



NATIONAL  
ME / FM  
ACTION NETWORK

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# Quest

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## Contents

Supreme Court Hears Appeal in Keays v. Honda	1
The Supreme Court Hearing	3
Lyme Disease Update	4
What Do You Know? The Science of CFS: CFS Myth Busting Quizz	4
Pediatric ME/CFS De Paul University	9
Inter-Group Communication-Lyrica	10
Assistance for Canadians Who Need Legal Information	10
Doctors' Roster	10
Resources	10
Network Notes	12

## LEGAL NEWS

### Supreme Court of Canada Hears Appeal in Keays v. Honda

By: Hugh R. Scher

On February 20, 2008, the Supreme Court of Canada heard argument in Keays v. Honda. Mr. Keays suffers from chronic fatigue syndrome and was wrongfully terminated from his employment at Honda after 14 years of service when the company demanded that he see a company doctor who had expressed views about Keays' CFS disability which called into question his impartiality and which suggested that Keays' disability was not legitimate and that he was not entitled to the accommodation that his treating doctor had indicated was appropriate.

At trial, the court determined that Keays was wrongfully dismissed from his employment in retaliation for the fact that Keays had retained a lawyer to assist him to address his complaints of discrimination and harassment by Honda and to secure an appropriate accommodation at work. The court found that Honda engaged in a number of acts of discrimination and harassment and that its conduct was contrary to the Ontario Human Rights Code, including the retaliatory termination of

Keays' accommodation and employment for reason of his retainer of counsel.

The trial court awarded Keays 15 months notice of termination. In addition, the court awarded Keays a nine-month extension in this notice period for reason of Honda's bad faith in the manner of termination of Keays.

After considering Honda's planned and deliberate efforts to intimidate and ultimately terminate Keays in an effort to evade Honda's obligations under human rights law, and after considering the harm of Honda's conduct upon Mr. Keays who was rendered totally disabled and unemployable, the trial court awarded a record \$500,000.00 in punitive damages to punish and denounce Honda's egregious misconduct and in an effort to deter Honda and other employers from engaging in subterfuge to evade their human rights obligations. The court also awarded Keays reimbursement for legal expenses equivalent to \$610,000.00.

As part of this cost award, Keays' counsel was awarded a bonus premium of \$155,000.00 for reason that he took the case on with significant risk of non-payment of fees and achieved an outstanding result for his client. Keays was represented in this matter by leading Toronto lawyer Hugh Scher.

The Ontario Court of Appeal upheld in principle all aspects of the trial judgment but reduced the amount of the punitive damages from \$500,000.00 to \$100,000.00. The basis for this reduction was the court's holding that certain of the trial judges' findings of fact were not supported by the evidence and that the award was disproportional. Justice Goudge, who spoke for a unanimous court on all other issues, would have upheld the \$500,000.00 punitive damage award finding that it was a rational and proportional response to Honda's misconduct.

The case was appealed to the Supreme Court of Canada and nine interveners, including the National ME/FM Action Network, were granted standing to make written submissions of 10 pages and oral argument of 10 minutes, together with the parties to the appeal.

On behalf of Kevin Keays, Toronto lawyer Hugh Scher argued that the Court of Appeal had erred in

holding that the factual conclusions of the trial judge were not supported by the evidence. Scher reviewed with the court the evidentiary basis for these factual conclusions and suggested that the \$500,000.00 award should reasonably be restored. Scher also argued that the court should revisit an earlier decision which held that courts did not have jurisdiction to award damages for discrimination and harassment contrary to human rights law. He argued that terms of non-discrimination should be implied into all employment contracts so that courts have jurisdiction to provide effective remedies for discrimination and harassment in wrongful dismissal actions.

Scher was supported in this argument by seven of nine interveners on behalf of three separate human rights commissions, three disability organizations and a group advocating on behalf of the rights of women. Two other interventions were advanced on behalf of human resources' professionals and the Canadian manufacturing industry who argued that the requirement of doctors' notes to justify absences due to disability should not be discriminatory in all cases and that the court should maintain its previous decision to limit review of discrimination and harassment claims to the Ontario Human Rights Commission and Tribunal and to preclude courts from granting damages for discrimination and harassment.

