

Quest #43 August 2000

FIRST NATIONAL SYMPOSIUM FOR MULTIPLE CHEMICAL SENSITIVITIES, CHRONIC FATIGUE SYNDROME AND FIBROMYALGIA: ENVIRONMENTALLY- TRIGGERED AND EMERGING ILLNESSES - UPDATE

Can You Help Us Ensure That Experienced Doctors Will Peer-Review The Canadian Clinical Definitions and Treatment Protocols For ME/FM? Each one of us deserves a timely diagnosis and appropriate treatment from doctors who are knowledgeable about our illness.

The National ME/FM Action Network has been working with Health Canada for over five years to accomplish this goal. Now we need your help to ensure that we collect the funds necessary to bring the experienced doctors to the Symposium on March 31, 2001, where the draft Clinical Definitions and Treatment Protocols can be peer-reviewed so that the finalized document can be distributed to the medical communities across the country. Your Tax-Deductible Donation Will Help Us Realize Our Goal. No Donation is Too Small To Make A Meaningful Difference.

Please fill out the donation form included with your newsletter or pass it along to a friend, family member or neighbour. The Planning Committee for the Symposium will be meeting on October 31, 2000 to discuss the latest developments regarding the funding and the peer-review of the clinical definitions for ME/FM. The outcome of this meeting will be published in our October/November 2000 issue of QUEST and on our website at www3.sympatico.ca/me-fm.action/

COLLEGE OF PHYSICIANS AND SURGEONS OF ALBERTA PUBLISHES NEW GUIDELINES FOR IME DOCTORS By: Mary Ellen, Special Projects Manager

In June 2000, The College of Physicians and Surgeons of Alberta published a fifteen-page guideline for medical doctors who perform Independent Medical Examinations on behalf of third parties, such as insurance companies. This is an encouraging development because to date there have been no such guidelines available in Canada. According to the National ME/FM Action Network's National Registry of patients who have attended an Independent Medical Examination (IME) at the request of an insurance company or CPP, clear patterns are emerging which suggest that strong guidelines are needed so that patients will be evaluated fairly and treated with the respect they deserve when they must undergo such evaluations. It is hoped that the developments in Alberta will help to place pressure on the Colleges of Physicians and Surgeons across Canada to follow suit. It is hoped that the strong statistical evidence from the National Registry of the National ME/FM Action Network will convince the Colleges that indeed a serious problem must be corrected.

A key point raised in the Alberta guidelines is that " A medical examination by a non-treating physician means that the physician has not been involved in the patient's care previously and will not be involved actively in the care afterward....." It is clear that in

Alberta a doctor who performs an assessment for an insurance company can not treat the patient later at its rehabilitation centre.

On page three of the guideline, the IME doctor is advised to "Never accept a fee where there is an expectation, direct or indirect, that the physician will write a report favourable to the third party in this matter or generally." In other words, the IME doctor must be unbiased and seek the truth.

The guideline clearly states that the claimant does have the right to have a physician of his/her choice in attendance at the IME. This is encouraging indeed as many IME doctors won't allow a friend or spouse into the examination, let alone the claimant's own attending doctor.

The IME doctor is asked to clearly declare his/her qualifications and perform IME's only within their area of expertise.

In writing the report, the IME doctor is cautioned to avoid making factual errors and unsupported assumptions, not to disparage other treating professionals, not to offer an opinion about whether or not benefits should be continued or terminated. The IME doctor is cautioned to make sure that any opinion expressed in the report be supported by best scientific evidence and not based on the IME doctor's personal belief system.

The entire document will be of interest to patients, doctors and lawyers not only in Alberta but across Canada and can be viewed on the website of the Alberta College of Physicians and Surgeons at <http://www.cpsso.ab.ca>

Go to "Policies and Guidelines", then click onto "Medical Examinations by Non-Treating Physicians (NTMEs), Issued June 2000".

