00:00:27 - 00:00:33
Tonight, dispatchers challenges the claims made for the main anti AIDS drug, AZT in America. Later

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this evening, the results of a new study of life expectancy for those on the drug will be published.

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Those results will throw new doubt on the effectiveness of azt. Tonight's dispatch is the third on

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the subject of aids. As before, the programme's advice is clear. No one should alter medication

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without consulting a doctor, still less on the basis of a television programme. But the role of

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tonight's dispatch is to examine the evidence. It will argue that in this country, the Wellcome

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foundation, the manufacturer, are making false and misleading claims about the drug and could be in

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breach of the law. That's AZT cause for concern.

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In May 1990, the American AIDS activist group ACT UP organized a demonstration outside the National

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Institutes of Health in Maryland. They were protesting about AZT or zidovudine, the only approved

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drug for AIDS at that time. It wasn't working, and ACT UP members wanted more research effort put

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into finding a cure for aids. This was a remarkable about turn because three years earlier, other

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ACT UP demonstrations had clamored for more AZT to be made available at a cheaper price. What had

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changed?

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For several years, the rock magazine Spin has run an AIDS column. In it, journalist Celia Farber has

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kept a close and critical watch on azt.

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Attitudes about AZT have changed dramatically over the last couple of years and especially in the

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last year. The leaders of the gay community in the major cities here were on azt, many of them in

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the beginning, and then when it stopped working for them, they turned around and they said it isn't

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working. Whereas initially they had defended it so adamantly. A lot of the people who were involved

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with ACT UP and who were on nucleoside analogs like AZT had bad experiences with the drug

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eventually. And then there was a panic and then there was this realization, this horrible

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disillusionment, that indeed, the drugs that were begging the government to get into their bodies

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were in fact very ineffective, if not toxic. If they were aware that the drug had unfortunate side

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effects, why were people so anxious to take it? Because there didn't seem to be any alternative. The

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propaganda was that AIDS is 100% fatal, which it isn't. There is a 15% survival rate today, and of

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course people are living longer. And people were desperate at that time, didn't know much. There

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was. AIDS is basically political. It's been politicized, moralized in this country and

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there's a lot of misinformation about the disease through public protests and Demonstrations, AIDS

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activists were giving voice to serious misgivings about toxicity and the expectations for AZT

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amongst leading doctors and scientists.

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I think the central fact is that despite five years of ACT and trials and four on the open market,

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people keep dying in large numbers and hence it is clearly not as wonderful a drug or a lifesaver as

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it is made out.

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First of all, I think it's self evident that our study does not provide the kind of benefit that

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everyone wished for. It can't be a secret that patients wanted something that would help them live

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longer. Unfortunately it has not demonstrated that and therefore this has to be unwelcome news.

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Well, the effect of AZT on body cells as a whole is very deleterious because it prevents cells from

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replicating. There's a second point in that cells that may survive AZT made themselves become

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cancerous. So there is a double danger for AZT the way.

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When AZT was licensed in the United States in 1987, hopes were running high. Tucked away in a corner

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of the massive Jackson Memorial Hospital complex is Miami University's AIDS research unit. Here, Dr.

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Margaret Fischl was one of the leading figures in the trials that led to the licensing of the drug.

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I think in the very beginning when the studies were actually being designed, our greatest

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expectation or hope would be that it would delay progression of the disease, it would improve

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quality of life, decrease the severity of the disease. Although we designed survival benefits into

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the study, we actually did not expect to see them.

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At San Francisco General, Dr. Paul Volberding, another leading AZT researcher, supports AZT's early

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track record. The drug was approved in 1987 for use in what we would now call advanced HIV disease.

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Patients who had substantial deterioration on the basis of a clinical trial that was really quite

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short, but a trial that showed compared to placebo, a rather striking difference in the mortality

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rate in patients with aids. So we started our experience with a sense that this was a very active

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drug clinically. But with still questions to be answered about the appropriate use of the drug, the

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appropriate dose of the drug.

