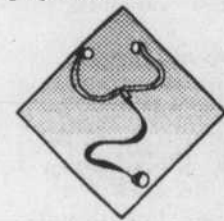


# Doctor's career devoted to AIDS

By Thomas Clouse

**I**n 1986, Dr. Tom Stalder made a decision. He devoted the rest of his career to treating people who are dying from AIDS.

Stalder, who has practiced as a doctor since 1985, said most of what he does to treat his patients can be done by any physician.



"I think at times (the AIDS patients) need some highly specialized care and some specialized involvement, but the majority of (the care) is well within the confines of what primary care is and should

be," Stalder said.

"It's not like you can be a country 'doc' out in the middle of nowhere and expect to do everything," he said. "But you can do 90 percent of what (people with AIDS) need . . . it's just a matter of being a doctor."

Stalder, 36, is part of a group practice in Lincoln that includes Dr. David Policky, Dr. Kary Ward and Dr. Jerry Reed.

Few physicians care for people with AIDS even though the number of AIDS cases is increasing, Stalder said.

"So some sense of obligation to what I am doing and to a population in need is there," he said.

**S**talder said he did not know how many Lincoln residents were infected with HIV. But those who have contracted the disease are faced with finding a physician who specializes in AIDS treatment.

"There are three or four people that are seeing most of the cases and are sort of identified in some way in as being involved in (caring for AIDS patients)," Stalder said.

Physicians are less willing to move into this field because they need to be "non-judgmental" to work with AIDS patients, he said.

"Part of that might be a problem in dealing with the lifestyles and the sexuality," Stalder said. "I think some of it is also that it is a relatively new disease and a new process.

"It is tough to feel competent in something you haven't been exposed to," he said.

Stalder said the epidemics of tuberculosis and the great plague or Black Death of Europe during the 14th century both were historical precedents in working with diseases that posed risk to the care giver.

"Not always did organized medicine shine in those times," he said. "Some guys closed shop and took an extended vacation for a while."

AIDS does not pose the same health risk as some more highly contagious diseases, he said.

"What I do on a day to day basis . . . with these patients, poses minimal if any risk to me whatsoever," he said.

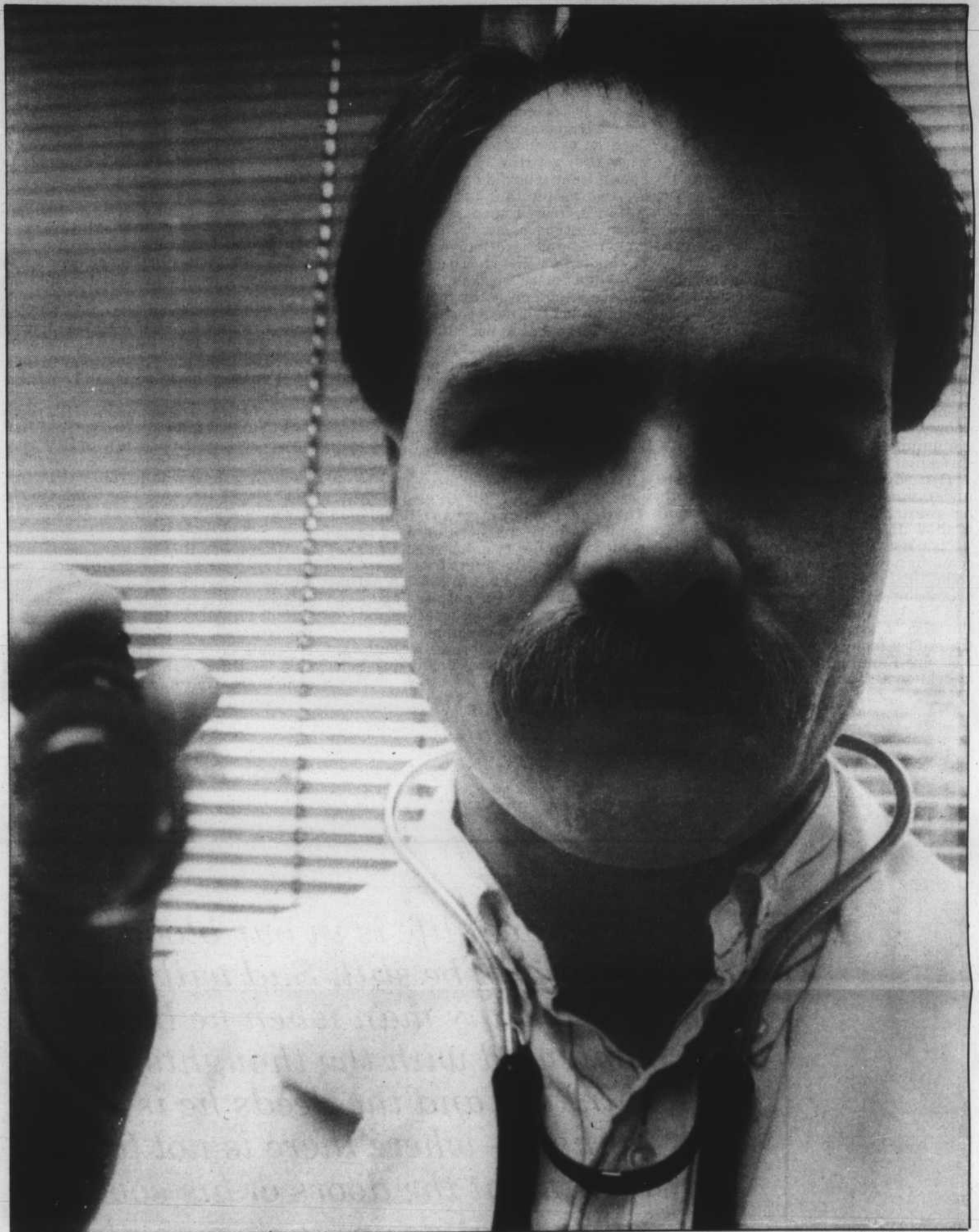
Even though HIV is a more localized infection, Stalder said most doctors periodically questioned their motivations for working with AIDS patients.

