

By Jane Bryant  
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**CHILD ABUSE SPECIALIST RUNS 'CFS/ME' CENTRE**  
[http://www.theoneclickgroup.co.uk/documents/ME-CFS\\_docs/CHILD%20ABUSE%20SPECIALIST%20RUNS%20CENTRE.doc](http://www.theoneclickgroup.co.uk/documents/ME-CFS_docs/CHILD%20ABUSE%20SPECIALIST%20RUNS%20CENTRE.doc)

With grave parental concerns over the numerous false Munchausen Syndrome by Proxy accusations laid at the door of parents of children who suffer from the neurological disease ME/CFS (ICD-10 G93.3) and with many of these children having been forcibly removed from their homes, why has a child abuse specialist been put in charge of a children's 'CFS/ME' Centre?

Child abuse specialist Dr. Peter Lachman, is heading the children's 'CFS/ME' Centre in Harrow, West London that will deal with ME/CFS children encompassing a very broad area of the city including the boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea. Peter Lachman is the **Designated Doctor for Child Protection in Harrow** and is a **Team Leader for Community Mental Health**. The care of numerous vulnerable ME/CFS children will be placed in this man's hands.

What is Peter Lachman, an expert in child abuse, DOING running a 'CFS/ME' Centre for children bearing in mind the massive controversy and scandal that has for many years surrounded false Munchausen Syndrome by Proxy accusations levied at the parents of ME/CFS children? Precisely what experience has this man got in the field of ME/CFS? Would a child abuse specialist be permitted to apply for funds and run a medical centre devoted to the care of cancer or leukaemia children? How is Lachman's bid for funds to run this 'CFS/ME' children's centre in any way appropriate or justified?

With no previous experience in ME/CFS that we can detect (we can find no papers from Lachman on ME/CFS children published), Lachman's main area of speciality is child abuse and child protection. He previously practised in South Africa. Nearly all of his published work is in child protection.[1],[2],[3],[4] Lachman acted as an expert witness in the recent Victoria Climbié (child abuse) case.[5].

## 1. MUNCHAUSEN SYNDROME BY PROXY

In conjunction with Lachman's interest in ME/CFS children, he is consistently heavily involved in Child Protection work. In September 2004, Lachman attended the ISPCAN 15th International Congress on child Abuse and Neglect (ISPCAN - International Society for Prevention of child Abuse and Neglect)[6] in Brisbane, Australia. At the conference, Lachman presented a paper entitled 'Future dilemmas for paediatricians in protecting children'.[7] He states: "*The responsibility and position*

*of paediatricians in child protection in the United Kingdom is now under threat following a number of high profile cases over the past 3 years. Paediatricians face a hostile media and a lack of understanding by politicians.” Lachman continues: “This is particularly the issue in the case of unexplained infant death and fabricated illness (FII). The courts, media and politicians are calling for a review of all cases in which children were removed from their parents in cases of cot death and fabricated/fictitious illness.”*

The three high profile cases to which Lachman refers are likely to be those of Sally Clark, Angela Cannings and Trupti Patel, three women **falsely accused** of murdering their children and incarcerated in prison due to the ‘expert witness’ testimony of disgraced paediatrician Roy Meadow.

(BBC News <http://news.bbc.co.uk/1/hi/health/3307427.stm>)

Meadow first came to prominence in 1977 with a paper in the Lancet entitled "Munchausen Syndrome By Proxy: The Hinterlands of Child Abuse".[8] The clinically unproven diagnosis of MSBP where Mothers are alleged to harm their children to get attention for themselves has caused misery to untold families, many of them with ME/CFS children. Dr. David Drucker and his team from Manchester University have referred to Meadow's clinically unproven MSBP theory as “scientifically illiterate”. Meadow rose quickly in the profession, to become the Chair of Paediatrics at St James' University Hospital in Leeds and was knighted in 1998 for his services to child health. Meadow is currently under investigation by the General Medical Council. There have now been calls for review of over 100 cases that involved Meadow's ‘expert’ testimony. The Meadow scandal is still unfolding.

Another paediatrician involved in the high profile cases mentioned in Lachman's paper is David Southall, currently banned from any child protection work for three years after being found guilty of professional misconduct. Amongst Southall's other activities, he made accusations and maintained that Sally Clark's husband Stephen should be investigated for child abuse on the basis of a television documentary that Southall had watched. Southall had never met the family.

Whereas Lachman maintains that paediatricians “face a hostile media and a lack of understanding by politicians” the parents of ME/CFS children can face their worst nightmare at the hands of these paediatricians – being falsely accused of MSBP/FII et al simply because their child has a neurological disease that is much misunderstood and greatly stigmatised with the result that the child may be forcibly removed from the home by the Crown Prosecution Service and the Family Courts. The notion of MSBP/FII has been frequently invoked by Social Services in relation to ME/CFS children.

