QUEST
COMMUNICATION NO. 42
JUNE / JULY 2000

ELECTRONIC VERSION

OFFICIAL ANNOUNCEMENT: FIRST NATIONAL SYMPOSIUM ON MCS, ME AND FM POSTPONED

The "First National Symposium on Multiple Chemical Sensitivities (MCS), Chronic Fatigue Syndrome (CFS) and Fibromyalgia (FM)" was originally scheduled for November 17-19, 2000. There are seven partners on the Planning Committee which include: **Health Canada, National ME/FM Action Network, Environmental Illness Society of Canada (EISC), , Canadian Public Health Association, College of Family Physicians of Canada, Canadian Society of Environmental Medicine, and the University of Calgary.** The partners have been actively seeking resources to fund the event.

On June 27, 2000, in a special meeting of the Planning Committee, it was decided that the Symposium was unable to secure sufficient resources in time for the November date and so the Symposium has been delayed until **March 30th - April 1, 2001**. It will still be held in Aylmer, Quebec (near Ottawa).

Currently, the Planning Committee continues to work on fundraising. An Expert Panel Selection Sub-committee continues to develop the science and methodology for the Canadian clinical case definitions for MCS, CFS and FM.

It is hoped that with the dedicated efforts of the scientific and public community, progress in resolving important issues concerning MCS, CFS and FM will continue to be made.

Please continue to do whatever you can to raise funds for this most-important Symposium. Presently, 25% of the funds needed has been raised. We still have a long way to go and have until October 30th, 2000 to raise most of the funds needed to cover immediate expenses which are on a time schedule.

Our **National ME/FM Action Network** is also responsible for the funding necessary to bring the ME/FM experienced doctors to the Symposium to peer-review the draft clinical definitions for ME and FM which were drafted by **Dr. Anil Jain** and **Dr. Bruce Carruthers**, who both have extensive experience in ME/FM.
Please forward whatever amount you can afford to the **National ME/FM Action Network, 3836 Carling Avenue, Nepean, Ontario K2K 2Y6 Canada**. A tax receipt will be issued for all donations. No amount of money is too small to make a meaningful difference. The Symposium must be a success. Each one of us deserves a proper diagnosis and appropriate medical treatment.

Sincerely,

Lydia E. Neilson, President CEO

WHAT'S HAPPENING AT THE ENVIRONMENTAL HEALTH CLINIC -

By: Nancy Bradshaw, Education Coordinator

Recently, I had a conversation with Lydia Neilson and she mentioned that the perception is that the Environmental Health Clinic (EHC) only sees ME or FM patients if they also have environmental sensitivities (ES). This is not true; we see people with ME, FM and ES alone, or with any combination of the above.

About the EHC

The Environmental Health Clinic, located in Toronto, Ontario, is the clinical part of the joint clinical and research program of the Sunnybrook and Women's College Health Sciences Centre and the University of Toronto. We are funded by the Ministry of health. Our purposes are to:

- Help persons with ES, ME and FM;
- Help people find supportive health care;
- Gain a better understanding of the health care needs of those with ES, ME and FM through participation in clinical research; and

educate our patients, the public and healthcare professionals.

How We Can Help You

The Clinic is staffed with a team of doctors, nurses, dietitians, a psychologist and an education coordinator with a special interest in the care of persons with ES, ME and FM. We provide a complete medical assessment and give suggestions and counseling to improve your health.

How We Work

Before making an appointment, we require a written referral from your family doctor and you must complete a Pre-Visit questionnaire. **Presently our waiting list is 6 months long and we only see Ontario residents**.

Current News

The EHC has just finished conducting a needs assessment involving a survey, focus groups and telephone interviews with over 500 individuals with ME, FM and ES. The purpose is to prioritize the clinical, educational, resource/referral and research services that we offer, with a focus on developing a comprehensive education program for health professionals, patients and the general public. The results of the needs assessment will be available in the fall issue of the Environmental News, the EHC newsletter. Thanks to all of the **National ME/FM Action Network** members who participated.

