

LETTERS

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Where is the proof of the HIV virus?

YOUR COMMENT 'HIV = AIDS = Death' last month rightly points out that 'no one has ever yet isolated an HIV virus' The non-isolation of HIV was the main theme of a satellite meeting 'HIV-testing: open questions regarding specificity' held at the recent 12th World AIDS Conference in Geneva. The International Forum for Accessible Science (IFAS) hosted this session with a panel of distinguished HIV critics including Professor Gordon Stewart, Dr Etienne de Harven, Neville Hodgkinson and Joan Shenton.

Scientists from Perth, Western Australia, led by biophysicist Eleni Eleopoulos (linked up via satellite) demonstrated that there had been no isolation of 'HIV' according to the scientifically approved standards for retroviral isolation as set out by the Pasteur Institute in 1973. It was concluded that PCR - 'HIV' testing and viral-load counts are invalid proof for putative 'HIV infection'.

Meanwhile, hunger strikers outside the Palexpo Centre in Geneva demanded that Dr Bernard Hirschel, conference chairman, provide the proof of the existence of HIV (including characterisation of the ten putative 'HIV' proteins and of the assumed HIV genetic material which are essential for retroviral isolation).

Dr Robert Gallo was asked at a press meeting: 'Shall you present to the hunger strikers the scientific proof of the existence of HIV, Dr Gallo?' Dr Gallo's response was 'Shut up!' Is saying 'Shut up' a form of scientific proof?

At the closing press conference I asked Dr Hirschel and Richard Horton, editor of *The Lancet*: '..... the current indirect HIV tests and PCR are not sufficient proof that HIV has been isolated. Where is the proof that HIV exists?' None of the panel could answer.

I suggest readers of the *International Journal of Alternative and Complementary Medicine* write to the letters page of *The Lancet* demanding Richard Horton present the evidence that HIV exists.

Alex Russell,
Assistant Editor, *Continuum*
172 Foundling Court, Brunswick Centre
London WC1N 1QE

Time for a research funding rethink

THE ARTICLE by Prof Ernst and Dr Abbot (Exeter University) about funding for complementary medical research in your July issue strikes a chord. They are surely right in their analysis of the difficulties. The orientation of funding panels is such that these are always likely to approve a mainstream protocol ahead of a non-conventional one. Any levies on professional organisations in complementary medicine to fund meaningful research, on top of what is going to be demanded for regulation

in all its facets, would be beyond what many practitioners could reasonably afford. In the absence of fairy godmothers, for whom many of us have sought in vain, there seems little alternative to Government picking up the tab. And yet this they have mostly declined to do, whether by ring-fenced monies or otherwise.

The authors' second solution is an attractive one: that review panels should amend their criteria to fund research on the basis of extent of usage of the treatment concerned. Where public interest is strongest, Government should step in and facilitate research.

It should not matter that this is private medicine: Government has a legitimate interest in both efficacy and safety where public health is concerned. After all, it stands to gain or lose from complementary treatments in terms of National Health Service resources, and would not hesitate to get involved if it felt that either very bad or very good things were being done in that area. This could well be an argument that we should all press more strongly.

I have a more basic worry about research which goes beyond the scope of the Ernst and Abbot article. In my more sceptical moments I wonder where the whole orthodox research juggernaut is leading us. Scientists have become so enamoured of their methodological 'gold standard' that they have lost the ability to handle anecdote, and I believe that medicine is the poorer. I am not saying that the randomised controlled trial does not have a crucial role to play: rather that its unthinking application often gets in the way of progress, instead of the reverse, and results in treatments of great potential never reaching the starting-gate.

Evidence is a multi-layered concept. The law deals in two distinct levels, and as individuals we make use of a whole spectrum of standards of proof. Even the sciences vary in their 'hardness' and 'softness'. But medicine has largely sold its soul to the 'hard' men, and I sometimes wonder if this does not benefit the scientists themselves, with their institutes, their laboratories, their academic kudos, their pursuit of intellectual satisfaction, rather than their patients. I suspect that lack of the requisite degree of proof, especially in desperate areas such as cancer medicine, is more of a scientist's than a patient's problem.

It irks me that I decide what job to take, what house to buy, what partner to live with (if she will have me) - all the important decisions of life - on the balance of probabilities. But if I need medical treatment this has to be validated beyond reasonable doubt - that is, to the standard of the criminal law.

There is much more I could say on this subject, and on one aspect, that notorious phrase 'there is no evidence', I have made a submission to House of Commons Select Committee on Science and Technology who are currently looking into the Government's scientific advisory system.

But I believe that one answer, which could supplement the points made by Ernst and Abbot, is to press for the greater inclusion of lay people on review panels and research committees, in order that the patient's view be more strongly heard, and an element of common sense introduced so that only that degree of evidence is sought which is appropriate to the case.

This will often be the randomised controlled trial - more often than many complementary therapists would like. But it will very often not. We could all save a vast amount of money and time, and we might all be the healthier for it. But of course, as Professor Ernst will tell me, this is heresy.

Earl Baldwin of Bradford
Joint-Chairman, Parliamentary Group
for Alternative and Complementary Medicine
Oxford
England