Please continue to publicize our simple 7 question Registry Submission Form to any appropriate patients or put copies of the Form in public or private places where patients will have the Form brought to their attention. Armed with strong, statistical evidence our National ME/FM Action Network will be able to apply pressure on the Colleges of Physicians and Surgeons across Canada about the desperate need for clear and ethical standards for doctors who perform independent medical examinations on behalf of third parties.

To get a copy or copies of our confidential Registry Submission Form, please Contact: Mary Ellen ,Manager, Special Projects - Phone: (905) 831-4744 - Mail: P.O. Box 66172, Town Center Postal Outlet, 1355 Kingston Rd., Pickering, ON., L1V 6P7 E-mail: marye@pathcom.com or download the Form from our website at: www3.sympatico.ca/me-fm.action/medexam.html

CHIROPRACTIC MANAGEMENT OF FIBROMYALGIA - PART I OF II

By: Dr. Bruce Fligg, D.C. & Dr. Dwight R. Chapin, B.Sc., D.C., High Point

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[Ed. note: More and more research is implicating the spinal column and nervous system in fibromyalgia. The following protocols can be helpful for some patients. Those who suffer from fibromyalgia syndrome usually have additional problems such as neurocognitive and neuroendocrine dysfunctions and possibly a viral component.]

Based on over 20 years of private practice it has been our experience that a multidisciplinary team approach to the management of fibromyalgia has proven to be the most effective. As a member of this team, doctors of chiropractic play an integral role offering a holistic, drug-free approach to the diagnosis, treatment and prevention of disorders of the neuromusculoskeletal system. Optimizing neuromusculoskeletal health has a profound effect on the progression of fibromyalgia. In our practice, we work in concert with other health professionals and encourage inter-disciplinary communication and cooperation in an effort to assist our patients achieve greater control of their condition. Our treatment protocol includes spinal manipulation, acupuncture, various soft tissue techniques and physical therapy modalities, fitness and nutritional counseling, as well as general lifestyle management strategies.

THE IMPORTANCE OF NEUROMUSCULOSKELETAL HEALTH

Neuromusculoskeletal health refers to the relationship between the nervous system, the muscles and the skeleton of the body. It is dependent upon the maintenance of homeostatis/stability within the internal environment of the body and is under the direct influence of the central nervous system. Chiropractic management promotes this health and balance.

The healthier the neuromusculoskeletal system is, the greater is its resistance to external forces of everyday life such as gravity, inertia, postural strain, muscle action and ground reaction. Neuromusculoskeletal health provides patients with protection against mechanical type physical injuries (i.e. repetitive strain injury, myofascial strains, joint dysfunction, etc.) For patients with fibromyalgia or for those showing early signs of fibromyalgia (chronic pain and fatigue), this added protection goes a long way towards helping them control their symptoms. When we work with patients who have fibromyalgia, it has been our experience that optimizing neuromusculoskeletal health leads to increased energy, a reduction in pain intensity and the number of tender points, increased flexibility and endurance and a general improvement in the patient's attitude towards their health.

When a patient presents in poor neuromusculoskeletal health, as is the case with many fibromyalgia patients, the external forces of everyday life result in physical injury because of mechanical failure of supporting tissues (muscles, tendons, ligaments, joints). This all too common scenario leaves the fibromyalgia patient not only with recurrent injuries of the neuromusculoskeletal system (radiculitis, myofascial strains,

joint pain, etc.), but further aggravation of the symptoms associated with fibromyalgia.

This vicious cycle can trap those who have it into a sedentary lifestyle. Patients gradually withdraw from their normal activities of daily living out of fear that they will aggravate their condition. This disruption in the patient's regular level of activity often leads to the development of pain-focused behaviour, deconditioning of muscles, loss of flexibility, and, in most cases, a prolonged recovery. As the patient's neuromusculoskeletal health continues to deteriorate, pain "supersensitivity" sets in, symptoms of fibromyalgia can become amplified, and non-painful stimuli becomes painful.