How to Reach Us

If you would like to book an appointment, or for more information, please call **(416) 351-3764** or **1-800-417-7092**

[Ed note: In Communications No. 44 in the October/November 2000 issue of QUEST, the newsletter of the **National ME/FM Action Network**, we will publish the results of the Needs Assessment Survey which was conducted by the Environmental Health Clinic of the Sunnybrook and Women's College Hospitals.]

ARE PSYCHOLOGICAL FACTORS IMPORTANT IN ME/CFS? - By: Frank Albrecht, Ph.D., Licensed Clinical Counsellor

[Frank Albrecht, Ph.D., The Regional Clinic at Talbot, 17 S Washington Street, Easton, MD 21601 U.S.A.
Tel (410) 822-5580 - E-mail: frank@bluecrab.org]

Because I'm a psychotherapist trained in psychology people often assume that I believe that psychological factors are important in predisposing people to ME/CFS or in impeding recovery from it. My answer is: "My experience in diagnosing and treating emotional disorders makes me sure that these factors are NOT important."

I saw my first ME/CFS case in 1990. At that time I'd never heard of ME. I did know the name CFS but didn't know what it was. My client had come to me because of anxiety, which derived ultimately from childhood abuse. But she told me about the CFS too. So I thought, "Well, that's just something from the anxiety. It will go away when we get rid of the anxiety." This still seems a logical thought. After all, if someone has nightmares, flashbacks, sleeps poorly and briefly, feels frightened a lot --they might well feel weak and tired too, mightn't they?

This was an excellent client. She worked hard at therapy. We cured the anxiety almost completely, one of the best results I've ever seen. The CFS symptoms, however, did not change at all.

That is the pattern I've seen repeatedly. If we fix the mental health problem the ME/CFS is still there. My favorite case of this kind was a severely depressed young woman who had an extremely conflicted relationship with her cold, distant father who was a lawyer. This woman worked as a paralegal for a cold, distant middle-aged lawyer. Her boyfriend was quite a bit older than her. He was nice enough at times but under stress he too would become cold and distant. Well of course she was depressed! She worked very hard, changed her life around entirely, and became absolutely free of depressive symptoms. "Except," she said, "I still get so tired I still have to spend one day out of three in bed." Whoops! Her ME/CFS had been entirely hidden within her depression. So then we worked on managing that. She had a fairly mild case and was able to do pretty well.

What I've also found is that I can't cure ME/CFS with psychological treatment. I tried that a few times before I learned to recognize the illness. I thought I was treating "masked" or "atypical" depression but I got nowhere at all.

Most people with ME/CFS do not need mental health treatment. They cope realistically with their afflictions, maintain positive attitudes, and are as active as they can be without provoking increased symptoms. But psychological treatment can help some people with ME/CFS do better. Thinking negatively does make everything worse, and counseling can change that. And some people don't manage their activity as they should. They persist in overdoing on days when they feel good, producing crashes with extended recovery. Doing this can make the illness worse in the long run. Those with this pattern can be helped with information and counseling about what their behavior is doing to their bodies, and also with psychological counseling aimed at helping them with such problems as guilt for needing help, feelings of inadequacy because they can do so little, frustration over failing to meet goals, and so forth.

In sum, my experience is that psychological factors have little or nothing to do with acquiring ME/CFS, or in preventing recovery from it, but they can be important in keeping people from managing their illness in an optimal way.

[Ed. note: See more of Dr. Albrecht's views on our Children & Youth Section of our Website at: **http://www3.sympatico.ca/me-fm.action/** Our Youth Site is managed by our volunteer Manager, Children and Youth Initiative, Kate Andersen, M.Ed. Ms Andersen is also Junior Editor of our planned Sourcebook for Canadian Teachers working with children and youth with ME/FM. **The National ME/FM Action Network** is honored that **Dr. David S. Bell**, a leading international figure in the field of children with ME/FM is serving as the Senior Editor of our Sourcebook. **Kate Andersen** can be reached for consultation about Youth and Children with ME/FM at:
34825 McLeod Avenue, Abbotsford, BC V3G 1B3 -
Tel: (604) 855-9615 - Fax: (604) 855-9476
E-mail: kate_andersen_uvic@yahoo.com

FOR THE RECORD - By: Julia Driver, Plaintiff

In Canada there exists only a handful of legal judgments concerning persons with Chronic Fatigue Syndrome fighting for their long-term disability benefits. Like all civil action suits, fewer than 4% of all suits ever go all the way to trial. Why? The financial costs and personal energy are prohibative and the court system protects its limited resources by structuring the litigation process to favour out-of-court resolutions. We don't hear about most of the litigation that takes place because if a settlement is reached before trial, usually a "gag" order is signed, not allowing the plaintiff to disclose the details of settlement. It is only when a case goes all the way through trial and the Judge makes a ruling that the case becomes a matter of public record.

