

**UNUM Provident, Dr Mike Sharpe and Cognitive Behavioural Therapy: information  
which the MRC might wish to consider**

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The ME community is well aware of the long-time involvement of psychiatrist Dr Michael Sharpe with the insurance company UNUM, of his association with Allied Dunbar and of his recommendation to insurers that claimants with a diagnosis of ME/CFS should be subject to covert video surveillance. The ME community will also recall that on 17<sup>th</sup> May 1995 Mike Sharpe and Simon Wessely were the main speakers at a UNUM-supported symposium held in London entitled "Occupational Health Issue for Employers" (where ME was described as "the malingerers' charter") at which they advised employers how to deal with employees who were on long-term sickness absence with "CFS". Moreover, the ME community is hardly likely to forget that in UNUM's "Chronic Fatigue Syndrome Management Plan", ME/CFS is described as "Neurosis with a new banner" and that same document states "UNUM stands to lose millions if we do not move quickly to address this increasing problem". Members of Parliament are on record as being gravely concerned about the difficulties which their constituents with ME/CFS suffer at the hands of UNUM, as recorded in the House of Commons debate chaired by Sir Alan Haselhurst on 21<sup>st</sup> December 1999 (reference: Hansard 147WH-166WH).

In our "Response to the MRC Research Advisory Group (RAG) Draft Document for Public Consultation on "CFS/ME" Research Strategy dated 17<sup>th</sup> December 2002" – M.Hooper, EP Marshall, M Williams which can be viewed at [http://www.meactionuk.org.uk/Initial\\_Comments.htm](http://www.meactionuk.org.uk/Initial_Comments.htm), we brought to the attention of the MRC what Dr Sharpe states in the UNUM company Report entitled "Trends in Health and Disability 2002", including his confirmation of the involvement of PRISMA in the delivery of cognitive behavioural therapy for those with "CFS/ME". It will be recalled that in this UNUM Report, Dr Sharpe advises that a psychiatric classification provides an alternative diagnosis of somatoform disorder for patients with "medically unexplained symptoms" such as CFS and that such a classification has important treatment implications. Many people are aware that psychiatrist Simon Wessely is a Corporate Officer (and is ranked higher than the Board of Management, being a member of the Supervisory Board) of PRISMA, the multi-national commercial healthcare company which in this UNUM Report Dr Sharpe confirms has already begun funding "rehabilitation" of UNUM policyholders with programmes of CBT on behalf of the NHS.

Recently there has been much international publicity about UNUM (one of the largest disability insurers) with the exposition of their strategy not to pay the valid claims of their policyholders (including those with ME/CFS). Most vulnerable are policyholders with so-called "subjective illnesses" like ME/CFS.

In just one case alone (a claim brought by Dr Joanne Ceimo from Arizona, who was unable to work as a cardiologist following a neck injury), UNUM faces \$84.5 million damages for "mistreating an injured policy holder", including \$79 million in punitive damages.

In another case, it was revealed that UNUM had set up a system that appeared to put more emphasis on boosting company profits than on policyholders' rightful claims by brushing aside legitimate claims. It was shown that this was part of a long-running campaign, and a judge in California (Judge O'Malley Taylor) criticised UNUM, saying

“There is clear and convincing evidence that (UNUM’s) bad faith was part of a conscious course of conduct firmly grounded in established company policy”

Steve Dawson, Dr Ceimo’s attorney, said that evidence from previous policyholder cases against UNUM helped pave the way for this verdict.

A federal lawsuit filed last year in New York seeks to represent tens of thousands more UNUM policyholders as part of a class action against the company, and there have been hundreds of policyholder lawsuits already against UNUM, with the state of Georgia last month fining UNUM \$1 million over its claims handling practices. The company’s own former medical director has stated that UNUM’s primary purpose and policy was to deny disability claims and that company medical advisers were encouraged to use language in their patient reports that would support claim denials. If too many medical opinions favoured the policyholder, the doctors would be reprimanded or sacked.

Last year, a Florida federal court awarded \$36.7 million to ophthalmologist John Tedesco when UNUM refused to pay his benefits after he was diagnosed with Parkinson’s disease.