Optimizing neuromusculoskeletal health gives the patient a defense against their condition. They are not as likely to experience aggravations or exacerbation of their condition, giving them greater control.

PAIN MANAGEMENT

There is a fine line between the control and exacerbation of fibromyalgia symptoms. For the most part, medications are ineffective. Painkilling (analgesic) drugs may be used occasionally to reduce the severity of musculoskeletal pain, but are unsuited to long-term use due to the risk of dependency and patient intolerance. And while the use of low-dose tricyclic anti-depressants may help promote deeper sleep, they do not relieve the tender point symptoms.

As chiropractors, we emphasize the natural power of the body to heal itself (homeostasis) and so our treatment uses neither drugs nor surgery. In cases where patients require these interventions, we refer them to the appropriate health professional on our multidisciplinary team. Our treatment protocol uses natural or non-invasive treatments such as spinal manipulation, acupuncture, physical therapy modalities, exercise programs, nutritional advice, orthotics, lifestyle modifications and other patient education. We recognize that there are limits to this therapy. Over-treating can lead to exacerbation of the condition and/or an unhealthy dependence on the practitioner or therapy itself. The goal of our treatment protocol is to promote neuromusculoskeletal health and to teach the patient how to maintain it on their own through various lifestyle modifications and management strategies. These might include regular aerobic exercise, dietary modifications, realistic goal setting, mechanisms of biofeedback, etc.

Treatment:

SPINAL MANIPULATION

Chiropractic manipulation employs specific, short-level, high-velocity thrusts of controlled amplitude directed at specific articulations (joints). To successfully manipulate spinal articulations or zygapophyseal joints, the doctor must have an extensive knowledge of articular anatomy and a thorough understanding of the

functional unit of the spine. Each spinal segment is comprised of an intervertebral disc, two posterior spinal joints, neurological elements confined within the two lateral recesses and the intervertebral foramina, plus all the connective and muscular tissue supporting and limiting inter-segmental vertebral movement.

Adjustments are directed towards sites of mechanical joint dysfunction detected during our orthopedic and chiropractic physical examination. Components of joint dysfunction, also referred to as vertebral subluxation, include the following: abnormal function/range of motion in a spinal joint, neurological and/or vascular involvement and often, but not necessarily, some structural displacement at the joint.

The rationale behind spinal manipulation goes beyond the simple restoration (normalization) of joint movement and pain reduction. Vertebral subluxations can result in a compromise of neural elements, producing irritation and/or compression of neural tissue. Nerve irritation results in increased neuronal activity through facilitation, while pressure that produces nerve compression leads to tissue degeneration. Both nerve pressure and facilitation may have far-reaching effects, by chronic and excessive activation of the sensory, motor and autonomic neurological mechanisms.

The presence of such mechanical dysfunction and resulting insult to the nervous system can fuel the pain supersensitivity seen in patients with fibromyalgia. The goal of spinal manipulation is therefore, not only to correct neuromusculoskeletal dysfunction, improving range of motion and reducing pain, but also to restore normal function in the nervous system. In our practice, we have found that correcting vertebral subluxations with chiropractic adjustments also reduces the irritability of trigger points in muscles innervated by that spinal segment.

As chiropractors, we argue that restoring neuromusculoskeletal health via spinal manipulation of vertebral subluxations assists the patient achieve a healthier balance (homeostatis), improving resistance to injury and producing a feeling of well-being. This theory is consistent with modern neurophysiology and explains the positive clinical results we see in private practice.

Adjunctive procedures to chiropractic manipulation, such as acupuncture, electrotherapy, laser, heat/ice, and massage therapy are also used as pain management strategies.

