Doctors and Bankers: Unaccountable Professions?

Margaret Williams   4th November 2011

On 3rd November 2011 The Daily Telegraph published an article in the Comment & Features section entitled "*How much more can we take? -- As exhaustion forces a leading banker to take a rest, Robert Colvile wonders if life has ever been more stressful".*

The article referred to Antonio Horta-Osorio, chief executive of Lloyds Banking Group, who has been forced to take a rest as he is apparently suffering from physical and mental exhaustion, but it began by telling the story of a City analyst named Simon:

" '*People think of the working day as starting when you're at your desk,' says Simon… 'But that's not how it works any more. It starts the moment you wake up in the morning….you pick up your BlackBerry to check on Bloomberg, to see what it means for you and your company. Your brain's in gear from six, six thirty – and then it's on to breakfast meetings, research, one-on-ones with clients, briefings, flights. Even when you're on the train home, or eating dinner with the family, the phone will go, and you'll have to talk to the office in New York….At some point, you find that you just can't get out bed in the morning'.*

"Earlier this year, Simon was diagnosed with chronic fatigue syndrome: when he spoke to the specialists, he was told that 95 per cent of the cases they were seeing involved city workers just like him.

"The effects of stress are also, as Simon explains, the chief suspect when it comes to his own struggles with chronic fatigue".

Yet again, chronic fatigue has been confused with the chronic fatigue syndrome.

This Daily Telegraph article conveys harmful misinformation because the two are not the same; however, such confusion seems to serve the purpose of those who wish to conflate the two disorders and who insist that chronic fatigue is the same as chronic fatigue syndrome/myalgic encephalomyelitis (ME).

What is disturbing is that the "specialists" whom Simon consulted told him that 95% of the cases of chronic fatigue syndrome they were seeing involved city workers just like him (ie. suffering from burnout). This is vastly different from ME, where there is not only incapacitating exhaustion and cognitive impairment but also significant, measurable, reproducible neuroimmune, cardiovascular, endocrine, gastrointestinal and musculo-skeletal dysfunction not demonstrated in burnout. To the insufficiently informed clinician, there may be superficial similarities but the two disorders show contrasting HPA-axis disturbances: HPA axis functioning in burnout patients has been found to be normal (Clinical burnout is not reflected in the cortisol awakening response, the day-curve or the response to low-dose dexamethasone suppression test. PMC Mommersteeg et al. Psychoneuroendocrinology:

2005:doi:10.1016/j.psyneuen.2005.07.003), whereas in ME/CFS the cortisol response is almost invariably reduced.

The egregious and unscientific amalgamation of different disorders once again highlights the urgent need for the use of the International Consensus Criteria (ICC) to diagnose ME/CFS in order to prevent such iatrogenic harm.

Perhaps not surprisingly, the Wessely School psychiatrists whose professional life's work has been centred on refuting the concept of ME/CFS as a medical disorder remain resolutely opposed to the use of the ICC; in 1992 (before the ICC existed) the Wessely School gave directions that in ME/CFS, the first duty of the doctor is to avoid legitimisation of symptoms (CIBA Foundation Symposium on CFS held on 12-14th May 1992) and they have been firmly opposed to any sub-typing of "CFS" for the last quarter of a century. Currently, the correct use of the ICC could prove that, in relation to ME/CFS, their entire professional life has been based on a myth created by themselves.

As Ioannidis points out: ***"History of science teaches us that scientific endeavour has often in the past wasted effort in fields with absolutely no yield of true scientific information…Of course, investigators working in any field are likely to resist accepting that the whole field in which they have spent their careers is a 'null field'. However…advances in technology and experimentation may lead eventually to the dismantling of a scientific field"*** (PLoS Medicine 2005:2:8:e124).

Have advances in technology finally shown that the Wessely School have indeed spent their careers in a "null field" in relation to their efforts to designate ME/CFS as a behavioural disorder?

It would seem so, as the recent study by Norwegian oncologists (PloS One: October 2011: 6:10:e26358) seems to prove that the Wessely School's efforts over the last 25 years are devoid of merit, because one of the authors of that study, Professor Olav Mella, is clear: "*Based on observations and literature study…ME in many patients principally is an immunologic, probably autoimmune, disease*" (http://bergento.no/2011/09/cancer-medication-proves-beneficial-to-me-patients/).

Dr Nancy Klimas, Professor of Medicine at the University of Miami and Director of the ME/CFS Research Centre -- one of the authors of the ICC and one of the world's leading experts in ME/CFS -- has commented on the Norwegian study that successfully used the anti-cancer agent Rituximab (an anti-CD20 monoclonal antibody) on ME/CFS patients:

*"The recent study of Drs Øystein Fluge and Olav Mella demonstrating significant improvement in ME/CFS patients treated with the B cell depleting agent Rituximab is a key study for our field….The investigators point the field in the direction of autoimmunity, and autoimmunity caused by an antibody….**Many clinicians fail to realise the severity of the illness that has been termed ME/CFS….This is a profoundly ill population**"* (http://bergento.no/the-mecfs-study-by-mella-and-fluge-is-a-key-study-for-our-field/).

Equally, Professor Gordon Broderick from the University of Alberta (another co-author of the ICC) commented on the Norwegian study:

"…the apparent success of this approach might not be all that surprising….Abnormal B cell activity has long been suspected as playing a key role in CFS. As early as 2006, Maes and colleagues…presented evidence of increased IgM antibodies directed specifically at cellular products of oxidative and nitrosative stress. That same year, our work…also produced evidence of sustained oxidative stress in circulating immune cells based on their gene expression….Once subjugated, B-lymphocytes also serve as a reservoir of sustained latent infection….Consistent with this, evidence of altered status of the B-lymphocytes of CFS patients was found in a study of gene expression by our group….Further work…with Drs Nancy Klimas and Mary Ann Fletcher of the University of Miami documented immune signalling patterns suggestive of an over-active Th2 or B-cell mediated immune response" (http://www.research1st.com/2011/10/21/broderick/).

Despite the existence of this 2006 evidence (and much more), the Wessely School psychiatrists persisted with their £5 million PACE study that was designed and intended to re-structure patients' alleged aberrant illness beliefs that they were physically sick. Many people believe this to have been an abuse of the scientific process with dangerous consequences for countless sick people but, at no risk to themselves, the Wessely School are apparently accountable to no-one.

That the UK's best-known medical journal, The Lancet, was willing to publish such deeply flawed psychosocial research leaves serious misrepresentation and statistical errors uncorrected; it also allowed the editor-in-chief, Richard Horton, to publicly dismiss and denigrate those who articulated the obvious errors, further illustrating the indifference and deep contempt which has characterised the response of the UK medical establishment to the disease, proving yet again that the profession of medicine in the UK no longer considers itself accountable to those it nominally serves.