

Lest we forget

Margaret Williams 21st July 2012

The British Army is about to be truncated: not only are thousands of servicemen/women to be made redundant and more reliance placed on Territorial Army (TA) recruits in times of need, but those seriously injured in, for instance, Afghanistan, who have been blown up by an IED (improvised explosive device) and have lost limbs are apparently to be denied disability benefits on the grounds that once they have been fitted with prostheses, they are no longer disabled.

The British Army appears to have an unenviable track record when it comes to looking after its sick personnel who suffer from either Gulf War Syndrome or ME/CFS, perhaps due to the prominent role played by Professor Simon Wessely in both disorders and his well-known views that neither disorder actually exists except as a dysfunctional “belief”.

In 1994, an Editorial in The Journal of the Royal Army Medical Corps (Chronic Fatigue Syndrome in Army General Practice: June 1994:140:2:59-60) by Lt Col JH Johnson set out the British Army’s position in relation to ME/CFS:

“A recent Editorial in the BMJ has cogently and succinctly stated what is currently known about Chronic Fatigue Syndrome (sometimes given the unhappy acronym ‘ME’, with its double implication of serious pathology in the nervous system ‘Myalgic Encephalomyelitis’ and of the suffering ego ‘Me!’).

“Many with this complaint have a recognisable psychiatric condition....Some may have had an infection, usually viral, but the relevance of this is uncertain and studies purporting to show an important pathogenetic role for chronic viral infection have been...unconvincing.

“No tests other than history are needed to make the diagnosis...no special training is needed to make the diagnosis and no investigations are required other than...to exclude other diseases.

“Some patients...especially those who have made their own diagnosis and joined a ‘self-help’ group, seem to enjoy the status of ‘ME Victims’; usually they have a devoted spouse who helps them to record their many symptoms....many do not get better but devote their life to their disease.

“Chronic Fatigue Syndrome...is not new. ‘Neurasthenia’ was a popular disorder in the last century but went out of fashion when the physical explanation...ceased to be valid. During the First World War... ‘Effort Syndrome’ became a common diagnosis. This disease was characterised by chronic fatigue and a long list of other ‘functional’ symptoms....So many men were affected that the War Effort was put in danger. Special Rehabilitation Hospitals were therefore set up and sufferers were made to undergo staged physical training under medical supervision....Preparations were afoot for a similar epidemic during the Second World War.

“We in the Army Medical Service still...have at our disposal the treatment modality set up by our predecessors in 1915.

“Army General Practitioners should be able to look after their patients with Chronic Fatigue Syndrome...(who) indeed may be better served with historically attested treatment facilities than their counterparts in civilian practice”.

As with other recruits, a TA applicant must fill in a comprehensive medical questionnaire (British Army Health Questionnaire) and the RG Form 8 (Revised July 2004) in the section headed **“Psychiatric or mental health disorders”** lists “Chronic Fatigue Syndrome or ‘ME’” along with “Behavioural problems”.

The British Army Form RG 8 that was revised in June 2008 equally lists “Chronic Fatigue Syndrome or ‘ME’ ” at section 6.25, that section (6.20) being “Mental health problems”.

Despite the now extensive database of biomedical abnormalities found in ME/CFS, has anything changed in the British Army’s outdated categorisation of ME/CFS in the intervening four years?

Whilst it is clearly imperative that Army recruits must be of *“a robust constitution and free from disease or pre-existing injury to undertake the physically and mentally demanding challenges of training and future service”*, should soldiers be unfortunate enough to succumb to ME/CFS whilst serving their country, it is not acceptable for them to continue to be labelled as suffering from a psychiatric or mental health disorder or to be compelled to undergo “rehabilitation” in the form of graded exercise therapy, particularly as it is known that such patients exhibit profound abnormality in their response to exercise intervention and will not benefit from it (Loss of capacity to recover from acidosis on repeat exercise in chronic fatigue syndrome: a case-control study. David EJ Jones, Julia L Newton et al. European Journal of Clinical Investigation, February 2012;42:2:186-194).

Why is the Ministry of Defence, headed by the Secretary of State for Defence, allowed to diverge from adherence to the WHO ICD-10 classification of ME as a neurological disease when other Departments of State including the Department of Health are mandated to observe the WHO classification?