The Supreme Court is expected to release its decision in this matter in four to six months. The decision is anticipated to have a widespread impact upon the adjudication of discrimination and harassment claims by courts, the availability of punitive damages in cases of exceptional misconduct based upon discrimination and harassment. It is also anticipated that the court will consider whether or not to extend court jurisdiction over discrimination and harassment claims by incorporating human rights code protections into terms of employment contracts. Of course, the court is also being asked to restore the earlier punitive damage award of \$500,000.00 because of the fact that the Court of Appeal made errors in reviewing the factual conclusions of the trial judge. The community of people with disabilities, and particularly those with chronic fatigue syndrome, is anxiously watching to see what the Supreme Court will do in this case. This case could be extremely important in the event that it recognizes the

legitimacy of chronic fatigue syndrome and its impact upon employees in the workplace. Employers across the country are also watching this decision with great interest as it could significantly impact upon the way that employers are required to conduct themselves in the accommodation process and remedies that will be available to employees in circumstances where employers violate their human rights obligations to disabled employees.

**Note on Author:** *Hugh Scher is a partner in the law firm of Scher & De Angelis where he practices civil litigation with a focus on employment, insurance and human rights law especially in the area of disability rights. He serves as counsel to the National ME/FM Action Network, ME Ontario and Fibromyalgia Society of Ontario and has represented dozens of individuals from across the country with Fibromyalgia and Chronic Fatigue Syndrome in disputes with long-term disability insurers, the Canada Pension Plan, employers and Revenue Canada. Mr. Scher served as our counsel in the Lowe v. Guarantee Insurance (2005), O.J. (O.C.A.) and is counsel to Kevin Keays in Keays v. Honda.*

## The Supreme Court Hearing

**By: Margaret Parlor, Director**

It was amazing to be in the courtroom while Honda v Keays was being argued. Let me try to give you the flavour of the case.

Eight Supreme Court justices were sitting at the front of the room. The ninth justice also participated, connected in from another location. The Court is allowed to hear cases with only five judges. The fact that all nine were hearing the case shows the importance they put on it.

In the middle of the room were the lawyers representing the two parties and nine interveners, about 20 lawyers in total. They came from Ottawa, Toronto, Winnipeg and Vancouver, showing the national importance of the case.

At the back were the spectators. The benches were full for this hearing with interested parties from a number of groups. One of the people watching was Mr. Keays himself. During one of

the breaks, he reminded Lydia of a conversation they had a number of years ago when he was having difficulty at work. She recommended he consult a lawyer and she suggested Hugh Scher's name.

There were cameras in the court recording the lawyers as they were speaking. There were screens so we could have a front view of the action. Some of you may have seen the case televised on CPAC. Any one interested in a DVD recording can contact **Anna @idsdisc.com** quoting **case number 31739**.

The hearing started at 9:30 with a brief introduction by the Chief Justice. This was followed by a 60 minute presentation by the lawyers for Honda and 10-minute presentations by two interveners. Following a break, Hugh Scher got 60 minutes to present arguments on behalf of Mr. Keays. This was followed by a lunch break and 10-minute presentations by the other interveners. The hearing wrapped up at 3:00 with the Chief Justice announcing that the decision would be considered and released later.

The judges listened with great interest. They asked a number of questions in a gentle manner designed to guide the discussions.

The National ME/FM Action Network was fortunate to have Chris Paliare and Andrew Lokan as our representative team. Chris gave an amazing oral presentation that captured the attention of everyone present. He also set the stage for strong supportive arguments from other interveners. The law firm donated all their considerable time for free, charging us only for their out-of-pocket expenses. Your membership fees and donations really helped make this intervention possible. **This case has, however, cut seriously into our bank balance. We ask you to consider making a special donation to our organization to allow us to maintain our activities.**

We came away from the courtroom with the uplifting feeling that top judges and lawyers in Canada had taken the time to consider seriously what had happened to Mr. Keays, an employee with ME/CFS, and to think about how people who are harassed and discriminated against in the workplace should be protected.

