

SPIN WINS?

26th July 2003

So the Medical Research Council, a Government body, has openly declared its hand, categorically asserting that (quote) “CFS/ME does not refer to a specific diagnosis” (ref: MEActionUK@yahoo.com 25 July 2003)

Whilst the undifferentiated term “CFS” is indeed an “umbrella” term which encompasses many disorders that are certainly not ME (one such disorder being medically unexplained chronic fatigue, which has no resemblance to ME), on what evidence does the MRC over-rule the WHO classification of ME as a disease of the nervous system as listed in the International Classification of Diseases since 1969? So far, the MRC and its “independent” selected spinners have produced no evidence at all which gives credence to their well -published intention to invalidate and “eradicate” ME, for ME is a distinct nosological entity and is documented in over 60 years of medical literature. For the spinners to claim, as they do, that such literature was the result of inferior knowledge on the part of clinicians and medical scientists of the time is surely the supreme spin.

It is not sufficient for the spinners to claim that ME is nothing more than collusion between suggestible patients and the naïve doctors who accept that such patients have a severe physical illness, nor is it credible for spinners to claim that those who merely “believe” they have a disorder called ME enjoy secondary gains by “adopting the sick role”, and that such “aberrant beliefs” can be corrected at comparatively little financial cost to the State by brain-washing techniques.

The scientific evidence is there for all to see, including the evidence that ME can be induced both by viruses (as in past epidemics) and by chemicals, and that its incidence is spiralling out of control.

Clearly, “spin” itself is now spinning out of control, not only in so many areas of UK political and Governmental life but as far as ME is concerned, it is also rampant throughout UK medicine as well, thanks largely to the unremitting efforts of certain psychiatrists who have indisputable links to the insurance and pharmaceutical industries.

Those industries stand to gain financially from the imposition of psychological interventions such as regimes of cognitive behavioural therapy, graded exercise and antidepressants upon ME patients, many of whom are already at the limit of their endurance but who are left in no doubt whatever that if they do not comply, their benefits will be stopped, either by the State or by the Insurance company.

The financial gains of the psychiatrists themselves should not be forgotten either, for they are known to act as medical advisers to such companies; the names of the main players are now in the public domain and include Professor Simon Wessely (Kings College

Hospital, London), Dr Michael Sharpe (Edinburgh), Dr Peter Denton White (St Bartholomew's Hospital, London) and Dr Anthony Cleare (Kings College Hospital, London). The insurance companies known to be involved in ME claims include UNUM, Swiss Life, Canada Life, Norwich Union, Allied Dunbar, Sun Alliance, Skandia, Zurich Life and Permanent Insurance amongst others, and as re-insurers, the massive Swiss Re.

It seems that there are two ways in which medical insurance claims are underwritten: either the insurers agree to pay claims up to a pre-determined cut-off limit, after which the re-insurers becomes liable, or else the insurer and the re-insurer agree from the outset to share the costs of a claim. Many of these companies all use the Wessely School psychiatrists as "CFS" experts: for example, Norwich Union uses Swiss Re as the re-insurer and Dr Peter White is one of the chief medical officers for Swiss Re; Dr Michael Sharpe's association with companies such as UNUM and Allied Dunbar is well-known, and Professor Simon Wessely is listed as a Corporate Officer and member of the Supervisory Board of PRISMA, the German-based multi-national health-care company which works with insurance companies to arrange "rehabilitation" programmes of cognitive behavioural therapy for those with "CFS/ME".

For the MRC to state that ME does not refer to a specific diagnosis shows not only a total disregard for medical science itself and indeed for "evidence-based medicine", but also a total disregard for the consequential damage perpetrated upon those who are the target of their spinning, which in this case is those who suffer from ME, whose lives have been devastated not only by the illness itself but also by the way in which they have been dismissed, ridiculed, rejected and abused entirely because of the ubiquitous psychiatric spin woven by these psychiatrists. The evidence which demonstrates this is substantial.

Until these spinners are exposed, either by vigilant and responsible journalists or in a judicial public forum, they remain securely protected by those for whom they spin their webs of constructed "reality".

The determination of spinners to promote and protect their own world of deliberate deceit is deplorable in any area, but is especially so when sick and vulnerable people are its victims.

If the spinners are so certain they are right, why do they go to such inordinate lengths to actively prevent ME patients from being competently investigated in the UK, especially given the results obtained in other countries? The spinners even go as far as insisting that performing any investigation other than routine screening on such patients will only reinforce the patients' "erroneous" belief that they are physically ill, yet in July 2001 the American Medical Association issued a statement explaining that 90% of such patients show normal results on basic investigations. Other world experts have expressed the clear message that basic laboratory testing is not sufficient for patients with ME and that more advanced tests are necessary.

In the face of all the international scientific evidence which demonstrates how wrong they are, for the spinners who control Government policy on ME to continue to

deliberately harm such people by denying the existing evidence of biomarkers of serious organic pathoaetiology shows that the spinners can have no morality, compassion, decency, integrity or humanity.

It is not only within the Ministry of Defence that good and decent people like Dr David Kelly are driven to apparent suicide by spin and threats: in the world of ME, there are two suicides each week, some being the direct result of threats to withdraw State benefits necessary for the sick person's very survival. Spin can kill.

However, a forthcoming book by Martin J Walker will expose the ME spinners' agenda in a way that may have a wide-ranging impact. It is called "SKEWED: psychiatric hegemony and the manufacture of mental illness in Multiple Chemical Sensitivity, Gulf War Syndrome, Myalgic Encephalomyelitis and Chronic Fatigue Syndrome". It is a detailed investigation into the dismissal of such disorders by psychiatrists and it tracks the theory promoted by them that people with such illnesses are mentally ill.

It is soon to be published; copies are available from Slingshot Publications, BM Box 8314, London WC1N 3XX and will cost £12 per copy, but anyone ordering more than ten copies before the end of August 2003 can obtain the book at £5 per copy.

A complimentary copy will be sent to the MRC.

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