

Medico-Legal Dinner

Ladies and Gentleman, members of the medical and legal professions, friends.

I have the honour tonight of delivering the toast to medicine. I do so without any qualification. I toast and salute the science which diagnoses and prevents disease, and all the medical practitioners here tonight. And I thank you.

I thank you for all the many valuable contributions that you make to our community. This part is not meant to be funny. Over the course of my career, during which I spent perhaps 20 years acting on behalf of medical practitioners, I can tell you that I have always said this to my clients: We are meeting one another because something has gone wrong. But you have to look at this moment in the context of your entire career. On your average day, you do miraculous things. You may save or improve someone's life. But on a bad day, someone may lose their life. What do I do in my professional life? On my average good day, I may save someone a lot of money. On my average bad day, I may lose someone a lot of money. Who would you rather be? For you the extraordinary benefits come with risk. But who has it better – you are me?

Most of my client medical practitioners want to know why it is that law has the last word over medicine? How is it fair that, in the end, lawyers are in charge of doctors? I have always said, well someone has to be, and you must accept that the law prevails and we are in the end in charge of you, and we have the last word?

...

Or do we?

Such is the tyranny of this kind of work, that is lawyers working with doctors, that I would often find, say in an orthopaedic case, that my hip hurt when I was researching the benefit of ceramic versus titanium hip replacements. Or in an autoimmune case, I started wondering if I was going to have some sort of an anaphylactic reaction, that my throat would constrict, that I would stop breathing and I would DIE!!!

And doctors, hearing me tell them this, would say “don’t be ridiculous the risks are very very small” but there were some psychiatric **diagnoses** for would explain my behaviour. That’s right, not one but more than one.

That marvelous volume – DSM V (why is that Roman it looks like a V) – which never ever should have been made available to the public (BIG MISTAKE) – lays out very clearly all the things that are wrong with me.

Need a hip replacement? Going to die of anaphylactic shock? Go to page 315.

Hyperchondriasis or Illness Anxiety Disorder.

Diagnostic Criteria

1. Preoccupation with having or acquiring a serious illness: CHECK
2. Somatic symptoms are not present, or if present, are only mild in intensity. CHECK
3. There is a high level of anxiety about health and the individual is easily alarmed about personal health status: CHECK
4. The individual performs excessive health related behaviours like repeatedly checking his body for signs of illness: CHECK
5. Illness preoccupation has been present for at least six months, but the specific illness that is feared may change over that period of time: CHECK Yup I have got that.

6. The illness-related preoccupation is not better explained by another mental disorder such as somatic symptom disorder, panic disorder, generalized anxiety disorder, body dysmorphism disorder, obsessive compulsive disorder or delusional disorder: MAYBE IT'S SOMETHING ELSE

This is only 8 pages away from FACTITIOUS DISORDER (Imposed on Self) – see page 324

1. Falsification of physical or psychological signs or symptoms, or induction of injury or disease, associated with identified deception. (depends on how you construe that sentence), but...CHECK
2. The individual presents himself or herself to others as ill, impaired or injured. CHECK
3. The deceptive behaviour is evident even in the absence of obvious external rewards. CHECK

OMG – now I have Munchausens BUT

4. The behaviour is not better explained by another mental disorder, such as delusional disorder or another psychotic disorder. UH OH LIKE WHAT?

Which leads me to – way down at page 668

narcissistic personality disorder: a pervasive pattern of grandiosity (in fantasy or behaviour), need for admiration, and lack of empathy indicated by five (NOT ALL) of the following:

1. Has a grandiose sense of self-importance (eg exaggerates achievements and talents, expects to be recognised as superior without commensurate achievements). CHECK CHECK CHECK
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love. CHECK CHECK CHECK

3. Believes that he is special and unique and can only be understood by, or should associate with, other special or high-status people (or institutions) CHECK CHECK CHECK
4. Requires excessive admiration. CHECK
5. Has a sense of entitlement (ie unreasonable expectations of especially favourable treatment or automatic compliance with his expectations) SO CHECK – I have five!
6. Is interpersonally exploitative (ie takes advantage of others to achieve his own ends). NOT SO CHECK, but I already have 5
7. Lacks empathy is unwilling to recognize or identify with the feelings and needs of others CHECK – sometimes, but check if we are talking about millennials
8. Is often envious of others or believes that others are envious of him. CHECK
9. Shows arrogant haughty behaviours or attitudes. CHECK

Now remember – I am a JUDGE!

Is this not a description of me? Is this not a description of my colleagues? Let me add the word “malevolent”. Is that not a description of every judge one has ever appeared before?

Medical practitioners – I am CRAZY - you did this to me!

So who has the last word – doctors or lawyers?

Let us raise our glasses and toast Medicine.