Three hours before the Pretrial Conference, my lawyers received a fax from my insurer reinstating my long-term benefits. We believe this offer was their last ditch attempt to avoid a public trial. My case was very strong and I had three outstanding doctors ready to testify in court. Two of the three independent medical examiners hired by the insurance company had acknowledged my severe limitations. The insurance company's case was weak. In the last two weeks before trial, there was a burst of offers from them for a monetary settlement. When I finally instructed my lawyers to accept no more offers, to put their complete effort into the preparation of my trial, a senior lawyer for the insurance company took over the case and a letter to reinstate my long-term disability benefits was generated.

In spite of the fact that Sun Life Assurance Company of Canada reinstated my long-term disability benefits with full backpay and interest, there were still outstanding issues that I wanted discussed in open court. I wanted my case to go before a judge. I wanted a public judgement in the hope that my judgement will help others.

You may notice that the Judgement says very little. It doesn't even mention Chronic Fatigue Syndrome. However, it is a legal judgement that is a public document, able to be read by all.

Action No. 9701-08902 A.D. 2000

IN THE COURT OF QUEEN'S BENCH OF ALBERTA, JUDICIAL DISTRICT OF CALGARY

BETWEEN: Julia Driver, Plantiff and Sun Life Assurance Company of Canada, Defendant.

Solicitor for the Plaintiff, Norman D. Anderson , Shea Nerland Calnan, Barristers & Solicitors - 1900, 715 - 5th Avenue S.W., Calgary, Alberta T2P 2X6 - Tel. (403) 299-9600 - Fax (403) 299-9601

Before the Honourable Madam Justice C.A. Kent in Chambers - At the Court House, In the city of Calgary, in the Province of Alberta, On Friday the 16th day of June, 2000.

JUDGMENT

THIS MATTER having been scheduled for trial for a period of seven days commencing June 19, 2000; AND UPON HEARING that the Defendant has reinstated the Plaintiff as a recipient of long term disability benefits pursuant to the Policy described below; UPON THE APPLICATION of the Plaintiff; AND UPON HEARING read the Affidavit of Melanie Flash, filed; AND UPON the Court being advised that all other issues have been resolved betwen the parties; AND UPON hearing Counsel for the Plaintiff and Defendant; THIS COURT DOES ORDER AND ADJUDGE THAT:

1. The Defendant shall reinstate the Plaintiff effective June 14, 2000 as a recipient of long term disability benefits pursuant to Group Policy No. 50602 - G (the "Policy"),

The Defendant shall pay to the Plaintiff the amount of $99,023.04, being the total of the disability benefits payable to the Plaintiff pursuant to the Policy from July 27, 1996 to June 14, 2000. This payment by the Defendant is subject to the terms and conditions of the Policy including the direct offsets for CPP disability benefits that may hereafter be received by the Plaintiff.

[Ed. note: Be sure to check out "My Story" Submissions on our website under Active Projects to read about the personal struggles of Julia and others around the country. Please consider sharing your experience. We don't print your name or the name of the insurance company, only the province and the details of your experience. It is comforting for others to know that they are not alone in their struggles for fair treatment by insurance companies. Please mail, email or fax a brief summary of your experience to National ME/FM Action Network, 3836 Carling Avenue, Nepean, Ontario K2K 2Y6 Canada - Email: ag922@freenet.carleton.ca - Fax (613) 829-6667]

OCCUPATIONAL HEALTH - IS IT UNHEALTHY? - By: Lou Ferro, Barrister & Solicitor, Hamilton, Ontario

Occupational Health has its roots in the need to treat World War I and World War II casualties that had obvious physical problems. The growth of Occupational Health after the Second World War was further fueled by the need to "manage" industrial accidents and the proliferation of workers compensation systems fueled the need to look after the injured workers' physical needs. The Occupational Health movement, has of late, however, lost its attraction to consumers of health care.

