



Speech by

Mr JIM PEARCE

MEMBER FOR FITZROY

Hansard 30 November 1999

CHRONIC FATIGUE SYNDROME

Mr PEARCE (Fitzroy—ALP) (11.40 a.m.): Today I wish to revisit an issue that I raised in this place on 17 August. I spoke about the difficulties confronting a marginalised group of chronically impaired persons within our community whose needs are being ignored and who are constantly being attacked by insurance companies. These same insurance companies are using every weapon in their dirty tricks arsenal to stall payments on claims for total and permanent disablement for sufferers of myalgic encephalitis—ME—or chronic fatigue syndrome—CFS. I highlighted the obvious and proven intent of private insurers to vigorously protect a "no precedent" policy of not awarding TPD payouts for CFS claims. I talked about insurance companies not being accountable for their actions, about claimants having no rights, and I highlighted the impact of the bad faith behaviour of the insurance industry.

Parliament heard how one insurance company—National Mutual, now trading as AXA Australia—has treated a constituent of mine and how the company had put this decent woman through an immoral, obscene and unjust process to victimise her. I have information which identifies Hanover Life, Australian Casualty and Life, Lumley Life, Royal and Sun Alliance, Tindal Life, Royal Insurance, FAI Life and Colonial Mutual as all playing the same dirty game of killing off the sick in preference to payouts. Following my earlier speech, which somehow found its way onto the Internet, I have received an enormous and unexpected response from people who are recognised as sufferers of CFS and who have been dealt with in the same way as my constituent.

I wish now to move on and deal with several matters of which I have become aware as a result of personal interviews, letters and telephone calls I have received from CFS sufferers in Queensland and New South Wales. A database has been activated and much of what I will speak about today has come from surveys, supporting documentation and personal interviews with men and women diagnosed as CFS sufferers. If time permits I will be talking about collusion between the insurance industry doctors and the consumer watchdog, as well as about approaches made to me by CFS sufferers for the support of voluntary euthanasia. Let me start with the latter.

It may come as a shock to hear that a number of CFS sufferers have put it to me that, for them, voluntary euthanasia would be the best option. Why, members may ask, would they consider such an option? Because CFS sufferers are victims! They are the victims of a society that sees them as lazy layabouts. A recent example was the very public promotion of Hamilton Island as a place to lay about by using the words "chronic fatigue syndrome". CFS sufferers are the victims of unethical and illegal activities by insurance companies that are not accountable to anyone for their actions. CFS sufferers are the victims of possible collusion between the insurance industry and the Life Insurance Complaints Board, now known as the Financial Industry Complaints Service. They are the victims of doctors "for sale", that is, doctors who will write reports that insurance companies want.

They are the victims of insurance companies that deny valid claims and then prolong and protract the process in the hope that the claimants will drop out—even commit suicide. This is despite the sufferer having reports from numerous doctors and specialists confirming their CFS diagnosis. I am aware of one CFS sufferer who has had her illness diagnosed and supported by one professor of rehabilitation and occupational medicine, two physicians, two psychiatrists and three general

practitioners. She even had one of the insurance companies own examiners agree that she was a CFS sufferer, yet her claim is still being denied.

As victims, they have no rights to access reports supplied to the insurer by so-called medical experts. As victims, they are required to disclose everything about themselves. The victims are forced into financial hardship, despair, frustration and, finally, submission because of the deliberately extended and unsympathetic claim process. These victims are discriminated against on the basis of a specific impairment, which is now recognised in the questionnaire of insurance companies requiring the medical history of a person to be insured. They are victims of an insurance industry culture that will use the lowest of gutter tactics to protect a "no precedent" agenda. They are the new lepers of our society.

CFS sufferers do not want to be sick, cut off from the world or unable to sustain a loving relationship, go shopping, go to a movie or go to the beach. Why would a person suitably qualified and capable of earning in excess of \$100,000 a year spend their time fighting an insurance company for a \$30,000 payout for a permanent disability? Before becoming ill, many CFS sufferers were highly paid professionals. On top of this, CFS sufferers know that, owing to the lack of funding for genuine medical research, there is no known cause, diagnostic test, treatment or cure for their condition. There is no respect for them or their illness. The lack of Medicare funding for testing and treatment and the high cost of specialist services mean that many CFS sufferers are left to beg, borrow and sell up to cover the cost of care and services.

The unwillingness of superannuation funds, workers compensation and disability insurers to compensate CFS sufferers means they often do not have the resources to afford specialised care. This, of course, only exacerbates their feelings of hopelessness. They then become victims of financial debt which, like a cancer, eats away at any savings they may have from the forced sale of homes and other personal belongings. They lose confidence in themselves. The odds are stacked against them.

CFS sufferers are aware that the insurance industry is spending millions of dollars to protect its "no precedent" policy of TPD claims for CFS sufferers. These are sick people with a disease, fighting a system that smells of collusion, lies and abuse. It is no wonder that I have them requesting consideration to be given to the proposal that they be allowed a choice of final solution. To many CFS sufferers, voluntary euthanasia represents a more dignified and humane option than the current process of torture, deprivation and despair. They feel like an unwanted animal that has been abandoned and left to die. CFS sufferers are put through so much pain and humiliation that they are forced to feel abandoned and unwanted, and that is why there is overwhelming evidence of many of them committing suicide. Voluntary euthanasia is therefore a more dignified option. The medical profession who fail to recognise CFS underestimate the corresponding suicide risk, but the list of victims grows.

Doctors nominated by insurers are selected and portrayed as independent, but when we start looking at the collected data the real picture begins to emerge. I want to talk about one particular doctor who has been used on a regular basis by insurance companies in assessing CFS claims. This doctor, whom I will not name here today, holds a very powerful position as an examining doctor. He has an alleged history of poor behaviour when examining insurance claimants. He uses his power to humiliate women in particular by forcing them to obey his instructions as part of his examination. He seems to get a thrill out of women dressed only in their nickers tiptoeing around so that he can check their posture and balance.

I have been made aware of one alleged sickening incident, which is too disgusting to go into detail about in this place. Even if it were only half true, then we have a leading doctor in a major Brisbane hospital who is a dirty, perverting old man. He is a problem. He is biased against CFS and should be immediately taken off the insurers' preferred list of so-called independent medical examiners. My understanding is that complaints have been lodged with the Queensland Medical Board.

Insurance companies need to understand that I am prepared to name this doctor and those companies that are allowing women to be abused in the interests of protecting their immoral "no precedent" policy, of not accepting liability for claims made by CFS sufferers who, because of their illness, can no longer work to provide for themselves. I intend to keep pursuing this bad faith behaviour of insurance companies. I will name the doctors regularly used by the insurers. I will name the insurance companies and produce the victims.

I give this word of warning to doctors who do not believe in CFS: the Federal Government has commissioned draft guidelines for the evaluation of prolonged CFS and the diagnosis and management of this disease. The National Health and Medical Research Council understands and recognises that ME—CFS—is a serious and debilitating condition that impacts on its sufferers and causes considerable hardship for families and carers. The continual denial of independent examiners that CFS exists raises the question of professional negligence.

This is one of the most sickening issues that I have had to deal with as a member of Parliament. I am just fed up and disgusted with the way that CFS sufferers have been treated. It is

about time that people in the profession and people in Government looked at the way that the insurance industry has been treating these people. In this place today I again—as I did on 17 August—call for a full investigation into the way that the insurance industry is dealing with the sufferers of CFS.