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The results of the early AZT trial on people with full blown AIDS appeared to be so convincing that

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the drug was given a new fast track approval by the United States Food and Drug Administration

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before any long term toxicity trials in animals had been completed. These new regulations

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specifically will have special criteria that would apply to immediately life threatening conditions,

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recognizing that such patients are willing to accept the greater risk than that which normally would

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be the case. The Wellcome Foundation UK manufacturer of azt saw its shares Spiral upwards. AZT was

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to be the new wonder drug. Then in 1989, after further trials were terminated early in the United

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States because results look promising, it was announced that AZT could be used not only on people

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with AIDS diseases, but in a much larger group with HIV and low immune cell counts but no other

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symptoms. Wellcome's shares soared to new heights, adding 1.4 billion pounds to the company's UK

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stock market value in one day. Today, annual sales of AZT are worth around 170 million pounds.

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Opening up the drug's use to so called asymptomatics means a substantial increase in the number of

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people who could be prescribed AZT indefinitely. In the UK, the estimated number of HIV positive

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people is 50,000. In the United States it's around 1 million. This 1990 US poster campaign Living

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with HIV was co sponsored by Burroughs. Welcome. People were encouraged to get tested for hiv. The

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posters said early medical intervention could put time on your side. As AZT was the only approved

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drug for AIDS at the time, this was a way of increasing Wellcome's market for the drug. I think it's

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a disgrace. It lures people into the belief that if they're HIV positive they should go and get

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themselves tested and there's an answer that will keep them alive. And that's far from the truth.

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More and more people with no symptoms of AIDS but who have HIV and a low immune cell or T cell count

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are being drawn into AZT studies. The Concord Trial, based here at the Middlesex Hospital and at the

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Brompton Hospital in London, involves some 3,000 British and French participants with HIV but no

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AIDS symptoms. In October last year, a progress meeting was held at the Terrence Higgins Trust. We

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were barred, but an amateur recording has been handed to us. Professor Ian Weller, chairman of the

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Concord Trial working party, argued the case for continuing the trial. It seems to me that the Data

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and Safety Monitoring Committee feel very comfortable in allowing this study to proceed into what I

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think is new territory. And my feeling is that it's that territory that most patients and physicians

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are interested in. That is if there is benefit, is it maintained or will it wear off, in which case

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we may cause more harm than good. Professor Weller said that the monitoring committee found no clear

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evidence on which to base new recommendations for clinical practice and that the trial into AZT or

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zidofudine would continue for a further seven months.

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He also said, my feeling is that this is the only chance that anyone will have of sorting out the

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uncertainty that I think is at the basis of some of the frustration,

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that is whether it is better in the mid to long term rather than short term to give zidovudine early

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or rather leave it to a later stage of infection. Early intervention does make biological sense, but

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the question, the pragmatic question, the practical question is do we have the right tool?

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AZT was first developed in 1964 as a cancer chemotherapy drug. It was designed to destroy

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proliferating cancer cells. Later, at the U.S. national Cancer Institute in Maryland, it was tested

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as an AIDS drug. Normally, cancer chemotherapy drugs are used for limited periods, but AZT is given

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for open ended use. Its effect on the body can be very serious. Some people simply can't tolerate it

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and suffer vomiting, muscle pain and unendurable headaches. Lower doses produce less side effects,

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but on high doses, bone marrow cells are affected. With up to 30% of recipients needing blood

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transfusions. I believe that the drug AZT can have at least two important areas of toxicity and that

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is the inhibition of production of critical white cells and also the production of malignant cells

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such as lymphoma cells. These two courses can be monitored, but they can also reach the point of no

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return where nothing can be done about it. So even with monitoring, these toxicities can be life

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threatening.