In some circles, Occupational Health has become a hazardous product.

Over the last fifteen years, as medical science has become more sophisticated, the movement toward whole person medicine and evidence based treatment has pushed the importance of Occupational Health into a corner and rightfully so. With the advent of sophisticated body chemical and hormonal tests physicians are beginning to understand the human body is more than just muscles and bone. Chemical imbalances create mood disorders, depression, chronic fatigue, chronic pain and a variety of "non-physical" or "non-organic" problems or medical conditions. In fact, if the illness or disease is chemically based, it is by definition, "organic" in origin. But we haven't reached that level of acceptance generally in this society and we still describe problems such as depression as a "mental illness". It may take another decade before insurance companies and adjusters agree that depression is in fact caused by a chemical imbalance that triggers the mood disorder.

So what can you do about the Occupational Health doctor? If you have been diagnosed with chronic pain, fibromyalgia or chronic fatigue syndrome or any manner of the "new" syndromes you're not going to be very happy if your insurance company sends you to a physiatrist or a general practitioner who has a weekend certificate in "Occupational Health". In fact, you may have a lawsuit against your insurance company for sending you to doctors who are outside their scope of practice.

The issue is nowhere better covered than in the automobile accident market place and, in particular, Bill 59 in Ontario. That statute has a comprehensive whole person medicine approach to medical and rehabilitative care and if you're involved in an accident in Ontario you have extensive medical coverage for all manner of treatment and it's a very sophisticated hierarchy of services. The problem starts, unfortunately, when your insurance company sends you to one of these "insurance medical examiners" whose job it is to eliminate you from qualifying for benefits. These "medical factories" have grown in size over the years and there are probably eleven or twelve major "brokers" of insurance doctor services in Canada. Any lawyer experienced in the area can identify them and explain what they do for a living.

The other area that is very hotly contested these days is the disability insurance policy that most people have at their work place. These policies are primarily based in Occupational Health medicine because of their close association with the employer's interest in controlling health care costs. Disability insurance companies are probably the worst defenders of this process because not only do their forms misrepresent the tests for eligibility, but also they internally direct adjusters to channel your case into an Occupational Health model. In fact, if any part of your Attending Physician's Statement indicates you have a muscular skeletal problem, you are automatically "routed" into the Occupational Health world. There is no turning back. There is no way to have a reassessment of your condition by the insurance company based on non-Occupational Health criteria. We see that every day in our practice.

So what can you do?

The first thing you can do when you are sent to one of these doctors is to ask the doctor to outline what is credentials are. It would make sense to bring a witness with you and ask that the person be allowed to sit in the examination. If the doctor refuses to do that, in my view, you have every right to leave the examination because, legally, you have presented yourself for examination but the physician then refused to go ahead with the procedure.

Immediately after leaving the physician's office I would suggest you get a hold of your adjuster and tell him that the physician was not qualified to do the assessment because he wouldn't explain his scope of practice. Follow up the phone call with a letter. Do not become confrontational.

If your insurance company continues to require that you attend at a medical examination, speak to the adjuster and make sure the adjuster understands your concerns that the physician being used be skilled in the area of your disability. Follow up your conversation with a letter. Don't be confrontational.

If the physician becomes angry with you when you attend then you should report his conduct to the College of Physicians for your province. Physicians still have to have a good "bedside manner" and it's part of their professional ethics that they treat patients with respect. Don't be bullied by an insurance doctor.

One of the things you could do is insist on a multi-disciplinary assessment that would include a physiatrist, but also a psychologist, an occupational therapist and a nurse clinician who is experienced in matters of chronic pain and lifestyle issues. Bill 59 has extensive resources available for assessment in car accident cases under Section 24 of that statute and policy holders who are hurt in car accidents have the right to obtain these assessments and forward the costs of the assessment to the insurance company. The disability assessment system in this country is in transition and lawsuits against insurance doctors are just starting to surface. Bad faith in assessment is going to be the Courts' way of putting ethics back into the process.

