

## Quest #31 August 1998

### **REST-A-THON - RAISE FUNDS AND AWARENESS FOR ME/FM FROM YOUR BED!**

**By: Mary Ellen, Special Projects Manager**

Do you ever wonder how you can help raise awareness of ME/FM when you need to conserve all your energy just to function? Do your health friends and relatives ask what they can do to help? A group of people with ME/FM have found the solution: a Rest-A-Thon! This is how the Rest-A-Thon works.

On **October 25th**, health and sick people in the U.S.A., Canada, the U.K. and Australia will be taking part in an international Rest-A-Thon to raise money for research into CFS diagnosis and treatment. Each country has a different research project it's sponsoring. In Canada, we'll be raising money to support the brain-mapping (EEG) work being done by Dr. Pierre Flor-Henry at the university of Alberta, Edmonton, looking for markers for both CFS and FM and hopefully helping us to answer the vexing question, "Are these two illnesses really one illness?"

A Rest-A-Thon is a day where you ask your friends and family to sponsor you for the number of hours you stay in bed over a 24-hour period. Anyone can participate! The principle is the same as the old school walk-a-thons. You sign up sponsors on a card and collect the money when you're done (and if you'd like to make a private donation, we'll accept those too!).

The very best thing about the Rest-A-Thon is that even the sickest person can participate. Everyone from the bed-bound to the healthy can take part and do their bit.

If you would like to take part, download the sponsor card from the website listed below. Send the money and the completed forms, or your donations as follows:

Cheques should be made payable to the **NATIONAL ME/FM ACTION NETWORK**. Kindly put "for Research" in your cheque memo field. We will mail you back a tax-receipt.

Please mail your tax-deductible donations to:

**NATIONAL ME/FM ACTION NETWORK**

**3836 Carling Ave.**

**Nepean, ON K2K 2Y6 Canada**

**For more information, please see the website of Rhys Morrison, Co-ordinator, International Restathon for CFS/FM Research 1998 at**

<http://www.paincoalition.com/CanadianRestathon.html>

[Ed. note: This year the Rest-A-Thon is mainly done through the internet due to late notice. However, even though this is late notice, feel free to hold a Rest-A-Thon at your convenience for this year. We will be opening a Research account and after this Rest-A-Thon, any funds raised for research will be divided between Canadian Researchers who are working on ME/FM projects.]

### **DISABILITY TAX CREDIT - MORE HUMANE CONSIDERATION?**

In the "Dominion Tax Cases" (CCH) July 27, 1998 they reported on a tax payer suffering from Chronic Fatigue Syndrome and Multiple Chemical Sensitivities, resulting in poor memory, difficulties in concentrating, and occasional difficulty in thinking clearly. The Minister disallowed the taxpayer's claim for a disability tax credit dismissing the taxpayer's appeal and denying the tax credit. Tax Court of Canada concluded that the taxpayer was not unable, with therapy, to perceive, think and remember all or substantially all of the time, and that she did not take an inordinate amount of time to perform these functions. The taxpayer applied to the Federal Court of Appeal for a judicial review of the Tax Court's findings.

Conclusion: The taxpayer's application was allowed. As the Federal Court of Appeal pointed out in ***Johnston v. The Queen (98 DTC 6169)***, **the disability tax credit provisions of the Act are to be given a humane and compassionate construction.** The matter was accordingly referred back to the Tax Court of Canada for rehearing on the basis of the principles articulated in the *Johnston* case.

### **CHOOSING COMPETENT PROFESSIONALS IN COMPLEMENTARY MEDICINE**

**By: Philipa Corning, B.Sc., Ph.D., Lifestyle Consultant and Vice-President**

#### **Regulation of conventional Medical Professionals**

We are very familiar with conventional Western medicine and the way in which its physicians are monitored. This facet of medicine is regulated by provincial governments through professional governing bodies usually called "College", e.g., the College of Physicians and Surgeons. These bodies ensure that practitioners meet specific standards before they practice, investigate patient complaints and take disciplinary action against practitioners when appropriate. In short, each "College" licenses health care professionals and monitors the quality of their work.

