CSME News

Spring 2009 **Volume 1/09**

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Message from the President

To begin I would like to say thank you to all the CSME membership for honouring me with the privilege of being elected as the new President of our society. The current organization has been formed from the vision and hard work of many of our Past Presidents, Executives and Members at Large. We have weathered many storms and adapted ourselves on many occasions to meet the challenges that have appeared in the realm of medical ethics/professionalism, government regulation, judicial decisions and the international movement of tort reform and how these factors affect our role as expert evaluators and potential witnesses.

As an organization CSME strives to represent all professionals involved in the process of providing independent health assessments. Our membership is made up of Medical professionals, Physiotherapists, Psychotherapists, Psychologists, Occupational Therapists, Chiropractors, Clinical Neuropsychologists, IME Rehabilitation Consultants, Insurance Claim Specialist, Rehabilitation Consultants, Forensic Engineers, and Legal experts.

This diverse group of professionals share common needs related to education, standards and representation of positions taken by the group.

Over the next year we plan to further our move towards collaborating with all professionals involved in the business of independent assessments and aggressively expand our membership in both numbers and geographic representation across the country.

Practically this will involve an expanded number of educational opportunities for our members by providing several day long conferences and many breakfast type talks aimed at brief opportunities to learn and network. Through this expanded agenda of educational opportunities we hope to provide value and expand our membership.

As president I invite everyone and anyone interested, to help us achieve our goals stated above and openly and warmly welcome you to help us with whatever effort that you have to offer. It is only through collective work will we achieve success at furthering CSME's goals .

If you would like to help in any way I would ask you to contact Cristina at 416 487 4040 or email cramos@csme.org

Dr. Doug Friars, MD, CCFP
President, CSME

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Members' Corner: Connect with your peers—networking opportunities!

Upcoming CSME Seminars

Insurance Medicine and Medical Legal Expertise in conjunction with the University of Montreal

- on-

Friday, June 12, 2009

-at-

Ontario Bar Association—20 Toronto St.
Toronto, ON

The Business of IMEs

- on -

Friday October 16, 2009

-at-

Ontario Bar Association—20 Toronto St.
Toronto, ON

Breakfast Meeting

November 2009

Stay tuned for more information!

2009 Meetings Around the Globe!

2009 CLIMOA Annual Scientific Meeting
May 10-13 in ***Toronto, ON***

XXI Congress of the International Academy of Legal Medicine
May 28-30 in ***Lisbon, Portugal***

The 31st Congress of the International Academy of Law and Mental Health
June 28-July 4 in ***New York, NY***

Canadian Orthopaedic Association Annual Meeting
July 3-6 in ***Whistler, BC***

4th Mediterranean Academy of Forensic Sciences Meeting
October 14-18 in ***Antalya, Turkey***

Contact us!

- If your contact information has changed!
- If you would like to volunteer with CSME and work on the Education Committee?
- If you know anyone who would like to attend CSME conferences or receive information about membership.
- We would like to hear from you! Do you have information that you would like to share with your peers!

Looking for Volunteers for our Education Committee!

There are many benefits to volunteering – here are some:

- To learn and gain more knowledge about CSME.
- To give back to our profession.
- Networking
- Personal sense of achievement and accomplishment

Volunteer today and see for yourself the personal benefits that you will receive!

If you would like to volunteer send us an email to info@csme.org

The Canadian Society of Medical Evaluators (CSME) exists to serve Canadian healthcare professionals who perform medical and medicolegal evaluations as a professional service to employers, workplace safety and insurance or workers compensation boards or CSST, lawyers and the insurance industry, using evidence-based medicine, best clinical practices and practice guidelines.

Member clinicians have the opportunity to contribute to the development, advancement and publication of ethical standards and guidelines for medical evaluators; to advise and offer expert consultation to the medical and other professions, organizations, and government agencies on all matters concerning independent medical evaluations in Canada; and to assist those hoping to locate available clinicians with suitable expertise.

