmitted disease clinic stayed to see how I had taken this news. When we were alone I remember asking if I was now being treated as someone with AIDS. Her answer was "yes." My next question was, "How long?" I didn't want to die, but there were so many things I wanted to do and I wanted to know for how long I would be able to travel and do things; after all, I didn't feel so ill. Very, very reluctantly she said that I had two good years, but it was up to me and it was really impossible for her to say and anyway she didn't deal in death sentences.

I had told my lover that if the news was good I would be dressed and ready to leave when he arrived. This I forgot in

my haste to dress, pack, and get out of the hospital. As he walked into my room his eyes lit up and he started to look happier than he had for weeks. I wanted to cry, for him not for me, but instead I shouted, "No, it's not good news. I've got it but let's get home." Without being oversentimental I will try to tell you about that weekend. It is almost more relevant to my present good health and positive mental state than all the drugs, both allopathic and holistic, that I have swallowed since.

We arrived home and we fell into each other's arms and we cried. We cried for many reasons. Because we'd hurt each other in the past, because we needed to reconfirm our love, because we needed the outlet, because we were frightened, and, lastly, because I had AIDS. Afterwards, as things looked a little brighter, I vowed I would never cry for myself again. That would be a difficult decision to keep, so I mentally enumerated all the good things in my life. I knew that they would outweigh anything bad, including AIDS.

We went out to dinner that evening with two close friends. We told them and they cried, but we had a marvellous dinner. The following day I went to tell my mother while John went to tell his parents. Some of you may have seen my mother on TV with me; her common sense, strength, and love are a huge part of my fighting determination. Obviously my relationship with Lil had been growing for 41 years and still is—just as it is with my sisters and with all my friends. I never experienced rejection—just unconditional support, sometimes from surprising sources.

No regrets

On the Sunday John, my mother, and Karen, my young sister, who has Down's syndrome, went to Leeds Castle for

the day. It was a fabulous day—not the weather, it rained on and off all day—but the joy of living just filled me. I couldn't be dying. I had so much to live for, so much to do. How could I cause John and Lil so much grief. I didn't know how but I knew very early on that I had decided to fight and if I did die I would do it fighting and with dignity *but not yet*.

All that was 10 months ago, and each minute has been wonderful. I even enjoyed admitting on a TV programme that I had AIDS. Knowing that my mother was there with me, that my lover and my sisters were in the green room, gave me the strength that made me want to help other people with AIDS in a worse situation than myself. I have only been in hospital once and have discovered homoeopathy. Scoff if you like, but do you have any of the real answers either? I feel good in myself and about myself, and I keep taking the pills and reject no offer of help without discussing it with all the people who are trying so hard to help me and others in the same position. My relationship with John is growing daily, and our sex life, although completely safe, is good and frequent. I live with myself better than in the past. I've never had many problems with being gay and I now think I'm quite a well adjusted human being. As my doctor once commented, many people with AIDS become what they always wanted to be. Perhaps, but I still worry about the black bag at the end, and then I have to remind myself that I won't be there to feel the zip being done up. Occasionally I worry about becoming demented and then again remind myself that I wouldn't know much about that either, so that's another problem solved.

Things are moving forward, not slowly but really quite quickly. People with AIDS are admitting it and not hiding away, lying to friends and relatives. I personally cannot regret being homosexual, and therefore I can't be negatively regretful about having AIDS.

Conference Report

Inner city medicine: off the back burner

TONY DELAMOTHE

One of the more affecting sights of recent English summers has been that of Lord Scarman, making his way through the aftermath of some inner city riot, searching for a polite equivalent of I told you so. It was Lord Scarman who reported on the Brixton riots in 1981¹ and who ever since has been condemned to see his predictions come true—in St Paul's, Brixton (again), and Tottenham.

In the same year another aspect of inner city life, primary health care, was the subject of a report.² Six years later few of its 115 recommendations have been adopted. Has any progress then been

made at all? A conference devoted to inner city medicine, organised jointly by the Royal College of Physicians and the Royal College of General Practitioners, suggested that there has been.

The conference's introductory address was given by Sir Donald Acheson, whose study group was responsible for the original report. He listed some of the problems of inner cities. Economic changes have led to their steady depopulation. Compared with other areas, inner cities now have a higher proportion of drug abusers, single parent families, the elderly, the mentally ill discharged from old poor law hospitals, ethnic minorities, and the young, mobile, and unemployed. Many sleep rough. The prevalence of illness is greater and so is use of the health service: inner city residents are admitted to hospital more frequently and stay longer, often because of poor conditions at home. They bring low expectations of the health