ACT UP BOSTON

ATTITUDE!

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STANDARD SHIFT...

The following is a pretty fair summary of how doctors in Massachusetts approach AIDS care at this time:

1. At 500 t-cells, give AZT. Check t-cells once in a while.
2. At 200 t-cells, give PCP prophylaxis. Stop checking t-cells.
3. When an OI develops, treat it, *if* the FDA has approved a drug specifically for it. Otherwise, do nothing.
4. Present the bill.

This strikes us as a less-than-ideal situation. The current issue of ***ATTITUDE!*** is about changing this scenario. Back in 1988, the experts at Harvard (and hence the wider Boston medical community) flatly refused to use PCP prophylaxis, and we fought them. They were wrong, we were right. In 1992, the experts are at it again: they insist that the data just isn't in on monitoring, preventing, and treating the other opportunistic infections (OIs). So: do we sit and wait for OIs to "happen," or do we employ the knowledge we have right now, and take rational, scientifically sound steps to prevent OIs, just like we did back then for PCP?

WE'RE NOT GOING BACK.

None of us would dream of reverting back to a time when no one tried to prevent PCP. In time, prophylaxis for the other deadly infections will be standard practice too. It's just a matter of whose time frame we use. We can wait (and wait, and wait, and wait) for the "experts" to give us permission to save our lives, or we can do it now.

INSIDE

The Standard of Care Project

The quality of medical care PWAs receive varies widely and seems to depend on who treats them, who insures them, who they are, who they know, what they know, and what they're willing to demand. During discussions with doctors in the Boston area, we met with several who agreed with our aggressive approach to OI prevention in private, but none were willing to state this publicly. The Treatment Issues Committee of ACT UP/Boston believes it's time that *all* PWAs received aggressive, state of the art treatment, monitoring, and prophylaxis for the most common opportunistic infections (OIs). To that end, we have developed the Standard of Care: OI Prevention Guide.

WHAT THE "STANDARD OF CARE: OI PREVENTION GUIDE" IS AND ISN'T:

The chart on page 2 has been created to help organize what we believe are the most important strategies for preventing the most common opportunistic infections that affect PWAs. It was developed carefully over several months, and involved several sources: Bernard Bihari, M.D.; Project Inform; our own research of the medical literature; in-depth discussions with several Boston-based clinicians. Note that we have restricted ourselves to treatments that are available by prescription right now, and to tests that most people

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ACT UP Standard of Care Special Issue