

CMO Autumn Update – LDA's response

The Chief Medical Officer's Autumn Update, which is sent to all doctors in the UK, contained a strongly worded piece in support of the Health Protection Agency's diagnosis and treatment policy, and attacked those such as LDA who hold differing opinions. The full document can be found at the following link.

http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106528.pdf

This piece contains much that is demonstrably inaccurate and misleading, appears designed to bias the views of doctors, and will only serve to reinforce entrenched views on both sides. LDA firmly believes in taking a thoroughly scientific approach to Lyme disease. However, it is becoming clear that the HPA are refusing to consider the current evidence in an even-handed manner. We hope that doctors will recognise the clear bias in this article, and will question the need for such a defensive approach if the HPA's position is as secure as they claim.

The "comprehensive guidelines" recommended by the LRU have long been criticised for their restrictive view, and have recently been the subject of a legal investigation by the Attorney General of Connecticut, who found numerous procedural problems and has forced a complete review of the guidelines. We recommend readers see the Attorney General's press release at <http://www.ct.gov/ag/cwp/view.asp?a=2795&q=414284>.

The LRU claims that diagnosis and treatment are 'internationally agreed', when, in fact, there are many doctors and researchers who do not agree with them. The guidelines were created by a small and largely self-selected group, and the fact they have been adopted by default does not constitute an international consensus.

The LRU consistently claims inappropriate diagnoses of Lyme disease, yet consistently fails to produce any evidence. LDA does not advocate the use of unvalidated tests in order to make diagnoses. However, the very fact that improved testing methods are being sought worldwide is testament to the fact that current testing is not always definitive. Indeed, even the manufacturer of the test kits used in the UK is aware of the limitations, and states that, "Negative results (either first or second-tier) should not be used to exclude Lyme disease". It is the LRU's failure to recognise this that drives patients to seek other means of diagnosis.

It is simply not true to say there is no biological evidence of Lyme disease in those who remain ill after receiving the recommended treatment. There is, on the contrary, a considerable body of European researchers investigating the undeniable failure of short courses of antibiotics and the proven ability of the causative bacterium to survive them in patients with longer term illness. The optimum treatment for longer term Lyme disease is as yet unknown, as it has yet to be adequately studied.

We would prefer to be working with the Department of Health and the HPA to provide the best possible information to the general public and the medical profession, and the best possible care to Lyme disease sufferers. The 'head-in-the-sand' approach the HPA and the Department of Health are taking does not help anybody to achieve this goal, and is doing considerable harm to the reputations of the HPA and the NHS, let alone to patients who may be suffering unnecessarily.

The CMO himself is reported as having said "The patient who is armed with information, who wants to ask questions, sometimes difficult and awkward questions, should be seen as an asset in the process of care and not an impediment to it." Are these empty words?