

More Proof Positive?

Eileen Marshall

Margaret Williams

4th September 2005

The response to our recent document “Proof Positive?” ([CO-CURE ACT: 2nd September 2005](#)) has been astonishing by any standards.

There is clearly an undercurrent of deep unrest within the ME community that indicates the powerful strength of feeling against the repeated failure of the relevant UK Government policy-makers to heed the significant amount of international scientific evidence of organic pathology that has already been demonstrated and instead to rely on the unproven beliefs of the proponents of the biopsychosocial model of the disorder who, on their own admission, are targeting and indoctrinating these policy-makers.

Further, there is strong resistance by those with authentic ME to the proclaimed intention of “Wessely School” adherents to make it compulsory for sufferers of ME/CFS – on pain of loss of State benefits -- to submit to programmes of brain-washing techniques that are designed to “modify” their thoughts and behaviour so that they accept that their physical symptoms are not caused by any organic disease but are simply somatisation of mental distress.

Some of the points raised need emphasising: as was pointed out by a correspondent in Northern Ireland, the biopsychosocial model of ME/CFS regards it as a comprehensively somatisation disorder (in other words, as a psychiatric disorder): how does this sit with the fact that in the 1996 Joint Royal Colleges’ Report on CFS (CR54: RCP Publications), it was the same psychiatrists themselves (Simon Wessely and Peter White) who warned members of the three Royal Colleges that:

(i) 25 – 40% of ME/CFS patients do not fulfil the criteria for psychological disorders (chapter 4 / Summary)

(ii) nearly all studies find that between one-quarter to one-third of those who fulfil criteria for CFS do not fulfil any criteria for psychiatric disorder and that (quote): “Any simple equation of CFS with psychiatric disorder is thus erroneous” (chapter 7: 7.6).

Where is the published research since 1996 that enables the same psychiatrists now to claim that apparently 100% of ME/CFS patients suffer from a psychiatric disorder? To make a diagnosis means making a formal determining description to identify a disease: most people with authentic ME have never ever seen a psychiatrist, yet all seem now to have been generically diagnosed as suffering from somatisation. Surely clinicians, including psychiatrists, have no right to make mass diagnoses about people they have never seen, especially when the appropriate and necessary investigations have not been carried out? For such diagnoses to be regarded as factual is not only ludicrous but also destroys the medical ethos and degrades the medical profession.

A correspondent in Shropshire commented that Wessely and White place much emphasis on “selling” their programme but seem to have overlooked the important point that when healthcare became an industry, patients became customers, with Government pushing the

idea of consumer choice. The result is that patients are increasingly applying Trading Standards criteria to what is on offer. Does it work? Is it safe? Is it cost effective? It should be noted that these are the very criteria applied by the NHS to complementary medicine, which must mean that it is reasonable for the same criteria to be applied by patients to orthodox treatments of all kinds.

As this wise correspondent remarked: “Empire building on shifting sands is not to be recommended”.

Perhaps Professors Wessely and White would care to comment.