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Although the effects of azt, also called by its generic name zidovudine, are listed in Wellcome's US

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and UK information sheets for doctors, their promotional leaflet for doctors and the public in the

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UK makes some startling claims about AZT's safety and efficacy. For example, it states here that

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doctors can manage the serious blood problems and there are no life threatening toxicities

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associated with zidovudine.

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These and other claims have encouraged some doctors and patients to embark upon high dose therapies,

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sometimes over long periods of time. There is evidence that some of these claims are false and

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others seriously misleading. There are worrying differences and omissions between the US and UK

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doctors information sheets.

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Before a drug is licensed for use, it normally has to undergo animal toxicity studies and clinical

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trials. In humans, no long term animal studies were completed when AZT was licensed. The clinical

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studies in humans, called Phase two, which led to the licensing of azt, were financed by Wellcome.

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They were presented as complying with the only reliable scientific test for a drug, double blind

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studies and published in the New England Journal of Medicine in July 1987. In this type of trial,

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one group is given the drug and the other a placebo or a dummy tap. Neither the volunteers nor their

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doctors should know who is getting what in order to Eliminate any bias in expectation of what a

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particular treatment or no treatment may do. This is called blinding.

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In this document, Wellcome claims that none of the volunteers or the clinicians involved knew who

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had received placebo and who had received the active drug. We have the following evidence that the

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trials became unblinded early on. This internal document from the Food and Drug Administration, the

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U.S. authority that licensed the drug, was obtained through the Freedom of information procedure.

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Dr. Ellen Cooper, in reviewing the AZT data, the fact that the treatment groups unblinded themselves

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early could have resulted in bias in the workup of patients. If the FDA knew this, then Wellcome

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would have been incompetent not to know.

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Morning. How's it going? Oh, hi. Through the pages of the New York Natives, a gay weekly newspaper,

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journalist John Lauritson, author of the book AZT Poisoned by Prescription, and deputy editor Nina

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Ostrom have kept up constant pressure about inconsistencies in the events that led up to the

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licensing of azt. There were so many contradictions. But the real horror of this study only became

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apparent after going through documents which were obtained under the Freedom of Information Act. And

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it indicated that there had been not only sloppiness of every conceivable sort, but that there had

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been actual cheating in a number of areas. It indicated that the study had become unblinded very

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quickly in the first few weeks. Although it was planned as a double blind, placebo controlled study,

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in fact it was nothing of the kind. Both patients and doctors knew who was getting act and who was

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getting placebo. As far as we can ascertain, everyone in the phase two trial has died. Chris Babik

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of People with AIDS Coalition used to advise trial participants on a telephone helpline where they

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could get their pills analysed. During the phase 2 trials, we received many phone calls in our

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office from individuals who wanted to determine whether or not they were using the placebo or

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actually receiving azt. And there were three laboratories in New York which would analyze the

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medication. We would refer individuals there. If in fact they were on placebo, they would make

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arrangements to acquire the drug azt. Oftentimes they would share it with individuals who were in

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the trials and thus really rendering the phase two trial unblinding. The phase two trial, Dr.

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Michael Lang helped run one of the trial centers. I don't think they were really blinded because

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when you take AZT your red blood cells increase in size and this happens after two to three weeks.

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And you can noticed that on an ordinary blood count. And since Blood counts were monitored and the

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information fed back to patients. This information was available to the investigators. Well, I don't

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think it's completely true that the trial was unblinded. In retrospect are ways that we could have

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known who was taking the drug. The drug causes the red blood cells, for example, to enlarge in size,

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but that wasn't really known at the time. And so I think that trial was in fact quite, well,

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blinded. Did you know that the phase two trial became unblinded early on in the study? Well, I don't

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think it became unblinded. I think that's, you know, fanfare and does incredible misjustice to that

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trial. Did we know that or suspect that some of the patients were on act? Of course, you know, when

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you say unblinding, I mean you assume that the whole study is unblinded, that both patients and

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physicians know exactly what they're on. And that typically does not happen in most clinical trials.

