

TAPANUI FLU,
IAN MCWHINNEY
AND THE PHILOSOPHY OF FAMILY MEDICINE.

*BASED ON A VIDEOTAPED PAPER “CHRONIC FATIGUE SYNDROME AND THE
PHILOSOPHY OF MEDICINE” PRESENTED AT THE SYMPOSIUM –ME THE PATIENT –
ORIENTED APPROACH, HELD IN DUNEDIN 10-12 FEB 1995.*



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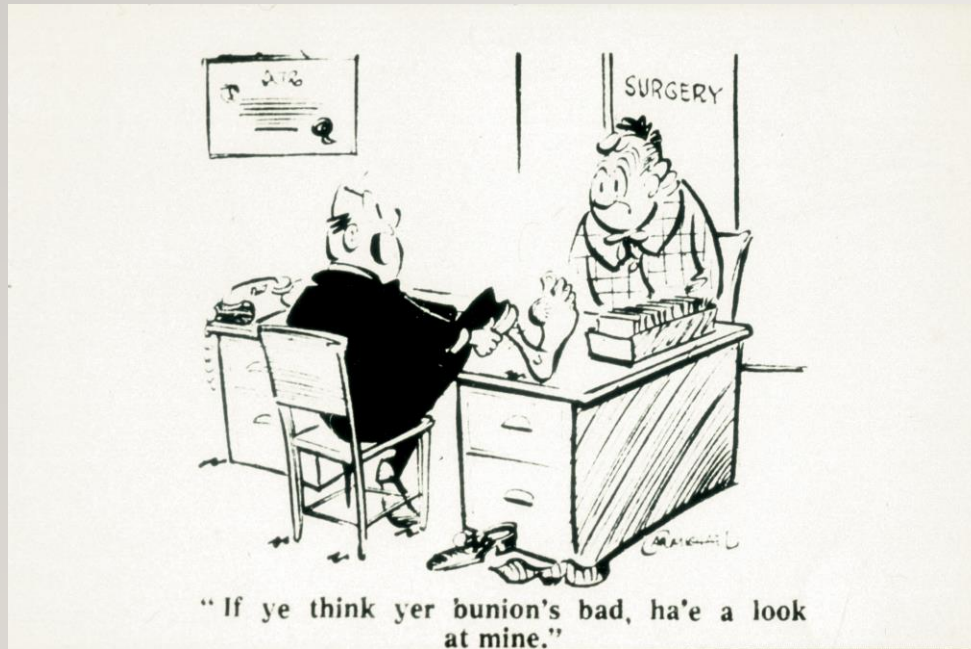
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THREE REASONS WHY HE WANTED TO COME TO THE CONFERENCE IN DUNEDIN



- HE WANTED TO HONOUR THE RESEARCH WORK WE HAD DONE
- HE BELIEVED THAT CFS WAS AN EXAMPLE OF THE FAILURE OF MODERN MEDICINE TO RESPOND TO HUMAN SUFFERING
- HE HAD SUFFERED HIMSELF FROM CFS IN 1965 FOR ABOUT 18 MONTHS

THE BIAS OF THE PERSONAL



- DOCTORS HAVE A DIFFERENT, DEEPER KNOWLEDGE OF THOSE DISEASES WE HAVE EXPERIENCED IN OURSELVES, OR IN OUR SPOUSES , OUR PARENTS OR OUR CHILDREN.
- YET THIS INNER KNOWLEDGE IS ROUTINELY DEVALUED IN OUR MEDICAL SCHOOLS.

