strings will determine who can have AZT.

"Even now people who meet the criteria for a prescription are not wealthy. They are too sick to hold down a job; therefore, they've lost their medical coverage. They may be too young to have a job with medical coverage or are along in the stages of this disease and can't get medical coverage. So they become dependent on the state," said Loveless.

It is not difficult to foresee how agencies will be pushed by data showing that early treatment is most effective and yet manage a health-care system that will not bankrupt state, federal and private health-care providers. Since AIDS in epidemic proportions was not budgeted for, all medical-policy holders stand to bear added costs in higher premiums.

If not AZT, what else is available?

Isoprinosine from Mexico and Ribavirin, two anti-virals that are far from FDA approval, can be procured on the street, according to Dr. Estill Dietz, a physician at a northeast Portland medical clinic.

"There are other drugs out there but they're not effective. We have so little to offer patients. If my patient wants help, I can't say no to his or her going to a chiropractor or faith healer," he said.

Sampson does not encourage people to use medication for which "we are not sure of toxicity." He doesn't dismiss alternative therapy either. He contends that patients who make a rational — not emotional — decision based on valid information do not use unproved drugs.

"I tell patients to read and look. What I find distasteful is that a number of charlatans are out there presenting medication, approved or not, in unbalanced ways — not listing the side effects or the benefits. These people are making money off somebody's terminal disease. This I find unforgivable."

Five hospitals in Portland are currently investigating Isoprinosine in a double-blind study with AIDS patients sponsored by the FDA.

Dideoxcytidine (DDC), another unproved anti-viral which inhibits the ability of the human immunodeficiency virus to infect cells, is in clinical trials elsewhere in the United States, according to *Science News* (March 28, 1987).

Like Sampson, Loveless informs his patients about unproved drugs. "If patients choose to proceed with it, I don't discharge them from my care," Loveless said.

This notion extends to other therapies such as naturopathic remedies, faith healing, acupuncture, and hypnosis.

"We just don't have enough information besides anecdotal reports from patients who feel better on these things. We don't have any scientific way to analyze these other therapeutic approaches," Loveless added.

Just as succumbing to AIDS is not a picnic, neither is AZT therapy. According to Dietz, the worst toxic reactions to AZT are "anemia and bone-marrow suppression." He said the total white blood cell count drops, making the T-4 cell count drop as well. AZT destroys the bone marrow's ability to make blood cells, leaving patients highly vulnerable to bacterial infections. As a result of toxic reactions, patients must quit AZT or take a reduced dose. To date, there is little evidence that a reduced dose is effective. There may even be cumulative toxicity connected to reduced doses over the long term.

"We just don't know enough about AZT yet," said Dietz.

Nevertheless, anemia and bone-marrow suppression are life threatening. Other adverse reactions to AZT include nausea, muscle pain, insomnia, severe headaches, anxiety, confusion and depression.

To opt for AZT or not? That is the question.

Sampson said some of his patients refuse AZT because of its bad reputation as a toxic medication. Some individuals think AZT is sanctioned by a drug company and won't touch it.

"I have to respect their wishes and let them go off AZT if they're on it or turn down the therapy in the first place."

On the other hand, AZT buys time by delaying complications. AZT does not prevent complications.

"AZT may improve the AIDS prognosis two to three times. Instead of a 50 percent mortality at 11 months, it is now 50 percent mortality at around two years or more. We've at least doubled the survival time of patients able to tolerate AZT," Loveless said.

Loveless suggested the ideal would be that AZT delay complications for 10 years, during which time the patient develops other medical problems or dies of heart disease or stroke — more acceptable, manageable ways of dying.

AZT focuses how expensive AIDS is and will be to human life and the pocketbook. Dr. Loveless summed it up: "One little treatment strategy such as AZT has shown us ethical concerns, difficult treatment and management issues of risk versus benefit, and difficult economics. It is a microcosm of the whole AIDS picture." •

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