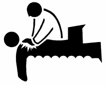
Views & News

emailed around the world

October 07



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A Severe Case of Goscitis

The editor has made minor amendments to improve syntax

I am writing this article to relate my recent experiences with the GOsC. I am a GOsC registered osteopath.

I am the osteopath described as OM in the article written by Paul Grant in the July/August 07 issue of *Osteopathy Today* which is the journal of the British Osteopathic Association.

There was an incident at my practice on a Saturday late afternoon/early evening in January 2006. I was called at 4 pm on the dot by a young woman asking if I would see her father. She said they had already been to Casualty and to a GP but neither could help.

I made it clear several times that my practice was closed for the weekend; that it was beyond my expertise to deal with her father's condition; that I didn't wish to take the case on and that it was not in their interests, financially or otherwise, to pursue this avenue of help. The girl persisted, despite my insistence that I was unable to help. When I challenged her quite acerbically on why she was persisting with this, she said that her father had "severe head and neck pain" and that she was worried "he wouldn't make it through the weekend", thus giving me the impression that the situation may be life-threatening.

I reluctantly conceded to see them, making it clear that the very most I would be able to provide is reassurance, suspecting a possible misdiagnosis by Casualty and the doctor of something serious, such as meningitis or brain haemorrhage. I am a Sutherland Cranial practitioner and am quite adept at palpating the tissues of the central nervous system directly. I thought might need to phone Casualty and speak to the triage nurse which I have done in the past. I felt I would be neglecting my ethical and professional duty as both an osteopath and a Roman Catholic to refuse help. So I said, "If you can get here for 5 pm, I'll have a look at your father", and advised her of my fee and accepted methods of payment. What made me relent in the end against my better judgement was the thought of would I be able to live with myself if this chap died over the weekend and I had refused them help.

The following account needs to be understood in the context that my practice is located in an isolated rural area. There is no street lighting and it is common even for people who live only two miles away coming for an appointment during the day to phone me and ask exactly where is my practice. These people were coming from half an hour away, in the dark, and I was fully expecting them to telephone to say they were lost and arrive a little late, but they did not.

These people arrived punctually at my practice and they behaved in a very unusual and strange manner. They looked unkempt and scruffy and they looked odd. They would not

cooperate with the consultation and their body language was not congruent with what they were saying. They did not have the body language of people in need of help.

When they arrived, the daughter was in the car and I went out to it. She actively avoided eye contact with me and yet there was a smirk on her face. I made it clear I needed her to come into my premises but her boyfriend started reversing the car away. I required the daughter to remain on my premises in case I needed a chaperone. Since she had said on the telephone that her father was in severe pain and she was worried he would not make it through the weekend, I thought that the patient may not be in a position to give consent or to give me a lucid or reliable case history, which actually turned out to be the case.

I showed the patient into my consulting room and began to ask for personal details as normal – name, address etc. He could not give me a landline telephone number and refused to tell me his occupation, appearing surprised that I asked. When I started asking about the pain, he said he did not have any pain and the way he described the symptoms was not congruent with his body language. It was as if he was making the symptoms up and, when I asked him to be more specific about a particular symptom, he gave me nonsensical answers and then started giving symptoms that are neurologically impossible. In my case notes I wrote that I observed that the patient *appeared stoned as if on cannabis*. To cut a long story short, I said that I could not proceed any further without his daughter being present as a chaperone and asked if we could contact her on her mobile phone.

She came back eventually and I showed her into my consulting room. I invited her to sit down but she would not and stood in the centre of my consulting room. She became aggressive, shouting over what I was trying to say so that she could not hear me and because of this she was actually obstructing me helping the patient. I felt I had no option but to say I wanted to call the police and try to contain the situation. As soon as I mentioned police, the "patient" bolted out the door and the daughter panicked. This made me realise that they were up to no good and I then said, "I'm going to lock the door and call the police". I went to lock the outer door to my practice and the girl came after me and physically jumped on me. I was physically overpowered because the daughter was bigger than me. These people escaped.

Later a police officer arrived at my practice. These people had contacted the police and reported that I had assaulted them. The police officer listened fully to my story from beginning to end and I showed him the pile of my hair that this girl had pulled out of my head. The police officer said that he could fully understand my thoughts and actions in the situation, that the actions I took were reasonable and within the law under the circumstances, and that there was no case to answer from my side.

The following day I telephoned the "patient" to ask why his daughter would not comply with my request to be on hand as a chaperone. He said, "You have to take your shoes off in the porch of your practice and she went to Tesco to buy some slippers". But when they arrived, I was already standing by the door and this girl never got out of the car. So how did she know that you have to remove shoes in the porch and in any case I provide slippers for people?