ACUPUNCTURE The many symptoms associated with fibromyalgia, such as widespread aching-point tenderness, skin-fold tenderness, articular pain, swelling of the hands or knees, numbness or coldness of the extremities, reticular skin discoloration, irritable bowel and trophadema, suggest a functional and/or structural alteration in the peripheral nervous system. Research suggests that with fibromyalgia, tenderness is usually accompanied by other manifestations or radiculopathy, the most significant of these being muscle shortening. It has been our experience that patients with fibromyalgia exhibit shortened axial, as well as, limb musculature. Although these shortened muscles can produce muscle ache and pain by compressing intramuscular

nociceptors, they can also produce pain by pulling upon tendons and ligaments. Perhaps more importantly, shortening of paraspinal muscles can lead to the compression of the intervertebral discs and the irritation of emerging nerve roots, contributing to the vicious cycle of deteriorating neuromusculoskeletal health. Patients with myofascial pain improve significantly when painful shortened muscle bands are released by the acupuncture dry-needle technique of intramuscular stimulation. We have found this technique to be especially successful at releasing the myofascial tension found within the deep intrinsic muscles of the back (semispinalis and multifidus muscles), as these muscles are generally beyond the reach of a probing finger and are more effectively explored by using a dry-needle technique. Acupuncture also promotes the release of endorphins, the body's natural painkiller, providing the patient with further pain relief. In our practice, acupuncture plays a large role in the initial stages of treatment as we work with patients to reduce tender point sensitivity and effectively manage their pain.

To be continued in QUEST 44. Topics still to be covered

include **EXERCISE; NUTRITIONAL COUNSELING;**

LIFESTYLE MANAGEMENT; and CHIROPRACTIC MANAGEMENT OUTCOME.

IN MEMORY OF DR. DAVID STREETEN By: **Kate Andersen, M.Ed., Youth Consultant**

I received a newsletter the other day in which it announced that Dr. David Streeten passed away in late September, 2000, after a massive stroke. Dr. Streeten was a leading researcher on orthostatic hypotension and made a significant contribution to our understanding of M.E. The work on orthostatic hypotension has shed light on the devastating effects of M.E. on young people and greatly lent credibility to their important cause. I wanted to share the news of his untimely death with our readers and to add a personal comment.

I never met Dr. Streeten and only know his name from the published reports of his research. Yet, what a pang of grief I felt to learn that the world has lost this great researcher and clinician. As an advocate, I know how much our cause relies upon the dedication and genius of people like him. As a patient, I know that there are too few who care enough to dedicate themselves to conducting research to find solutions to our terrible illness. As a person, I can only imagine the loss to his family and friends. Our daily lives with ME/FM are difficult. Moments such as this one remind us that we are cared about. We are forever grateful to Dr. Streeten that he was one of those who cared deeply. His caring makes it possible for us to continue to work as ardently as we can to better the lives of others living with these illnesses. For this legacy, we are eternally grateful.

FIBROMYALGIA - HOW MUCH IS IT WORTH? - SWAIN v. MOORE ESTATE HELPS

TO DECIDE

By: James E. Allin, Barrister & Solicitor, 128 Queen Street, Chatham, ON N7M 2G6

Tel: (519) 352-6540 - Fax: (519) 352-9097

Fibromyalgia is a devastating disease. It can affect every part of a person's body and the ability to move and carry out ordinary daily activities. There is no cure for fibromyalgia. Once you've got it, you've got it!

In most people the condition will worsen over time and as one ages. All of this is bad enough, but when the condition is foisted onto an otherwise healthy and active innocent accident victim, the disease can be even more difficult to bear, realizing that a lifetime of pain was needlessly caused by a lack of reasonable care by a negligent driver in a car crash.

When an innocent car crash victim is forced to endure a lifetime of daily pain caused by a negligent driver, what is the fair amount of money that the negligent driver should pay to compensate his innocent victim? We all would say no amount of money is enough. Unfortunately the court system does not have that luxury and it must struggle to arrive at a result that is fair to both parties.

The courts in Canada have struggled with fibromyalgia. One Judge in Alberta, a few years ago even said the disease does not exist. We also have some doctors in Ontario who testify in Court that there is no such disease. Ontario courts have recently overcome these obstacles and now regularly find that fibromyalgia exists and it can be caused by trauma such as occurs in a car crash.

