

The dangerous dominance of Psychiatry in ME/CFS

By Stephen Ralph DCR(R) Retired

13th September 2004

As a diagnostic Radiographer I used to deal routinely with requests for x-ray examinations from nearly every clinical speciality in medicine except for possibly psychiatry who would not have as much need in relative terms for the skills of my profession.

What my job entailed was gaining optimum radiographic images of a diagnostic quality to enable the requesting physician through the skills of the Radiologist to make judgements of differential diagnosis.

With the correct diagnosis the correct onward referral(s) could be made for the correct treatments focussed on the particular pathology or pathologies diagnosed.

For example, if a patient was referred with severe lower back pain it could have been the case that the patient could have had a renal problem (i.e. kidney stones) or perhaps a fractured vertebra. A radiographer with the correct request form would be able to take the relevant x-rays to show a doctor which of the two above examples was the correct diagnosis.

If the patient had kidney stones then they would be referred onwards to a Urologist and if they had a fractured vertebra the patient would be referred to an 'orthopod' because quite obviously a doctor specialising in Urology would not be the right and proper doctor to see to mend a fractured vertebra. Indeed if a patient had a fractured vertebra and a Urologist demanded to take control of that patient's care and treatment there would be serious questions to ask of the competence of that doctor.

Therefore I have a fair amount of experience in being able to distinguish between different pathologies, the processes of differential diagnosis and the process of onward referral within the NHS and I know very well that if one type of pathology is being dealt with by the wrong clinical specialist especially at the exclusion of all others then it is to the total detriment of that patient that such a clinician should persist in being involved in the primary health care needs of that patient.

Indeed if a patient should be seen by the wrong primary care specialist and be treated for the wrong pathology then there is a significant possibility that the patient will be made even more ill as a result. Even if this does not happen because the treatments used are benign treatments such as Cognitive Behavioural Therapy, the underlying pathologies of such patients will go on being untreated, uninvestigated, unresearched and unacknowledged by the NHS. But then again, maybe this indeed the deliberate intention of the current process as many of us believe.

And further more, if such treatments like Graded Exercise are used and due to the use of such a treatment a patient becomes even more ill then that patient will have been actively harmed by such a process at the hands of the wrong clinical specialist (*i.e. the psychiatrist or practitioner working to the beliefs of a psychiatrist*) who does not have the correct understanding of underlying pathologies (*just one of those being incorrect muscle function*) due to the fact that such clinicians forming treatment policy have faulty illness beliefs

themselves.

It is quite obvious to many who have taken interest in the present situation that psychiatrists are in fact the wrong tool for the job regardless of how esteemed or respected they are. Being esteemed and respected can in fact make them even more dangerous to patients if no one dares to question their fundamental beliefs. These so called respected and esteemed doctors become unstoppable which then allows them to take ME/CFS medicine up a very long blind alley. In doing this these doctors provide nothing for patients and indeed they then harm patients exploiting their unquestionable beliefs. Years will be wasted on such a situation whilst those clinicians concerned spend their time simply earning vast amounts of money handed to them by the Department of Health through the Medical Research Council through the maintenance of their feckless arrogance and their faulty belief systems.

Meanwhile the patients who will gain nothing from them and will go on suffering.

In my view this is very much the case for people with ME/CFS and the persisting involvement of Professor Simon Wessely, Dr Peter White and Dr Michael Sharpe in terms of their domination in primary care, treatment and research.

I know it may sound obvious but these clinicians are all merely psychiatrists.

According to the New Shorter Oxford English Dictionary the definition of a psychiatrist is....

psychiatrist

/sVI"kVI@trIst/ n. 119. [f. psychiatry + -ist.]

A qualified practitioner of psychiatry; a person who treats mental illness, emotional disturbance, etc.

As it has been clearly demonstrated in so many ways, Myalgic Encephalomyelitis (ME) is NOT a mental illness and for those who suffer all the symptoms of ME (*including chronic musculoskeletal pain and weakness, neurological symptoms, endocrinological symptoms, cardio-respiratory symptoms, immunological symptoms, problems with liver function, gastrointestinal function (that go far beyond Irritable Bowel Syndrome) along with other assorted healthcare problems that have nothing to do with mental illness and emotional disturbance; it is the enforced and dominating involvement of Professor Simon Wessely and his colleagues Peter White, Michael Sharpe et al*) their involvement is the **REAL** problem for patients hammered home of course by the slavish support of these psychiatrists and their beliefs by Chris Clark - CEO of Action for ME.

As far as I know the psychiatrists Simon Wessely, Peter White, Michael Sharpe along with their functional psychosomatic colleagues are NOT clinical specialists that deal specifically with issues of immunology, rheumatology, endocrinology, cardiology, gastroenterology, neurology et al yet they have been and are still dominating the research and treatment agenda with regards to ME and Chronic Fatigue Syndrome which they have all at one time or another declared to be Functional Psychosomatic Syndromes i.e. mental illnesses.

Even now when the trickle of research evidence that cannot now be ignored highlights the fact that ME is indeed a complex disabling illness concerning issues that have NOTHING to

do with psychiatry, the Psychiatrists are still calling the shots and they are being allowed to call the shots because they are being aided and abetted by Chris Clark, Action for ME, The Department of Health, The Medical Research Council and before long the process of the National Institute of Clinical Excellence.