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Are patients suspicious sometimes of what they're on? Yes. Do they necessarily change their behavior

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because of that? No. Do physicians or nurses that care for patients in blinded studies sometimes

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suspect what the patient is on? Yes. Does that necessarily change their behavior in the conduct of a

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trial? No. They typically will proceed with the conduct of the trial as it is outlined. Well, one

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could argue over how much of an effect it would have for a study to become unblinded. Certainly all

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kinds of biases are possible. It could be everything from the psychological effect on the patient to

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the way that a doctor managed it. But certainly the gold standard of drug testing is a double blind,

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placebo controlled study. And most importantly, if the study was not blinded, it is dishonest to

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describe it as being a blind study. And to this very day, the advocates of AZT continue to say that

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this was a double blind study when it was certainly nothing of the sort of. We would like to have

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put some questions to the Burrows Wellcome Company based here in Raleigh, North Carolina. Welcome

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financed the phase two trials that led to the fast track approval of azt. They declined our

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invitation to be interviewed.

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In this same UK promotional leaflet. Wellcome claims that AZT is an antiviral drug. The leaflet

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gives the impression that AZT can target the HIV virus without killing cells. Professor of molecular

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biology at Berkeley, California, Peter Duesberg is known for his view that HIV is not the cause of

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aids. His concern about the use of AZT stems not simply from this view, but from a criticism of

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AZT's molecular activity. He objects to Wellcome's claim that AZT is an antiviral drug. That is a

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euphemism. It's not wrong, but it kills or inhibits all DNA synthesis. Everything that's going it

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inhibits the cell first and with it the virus. It's called E. Coli K that doesn't accept DNA. Peter

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Duesberg and some other leading scientists claim that HIV has never been shown in humans to present

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a meaningful target for azt.

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In order to understand these assertions, we need to examine the way in which a retrovirus like HIV

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works. The blueprint for all living cells is double stranded DNA deoxyribonucleic acid. But a

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retrovirus is different. It's made of single stranded RNA ribonucleic acid, which in order to

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replicate needs to insert itself into a cell's nuclear DNA. So a retrovirus like HIV doesn't destroy

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its host cell. It penetrates the cell wall and with the help of an enzyme called reverse

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transcriptase, converts its own single strand of RNA into a double strand of DNA. It can then insert

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itself into the nucleus of the cell.

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The fundamental life giving process of cell regeneration depends on DNA which is made up of four

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building blocks which slot together. One of these is called thymidine. AZT is a copy or analogue of

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thymidine which when it attaches itself to the viral DNA chain, stops it because nothing else can

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attach itself. Some scientists claim that whether a cell is infected with HIV or not, AZT terminates

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the DNA chain, stopping more DNA from being formed. It inhibits the replication or duplication of

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DNA and thereby prevents the cell itself from duplicating. Wellcome claims that AZT can target HIV

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and delay symptom of AIDS in people who are HIV positive by inhibiting hiv. When reverse

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transcription takes place,

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once it enters that cell, the drug has to undergo a transformation so it becomes active and then it

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actually prevents the virus from getting into the genetic makeup of a cell and infecting that cell.

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But Duesberg maintains that AZT can't prevent the virus from infecting that cell without killing it

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and others as well. In people who are given act healthy or sick, only 1 in 500 cells is ever

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infected by HIV. That is to say, in order to kill that one infected cell, ACT will have to kill 500

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normal cells, good cells that people, particularly with AIDS desperately need to survive. And

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healthy people need it too. It is like trying to kill the one terrorist in a city like Berkeley of

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200,000 by putting poison in the tap water. You May get the terrorists, but you will get most of the

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other people as well.

