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My name is Harnoor Singh, and I am a graduate student at the University of the Pacific. I've spent the last 4 years working as a research assistant at the Pacific Fatigue Laboratory and serving as a scribe at the local Emergency Department. Recently, Joanne, a 50 year old small business owner, came to our research lab for a disability evaluation related to her Chronic Fatigue Syndrome. Her long-term disability claim had been revoked. Her insurance company didn't think she was actually sick and defended their claim by stating that her physician had provided no evidence demonstrating that Joanne was prevented from maintaining a 40-hour workweek. Joanne's troubles did not begin there. Prior to having her credibility questioned by her insurance company, she was dismissed by medical care professionals at her local ER.

Joanne had sat in the ER waiting room for several hours before a triage nurse determined that she was, indeed, sick enough to be seen by a physician. She was directed to a gurney and asked to wait for the doctor. When he arrived, the physician conducted a routine history, reviewed her symptoms and ordered an array of lab tests. The tests were of course inconclusive. You can't find what you're looking for if there isn't a test for it. The physician determined that this patient was just another pain med seeker in need of her weekend fix.

Needless to say, emergency departments aren't ideal locations for the diagnosis or treatment of CFS symptoms. ER docs are trained to treat trauma and send the patient on their way, to either their homes or to admission in a different department of the hospital. As an alternative, patients with Chronic Fatigue Syndrome are often instructed to seek care of their symptoms by a primary care doctor. But this is also a less than ideal situation solution.

Many primary care physicians aren't trained to consider CFS as a possible diagnosis, let alone serve as advocates for patients having trouble with ill-informed insurance companies. The traditional training that so many of our young medical students go through is failing to care for a significant number of the patient population. Physicians have become so accustomed to living in a society saturated with malingering that patients with CFS are more often than not placed in this same category.

I'm concerned because as a future physician, I will also be trained in this manner. It worries me greatly that many of my future colleagues and I might not be able to care for a large group of patients due to the deficiencies in our medical education.

There is hope. We can alter this vicious cycle and solve this problem. Every member of the health care team can be trained and educated on Chronic Fatigue Syndrome. Adequate medical education on CFS diagnosis and treatment for all members of the health care team should be a primary goal and future funding should reflect that. Medical textbooks need to incorporate CFS to the same extent as other disease processes. Residency training for young physicians should consist of rotations in various centers for excellence in CFS diagnosis and treatment. Physicians should be updated on groundbreaking treatments. These additions to medical education can and will help patients. My colleagues and I are here to ask you for your leadership and support of this issue.

Thank you very much for your attention.