ASK A LAWYER - Mary Ellen, Manager Special Projects, Submits Questions on Behalf of our Members.

QUESTION: *Our Network has had many desperate calls from members who are very concerned about new Release of Information Forms that they must sign for the private insurance companies. These new forms entitle the insurance company to receive information about the claimant from a broad range of sources, sometimes including information from "financial institutions", "any other person holding personal information", "any investigation agency", etc.*

Our members are most anxious to know what their rights are. Do they have to sign these forms? Can they make amendments? Do they have any rights to privacy? From how far into the past can information be demanded? Do they need to consult a lawyer before amending the form? For how long are these forms valid? I have been told that these signed forms are only valid for 6 months to one year although some insurance companies tell people that the forms are valid for the life of the claim. It appears that the insurance companies are on a fishing expedition to find an excuse to terminate or deny benefits. How can a person who is truly disabled and unable to work be protected and allowed to keep his/her dignity intact?

ANSWER: The Release Form is much too broad. In my opinion, it goes beyond the requirements of the long term-disability carrier. All the disability carrier should be entitled to receive is employment information and medical and other hospital reports and records. Records from any investigation agency and "any other personal information" is intrusive and represents an unjustified invasion of privacy.

What happens if the Form is altered? More than likely the insurer will cease paying benefits. The claimant who depends on the benefits for his or her economic well-being is thus in a very difficult and tenuous position. Insured will have to make a judgment call.

Most long-term disability policies require a claimant to co-operate with the insurer, to attend on medical examinations, to release employment and other documentation necessary for the assessment of the claim. I question whether any other person holding "personal information" is necessary for the assessment of the claim. The issue is whether the insured is "totally disabled" within the meaning of the policy. The insurer does not need the additional information to assess the claim, in my opinion. I believe that attempts should be made to negotiate the terms of the Release Form.

It should be clearly understood that I cannot, in any way, advise any injured person what to do. Every case depends on its own facts, and I certainly cannot proffer any opinion unless I have been retained.

It goes without saying that any insured when confronted with a very broadly-worded Form should seek legal counsel. The decision may be to sign the Form if they want to ensure benefits are being paid, however, every effort should be made to cross out or excise out the phrases "any investigation" and "any other person holding personal information". My own view is that every individual will have to seek a legal opinion and as I said earlier, every effort should be made to negotiate the information that is going to be provided and to cross out the portions which I have indicated are too broad.

I would be willing to assist your organization in any way I can. I am very impressed with the tremendous work you do on behalf of the ME/FM community.

[Reply prepared by Richard M. Bogoroch, Bogoroch & Associates, 150 King Street West, Suite 1707, Box 56, Toronto, ON M5H 1J9 - 1 hr free initial consultation. Toll Free #1-866-599-1700 - Tel: (416) 599-1700 - Fax (416) 599-1800 - E-mail: info@bogoroch.com]

CPP Lump Sum Payment-How To Save Thousands of Dollars on Your Income Tax -

By Mary Ellen, Manager - Special Projects

Some of our members have spent years trying to obtain their Canada Pension Plan disability benefits. After going through appeals and a tribunal and finally having the application approved, our members find themselves with a large, lump sum payment, covering the several years during which they were struggling to be approved. Because CPP benefits are taxable, the members finds themselves having to pay thousands of dollars in income tax. This can be avoided. You can request that your lump sum payment be spread over the years for which it was originally intended and save yourself thousands of dollars.

Steps:

(1) Telephone Human Resources Development Canada and request written confirmation of the year-to-year calculations of your lump sum CPP disability payment. Confirmation may take several weeks to receive. telephone number: 1 800 277-9914 (main number) This letter of confirmation will need to be attached to your T4A (P) slip from Human Resources Canada at income tax time.

(2) Income Tax Time - Complete your income tax form. Include a letter to Canada Customs and Revenue Canada Agency requesting that the lump sum payment be spread over the years for which it was originally intended. Attach the letter of written confirmation from Human Resources Development Canada.