## **2. FALSE ACCUSATIONS**

False accusations of MSBP/FII et al have been the massively damaging curse that has dogged parents of children suffering from the neurological brain disease ME/CFS (ICD-10 G93.3) for many, many years.[9] Cases of children being forcibly removed from their homes because they suffer from ME/CFS due to false allegations and accusations are in no way abating but are continuing today. Nobody is maintaining that child abuse does not exist and it is to be much condemned. However, the number of false allegations made against the parents of ME/CFS children is a worrying and deeply disturbing trend that does not appear to be diminishing.

It is both politically and medically extremely inappropriate for Peter Lachman as a child abuse specialist to be running a children's ‘CFS/ME’ centre bearing in mind the many scandals that have surrounded ME/CFS children and MSBP/FII et al. The

question inevitably arises: Has Peter Lachman been put in charge of this centre so that he can develop his child abuse themes on ME/CFS children and their parents?

In 1999, the BBC broadcast a Panorama programme on ME/CFS in children [10] See the transcript and video clip of the BBC Panorama programme entitled "Sick and Tired" here:

<http://news.bbc.co.uk/1/hi/programmes/panorama/archive/506549.stm>

BBC Panorama carried out a survey that showed that 60% of families who responded to its survey were told that ME/CFS was caused by psychological problems and a disproportionate number of families were branded with the discredited Munchausen's Syndrome By Proxy theory.

- 59% of families were told by doctors that their children's illness was caused by psychological problems – this seems to indicate a clear misunderstanding by doctors of the nature of ME/CFS.
- 15% of families were told that it was their own psychological problems that were causing the child's illness
- 5% had undergone psychological treatment and their parents all reported it either had no effect or made their children worse

Two of the most disturbing statistics were:

- **4% of parents had been branded with the discredited theory of Munchausen's Syndrome by Proxy.**

Statistics at that time showed that accusations of Munchausen's Syndrome by Proxy affected just one in 100,000 families.

- **7% of children from families questioned had been subject to child protection proceedings; court proceedings had either been threatened or carried out.**

**IF REPRESENTATIVE, THIS IMPLIES THAT SEVEN OUT OF EVERY ONE HUNDRED CHILDREN WITH ME/CFS WILL BE THREATENED WITH BEING TAKEN AWAY FROM THEIR PARENTS.**

These figures are supported by The Young ME Sufferers Trust charity that in 2003 produced THE FORGOTTEN CHILDREN Dossier.[11]

In July 2001, the Countess of Mar wrote in the Daily Telegraph national newspaper [12]: *"One of our most important laws, the Children Act 1989, is being misused to accuse innocent parents of seriously harming their sick children and to enforce potentially harmful treatment on their children without parental consent. When it comes to these children being taken into council care, the parents' fundamental liberty to bring them up is being denied."*

And yet still, things have not changed. For a child abuse specialist such as Lachman, all of whose previous work is in child protection in so far as we can detect and for whom no published work can be sourced on ME/CFS in children, is proving an horrific prospect for ME/CFS child patients and their parents.

It is not just the Munchausen Syndrome by Proxy label that parents of ME/CFS children have to worry about these days. A number of other labels are commonly being used, sometimes serving to replace the MSBP tag. Many parents are unaware

of them. For example we now have: Fabricated and Induced Illness (FII), Conversion Disorder, Abnormal Illness Behaviour, Somatisation and also Pervasive Refusal Syndrome (PRS). Other synonyms for Munchausen Syndrome by Proxy are Paediatric Falsification Disorder (PFD), Factitious Illness by Proxy (FIBP), Folie a Deux, Vulnerable Child Syndrome and a new syndrome just introduced called Parent Alienation Syndrome that occurs in custody disputes. It is difficult to keep track of the numerous alphabet soup labels that can be appended to a child's medical notes over these syndromes. Parents of ME/CFS children should watch out for these new labels.