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But does AZT have a viral target at all? Peter Duesberg maintains that once a person has developed

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antibodies to hiv, HIV becomes inactive and there's essentially no more reverse transcription going

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on for AZT to target. There's no evidence for it, it's not detectable, and the numbers of infected

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cells remain the same. It remains very low and remains constant, which is direct proof that further

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infection is not taking place. Further infection depends on reverse transcription. Dr. Harvey Bialy

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supports this view. He is research editor of Biotechnology, sister to the science journal Nature. In

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this interview, he is expressing his personal views. The majority of the time that a person is

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infected with hiv, there is essentially no reverse transcriptase activity that can be detected. So

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it is really beyond me how a drug that is claimed to inhibit reverse transcription of the virus,

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inhibit virus replication, can be suitable agent for treating aids, or even for that matter, for

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treating HIV infection, since the immune system does a very good job of keeping the virus

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replication at undetectable levels.

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On the west and east coasts of the United States, the agony of AIDS combined with the uncertainties

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about AZT have led to the growth of support groups like Heal, run by Michael Elner, whose members

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seek alternative approaches to the treatment of aids. Heal helps people who are suffering side

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effects come off azt. They're scared. They know that they don't like the way that they feel. And we

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show them other people who come to Heal, and there's always a good 20 or 30 people who come who cold

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turkey AZT, they just stopped taking it.

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Cliff Goodman has been HIV positive for four years.

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Would you take AZT? No way. I wouldn't give it to my cats. I would think it was murder. I've seen

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people go on AZT and I've seen them waist and their hair fall out and their muscles shrivel below,

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below their knee. And I've seen many males become impotent. So there's no way I'm going to take

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something like that, you know, I think it's almost like a punishment you'll play in AIDS at all.

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Alan Roundtree had to come off AZT because he felt so ill at first. Good. Oh, boy. I gained weight

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and

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I said, boy, this stuff must be working. And then about another two weeks later, it did start

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working. The headaches came,

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the dizziness, the nauseousness, and the whole time I had fingernails that were so black it looked

00:26:12 - 00:26:24
like I had nail polish on, you know, and the upset stomach. Nothing tastes right. Food or anything.

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And the main thing of it, it affects you so where you couldn't listen to people because you don't

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want to hear them because you're hurting so bad.

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And it left me impudent,

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Destroyed my hopes for living, you know.

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Welcome's AZT promotional leaflet in the UK states Zidovudine improves both quality and length of

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life. Are there any data to support AZT prolonging life? I don't think that we have that the data

00:27:06 - 00:27:15
has been made available, sir. The major problem is that with all the published AZT studies, the

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studies were prematurely concluded and what happened to these people after the study was concluded

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is not very well known nor is it published anywhere. Do you believe that AZT prolongs life in

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patients that have advanced disease? Yes, that has been shown in numerous studies when used early,

00:27:38 - 00:27:43
when patients are still asymptomatic, have no symptoms or they have minimal symptoms and their

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immune system is not severely damaged there we know that AZT prevents or delays the occurrence of

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aids, which we felt in the United States was the most important thing to look for. The claim is made

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that AZT extends life and yet most of the belief that it does are based on the phase two trials

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which as I just said were seriously flawed, utterly worthless. Other studies used to claim benefits

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for AZT range all the way from tiny little studies of uncontrolled patients, you know, five or six

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here there, which are really nothing better than anecdotes. Dr. John Hamilton @ the Veterans

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Administration Medical center in North Carolina is co chair of one of the longest completed AZT

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studies published in a leading American medical journal this week. The drug was given to 338

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patients, one group early in the disease and another when their immune cell count fell below 200. He

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believes that AZT should be given to people in the latter stages of the disease, but is less certain

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about giving AZT to people early in the disease. The results of the trial demonstrated that patients

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on early therapy had a delay in the progression of to aids.

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However, there was no difference in survival comparing one group with the other. That is the same

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number of individuals died in each group and the time at which they died was the same.