(3) Be prepared that this request may be ignored by Canada Customs and Revenue Canada Agency or you may be told that the request was never received. You may wish to send your form and letter by registered mail so that someone must sign for it proving that your request was received.

(4) Time for Action! Go to Mr. Dale Goldhawk's website for an investigative story regarding this issue. He is CTV's ombudsman and investigative reporter. The website is: **http://www.goldhawk.com**
Click onto "Potholes #2", then click onto story entitled "Disability Payments". Print story.

(5) Telephone Mr. Rob Wright's office, Commissioner of Canada Customs and Revenue Agency. Explain your situation, that your letters are being ignored, and ask for help with this matter. Mr. Wright's office will ask you where you live, and give you the closest "Problem Resolution" office for Canada Customs and Revenue Agency, and the supervisor's name and telephone number at that location. Mr. Wright's telephone number is **1 613 957-3688** and his address is:**555 MacKenzie Avenue, 7th floor**, **Connaught Building, Ottawa, Ontario K1A 0L5**

(6) Telephone Problem Resolution supervisor for your area. Tell him your problem. He will call up your file from the taxation office where it was filed, and this takes several weeks to do. He may ask you for a copy of the letter from Human Resources Canada that showed the breakdown of the CPP disability payments over the years for which it was originally intended. Consider sending any information requested by registered mail.

(7) Call the Problem Resolution office in about two weeks to inquire about the status of your file. This takes perseverance, but it should pay off. Once the situation is finally resolved you should no longer owe the the government several thousand dollars because the CPP lump sum disability payment should be spread over the years for which it was intended.

Another idea is to have your Member of Parliament look into this matter for you.

Also, if you used a lawyer to represent you at a CPP Tribunal, your lawyer's fees can be a possible tax deduction under Line 232.

Congratulations on receiving your CPP disability benefits and on avoiding having to pay thousands of dollars in income tax.

NEW USE FOR OLD DRUG:

RIVEX PHARMA INC. is interested in sending out information on its drug, **IMUNOVIR™,** to those physicians who are treating patients with ME/CFS. This drug was approved in Canada since 1982 for the treatment of subacute sclerosing panencephalitis but has now been found useful in treating people who suffer from ME/CFS.

For information on Imunovir please contact:

Bill Chick (800) 784 0975 ext 242 or
bchick@helixbiopharma.com

NATIONAL LAWYERS’ ROSTER: ADDITION

DAVID A. MORIN & **ERIC M. SWAN**
Initial Consultation - Free
FERGUSON & BOECKLE
Chronic Pain / ME/FM
Litigation Counsel
322 Muskoka Road 3 North
Huntsville, ON P1H 1C4
dmorin@fb.on.ca
Tel. (705) 788-3740
Fax (705) 788-3751

ZORAN SAMAC
Initial Consultation - Free

McPHADDEN, SAMAC, MERNER, DARLING
ME/FM
811-44 Victoria Street **Tel. (416) 363-5195**
Toronto, ON M5C 1Z5 **Fax (416) 363-7485**

U.S. DOCTORS' ROSTER - ADDITION

Bruce A. Nelson, Jr., Holistic Chiropractic Physician
1146 South Main
Kalispell, MT 59901U.S.A.
Tel**: (406) 257-2986** Fax: (406) 257-5362
E-mail:Holistic@Digisys.net
Web: www.nelsonhealth.com

[Dr. Nelson has treated many ME/FM people since 1992 and has patients from both Canada and the United States. He is also an International Lecturer.]

WORD OF OUR FORM HAS SPREAD TO PEOPLE OF ALL DISABLING ILLNESSES

By: Mary Ellen, Manager Special Projects

Please continue to pass along the word about our I.M.E. Registry Submission Form to be filled out by those who have been requested to attend an I.M.E.(Independent Medical Examination) or F.A.E. (Functional Abilities Evaluation) by their insurance company or Canada Pension Plan(C.P.P.). Please continue to have the Forms available at your monthly support group meetings for members who may wish to fill them out and brainstorm at your meetings for other appropriate places to put these Forms on display. Our database is growing steadily and patterns are emerging. Many members and lawyers and doctors telephone and request whether we have any reports on doctors who the member has been requested to see for an I.M.E. While we keep everyone's personal information confidential, the details have been helpful to many so far. We need strong statistical evidence of problems with how the system is run now in order to move ahead with our advocacy work in seeking insurance reform.

