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Whiplash And Other Useful Illnesses



Synopsis

Malleson details the evolution of whiplash from a common, short-lived disorder into a world-wide epidemic that has left millions permanently disabled. He exposes how some medical healthcare and legal professionals prey on the anxieties and greed of their clients. He argues that whiplash is only one of a long list of largely fabricated illnesses and injuries that will drain resources from the health care system.

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Customer Reviews

The term "whiplash" conjures up images of a violent encounter between two automobiles, spider-webbed windshields, broken bones, and twisted metal. In fact, whiplash claims are just as likely to result from low-energy "bumper thumps" as they are from more destructive collisions. Ten percent of persons who make whiplash claims report a substantial permanent disability. So how can whiplash be considered a "useful" illness? In *Whiplash and Other Useful Illnesses*, Andrew Malleson details the evolution of whiplash, from its innocuous beginnings in 1928, when Harold Crowe first used the term at a meeting of orthopedic surgeons to describe eight cases of neck injury, to its present medicolegal standing, which results in costs of \$13 billion to \$18 billion annually in the United States. Spine specialists have long known that patients with secondary gains -- workers' compensation claims or lawsuits -- have significantly worse outcomes than those who do not. In fact, in scientific studies designed to judge the efficacy of interventions, investigators must exclude such patients or report their results separately. Of course, such considerations are not limited to

spine-related injuries. In a broad sense, *Whiplash and Other Useful Illnesses* is about the way in which illnesses for which patients may receive compensation are created and sustained for the benefit of a few at the expense of many. Malleson chooses to write about whiplash, the condition he has spent the most time researching and with which he is most familiar. But his observations are applicable to a broad spectrum of manufactured medicolegal illnesses. Malleson writes with a self-admitted bias from years of working as a defense expert in legal cases involving whiplash and other illnesses for which patients may be compensated. He meticulously conveys his thesis in this thoroughly referenced and documented book. The book includes 59 pages of chapter-by-chapter notations and 56 pages of references. In a somewhat tedious manner, Malleson initially details the "junk science" that has given whiplash the status of a legitimate (and thereby compensable) illness. A psychiatrist by training, he particularly faults physicians for publishing poor scientific work in an effort to advertise themselves as experts in the field. This advertising allows them to secure an additional lucrative source of income in the face of a contracting health care market. He points out the insidious effort to legitimize the condition and discusses the interactions of medicine, lawyers, and the media that create "epidemics" by taking advantage of people's suggestible nature. Malleson draws parallels with other illnesses that were "fashionable" in other periods, such as "railway spine" and "repetitive strain injury," which reached nearly epidemic proportions in other countries until laws allowing compensation were rescinded. After the revocation of these laws, the ailments virtually disappeared. Whiplash claims, however, continue to multiply relentlessly, shifting vital resources and money away from where they are truly needed within the health care system to the benefit of a select few "victims," doctors, and lawyers. Malleson faults this conspiracy for its role in perpetuating the concept of whiplash as a form of prolonged disability. He scathingly criticizes many subspecialties within medicine for jumping on the "whiplash bandwagon" and perpetuating the pretense of lasting harm in the face of what should be an innocuous event. His portrayal of physicians as driven primarily by greed and self-interest under the guise of their patients' best interests, however, appears to be unwarranted and unsubstantiated. Lawyers are singled out for attempting to enrich themselves by means of the "whiplash lottery" and simultaneously allowing their clients to become professional patients who will not ultimately be cured by the verdict. Furthermore, lawyers continually fight to maintain the current adversarial system, which wastes valuable legal and health care resources. Malleson believes that many patients use whiplash as a convenient diagnosis to mask preexisting depression. It is socially more acceptable to be the victim of another person than to admit to being depressed, since depression comes from within. In this manner, an accident can be viewed as a reputable and rewarding escape from a difficult situation.

Finally, Malleson faults insurance companies for not doing enough to combat fraudulent claims, instead using the losses incurred to justify further rate increases for all customers. Malleson's writing style is somewhat dry, and the individual chapters do not seem to flow into one another, making the reading slow and the book difficult to pick up at times. Nonetheless, his thesis is credible and well substantiated. He provides the perspective of someone who has spent many years of practice inside a medicolegal system that he feels is fundamentally flawed and in need of immediate reform. With the health care system in crisis, we can no longer afford expensive, ineffective therapies that are often used only to meet an arbitrary minimal monetary threshold for bringing suit or demonstrating long-term disability. Malleson's repeated call for randomized clinical trials to substantiate the efficacy of medical interventions is shared by most in the field of medicine. Whiplash and Other Useful Illnesses is for anyone involved with persons seeking care or compensation for illness. Brian Grottkau, M.D. Copyright © 2003 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS.

"Fascinating. The wit and humour of the prose and the insight of the argument compelled me to read on. The specialist will benefit from the concise discussions of diverse topics and the general reader will find many gold nuggets of entertainment and information. Malleson is excellent in his discussion of the numerous side-issues." Arthur Schafer, Department of Philosophy, University of Manitoba ----- "An important and engaging book." Nortin M. Hadler, MD FACP FACR FACOEM, Professor of Medicine and Microbiology/Immunology, University of North Carolina at Chapel Hill

This book was recommended to me by a very eminent neurology attending. Excellent and well-researched critique on the management of whiplash, and secondary gain. At times the author did seem overly pessimistic of the motives of healthcare workers and patients, but as I read on I could see why he felt so emphatically - he relays stories of "seat sales" where people would deliberately crash cars into unsuspecting occupied vehicles, often leading to severe injuries in those passengers who were intentionally struck by the inciting vehicle. It was gut-wrenching to think that someone would put others at risk in that way, often leading to severe injuries in the innocently struck car. I do think that most people (patients and physicians alike) are not deliberately trying to capitalize on the insurance system and that he tended to highlight anecdotes that represented pretty egregious cases of fraud. I think from the standpoint of physicians, pain is inherently a subjective experience of the patient and we are obligated, at least until proven otherwise, to give benefit of the doubt and work up symptoms earnestly. I do agree there are a lot of psychosocial aspects of pain,

and often traumatic memories about the inciting event seem to contribute, which are often challenging to treat and can be frustrating to both parties. I thought overall this was a well-researched book, and raised a lot of great points about healthcare economics and cost efficiency, but seemed very fixated on the insurance fraud aspect.