The difficulty we have had in Ontario is that once the courts made a finding of fibromyalgia being caused by a car crash, it awarded unfairly small amounts of compensation.

Prior to *Swain v. Moore Estate*, the general accepted range of compensation for a fibromyalgia victim in Ontario was in the \$30,000.00 to \$60,000.00 range. At the same time, however, fibromyalgia victims in other provinces were recovering in the \$100,000.00 to \$150,000.00 range.

All lawyers are taught from their first day of law school that all citizens are entitled to equal treatment before the law. To me, this means that a Canadian citizen, whether he be in Ontario or British Columbia should receive equal compensation for a similar injury. Prior to *Swain v. Moore Estate* there was a clear difference between the amount of compensation awarded to fibromyalgia victims in Ontario as compared to citizens in British Columbia. Indeed, Ontario residents recovered less than 1/2 of what British Columbia citizens received.

This inequity has been partially corrected in *Swain v. Moore Estate*. In this case Joyce

Swain was a front seat passenger in a pickup truck being driven by her husband. The Swains were on their way home at night from their cottage in Tobermory, Ontario heading to Chatham, Ontario.

Mr. Moore drove his car through a stop sign at an intersection and was struck on the driver's door by the front of the Swain motor vehicle. Mr. Moore died at the scene. Joyce Swain sustained multiple orthopedic injuries. She went on to develop post traumatic stress disorder and fibromyalgia.

The matter went to trial and, fairly quickly, the central issue in the case became; Fibromyalgia, how much is it worth? After considering the facts and the law carefully, Mr. Justice Patterson of the Ontario Superior Court of Justice wrote a decision awarding Joyce Swain \$100,000.00 for her injuries.

This is the highest damage award in Ontario caselaw for a claimant with fibromyalgia. This case advances the cause of fibromyalgia victims; however, more work remains to be done. Even at a compensation level of \$100,00.00, there is a significant difference remaining in the level of compensation given Ontario citizens versus British Columbia citizens. One can only hope that other fibromyalgia victims and their lawyers will use the Swain v. Moore Estate case as a stepping stone to move Ontario into a lead position with British Columbia so that all Canadian citizens who suffer from fibromyalgia will receive equal treatment before the law.

INSURANCE COMPANIES' MEDICAL RELEASE FORM

By Marj van de Sande B.Ed, Grad. Dip. Ed., Director of Education

In the last issue of Quest, Richard M. Bogoroch of Bogoroch & Associates addressed the issue of the broad scope of the Release Forms that insurance companies require those on disability to sign. This article relates the experience of a friend whom I will refer to as "Fran" to keep her identity private. Her experience may be helpful to some of those concerned about the broad scope of release forms. However, I am not advising you to do what she did.

A few years ago when Fran was about to sign the release clause on the medical statement, she was struck by its broad and intrusive nature. It read:

I authorize the following to exchange information needed for underwriting, administration or claims payment: [the insurance company], **any person or organization** who has relevant **personal information** about me including health professionals and institutions, investigation agencies, insurers and persons performing services for [the insurance company]. **I also consent to a personal investigation.** (emphasis added)

While she had no problem with the insurance company having access to her medical information, she did have a big problem authorizing the insurance company to contact

any person or organization for personal information and consenting to a personal investigation. She changed the release form to:

I authorize the below mentioned physicians, health care professional(s), hospital(s) or provider(s) to provide [the insurance company] with pertinent information and documentation specific to my medical or health condition and relevant to my claim.

(List of attending physicians)

Any information provided to [the insurance co.] will be treated on a confidential basis and will not be disclosed without my prior written consent.

Upon request I am entitled to access the contents of the information provided.

