

One year with "FLÅTT DIALOG": Where are we now?

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Aim:

To create confidence and interaction

“Deliverables” of the project:

1. Arrange dialogue meetings between NLBF and SSHF
2. Write a popular science article explaining laboratory methods for LB diagnostics
3. Arrange a meeting, same topic as the article, where patients have the opportunity to meet some of the professionals

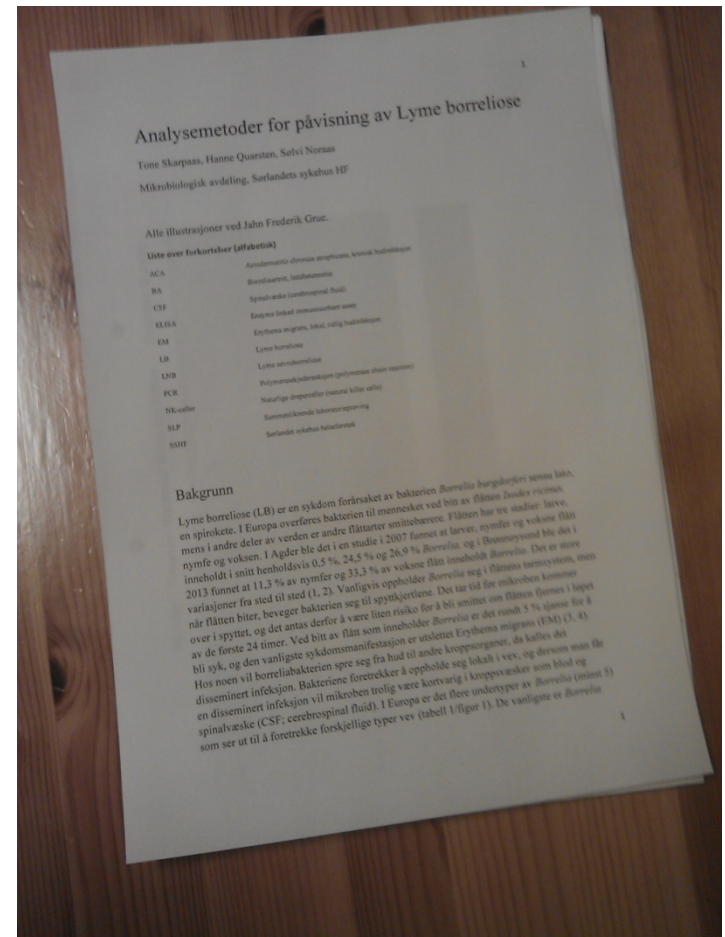
Dialogue meetings

- ✓ Dialogue between NLBF and SSHF
 - ✓ 2 full-day meetings
 - ✓ Main topics: diagnostics and treatment
 - ✓ What do we agree on, what are the controversies?
 - ✓ How can we involve and inspire the medical community and public health authorities in the process of research and dialogue?
 - ✓ Further projects or cooperation?
- ✓ Result?
 - ✓ Better understanding of the disagreements

Popular science article

✓ Write a popular science article explaining laboratory methods for LB diagnostics

✓ Has been published at www.lyme.no



Mini-conference

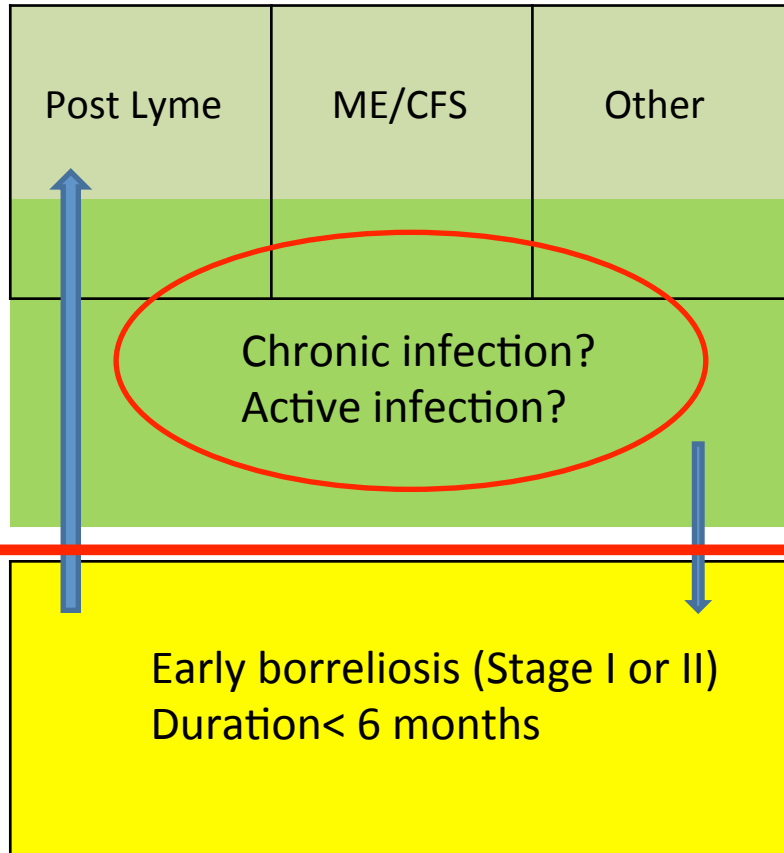
- ✓ Open meeting on LB Diagnostics
- ✓ Guest speakers from abroad:
 - ✓ Dr. Leona Gilbert (Finland)
 - ✓ Prof. Franc Strle (Slovenia)
- ✓ SSHF speakers
- ✓ Time for debate
- ✓ Positive response, patients appreciated the opportunity to listen to, and discuss with, the speakers



Where are we now; from the patients point of view?

- Disagreements or unclear questions?
- Do we speak of the same patients?
- What to do now?

"The world" - as the patients see it



Our main focus is the patients with long term illness, with good cause to suspect TBD

Persisting symptoms are well documented by SSHF

**Extent of problem?
Causes?**

?

The specialists in the health care system tend to define their focus – and thus their responsibility – mainly to be cases of early LB. Although they also see cases of Stage III LB



The limit is set, based on **two hypotheses**:

1. Long term ill patients with active LB infection will always have a positive antibody test
2. The recommended treatment will always kill the bacteria

NLBF questions both

Focus on long term illness because:

- These are the angry and despairing patients, **seriously ill and abandoned by the health care system**, who go to the private clinics abroad
- These are the patients that step forward, in the media, and ask for attention and help
- These are the patients that try to report good effect of «un-authorised» treatment
- These are the patients where we have **least knowledge**

What will it take to create trust?

- Mutual respect, a greater responsibility by the "strong" party
- Take the patients seriously, listen to patients' experiences
- Information needs to flow both ways, every patient must be allowed to tell about their experiences and to be believed
- The "complicated" patients can not be "defined away" from help
- Create new knowledge!
 - Relevant knowledge that answers the patients' questions

What next?

- Document treatment effects
- Improve diagnostics, especially direct detection of bacteria
- Interdisciplinary effort focusing on the long term ill, and the "complicated" cases
 - Take responsibility also for "Post Lyme", ME/CFS, other...
- Both patients and clinicians have to be open to different explanations, more than one possible cause, to illness.

It's not important to be right, but to get help... (NLBF)

“Flått dialog”: What did we achieve?

- Better communication in the project group between NLBF and SSHF,
- Better understanding of the problems of “complicated cases” and long term illness
- Inspiration to do relevant research, also on co-infections
- Inspiration for HOD and HD to include patients in the work on how to deal with LB and TBD



Thank you for your attention