In the field of complementary medicine, things are not so well organized and regulated, and medical expenses are not covered by medical insurance. This situation leads to reluctance on the part of the sick individual to seek therapy that may be beneficial. There is a definite lack of quality control of health care professionals in the field of complementary medicine. The only provinces with professional bodies to license and monitor naturopaths are British Columbia, Manitoba, Ontario and Saskatchewan.

Alberta is in the process of passing similar legislation, if it has not already done so. Homeopaths are monitored, but not licensed by a national body called the Canadian Association of Homeopathic Physicians.

The federal government regulates products such as nutrient supplements and homeopathic remedies through the Food and Drug Act and regulations; they must bear Drug Identification Numbers (DINS) as a sign that they are considered safe. This policy is currently under review.

Subsections 3 (1) and (2) of the Food and Drug Act prohibit the advertising or the sale of any food, drug, cosmetic or device labeled or advertised to the public as a treatment, preventative or cure for any of the diseases, disorders or abnormal physical states referred to in Schedule A to the Act.

### **No Need for Competition**

Conventional and complementary medicine can be very supportive of one another and there need be no competition. Conventional medicine is appropriate in cases of trauma or life threatening diseases. On the other hand, complimentary medicine is more successful at treating chronic degenerative disease conditions. Legitimate naturopaths and homeopaths generally do not try to treat major illness or trauma. In addition, they know when to refer patients to conventional specialists. They never offer cures and never suggest that a patient suspend any conventional treatment (drugs, surgery, etc.).

### **Why Turn to Complementary Medicine?**

Because it works in the case of chronic degenerative illness. People who seek help from a complementary medical physician usually do so as a last resort. Traditional Western medicine has turned them away after not being able to help them with the myriad of symptoms they that have not led to a diagnosis based on conventional tests. Many of the methods practiced in the field of complementary medicine help most sufferers to improve the quality of their lives. Thus, you will find many different specialists practicing in this field. However, there are two types of natural health practitioners that you may want to approach for assistance with your ME or FM. They are naturopaths and homeopaths. These are two very different disciplines.

### **What is available in complementary medicine?**

Persons ill with chronic disease conditions, who have regained some or all of their previous good health, have turned toward complementary medicine, organic food, natural nutrient supplements and/or herbs to help their bodies repair and stimulate their immune systems. In order to succeed, many of them have sought the assistance of specialists in complementary medicine. Indeed, there are reputable complementary health care professionals, and companies that offer high quality services and products respectively. But how can people tell legitimate practitioners from charlatans, and good

quality products from poor ones?

Naturopathic medicine is a system of diagnosing, treating and preventing disease without the use of drugs or surgery. Its practice is based on the healing power of nature. So the naturopathic physician uses natural methods and substances to support and simulate the body's self-healing ability.

In the four provinces where they are regulated, naturopaths are qualified NDs (Naturopathic Doctors) following four years of training including homeopathy at a recognized college and having passed licensing examinations. They are primary care providers trained to diagnose and treat acute and chronic illness, and to recognize conditions which require conventional medical treatment. Naturopaths treat ME, FM, migraines, colds, flues, ear infections, food sensitivities, asthma, chronic fatigue, depression, anorexia, addiction, muscle aches, diabetes and immune deficiency disease.

The qualified naturopath will take your medical history and perform physical examinations, using standard diagnostic instruments and laboratory tests. A good practitioner will emphasize the importance of conventional medical diagnosis particularly for serious illness.

Normally, naturopaths recommend some of the following common sense measures: proper diet; exercise to maintain good health; herbs; vitamin, mineral and antioxidant supplements; homeopathic medicine; lifestyle counseling; hydrotherapy; massage therapy; and acupuncture, just to mention a few.

The practitioner views the whole person, and the symptoms of his/her disease as warning signs of dysfunction in the body and unfavorable lifestyle habits. The goal of treatment is to treat the underlying causes of illness, rather than suppress symptoms, and to educate patients about prevention methods to stay healthy. The treatments support and repair the body's immune system, so that it becomes stronger. This support will allow the body to heal itself and the immune system to resist infectious microbes and toxins.

