NATIONAL
ME / FM
ACTION NETWORK
Charitable tax no. (BN) 89183 3642 RR0001 ISSN 1205-786X

Quest

COMMUNICATION # 70 WEB: www.mefmaction.net WINTER 2006

CONTENTS

LEGAL NEWS AND VIEWS UPDATE

KEAYS v. HONDA – Hugh Scher, Barrister & Solicitor for Plaintiff

(Also see QUEST 68 – Spring 2005)

The Ontario Superior Court of Justice (Judge J. McIsaac), after a 29-day trial alleging wrongful dismissal, awarded the Plaintiff compensatory damages in lieu of 24 months' notice along with a $500,000 award of punitive damages for conduct the Judge found "outrageous and high-handed" by the employer. This conduct was the independent actionable wrong of discrimination in consequence of Mr. Keay's medical disability which was compounded by various acts of harassment and the ultimate infliction of his termination which he found to be a reprisal for his temerity in complaining about his mistreatment by the defendant.

The Judge has also awarded Mr. Keays $610,000 in legal costs on top of this judgment. This Judgment is the largest ever in Canadian employment law.

We congratulate Mr. Scher on this landmark accomplishment on behalf of one of our members.

The Defendant is appealing. This case will be heard April 3rd., 2006

MEDICAL NEWS AND VIEWS

Importance of Mobilizing the Lymphatic System

By: Philipa Corning, Ph.D., B. Sc. with David Gerald Scrivens, C.L. (Lymphologist)

Lymphatic System

All cells of the human body are surrounded by fluid called “lymphatic fluid or lymph”. Nutrients and oxygen leave the blood dissolved in fluid and pass through the lymph in order to arrive at each cell. As each cell metabolizes the nutrients, wastes including carbon dioxide are produced and emptied into the lymph. Much of the waste is drawn into the blood along with the fluid attracted toward large blood proteins.

However, fluid uptake into the blood is less than the amount of fluid that leaves it, due to the presence of blood pressure inside the blood vessel. As a result, much of the liquid containing waste remains behind in the lymph, and has to be removed by vessels of the one-way transport system called the “lymphatic system”. Because this system does not contain a pump like the heart of the circulatory system, it depends on the contraction of surrounding muscle tissue, and its one-way valves inside its vessels in order to move the lymph upward to the blood vessels located under the collar bones (subclavian veins), where the lymph is dumped back into the blood. In this way, the remaining wastes are carried via the blood to the liver for detoxification and disposal.

Thus, a healthy, routinely exercised body has an efficiently working lymphatic system, which assists the circulatory system in the removal of waste substances from body tissues. Unfortunately, a person who is afflicted with a chronic illness, that has fatigue as a major symptom, cannot do little if any exercise at all. This inactivity slows the delivery of oxygen and nutrients, and causes toxic waste substances to linger in the lymphatic fluid around the cells. As a result the cells are left starving for nutrients while stewing in their own waste materials. Any method of activating the lymphatic system would lead to the clearance of toxic waste substances from the lymph surrounding body cells. This could lead to improved health of the tissue on the micro-level, and in turn to improvement of the individual’s health on the macro-level.

Toxic Internal Environment

Therefore, regardless of the initial cause or causes of ME/CFS, decreasing the toxic load on the body could help improve the individual’s level of health. In the case of ME/CFS, many people are hyper-sensitive to any change in activity, drugs, supplements, or nutrition. Indeed, there exists a wide range of physical conditions and sensitivities within the ME/CFS community. A small percentage of individuals are either quick to regain much of their previous good health, or are too sick and never recover. Then, there is the large middle group in which individuals struggle desperately to regain some of their previous normal health.

Toxic Load in ME/CFS

Dr. Paul Cheney, MD in the United States has treated ME/CFS patients since 1984, and therefore has observed a large patient population for over 20 years. During that time, he has observed a general pattern of development in this illness, and postulated a model which he presented in February 1999. In Dr. Cheney’s model, there are three distinct phases. In Phase I, which occurs in the first 5 years of illness, cellular metabolism is significantly disrupted due to reduced cellular enzyme synthesis. The end result, is that there are less enzymes available to produce energy and carry out detoxification (especially in the liver, the center of detoxification in the body). Thus the individual experiences both increased fatigue and toxicity.