At the earliest opportunity the following Monday morning, I telephoned the GOsC to ask to speak to someone about this incident in my practice. I was calling for support because these people had physically assaulted me. However no such support was forthcoming and rather than receiving support, it subsequently emerged that the GOsC were treating me as the culpable party. Being a BOA member, I alerted the BOA to what was going on and they immediately saw that the way the GOsC were behaving towards me was disproportionate, inappropriate, heavy-handed and completely out of order.

I was never given any opportunity to relate my side of the story before the GOsC began a very aggressive Fitness to Practice procedure against me. These people had apparently made a verbal complaint to the GOsC but they refused to formalise their complaint. The GOsC pursued these people on two occasions to get them to formalise their complaint but they would not.

I was given no knowledge of the nature or content of these verbal complaints before the GOsC insisted that I submit to an examination by a psychiatrist of their choosing or else go before a Fitness to Practice hearing of the Health Committee or the Professional Conduct Committee. The GOsC demanded that they have all my medical notes from my GP before seeing the psychiatrist and, if I did not comply with their demands, I would be struck off. At this time, the GOsC made written formal allegations that I was unfit to practice on health grounds.

Two BOA representatives came to visit me in my practice and strongly advised me to comply with the psychiatric assessment, as did several other people as a way of putting the matter to bed as expediently as possible. I was loath to agree to this because I felt I was admitting culpability by default. So I strongly fought this advice and had a gut feeling that this was the top of a slippery slope, which proved right. I did put up a fight but did not have the financial resources to put up my own legal defence and so out of Hobson's choice, I felt I had no option to comply. In some ways I regret it: I wish I had stuck to my guns.

So the psychiatrist came to my practice, an Emeritus Professor of Psychiatry at Imperial College, London, no less. They don't do things by halves, do they! The meeting with the psychiatrist went fine. We ended up having a laugh and a joke, and he is a nice guy actually. I made sure I had a representative of the BOA with me – it was a condition I stipulated before agreeing to the meeting – and I am glad I did. Otherwise I would have been in trouble but having the BOA representative as a witness turned out to be crucial. The psychiatrist gave me a clean bill of health and he was very complimentary about me, saying that I generally impressed him as being "hardworking, caring and rational".

He reported as such to the GOsC but the GOsC were not happy and asked him for further clarification on some finer points. The psychiatrist sent GOsC a second report, reiterating that I was fit to practice and adding that the GOsC should not be pursuing this case against me. However, the GOsC rejected this report as well. They said that the Investigating Committee did not find the report helpful, that they were not obliged to follow the advice of their expert witness and were free to form their own opinion. They said that, although the psychiatrist was of the opinion that I was not suffering from a mental disorder, this does not exclude the possibility I am suffering from a mental condition.

The GOsC wrote to me saying that the Investigating Committee are still undecided as to whether I am suffering from a condition that seriously impairs my ability to practice osteopathy. They then decided that they wanted the opinion of another expert witness of their choosing, this time a clinical psychologist.

It was only about 5 months after the complaint and after agreeing to meet with the psychiatrist that I was sent a transcript of the verbal complaint that the GOsC alleged these people had made, the nature of which was bizarre and fantastical and completely fabricated. For example, the daughter alleged that as soon as she arrived, I had lunged for her purse and her handbag when in fact she did not have a handbag with her; that I had stood on her car bonnet and smashed the wing mirrors; that I threw the patient out after 5 minutes and spent 20 minutes circling the room holding a vase; that I locked all three of them in the waiting room but I do not have a lock on my waiting room door, etc. The GOsC also informed me that there had also been a verbal complaint of a similar nature previously in 2002 but again it was never formalised and it too was bizarre and fabricated.

In the incident in 2002, a man phoned my practice about 11.30 and asked if I could see his daughter who was "in agony and barely able to walk". In a spirit of helpfulness in order to offer them a quick appointment, I offered them the slot that was actually my lunch-hour, so I said the earliest opportunity I could see them would be 2.30 that day. I always take the name and a contact telephone number of new patients and advise them of my fee before finalising the appointment but this man terminated the telephone call before I could get a word in. I dialled 1471 but the caller's number was withheld.

When these people arrived, I was still in a consultation with a patient. When I had finished the consultation, I came out of my consulting room and entered the waiting room of my practice. Before I had any opportunity to greet the new patient and introduce myself, the daughter, who was supposed to be in so much agony and barely able to walk, began shrieking and flailing at me about my professional fee. I tried to explain politely that all osteopaths work differently and charge different fees. However she would not hear me out and both of them ran, yes ran. I have never seen anyone move so fast, bearing in mind only a short while ago the girl was barely able to walk!

The description of the incident I received from the GOsC, which they claim the patient gave over the telephone, was that I blocked the door to prevent them leaving my practice until they paid the consultation fee. I became emotional and close to tears, and I locked the gates at the entrance of my practice to prevent them leaving. Again, these people never formalised their complaint by putting it in writing.