Homeopathy was practiced in Canada, but declined most likely due to the discovery of antibiotics in the early 1940s. It is however making a come back because it (just as naturopathy) is successful in dealing with symptoms for which no conventional medical reason can be found. They treat similar conditions as the naturopaths do. A qualified homeopathic practitioner has taken three years of full-time training including medical sciences and clinical internship.

### **How Does One Choose a Good Practitioner?**

Prior to choosing a naturopath or a homeopath, you should conduct an investigation. The following are questions you can ask:

- Where was the practitioner trained, and what was the length of training?
- Is the doctor registered?
- Is the practitioner a member of a professional association?
- Does the doctor practice primarily as a naturopath or homeopath, or as an adjunct to another form of medicine? What is the extent of the practitioner's training in other forms of health care?
- Under what circumstances will the practitioner refer you to a physician or other regulated health professional?
- How much experience does the therapist have and does it include treatment of your particular condition? What were the results?
- Does the practitioner have professional and patient references?
- Will naturopathy or homeopathy be appropriate for you? Will your condition likely worsen before improving? What products or ingredients should be avoided while on natural or homeopathic remedies? How should you adjust the remedy in case of a change in symptoms, and how can you reach the practitioner after-hours?  
NOTE: Some remedies may lose their effectiveness if taken with certain substances such as coffee, camphor, cortisone, aspirin, raw onion, raw ginger or mint.
- What is the estimated number of treatments required for your condition, and what are the fees for consultations and visits?
- Does the practitioner require that he/she be the only one to give treatment?
- Is the treatment linked to products sold by the therapist, which must be taken? How much do they cost?
- Does the treatment claim to be harmless, painless and non-toxic?
- Does the doctor claim to be persecuted by recognized health professionals or attack the medical and scientific community?
- Does the practitioner recommend that you discontinue an ongoing medical treatment or follow an unusual diet?
- Does the therapist ask you to keep your treatments confidential?
- Does the practitioner ask you for a donation?
- Does the therapist words have a religious connotation or does he/she refer to a particular set of beliefs?

- Are you being influenced by relatives or friends?
- Does the healer offer cures for cancer?

If you feel ill at ease with the answers that you receive to any of the above questions, keep looking for a doctor in whom you can feel confident. Furthermore, you may contact the following professional organizations and the staff should be able to give you professional advice:

### **THE CANADIAN NATUROPATHIC ASSOCIATION**

4174 Dundas Street W., Suite 304

Etobicoke, ON M8X 1X3

**Tel. (416) 233-1043**

**Fax (416) 233-2924**

### **THE CANADIAN COLLEGE OF NATUROPATHIC MEDICINE**

2300 Yonge Street, 18th Floor

Box 2431

Toronto, ON M4P 1E4

**Tel. (416) 486-8584**

- **Board of Directors of Drugless Therapy - Province of Ontario (416) 236-4593**
- **Manitoba Association of Naturopathic Practitioners (204) 956-1555**
- **Saskatchewan Association of Naturopathic Physicians (306) 955-2555**
- **The Association of Naturopathic Physicians of British Columbia (604) 688-8236**

### **The Canadian Naturopathic Association**

4174 Dundas Street W., Suite 304

Etobicoke, ON M8X 1X3

Tel. (416) 233-1043 - Fax (416) 233-2924

**National United Professional Association of Trained Homeopaths**

194 Main Street, Suite 208

Ottawa, ON K1S 1C2

Tel. (613) 830-4759 - Fax (613) 830-9174

**Summary:**

It is possible to find a competent professional in the field of complementary medicine. It takes time just as it does in conventional medicine to find an ME/FM friendly doctor. The same rule applies to nutritional supplements and herbs. Whether your search is in conventional medicine and its drugs or complementary and its supplements and herbs, to find a good professional and products take time, effort, energy and patience. I hope this article gives you some hope and ways to cut down the length of your search. THE END

**LTD CLAIMS: TWO RECENT BRITISH COLUMBIA COURT DECISIONS - PART I**

**By: Brad D.S. Garside - Barrister & Solicitor, Honorary Counsel**

**Vancouver, British Columbia (604) 683-1211 - Fax (604) 681-5084**

**INTRODUCTION:** Two recent British Columbia Supreme Court decisions considered the question: What evidence must a claimant provide to satisfy a disability insurer that their disability results from an identifiable "illness" or "sickness" entitling the claimant to disability (LTD) benefits?

