

More Medical Malfeasance in ME?

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On 1st March 2005 Co-Cure carried [information](#) about a book by a US psychiatrist Dr Peter Manu as well as [various reviews](#) of his book. The book is “The Psychopathology of Functional Somatic Syndromes: Neurobiology and Illness Behaviour in Chronic Fatigue Syndrome, Fibromyalgia, Gulf War Illness, Irritable Bowel, and Premenstrual Dysphoria” 299pp published by The Haworth Medical Press in December 2004.

It seems that in psychiatry, time has rolled backwards: for some reason Manu dismisses current clinical and scientific knowledge about the classified neurological disorder myalgic encephalomyelitis (ME), also known in the International Classification of Diseases (ICD) as Chronic Fatigue Syndrome (CFS) and reverts to previous misconceptions that ascribed it to primary psychiatric illness. His fundamental premise is that all the disorders in his book’s title are in reality a single functional somatic syndrome, a claim that is effectively a re-run of Professor Simon Wessely’s paper in the Lancet in 1999 (Functional somatic syndromes: one or many? S. Wessely, C Nimnuan, M Sharpe. Lancet 1999;354:936-939) in which those authors argued that the disorders listed in Manu’s title should not be “dignified by their own case definition and body of research” as they are nothing more than “artefacts of medical specialisation” that should all be treated by cognitive behavioural therapy and graded exercise.

Manu is equally explicit, challenging recent research that points to underlying brain disorder: he believes that patients are “complainers” and that symptoms are caused by abnormal personality traits and are a manifestation of dysfunctional and maladaptive coping, leading to resistance to treatment and persistence of symptoms. He quotes one physician as saying “I would like to have the courage to tell (patients with these disorders) that nothing is wrong”.

The rave reviewers of the book also seem remarkably ignorant of current biomedical evidence about these disorders and once again the question has to be asked: why do these people persist in their own dysfunctional beliefs in defiance of the published evidence of existing biomarkers of significant organic pathology in these “orphan” disorders?

Is denial of reality peculiar to psychiatrists? How do some psychiatrists justify closing their mind to so much hard evidence that these disorders are not psychogenic in origin but are extremely complex multi-system neuro-immuno-vascular conditions with dysfunction at cell membrane level?

Given the vast amount of publicly available evidence of disrupted biology that demonstrates that they cannot possibly be due to psychosocial elements, is denial of the evidence simply a case of frank medical arrogance and ignorance, or is there a more sinister explanation involving global vested interests?

For more information about the substantial number of literature references of disrupted biology in these syndromes (including the laboratory differences between ME/ICD-CFS and fibromyalgia, and the biochemical disruption that has been shown to occur in IBS) see www.meactionuk.org.uk, including “What is ME? What is CFS? Information for Clinicians and Lawyers by EP Marshall et al and “The Mental Health Movement: Persecution of Patients?” by M Hooper et al.

It will perhaps be recalled that in October 2003, “What Doctors Don’t Tell You” (www.wdty.co.uk) published a review of a book by John Diamond (“Facets of a Diamond”, Enchantment Books, 2003) from which the following quotations are taken:

“I am no longer a psychiatrist. I renounce it because I believe cruelty is at the core of the profession. I do not mean to say that all psychiatrists are cruel. Rather, I believe that there is something inherent in the profession that tends to bring out any cruelty lurking within. I have long wondered why this profession --- which ought to be so compassionate---has, it seems to me, turned its back on humanity. So often, regardless of whatever superficial reason he may give, the choice is really whether or not to be cruel to the helpless victim before him. If (psychiatry) proclaimed the supreme importance of love as the greatest therapy, then the profession could not tolerate cruelty within it – and would then attract a different type of doctor to enter into it”.

Commenting some years ago on a singularly disturbing abuse of power by a prominent and influential person, a well-known female professor remarked: “Scum always rises to the top”. Was she correct?

Is this true in psychiatry, where more than in any other medical discipline practitioners seem to desire to exert dominance and control, not only over hapless patients’ personal beliefs and over of which State benefits they are deemed worthy, but even over their very freedom?

In the Health & Wellbeing section of the Daily Telegraph on Tuesday 1st March 2005, Dr James le Fanu noted in his Doctor’s Diary that:

“Some paediatricians appear to be in denial when asked to explain their role in the catastrophic, wrongful accusations of child abuse against innocent parents—the greatest miscarriage of justice in the history of the British legal system. They will tell you that Sir Roy Meadow is a good bloke, who was previously maligned. Last week, in a letter to this newspaper, paediatrician Charles Essex reiterated medical experts’ claims that trivial falls cannot cause bleeding at the back of the eye (they can), and that radiologists will report a healing fracture of the bone only if it has a different appearance to natural bone growth (that is not the case). And he is not alone.

(When) Prof Tim David of Manchester made an eminently sensible suggestion that, before jumping to the conclusion that a parent had abused their child, paediatricians should interview the parent and take a proper history of what has happened, in a joint letter to the Archives of Disease in Childhood, a dozen paediatricians responded that this would be a grave mistake, because such parents are so devious that they might even manage to deceive the paediatricians into thinking they may be innocent!

History, I suspect, will judge them harshly for their failure to acknowledge the grievous errors that have been committed”.

Indeed it will, as it also will in the case of the continued and wrongful denigration of those with ME/ICD-CFS.