"Especially times when you are about to stick a big needle into somebody who albeit represents a very low risk to you as a care giver, it still runs through your mind that this is an invasive procedure . . . I need to be a little more careful than I otherwise might be," he said.

"One thing that goes through my mind is what would it do to me if someone in my office were to get stuck with a contaminated needle? That would certainly change the complexions of things."

**A**s a doctor, it is not uncommon to treat patients for many diseases that are life-threatening, but the death issue seems less immediate, he said.

"Unless something changes drastically in the next few years — when (people) find out they are (HIV) positive — their mortality hits them right square in the face," Stalder said. "There's just no way



Greg Bernhardt/DN

**Dr. Tom Stalder, an internal medicine physician practicing at 770 N. Cotner Rd., is one of the few doctors in Lincoln who specializes in treating AIDS patients.**

around that."

Treating terminally ill patients eliminates many "trivial aspects" of patient-physician relationships, which is sometimes gratifying, he said.

"I don't enjoy finishing a day feeling like I haven't really done much of anything for anybody," Stalder said.

About 15 to 20, or about 75 percent, of Stalder's AIDS patients have died.

"I don't particularly enjoy the death and dying issues, but I have seen enough (patients) die in different fashions that I know there are better ways to do it than others," he said.

"And if I can get somebody out of this world as comfortably as possible," Stalder said. "That's a service, and that is something to be strived for."

Getting too close emotionally to a patient can be a problem, he said. Especially after a person with AIDS starts to get sick.

"I worry about losing my objectivity, in knowing what's best for (AIDS patients) and how best to treat them," Stalder said. "At times I find at that point what they need more is friends and not doctors anyway."

He said one of the most difficult aspects to deal with was watching patients die who hadn't had a chance to live a complete life.

"Passing is a part of human life, but it hits you differently seeing someone die who is 80 versus someone who is 20," Stalder said. "There is a difference there."

A patient's death puts doctors in a unique role, he said.

"There are things that strike you as being particularly poignant, particularly

moving or sometimes horrifying that are sort of the interesting thing about being a physician and being allowed to get into people's lives as much as you do."

Comments from AIDS patients' families often are surprising, Stalder said.

"You may not have known that you made any impact on (the family) whatsoever," he said.

The family can express how the treatment helped the patient, he said, "and that goes a long way in making you feel good about what you are doing."

**D**octors face enough of a battle fighting AIDS without the added problems created by social labelling, Stalder said.

"People still identify it as a gay disease, and if I'm not gay then I'm not at risk," he said. "That is a real problem."

That perception has contributed to the increasing number of heterosexuals contracting the virus, he said.

"One of the largest groups that is growing the quickest is females who are heterosexuals that have sexual contact with (intravenous) drug users," Stalder said.

Increased awareness has resulted from the disease's expansion, he said, but a cure for the AIDS virus never may be a reality.

A more realistic goal for physicians would be to palliate the disease, or lessen the symptoms of AIDS without curing it, he said.

"Okay fine, I can't cure you of this infection, but how can I keep the infection from knocking off your immune system and killing you eventually? I'd be happy with that," he said.

**T**he biologic model for the AIDS virus is different from past biologic models dealt with by medical professionals, Stalder said.

He explained that AIDS is similar to other infectious diseases, but certain aspects about the HIV virus make it difficult to kill because the human body is an ideal host.

The virus fits into the human biologic system perfectly, he said, but "from our perspective, (the virus) is horribly destructive."

With no cure, the emphasis must be on prevention, Stalder said.

The key to prevention is education, but educating the public is not one of the medical profession's strong points, he said.

"You have to come to grips with education in the public school system," Stalder said. "We as a society have to deal with those issues in a more up-front manner in terms of what

your health means and how to protect it."

The number of AIDS cases is always increasing, even in Nebraska, he said.

"I think we have slowed down a little bit the last 12 to 15 months, but before that we were right on track with national statistics, which are an ever-rising curve of the number of cases," he said.

The disease has increased because of social repercussions, he said.

"It knows no social boundaries," Stalder said. "Obviously most of the people who are bearing the brunt of the infection are minority groups, but it's not restricted to those groups."

"It's impacting many different segments of our society all at the same time. It's going to kill a lot of people across the world." ◆