

**For the Attention of all Members of Parliament: Old and New**

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Tomorrow, on 5<sup>th</sup> May 2005, the results of the UK General Election will be known: this may lead to either the return or replacement of Members of Parliament, and Parliament will sit on 11<sup>th</sup> May solely for the swearing-in of new MPs. Whatever the outcome, as soon as Parliament resumes, as many as possible of the ME community are urged to contact their MP and to insist on their seeking and obtaining from the Minister of State for Health acceptable answers to a few straightforward questions:

1. Why are sufferers of myalgic encephalomyelitis (ME --- also known by the World Health Organisation as chronic fatigue syndrome or CFS) being offered only inappropriate and potentially damaging psychiatric interventions suitable for somatisation disorders when there is no evidence whatever that ME (as distinct from chronic “fatigue”) is a psychiatric disorder?
2. If, contrary to abundant international scientific evidence, the Department of Health remains committed to its view that ME/ICD-CFS is a somatisation disorder, on what evidence does it rely to support its belief, and will it supply such evidence for Members of Parliament and their constituents?
3. Why do UK Government bodies continue to accept uncritically the dogma of Wessely School psychiatrists who claim that what they call “CFS/ME” is a functional somatic syndrome, when such psychiatrists have entirely failed to observe a mandatory requirement set out in the DSM-IV that must be observed before a diagnosis of somatisation can be made – namely, whether any toxic exposure has been noted? Unless the possibility of toxic exposure has been investigated as a differential diagnosis, a diagnosis of somatisation is invalid. (Grateful acknowledgment to Margaret Holt: see Co-Cure, 4<sup>th</sup> May 2005). On what grounds does the Department of Health permit psychiatrists of the Wessely School to dismiss and ignore this requirement and to remain unaccountable for misdiagnoses on a massive scale when it is now accepted in many other countries that these UK psychiatrists are wrong?
4. Will the Health Minister provide an urgent explanation setting out the rationale for the Department of Health’s increasingly frequent but unjustified use of the term “myalgic encephalopathy”, given (i) that no such term exists in the WHO International Classification of Diseases and (ii) the existence of the internationally-publicised Statement from Dr Bruce Carruthers from Canada, an eminent and experienced clinician on ME/ICD-CFS, which is unambiguous and from which the following extracts are provided: **“The politics around this are horrendous. I would not favour any kind of name change, since ‘itis’ is well-established in the name ME, and there is no good reason for changing it, since ‘opathy’ would serve to further confuse everyone – perhaps that is one of the motives behind the suggestion”**? (Grateful acknowledgment to Kevin Short of ME Support, Norfolk). Is it the

case that the tactics of using a non-classified term (“myalgic encephalopathy”) are simply an extension of the tactics already in use by the Department of Health for the deliberate purpose of creating obfuscation in order to avoid addressing the real issues?

5. Mindful of the fact that the Province of Ontario, Canada, has officially recognised and classified ME/ICD-CFS as a neurological disorder to which the Diagnostic Code 795 has been allocated, why has the UK Department of Health still failed to clarify its position on the classification and status of ME-ICD-CFS, given that on 11<sup>th</sup> February 2004 the Health Minister (Lord Warner) confirmed in writing that the Department of Health did accept that the WHO classified ME/ICD-CFS as a neurological disorder and that it was incorrect to claim a dual classification – one as neurological and another as psychiatric -- for the same disorder (“The Department accepts that it might have been clearer to say that chronic fatigue syndrome is annexed to the neurology chapter and fatigue states to the mental health chapter”), yet on 20<sup>th</sup> April 2004, in reply to a question from the Countess of Mar (“Whether, in the light of their clarification that myalgic encephalomyelitis / chronic fatigue syndrome is a neurological disease and not a psychiatric disorder, they will issue a press release to inform the general public and the media about the correct classification of the syndrome [HL2302]”), the same Health Minister (Lord Warner) provided a written answer in which he asserted: “The Department of Health did not say that myalgic encephalomyelitis / chronic fatigue syndrome is a neurological disease”?

Members of Parliament may need to be reminded that they are required to represent the legitimate interests of those who elected them and that they must do so “without fear or favour” and without allowing themselves to be controlled by ministerial policy that deliberately disenfranchises and degrades so many sick people.