Role of the Infectious Disease Specialist in AIDS-Related Clinical Research

Colleagues—Although we now know that AIDS is caused by an infectious agent, a wide variety of specialists are involved in AIDS care and research in addition to infectious diseases physicians. There are several explanations for this development that relate to the history of the epidemic: the disease was initially not recognized as an infection, certain malignancies (e.g., Kaposi’s sarcoma) are a prominent component of the disease, and multiple organ systems tend to become involved by the infectious and malignant complications of human immunodeficiency virus (HIV) infection. We sought to assess the current level of involvement of infectious diseases subspecialists in AIDS-related clinical research through a survey.

The AIDS Clinical Trials Group (ACTG) of the National Institutes for Allergy and Infectious Diseases is a consortium of 34 centers in the United States organized for the design and implementation of AIDS-related clinical trials. The ACTG funds much of the AIDS-related clinical research in the nation, focusing on topics such as antiretroviral agents, pathogenesis and management of AIDS-related malignancies and opportunistic infections, and treatment of HIV infection in pregnant women and infants. We conducted a written, anonymous survey of ACTG participants to gain a sense of the role of the infectious disease subspecialist in the ongoing research efforts against the manifestations of HIV infection. Also, we surveyed fellows and members of the Infectious Diseases Society of America (IDSA) as an additional measure of this subspecialty’s involvement in HIV-related research.

A two-page questionnaire was mailed to all individuals who registered for the ACTG meeting held in July 1990 in Bethesda, MD. Of 492 questionnaires sent, 342 were completed and returned (69.5%), of which 192 (56.1%) were completed by physicians. We report on 192 physician respondents, representing 77% of physicians registered for this meeting. A random sample of subspecialists in infectious diseases was drawn from the 1990 list of the fellows and members of the IDSA. Forty-two individuals were asked to participate in a telephone survey; the 41 who agreed answered two standardized questions asked by a single individual. Frequency distributions are described using mean and SD. We used the t test, the χ² and the two-tailed Fisher’s exact test to compare continuous and categorical variables; we compared ordered discrete variables by one-way analysis of variance.

Most respondents were Caucasian (79.2%) and male (55.9%). Nearly 57% were in the 31–40 year age group. Average duration of faculty appointment for 187 physicians was 9.1 ± 7.5 years. An average of 43% of respondents’ time was devoted to research (65% clinical, 35% laboratory-based). Patient care responsibili-