

Re: the real issue in the Jones case

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- *From:* "Mockingbird" <mockingbirdbrain@xxxxxxxxx>
 - *Date:* 1 Dec 2005 22:47:43 -0800
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Let me explain why this "strategy" is so ill conceived.

>>From the standpoint of the CT medical board (and pretty much every medical board in the country without exception), it is NOT correct to say that Lyme patients do NOT have access to care.

And, in fact, it is demonstrably wrong.

What you REALLY mean is that they do not have access to the care that YOU think is appropriate.

However, 99.9999% of the medical community believes that the IDSA IS appropriate—it IS the "standard of care."

Even you can't argue that—you can take the position that you think it sucks (and I do too). But it IS the standard of care. You even argue that is a problem (and I don't disagree).

So rather than taking on the effort of trying to prove that the standard of care is wrong globally, in the context of this case, what is a much better strategy would be to say that IT WAS NOT APPROPRIATE IN THIS CASE!

Argue that this is the exceptional case. Because then you're not taking on the unnecessary burden of proving that the IDSA is globally incorrect—in fact, the IDSA and all that it is based on recognizes the unusual case that does require more treatment. Rather than arguing that congenital Lyme is common, just argue that it happened here. Why take on more of a burden than you would have to?

NOT FOR YOUR AGENDA—but for THIS case.

So rather than arguing that Dr Jones does this frequently and he is right to do it, which only opens up other cases he's handled to scrutiny and presents the board with a pattern of activity, just focus on the facts of THIS case. Let him argue that his diagnosis HERE was correct, his treatment HERE was correct, that in THIS CASE no one else would treat the kid.

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Do you see the difference in approach between "inserting patient interests" and advancing YOUR AGENDA and defending Dr Jones IN THIS CASE?

Your way is sure to martyr him, and a dead martyr is NOT worth more than a living saint except if you're starting a religion.

And rather than starting a religion the focus here is MUCH more practical: saving Dr Jones license and his ability to treat children with Lyme.

In fact, in reality, none of this probably flies because IF the kids were in such dire need of diagnosis and treatment Dr Jones has no excuse for not having simply made time to see the kids earlier—from the standpoint of the board at least.

So rather than making it a circus or a big pr event or an opportunity to advance your Lyme crusade, the best resolution of this case is most likely a defense that the children were NOT harmed, that the diagnosis was most likely correct or at least had a reasonable basis, that the treatment was reasonable and did no harm, that treatment was properly monitored, and while it would have been better to see the kids FIRST, he will do so in the future.

And that no draconian penalties such as license surrender suspension or removal should be considered—that a lesser penalty is all that would be appropriate—that Dr Jones has a stellar reputation and an unblemished one and an impeccable record and there are plenty of patient testimonials, awards, accomplishments and he is a benefit to patients and the community is much better off with a good doctor who perhaps made a mistake or error in judgment than without him.

So slap him on the wrist, make him take some additional CME courses and let's all move on.

Without PR, without fanfare, without trying to prove anything more than that.

Because making it HIGH PROFILE will force the board's hand—make them make an example of him, make it impossible to achieve such a non trial disposition of the matter.

Do you hear what I'm saying Phyllis?

The letters from patients should NOT say "Dr Jones treated my kids for months without seeing them" or anything like that—it will NOT help to make it a point that this is a pattern and practice and try to justify it.

See even if the standard of care SUCKS, the truth is that "negligence" in medicine is defined as a deviation from the standard of care. So

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deviating from the standard of care is NOT a defense, and taking on the task of proving the standard of care is wrong is taking on more than necessary and might lose the day anyway—you could lose while winning—because it would still be a deviation and thus negligent.

And honestly diagnosing and starting treatment without ever seeing a patient—for MONTHS is something that is hard to defend (we understand why it was done but the medical board NEVER will and NEVER will condone it—NEVER).

So all the fuss that you want to start, and your PR strategies and interventions by muckety mucks can ONLY hurt.

IF AND WHEN the legal team decides otherwise they will let you know. And then tell you EXACTLY what they want done. ANd then—if you REALLY want to help, you will do EXACTLY THAT and NOTHING MORE.

No embellishment. Nothing more.

Here it is from the lawyers:

"We are currently in discussions about the case & are forming a strategy to proceed. We will contact you as soon as we are ready to recommend a specific course of action....Please do not take any action until we have a recommendation as it may adversely affect the case."

PLEASE PLEASE PLEASE LISTEN TO THAT.

They will form a strategy NOT YOU. DO NOT TAKE ANY ACTION UNTIL they have a recommendation as IT MAY ADVERSELY AFFECT THE CASE."

If there is anything about that which you don't understand, please ask. Perhaps we can help clarify that for you. But basically it means DO NOTHING ABSOLUTELY NOTHING UNLESS AND UNTIL ASKED AND THEN DO WHAT THEY ASK AND ONLY WHAT THEY ASK AND NOTHING MORE!

Thanks!

pmerv@xxxxxxxxxxxxx wrote:

- > Why should we put up with the generally accepted standard of care? The
- > IDSA standard of care basically constitutes, as Ken Liegner has
- > eloquently said, medical neglect.
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- > * You were bitten by a tick? Here, have 200mg. of doxycycline.
- > There's no proof it works but it's cheap and it will get you off my
- > back.
- > * You think you have Lyme? Most people who think they do, don't
- > really. You have chronic fatigue, fibromyalgia, multiple sclerosis,
- > mental illness, etc.
- > * Your child has Lyme? 2 weeks of antibiotics will cure him.

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- > * You think your child still has Lyme after treatment? Maybe we
- > should check you for Munchausen's by proxy.
- > * You have a positive test? It either doesn't meet the CDC
- > criteria, it's a false positive, or a positive test doesn't prove
- > active disease.
- > * You need an LLMD appointment after getting nowhere with 10 other
- > doctors? You either have to travel several hours, wait several months
- > for an appointment, or the practice is closed to new patients because
- > there aren't enough LLMDs.
- >
- >
- > For people with Lyme disease the IDSA standard of care says, "Heads I
- > win, tails you lose." And then they go after LLMDs and Lyme labs,
- > trying to reduce the already pathetically limited resources. Why should
- > we put up with this? When is the Lyme community going to say, "Enough!"?

• *Follow-Ups:*

◆ *Re: the real issue in the Jones case*

◇ *From:* pmerv

- Prev by Date: *Re: How many lives has the remorseless Allen destroyed with his "work"?*
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