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Individual. People differ greatly in the way they react to drugs and there's no way of knowing who

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will suffer severe side effects or tolerate them. Drug well, Jim Pruitt lives in Miami. He suffered

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AIDS symptoms since 1986 and took high doses of AZT for a year. He then broke off treatment because

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of muscle and liver problems and has been on Intermittent, much lower doses since then. Although

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Jim's T cell count hasn't improved overall since he started on azt, he says it has improved his

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quality of life. I began to feel better, I started gaining weight, the fevers went away.

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Clinically, I was doing better. My energy level returned.

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This was not a response that I think everyone experienced with this drug, but my response was very

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good. Gordon, living in central London, has had no problems with AZT because he had developed mouth

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lesions and had low blood clotting cells or platelets. He was prescribed 1000mg of AZT for 18

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months. He's now reduced his dose by half. I do accept that I'm one of the lucky ones. I of course

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accept the evidence that it is not a good drug and that it does have toxicities which can be quite

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severe. My attitude would be find out all you can about it.

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Ideally, talk to someone who has good experience of the drug and to someone who has bad experience

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of the drug and then you just have to follow your own instincts.

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Cass Mann is a volunteer counsellor for Positively Healthy, the London based self help group. It

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provides members with free information about AIDS and different treatments. Does he think AZT

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improves quality of life?

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No, that is not true. I have never seen it improve the quality of life. Certainly when people begin

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the drug, they begin with the best possible motive and expectation, but after periods of time there

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are of course people who claim it does, but I've known no one who's been on it for an extended

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period who would claim that there has been no formal demonstration of improvement in quality of

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life. It was assumed that the delay in progression to AIDS would translate into an improved quality

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of life because it seemed logical and made sense. In fact, the only study that has been done on this

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point and published to my knowledge, has failed to demonstrate an improvement in quality of life.

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In the UK and US doctors reference books there are marked differences in the entries about AZT under

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its brand name retrovir. For example, in the US entry there is a section called Information for

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Patients. There is no such helpful section in the UK Datasheet Compendium. In this US section it

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states that patients should be informed that the drug has been studied for limited periods of time

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and that long term safety and efficacy are not known.

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Nowhere does this appear in the UK document. There are other omissions and anomalies. Human rights

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lawyer Larry Gostin, Director of the American Society of Law and Medicine in Boston, believes AZT

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can benefit people with aids, but is concerned that the differences in information discriminate

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against people in Britain. In effect, that gives treats patients in Britain less favorably and with

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less respect than patients in the United States. And that is wrong. The drug company ought to

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disclose to physicians and physicians should disclose to patients all relevant risks, whatever the

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country may be, whatever the legal system may be. In West London, Stuart Marshall is also concerned

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about different standards of information. He's a trustee of Positively Healthy. He knows he's been

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HIV positive for eight and a half years and has always resisted pressure to take azt. His immune

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cell or T cell count has quadrupled over the last four years and is now between five and 600. When I

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was offered AZT, I was told nothing at all about side effects. I knew a lot about the side effects

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because of having a lot of information from America about it. And it's really my opinion, based on a

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lot of personal experiences, that people are still not being told about the side effects properly

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and therefore I don't think they're able to make a proper informed decision about whether they

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should take the drug or not.

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Currently in the usa, much speculation and concern surrounds possible links between AZT and the

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emergence of a type of lymphoma or cancer of the blood in the late stages of aids. This FDA internal

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document describing mutating human cells in an AZT laboratory experiment says this behaviour is

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characteristic of tumor cells and suggests that AZT may be a potential carcinogen. However, Dr.

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Volberding believes that the lymphomas appearing late in AIDS patients are not associated with azt.

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The appearance of lymphomas in patients receiving antiretroviral therapy is a reflection of the

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longer duration of survival and the ability to remain alive and therefore unfortunately at risk for

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some of these other complications of HIV disease. So we see the lymphomas as an unfortunate

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reflection of our success at this point rather than a reason for real caution. Are you convinced by

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the explanation that lymphoma is a natural constant of living longer with aids? No, I'm not. The

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major reason for that is that most, almost all the lymphoma that I have seen was a first AIDS event

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and occurred not at the late stages of the disease, but was the diagnosis that was made that made

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that patient an AIDS patient. And prior to ACT coming along, I never saw lymphoma in people who had

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had several opportunities infections as a late stage event.

