

## **Transparency in Government?**

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Tom Kindlon has drawn attention to the report on the career of Dr (now Professor) Mansel Aylward (Co-cure NOT: 16 October 2004: 14.32: New UNUMProvident Centre for Psychosocial and Disability Research at Cardiff University funded by a £1.6m grant from the UNUMProvident insurance company).

The article in question reports an interview with Aylward by Mario Basini published in The Western Mail on July 12, 2004, called “Tending a family crisis”, to which full acknowledgement for the quotations used is here given.

Until recently Dr Aylward was Chief Adviser, Medical Director and Chief Scientist to the UK Department for Work and Pensions, previously the Department of Social Security (DSS). Readers of Volume I of “Denigration by Design: A Review, with references, of the role of Dr Simon Wessely in the perception of Myalgic Encephalomyelitis 1987-1999” will recall the association between Aylward and Wessely about ME/CFS as typified in the letter dated 10<sup>th</sup> January 1992 to Dr Aylward from Dr Wessely. In that letter, Wessely wrote: “It is certainly true that I and my colleagues consider that anxiety about the consequences of activity is one factor perpetuating disability in CFS. I have previously been involved in advising the DSS that CFS should not be grounds for permanent disability”.

It will be remembered that “psychological” disorders are barred from receiving certain categories and levels of State benefits by the Government Department of which Dr Aylward was in charge.

Readers may also recall that Mansel Aylward featured prominently in the UNUMProvident company report entitled “Trends in Disability 2002”. Quotations from his contribution were provided in “Notes on the involvement of Wessely et al with the Insurance Industry and how they deal with ME/CFS claims”

(available at [http://www.meactionuk.org.uk/Notes\\_on\\_the\\_Insurance\\_issue\\_in\\_ME.htm](http://www.meactionuk.org.uk/Notes_on_the_Insurance_issue_in_ME.htm)),

Illustrations included Aylward’s policy for some of Prime Minister Blair’s Labour Government’s “planned initiatives” in the areas of health and welfare, for example:

“There is a common interest across several Government Departments in measures which would reduce the high costs of sickness absence and improve the quality and availability of rehabilitation. The Government shares an interest in the public, private and voluntary sectors which have a stake in the development of more effective models of rehabilitation. Growth in benefit recipients due to mental and behavioural disorders has been rapid during the last five years. Another interpretation might be a migration in the diagnostic label from medical conditions to ‘mental health problems’ ”.

It was in this UNUMProvident Report that another contributor, psychiatrist Dr Michael Sharpe, stated about ME/CFS that: “psychiatric classifications provide alternative diagnoses for the same patients (ie. those with ME)...the psychiatric classification has important treatment implications (as) there is strong evidence that symptoms and disability are shaped by psychological factors. Especially important are the patients’ beliefs about their symptoms”. Sharpe went on to cite “personality, disease attribution (and) avoidant coping style”, together with “unhelpful information found in ‘self-help’ books” as possible causal (*sic*) factors of ME/CFS. Of prime relevance here is Sharpe’s claim that “The current system of state benefits, insurance payment and litigation remain major obstacles to effective rehabilitation. Functional symptoms are not going to go away. It may be difficult for those who wish to champion rehabilitation and return to work to ‘hold the line’. It will be imperative that health and social policy address this problem. Both health services and insurers now need to take a more positive approach”.

It was in the same UNUMProvident report that Sharpe confirmed that PRISMA (a commercial healthcare company of which Professor Simon Wessely is listed as a member of the Supervisory Board) is now providing the NHS with “rehabilitation regimes” based on a more than usually intensive cognitive behavioural programme designed by Wessely et al for patients with ME / ICD-CFS.

Professor Aylward’s long-time involvement in what he, like psychiatrists of the “Wessely School”, deems to be “psychosocial” illness is well-known and it is now confirmed that he is to become Director of the new UNUMProvident Centre for Psychosocial and Disability Research at Cardiff University (funded by a grant of £1.6m from UNUMProvident insurance company), in conjunction with the post of Cardiff’s first Professor of Psychosocial and Disability Research.

The article in The Western Mail confirms that the new Centre will carry out “key research into people’s attitudes to illness and work, and into the relationship between illness and the psychosocial and cultural conditions that affect the individual”. Aylward is quoted as saying “These are influences (that) affect the way in which we respond to illness (and) the way in which illness is propagated and perpetuated. These influences are so important (that) we are looking for a step-change in the way we practise medicine. Nowadays, the hard, recognisable diseases are not the major challenge. We are now confronted with this proliferation of subjective health complaints”.

The Western Mail article states that new UNUM Centre Aylward will head “will attempt to define the nature of this recently recognised category of illness” and confirms Aylward’s view of such disorders: “I believe it is a question of attitudes and beliefs”.

It is perhaps worth noting that one such “subjective health complaint” is classified by the WHO as a neurological disorder about which the UK Chief Medical Officer himself is on record as saying “CFS/ME should be classed as a chronic condition with long term effects on health, alongside other illnesses such as multiple sclerosis and motor neurone disease” (BBC News / Health; 11<sup>th</sup> January 2002).

Whilst Aylward was in his Government post, Dr Charles Shepherd of the UK ME Association stated that he was to have had discussions with him about the high suicide rate in ME (according to Dr Elizabeth Dowsett, former President of the ME Association, due to total abandonment by the State), but according to Shepherd, those discussions did not materialise.

Seemingly, Aylward prefers the notion that “attitudes and beliefs” are responsible for chronic ill-health in “psychosocial” illness (also called “medically unexplained symptoms” by psychiatrists of the “Wessely School”), rather than accept the evidence of medical science that has demonstrated the many anomalies of the nervous system, the immune system, the endocrine system and the cardiovascular system in those with ME / ICD-CFS (which notwithstanding is classified by UNUM as a “psychosocial” illness).

Apparently in disregard of the scientific evidence, Aylward is to concentrate on ways to deal “effectively” with “psychosocial” illnesses and he believes that the figure of £90bn per year could be cut by a third if ways could only be found of returning many of those who suffer from “psychosocial illnesses” back to work.

No rational person objects to efforts to reduce the massive (and spiralling) costs of disability: the issue that causes such concern here is the apparently unlimited power of a small group of psychiatrists and Government policy-makers, together with those who have vested interests in supporting them, to re-define a neuro-immune disorder such as ME / ICD-CFS as “psychosocial” when the international evidence does not support such redefinition.

Given the much-publicised emphasis on the need for “transparency” within all Government departments, one again has to ask how it can be acceptable for a “policy-maker” at the head of a Government Department clearly to have had such close involvement with an insurance company like UNUM **whilst he was advising Government and formulating policy**, given that (1) UNUM has been so publicly discredited for malpractice over legitimate claims made by those with ME/CFS (as well as other incapacitating disorders), and (2) the Court-documented aims of UNUM diametrically conflict with the needs of the sick and disabled whom the same Government department is charged with supporting.