Between years 5-10 (Phase II), there is a decrease in cellular disruption; however, the toxins are still present in the body. During this time, the body is challenged by its toxic load. Toxic substances can penetrate deeply into the brain, damage the immune system, cause havoc in cellular metabolism and ultimately upset homeostasis (balance) within the body. When toxic substances hit the central nervous system, the emerging picture is one of debilitating fatigue, cognitive disturbances, and hypothalamic-pituitary-adrenal axis disturbances (resulting in hormone disturbances), and severe pain.

Finally in Phase III of the illness (10 – 15 years), the overall production of cellular enzymes increases. The result is increased production of energy and increased detoxification of toxic substances. During this phase, the significant symptoms common to the illness tend to disappear and only appear when the individual pushes the boundaries of the illness, ie. experience relapses. He suggested the use of a rebounder in order to introduce gradual exercise during this Phase (but not in Phases I and II).

Reducing Toxicity

In Canada, Dr. John Coombs, MD (Smith Falls, ON) has treated ME/CFS clients for many years. During 1995 - 1996, he gave a presentation at a MESH Ottawa meeting, in which he talked about reducing the toxic load on the body. He suggested the use of detoxification procedures, improved nutrition and the use of nutrient supplements, and an attempt to do some exercise using a "mini-rebounder trampoline". He stressed that it is important to move the limbs to remove waste from the lymph around the cells. He suggested mild exercise (conducted daily if possible) on a very gradual basis on a mini-rebounder trampoline. If the individual was not able to exercise on his/her own, he suggested sitting on the trampoline and having someone bounce the patient up and down. The bouncing motion mobilizes the lymphatic fluid around the cells and starts to move waste material out through the lymphatic system for elimination from the body through the liver.

In any case, this is a very mild form of exercise, that can lead to the following benefits for those afflicted with ME/CFS: it

…mobilizes the lymphatic system,
…reduces the body's toxic load,
…conserves energy,
…increases circulation, and
…strengthens the immune system (a well known effect of moderate exercise).

I have used a mini-rebounder trampoline ever since I heard Dr. Coombs' lecture, and I still am using one to exercise today. Because specialists in lymphatics were scarce in 1995 –1996, I was grateful to have an extensive background in exercise physiology and science. It aided me to use the rebounder and detoxification procedures to cleanse my body of toxins and regain a significant portion of my health. Today, people are far more fortunate, because specialists in lymphatics called **Lymphologists** are available, and I suggest that you seek the advice of a Lymphologist prior to purchasing and using one of these mini-rebounder trampolines so that you truly know how to use them effectively.

Lymphatic Specialists

As well as naturopaths and physicians (using non-conventional methods for activating the lymphatic system), there are certified health-care professionals in the complementary medical field that can help.

1. Firstly, there are certified **Lymphologists** that have been taught to work with the lymphatic system. They can guide the inexperienced person through a treatment program that will assist the lymphatic system to expel toxic substances and foreign particles from the body. In this type of program, the Lymphologist can teach an individual the correct physical, mental and nutritional values/properties required to keep the body disease free in today's "toxic" world.

   A certified Lymphologist works under the principle that each cell in the body has a "Sodium/Potassium pump" embedded in its surface. A rebounder causes these Sodium/Potassium pumps to work, drawing critical Potassium into the cell to participate in the production of ATP, which is critical because this molecule stores cellular energy. The Lymphologist uses the mini-rebounder trampoline and cleansing or detoxification liquids appropriate to a client's specific needs, teaches the client about proper nutrition and the importance of avoiding food additives and preservatives, and finally counsels the client about stress reduction techniques (one of which is the use of the trampoline).

   The action of a rebounder on the body's cellular structure "returns" energy to the body allowing it to conserve energy instead of burning it off. This ensures the conservation of cellular energy and allows the person to retain more energy for their other daily activities. So a significant part of the treatment protocol is the use of the mini-rebounder trampoline, which people need to be taught how to use properly for maximum personal health benefit.

In addition, it is important to note that this approach is one in which the client is listened to, and then actively involved in his own treatment and recovery.

2. Although there are many persons afflicted with ME/CFS that cannot even get out of bed and sit on a trampoline while someone bounces it for them, there is a process called “lymphatic drainage” that can do them immense benefit. This is a form of massage that can assist the lymphatic system in draining the lymph from the tissues of the body, and therefore assist in the removal of toxins surrounding body cells. This treatment must be done by a health care professional who is fully certified to conduct it.