## MEDICAL NEWS

### Lyme Disease Update

**By: Margaret Parlor, director**

Since the last Quest issue

1) The Public Health Agency of Canada has published the proceedings of the March 2006 federal/provincial/territorial conference on Lyme disease. The proceedings can be found at <http://www.phac-aspc.gc.ca/id-mi/lyme032006-eng.php?option=email>.

2) The Public Health Agency of Canada featured an article on "The Rising Challenge of Lyme Borreliosis in Canada" in the January 2008 issue of Canada Communicable Disease Report. The report concludes Lyme disease is an emerging disease in Canada and that many issues need to be addressed including difficulties in interpreting diagnostic tests, difficulties with the diagnostic criteria, and the need to understand the risks of contracting the

disease in different geographic regions. This report can be found at

<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/08vol34/dr-rm3401a-eng.php?option=email>.

We welcome the two publications and thank PHAC for its increasing involvement in Lyme issues.

In 2006, the Infectious Diseases Society of America (IDSA) published guidelines on diagnosing and treating Lyme disease. The guidelines were heavily criticised by Lyme advocates for taking too narrow a view of chronic Lyme disease and for recommending minimal treatment. These guidelines have been used both against doctors who have taken a more interventionist approach to Lyme and to deny treatments to patients with Lyme. The Attorney-General of Connecticut entered the fray. He investigated how the guidelines were developed and found conflicts of interest and refusals to consider alternate viewpoints. Under pressure, the IDSA has agreed to review their guidelines with the assistance of an outside arbiter. You can read more at <http://www.ct.gov/aq/cwp/view.asp?a=2795&q=414284>

## What Do You Know?

### The Science of CFS: CFS Myth-busting Quiz 2008 – Part 1 of 2

**By Linda MacDonald, B.A., BSc Physical Therapy, April 2008**

Chronic fatigue syndrome (CFS) is a common and disabling condition affecting hundreds of thousands of Canadians. The cause is still unknown. International research has identified impaired gene function (protein production) and damage to the central nervous system, aerobic pathways and immune system in CFS patients. Despite such advances in the knowledge of the clinical and scientific basis of CFS, there remains no proven cure, no standard treatment, and many questions which remain to be answered.

The status of CFS in the medico-political arena of many countries is still beset by bias, scepticism, and persistent lack of public and medical understanding. Science (biomedical studies) must be funded, publicized and employed to overcome counterproductive misconceptions.

Internationally, debates rage about the inadequacies of every name used for this condition – CFIDS, CFS, Post-viral Fatigue Syndrome, and a half a dozen others. As biomedical research proceeds and data are accrued, the name of this syndrome will undoubtedly evolve to reflect the underlying causes.

In Canada CFS is also known as ME - myalgic encephalomyelitis, although even this is not a simple

discussion point. To avoid confusion, “CFS” in this article refers to ME/CFS in keeping with the terminology used in the 2003 Canadian Consensus Guidelines for the Diagnosis and Treatment of ME/CFS.

The scope of this article does not include a complete clinical description of CFS. A comprehensive list of CFS symptoms can be found at [www.mefmaction.net](http://www.mefmaction.net), the National ME-FM Action Network website. The Canadian Consensus Guidelines for diagnosis and treatment of CFS (and corresponding guidelines for fibromyalgia) plus brochures and summaries, recent articles and other useful materials can also be found at this site. For accurate CFS diagnosis, please consult your physician (and take along a copy of the Consensus Overviews).

What do you know about CFS? May 12 is National ME (CFS) –FM Awareness Day in Canada and most people know someone who is ill with CFS. So we challenge you to take our Myth-busting Quiz...

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## **CFS Mythbusting Quiz**

### **1. “Chronic fatigue” is a correct short form for “chronic fatigue syndrome.”**

**Answer: False.**

Using “chronic fatigue syndrome” and “chronic fatigue” interchangeably contributes to diagnostic confusion or otherwise misrepresents the nature and scope of CFS to the public. Calling **chronic fatigue syndrome** “chronic fatigue” is really as inaccurate as calling multiple sclerosis “multiple.”

CFS is a clinically defined condition involving signs and symptoms from many body systems — predominantly from the immune and neurological categories. There are three clinically identified stages, and epidemics resulting in CFS are well documented.