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In October last year, a new anti AIDS drug called DDI with a similar mechanism to AZT was licensed

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in the United States under the new fast track system in the usa, AZT is now being tested on pregnant

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women. And London's Great Ormond Street Hospital for Sick Children will soon be part of a European

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AZT study involving several hundred children and babies. All of this is occurring without any real

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public debate.

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Of course, no one should ever change medication, whatever the drug, without proper medical advice.

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Many AIDS doctors and carers are convinced that, particularly in the latter stages of the disease,

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AZT is invaluable. But some of its greatest exponents are only too aware of its limitations. Does

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AZT prevent death? No. Does AZT cure aids? No. No one ever said it did. It only works by preventing

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cells from becoming infected, so therefore it will have limitations and we recognize that. And

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that's why drug development has still surged ahead.

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As we've already demonstrated, it's arguable whether AZT can actually prevent cells from becoming

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infected without killing them as well.

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So what are we left with? At best, its supporters argue that AZT can delay progression to full blown

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aids, albeit with side effects. I think the question really is one of starting the drug before the

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patient becomes so advanced that the side effects become intolerable. But in terms of long term

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administration, I think when the contrast is taking a drug that has some possibility of toxicity

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versus the certainty of disease progression without the drug, I think most people make the

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understandable decision to try drug therapy. But critics of AZT argue that the benefit is not

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proven. I would say that in most cases, or in a number of cases, you do see a small increase in T4

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cells during the first 3 to 4 months, usually by 6 to 9 months, if you're lucky, by 12 months month,

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you're back to where you started from. And from there on there's in most cases a general decline, so

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that you end up with T4 cells less than beforehand. Resistance to calls for more open debate about

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AZT has come from the us fda, the medical profession and the pharmaceutical industry. The FDA and

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Burrows welcome in the United States, two doctors running the current UK Congress Concord trial and

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the Wellcome foundation in the UK have all refused to take part in this program. Wellcome UK said

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this was because they didn't believe we would be sufficiently balanced and objective in our approach

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to the subject of AZT to make a reasonable programme about it. Last week, Wellcome made another

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announcement encouraging the wider use of AZT. This letter issued to doctors in the UK describes

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favourable results from a trial in 10 countries involving nearly 1,000 HIV positives without very

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low immune cell counts. But doctors have been approached before details of the trial have been

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published in a scientific journal.

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In the uk, there has been negligible coverage of the issue surrounding AZT in the usa. However, more

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voices have been raised. Florida's Miami Herald has kept up a spirited attack on the AZT

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establishment through journalist Eleanor Birkitt.

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The reaction, almost universally in the research community and the patient community was hysteria.

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There was a tremendous sense that, I think has happened to journalists all over the world, that by

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writing such an article, I was being socially irresponsible because I was going to make a group of

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very sick people stop taking their medication. The fundamental truth of the American research

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establishment is that the scientific community feels that it shouldn't have to answer to the rest of

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us. So the notion that a non scientist would go in and question the research, that they used, the

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accuracy of their data and the truth of their interpretation provoked a tremendous controversy

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throughout the research establishment. I think there's a terrific arrogance. I think there's always

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been an arrogance on the part of the medical establishment. They believe themselves to be to know

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everything and once they've made up their minds about something, they're very unwilling to change

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it. Dispatches has been advised by leading counsel that the false and misleading claims about AZT

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described in this program could amount to a breach of the Medicines act, which, if successfully

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prosecuted, would constitute a criminal offence. Dispatches is sending a dossier of relevant

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information to the Medicines Control Agency at the Department of Health.

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