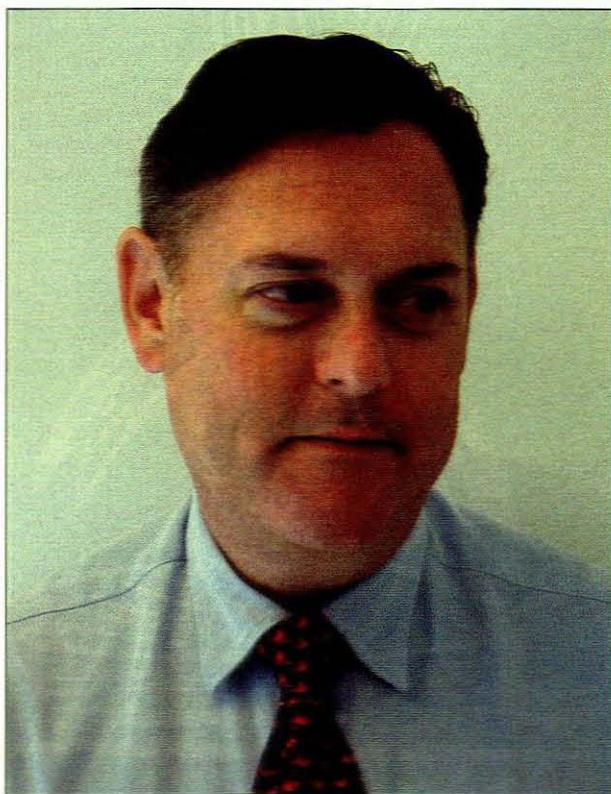


PERSONALITY PROFILE

STEVEN MILLER

Dr Steven Miller is a consultant in clinical microbiology and infectious disease in private practice in Johannesburg. He is medical director of innoviInstitute, an organisation providing state-of-the-art laboratory diagnostics, clinical trial opportunities and patient care services for persons with HIV/AIDS. Dr Miller is a graduate of the Witwatersrand University Medical School. Following a period of postgraduate training overseas in cardiothoracic surgery, he returned to Johannesburg and joined the South African Institute for Medical Research where he qualified as a clinical microbiologist. He was appointed associate professor of clinical microbiology in 1989, shortly before he entered private practice.

Dr Miller's involvement in HIV medicine and research dates back to 1984 when he helped to establish the HIV Clinic at the Johannesburg Hospital. Since then he has lectured and published widely on HIV infection and has served on a number of local and national AIDS planning committees. He is a founder member of the HIV Clinicians' Society of Southern Africa and is chairman of its Treatment Guidelines Committee. He has been principal investigator of several international collaborative clinical trials and continues to play an active role in clinical research.



Steven Miller was born, bred and educated in Johannesburg. Anyone who has met him, attended one of his lectures or read one of his many papers will not be surprised that at school he excelled in languages and initially aspired to be a teacher of Latin and English. His later decision to study medicine eventually enabled him to fulfil the wish to teach – clinical microbiology – in beautifully enunciated King's English!

As a medical student Steven's sights were set on cardiothoracic surgery and he spent all of his free time in Ward 17 at the cardiothoracic unit at the J G Strydom

Hospital (recently renamed the Helen Joseph Hospital) in Auckland Park, Johannesburg. This led to his fifth-year elective being spent in Houston, Texas with internationally renowned cardiovascular surgeon, Professor Denton Courey. His interest in this specialty did not waver throughout an internship at the Johannesburg General Hospital in 1978.

A 2-year stint as a registrar in cardiothoracic surgery in Utrecht, Holland came to an end when, ironically, Miller's father became ill with a genetic cardiovascular disorder and he decided to return to South Africa to be with his family. The time was not wasted though, as Dr Miller learnt to speak fluent Dutch.

To his disappointment registrar posts in cardiothoracic surgery were difficult to obtain at the time but fortunately Miller had developed an interest in endocarditis and heart valve infections. A career in clinical microbiology seemed a reasonable option so he joined the South African Institute for Medical Research where he subsequently qualified as a clinical microbiologist. It was during this time that he developed an interest in teaching, particularly undergraduates and postgraduates. He began an intense crusade to take microbiology out of the laboratory into the related clinical medical areas to bring South Africa in line with the rest of the world. He was appointed associate professor of clinical microbiology in 1989, shortly before he entered private practice.

