

An open letter to Professor Peter White

19 November, 2007

Dear Professor White

Re: Your response to: “Whiter than White” by Margaret Williams.

For accurate information on ME, logical analysis, referenced statements and integrity, I have never hesitated to recommend researcher and author, Margaret Williams. It was therefore with interest that I read your response to her recent comments regarding the radio interview in which you participated. I must say that your reaction was entirely predictable and having read it, I then listened to the interview in question.

You included your email address in your response, and I took that as an invitation to your readers to express their opinions.

In matters of public interest, satire and cartoons have the power to diffuse anger and violence and from that point of view, certain members of your profession have cause to be grateful to the authors and artists who have made good use of the rich material arising out of one medical scandal after another. This relates in particular to the psychiatric field.

While satirists and cartoonists do not have the power to deliver justice, they do take away dignity from those who deserve, in some instances, no less than criminal prosecution.

Here we are in the year 2007 with promises of patient/doctor partnerships and the assurance that ME is recognized as a neurological disease; fine words, but the arrogance and abuse of power continue. We still hear jokes such as: “The difference between God and a surgeon is that God KNOWS he is not a surgeon.” And as relevant today as it was ten years ago is the quote: “Doctors will get off their pedestals when we get off our knees”.

It is clear to those who follow developments that the dangers of iatrogenic disease, disability and death have reached the point where medical treatment is now the leading cause of suffering due to health issues. Many books have been written on the subject and patient concerns are constantly ridiculed by the medical profession and those influenced by it, as we see in ME. Time and again, history shows that decades after various concerns were first aired by the lay community, the medical profession issues a statement: “It has been discovered that...”

The advice we have been given and the pills we have swallowed, have resulted in epidemics in obesity, diabetes, cardiac disease, eating disorders and psychiatric conditions to name but a few. If you become an in-patient in hospital, the chances are that you will take an unwelcome guest home with you - an untreatable super bug.

In short, the medical profession and psychiatry in particular, are manufacturing their own business to the financial advantage of themselves, the pharmaceutical industry and hangers on. The disadvantaged are the sick, the dying and their families.

A Google search on psychiatric abuse reveals horrors that have no place in a civilized society. There one sees conflicts of interest, physical and mental abuse, negligence, torture, malpractice, fraud and more.

You may attempt to dismiss the entries as nonsense and the work of a few cranks; you may say that only those easily swayed (such as ME patients) believe them, but think again. It is those who have never experienced anything described therein who are naïve and who could blame them for not wanting to believe that such obscenities occur? On the other hand, those who HAVE experienced “preventable medical error” or seen it happen to family members and/or friends, know the truth of it. Their numbers are growing and they are becoming increasingly angry at the knowledge that this situation has been allowed to grow out of control. They gave the loyalty demanded of them to a profession that has betrayed them.

When you speak of the research needed into ME, they think of the valid research results you have dismissed or ignored. When they ask for treatment to relieve their pain and other physical symptoms, you offer CBT, GET and psychotropic drugs. When you protest that you DO believe ME is physical, you add “As well as psychological” in the same breath. When they ask for the tests that have already picked up anomalies in others, you dismiss those tests as irrelevant.

Your comment during the interview that you believed some tests were too hard on the patient was not convincing. When it comes to ME, few doctors give a hoot about how hard anything is for the patient. The truth of the matter is, that patients want the tests and almost without exception, your profession refuses to make the referrals.

I quote from your response: “Being a psychiatrist in the field of CFS/ME, I am used to being misquoted, misunderstood, or quoted out of context...” Others faced with a similar situation might wonder why the controversy revolves around ME and little else. They might ask of themselves, “Could it be that I am wrong?”

If Joe Doe says that black is white, he is ridiculed. If Psychiatrist X says the same, his colleagues stand on their heads and whistle through their toenails in their determination to convince all that it is true. One of their number can simply not be seen to be wrong! How dare anyone suggest that it could be so!

Sadly, Professor White, medical history is full of examples of medical beliefs that defy common sense. And it is full of examples of the same mistakes being made over and over again.

If you truly believe ME is a physical disease as you did (sort of) say, why are you meddling in something that does not concern you? Do you meddle in oncology? Dermatology? Cardiology? I suspect that would frowned upon, so why meddle in neurology?

Members of the medical profession are supposed to belong to society’s intellectual elite. Their general behaviour belies that supposition. In fact, given their resistance to learn from their mistakes, doctors must surely be amongst the slowest learners in society.

A few years ago, your colleague, Michael Sharpe, came up with a novel way of using patient anger to his advantage. He stated that it had been accepted as one of the diagnosing

symptoms of ME. That was certainly news to me and I wondered, accepted by whom? The WHO? Those engaged in legitimate research and/or patient care? Of course not!

That comment had the potential for causing more harm than had already been done and was a sure way to crank up the anger a notch or two! Perhaps that was the intention?

That the strategy was self-serving cannot be denied. It also highlighted the facts that (1) there is no relationship whatsoever between genuine science and psychiatry, and (2) those who espouse psychiatric opinion are not necessarily smart.

Regrettably stupid, too, are those who forget the lie they told yesterday (e.g. “Those most prone to ME are high-flying, educated, white women in managerial positions”) and tell a new and contradictory one today (e.g. “Those most prone to ME are the poorly educated in the lower socio-economic bracket”).

And here’s the irony. It is people of this ilk who believe respect is theirs as of right. It is also people of this ilk who have the gall to attack the integrity and intelligence of the sick and vulnerable. You have already discovered for yourself that ME sufferers no longer feel inclined to doff their caps and genuflect at the sight of an approaching stethoscope.

Psychiatric therapists administer CBT - they tell people how to think and behave - yet the number of suicides, marriage break-ups, and criminal charges (mainly for sexual abuse and fraud) are higher in psychiatry than in other branches of medicine. It hardly seems a safe place from which to draw a role model.

I cannot think of one good reason why an ME sufferer should take advice from average run-of-the-mill psychiatrists or accept anything they say as the truth. In general, the shortcomings lie, not with the patients as they would have us believe, but with the same self-professed “experts”.

Gurli Bagnall
URSULA@xtra.co.nz
New Zealand

19 November, 2007