Conclusion

In ME/CFS, the toxic load on the body increases. So it is advantageous to cleanse the lymph of toxic substances. There are various methods used by health-care professionals to cleanse the body of toxins. Some of these methods include detoxification, mobilization of the lymph, proper nutrition, and stress reduction.

[*Ed Note: Mr. Scrivens welcomes your comments and questions. He can be reached at Email: l@bodybgood.ca, Web: www.bodybgood.ca, Tel. (613) 276-3544*

Fibromyalgia – the orphan syndrome

By: Dr. David Saul

Even without knowing the exact cause of fibromyalgia, these patients need our support and compassion

I feel ashamed to be a member of the medical profession when I hear from my fibromyalgia (FM) patients that they left in tears from a doctor's office after being addressed in a rude and abrupt manner.

For doctors who are skeptical about the diagnosis of FM—this article is for you. Perhaps you have assessed a few (or many) patients with generalized pain. This pain is either steady or episodic and defies any common structural or mechanical cause. You are then faced with the absence of any laboratory and diagnostic testing to confirm the diagnosis of FM. You find that the typical FM patient seems to overdo the crying, whining and complaining of a pain, which to them is often seen as incapacitating. You likely have tried various medications without any beneficial response. When you really don't know what else to do, you might just give up on the patient and the whole concept of FM.

However, medicine is full of unknowns and processes yet to be determined. As doctors, we should still try to practise good clinical medicine despite and amid various uncertainties. But, for the patient who complains of FM-related symptoms, have you ever felt perhaps a tiny bit concerned about the psychological impact you may have on her, should you respond with any of the following statements?

- It's all in your head.

- Buck up and fight through the pain.

- There is no such thing as fibromyalgia.

- Do you want to get addicted to painkillers

- You are wasting my time.

Whenever a patient with FM hears any of those statements it surely goes against the famous dictum from Hippocrates, "Divinum est opus sedare dolorem,"—"Divine is the work to subdue pain."

FM is the orphan syndrome. No one wants to deal with it and too often, the rheumatologists feel stuck with it. In the 2003, 2nd edition of Pain Medicine: A Comprehensive Review, Dr. P. Raj devoted very limited space to FM. From the very last paragraph: "This common chronic pain syndrome will obviously be a continuing source of medical and economic problems until the pathophysiology is better delineated and subsequent improved treatment methods are formulated. Furthermore, understanding the neuropathophysiologic basis of FM may have broader applicability towards an understanding of chronic pain per se."

It is interesting that Dr. Raj suggests that besides FM, chronic pain by itself is still a great challenge to medical researchers and clinicians. Then again, while FM is still a hotly debated topic, there does exist a recent, comprehensive review of FM in the Nov. 4, 2003 issue of *Journal of Musculoskeletal Pain.* The entire issue, all 118 pages was devoted to FM: The Fibromyalgia Syndrome, A Clinical Case Definition for Practitioners.

Perhaps in the very near future, basic science research will likely find that FM could have a neuropathic pain pathophysiology, similar to diabetic neuropathy, multiple sclerosis pain or phantom limb pain. While Dr. Raj struggles in his textbook for a neuropathophysiologic basis for FM, from Archives of Neurology, November 2003, neuropathic pain is reviewed: "A simple focal peripheral nerve injury unleashes a range of peripheral and central nervous system processes that can all contribute to persistent pain and abnormal sensation. Inflammation, reparatory mechanisms of neural tissues in response to injury, and the reaction of adjacent tissues to injury lead to a state of hyperexcitability in primary afferent nociceptors, a phenomenon termed peripheral sensitization. In turn, central neurons innervated by such nociceptors undergo dramatic functional changes including a state of hyperexcitability termed central sensitization. Normally these sensitization phenomena extinguish themselves as the tissue heals and inflammation subsides. However, when primary afferent function is altered in an enduring way by injury or disease of the nervous system, these processes persist and may be highly resistant to treatment." I can easily see FM fitting into this description of neuropathic pain.

Even if the exact cause of FM continues to elude researchers or turns out to have a predominantly psychodynamic or psychiatric basis as a somatoform or depressive disorder, these patients will continue to need our support and compassion.