Any authorization statements I have signed previously are now null and void.
(signature)

Fran received a letter from the insurance company stating that she could not alter their release clause in the future. Being a teacher, Fran was fortunate in being able to discuss the situation with the Alberta Teacher's Association (ATA) who told her that they liked her release clause and would support its use. The next year she sent in the same release form and was advised by the insurance company that her disability payments may be terminated if she altered the form again. The third year, the ATA's lawyer looked at her release clause before she sent it. The ATA advised Fran that at least three other teachers had used her release clause that year without comment from the insurance company. Fran sent in her revised release form.

The insurance company immediately advised Fran that her payments may be terminated in a month if she did not sign their release form. Both the ATA and Fran faxed numerous letters stating that she had given them access to her medical information and both she and her physicians had always promptly provided them with any and all medical information they had requested. The insurance company repeatedly replied that they needed Fran to sign their release form in order to obtain additional medical information "to gain a better understanding" of her condition. That was an interesting statement since Fran had been on disability for nine years and her condition had not improved.

As the month was quickly flying by and Fran was getting nowhere, she contacted Human Rights who suggested that she talk to the Superintendent of Insurance for Alberta. When Fran reached the Deputy Superintendent she asked him, if a person is on disability does that mean he has lost his right to privacy. He replied no it didn't and asked Fran to fax him the insurance company's release form and her altered form. The Deputy Superintendent said she had given them access to her medical information and wondered what other kind of information they wanted. He offered to talk to the insurance company on her behalf. Fran was amazed at the abrupt change in attitude of the insurance company as they started jumping. The insurance adjudicator advised the

Deputy Superintendent that she did not have the authority to accept Fran's release form and she would have to pass her file on to her supervisor, who passed it up the line until Fran's file was sent to the legal department in their head office in Montreal. Thanks to the Deputy Superintendent of Insurance, Fran's insurance company accepted her altered release form just prior to the deadline. Their letter stated, "We have accepted the altered authorization as we were satisfied that the changes did not prejudice our ability to adjudicate and process your claim at this time. Please note, further benefits have been approved on your claim.

It should be noted that some provinces require a signed release prior to doing a personal investigation while others, like Alberta, do not. While Fran's release form did not prevent the insurance company from doing a personal investigation, I would think that those approached would be a little more cautious in what information they gave out if there was not a signed release. It is bad enough that insurance companies do personal investigations, but it adds insult to injury when you are made to authorize it.

I strongly believe we will not make any progress unless we address the broad and invasive release clauses of the insurance industry. However, it is important that you realize your disability payments may be terminated if you do alter it. Should anyone be contemplating changing his insurance company's release clause, I would suggest that you talk with the Deputy Superintendent of Insurance for your province before doing so. He will be able to advise you what information the insurance industry is entitled to in your province and may be willing to review your proposed release clause. Be sure to put everything in writing and have the insurance company confirm everything in writing. Even though the ATA was prepared to go to court on this issue, Fran assured me the way she did it was not fun! The happy aftermath is that many of the teachers on disability in Alberta are now using Fran's release clause and the ATA has a copy of the letter from the insurance company stating that they will accept it.

INFORMATION WANTED BY LAW FIRM FOR CLASS ACTION SUIT

My law firm in New York has been litigating disability insurance claims for over 7 years, with great success. We are aware of a fraudulent nationwide scheme by an insurer, First Fortis/Fortis Benefits that may enable us to re-open thousands of denied claims. If you believe that you know of anyone who falls into this category, I would appreciate a call. In any event, if there is any other way that you could assist in locating potential members of a class for a class action, please give me a call.

Richard Quadrino, Esq.

