The Association of American Physicians and Surgeons (AAPS), which represents physicians and surgeons in small practices, sets the IDSA Lyme disease guidelines in its cross-hairs. Why? Because the physicians need flexibility and the IDSA guidelines are mandates that restrict the ability of physicians to provide individualized care. The full text of the AAPS letter to the IDSA follows:

The Association of American Physicians and Surgeons (AAPS), a non-profit organization founded in 1943, is dedicated to fostering private medicine, ethical medicine, and the patient-physician relationship and protecting them from third-party encroachment. Through thousands of member physicians and surgeons, AAPS represents virtually all medical specialties nationwide, primarily in small and solo practices. AAPS is funded almost entirely by physicians, reflecting its representation of its members and their patients, in contrast with many other medical organizations that rely on funding from outside sources. Justices of the United States Supreme Court have cited legal submissions by AAPS in multiple cases, most recently in 2008.

AAPS objects to the overly rigid IDSA Lyme Guidelines ("Guidelines") that were published in 2006. For example, on page 1090, the Guidelines mandate laboratory confirmation of an observed condition (extracutaneous Lyme disease) in order to diagnose and treat it. On pages 1089-90, the Guidelines prohibit clinical diagnosis and treatment of particular conditions associated with Lyme Disease if based on "clinical findings alone."

These Guidelines should be revised to recognize that the physician must retain full flexibility in the diagnosis and treatment of Lyme disease. Medical societies do not practice medicine; physicians do. The mandate for specific laboratory confirmation is particularly objectionable, as testing for Lyme disease is notoriously insensitive and unreliable. Patients who do not meet this criterion would often be denied treatment that could mitigate severe chronic disability. In some cases, long-term treatment is required. Physicians must be able to exercise their professional judgment concerning the best treatment for each individual patient, without restraint by one-size-fits-all Guidelines, which amount to mandates and prohibitions.

The *sine qua non* of good medical practice is individualized care for individual patients. Guidelines should not usurp this in any way. It is each physician, and often only the physician, who knows the patient's history, course of illness, severity of presentation, and responsiveness to treatment. AAPS objects to any curtailment of individualized treatment of patients by competent physicians, and no Guidelines should be adopted that infringe on such treatment.

Andrew Schlafly

General Counsel, Association of American Physicians & Surgeons, Inc. (AAPS)

Contact address for AAPS: 1601 N. Tucson Blvd., Suite 9, Tucson, AZ 85716-3450

Full text of objectionable provisions cited above:

Challenge to Lab Diagnostic Test Requirement--Page 1090: "*Diagnostic testing performed in laboratories with excellent quality-control procedures is required for confirmation of extracutaneous Lyme disease*…." (emphasis added).

Challenge to Restrictions on the Use of Clinical Judgment—Pages 1089-90: "*Clinical findings are sufficient for the diagnosis of erythema migrans, but clinical findings alone are not sufficient for diagnosis of extracutaneous manifestations of Lyme disease or for diagnosis of HGA or babesiosis.* Diagnostic testing performed in laboratories with excellent quality-control procedures is required for confirmation of extracutaneous Lyme disease, HGA, and babesiosis." (emphasis added).