

# Chronic Lyme patients win reprieve

## *Physicians should not fear reprisal for prescribing long-term antibiotics*

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MINNEAPOLIS — It was a bitter pill to swallow, but members of the Minnesota Medical Practice Board agreed to look the other way when it comes to disciplining physicians who treat chronic Lyme disease with long-term antibiotics.

The resolution circumvents legislation that would protect physicians who prescribe long courses of antibiotics for persistent Lyme patients. At a House committee hearing Feb. 17, a bill by Rep. John Ward (DFL-District 12A) was laid aside to give the state board a chance to find a non-legislative solution to the treatment issue.

The compromise barely passed by a 8-6 vote at the board's monthly meeting March 13. It basically reads that in the interest of allowing time for science to resolve the issue, the Minnesota Board of Medical Practice (MBMP) voluntarily will take a five-year moratorium on the investigation, disciplining or issuance of corrective action based solely on long-term prescription or administration of antibiotic therapy for chronic Lyme disease.

If during those five years, double-blind, peer-reviewed scientific studies have resolved the issues, the five-year moratorium will be nullified. At the end of five years, in the absence of such scientific studies, the board will reexamine the issue.

It was not an easy decision.

Members fear the action erodes their authority to protect a patient's health and safety and sets a dangerous precedent.

Former board president Dr. Rebecca Hafner-Fogerty told her medical constituents that passing the resolution was not good public policy. "The Legislature has no particular expertise in the practice of medicine, one of the reasons the MBMP exists, and legislating a standard of care based on who screams the loudest is an abdication of our responsibility," she said. "The board is not on a witch hunt looking to persecute doctors treating for Lyme disease."

Fogerty said she also worries the compromise will "trigger a flood" of copycat legislation adopted by more special interest groups. Instead she urged the board to educate those irrationally fearful as to board processes.

On hand to answer questions, Rep. Ward told the medical board that Lyme disease sufferers are "real people with real disease." He warned them both the House bill and Senate bill would pass the Legislature, if the board did not compromise, making the treatment issue a state statute.

"Doctors should be allowed to prescribe a mode of treatment best suited for the individual," Ward said. "This bill provides a choice."

Board member Dr. Alfred Anderson said he could not remember the state board regulating any other disease. "We're interested in doctors who are way off base in treating patients," he said. "This board has never cited a doctor for treating Lyme disease specifically. I don't see that this board has ever been an obstacle."

Dr. Linda VanEtta, a Duluth doctor, past board member and infectious diseases fellow, said she was opposed to long-term antibiotic therapy for treating chronic Lyme and felt evidence did not support the treatment. She preferred, however, that the board enter into the agreement than see a state statute requiring the board to refrain from disciplinary action. "It is not good to have the Legislature

practice medicine without a license.”

VanEtta noted that tickborne diseases are endemic in her area and she treats hundreds of patients. Yet the practitioner said she was comfortable with the current 2006 Infectious Diseases Society of America (IDSA) guidelines. Those guidelines state there is no evidence long-term antibiotics cure chronic Lyme. VanEtta said extended antibiotic therapy is not beneficial and there is risk of side effects.

She advised the board to allow the resolution to sunset in five years and “disappear.”

“You will never resolve this,” VanEtta added.

Lyme disease advocate Dr. Betty Maloney, a Wyoming family practice physician, told the group she gets three calls per week from doctors inquiring about treatment. “Doctors want latitude,” she said. “There is a real fear they will lose their license (for prescribing long-term antibiotics). This is a misperception only the board can correct. A moratorium lets us step back, calm us down, and look at the science.”

The IDSA guidelines, Maloney added following VanEtta, are based on panel opinion and the panel is stacked against physicians who treat persistent Lyme disease. “The evidence we have is insufficient to support (IDSA) recommendations regarding late neurologic Lyme,” she said. “Science and medicine should not be ruled by majority vote.”

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