

Dear All,

Due to all the formatting in this article I have posted it directly to my website so that the formatting is retained in full.

You can read the article as it was meant to be written by clicking on the link above.

I have been asked that if it is reposted that it should be reposted with all the formatting as it has been written. Otherwise I would appreciate it if this e.mail were reposted in full and as it is - in HTML format.

Some people may ask after reading this article by Margaret Williams - "Why is this important"?

Well, it is important for the ME community to know that the MRC will be using the "London" criteria as if it had been formally operationalised and published and that this criteria is of valid scientific worth.

As you will read, this is as far from the case as is possible and as Margaret Williams says at the end of her article...

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"In conclusion, it is submitted that currently, the "London" criteria have no justifiable or validated legitimacy that would in any way provide acceptable criteria for use by the MRC or by any other research bodies for use in identifying patients with ME/ICD-CFS. Not only are they now at least eleven years old, they have been superseded by the more robust and superior Canadian case definition (Myalgic Encephalomyelitis / Chronic Fatigue Syndrome: Working Case Definition, Diagnostic and Treatment Protocols. Bruce M Carruthers et al. JCFS 2003:11: (1): 7-115)."

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This is why this article needed to be written and this is why it needs to be read.

In my view the Medical Research Council are hoping that by utilising the "London" criteria they will be pacifying those who are quite rightly criticising the PACE and FINE trials.

It is clear to me and to others that the MRC has no interests in pursuing solid Science - only pursuing an agenda to please those in Psychiatry who are currently providing the cheapest and dirtiest "solution" to the "problem" of what they refer to generically on one hand as "CFS/ME" and on the other hand to a different audience as a Functional Psychosomatic Syndrome.

In truth, the MRC have given millions to pursue an unscientific agenda of herding a heterogeneous patient group into one somatoform obsessed clinical speciality at the exclusion of all other actively interested clinical specialities using an imprecise inclusion criteria that they know full well is no longer respected internationally.

To try and placate the critics they have conceded that after the dirty work has been done they

now need to use the "London" criteria as if it holds the weight of other published and operationalised criteria when in fact the London criteria does not. In fact it is of little or no contemporary scientific value at all.

It is very clear that the outcome of the PACE and FINE trials will have been a pseudo-scientific stitch-up in favour of those pursuing lucrative careers in somatoform psychiatry and it is clear that the research outcomes of these trials will be as full of scientific flaws as were all the other studies on generic "Chronic Fatigue" undertaken prior to the Chief Medical Officers' Working Group by the very same psychiatrists undertaking the current studies.

And after yet more years have passed, the MRC will have successfully prevented other areas of medical science from confirming they widely recognised facts that when it comes to ICD10 G93.3 Myalgic Encephalomyelitis, the somatoform psychiatrists are fundamentally wrong. Meanwhile the "fatigue" clinics will not be addressing the actual medical needs of people with ICD10 G93.3 Myalgic Encephalomyelitis - instead they will be fiddling with ME patients - testing them with nothing other than psychological interventions that do not address the underlying biomedical abnormalities in people with ICD10 G93.3 Myalgic Encephalomyelitis.

And it matters not that the use of CBT to coerce a patient with ME into a course of graded exercise (no matter how "carefully" applied) could actually be fundamentally useless and detrimental to the health of those patients who have, are and will suffer at the hands of these somatoform obsessed psychiatrists who do not accept or believe that ICD10 G93.3 Myalgic Encephalomyelitis actually exists at all.

Yet this is what the ME community is being told by Action for ME and the ME Association to be "real progress".

We are being told that we should all embrace this and that we should all pull together and stop complaining.

What utter rubbish.

We have every right to complain and to carry on stating the scientific facts.

Sincere regards,

Stephen Ralph DCR(R) Retired