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email: rq@quadrinoschwartz.com

website: quadrinoschwartz.com

DOCTOR LOOKING FOR HELP IN PRACTICE

Dr. Alison C. Bested, MD., F.R.C.P. (C) Haematological Pathologist in Toronto is looking for a **full-time Associate**, an **Internist** or **Rheumatologist** or **Family Practitioner** to help with her practice for patients who have **Myalgic Encephalomyelitis /Chronic Fatigue Syndrome (ME/ CFS)** and/or **Fibromyalgia (FM)**. If interested, please call her office at **416-283-0007**

between **1:00 p.m. and 5:00 p.m. Mondays, Tuesdays, Thursdays or Fridays.**

CFAIR FORUM ANNOUNCEMENT

CFAIR (the Committee for Fair and Accountable Insurance Reform) is an organization of professionals, members of the public, and people disabled by motor vehicle accidents or illness, that have joined together to promote fair insurance practices and accountability through education and social action. The group meets bi-monthly at Lynhurst Rehabilitation Centre. It hosts education forums throughout the year. The next forum is scheduled for:

Wednesday, January 17, 2001 - Lynhurst Rehabilitation Centre, 520 Sutherland Drive, Toronto, Ontario - TIME: 7:30 PM.

Guest Speakers: Dr. John Thornton, Psychiatrist; Leslie Dorrett, Lawyer; Rod Hare, Rehabilitation Consultant

Refreshments will be served. Suggested fee of **\$5.00** is payable to help cover costs. The topics of discussion are: **"The Psychological Impact of Pain"** and **"How to Provide Service and Receive Payment as a Service Provider within the Auto Insurance Industry"**.

HISTORY: **CFAIR** began in **1998** because of the confusion that exists when dealing with insurance companies. Since the first version of Ontario's "No-Fault" automobile insurance was introduced July 1, 1990, practitioners have had to deal with three sets of rules pertaining to individuals injured in motor vehicle accidents. The current legislation, Bill 59, enacted November 1, 1996, re-introduced the right to sue and created a system that requires the approval of a treatment plan by the insurer before payment for treatment can be assured. If the insurer denies approval of the plan, the client can be required to attend an assessment at a Designated Assessment Centre (DAC) to get an

independent opinion as to the necessity of the treatment in question. Many professionals have indicated that the reasons for denials of treatment plans are sometimes arbitrary and unclear, leaving them and their patients frustrated. Practitioners are confused about the rules which govern their various patients' cases. Similar problems exist for individuals applying for Long Term Disability coverage. Some employers are questioning the wisdom of paying for LTD benefits, when virtually all applicants seem to be refused on the first application and then have to fight for coverage, no matter how well deserved.

CFAIR was born to assist and educate people going through the '*Insurance maze*'. For more information please visit our website at: www.cfairont.org or call **(416) 694-9999**. The education forum; Wednesday, January 17, 2001 will be of great interest to everyone caught in the '*insurance maze*' including (but not limited to) healthcare professionals, lawyers, injured parties and their families and insurance personnel. We are confident the evening will provide answers to many perplexing questions.

Sincerely, John Thornton, MD Co-Chair - CFAIR

INTER-GROUP/CONTACT COMMUNICATION:

**WHAT: FIBROMYALGIA SEMINAR & HEALTH FAIR - Sunday, November 12, 2000
- 11:30 A.M. to 5:00 P.M.**

WHERE: RAMADA PARKWAY, St. Catharines, Ontario

COST: \$15.00 - PRE-REGISTRATION REQUIRED

KEYNOTE SPEAKER: Dr. Jacob Teitelbaum from Annapolis, Maryland

Patient Consultant, Researcher, and Author on FM and CFS

ALSO: Lydia E. Neilson, President CEO of the **National ME/FM Action Network**

AND: Diane Dawber, B.A., Medical Author, Kingston, Ontario

FOR INFORMATION CONTACT: PAT HOPKINS, 3048 Olden Ave., Niagara Falls, Ontario L2J 3T7

Tel: (905) 374-1263 (6:00 P.M. - 10:00 P.M.) Fax: (905) 374-9187

BOOKS/NEWSLETTERS/REPORTS/VIDEOS ETC.

FACES OF CFS: By D.S. Bell, MD Copies of this book may be purchased by sending a check or money order for

\$25.00 U.S. to D.S. Bell, MD, Box 335, Lyndonville, New York 14098 U.S.A..