Yes, the FM patient can sometimes seem demanding. It's true the office consultation is usually time-consuming and not very productive. Remember, the FM patient is often facing considerable stress from her insurance provider, her family and her workplace.

You always have the option for referral to a chronic pain clinic, regardless that the waiting period is sometimes close to one year. Or, solicit the advice and help of your regional psychiatrist and/or rheumatologist.

Over the years, with my FM group therapy sessions, I always began with a creative writing exercise.

The patients handed back one page with the title, "Why I need pain relief?" without adding their names. Out of the hundreds in my binder, I would like to present just one. I feel it clearly sums up the entire FM experience. I hope it might be helpful in swaying some FM disbelievers to at least be a little bit more supportive and compassionate with the next patient complaining of FM symptoms.

"**Why I need pain relief?"**

"I desperately need pain relief to feel and act approximately in the same manner I did before I was stricken with osteoarthritis and fibromyalgia a few years ago. I know that I have to get used to the fact that this type of chronic disease changes a person physically and mentally, but the hardest part is to adapt and accept the fact that it is here to stay for the rest of my life—unless a miracle should happen.

I don't recognize myself and neither do my family or my friends. People just assume that because I don't look sick, I am not sick. Some people even insinuate that I must probably enjoy being sick. Do they honestly believe it is my choice to stay at home all day and depend on others to do things for me when I feel sick and depressed?

I feel angry and hurt for having lost control over my body and my brain, although I know that I am in no way responsible for what has happened to me. Before I was cursed with fibromyalgia, I took more or less, many things for granted. Although my life has never been a bowl of cherries, I now take nothing for granted. The future looks bleak and scary. Fear has become part of my everyday experience.

I am afraid to lose the independence I have managed to salvage. I'm also scared of getting worse. Will the pain become unbearable? Will I be unable to walk? The dark and obsessive thoughts provoke my depression and frequent anxieties. Until now, these could only be controlled by medications that unfortunately all have side-effects.

It is humanly impossible to explain living with pain and fatigue to someone who does not have it.

Pain and fatigue make me irritable and tired. They make me cry and send me into a deep despair. Pain becomes more prominent in the quiet hours of night when the rest of the world is sleeping.

The pain can drive me crazy even in small amounts because it is always there. While distraction is great and essential, pain and fatigue always get the last laugh.

Pain is exhausting. It is an overwhelming feeling of incapacity, of being spaced out all the time, of being neither awake, nor asleep.

People tell me to stop focusing on pain. They tell me to relax and pull myself together. Obviously, these are people who don't have fibromyalgia."

Dr. David Saul is a family doctor in Toronto with a practice focusing on Fibromyalgia and Chronic Fatigue Syndrome.

What's up at FM-CFS Canada?

As announced in the last issue of "Quest", FM-CFS Canada has pursued its goal of working more closely with the National ME/FM Action Network. President, David Mann, John Ernst, Executive Director of FM-CFS Canada and our President CEO, Lydia Neilson and Odile Gérin, the Public Relations Director of the Network, have been consulting and meeting regularly.

CFS and FM Overviews

We particularly collaborated in the past months to assure a wide distribution of short Overviews of the Clinical Definitions of Chronic Fatigue Syndrome and Fibromyalgia, kindly written and published by Dr. Bruce M. Carruthers and Marjorie Van de Sande, at the request of FM-CFS Canada.

The two organizations, by combining their orders, plus orders from a number of groups, have been able to have 9000 pairs of the CFS and FMS overviews printed at a very reasonable price, thus allowing a great number of health and medical professionals to be better educated about those two chronic illnesses.

Over the past year FM-CFS Canada has been asking experts in other health fields to develop new education materials. Dr Ellie Stein and her colleagues responded to the invitation with guidelines for psychiatrists based on the Definition of CFS. Other guidelines, also based on the Definitions will be developed for health professionals in the near future.

The overviews and the guidelines for psychiatrists are available free on www.fm-cfs.ca in the "Physicians" section and on www.memfaction.net in the "overviews" and "physicians" sections.

