

Reflections Of An "AIDS Doctor"

I am an "AIDS doctor."

This did not happen by design. In fact I really hadn't realized it until I saw myself on television being interviewed and the caption beneath my picture said "AIDS doctor." Now I find myself wondering what an "AIDS doctor" is, whether I am one, and what it means if I am.

I trained in family practice. My father, my sister, and my wife are family physicians. I work and teach at a medical school in both the Department of Internal Medicine, Section of Infectious Disease, and the Department of Family and Community Medicine. Many persons think that family practice is the sum of a little pediatrics, a little obstetrics and gynecology, and a little internal medicine. I believe this simplistic definition misses the point. For me, family practice is defined by caring for people without prejudice of age, sex, or organ system thought to be diseased. It is in following this philosophy of family practice that I have found myself an "AIDS doctor." I am not a specialist. I do not care for acquired immune deficiency syndrome (AIDS), a disease. I care for people.

These days all my patients are infected with the human immunodeficiency virus (HIV). At times it seems like all my life is HIV infected. When I was a medical student, I read a quote from Mark Twain¹:

Since those days, I have pitied doctors from my heart. What does the lovely flush in a beauty's cheek mean to a doctor but a "break" that ripples above some deadly disease? Are not all her visible charms sown thick with what are to him the signs and symbols of hidden decay? Does he ever see her beauty at all, or doesn't he simply view her professionally, and comment upon her unwholesomeness all to himself? And

doesn't he sometimes wonder whether he has gained most or lost most by learning his trade?

At that time I could admire the writing but could not feel the sentiment. Then, to be a doctor, to be able to heal people, seemed like such a desirable goal that there could never be a negative side. Now, when I see persons in the grocery store with severe seborrheic dermatitis, I feel a terrible urge to ask them whether they have been HIV tested. When I see teenagers holding hands, I want to lecture them about condoms. I am not HIV infected, but somehow now it seems I am incurably HIV affected.

There was a time when I feared that I was HIV infected. I had malaise, night sweats, and anxiety. Three negative HIV tests did not completely relieve my anxiety. This anxiety was not about being infected by patients; rather, I believe it grew from the incomprehensible nature of AIDS and a primal fear that it might happen to me or to someone I love. I am afraid of AIDS. I fear what will happen to our society as people grow afraid of one another, as intimacy is perceived as too dangerous to risk.

In dreams, in the abstract, the "AIDS doctor" is heroic. Arrowsmith returned in selfless dedication to medicine, a lonely martyr touching the untouchables. How can it be then that there are times that patients seem to hate me and my treatments? How can they protest against our research and science? I make housecalls. I give patients my home number. I work long hours for so little pay that perhaps I am a "Saint AIDS doctor." But would saints ever hate their patients or fight over research funds or wonder how they would make a living should a cure ever be found? The reality is that AIDS does not create saints of anyone; not of doctors or of infected persons. We all live with AIDS like we lived without it, with triumphs and with flaws.

What alternatives are there to being an "AIDS doctor"? To flee to the countryside as physicians did during the plague? To stay and struggle with my anxiety and the anxiety of my patients? To fight against this unreasonable disease and the unreasoning response of society? To write like this? To work to move beyond metaphor to find some meaning in AIDS and in doctoring? To find and nurture hope?

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Not long after I was on television, I had a new patient on the schedule and was surprised to find an elderly woman in the examining room. She had mild hypertension and was worried about her cholesterol level. At the end of the visit I asked her how she happened to find me and why she wanted me to be her physician. She said, "I saw you on TV and they said you take care of people with AIDS. I figured that meant you must be a really good doctor." I often think about what she said and hope that it is true.

People frequently ask me whether taking care of so many dying patients is hard and if I ever "burn out." John Berger,² in his book about an English country doctor, *A Fortunate Man*, wrote:

... I can only end by quoting the logic by which he himself has to work, a logic which for all its Stoicism has in it the seed of a great affirmative vision: "Whenever I am reminded of death—and it happens every day—I think of my own and this makes me try to work harder."

Stoic I would agree, but I confess that the affirmative vision John Berger saw escaped me. Not long ago, however, I was at a memorial service

for a patient of mine. As part of the memorial, this excerpt from his journal was read:

I have taken scandalous advantage of having AIDS; I have allowed others to have concern for me and to express that concern; I have been concerned for others and expressed that to them; I have let myself be more human than I had before and I have loved it; I have taken the time to visit and talk again—in the rush and press of life before, that had gotten lost somehow; I have taken the time to think again—that, too, had gotten pushed aside.

At that time I saw affirmation in all this dying and in being an "AIDS doctor." AIDS and the specter of death, my patients' and my own, make me try to work harder—harder to enjoy and value my life and harder to help my patients enjoy and value theirs.

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References

1. Twain M. *Life on the Mississippi*. New York: Bantam Books, 1976:49.
2. Berger J, Mohr J. *A fortunate man*. New York: Pantheon Books, 1967:168.