Miller's training in pathology stimulated an enduring interest in the pathogenic process and resultant biological and clinical response of the human host to disease. It is therefore not surprising that Dr Miller was one of the first

of a small number of South African experts to become involved in the new and mystifying HIV/AIDS disease when it reared its head in Johannesburg in 1982, particularly as the causative organism had not yet been identified. Miller's participation in related research coupled with an interest in the diagnosis and clinical care of people infected with HIV led to his involvement in the establishment of the HIV Clinic at the Johannesburg Hospital in 1984.

Dr Miller comments that he feels honoured to have been associated with the Southern African HIV epidemic from the outset. He says that he has learnt a great deal from the experience as it is in this field that the most significant discoveries regarding global infectious diseases of the 20th century have been made.

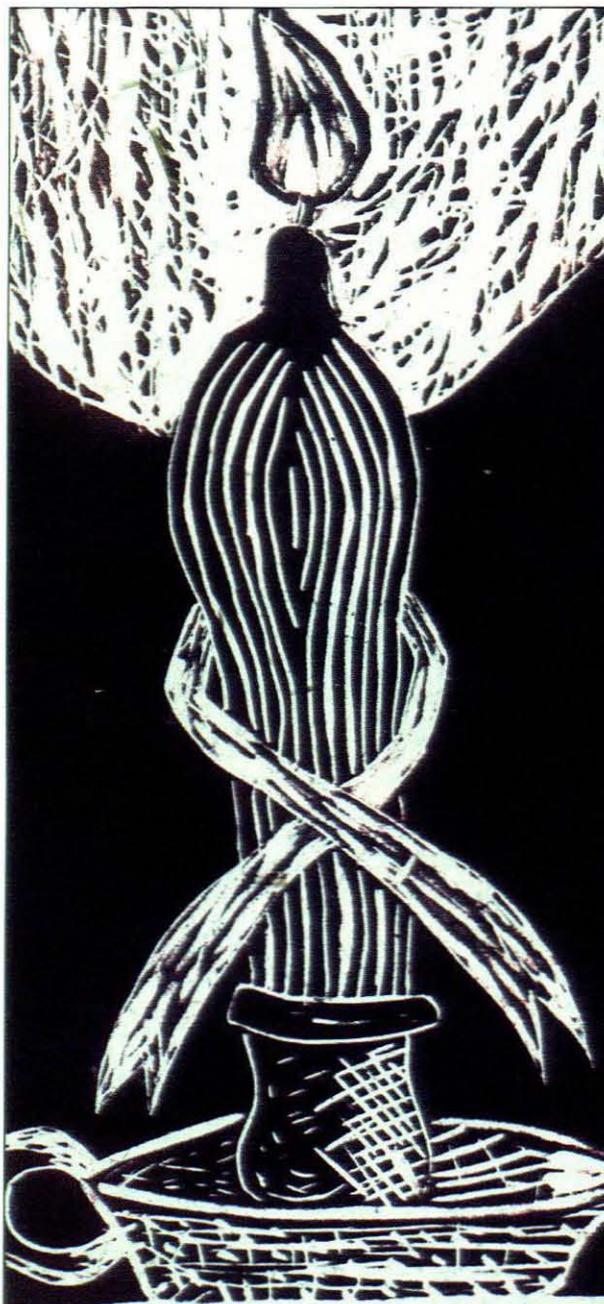
When asked what he feels should be done to deal with the present South African scenario, he says that four specific components are needed to deal with it adequately:

- Treat people with HIV using internationally accepted standards of treatment and care
- Devise and implement an effective preventive programme
- Train medical and health care professionals to manage HIV/AIDS
- Set up a national infrastructure to provide testing, counselling and monitoring and to distribute drugs for prophylaxis and treatment.

Finally, he says that all of the above should be carried out with systems in place to monitor accountability. He believes that in the presence of a political will this is achievable, but at present local practitioners need to be reassured that government and health authorities continue to support and implement appropriate interventions. 'The sad reality is that until that happens an infected individual's fate depends on financial resources and economic standing. There are two very distinct categories of patients: the 'haves', who can access appropriate care – largely confined to the private sector – and who will remain well, and the 'have nots', who rely on public sector services and will continue to get sick and die as people did 20 years ago at the beginning of the epidemic.'

Asked about future objectives Dr Miller said his major medical objective is to assist South Africa to embrace infectious disease as a recognised specialty – in line with the rest of the world. He is currently collaborating on establishing guidelines for its inception and gives a little insight into the high standards that are being proposed. He believes that the present specialist training is too narrow and that the broader-based system used in the past, which incorporated more clinical training, provided greater

insight into how the disciplines integrate. A personal objective will be to find time to play his piano – he is a licentiate in music – and if time can be stretched so far, extend his grasp of German.



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