Article of Interest—Medical Conditions and DSM-IV-TR

It is emphasized in psychiatry that there is significant need for thorough medical screening of patients seen in psychiatric inpatient services and clinics. A similar need is also present for the psychiatric evaluation of patients seen in medical settings. This is because many general medical conditions can cause or exacerbate psychiatric illnesses. Among identified psychiatric patients, anywhere from 24 to 60 percent have been shown to suffer from physical disorders. Conversely, a large number of patients with physical conditions also suffer from psychiatric disorders. As a person is combination of both physical and mental faculties, both dimensions need to be taken into consideration, while coming to a diagnosis, which leads to treatment plans, prognostic predictions and disability determination.

Let us consider examples for physical conditions causing psychiatric disorders. Thyroid disorders are often found in about 5 to 10 percent of persons with depression. Significant hypothyroidism can cause psychosis that does not respond to antipsychotics well, unless the underlying hypothyroidism is corrected. Hyperthyroidism, on the other hand, can cause the symptoms of nervousness, excitability, irritability, pressured speech, insomnia and psychosis. Triiodothyronine or T_3 is an augmenter, which, when added to an antidepressant, can convert a non-responding patient to a responding patient, even when he was Euthyroid to start with.

Psychiatric diagnoses are given based on a multi-axial system on Axis I, according to DSM-IV-TR. Personality Disorders and issues related to Mental Retardation are given on Axis II. These two axes are possibly the true indicators of psychiatric diagnoses. Axis III is utilized to mention the General Medical Conditions. Axis IV and Axis V are not discussed in this article.

Axis III appears to cause some confusion, as it is the area where medical conditions are mentioned, while giving a psychiatric diagnosis. Head injury and quadriplegia are examples. In a treatment setting of psychiatry, where Multiaxial Classification is used, there is no concern, as Axis III helps the overall understanding of the patient's condition. In the context of Medicolegal Evaluations or Independent Medical Evaluations, it is often interpreted differently. Some feel as if head injury is diagnosed by the psychiatrist, as it is noted on Axis III. Psychiatrists do not make medical diagnoses in the context of Medicolegal evaluations or Independent Medical Evaluations, even though they may do so when they deal with in-patients under their care.

So, it is important to understand what Axis III really means and how to interpret the items mentioned on it. DSM-IV-TR says that Axis III is for reporting current general medical conditions that are potentially relevant to the understanding or management of the individual's mental disorder. In other words, not all medical conditions mentioned by the patient/claimant, or obtained from other sources, are to be included on Axis III, unless they are relevant to the mental disorder. DSM-IV-TR also says that these conditions on Axis III are classified outside the mental disorders chapter of International Classification of Diseases (ICD). DSM-IV-TR also clarifies that the purpose of distinguishing general medical conditions is to encourage thoroughness in evaluation and to enhance communication among health care providers.

The relevance of general medical conditions in psychiatric evaluations is multifold. The medical condition may have direct causative relationship to the psychiatric condition. When a mental disorder is a direct result of a medical condition, it is mentioned on Axis I and Axis III. If the etiological relationship is insufficiently clear, the medical condition is mentioned only on Axis III. For example, if Major Depressive Disorder is due to Paraplegia, it is mentioned as such on Axis I and Paraplegia is also mentioned on Axis III. If Major Depressive Disorder is present and if there is insufficient evidence to say that it is caused by Paraplegia, Major Depressive Disorder goes on Axis I and Paraplegia, only on Axis III.

General Medical Conditions are mentioned on Axis III also because of their importance to the overall understanding or treatment of the individual with mental disorder. For example, arrhythmia needs to be mentioned on Axis III, to warn about selection of psychiatric medications that are contraindicated in that patient. For example, many antipsychotics can increase the QTc interval and Axis III warns the physician to be cautious in selecting the appropriate medication.