The somatisation label will strike a particular chord in the heart of ME/CFS watchers since it is this one that the psychiatric lobby and their supporters are trying to force into common usage for ME/CFS patients, whilst simultaneously attempting to strip patients of the ICD-10 G93.3 neurological classification and rights that the World Health Organisation endows for ME/CFS. The Royal College of Paediatrics and Child Health, for example, uses the term Myalgic 'Encephalopathy' in its new Guidelines, contrary to the ruling of the World Health Organisation to whose classification the British government subscribes.[13]

### 3. THE PROOF OF THE PUDDING

In August 2004, The One Click Group published the Harrow & Hillingdon bid in which Lachman, the lead Applicant for Children's and Young People's Services, sets out what he plans to do to ME/CFS children put into his care.[14]

See the Harrow & Hillingdon bid document here:

[http://www.theoneclickgroup.co.uk/documents/ME-CFS\\_docs/The%20Harrow%20And%20Hillingdon%20Bid.doc](http://www.theoneclickgroup.co.uk/documents/ME-CFS_docs/The%20Harrow%20And%20Hillingdon%20Bid.doc)

Lachman and his colleagues show absolutely no understanding of the neurological disease ME/CFS. Instead, they follow the damaging psychiatric paradigm to the hilt. The very psychiatric paradigm whose treatments have led ME/CFS children to be so severely damaged that some have become bed bound and tube fed, with many confined to wheel chairs for years. These are the same treatments given to the young Ean Procter, age 11, who was literally tortured by the psychiatrists in 1988.[15] Matters have not improved for ME/CFS children.

See The Case of Ean Procter here:

[http://www.theoneclickgroup.co.uk/documents/ME-CFS\\_docs/THE%20CASE%20OF%20EAN%20PROCTER.doc](http://www.theoneclickgroup.co.uk/documents/ME-CFS_docs/THE%20CASE%20OF%20EAN%20PROCTER.doc)

The Lachman bid states that the service will be closely linked to the Child & Adolescent Mental Health Services and the services provided by Great Ormond Street Hospital for Sick Children (GOSH). **GOSH is the hospital featured in the BBC Panorama programme that has the worst reputation in the country for its treatment of ME/CFS children.** The very name of GOSH strikes cold fear in the hearts of many ME/CFS parents.

Lachman's treatment strategy for ME/CFS children includes:

- Graded Exercise and Cognitive Behavioural Therapy.

- Pre and post intervention functional capacity measures such as 'sit to stand', distance walked in 3 minutes and 'step-ups'.

For Lachman and his colleagues to perform untested and untried treatments on vulnerable children suffering from a neurological disease is utterly unconscionable.

This is very much the case since these CBT/GET treatments of psychiatric origin have been shown in survey after survey to make many adult ME/CFS sufferers considerably worse [14],[15]. Why such untested and untried treatments are being allowed to be performed on vulnerable ME/CFS children - bearing in mind what these treatments have already done to adult ME/CFS patients - is beyond belief.

Lachman's action plan continues:

- Goals set, determining clear action plans and measurable outcome measures to include patient rating/satisfaction, return and inclusion in mainstream schooling, academic attainments and clinical outcome.
- This service will educate referrers to make early referrals so that an intervention programme can be set up before the child or young person has missed school for long periods.
- The service will target getting children and young people back to school or college and therefore will aim at providing the service within the community.
- Currently we admit to the ward for intensive therapy and reintegration into school via the hospital school.

Pushing children suffering from ME/CFS back to school too early is the biggest documented cause of severe relapse as the Study carried out by Dr. E.G. Dowsett and Jane Colby of The Young ME Sufferers Trust [18] so comprehensively showed.

- The service will be linked closely to the Child and Adolescent Mental Health Services unit.

Why are children with a neurological brain disease being referred by Lachman to Mental Health Services? Would not a referral to a neurologist or endocrinologist be far more appropriate and correct for these children?

**WHY are SPECT scans not being offered as a matter of course that will detect problems of blood supply to the brains of these children?** Is this failing to be done due to cost and the fact that such results would completely confound the psychiatric paradigm and unable Lachman and his colleagues to proceed further with their psychiatric treatments that in case after case have been shown to make ME/CFS children demonstrably worse? In some cases irredeemably compromising their health?

### **The Royal College Of Paediatrics And Child Health ME/CFS Guidelines**

To further buttress the psychiatric treatment plans of ME/CFS children put forward by Lachman and his colleagues, the Royal College of Paediatrics and Child Health published their Guidelines on ME/CFS children [19] in December 2004. These

Guidelines support the psychiatric paradigm completely and contain numerous theoretical and ethical errors, lapses and flawed, unproven, critiqued assumptions.