Looking at these two complaints, you would think that anyone who had endured that kind of experience at an osteopathic practice would be more than keen to go through with a formal complaint, wouldn't you? In fact you would think that they would want to also bring about a civil action against me, wouldn't you?

The GOsC sent the transcript of these two verbal complaints to the psychiatrist before his meeting with me but I was not given a chance to present my side of the story. Therefore, the psychiatrist was given a biased briefing beforehand.

Several times I made it clear to Kellie Green at the GOsC that I had not been given a chance to put my side of the story and she said that that was the reason for meeting with the psychiatrist, so that I could tell my story because they did not have anyone at the GOsC available because they were too short-staffed. When the psychiatrist came, he asked me for my version of events but he rushed me a bit. One of the reasons why the GOsC rejected the psychiatrist's report was that he had wasted their time asking me for my side of the story; when what they wanted him to do was assess my fitness to practice. They considered he had not done what they asked him to do.

There was no material evidence to support either of these two verbal complaints. And the written transcripts of the alleged verbal complaints these people made about me to the GOsC on the telephone were all I ever received. Therefore, I have no proof that these people had actually telephoned to complain or, if they did, what they were alleged to have said is in fact what they had said.

Moreover, when Kellie Green first asked if I would meet with one of their medical assessors, she said that the purpose of the meeting was to help me feel safer in my practice. But when the psychiatrist contacted me to arrange a meeting, I asked him what he considered to be the purpose of the meeting and he said "to assess your fitness to practice". Therefore, I had been lied to at the outset.

The BOA got really concerned when the GOsC rejected the reports by the psychiatrist and Catherine Goodyear, who was the BOA representative who sat in on my meeting with the psychiatrist, was very assiduous in insisting that she was witness to the fact that the

psychiatrist had given me a clean bill of health. She really pressed this point to the GOsC. In fact I will take this opportunity to say that Catherine Goodyear was an absolute rock of support and there is absolutely no way I would have got through this as far as I have done without her support. She has been incredible and I take my hat off to her.

To cut a long story short, the BOA decided that what was going on was tantamount to a witch-hunt; particularly that GOsC chose to reject the opinion of their own expert witness. The BOA employed a solicitor to try to reason with GOsC that they were being unreasonable but they would have none of it. They were adamant that I am a danger to the public. Eventually seeing that the GOsC would not back down, the solicitor sought the advice of a barrister and the barrister advised that a Judicial Review of the GOsC's behaviour was the only way forward. Thus the BOA instructed the barrister to proceed with the Judicial Review in the High Court. When GOsC were informed by the solicitor that they were being taken to Judicial Review, the GOsC dropped the case against me without any justification for this decision, given that they were adamant that I posed a serious danger to the public. The GOsC have been silent on the matter ever since.

Last year, I met for lunch with an old acquaintance of mine, a retired doctor who has worked both in the NHS and in the private sector. I told him the whole story in every single detail - I have not given every detail here - and at the end of it, I asked him to tell me what he made of it. After a few seconds deliberation, he replied quite definitely that the only explanation he could come up with was that these people had been deliberately planted as stooges by the GOsC.

Needless to say it has been traumatic and it has absolutely shaken my confidence in the regulation of the profession. Where does one go from here?

As one of my colleagues said, "You couldn't make it up, could you".

The editor of this mag offered me the option of writing this anonymously but I would rather be open about my identity. I would be interested to know what other osteopaths think about this case. Please don't phone me on my practice number; you can email me. My email address is on my entry in the GOsC register. I do not want to put it here in case I get spam.

Julia Spivack,
Bedfordshire

An Infusion of Oriental Medicine

Pages 42 – 44 of *Dragon Rises, Red Bird Flies: Psychology & Chinese Medicine.* Station Hill Press, Barrytown, New York 12507 (1990). Used with kind permission.

It is my strong conviction that Western medicine, even in the face of its enormous technological accomplishments, requires an infusion of Oriental medicine. By Oriental medicine I mean the three great systems of ancient medicine that survive in the modern world: the Indian or Ayurvedic, the Tibetan, and of course the Chinese. Let me review the reasons why I believe these systems must be studied to complement Western medicine.

First, the increasing fragmentation of medicine into specialities, without an appreciation of the relationship between these fragments, will render Western medicine more and more ineffective. Western medicine has no unifying matrix. In the West, some token homage is paid to the unity of man with the universe by academic theologians, theoretical physicists, and a few science fiction writers. But Western medicine is an uncoordinated accumulation of anatomical, physiological, pathological, and biochemical information about the human life system, coalescing in dramatic, technologically

superb, heroic, life-saving procedures. The Ayurvedic, Tibetan and Chinese systems emphasise the relationships and unity not only between different aspects of bodily function, but also between body and mind, between body and spirit, and between the human being and the universe at large. Oriental medicine can provide a matrix on which Western medicine can place its endless accumulation of facts, in order to create a unified system.

