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Editor's Choice

AIDS and ovarian cancer

Two diseases—AIDS and ovarian cancer—dominate this week's *BMJ*. AIDS has been pushed back into a prominence that was once routine by the appearance of the preliminary results of the Concorde trial and by the kerfuffle surrounding the cases of three British doctors infected with HIV. Brian Gazzard examines the Concorde evidence, which showed that zidovudine did not delay onset of AIDS or extend survival in asymptomatic people with HIV, and concludes that treatment with zidovudine alone will usually not be indicated in asymptomatic patients (p 1016). But he thinks that early treatment will often still be important.

In a list of the most pressing health problems in the world the danger of patients being infected with HIV from doctors would come a long way down. Yet senior people in the British Department of Health must have spent most of the past month thinking about little else. Such is the power of the tabloid press when reporting on a deep if largely irrational fear. Graham Bird and Sheila Gore comment on the guidelines produced last week (p 1023) by the Department of Health and criticise them for not giving enough attention to the need to collect data on the risk (p 1013). They are also concerned, like many doctors, that health authorities will not be successful in their attempts to protect the anonymity of doctors infected with HIV. And if confidentiality cannot be assured then infected doctors are likely to be more reluctant to come forward.

One of the health problems that would be higher up the list is ovarian cancer. It causes about 4000 deaths a year in Britain, and two thirds of women are dead within five years of diagnosis. Many groups are searching for a reliable screening method, and one group today reports on using transvaginal ultrasonography (p 1025), while another presents results using tests for the antigen CA 125 followed by ultrasonography (p 1030). Both methods show some promise, but Maurice Webb concludes in an editorial that we still have a long way to go (p 1015).

In the growing debate over rationing one way to make decisions on who will receive treatment is to deny it to those who are seen as less deserving. One group that springs to the mind of many is those who are seen as having brought problems on themselves by abusing drugs like alcohol or tobacco. On p 1047 two surgeons explain why they do not offer coronary bypass surgery to some smokers; their reasons are largely clinical. Matthew Shiu, a general practitioner, argues against this policy (p 1048), and a general practitioner (p 1049) and a surgeon (p 1050) with an interest in ethics comment. We are usually reluctant to predict an avalanche of letters because absolutely nothing happens. But this time . . .