In contrast, “chronic fatigue,” like “pain,” is a symptom that can manifest in any one of hundreds of conditions from diabetes or anaemia to arthritis or CFS.

### **2. “CFS is an uncommon illness.”**

**Answer: False**

Few realize just how common CFS is. According to the 2003 Health Canada Survey, approximately one in 100 Canadians may have it – 341,000 men, women and children.

The US government Centers for Disease Control (CDC) now estimates the population affected at up to 8 million Americans, which is 1 in 43 men, women and children. However, this estimate is based on the controversial 2007 CDC diagnostic criteria which include illnesses which are not CFS, but which share some characteristics.

Studies across the world have indicated that the prevalence is between 1/250 – 1/100 people.

Using the Canadian criteria and conservative estimates, CFS is several times more common than Parkinson’s, lung cancer, AIDS, or MS in Canada!

### **3. “Fibromyalgia is essentially the same illness as CFS.”**

**Answer: False.**

**CFS and fibromyalgia (FM) have now been shown to be different on a fundamental (biochemical) level.**

Though there are notable commonalities and many patients meet the (Canadian) criteria for both CFS and FM, 2007 gene function studies present strong evidence that they are distinctive illnesses. However, it is recognized that significant overlap exists clinically and that a large percentage of CFS patients fit the criteria for both FM and CFS. Clinically, CFS is dominated by post-exertional malaise, severe pain, neuro-immune dysfunction and profound unremitting fatigue; fibromyalgia features severe muscle and joint pain with a specific pattern of tender points, neuro-immune dysfunction and amplification of pain perception.

Recent research has indicated clear differences in the body's automatic body functions (governed by the hypothalamus, pituitary, adrenals, thyroid, and limbic system) between these two illnesses. Furthermore, the effect of exercise on FM is the opposite of CFS. (It may help FM pain in the long run; it may cause a relapse in CFS)

Despite these findings, fibromyalgia patients often face similar disabilities, and the same social, political and medical/health care access barriers as citizens with CFS.

**4. "People with CFS are tired all the time. We're all tired at the end of the day, especially at this age (30?40? 50?), so what is the big deal about being fatigued?"**

**Answer: False idea about fatigue in CFS**

*Seabiscuit* author Lauren Hillenbrand, a CFS sufferer since age 19, is famously quoted as saying, "This illness is to *fatigue* what a nuclear bomb is to a *match*. It's an absurd mischaracterization."

Indeed, fatigue is about much more than being tired at the end of the day. Dr. Karin Olson of the University of Alberta and the newly-formed Edmonton Fatigue Framework (EFF), are working to identify the physiological contributors to fatigue in illness including cancer and CFS.

In 2007, at the International Association of CFS-ME, researcher Nicole Porter presented the 5 types of fatigue identified in a CFS study:

1. Post-exertion fatigue - also called post-exertion malaise (PEM).
2. Wired fatigue – the mind is over-stimulated yet the patient may even have difficulty falling asleep.
3. Brain fog – unable to focus thoughts, difficulty recognizing faces or finding words, understanding concepts or applying rules, forming or accessing memories – the mind is slow and unclear.
4. Molasses fatigue – feeling of heaviness in the limbs; fighter jet pilots report this with increased G-forces.
5. Flu-type fatigue – muscle aches and pains, nausea, sleepiness.

Flu-type fatigue was the only type experienced by the healthy participants in the study.

Patients with severe CFS may experience more than one of these fatigue symptoms per day. They may wake up feeling as if they had not slept at all. Fatigue is only one of the many devastating symptoms faced by people with CFS. It should be noted that in most severe neurological or constitutional illnesses, like multiple sclerosis, Parkinson's disease, cancer and stroke, fatigue is a well-known phenomenon and therefore to be expected. This is another reason why CFS must not be defined solely by fatigue, but by the total clinical picture and the CFS-specific fatigue – abnormal fatigability hours or days after exertion, not alleviated by rest (post-exertion malaise, PEM).

## 5. "CFS must be psychological – who has heard of any biological basis for it?"

**Answer: False**

*"There are now over 4,000 published studies that show underlying biological abnormalities in patients with this illness [ME/CFS]. It's not an illness that people can simply imagine that they have and it's not a psychological illness..."* Dr. A. Komaroff, Harvard Medical School.