The end result in these decisions was quite different. In **Mathers v. Sun Life Insurance Company of Canada (March 11, 1998)**, the Court dismissed the Plaintiff's claim for disability benefits. Whereas in **Eddie v. Unum Life Insurance Company of Canada (May 28, 1998)**, the Court accepted that the Plaintiff was "totally disabled" and entitled to disability benefits.

It is not unusual for courts to arrive at different conclusions in different cases. Each claim must be decided on its own merits, based on the particular evidence in each case.

However, the approaches adopted by the trial judges in these cases were quite different. This poses problems for insurance companies, for claimants, and for their lawyers in making decisions about individual disability claims.

The wording in most disability policies provides for payment of benefits when a

claimant is "totally disabled", (either from their "own" or normal occupation, or from an alternative, suitable occupation), due to "sickness or injury". The claimant must produce evidence of disability. The court must determine whether the claimant meets the definition of "totally disabled" in the policy.

What is not so certain is the extent to which the claimant is also required to link that disability to an identifiable medical condition. How will the courts determine whether a claimant is entitled to LTD benefits if the medical condition underlying the disability cannot be verified by objective medical tests, where the symptoms are largely subjective, (i.e., based on the claimant's self-report of symptoms and functional limitations)?

### **MATHERS V. SUN LIFE**

The Plaintiff claimed total disability from working as a paper plant supervisor due to low back pain. Sun Life denied his claim due to an absence of objective medical findings supporting the nature of the lower back problems and the disability.

At trial, the Plaintiff gave evidence that he left work due to low back pain which affected his ability to attend work every day and sit/stand/walk on a daily basis.

The trial judge also heard evidence from the claimant's treating doctors and the insurance company's "independent medical examiner".

One of the claimant's treating doctors, (a physical medicine and rehabilitation specialist), thought the Plaintiff's lower back problem arose from "mechanical back pain", "chronic muscle spasm due to bio-mechanical irritation and inflammation of the low back", and "traction spurs" on the L3 and L4 vertebrae shown on x-rays. This specialist eventually developed the opinion that the Plaintiff's lower back condition and resulting disability was due to osteoarthritis in the spine.

Several other treating medical specialists could not find any objective or organic medical basis for the claimant's lower back pain.

The Court accepted the opinion of the insurance company's "independent medical examiner" (an orthopedic specialist) that the Plaintiff's lower back condition and chronic pain could not be explained on the basis of physical or objective medical evidence. The insurer's doctor said that the Plaintiff's osteoarthritic spinal condition was "normal" for his age and did not explain either the pain condition or the claimant's disability. Rather, the insurer's medical advisor thought that the Plaintiff's refusal to continue working was due to "psycho-social factors", (i.e., an unwillingness on the part of the claimant to keep working in spite of his pain).

The Court took note of the fact that the Plaintiff had reported to his therapists that therapy and other treatment modes had provided significant relief from time to time. The judge also referred to the fact that the Plaintiff lived for part of the year in Arizona.



The Court seemed to imply that the plaintiff did not seem especially keen on returning to work.

The Court took note of the fact that the claimant had decided to stop working without first consulting with his doctors.

The judge was also concerned about the fact that the claimant was not pursuing an active exercise program.

The judge accepted that the claimant was genuinely experiencing lower back pain. In other words, the judge did not expressly find that the claimant was deliberately malingering or exaggerating his complaints. However, she accepted the opinion of the insurance company's doctor that the claimant's complaints were out of proportion to the objective clinical findings.