Ottawa Project

FM-CFS Canada has received a grant of $40,000 from the Ontario Trillium Foundation and funds and donations in kind from other sources to match the Foundation's grant. This grant plus the donations will help initiate an Education Campaign in the Ottawa region for medical and health professionals and the public in general. That Campaign, which will be starting in the coming weeks, is endorsed by the Ottawa Hospital group and the regional health authority. It consists of:

- educational materials, including the overviews mentioned above, a CD, brochures and poster being sent to 1000 Family Doctors;
- educating the public through advertising by the largest TV station (CTV) in the region;
- help from groups to blanket the city with print materials in the hope of reaching the approximately 40,000 patients in Ottawa and invite them to connect with the FM-CFS movement;
- meetings with CFS and FM support groups and doctors

Goals for 2006

Among their goals for 2006:

- Inclusion of FMS and ME/CFS education in the curriculum for medical students;

- Publishing of more Continuing medical Education (CME) materials for existing physicians;
- Publishing of an article in the Canadian Medical Association Journal;
- Representations to the new government. (The new leader of the Senate, Marjorie LeBreton, who was a top campaign advisor to the Prime Minister, at their request, read a declaration on CFS and FM on May 12th 2005. We are hoping she will again be able to help).

For more information on their activities, visit the "About Us" section or watch the "Spotlight Zone" on the homepage of FM-CFS Canada, **www.fm-cfs.ca** or write at **FM-CFS Canada, #412 - 99 Fifth Avenue, Ottawa, Ontario K1S 5P5; Charitable Registration No.892417742 RR0001 Membership: $10/year – Email: hope@fm-cfs.ca;**

Canadian ME/CFS Conference in Calgary - April 1-2, 2006

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome - Evidence Based: Etiology, Diagnosis & Treatment

Speaker: Kenny De Meirleir, MD, PhD
(First Conference in Canada)
Professor: Physiology & Internal Medicine, Free University of Brussels
Co-founder: RED Labs (www.redlabsusa.com) diagnostic testing center for ME/CFS
500+ peer reviewed publications

Planning Committee: Eleanor Stein MD FRCP(C), Pierre Flor-Henry MD (Edin) FRC (Psych), Catherine Heaton MD CCFP, Len Krush MD, Matt van Olm MD FRCP(C), Bruce Lofting ND, Jeannette Soriano MD, Pat Wales ND, Stajen Warness MD, Stewart Wilkinson MD CCFP, Marjorie van de Sande BEd Grad Dip Ed (Advisor to the National ME/FM Action Network)

Workshop for Medical Practitioners:
DATE: Saturday, April 1, 2006
TIME: 8:30 am- 4:30 pm
FEE: $120 ¨ AFTER Mar 15: $140 ¨
Students $95

CME: Approved for 6 CCFP MAINPRO credits, 6.25 RCPSC Category 1 credits

Lecture for Patients
DATE: Sunday, April 2, 2006
TIME: 2:30- 4:30 pm
(daylight saving time)
FEE: $20 (low income $10)
AFTER March 15: $25
(low income $12.50)

PLACE: Canyon Meadows Golf & Country Club 2501-14 Street SW, Calgary, Alberta, Canada

For further information and registration details contact: Eleanor Stein MD FRCP(C), Planning Committee Chair, 403-287-9941;Fax 403-287-9958; espc@shaw.ca or go to www.mefmaction.net or www.fm-cfs.ca

A non-profit event supported by: National ME/FM Action Network, FM-CFS Canada, ME/FM Society of Alberta, ME Society of Edmonton. Proceeds to: National ME/FM Action Network for distribution of educational materials to physicians in Alberta.

Legal News and Views

Winning a Fibromyalgia/Chronic Fatigue Syndrome Case: Ten Rules

By: Norm Cuddy, Barrister & Solicitor

There can be few more stressful or difficult situations than being required to deal with a large insurance company claiming long term disability benefits for either chronic fatigue or fibromyalgia. From my experience representing such individuals over the past thirty years, I have come up with a quick checklist. This checklist is appropriate for both clients, and as well for lawyers who represent those clients.

1. Believe in yourself

Those who suffer from CFS and FM tend to lack confidence and self-esteem. They think that no one believes them. The insurance companies play on this lack of self-confidence by raising the spectre that all FM/CFS sufferers are malingerers.

The truth is that there are very few individuals who exaggerate or make up their symptoms. This fact is now widely accepted, not only in the medical community, but also in the legal community. There is therefore a great likelihood that you will be believed, either by the insurer, or ultimately by a Judge.