In conclusion, it is important to understand that conditions mentioned on Axis III are not diagnosed by the psychiatrist and as such, they do not form a part of psychiatric diagnoses. To avoid confusion, it is better to give psychiatric diagnoses under the heading of 'DSM-IV-TR Multiaxial Evaluation', rather than, 'Psychiatric Diagnosis'.

Dr. R. Veluri MD, MRCPsych, FRCPC

Article of Interest —The Single Joint Expert

On 26 April 1999, new Civil Procedure Rules (CPR) was introduced in the UK in response to Lord Woolf's report on the civil justice system. Lord Woolf identified excessive cost, delay and complexity as the key problems facing the civil justice system. The role and use of expert evidence was identified as not only one of the two major causes of these problems, but was identified as the "*subject that caused the most concern*". This was not surprising given that parties to litigation were all too often using too many experts, many of whom being not only superfluous to requirement but irrelevant to the issues in dispute. These problems were further compounded by the fact that the independence of expert witnesses was often questionable given that they were appointed by, instructed by and paid by one party.

In response to this situation, the Woolf reforms included the introduction of the single joint expert. CPR 35.7 (1) provides: *"Where two or more parties wish to submit expert evidence on a particular issue, the court may direct that the evidence on that issue is to be given by one expert only"*. However the CPR offered no guidance as to the circumstances in which the court should direct that evidence be given by a single joint expert. The courts have since attempted to fill that gap in the CPR.

The CPR Code for Experts addresses the key problems listed early as follow:

- The use of expert evidence was placed under court control in that litigants required permission from the Courts before they could rely on expert evidence, which was restricted in amount to that reasonably necessary to resolve the dispute;
- Parties were to be encouraged, as far as possible, to use one jointly appointed expert - the single joint expert;
- Parties were encouraged to obtain expert evidence via a mutually acceptable expert, albeit not a single joint expert, early on in the litigation under the pre-action protocols;
- Expert witnesses now owed a primary - that is, an overriding - duty not to the party appointing them, but to the Court.

CPR 35.1 provides that *"Expert evidence shall be restricted to that which is reasonably required to resolve the proceedings"*. CPR 35.4 gives the court specific power to restrict expert evidence:

- No party may call an expert or put in evidence an expert's report without the court's permission;
- When a party applies for permission under this rule he must identify the field in which he wishes to rely on expert evidence, and where practicable the expert in that field on whose evidence he wishes to rely;
- If permission is granted under this rule it shall be in relation only to the experts named or the field named;
- The court may limit the amount of the expert's fees and expenses that the party who wishes to rely on the expert may recover from any other party.

These provisions enable the court to exercise real control and to decide whether any (and if so what) expert evidence can be given, how many experts in what fields and dealing with which issues in the litigation.

The single joint expert concept has since been successfully introduced in New Zealand and Australia. It is currently being implemented in the province of Québec and should be in place for all Superior Court proceedings within the next year. The Québec experience will therefore need to be closely monitored.

Reference: *Expert Witnesses under the Civil Procedure Rules by Lord Justice Dyson in Clinical Risk; Jul 2005; 11, 4; pg. 148-156*

Dr. Michel Lacerte, MD, FRCPc, MSc

NEW RULES OF CIVIL PROCEDURE

Expert Witness Report Requirements: If you are requested to prepare a report for a lawyer, then it is imperative that you become acquainted with the ***New Requirements*** for all expert reports.

In addition, all experts are required to sign an "***Acknowledgement of Expert's Duty"*** form which recognizes the obligation of the expert to be: fair, non-partisan, objective and to provide opinion evidence only to matters that are within your area of expertise

For more information, please contact the CSME office at 416 487 4040 or send us an email info@csme.org

In conjunction with the University of Montréal
"Insurance Medicine and Medico-legal Expertise "& CSME
on **Friday, June 12th, 2009**
at the **Ontario Bar Association - 20 Toronto Street, Toronto, ON**

Why Attend?