**Please see the box hereunder for a brief world tour of current biomedical evidence for CFS.**

While CFS is a physical illness, CFS patients may suffer from depression or anxiety due to the rigors of their illness. After all, CFS patients experience profound and often permanent personal losses: loss of financial, social, mental, physical, societal and often spousal or familial security and support. It can not be stressed enough that CFS is not a form of depression or some other psychiatric illness. Psychiatric illnesses are also real and serious illnesses which require medical attention, respect and research, but CFS is not among them. Given the politically and medically damaging politics of British, Norwegian and other countries' ME/CFS management, Canadians must insist on this distinction so that medical practice continues to reflect current science and to serve Canadians justly.

It is important to note that nervous system damage in CFS may affect mood and other brain function in some patients, just as it would in head injury, stroke, MS or in untreated diabetes. Whatever the cause of secondary symptoms, CFS patients need knowledgeable support to get help for all symptoms, without having their main illness misdiagnosed or falsely attributed to depression or anxiety, or faulty illness beliefs.

### **To address a lingering controversy -**

Psychological support and counselling is widely used to help people cope with chronic illnesses of all descriptions. While this and many types of psychological interventions can help patients with CFS cope better with their suffering and deal with the personal consequences of having a chronic health problem, the UK Health Department's past policy using illness-denying Cognitive behavior therapy (CBT) and graded exercise as a cure for CFS has never been proved effective despite much research and funding. The approach is considered an incorrect approach by Health Canada, the Canadian Consensus panel of CFS experts, the International Association of CFS-ME, the World Health Organization, the US Centres for Disease Control and the National Institutes for Health (USA), as well as the lion's share of biomedical researchers in the UK and world wide. In 2007, a British psychotherapist presented analogous criticisms to his colleagues in a professional journal, about the misuse of CBT. So, to lay this controversy to rest once and for all: "Thinking differently does not make this disease go away." – British Journal of Medicine 2002, editorial on CBT in CFS treatment.

### **Examples of biological findings for CFS in recent medical literature – world tour:**

#### **International, 2006**

« Although viral infections are not systematically found in CFS patients, the type I interferon antiviral pathway has been repeatedly shown to be activated in peripheral blood mononuclear cells (PBMC) of the most afflicted patients..... These results therefore suggest that chronic inflammation due to excess nitric oxide production plays a role in CFS and that the normal resolution of the inflammatory process by NF-KB activation and apoptotic induction is impaired. These observations draw new directions for the therapeutic approach of CFS. »

#### **Italian researchers, 2006**

« We hypothesize that CFS patients can have a genetic predisposition to an immunomodulatory response of an inflammatory nature probably secondary to one or more environmental insults of unknown nature. »

**Spanish researchers, 2006**

« These results suggest that patients with CFS show both quantitative and qualitative differences in activation of the working memory network compared with healthy control subjects. »

**Latvian researchers, 2006**

« HHV-6 and HHV-7 may be involved in the pathogenesis of CFS and reactivation of both viruses may provoke changes in the phenotype of circulating lymphocytes. »

**Swedish researchers, 2006**

« The reduced (gene) expression levels observed in this study is consistent with an immune-mediated pathogenesis of CFS. ... A possible connection between oestrogen, (estrogen receptors) and CFS should be further evaluated. »

**UK researchers, 2006**

« ...Studies of pathogenesis have revealed immune system abnormalities and chronic immune activation, dysfunction of the hypothalamic-pituitary-adrenal (HPA) axis, brain abnormalities, evidence of emotional stress (comprising host aspects) and evidence of exogenous insults, for example, various microbial infections (Epstein-Barr virus, enteroviruses, parvovirus B19, Coxiella burnetii and Chlamydia pneumoniae), vaccinations and exposure to organophosphate chemicals and other toxins (comprising environmental aspects). »

**American Researchers, 2006**

« The 24 identified common genes and 11 common pathways could be important in future studies of CFS at the molecular level. »

**Canadian RNase-L Research, 2007-ongoing**

“RNaseL plays a key role in inhibiting the ability of viruses to replicate in human cells... RNaseL is critical for the interferon-mediated antiviral response during West Nile virus, hepatitis C virus, and herpes simplex virus type 1 infections by limiting the accumulation of viral RNAs. ...Mutation of the RNaseL gene correlates with an increased incidence of prostate and pancreatic cancers. The function of RNaseL is also perturbed in patients with chronic fatigue syndrome. .... Our underlying hope is that our studies will open new avenues for clinical intervention centered on ... RNaseL to treat disease.”