It is my view that patients and concerned individuals have every right to criticise Chris Clark, Action for ME, Wessely, Sharpe, White et al, the MRC and the DoH for their current policy towards dealing with ME/CFS.

Until this point in time, these individuals and institutions are dealing with ME/CFS to all intents and purposes as if ME/CFS were a Mental Illness and nothing more with treatments that are used to treat Mental Illnesses. There are currently claims that ME/CFS can be "cured" by CBT and Graded Exercise and because of this NICE is going to mandate these treatments as "best practice" forms of treatment for the whole ME/CFS community.

Who knows, if anyone suspicious of such treatments declines such treatments it may well be the case in the future that their incapacity benefits will be cut due to the forthcoming social security reforms. The choice will be, go on a course of CBT and Graded Exercise Therapy and risk being made more ill (*especially if you display all the classic signs and symptoms of G93.3 Myalgic Encephalomyelitis*) or become even more hard up financially because you have declined "**rehabilitative treatments**" that the Department of Work and Pensions learn could get you back to work and off Incapacity Benefit.

And, if your doctor decides that you have a personality disorder due to all your faulty illness beliefs and your repeated refusal to take on "best practice" treatments; due to the reform of the mental health act it is quite feasible that you could be forced to be treated with CBT and GET all thanks to the continuing dominance of Psychiatry as the primary care speciality calling the shots for people with ME/CFS.

As we know, Myalgic Encephalomyelitis is NOT primarily mental illness. The pathologies that have been demonstrated behind ME and the symptoms that cause the disability and suffering for people with ME have nothing to do with the specialisms of psychiatry. Psychiatry is the wrong clinical speciality to be dealing with the present and future needs of patients with Myalgic Encephalomyelitis.

In 2000, Chris Clark CEO of Action for ME told me that Simon Wessely was "taking a back seat" with regards to the issues surrounding ME/CFS.

It is clear to me now that Chris Clark was lying to me.

There has been absolutely NO sign that Wessely, Sharpe White et al are "taking a back seat" with regards to any of the issues of ME/CFS.

To sum up - to date NOTHING HAS CHANGED.

It is clear for all to see that control of patient care, research and treatment is now primarily in the hands of Psychiatry - a profession that deals with mental illness and emotional disturbances according to the New Shorter Oxford English Dictionary.

It is for this simple reason that independent campaigning exists and persists in raising

awareness with regards to the activities of Chris Clark, Action for ME, Professor Simon Wessely, Michael Sharpe, Peter White and their like minded colleagues in Psychiatry. These individuals working in the somatoform wing of psychiatry have all espoused their beliefs that ME/CFS is a mental illness and these individuals are being actively supported by the No. 1 UK ME charity Action for ME and in particular Chris Clark.

When the day arrives where the profession of Psychiatry "steps down" from it's controlling interests in treatment, research and primary care and when Psychiatry hands on their control to the rest of clinical medicine and when psychiatry moves into the wings of giving patients psychological support (*as it does for people with Multiple Sclerosis, Arthritis and HIV/AIDS*) where it belongs then patients can start to look forward.

In the mean time there is no progress.... no progress AT ALL.

In my view the plight of people with ME will remain in suspension for as long as clinical specialists (who's primary interest is concerned with mental illness and emotional disturbances) continue to control and dominate the primary care agenda of treatment, care and research of ME/CFS.

Yours sincerely,

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<http://www.meactionuk.org.uk>

----- Original Message -----

From: "magnus5006"

To: <MEActionUK@yahoogroups.com>

Sent: Sunday, September 12, 2004 8:40 PM

Subject: [MEActionUK] Imega/AfME`s attempt to control responses to Wessely`s Scotsman propaganda trash

You are calling for an overwhelming storm of protest about Prof Wessely's letter in the Scotsman. Why? the letter does not seem unreasonable but we certainly would appear so if we took that stance. We should be glad that Prof Wessely is now beginning to recognise the true nature of the illness. We must not forget, after all, that he holds a prominent position.

Lets hope that this signals a new future for Kings and the way they deal with ME/CFS patients...

Bye Colin Barton (Listowner of IMEGA-e) <http://health.groups.yahoo.com/group/imega-e/>

(Please note that IMEGA-e is supported by both Action for ME and the ME Association)

If you wish to send your comments to Colin Barton you can e-mail him [here](#))

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Personally, I think we should read this letter for what it truly is... an admittance that ME/CFS is a real illness and that we should see this as a new beginning with Kings, keeping in mind they deal with a lot of ME/CFS patients (2 year waiting list), and that finally people in the right place are acknowledging our cause. It is easy to look back and blame people for the past but it is often better to look to the future!!

Let's hope that with the new renewed interest, we will see some good come from it!!!

Joe (a contributor to IMEGA-e)

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To appreciate the disparity between Imega/AfME/Marsh/Barton (who are representing your interests to the DoH) and UK Citizens with Ramsay`s Disease, ME-Itis G93.3 on this issue see:

<http://listserv.nodak.edu/scripts/wa.exe?S2=co-cure&D=0&H=0&O=T&T=1&q=wessely+scotsman&s=&f=&a=&b=>

BW`s

Doug Fraser. (Moderator of MEActionUK)

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