



Ontario

Ministry  
of  
Health

CE - 10/10/86  
L.S.  
**memorandum**

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July 17, 1986

MEMORANDUM TO: Dr. Barbara J. Blake  
Director  
Public Health Branch

FROM: Dr. P.R.W. Kendall  
Physician Manager  
Disease Control & Epidemiology Service  
Public Health Branch

RE: Report of the Advisory Panel on Environmental  
Hypersensitivity

The Advisory Panel reviewed the Thompson Committee report on environmental hypersensitivity (E.H.) and recommendations contained within it.

The Advisory Panel draws a clear distinction between the scientific basis for the E.H. syndrome, its diagnosis and treatment and the social benefits aspect of support.

To resolve some of the contradictions between scientific rigor and social support they suggest a dual mechanism of review of issues around E.H.

1. Scientific Medical - The Panel state, "there is urgent need for well designed fundamental and clinical research studies".

They propose a 5 year funding mechanism for contract research into the area to enable a scientifically acceptable body of knowledge to be gathered.

They consider that neither the provision of a treatment facility for research nor the funding of clinical work on research moneys, as suggested in the Thompson report, are reliable ways of attracting personnel or maintaining the level of research required.

Given the experience and expertise of the Advisory Panel, I suggest this caveat be accepted.

2. Social Benefit aspects - The Panel recommends that a lay committee be established to review "referrals" for admission to U.S. facilities.

The Panel also recommends that existing social service agencies review their support for persons incapacitated by "E.H." rather

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Memo to: Dr. Blake  
- Page 2 -  
July 17, 1986

Re: Environmental Hypersensitivity

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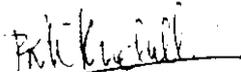
than basing this support in the medical care system which currently, by and large, does not accept the validity of the diagnosis or treatment of this condition (my emphasis).

The Advisory Panel continue with comments on all 30 of the Thompson Committee recommendations. In general, they support those recommendations which stress the need for further study (with reservations as above), are extremely cautious on recommendations which support funding for test or treatment procedures, agree with the Thompson Committee on what should not be included in insured health services, caution that currently there is not enough valid information at present to warrant changing medical school curricula or continuing education packages, support the social services approach to handicap.

Two recommendations referring to private insurers and the OMA, respectively, are beyond the sphere of influence of the committee.

Conclusion This is a sound response to the Thompson report. The panel are in substantial agreement with the California Medical Association Task Force.

This report will not please clinical ecologists nor sufferers from E.H., who will doubtless describe it as a biased and traditional response by the entrenched medical establishment.



PRWK/ebb