This is an extensive, wonderfully documented discussion of a spectrum of illness that effects a large part of our society (not just in the United States, but in most of the developed world). Malleson does a fine job of keeping it readable with a combination of incisive wit and piercing insight. Apart from the issue of whiplash itself the author explores the effect of this spectrum of disease on the medical profession (my profession) and the effect of my profession on this spectrum of disease. His insights are clear and revealing. Malleson further points out relationships between the healthcare system of the developed world and these "useful diseases". His insights and discussions in this regard are, once again, germane and well presented. In the discussion as to what form of healthcare system we should develop in this country, the subject matter of this book is key. If legislators and healthcare planners are unaware of these relationships our healthcare system is doomed. This book is appropriate reading for any healthcare professional, attorney, and anyone in the insurance business. Legislators and others involved in healthcare planning should have this material as required reading. The concepts contained in this work are critical to the future of our healthcare system.

This book criticizes those who suffer whiplash injury. It ignores that whiplash can lead to disc injury in the neck, fibromyalgia, temporomandibular joint dysfunction, and traumatic brain injury. It is scientifically flawed and fails to consider the science now known. It is written at the behest of the insurance industry so they can refuse to pay or underpay claims. Most people with whiplash do recover within six months or shorter. However the unlucky ones can go on to develop permanent injury like traumatic brain injury, fibromyalgia, or disc injury. Please note that whiplash can cause a fractured neck which can lead to any injury up to quadriplegia. This book does an incredible disservice to injured people.

An excellent book on the subject of whiplash associated disorders (WAD). Dr. Malleson brings the subject of WAD to life and is able to present his thoughts in a structured, coherent yet entertaining manner. On page 31 of this scholarly work he presents the findings of Dr. Henry Berry's findings of the presence of, or rather absence of, WAD in demolition derby drivers. In short, WAD does not

exist in demolition derby drivers. Surely, such a finding cannot be explained by simply applying biomedical principles. Those with a vested interest in promoting late WAD as a distinct biomedical entity have unsuccessfully attempted to debunk the writings/ research of Berry, Robert Ferrari and now Malleson. While no one is disputing the existence of the acute/ early WAD the dispute comes when one tries to explain away the findings of studies coming out of Singapore, New Zealand, Germany, Greece, Saskatchewan and Lithuania - which essentially undermine the existence of the phenomenon of the late whiplash syndrome. From the writings and meta-analysis of Malleson et al it should be patently obvious to all of us managing these VICTIMS that we need a significant paradigm shift in the management of WAD - i.e. we should be adopting a biopsychosocial approach to its management thereby improving the clinical outcomes, both quantitatively and qualitatively, in the VICTIMS who are all too often mismanaged by those practitioners who exclusively subscribe to a biomedical approach. More works like Malleson's are needed on this very contentious subject. For additional reading, I'll recommend THE WHIPLASH ENCYCLOPEDIA - The Facts and Myths of Whiplash by Dr. Robert Ferrari (1999) to anyone with an open mind on the subject of WAD. To Dr. Malleson I'll like to take this opportunity to not only congratulate you, but thank you for such a fine book. I've had the opportunity to read most, if not all of the textbooks that have been published on the subject of WAD over the last 5 years and this ranks amongst the finest. I'll remind Dr. Ferrari and yourself that it was Margaret Mead who once said, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has". PS (August 7th 2003): Having reviewed this page for the first time in six months, I was once again pellucidly reminded how emotive the subject of WAD can get, especially for those having a vested interest in profiting from the WAD VICTIM'S pain and suffering. The reference line for all MDs involved in the management should be the INJURED PATIENT and the INJURED PATIENT ONLY and this ethical and fiduciary duty must override any other obligation to the persons from whom one may have received instructions or payment (e.g. Insurance companies, plaintiff attorneys, etc.). To the reviewer from Boston (April 6th 2003), who erroneously stated that I was an insurance company executive, I'll like to take this opportunity to point out that I am a MD who has spent over 15 years in the trenches managing the WAD VICTIMS' pain and suffering. While in the earlier years of my career a fair percentage of my patients did not respond to the traditional biomedical model, however, over the last 4 to 5 years I've had the opportunity to apply the biopsychosocial model to the management of my patients suffering from Grade 0 to Grade III WAD and I'm pleased to announce that the results have been extremely heartening, to say the least. The authors of books like "Whiplash and Other Useful Illnesses" must be commended for literally sticking their necks out and challenging the old

paradigm that FAILED to benefit the WAD VICTIM. It must be pointed out to the skeptics that Dr. Malleson goes on to show in his commendable textbook where and how the insurance companies, yes the insurance companies, benefit from WAD. Hence, it is somewhat disingenuous, to say the least, for anyone who has read "Whiplash and Other Useful Illnesses" to classify it as a pro-insurance industry text. To those contemplating purchasing this text, if your reference is the patient's physical well being I'll commend this book to you, on the other hand if your primary interest lies in how you can profit from the patient's pain and suffering I'll suggest that you look somewhere else. Just a concluding thought, how is it that those causing the accidents, that is those who have little to gain psychosocially from such, never seem to go on to suffer from more than a transient neck pain?

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