2. Do not play the Insurer's game

a) Do not write letters complaining of the insurer's denial of benefits--the insurer is much better at writing letters than you are. Writing letters will simply exhaust and frustrate the claimant.

b) Do not appeal decisions simply because the insurer suggests that you should do so. These in-house appeal processes are more illusory than real, and are quite often to the same person or persons who made the initial denial;

c) Do not play the IME game. There is usually nothing independent about an independent medical examination scheduled by an insurer. The doctors hired by an insurer will usually say what the insurer wants to hear.

d) Do not believe what the insurer says about the policy or the medical evidence, which supports or refutes your claim. There have been many occasions on which the insurer has misrepresented the contents of medical reports or even the provisions of the policy of insurance. Ask for copies of all reports in the insurer's possession, including a copy of the policy (not the brochure).

3. Do not take no for an answer

The insurance industry may well be based on the premise that if many claims are denied and not all are contested, there are huge profits to be made. A large number of CFS/FM claimants give up their claims after the initial denial, and do not pursue claims, which would otherwise have been successful.

4. Hire the right lawyer

Do not attempt to represent yourself. You need a lawyer experienced in the area of disability litigation. In the same sense that you would not hire a criminal lawyer to do a tax case, you should not hire a motor vehicle lawyer or family lawyer to attempt a disability claim. Disability claims are specialized and require lawyers who are not intimidated by insurers, are familiar with the policies, and are prepared to take on a large insurer. Ask your local ME/FM network or fibromyalgia support group for a referral.

5. Get the right doctor

Not all doctors/specialists are sympathetic to CFS/FM. Some are well intentioned, but do not write good medical/legal reports and are of little assistance. In my experience, psychologists, rheumatologists, physiatrists, and especially doctors specializing in internal medicine tend to have the most experience and the best ability to communicate from a medical/legal perspective. Psychologists have the added advantage of being able to objectively test veracity, which makes their reports of particular use.

6. Put the insurer's feet to the fire

The best defense to an insurer's claim that you are malingering is to counter that they have acted in bad faith in the denial of a claim. An insurer very much dislikes having to defend its own actions, and will be reluctant to go to trial on a case where their own conduct is questionable.

7. Have a plan

A claimant who has a plan for working part time, working casual or working for a charity is more credible and more likely to settle a case than is a claimant who has not done anything towards rehabilitation and has given up. Insurer's are much more accommodating to claims where the individual has put some real effort into re-education or attempts at alternative employment.

8. Have reasonable expectations

Do you want a lump sum or reinstatement of the policy? How much is your claim worth? Many claimants have unreasonable expectations and, as a result, are frustrated by the process. An experienced lawyer is in the best position to discuss with you what can be expected at the end of the dispute with your insurer.

9. Mediate! Mediate! Mediate!

Mediation, whether it is compulsory or otherwise, is the single best tool to resolve chronic fatigue/fibromyalgia cases. Once an insurer agrees to mediate, the likelihood of success in that mediation is high. Most CFS/FM claimants who proceed through mediation end up with settlements with which they are satisfied, and do so many years before a trial could take place.

10. Do not be afraid to go to trial

Judges tend to be sympathetic to CFS/FM cases, and the majority of cases have been decided in the Plaintiff's favour. The insurance companies know this, and at the last minute are likely to settle many claims. As a Plaintiff it is important to remember that there is a very good chance your case will be settled before trial, and if your case does go to trial you will probably win. Have a realistic discussion with your lawyer about the merits of your claim and the likelihood of success.

[Ed. Note: Norm Cuddy is a partner with Tapper Cuddy LLP, and is a member of the Bar of Manitoba and British Columbia, and practices across Western Canada under the National Mobility Agreement. He is also on our National Lawyers' Roster. He may be reached at (204) 944-3253, e-mail: nac@tcwpg.com.

