promised to do.

The treatment registry is a management device that should be able to solve a number of problems in the delivery of AIDS treatments to people with HIV infection. First, the registry is intended to provide treatment information to doctors, patients, community AIDS organizations and others. This is to include both Western pharmaceutical therapies and traditional/ complementary methods of treatment along with combination therapies.

The use of confidential patient profiles will allow the registry to respond to the special needs of people who are often underrepresented in the design of standards of treatment, such as women, people of colour, injection drug users, and individuals from low socio-economic backgrounds. The idea is that when a doctor uses the registry he or she reports back on the success of the treatment. This way, the registry will be able to eliminate treatment strategies that do not work and zero in on those that do.

The main purpose of the registry is to provide a system of aggressive, state-of-the-art care, sometimes called "accelerated care" which, when combined with early intervention, should slow the progression to AIDS and eventually transform the disease into a chronic but manageable illness.

As a management device, the treatment registry will also serve a number of other functions:

1. The treatment registry will be able to provide the doctors with a set of instructions (a regimen) to use that should satisfy the EDRP requirement that they understand the treatment and are competent to manage it. This will make it much easier for doctors to request innovative treatments for their patients.

2. The registry, by providing treatment regimens, should be able to ease the problems (e.g., malpractice suits) doctors face in terms of their legal obligations to their patient, and the cancelation of their hospital priviledges. These kinds of protections should allow doctors to treat AIDS in a more aggressive fashion.

3. Because the registry operates a little bit like an open-arm clinical trial, it will be able to suggest what kinds of treatments appear to be working. Hopefully this would mean that the clinical testing of pharmaceutical products would not be driven solely by the pharmaceutical industry.

4. The registry would be able to provide a designated list of up-to-date treatments for HIV infection that could be the basis of provincial government funding for AIDS treatments.

5. Lastly, the treatment registry is not intended to deregulate the pharmaceutical industry. Everyone remembers thalidomide. The difference between thalidomide and the experimental treatments that would be used by the registry is that the doctors who prescribed thalidomide in the 50's were prescribing a drug that was considered safe and effacious because it had been licensed by the government. This would not be the case with experimental AIDS treatments. Both physicians and their patients ought to know that the proposed treatments are experimental. Every effort will be made to provide a patient with complete information on a drug, for example, with a complete account of its side effects. Doctor and patient will then decide whether to use the treatment or not. All AIDS experimental treatments would still be expected to pass the federal government's standards for safety and efficacy in order to be licensed.

A fourth part of AAN! strategy is to have the Federal Centre for AIDS conduct a study of accelerated care much like the one on palliative care (i.e., the treatment of AIDS as a necessarily fatal disease) that it recently published. This study is intended to establish new standards of aggressive intervention to prevent the progression to AIDS in people with HIV infection.

A fifth, and final part, yet to be developed, is to demand that people with HIV infection not be forced into clinical trials in order to get treatment.

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