Word of our Registry has spread to include people unable to work as a result of other illnesses too, including brain injury, cancer, heart disease, etc. The need for insurance reform is felt by all disabled people all over the country. We are collecting information about all IME's and FAE's.

To get a copy of our simple, 7 question Registry Submission Form, please contact:

Mary Ellen, Manager of Special Projects
Mail: P.O. Box 66172, Town Center Postal Outlet, 1355 Kingston Rd.,
Pickering, ON L1V 6P7
Telephone/Fax: (905) 831-4744;
Email: marye@pathcom.com
or download the form from our website:
www3.sympatico.ca/me-fm.action/medexam.html

BOOKS/NEWSLETTERS/REPORTS/VIDEOS

Mary Hawkins' recent book "Health Talk, How to Communicate with your Doctor", (CDG Books/Macmillan Canada, May 2000) is a practical guide that can help patients get what they want from their doctor. Health Talk offers some valuable advice on how you can build a relationship of trust and respect between you and your doctor. The author explains how the health care systems work; what services are no longer covered by provincial plans. Using an informal story-telling technique, she discusses how to choose a doctor, and how to be comfortable about discussing your medical condition or problems. A wide range of conditions (such as fibromyalgia) are included in the scenarios. If you have difficulty communicating with your doctor or getting the time you need, this book is for you.

Mary Hawkins is a university professor of communications in Ottawa, writer/author, and is available to give training seminars.You can book her (for a fee) for speaking engagements at mhawkins@uottawa.ca

Mary also writes a patient relations advice column for The Ottawa Citizen newspaper's health experts column. She is also the author of Unshielded: The Human Cost of the Dalkon Shield, UTP, 1997.

The book is available in all stores.(If they are out of stock, they will be pleased to order it for you). For organizations wanting to order the book in bulk at a generous discount, you should contact, Brian Cartwright at CDG Books/Macmillan Canada at 1-877-963-8830 ext: 468 - Discount on bulk orders.

QUEST COLLECTION BOOK - FIVE YEARS:

By popular request, **the National ME/FM Action Network** has just published an easy to read book consisting of a collection of important articles which have appeared in our 'QUEST' newsletters over the years. For easy reference, these articles have been grouped into sections, according to their focus i.e. medical, legal etc.

We have kept the **cost** of the book to a minimum at **$20.00** each which includes shipping and printing. Please make **your cheque payable to the National ME/FM Action Network** and let us know how many copies you would like.

LEGAL/RESEARCH PACKAGE - Please make **cheque payable to Marj van de Sande** in the amount of **$25.00**

(our Director of Education) to cover photocopying, postage charges etc., **151 Arbour Ridge Circle NW, Calgary, AB T3G 3V9 - Tel/Fax: (403) 547-8799 - E-mail: vandesam@cadvision.com**

OUR WORLD:

SYMPTOMS: News broadcaster.
SYMPTOMS: Simplifiers of medical investigations

MEMBERSHIP: $20.00 per year includes bi-monthly newsletters - Please make cheque payable to: NATIONAL ME/FM ACTION NETWORK, 3836 Carling Ave., Nepean, ON K2K 2Y6 CANADA -
Tel/Fax: (613) 829-6667
E-Mail:ag922@freenet.carleton.ca -
WEB: http://www3.sympatico.ca/me-fm.action/

DISCLAIMER: The NATIONAL ME/FM ACTION NETWORK serves as a clearing house for information on Myalgic Encephalomyelitis / Chronic Fatigue Syndrome and Fibromyalgia. Some of the information contained herein is intended to help patients and their physicians make informed decisions about their health. However, the NATIONAL ME/FM ACTION NETWORK does not dispense medical advice or endorse any specific medical hypothesis or product and assumes no responsibility for any treatment or action undertaken by its readers.

Pssssssst Next Issue - August/September 2000