URSULA FRANKLIN

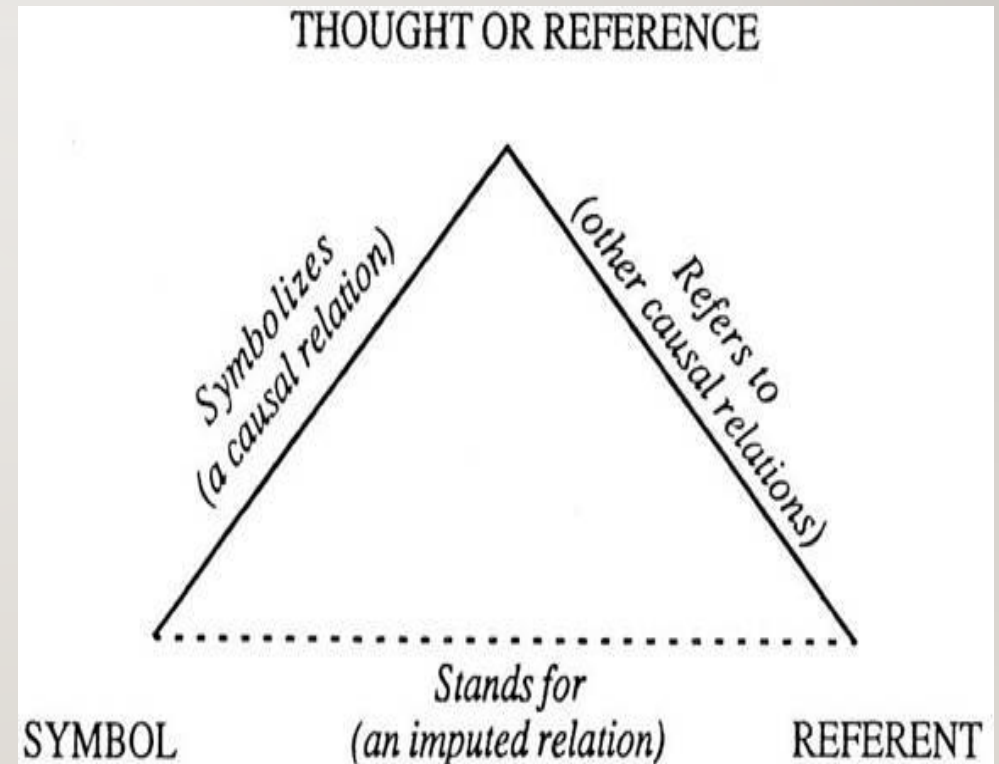
THE REAL WORLD OF TECHNOLOGY

- CONCRETE KNOWLEDGE OF EXPERIENCE
- ABSTRACTIVE KNOWLEDGE OF SCIENCE
- THERE IS NOTHING WRONG WITH HAVING THESE TWO CATEGORIES IF
 - WE DON'T HOLD THEM IN SEPARATE COMPARTMENTS
 - WE DON'T DEVALUE ONE IN FAVOUR OF THE OTHER



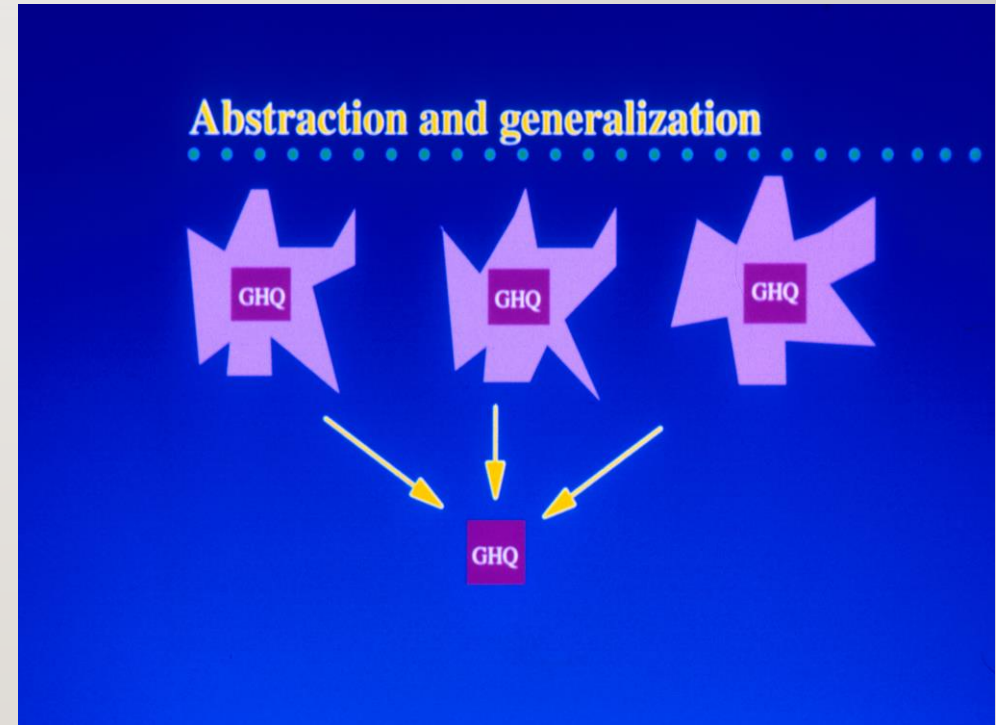
LOGICAL FALLACIES EMBODIED BY CFS

- WE DON'T BELIEVE THAT CFS EXISTS!
- THE SEMANTIC TRIANGLE (OGDEN AND RICHARDS 1925)
- REFERENT IS THE EXPERIENCE
- THOUGHT IS THE MENTAL CONCEPT
- SYMBOL IS THE NAME WE GIVE



ABSTRACTION AND GENERALISATION

- WE EXAMINE A LARGE GROUP OF PEOPLE WHOSE EXPERIENCE IS VERY DIFFERENT AND DESCRIBE WHAT THEY HAVE IN COMMON.
- FATIGUE; PAIN; SLEEP DISTURBANCE; POST EXERTIONAL MALAISE.

