

Re: IDSA GUIDELINES ATTEMPT TO NARROW THE DEFINITION OF LYME DISEASE AND PROMOTE A LEGAL STANDARD OF CARE THAT CAN BE USED BY INSURANCE COMPANIES AND STATE MEDICAL BOARDS

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- *From:* "the 3rd Man" <sir_der05@xxxxxxxxx>
 - *Date:* 28 Nov 2006 09:27:31 -0800
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pmerv@xxxxxxxxxxx wrote:

NO, Phyllis...a medical "standard of care" and a LEGAL "standard of care" are two different, (although somewhat related), entities.

Here is a thumbnail definition of the legal standard from Wikipedia (US law principles):

"In tort law, the standard of care is the degree of prudence and caution required of an individual who is under a duty of care. A breach of the standard is necessary for a successful action in negligence.

The requirements of the standard are closely dependent on circumstances. Whether the standard of care has been breached is determined by the trier of fact, and is usually phrased in terms of the reasonable person. It was famously described in *Vaughn v. Menlove* (1837) as whether the individual "proceed[ed] with such reasonable caution as a prudent man would have exercised under such circumstances".

In certain industries and professions, the standard of care is determined by the standard that would be exercised by the reasonably prudent manufacturer of a product, or the reasonably prudent professional in that line of work. Such a test (known as the 'Bolam Test') is used to determine whether a doctor is liable for medical malpractice.

A special standard of care also applies to children, who are held to the behavior that is reasonable for a child of similar age, experience, and intelligence.

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You simply CANNOT establish a "legal" standard of care through passing advisory GUIDELINES from a committee of a private professional medical association.

It just don't work that way.

Nope.

What you said above is incorrect and VERY misleading.

Post-Lyme Disease Syndromes

There is no well-accepted DEFINITION of post-Lyme disease syndrome. This has contributed to confusion and controversy and to a lack of firm data on its incidence, prevalence, and pathogenesis. In an attempt to provide a framework for future research on this subject and to reduce DIAGNOSTIC ambiguity in study populations, a DEFINITION for post-Lyme disease syndrome is proposed in these guidelines. Whatever definition is eventually adopted, having once had OBJECTIVE EVIDENCE of *B. burgdorferi* infection must be a condition sine qua non. Furthermore, when laboratory testing is done to support the original DIAGNOSIS of Lyme disease, it is essential that it be performed by well-qualified and reputable laboratories that use recommended and APPROPRIATELY VALIDATED TESTING methods and interpretive criteria. Unvalidated test methods (such as urine antigen tests or blood microscopy for *Borrelia* species) should not be used.

So?

Isn't that exactly what they've always said?

What has changed that warrants this drastic doom and gloom approach?

And isn't that correct? There really is no firm definition, is there?

There is NO CONVINCING BIOLOGIC EVIDENCE for the existence of symptomatic chronic *B. burgdorferi* infection among patients after receipt of recommended treatment regimens for Lyme disease. Antibiotic therapy has not proven to be useful and is not recommended for patients with chronic (⩾6 months) subjective symptoms after recommended treatment regimens for Lyme disease (E-I).

Again, isn't this what they have always said?

And...notice the word "convincing"...this qualifying adjective actually seems to acknowledge that there is EVIDENCE...just not "convincing" evidence...so actually, you might interpret that as a step forward.

...

In many patients, posttreatment symptoms appear to be more related to the aches and pains of daily living rather than to either Lyme disease or a tickborne coinfection. Put simply, there is a relatively high frequency of the same kinds of symptoms in "healthy" people.

Well, that's not particularly tactful or helpful, but does that warrant a protest and a trip to the AG's office?

Hell, anyone who has been through this probably knows their GP is capable of thinking that sort of thing all by themselves.

There is sensitivity to having complaints labeled as "subjective"...because the patient knows they are real, but the patient needs to understand that, in context, this means that they are either incapable of independent verification, or that they may not be unique or specific to this particular disease or condition.

Remember that these are the OPINIONS of a private professional medical organization.

Aren't they entitled to their FREEDOM OF SPEECH?

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Unfortunately, it is apparent that the term "chronic Lyme disease" is also being applied to patients with vague, undiagnosed complaints who have never had Lyme disease. When adult and pediatric patients regarded as having chronic Lyme disease have been carefully reevaluated at university-based medical centers, consistently, the majority of patients have had no convincing evidence of ever having had Lyme disease, on the basis of the absence of objective clinical, microbiologic, or serologic evidence of past or present *B. burgdorferi* infection [253, 268, 295–298].

Well, that seems to be their OPINION or conclusion, there...and I really do not have enough information to be able to say one way or the other whether it is accurate or not.

THE DEFINITION OF LYME DISEASE AND PROMOTE A LEGAL STANDARD OF CARE THAT CAN BE USED BY INSU

In essence, are many cases of Lyme over-diagnosed?

Who knows?

But again, Phyllis...isn't THAT what they have been saying since, at least, 1993?

AGAIN, WHERE IS THE THING IN THESE VOLUNTARY GUIDELINES THAT IS SO DRASTICALLY AWFUL (AND NEW) THATY PUTS EVERYONES'S LIVES IN DANGER?

HUH?

WHAT IS GOING ON HERE?

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