DERMATOLOGY TIMES

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Dear Doctor:

Enclosed please find an article in which you are quoted that we plan to use in an upcoming issue of DERMATOLOGY TIMES. It has been selected because of its timeliness and importance to our readership.

Please read the article to correct any factual errors or misinterpretations and call in your corrections to Elizabeth Serkownik at 1-800-225-4569, ext. 635. If it is impossible to call, please use the enclosed self-addressed prepaid envelope to mail your corrections as soon as possible.

If you have not done so already, please enclose relevant clinical art (slides or photos) and captions to complement your story. Of course, you will receive credit under the art and the art will be returned promptly.

If we do not hear from you by 1/15 we will assume the article can be published as is.

We appreciate your cooperation and thank you in advance.

THE EDITORS

Enclosures

FAX: 216-891-2735

looks good
note change p. 3.
CW
Please send me a copy when published
Thanks.

JOB DT -0233-05 12/89-TC-1/15

REV:01-08 EXP:12-21 TC SIZ: 154

<UF22>

All Stages of <11.3x2>

Aids Require <11.4x4>

Compassion<EP><10.7x6>

<UF27>

Special Compassion Required in <28.1x8>

<SW-6>

All Stages of AIDS Management <EP><28.3x10>

<UF5>

COMPASSION <MC> ON PAGE XX<EP><3.11/14x11>

<UF79>

COMPASSION <MC><12.8x12.8>

CONTINUED FROM PAGE XX<MC><8.7x13.7>

<14x14>

<UF2>

San Francisco<MC>_Management of <14x16>

AIDS patients requires special <14x17>

compassion at every stage of the <14x18>

disease, Constance Wofsy, MD, re<14x19><->

minded colleagues at the American <14x20>

Academy of Dermatology's 48th <14x21>

annual meeting.<EP><6.6x22>

"Compassion is not just some<1/14x23><->

thing that takes place at end-stage <14x24>

disease," noted Dr. Wofsy, one of <14x25>

the directors of the AIDS Clinic at <14x26>

San Francisco General Hospital. <14x27>
Even dermatologists, treating <14x28>
AIDS patients at the early stages, <14x29>
must provide some degree of com<14x30><->
passion, she stressed.<EP><8.7x31>

In these cases, it may involve <1/14x32>
broaching the subject of possible <14x33>
human immunodeficiency virus <14x34>
(HIV) infection without frighten<14x35><->
ing the patient. "If a dermatologist <14x36>
sees a patient with seborrheic der<14x37><->
matitis, he or she may just take the <14x38>
easy way and prescribe hydrocor<14x39><->
tisone," Dr. Wofsy said. "But I <14x40>
hope everyone realizes that sebor<14x41><->
rheic dermatitis is a neon light for <14x42>
HIV infection."<EP><6.5x43>

She added that while a great deal <1/14x44>
of "talk time" is not programmed <14x45>
into the routine visit in most busy <14x46>
practices, HIV infection must be at <14x47>
least considered in the differential <14x48>
diagnosis. The possibility of HIV <14x49>
infection may then be elicited over <14x50>
several meetings between the doc<14x51><->
tor and patient. "Compassion in <14x52>

this case is having the will to bring <14x53>
it up to the patient with some rea<14x54><->
sonable efficiency. It must be done <14x55>
quickly, eye-to-eye, and without <14x56>
fear."<EP><2.3x57>

Dr. Wofsy suggested a gently <1/14x58>
worded "opener" to introduce the <14x59>
issue to the patient. She suggested a <14x60>
statement such as, "Now that we're <14x61>
in the 90s, I'm taking care to think <14x62>
of all possibilities for my patients. <14x63>
I've seen AIDS in my practice, and <14x64>
I just don't want to leave any stones <14x65>
unturned." <EP><4.8x66>
<UF24>
Magic Bullets<MC><4.2/9.10x67.6>

While compassionate care of <1/14x69>
AIDS patients often focuses on the <14x70>
terminal aspect of the condition, <14x71>
Dr. Wofsy pointed out that many <14x72>
new drugs and agents are available <14x73>
or in clinical trails, and these can <14x74>
offer a great deal of hope. "None of <14x75>
these are going to be the 'magic bul<14x76><->
let' and cure AIDS, but all offer <14x77>
their incremental steps toward a <14x78>

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let' and cure AIDS, but all offer <14x77>
their incremental steps toward a <14x78>

better and longer life for those who <14x79>
are HIV-infected," she said.<EP><11.4x80>

Even in the late stages of AIDS, <1/14x81>
positive steps can still be taken, Dr. <14x82>
Wofsy continued. These include <14x83>
knowing about hospice availability <14x84>
in the area, and supporting hospice <14x85>
care for those with multiple, ad<14x86><->
vanced diseases.<EP><6.6x87>

Another caring step for near-<1/14x88>
death patients might involve help<14x89><->
ing arrange personal affairs. "Many <14x90>
homosexuals ~~gays~~ or intravenous drug users are <14x91>
estranged from their natural next <14x92>
of kin, and can benefit from having <14x93>
paperwork such as wills and dura<14x94><->
ble powers of attorney taken care of <14x95>
for them. This is a part of the 'pre<14x96><->
scription' of things that can be <14x97>
done that are very, very positive," <14x98>
she noted.<EP><4.1x99>

"Gays" is OK spoken but "slangish" for the written word.

Physicians may also experience <1/14x100>
a variety of emotional stages while <14x101>
incorporating AIDS management <14x102>
policies, Dr. Wofsy noted. First <14x103>

there is avoidance, next is a de<14x104><->
mand for a risk-free environment, <14x105>
next a recognition that the disease <14x106>
exists, then comes self-education <14x107>
and, finally, compassion for the <14x108>
person afflicted with AIDSS or an <14x109>
HIV-related disease.<EP><8.3x110>

However, Dr. Wofsy noted that <1/14x111>
compassiion is something engen<14x112><->
dered from within, and conflicting <14x113>
feelings can easily coexist in the <14x114>
same individual. She cited the re<14x115><->
sponses of a group of nursing stu<14x116><->
dents to a questionnaire. To the <14x117>
question, "Do you believe that peo<14x118><->
ple with AIDS should have equal <14x119>
treatment as people with other dis<14x120><->
eases," the large majority of re<14x121><->
spondents strongly agreed. How<14x122><->
ever, the same group of students, on <14x123>
the same questionnaire, were also <14x124>
asked, "Do you believe you should <14x125>
be assigned to patients with <14x126>
AIDS," and an equally large major<14x127><->
ity strongly disagreed.<EP><8.11x128>

This points out one of the diffi<1/14x129><->

culties of providing compassionate <14x130>

care for AIDS patients, Dr. Wofsy <14x131>

noted. "The sense of compassion <14x132>

and the sense of 'butt not me' can <14x133>

coexist very readily in the same <14x134>

population."<CF63>DT<CF61><EP><6.7x135>

<UF9><29x136>

"Compassion in this case is having the will to bring <0.4/28.8x138>

[AIDS] up to the patient with some reasonable <1.8/27.4x139.4>

efficiency. It must be done quickly, eye-to-eye, and <0.7/28.5x140.8>

without fear."<MC><10.6/18.6x142>

<29x143.6>

<UF11><14x145.6>

"Compassion is not just <0.5/13.7x147.6>

something that takes <1.2/12.10x148.10>

place at end-stage <2/12x150.2>

disease."<MC><4.6/9.6x151.6>

<14x153>

<ET>

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January 11, 1990

TO: THE EDITORS / DERMATOLOGY TIMES

FROM: CONSTANCE B. WOFSY, M.D.

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