The judge did not accept that pain, by itself, necessarily equated with total disability caused by sickness or injury within the meaning of the insurance policy.

Accordingly, the judge found that, on the medical evidence, there were "no physical contraindications preventing Mr. Mathers' return to work".

It is clear that the judge was not impressed with the overall credibility of the claimant.

The judge allowed that even where there is no objective, measurable medical evidence of disability, an insured may establish a real and compensable total disability due to subjective pain, depression, fear of work, etc. However, the judge stated that the legal question is whether the claimant is totally disabled according to the terms of the policy, which specifies that the insured employee's total disability must result from sickness or injury.

The Court held that there was insufficient medical evidence to prove that the claimant's low back pain was the result of sickness or injury, and there was no other explanation for the disabling condition, (i.e., depression, psycho-social factors, psychological trauma, etc).

The judge went on to find that, although the claimant genuinely considered himself to be totally disabled, in the absence of objective medical evidence confirming the nature of his condition, he was not "totally disabled" and therefore not entitled to disability benefits. The claimant's lawsuit against Sun Life was dismissed.

[Ed.note: Next Issue - Eddie v. Unum Life ]

**HAVE YOU ATTENDED AN INDEPENDENT MEDICAL EXAMINATION (I.M.E.) or FUNCTIONAL ABILITY EXAMINATION (F.A.E.)?**

WE ARE DEVELOPING AN INDEPENDENT MEDICAL EXAMINATION REGISTRY.

We have been hearing from disability applicants all over Canada who have had an independent medical examination arranged by their insurance company and who have been disqualified for disability insurance on the basis of such an I.M.E. or F.A.E. in spite of their own doctors' professional opinions that they are unable to work. As a result of hearing about these experiences, we are developing a registry of disability applicants who have attended an Independent Medical Examination or Functional Ability Examination arranged by their insurance company. Our aim is to accumulate a data-bank of both fair and unfair reports so as to develop a balanced view of the situation. When we have collected enough information, if in fact it becomes clear that insurance companies are treating disabled people with ME/FM unfairly, we intend to work on correcting this situation.

If you have every attended an I.M.E. and/or F.A.E. and/or Psychological Assessment at the request of an insurance company or know someone who has, please be sure to see the Registry Submission Form (yellow) included in the mailing of this newsletter. Feel free to make copies of this Form and bring it to the attention of all appropriate people. This is an urgent matter and we need everyone's help in order to spread the word about this very important project.

Please note: due to our limited budget, if you are calling long-distance and leaving a message, your call will be returned collect.

Contact: **Mary Ellen**

Tel.: **(905) 831-4744**

Mail: **P.O. Box 66172, Town Center Postal Outlet, 1355 Kingston Rd., Pickering, ON L1V 6P7**

E-mail: **marye(a) pathcom.com**

### **NATIONAL DOCTORS' ROSTER - ADDITIONS**

**PAM MILROY, B.Sc., N.D. Diagnosis & Treatment - FM, Treatment ME**

**393 Wilson St. E. Tel. (905) 648-5200**

**Ancaster, ON L9G 2C4 Fax (905) 679-6850**

**E-mail: milroy@networx.on.ca**

**PAUL JACONELLO, M.D. Diagnosis & Treatment - ME/FM**

**751 Pape St., Suite 201 Tel. (416) 463-2911**

Toronto, ON M4K 3T1 **Fax (416) 469-0538**

**PAUL R. SAUNDERS, ND Diagnosis & Treatment - ME/FM**

**Associate Dean Tel. (416) 486-8584**

**Naturopathic College Clinic Fax (416) 484-6821**

2300 Yonge St., 18th Fl. Box 2431 **E-mail: [dgold@ccnm.edu](mailto:dgold@ccnm.edu)**

Toronto, ON M4P 1E4

**NATIONAL LAWYERS' ROSTER - ADDITION:**

**LESLEY C. TOUGH Initial unlimited free consultation**

LOEWEN, MARTENS & REMPEL

Barristers & Solicitors

1101 Henderson Hwy. **Tel. (204) 338-9364**

Winnipeg, MB R2G 1L4 **Fax (204) 338-8379**

**FAITH E. HAYMAN Initial consultation - 1 hour free**

MURPHY, BATTISTA

Barristers & Solicitors

2020 - 650 West George St.

