

Why the CISSD Project MUST fail

Stephen Ralph

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How many times have we seen a psychiatrist or a psychiatric study describe “CFS/ME” as a “poorly understood illness?”

When torn up, these studies would provide enough confetti to supply the planet for a generation.

Is it the case that any poorly understood illness must now be classified as a psychiatric disorder?

If we were to believe these studies then the answer would be “Yes” because somewhere along the line there has been a decision to accept that new as yet untreatable complex biomedical disease simply do not evolve and cannot in future arrive.

If Wessely, Sharpe, White, Sykes and even Sir Peter Spencer want “CFS/ME” in the mental health DSM V and in the forthcoming ICD-11 under the same mental health classifications then they must ensure that they have solid irrefutable proof that putting “CFS/ME” under mental health codes is without any doubt the acceptable thing to do not just for themselves but for the whole of medicine of which they are just a small often criticised faction.

The fact is that Wessely and his somatoform colleagues do not (even now after many years of incestuously “peer reviewed” studies) have this irrefutable proof especially when there are so many scientists carrying out significant physiological studies globally – who find indicative evidence – diametrically opposed to the claims of functional psychiatrists.

If the whole nosological picture was observed objectively and without conflicting interests then the whole field is still very much wide open.

So I have a feeling that when the final proofing meeting is held in Geneva, the World Health Organisation will in the end not bow to the somatoform lobbyists because of their total lack of robust conclusive scientific proof.

If it isn't proven beyond doubt that “poorly understood illnesses” are in fact mental illnesses then the WHO should simply be bound to say “No” to the proposals to reclassify “CFS/ME” - a heterogenous label as described in the CMO's report of 2002 - as physically manifested mental health disorders.

Otherwise, if they did then we would be left in a situation whereby ANY emerging and evolving pathology that could take 20 years to identify – will be treated in the future by default as a mental illness.

Patients who could end up with a new and as yet non-existent 21st Century equivalent of HIV/AIDS or Multiple Sclerosis would find themselves being given a knee jerk functional

somatoform diagnosis of mental illness many years before being correctly diagnosed by hard biomedical research.

Patients will not find any use for CBT and GET because such interventions do nothing for the complex “invisible” underlying pathology that hard science has yet to pin down just as is the case with Myalgic Encephalomyelitis and other diseases such as Behçet’s disease and Lyme Disease..

These people are now and will be victims of a medical misdiagnosis. How do they get their years of factitious medical history deleted?

How do they get there many years of lost life back? And when these people have lived with the label of mental illness and have lost all their friends, their husbands or wives and their children; how do they go about getting them back?

And if people are officially shunted into a functional mental health diagnosis then biomedical research to break them free will become almost impossible to fund because State funding will dry up. There will be an assumption that biomedical research is not needed because patients are all just mentally ill and all they will need is CBT, GET and Anti Depressants.

The end result will be hundreds of thousands of lifetimes of suffering for patients on lucrative gravy trains of CBT and GET and lucrative careers for the Somatoform Industry that is trying so hard to take off with Action for ME at its very heart.

In the Royal Courts of Justice on the 11th and 12th of February, Mr Bear the barrister for NICE claimed that there is no evidence that the Insurance Industry has any interest in "CFS/ME" yet there is an abundance of evidence.

And to give a small demonstration, Action for ME - not long after the Judicial Review was over - announced a conference in April...

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CFS/ME Clinical & Research Network & Collaborative (CCRNC) 2009 Conference

AYME and Action for ME in collaboration with the CCRNC

Milton Keynes 23rd - 24th April 2009

This is the second national conference for specialist services and health professionals working with people with Chronic Fatigue Syndrome/ME.

Thursday: Keynote Speaker Professor Mansel Aylward, Director of UNUM Centre for Psychosocial and Disability Research

(CPDR), University of Cardiff

Pathways to work (exact title tbc)

The conference dinner will be held on the Thursday night in Jurys Hotel.

Further details from this website: Chronic Fatigue Syndrome / ME Service at St Bartholomew's Hospital. <http://www.bartscfsme.org/index.html>

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As you can see, the insurance company UNUM Provident is yet again at the heart of the agenda - the vehicle being driven by Action for ME linked nicely into the Pathways to Work scheme promoted by our UK Government.

Of course the Insurance Industry are laughing all the way to their offshore banks because there will be a greatly enhanced ability for any insurer to decline policy claims when a victim or a customer gets labelled as suffering from a functional mental illness that a bit of CBT will sort out – enough for them to return to work for a few months before those victims end up losing their jobs.

This is why this whole CISSD project <http://tinyurl.com/elephantpartnine> who's funding over 3 years has been administered (and because of this - fully supported) by Action for ME – a project to petition the WHO to “harmonise” a somatoform mental health classification of “CFS/ME” in the DSM V and in the ICD-11 MUST fail.

We all have the ability to lobby the World Health Organisation ourselves and this is exactly what we need to do.

And whilst I am here, can somebody ask why Richard Sykes, formerly of Westcare/Action for ME and now the force behind the Action for ME backed CISSD (mental health reclassification) Project has stated as a reason for change that Chronic Fatigue Syndrome has not yet been classified in the World Health Organisation ICD-10.

As Mr Sykes should know very well, Chronic Fatigue Syndrome has always been classified in the International ICD-10 - under G93.3 along with Benign Myalgic Encephalomyelitis and Post Viral Fatigue Syndrome.

<http://www.meactionuk.org.uk/G93-3-ICD-10.jpg>

<http://www.meactionuk.org.uk/G93-3-ICD-10-index-closeup.jpg>

There are literally hundreds and thousands of concerned people out here who want answers.

Meanwhile Action for ME remains tellingly and culpably silent.

Thank you.

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<http://www.meactionuk.org.uk>