*(Please check for subsequent Quest articles explaining such CFS science findings)*

6. "CFS is being researched in Canadian Universities and clinics and worldwide, to the same extent that diabetes, cancer and AIDS are."

**Answer: False**

**Canada**

At time of writing (March 2008) there appears to be only one Canadian *university* research project underway *directly related to CFS*, and it is not funded by Canadian sources. This important University of Calgary CFS exercise physiology study comes to \$8,500 (Canadian dollars) and was funded by ME research UK, a group dedicated to promoting biomedical research for ME/CFS. ([www.meresearch.org.uk](http://www.meresearch.org.uk)). One of two or three indirectly CFS-related Canadian studies is of the molecular structure of the molecule RNase-L, known to be important in ME-CFS impairments. This Canadian-funded study comes to \$81,000 over the coming 5 years, and will study other molecules related to other illnesses at the same time.

The coming generation of Canadian university immunologists, physiologists, neuroscientists and genetics researchers has few mentors or role models for ME/CFS research within the Canadian medical research system.

## The world

From 1995-2004, approximately 200 CFS publications were produced, worldwide, each year – with the vast majority of studies coming out of the US and England. Given the remarkable discoveries that have come from such research, it is astounding that such numbers have not steadily increased. Some authors have suggested that this stagnation is directly related to lack of support from government.

## Amount of research compared to other illnesses

How does CFS research compare to that of other illnesses?

From Jan 2002 to May 2006, searching Medline publications online, Dr. Vance Spence, presenting at the Energising ME Research international conference, May 2007, UK, found:

783 CFS articles (ie articles primarily focusing on CFS)

6,231 MS articles

48,110 Diabetes articles

CFS is at least 3 times more common than MS in Canada, even using conservative estimates.

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## How did you score so far?

Look for Questions 7-10 in Part II of the Mythbusting Quiz, Summer 2008 edition of Quest

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*Linda MacDonald is the Assistant to the Science Director of the National ME-FM Action Network. She has been a physical therapist for stroke patients, an English as a second language teacher, a Canadian folk musician, a university graduate student in experimental phonetics, and is now housebound indefinitely and unable to work due to ME/CFS, multiple chemical sensitivity and fibromyalgia.*

*Many thanks to Dave Hayes PhD (neuroscience), Doris Fleck BSc (zoology) and Philipa Corning PhD for editorial assistance and feedback.*

Complete bibliographical references on request.

## Pediatric ME/CFS De Paul University Is Looking for your Assistance

**By: Elizabeth Shelleby, Research Assistant,  
Center for Community Research, DePaul  
University**

**The Center for Community Research at DePaul University** is studying fatigue in children and adolescents. We are looking for children and adolescents ages 10-17 and their parents/guardians to complete the DePaul Pediatric Health Questionnaire (DPHQ).

- The DPHQ is a short questionnaire and will take about 30 minutes to complete
- Participants and answers will be kept confidential

**Your time and voluntary assistance are needed and appreciated.**

If you and your child are interested in volunteering, please contact:

Nicole Porter, Ph.D.

Email: [nporter@depaul.edu](mailto:nporter@depaul.edu)

Telephone: (773) 325-4923

If you have any questions or concerns, please feel free to contact Elizabeth Shelleby at 773-325-1164 or at [eshelleb@depaul.edu](mailto:eshelleb@depaul.edu). Thank you very much for time and assistance in this matter.