Box 11547 Vancouver Centre **Tel. (604) 683-9621**

Vancouver, BC V6B 4N7 **Fax (604) 683-5084**

**BOOKS/NEWSLETTERS/REPORTS/VIDEOS ETC.**

**HEALTH STATUS & DISEASE SEVERITY IN FIBROMYALGIA** (9 pages) by **American College of Rheumatology**. Please send stamped (90¢) self-addressed envelope to our Network to obtain a copy

**PAIN MEDS as per Devin Starnynyl MD - <http://www.sover.net/~devstar>**

To receive a copy, please send us a cheque for \$2.00 to cover the costs of

photocopying and mailing charges etc.

**UNDERSTANDING CHRONIC FATIGUE SYNDROME** - Friedberg, F. & Jason, L.A. (1998) An empirical guide to assessment and treatment. 266 pages; Hardcover - **\$39.95 U.S.** - To order: **1-800-374-2721** - E-mail: **order@apa.org**

### **INTER-GROUP/CONTACT COMMUNICATIONS:**

Thank you to the **SEAWAY ME/FM SELF HELP GROUP, Cornwall, Ontario** and its President, **Sheila MacCarthy**, for their donation of \$100.00 to help us with our many projects. We very much appreciate your help and support.

### **OUR WORLD**

LIFE IS JUST A BOWL OF CHERRIES BUT THIS WEEK I GOT THE PITTS.

Thanks to Ian Waymark, BC

### **'HASTI NOTES' - A QUICK WAY TO SEND A MESSAGE**

A package of four different cards was designed for us by Mary Harris of Peterborough, a ME person. The front of the card shows a picture of a turtle and the back of this card contains information on who we are and how to obtain information on ME/FM. **Cost: \$4.00 per package.** Contact us for ordering these 'Hasti Notes' and have the satisfaction of helping our organization at the same time .

**LEGAL/RESEARCH PACKAGE** - Please make **cheque payable to Marj van de Sande** in the amount of **\$15.00** (our Director for Alberta) to cover photocopying, postage charges etc., **151 Arbour Ridge Circle NW, Calgary, AB T3G 3V6** - Tel/Fax: **(403) 547-8799** - E-mail: **vandesam@cadvision.com**

**MEMBERSHIP: \$20.00 per year which includes newsletters every two months.** Please show your support by becoming a member or by making a donation.

**ELECTRONIC MAIL:** our e-mail address: **ag922@freenet.carleton.ca**

**WEB:** **<http://www3.sympatico.ca/me-fm.action/>**

**A free Guide** to the many information resources available via Computer for chronic Fatigue syndrome/Myalgic Encephalomyelitis and Fibromyalgia. For an individual the guide shows where to get information and have discussions with others interested in ME/CFS and FM. For a Support Group, the guide is a resource for obtaining newsletter articles for your newsletters, and to communicate with other support groups. You can obtain a free copy by mailing a self-addressed stamped envelope to:

In Canada: CFS/ME Computer Networking Project, 3332 McCarthy Road, P.O. Box

37045, Ottawa, Ontario K1V 0W0, Canada.

In the United States: CFS/ME Computer Networking Project, P.O. Box 11347, Washington, DC 20008-0547 U.S.A. Please note that for mailing outside of Canada please include an International Reply Coupon.

**COPYRIGHT NOTICE:** The NATIONAL ME/FM ACTION NETWORK newsletter "QUEST" is published every two months. Its contents are (c) 1998 by the NATIONAL ME/FM ACTION NETWORK, EXCEPT where individual items are copyrighted by the author. To use individually copyrighted materials, however, written permission must be obtained from the author. Articles may be reproduced by other non-profit publications as long as copyright notices are included and items are clearly attributed to the NATIONAL ME/FM ACTION NETWORK citing its name, address and telephone number.

**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