The case which is probably of most interest and relevance to the ME/CFS community is that of Dr Judy Morris versus UNUM (December 2002). Just before filing her lawsuit against UNUM, Dr Morris, an ME/CFS sufferer who can no longer work in the field of Accident and Emergency (ER) medicine, attended a conference in Boston and spoke to Dr Mike Sharpe in person, having found out that it is Sharpe’s research on “CFS” which UNUM uses to support the view that CFS is a psychiatric condition and upon which UNUM relies to support the contention that psychotherapy could effectively cure it. She told Sharpe that his research was being used by UNUM to deny CFS claims. Later, she received an email from Sharpe telling her that UNUM’s employees were not the monsters she was making them out to be, whereupon she wrote back asking him how much UNUM paid him for his “in-service”. He did not reply.

Dr Morris, on her own, obtained two further opinions from experts about her condition, one of whom (Dr Richard Glew, an infectious diseases specialist) concluded that Dr Morris certainly is unable to pursue full-time, high pressure ER work.

The other expert was Professor Nancy Klimas, an immunologist from the University of Miami in Florida and a leading researcher in ME/CFS, who tested Dr Morris’ blood, concluding that there was marked T-cell activation, abnormal CD4 subsets, decreased NK cell function and markedly increased general immunological activity, and that such results were “completely consistent with CFS, clinically, historically and immunologically”.

UNUM was sent this objective evidence and in addition was informed by Dr McIlvaine that **the CDC does not consider CFS a psychiatric problem**, but all this was completely ignored by every defendant at UNUM, who maintained that if she would just have CBT, Dr Morris “can begin focusing on her many accomplishments rather than on her perceived failures (and) she will begin the path to recovery and return to work” (Exhibit #13-6).

Nothing so far related will be of surprise to the worldwide ME/CFS community. However, both the worldwide ME/CFS community and the MRC RAG on “CFS/ME” may be particularly surprised at Dr Michael Sharpe’s evidence in Dr Morris’ legal action. Sharpe, author of the article relied upon by UNUM, admitted that (quote) “two subsequent controlled

trials found cognitive behaviour therapy to offer no benefit over non-specific management” (Exhibit #13-12).

Given that the MRC’s RAG draft document on future research strategies for “CFS/ME” (compiled by Dr Chris Watkins, whose title is MRC Programme Manager for Research on Mental Illness and Drug Addiction) states at paragraph 166 that the direction of future management strategy in the UK should be CBT and graded exercise regimes, and that further research should “concentrate on the effects of these interventions across the spectrum of the disorder” (ie. on both the least severe and on the most severe cases), members of the MRC Research Advisory Group may now, in the light of Dr Sharpe’s explicit evidence, wish to reconsider their preferred management strategies for this complex neuro-endocrine-immuno-vascular disorder.

The MRC RAG on “CFS/ME” might also wish to consider the recent findings of the American Physiological Society that there is growing evidence in at least a subset of ME/CFS sufferers of reduced cardiac function, with some sufferers having cardiac disorders that are subtle enough to escape the current net of clinical cardiological diseases but which may be significant enough to lead to the clinical syndrome.

Given that research funds are said to be so limited (though it must not be forgotten that, quite apart from any recommendations of the MRC RAG, the sum of £2.6 million has passed its first MRC review and is well on the way to being awarded to psychiatrists Mike Sharpe (Edinburgh), Simon Wessely (King’s College, London) and Peter White (Bart’s, London) for a 4 year project looking at the use of CBT and graded exercise as effective treatment for people with ME/CFS) and particularly in view of the scathing criticism of the work of the MRC detailed in the recent Report of the House of Commons Science and Technology Select Committee (reference HC132), what is the MRC’s explanation for wishing to fund yet more psychosocial research on “CFS/ME” (an entity which does not officially exist either by definition or classification) in attempts to “strengthen” the small number of existing poor-quality studies on the alleged effectiveness of CBT in preference to funding soundly-based projects on the known biological abnormalities which underpin this disorder?

This is a question to which the MRC’s answer is over-due.

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