

## EDITORIAL

In a recent seminar for child and youth care workers we were discussing professional ethics when someone raised the question, What do you think about wearing rubber gloves with aids patients? For me, a few years removed from direct service, but still close enough to remember the important relationship between touch and care, the answer at first seemed obvious — how could we treat children if our gloved hands preceded our best intentions with a message of coldness and distance. It would be the robotization of child and youth care.

But as I listened to the workers and heard them express their fears, I began to realize how complex an issue this is. When people work with aids children who also have emotional problems that cause them to bite and scratch and spit, it seems to shed even more meaning on the importance of resolving the question, How do we care for children and care givers at the same time?

In an editorial published earlier this year, Jerome Beker, Editor, Child and Youth Care Quarterly, challenged us to learn from workers who are already involved with youth who have aids and from those who have helped others deal with death. It is clear that our prevention and caring skills will be taxed as they have never been taxed before and that we must quickly learn as much as we can about how to deal with this disease.

Equally important, however, is the challenge we face in learning to care for one another. The way we deal with our own fears and support each other takes on perhaps a new meaning now. Certainly, we can ill afford to increase the exodus of workers at a time when youth will need us even more than ever before.

M.K.