See the RCPCH Guidelines here:

[http://www.theoneclickgroup.co.uk/documents/ME-CFS\\_docs/RCPCH%20CFS-ME%20GUIDELINES.pdf](http://www.theoneclickgroup.co.uk/documents/ME-CFS_docs/RCPCH%20CFS-ME%20GUIDELINES.pdf)

One of the most telling comments in the RCPCH Guidelines is: *"Given that only 6 of the 45 recommendations in the guideline are based on good or at least reasonable quality evidence, there are clearly huge gaps in knowledge in many areas in relation to CFS/ME in children and young people..."* In other words, what the Royal College of Paediatrics and Child Health has done is just to make most of this 124-page report up using Lottery money given by the public in good faith to do it. Despite the fact that 39 of the report's 45 recommendations are opinion/fiction as the authors freely admit, the report nonetheless maintains: *"Overall some of the strongest evidence found was for specific behavioural interventions."*

The RCPCH Guidelines totally fail to engage in any meaningful way with the Canadian ME/CFS Case Definition and Treatment Protocols, (Carruthers et al, 2003) [20] even though these are clinical criteria produced by an international expert consensus panel who have between them treated/diagnosed over 25,000 ME/CFS patients including children. The Canadian Definition is merely partially quoted in the Appendices along with Fukuda and Oxford that are research criteria, not clinical criteria as the Canadian Definition is. There is no literature review of the copious amount of neurological and physiological dysfunction in ME/CFS such as that published by Dr. Byron Hyde [21] et al.

There is total neglect in these Guidelines to mention the fact that ME/CFS is a neurological disease (World Health Organisation ICD-10 G9.3). Instead, this report employs the term Encephalopathy that has no classification anywhere in the world. This goes against international consensus, the World Health Organisation and as a matter of fact, the ruling by the British government on this issue.

Dr. Lachman and his colleagues are doubtless taking much of their strategy from these negligent and damaging Guidelines. This is of particular concern bearing mind Lachman's special interest in child protection and child sexual abuse [22] when one sees that these Guidelines state:

"If possible practitioners in child and adolescent mental health should be presented as an essential part of the paediatric team."

"investigations must be kept to the minimum needed to rule out any plausible alternative diagnosis."

"If the paediatrician has reasonable cause to suspect (that is, can demonstrate a 'well reasoned' argument) that a child or young person is suffering or likely to suffer significant harm, then a referral should be made. This situation is most likely to arise when the paediatrician suspects an alternative diagnosis, such as fabricated or induced illness (FII)."

"The families' views of sexuality, increasing separation and the developing adult role of the adolescent may also be relevant themes."

How this is relevant in relation to children suffering from a neurological brain disease is an interesting construct. Is the above an inference that some parents of ME/CFS children may be keeping them out of school and at home in order to sexually exploit them? Do reports on children who suffer from neurological or other organic diseases have sections on FII/MSBP and child sexuality in their Guidelines? What is it about ME/CFS (ICD-10 G93.3) that makes it such a magnet for such outrageous and erroneous presumptions? And such a magnet for a child abuse specialist?

#### 4. AN MSBP EXPERT WRITES

Dr Helen Hayward-Brown, [23] a medical anthropologist/sociologist who completed her doctorate on false and highly questionable accusations of MSBP writes this:

*"Lachman is using the same line as Craft in supporting paediatricians such as Meadow and Southall by taking the 'martyr' approach. He is suggesting that paediatricians do not wish to undertake child protection work because they are being attacked by the media and politicians. I would state that no other areas of medicine have come under such close scrutiny. There is a reason for this - a society will accept many deficiencies, but it will not accept the repeated harm by professionals of innocent families*

*Lachman states that those individuals who believe that some child abuse accusations are false are returning to the old myth that child abuse does not occur. This is a nonsensical statement and a denial that so many errors have occurred. Individuals who are aware that mistakes happen, are also very aware and acknowledge that child abuse does occur in some situations. Lachman's simplistic statement [Lachman, P. (2004). Future dilemmas for paediatricians protecting children. ISPCAN 15th International Congress on child Abuse and Neglect, September 19-22, 2004, Brisbane Australia] shows an inability to accept that errors have occurred and an inability to show compassion for families who have been falsely accused'.*

*Lachman's statements which imply that the fuss about false accusations are a media beat-up is not valid. The impetus for reviews and investigations of medical professionals comes from the courts and organisations such as the BMGC who have the authority to do so".*

#### 5. CONCLUSION

The Chief Medical Officer's Working Group Report on CFS/ME [21] states: *"The Working Group notes that neither the fact of a child or young person having unexplained symptoms nor the exercising of selective choice about treatment or education for such a patient by the parents/carers and/or young person constitutes evidence of abuse".*

Lachman and his colleagues at the Children's 'CFS/ME' Centre in Harrow should take note.

The incidence of MSBP and FII et al cases are likely to rise with the recent publication of the criminally negligent and flawed Royal College of Paediatrics and Child Health ME/CFS Guidelines on children (produced with the assistance of selected of the ME/CFS British charities in collusion with the psychiatrists).

Parents whose ME/CFS children are damaged by the psychiatric treatments recommended in the draft RCPCH Guidelines and being carried out by child abuse

specialist Lachman and his colleagues at the Children's ME/CFS Centre in West London may doubtless elect to take legal proceedings in due course.

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