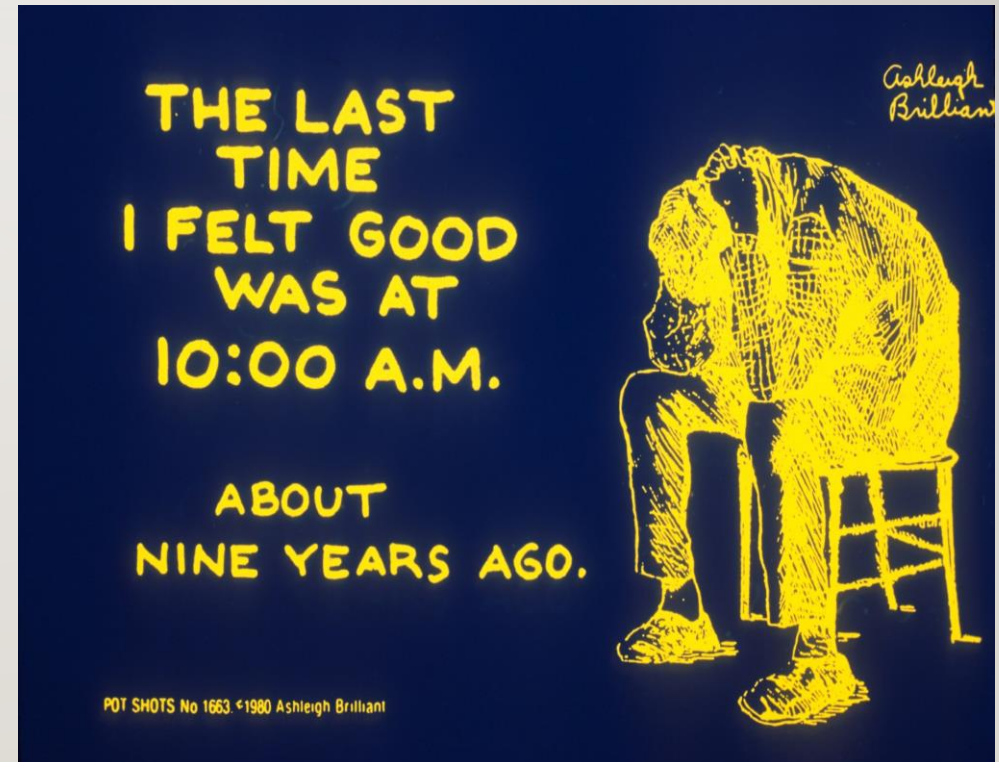


DISEASE IS A CONSTRUCT

- PEOPLE COMPLAIN OF COMMON SYMPTOMS AND ARE NOT BELIEVED
- AKIN TO DISALLOWING A TRIAL BEFORE THE EVIDENCE HAS BEEN PRESENTED
- MISTAKING THE MAP FOR THE TERRITORY
- YOU ARE NOT ON MY LIST OF DIAGNOSES

ANOTHER ERROR CAN ARISE WHEN WE USE THE SAME NAME FOR DIFFERENT CONCEPTS

- **FATIGUE** Everyday meaning of tiredness
- In CFS – A devastating illness in which fatigue is only one component.
- Using the same word has opened the door to confusion and led to a minimising of their experience of suffering.



ERRORS IN ATTEMPTING TO ESTABLISH CAUSAL RELATIONSHIPS

1. The Doctrine of Single Causation
2. Only one external agent can act causally
3. Failure to distinguish between initial cause (triggers) and maintaining causes

Pin ball machine concept- virus- immune system- blood flow- muscle ache-depression

“CAUSES” IN 412 PEOPLE

• Virus infection	127
• None	124
• Epstein Barr Virus	71
• Stress	23
• Pregnancy	20
• Operation/anaesthetic	16
• Bacterial infection	14
• Chemical exposure	14

IN ORDER TO TREAT YOU DON'T NEED TO PROVE CAUSATION – EG ROAD ACCIDENT



IMMEDIATE CARE -ATLS

1. Treat the greatest threat to life first
2. Don't let the lack of definitive diagnosis hold up treatment
3. A detailed history is not necessary

THE MOST DESTRUCTIVE FALLACY OF ALL

- NOTHING WRONG WITH YOU
- YOU ARE SIMPLY ENJOYING POOR HEALTH
- YOU HAVE A MINOR PSYCHIATRIC DISORDER
- YOU ARE A HEARTSINK PATIENT
- YOU ARE DEPRESSED

**Diseases that cannot
be diagnosed without
knowing the patient's
name.**

MEDICINE DOMINATED BY OVERSIMPLISTIC NOTIONS-MIND BODY DUALISM

1. If there are no physical findings then the cause of the illness is in the mind.
2. If there are disturbances of mood or cognition then the disease is in the mind
3. If the disease is in the mind the patient is somehow morally responsible for the disease and this leads to terrible injustices to sufferers from this devastating illness

“ I don't want to suggest that the clinical task of doctors is easy; diagnosing illnesses which have no apparent physical markers is one of the greatest diagnostic challenges that we face.”