Inside Fibromyalgia with Mark J. Pellegrino, M.D. \$23.00 U.S. 350, 8 ½ x 11 pages, soft cover. Available through **Anadem Publishing** in Columbus, Ohio - **Tel. 1-800-633-0055 or www.anadem.com**

THE PHARMACOTHERAPY OF COMMON FUNCTIONAL SYNDROMES -

Evidence-Based Guidelines for Primary Care Practice -

By: Peter Manu, MD, FACP

This book discusses: chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome and premenstrual syndrome. Prices: **\$69.95 U.S.** hard cover, **\$39.95 U.S.** soft cover - **TO ORDER: The Haworth Medical Press - 1-800-429-6784**

SICK AND TIRED OF FEELING SICK AND TIRED - NEW EDITION - By: Paul J. Donoghue, Ph.D. & Mary E. Siegel, Ph.D. Hardcover \$22.95 U.S., Paperback: \$13.95 U.S. - To Order, please call 1-800-233-4830 or www.amazon.com

STRICKEN: VOICES FROM THE HIDDEN EPIDEMIC OF CHRONIC FATIGUE SYNDROME - By: Peggy Munson (Editor). (274 pages) available in paperback and hardcover.

LOOKING FOR DOCTORS WITH CFS

My name is **Dr.J.Gravel** from Montreal. I have been victim of CFS for more than 8 years. I am looking for other doctors in medicine who are also victims of CFS.It would be interesting to exchange our views,opinions and experiences with this disease via our E-Mail addresses.(in English or French) If you are a M.D., please let me know. E-mail: **graj82@hotmail.com**

U.S. ROSTER OF DOCTORS - ADDITION:

Erin Currier, D.C.

Doctor of Chiropractic, Author & Lecturer on Alternative Health Treatments for Fibromyalgia.

1206 E. Gonzalez St.

Pensacola, FL 32501 U.S.A.

Tel: (850) 432-8970 Fax: (850) 434-7646

E-Mail: drerindc@aol.com Web: www.tamingfibromyalgia.com

NATIONAL LAWYERS' ROSTER - ADDITION

James Allin - Chronic Pain, FM. Free Initial Consultation
128 Queen Street
Chatham, ON N7M 2G6 Tel: **519-352-6540** - Fax: **519-352-9097**

JOHN L. ENNIS - Free Initial Consultation
PARSONS, ENNIS, SCOTT
278 Duckworth St., Box 2430
Station C
St. John's, NF A1C 6E7 - Tel. **(709) 722-5100** Fax **(709) 722-0808**

ANNOUNCEMENT OF PRICE INCREASE

Dear Members & Friends: For more than 7 years now, we have held membership to the National ME/FM Action Network at \$20.00 per year. We have been able to do this due to Government grant assistance and private donations. Now that the grants have petered out, incoming revenue from private donations and membership fees are just not going far enough to allow us to grow as we should. There is much we can do, and much left undone, but the limited amount of banked and incoming resources has handicapped these growth efforts. We have no choice but to increase our membership fees to \$25.00 per year, and ask that you continue your much-needed donations as in the past. All donations over and above the \$25.00 membership fee are tax deductible and we WILL issue receipts for same for ANY amount.

We really hate to bother you with all the administration headaches, but we are only a PRIVATE organization, depending on YOU for support, as you depend on US. If, in your daily lives, you have knowledge of ANY corporation or business or private interest that wishes to help, or possibly COULD help our cause, by all means contact us and we will be in touch with your contact immediately.

The fee increase will not take effect until November 1, 2000 and has been reluctantly approved by the Board of Directors in our recent annual meeting.

We strive to bring you the latest news and developments in the ME/FM arena. We want to continue sending ME/FM information free to the general public and we constantly fight for your rights to be heard by Government, Medical and Insurance communities. Our cause for Research Development is strong as is our advocacy voice on behalf of all ME/FM people across Canada. Please do what YOU can to allow us to continue without constraints.

As always, we thank you for your continued support and devotion.

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: Undesirable Occupants

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