Second, Western medicine has no concept of health. Its approach reflects the culture's general emphasis on conflict, and its basic aim is to destroy alien forces regarded as responsible for disease. This struggle is played out chiefly between the medical technology and the offending agent. The field of battle is the patient's body. Whereas there is an increasing number of physicians who appreciate the dangers of this approach, who place greater reliance on the capacity of people to heal, and who approach the use of drugs and other devices more conservatively, most of the Western doctors with whom I have contact are still operating within this mindset. It is, of course, a fact that the quality of the practitioner varies with the individual, regardless of the approach to healing.

Though Western medicine is familiar with, and acknowledges, mechanisms that exist in the human body for its own protection, it does not see disease merely as an alteration in those defences, but rather sees those defences as being overwhelmed by an alien, external force. A consequence of conceptualising sickness as the result of an extraneous force is the emphasis placed on synthesising drugs foreign to our life system to combat the invader. The thrust is to detach ourselves from the struggle. The price for this detachment is incalculable, measured only very partially by the remarkable list of adverse and often fatal side-effects of allopathic medicines. In Oriental medicine, transient reactions are part of the process of cure, not a new illness.

Western medicine is heir to Cartesian thinking and the industrial revolution, aimed at controlling, even defeating, nature and the universe. Its methods reflect the resentment of Western man toward anything affecting his fate other than his own ego. I believe this is the deepest source of his impressive compensatory, obsessional, and therefore, never ending struggle for power as well as his escalating alienation and loneliness. In Oriental medicine, man helps, and nature cures.

The patient as the primary factor in the development of the disease and as the agent who needs to be strengthened to cope with disease is an Oriental approach deeply needed in Western practice. Chinese medicine views illness as an expression of a personal violation of nature. It calls upon the person to become aware of how he is interfering with the flow of his own nature. He is encouraged, then, to examine how he lives, how he thinks, how he feels, his habits, and his values, in order to understand why he is ill. The focus is on an inner, rather than an outer, alien cause; one is ill because of something innate in oneself or in one's way of life.

Leon Hammer, MD, USA

Question: What is an Osteopath? After 4 to 5 years of study in college, school or university, a student comes out with a diploma/degree in osteopathy. But, is osteopathy a professional title or is it a bought title? To the best of my knowledge, if you earn a title, then you can use it the same as any other profession. You should not have to pay £750 for the privilege. This must be against our human rights not to be able to use that title that has been so hard earned.

Anonymous Osteopath

DOC Conference 2007

This is the first Conference and AGM of the DOC I have attended since its inception, partly due to me normally holidaying at that time of year. I can now say my holidays will come second to these conferences.

I was met by Tony and Barbara on my arrival at the beautiful, idyllic Woodnorton Hall in Worcestershire, where lunch was served. With an afternoon nap beckoning in the peaceful surroundings, Howard Beardmore jumped in with his enlightening presentation, "Illness is not caused by lack of drugs". His beliefs focused on there are no diseases except obstructions to nature, which lead to toxins or the retention of waste, which in turn leads to illness. This lecture certainly challenged my current way of thinking and made me view the idea of disease from a different dimension. Chris Bell's lecture on the bladder had us all running to spend a penny following his presentation on visceral techniques.

My compliments to the staff of the hotel who served up a sumptuous meal for the evening dinner that allowed delegates to discuss the day's lectures with one another.

Sunday morning was not the best time to have a lecture on "Ageing", particularly as Debra Bakowska focused on the importance of exercise! It did however prove to be a thoroughly invaluable lecture.

The day closed with a lecture by Jan de Vries. I could never tire of listening to this eminent man speak as he discussed the importance of balancing energies in promoting the restoration of health.

I was sorry the weekend came to an end so soon. I would heartily recommend anyone who missed out on this weekend to pencil next years Conference in their diary now.

Sheila O'Shea

You are invited to the next DOC meeting
Saturday, 1st December, 2007
starting 10 am
All Saints Pastoral Centre
Shenley Lane
London Colney
St Albans
Phone: 01727 822010
Nearest train station is Radlett on the Thameslink line about 3 miles away (where taxis are available)

Canadian osteopaths held an historic meeting in Toronto on the 23rd August that was simultaneously video-conferenced to Halifax, Montreal, Calgary, Vancouver and Victoria. It created the nation-wide Canadian Federation of Osteopaths which, we understand, will soon be admitted to the Osteopathic International Alliance – an association of osteopathic associations - as an associate. When that occurs, Canada will be the first country in the world to have osteopathic physicians and osteopaths **both** represented in the OIA with national associations.

Alex Bond Osteopath

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