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NETWORK NOTES

Become an Online Member! Beat the Snail-Mail

If you are a member and would like to download our newsletters from our website as soon as it is ready rather than waiting for it to be printed and mailed to you by snail-mail, email Marjorie van de Sande at **mvandes@shaw.ca** When Marj receives your request, she will program you into the secure **Members Only** area and email you with instructions on how to register. Please allow two or three weeks for her response. This will also save us administration costs. Online Members will also be able to access the Members Only area, which contains our **"Quest Library",** our **"Research Library"** and our new **"Legal Library".**

The focus of our website is to make it as user-friendly as possible. If you have already saved our website in your "**Favourites**", delete it and then save it again. Instead of the **'e'** that usually precedes a website, you will find our logo, which will make it easy to locate. **http://www.mefmaction.net**

IME/FAE Registry Submission

The **National ME/FM Action Network** continues to urge those who have attended an **Independent Medical Examination (IME)**, **Functional Abilities Evaluation (FAE)** or any other form of assessment at the request of an insurance company, Canada Pension Plan (CPP) or Workplace Safety & Insurance Board (WSIB) to fill out our 7-question, confidential, **Independent Medical Examination Registry Submission Form** so that the names of the doctors and healthcare professionals who evaluated you can be put on record. Patients, doctors, lawyers, advocates, support groups wishing to receive a copy or copies of the Form, or to inquire about specific IME doctors, please contact: **National ME/FM Action Network** – Or download the Form from our website at **www.mefmaction.net**

MEMBERSHIP: $25.00 per year, which includes quarterly newsletters
Payment can be made by CHEQUE, VISA or MASTERCARD.
Do not email credit card information.
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Web: http://www.mefmaction.ne

Resources

Consensus Documents

FMS Consensus Document US$24.95
Quote Code No. FMS40 for a 40% discount.
"The Fibromyalgia Syndrome: A Clinical Case Definition for Practitioners". *Haworth Press*, 2004. (soft cover book) **ISBN:** 0-7890-2574-4
Phone: **800-429-6784** Fax: **607-771-0012**
Email: **orders@haworthpressinc.com**
Online: **http://www.haworthpress.com/store/product.asp?sku=5342 FMS 40**

ME/CFS Consensus Document US$14.95
Quote Code CFS 46 to buy it at US$8.00.
"Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Clinical Working Case Definition, Diagnostic and Treatment Protocols". *Journal of Chronic Fatigue Syndrome,* Vol. 11, No. 1, 2003. Haworth Press 2003/2004 **ISBN:** 0-7890-2207-9
Phone: **800-429-6784** Fax: **607-771-0012**
Email: **orders@haworthpressinc.com** Online: **http://www.haworthpress.com/store/product.asp?sku=4958 CFS46**

Network Resources

The following resources can be ordered from the National ME/FM Action Network. Prices include shipping and handling. Cheques should be made payable to the National ME/FM Action Network or you may pay by VISA or MasterCard.

Quest Collections
By popular request, the **National ME/FM Action Network** has published two collections of important articles which have appeared in **'QUEST'** newsletters. The articles in each five-year collection have been grouped into sections according to their focus.
Quest Collection I (1993 - 1998): $20.00
Quest Collection II (1999 – 2003): $38.00

TEACH-ME: A Sourcebook for Teachers (Second Edition): $22.00 *Discount on bulk orders*
With Dr. D. S. Bell, Dr. B. M. Carruthers and the TEACH-ME Task Force (teachers with ME/CFS and/or FMS)
This educational resource book will enhance teachers' and parents' understanding of ME/CFS and FMS in young people, and assist educators in developing educational modifications and programs.

The Canada Pension Plan Disability Benefits Guidelines: $7.00.

New up-dated guidelines have been designed to assist those disabled by ME/CFS and/or FMS applying for Canada Pension Plan Disability Benefits. It will help you understand the criteria, important items to include and walks you through the various steps of the process.

Legal Disability Manual: **$60.00**
Approx. 400 pages *Editor: M. van de Sande*

The Legal Disability Manual includes sections on: FMS and ME/CFS Overview; The Medical Report and Expert Witnesses; Independent Medical Examinations; CPP Disability Benefits, Disability Insurance and Other Legal Articles; Case Law; Psychological Factors, Tests, and Treatments; and Research Abstracts. Many of the articles have been written specifically for the **National ME/FM Action Network** by lawyers and doctors. Our new Canada Pension Plan Disability Benefits Guidelines are also included in the Legal Disability Manual. This manual is a must for those in litigation.

[In order to keep our members abreast with the most up-to-date information, Case Law, etc. pursuant to the 2004 publication of this manual, will be placed on our website in the "Members Only- Legal Library".]

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. Discuss medical treatments with your personal physician.