## Inter-Group Communication- Lyrica

The June 2007 Food and Drug Administration's approval of Lyrica (pregabalin) to treat fibromyalgia raised as many questions as it did hopes. The April issue of the Fibromyalgia Network Journal contains an article that discusses "The benefits vs. the side effects of Lyrica", the medication's effectiveness, common side effects, and practical advice from doctors on overcoming them. The January issue of this same journal contains information for patients and physicians about additional medications that are currently in the pipeline for approval to treat fibromyalgia in the United States including Cymbalta (duloxetine), milnacipran, controlled-release oxycodone with naltrexone (Oxytrex), and Ibudilast (AV411). For more information, or to obtain a copy of these Journals, call toll-free (800) 853-2929 (weekdays 9:00 a.m. to 5:00 p.m. PST) or visit [www.fmnetnews.com](http://www.fmnetnews.com).

## Assistance for Canadians Needing Legal Information

**Legal Line's** mission Statement is "To provide Canadians with easy to understand legal information through **Legal Line®**, a 24 hour touch tone telephone service and through **LegalLine.ca**, a comprehensive internet website; and to provide Canadians with sufficient legal information to make informed decisions and to know when the assistance of a lawyer is advisable, and to direct them to appropriate resources for further assistance.

## Doctors' Roster US Addition

### **WILLIAM L. PRIDGEN M.D.**

Tuscaloosa Surgical Associates  
1837 Commons North Drive  
Tuscaloosa, Alabama 35406 U.S.A.  
E-mail: [tsasurgery@gmail.com](mailto:tsasurgery@gmail.com)  
Website: [www.tuscaloosasurgery.net](http://www.tuscaloosasurgery.net)  
Treatment for ME/CFS, FM and Irritable Bowel Disease.

## RESOURCES

### Complete Original Consensus Documents :

**-FMS Consensus Document - US\$24.95**

#### **"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](mailto:orders@haworthpressinc.com)

Online: <http://www.haworthpress.com/store/product.asp?sku=5342>

**-ME/CFS Consensus Document US\$14.95**

#### **"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](mailto:orders@haworthpressinc.com)

Online: <http://www.haworthpress.com/store/product.asp?sku=4958> CFS46

### Overviews of the Consensus Documents:

**Fibromyalgia Syndrome, 24 pp, 2006**

**Chronic Fatigue Syndrome, 20 pp, 2006**

can be ordered from Marjorie Van de Sande at [mvandesande@shaw.ca](mailto:mvandesande@shaw.ca) or at

151 Arbour Ridge Circle NW, Calgary AB T3G 3V9.

**Version française : Abrégé du Consensus sur le SFC: \$5.00, payable par chèque seulement, à AQEM – (NEW/NOUVEAU)**

Commander à AQEM, 7400 Boul. Les Galeries, bureau 410, Anjou, (Québec), H1M 3M2

### **ME/CFS DVD Resources**

Prices include shipping & handling

- **Dr. Kenny De Meirleir - Physicians' full day workshop \$80.00. This includes 4 DVDs and a CD**

Canadian Consensus Guidelines for Diagnosis, Assessment and Treatment of ME/CFS -What they are and how to use them.

- Research Update
- Diagnostic Work Up and Treatment Algorithm
- Case Examples and Discussion
- CD of Slides

- **Dr. Kenny De Meirleir : Patients' lecture \$25.00**

**Payment:** must be by **cheque** or **money order** payable to **Marjorie van de Sande**

Mail it to her at **151 Arbour Ridge Circle NW, Calgary AB T3G 3V9.**

## **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:** presently out of print

**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.

**TEACH ME: (traduction française): Guide de référence pour l'enseignement aux élèves souffrant d'EM/SFC et/ou de la FM. \$22.00, 120 pp. (NEW/NOUVEAU)**

**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 Canada Pension Plan Disability Benefits Guidelines are also included in the Legal Disability Manual. This manual is a must for those in litigation.

## NETWORK NOTES

### 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](http://www.mefmaction.net)

**MEMBERSHIP: \$25.00 per year, which includes quarterly newsletters**  
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Do not email credit card information.

**NATIONAL ME/FM ACTION NETWORK**

3836 Carling Ave., Nepean, ON K2K 2Y6, Canada

Tel/Fax: (613) 829-6667 E-mail: [ag922@ncf.ca](mailto:ag922@ncf.ca)

Web: <http://www.mefmaction.net>

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