Your attendance at these 6 live lectures, and review of the 8 web lectures, will permit you to write an online exam on **September 13, 2009**. Upon successful completion of this exam you will earn 45 hours of CME accreditation, a certificate of attendance will be issued and most importantly, you will leave with the knowledge and self-assurance that you and your peers have joined a very select group of fellow experts in this field.

Lecture A-5 Medico Legal Writing or Bullet Proofing Your Report (And Case Studies)
Lecturers: *Mr. Adam Rawlings & Dr. Michel Lacerte*

Lecture A-6 Arguments, Fallacies and Legal Reasoning
Lecturers: *TBA*

Lecturer A-7 Medico Legal Correspondence and Attorney's Work
Lecturers: *Mr. Larry Abey & Ms. Evelyn M. ten Cate* (Foster, Townsend, Graham & Associates)

Lecture A-8 How to Work with Lawyers
Lecturers: *Mr. Larry Abey & Ms. Evelyn M. ten Cate* (Foster, Townsend, Graham & Associates)

Lecture A-10 File Reviews and Technical Reports
Lecturers: *Dr. Michel Lacerte*

Lecture A-13 Rebuttals (Workshop)
Lecturers: *Dr. Arthur Ameis*

Registration Form — is located on the back page!

Seminar Objectives:

- The curriculum will make the professional more familiar with the administrative bodies requesting an independent medical evaluation.
- The health professionals involved in such activities will learn how to formulate a well motivated medical opinion.
- The curriculum will provide a basic legal knowledge which will help in theses activities.
- This training will allow the health professionals to perform more adequately and professionally in court when appearing as a medical expert.
- This curriculum will allow the participants to be knowledgeable in all areas of Insurance Medicine which should help them to be more competent in these new tasks.

For more information on the program visit the University of Montréal website or contact Catherine Verschelden, Program Coordinator at 1 877 343 7606 or by e-mail: catherine.verschelden@umontreal.ca

Accreditation: Course MMD6226 meets the accreditation criteria of the College of Family Physicians of Canada for a Maintenance of Proficiency Mainpro-M2 (45 hours), as a post-graduate course of the University of Montréal of 3 credits.

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Registration Form

Registrant's Name: ______________________________________ Membership No: ____________

Company: ____

Type of Practice: ____

Address: ____

City: ___________________ Province: ___________ Postal Code: ______________

Email address: ____

Telephone: ___________________________ Fax: _____________________________

Special Needs (dietary, accessibility etc): _______________________________________

Emergency Contact: ____

Registration Fee (Includes conference, program materials, continental breakfast and)

- □ Current CSME Member $1395 + GST ($69.75) = $1464.75
- □ New Associate Member $1605 + GST ($65.50) = $1670.50

(Combined Associate membership and registration fee)

- □ Non Member $1900 + GST ($95.00) = $1995.00
- □ Currently Registered (UofM Students) $ 200 + GST ($10.00) = $ 210.00

□ I authorize **Base Consulting and Management, Inc. (GST $ 894035195)** to charge the following amount $____________ to my credit card □ VISA □ MasterCard □ AMEX or accept my □ Cheque for $_________ for the above noted seminar on behalf of CSME.

Name on Card:____

Card Number: __________/__________/__________/__________/ Expiry Date: _______________

Signature____

One registration form per person —send completed form with full payment to: Canadian Society of Medical Evaluators, 250 Consumers Road, Suite 301, Toronto ON M2J 4V6 or **Email**: info@csme.org **Fax:** 416 495 8723

Group Discounts are available to registrants from the same organizations registering at the same time. Please complete separate registration forms. 5 + registrations—$25 discount per registration; 10 + registrations - $50 discount per registration; 20 + registrations - $75 discount per registration.

Cancellations must be received in writing **by May 29, 2009** in order to receive a full refund less a 25% administration fee. No refunds will be made after **May 29, 2009**. No-shows will be charged the full fee. Registration may be transferred to another individual to attend the same conference.

Registration Form