SEVEN AREAS FOR ATTENTION

1. BE AWARE OF THE LOGICAL AND SEMANTIC ERRORS
2. BELIEF IN THE EFFECTIVENESS OF SIMPLE THINGS
 1. Acknowledgement of suffering
 2. Supporting the person through a long illness
3. SUPPORT OF FAMILY , FRIENDS AND COLLEAGUES
4. PROTECTION OF PATIENTS FROM EXPLOITATION BY THOSE WHO PREY ON AND TAKE ADVANTAGE OF THE CHRONIC SICK AND VULNERABLE
5. SUPPORT IN THE OBTAINING OF ENTITLEMENTS
6. THE IMPORTANCE OF A NON SPECIFIC THERAPEUTIC REGIMEN
7. BEARING WITNESS

SUMMARISING THE POSITION AFTER 34 YEARS OF CLINICAL CARE AND RESEARCH

- DEALING WITH A HIGHLY COMPLEX PHYSICAL CHRONIC ILLNESS
- DIAGNOSTIC CRITERIA EXIST BUT STILL TAKES A LONG TIME TO DIAGNOSE
- CAUSATION IS STILL UNKNOWN BUT MANY FALSE DAWNS
- ACTION RESEARCH STUDY FROM DUNEDIN (Denz-Penhey and Murdoch 1993)
- “ many of the present models of illness and healing used by doctors are either too limited or unhelpful. Particularly unhelpful were the models which suggested that an ill person had to have a recognisable disease or the person was not ill.”



THE IMPORTANCE OF BEING DIFFERENT

1. We define ourselves by relationships not age, sex or parts
 - Reason for specialism
 - Discomfort with not knowing

2. We think of people rather than diseases
 - Knowing the territory by living in it rather than by the map

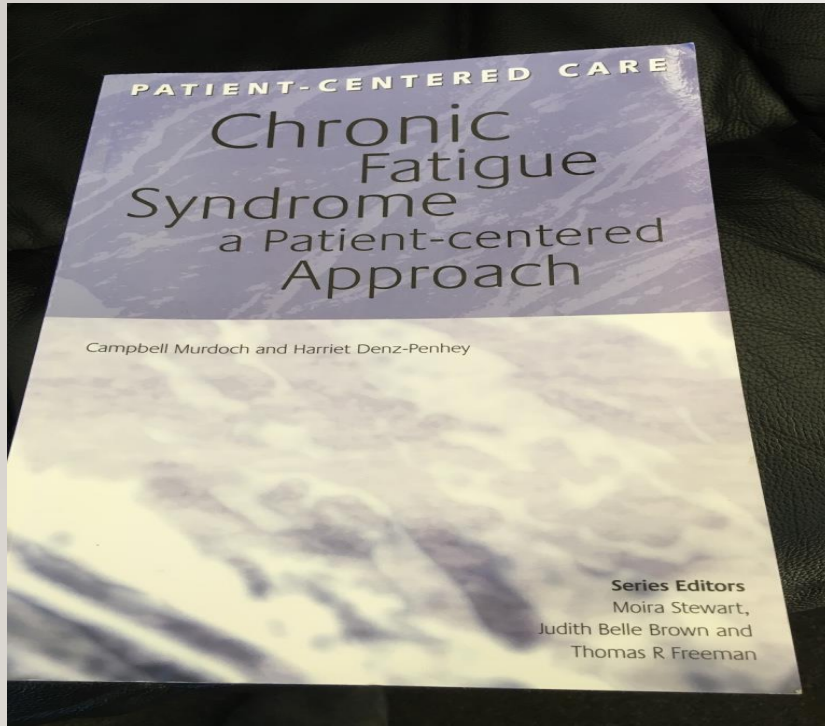
PERSON CENTRED CLINICAL METHOD

Finding Common Ground

- Listening to the Patient's Problems and Priorities
- Goals of Treatment
- Patient and Physician- who does what?



WORKING TOGETHER WE CAN DO GREAT THINGS.



- UNIQUE CONFERENCE in 1995
- PATIENT DOCTOR COLLABORATION
- INCORPORATING THE PATIENT EXPERIENCE AND VIEWPOINT
- PETER SNOW; LES SIMPSON
- SANDRA CRASHLEY; HARRIET PENHEY; IAN MCWHINNEY