



- comes out of the closet. *CMAJ* 1998;159(5):537-41.
4. Baschetti R. Etiology of chronic fatigue syndrome [letter]. *Am J Med* 1997;102:422.
  5. Baschetti R. Similarity of symptoms in chronic fatigue syndrome and Addison's disease [letter]. *Eur J Clin Invest* 1997;27:1061.
  6. Baschetti R. Treatment for chronic fatigue syndrome [letter]. *Arch Intern Med* 1998;158:2266.
  7. Baschetti R. Chronic fatigue syndrome and neurally mediated hypotension [letter]. *JAMA* 1996;275:359.
  8. Holmes GP, Kaplan JE, Gantz NM, et al. Chronic fatigue syndrome: a working case definition. *Ann Intern Med* 1988;108:387-9.
  9. Fukuda K, Straus SE, Hickie I, et al. The chronic fatigue syndrome: a comprehensive approach to its definition and study. *Ann Intern Med* 1994;121:953-9.
  10. Baschetti R. Treating chronic fatigue with exercise. Results are contradictory for patients meeting different diagnostic criteria [letter]. *BMJ* 1998;317:600.

The 3 excellent articles on chronic fatigue syndrome<sup>1-3</sup> reminded me of the desperate need for a discussion of the ethics — or lack thereof — related to independent medical examinations of patients with this condition.

A recent 21-page report from an independent medical examination of one of my patients with chronic fatigue syndrome included 2 pages of error-riddled history and the results of only a cursory physical exam, along with a bold admission that a full physical examination had not been done. The other 19 pages, clearly based on a word-processor template, were peppered with such clichés as “illness-seeking behaviour,” “somatization syndromes” and “pre-conscious motives.” The fee assessed for this report was \$1200.

I used to be asked by insurance companies to perform independent medical examinations (for the standard fee suggested by the Alberta Medical Association), requests that I always accepted. However, when it became known that, in appropriate circumstances, I might support a diagnosis of chronic fatigue syndrome, such requests ceased abruptly.

The 3 *CMAJ* articles summarize the growing evidence that chronic fa-

tigue syndrome is an organic illness of some kind. Yet many physicians who do independent medical examinations seem to be innocent of this evidence — or perhaps they simply ignore it. Despite the waiver of examiner responsibility for benefit or claim decisions, a physician reporting to a third party in fact shoulders a dual duty: first, to tell the truth, and second, to consider how this information will be used. If the bill for an independent exam is 10 times the usual consulting fee and the report presents a judgement of questionable quality that merely enables an insurance company to discontinue disability payments, the physician is in a position of serious conflict of interest.

Does our sense of honesty not demand that we disqualify ourselves from doing examinations for which we are unqualified? Will it become necessary for the provincial colleges to establish clearcut standards for

physicians wishing to work as independent examiners?

**Arnold Voth, MD**  
Edmonton, Alta.

#### References

1. Caplan C. Chronic fatigue syndrome or just plain tired? *CMAJ* 1998;159(5):519-20.
2. Capen K. Chronic fatigue syndrome gets court's nod of approval as legitimate disorder. *CMAJ* 1998;159(5):533-4.
3. Sibbald B. Chronic fatigue syndrome comes out of the closet. *CMAJ* 1998;159(5):537-41.

#### Correction

In The Left Atrium article describing the Life Quilt for Breast Cancer,<sup>1</sup> incorrect telephone and fax numbers were given. The Life Quilt organizers can be reached by telephone at 604 301-1184 and by fax at 604 301-1114.

#### Reference

1. Todkill AM. Fabric of hope: the Life Quilt for Breast Cancer. *CMAJ* 1999;160(1):92-3.

### CMAJ index • L'index du JAMC

The index for volume 159 (July–December 1998) of *CMAJ* will be mailed with an upcoming issue to paid subscribers and to CMA members who have requested it from the CMA Member Service Centre. Others may order single copies for \$15 (within Canada; add 7% GST/15% HST as applicable) or US\$15 (outside Canada).

Les abonnés en règle et les membres qui en ont fait la demande auprès du Centre des services aux membres recevront l'index du volume 159 (juillet à décembre 1998) du *JAMC* en même temps qu'un prochain numéro. Pour les personnes intéressées à commander l'index, il en coûte 15 \$ (au Canada; ajouter la TPS de 7 % ou la TVH de 15 %, selon le cas) ou 15 \$US (à l'extérieur du Canada).

To request the index, contact:

Pour commander l'index, veuillez communiquer avec le

CMA Member Service Centre / Centre des services aux membres de l'AMC  
1867, prom. Alta Vista Dr.  
Ottawa ON K1G 3Y6  
tel/tél. 888 855-2555 or/ou 613 731-8610 x2307  
fax 613 236-8864  
cmamsc@cma.ca