

Public Health Committee

House Bill #6200

AN ACT CONCERNING THE USE OF LONG-TERM ANTIBIOTICS FOR THE TREATMENT OF LYME DISEASE

As a college freshman in the mid 1970's, I was stricken with a severe case of Crohn's Disease that eventually resisted the pharmaceutical treatments recommended by my doctors and required surgery. At every step along the way, my doctors were free to use their clinical judgment and treatment decisions were made entirely by my doctors in concert with myself and my parents. Our insurance company fully supported those treatment decisions and did not hesitate to cover everything.

Thankfully I recovered from that illness and went on to lead a very productive and rewarding life, first as an engineer and then as a freelance computer consultant with a flourishing business. In my spare time I participated in autocrosses, played competitive volleyball, and published a software utility that was sold on the commercial market.

All of that came to a slow and grinding halt after a documented bite from a deer tick on the lawn of my home in Wilton, CT. I was misdiagnosed for 5 years despite a known tick bite, classic signs and symptoms of Lyme disease and a positive Western Blot. Eventually, my Lyme disease was diagnosed both serologically by PCR testing, and clinically by a doctor who had treated enough Lyme patients and studied the science long enough to know what to look for and what needed to be ruled out.

Again, I was lucky to have good insurance and a doctor who was willing to use his clinical judgment in formulating my mutually agreed upon treatment regimen. Because the short-course treatment currently considered curative by the IDSA had only provided temporary relief of my symptoms, we chose to try a more aggressive route, using many more months of oral antibiotics and several weeks of IV antibiotics. With each protocol, I saw improvement, eventually shedding permanently some of the worst of my Lyme related symptoms.

Unfortunately, I am still left with debilitating fatigue, headaches and other nagging symptoms that continue to make daily life a challenge. I don't know what the cure is for my remaining symptoms because nothing has worked so far and neither science, nor the esteemed experts, have the answer. I do know this. Without long-term antibiotic therapy, serious and potentially life threatening symptoms would have been left to fester, and I would probably not be here today to write this testimony.

One has to ask what has happened to health care in the years since my Crohn's Disease diagnosis that doctors are now punished for using their clinical judgment when treating illnesses that do not respond to recommended protocols? What has happened to our health care system when insurance companies and their bean counters are permitted to interfere with treatment decisions, and failing that, file complaints with state medical boards hoping to remove non-compliant doctors? And what has happened to our health care system when state medical boards are allowed to become enforcement arms for the medical orthodoxy of one side or another in a scientific debate over the diagnosis and treatment of an illness?

And finally, since when did cookbook medicine replace the clinical judgment of skilled practitioner, especially when it comes to the treatment of complex illnesses for which science still has no definitive answers?

I have watched as one chronic Lyme doctor after another has been reported to their state medical boards across this country, nearly always due to the complaint of either an ideologically opposed peer or an insurance company angered over that doctor's use of long-term antibiotics to treat chronic Lyme disease. H.B. 6200 is an important step towards protecting such doctors'

ability to use their clinical judgment in the treatment of chronic Lyme disease. I urge the PHC to support and pass H.B. 6200.

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