



NCLAP.org

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North Carolina State Bar*

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To whom it may concern,

For unknown reasons more people, including more lawyers, find themselves at a relatively young age diagnosed and living with chronic illnesses such as MS, Early Onset Alzheimer's Disease, Early Onset Parkinson's Disease, or other vague and unspecified auto-immune neurodegenerative conditions (there are a surprising number of these). These diseases are all neurodegenerative – once damage has occurred to the neurons they cannot be repaired.

Maybe one day medicine and science will find a way to reverse the damage, but no such cures or treatments exist today. A diagnosis, however, does not signal immediate or total disability. These illnesses are chronic in nature – not acute. The symptoms and neuron damage evolve very slowly over many years or decades. And neuron damage may begin with motor function and take years or decades to begin to affect cognitive function. As a result, a lawyer may be able to competently practice law for years or decades after a diagnosis but will often need to make accommodations in the lawyer's practice. For example, a trial lawyer may no longer be able to handle courtroom work due to processing speed limitations. Similarly, a lawyer with fatigue may not be able to practice at a pace previously maintained. Yet, when making accommodations, the lawyer is compelled to keep the accommodations secret and may have a "cover story," which others will not misconstrue as an inability to practice law. For some of these conditions there are medicines to help manage and mask symptoms, which can make daily functioning easier, but also reinforces and rewards continuing secrecy about the existence of the condition.

Neuropsychologists confirm that individuals who have the highest level of intellectual functioning immediately notice any change or deficit in that functioning, no matter how small, and the change feels huge. So while a person may still test in the above average to far superior range across a broad spectrum of intellectual and neuropsychological testing measures, for the sufferer, the diminishment in capacity is blatantly apparent and incredibly frustrating – but may be invisible to his or her peers. Continued professional recognition and awards for superior performance in the legal profession compounds the growing sense of isolation and desire for secrecy for the sufferer and may cause internal conflicting feelings of fraudulence.

The stigma associated with depression, anxiety or alcohol or drug problems (for which there are proven successful treatments) pales in comparison to the stigma associated with a neurodegenerative diagnosis for which there is no cure for a member of a profession rooted entirely in one's ability to think. It is for this reason

lawyers keep a diagnosis a closely guarded secret, all the while carrying a private awareness of the subtle arrival of new symptoms that are usually invisible to anyone but the sufferer. It becomes an incredibly isolating experience. As one author notes:

One of the hardest things about being chronically ill is that most people find what you're going through incomprehensible—if they believe you are going through it [at all]. In your loneliness, your preoccupation with an enduring new reality, you want to be understood in a way that you can't be.

It is for this reason we are starting a support group for lawyers who have been diagnosed with these types of chronic neurodegenerative conditions. The NC Lawyer Assistance Program has been in operation since the 1970's. As a result we have a cadre of active volunteers who understand the unique benefit of peer-driven support. The impetus for starting a group like this came from a "chance" encounter between one of our LAP volunteers and a lawyer from another state who were attending a national awards ceremony. They were assigned to the same dinner table by chance. Our volunteer wrote to me about the experience and has granted permission for me to use excerpts here:

As the discussion went on we learned we both had MS. In describing our impairments we both mentioned that they were primarily the "invisible" sensory symptoms that were most frustrating – numbness of limbs and face, mild enunciation problems. As we gained each other's confidence, I told him about my cognitive impairment and how I can no longer do courtroom work...how I prefer to have my new associate with me in all client meetings...how I sometimes spend a lot of my day looking for misplaced things and not being able to focus (and quite frankly wanting to cry from the frustration). My colleague began sharing his lack of stamina and need to pace himself, particularly the need to limit himself to more administrative tasks on "off days." For me, it was the first time I had ever met another lawyer who confirmed what was going on with me – impairment due to a chronic illness (in my case mild cognitive impairment, not normal aging) which prevents me from performing to my own expectations and requires me to take much longer to do tasks. The opportunity to bear my secret and receive understanding from a fellow sufferer in confidence was extremely affirming. I trust we will stay in touch and know my life was enriched through sharing my experience with someone who understood me.

The support group meeting will be a monthly conference call to start. In order to preserve the utmost anonymity and confidentiality, lawyers or judges who are interested in attending need not provide any identifying information on the call (such as one's true name or location). To be eligible to attend the call, however, a lawyer must contact Robynn Moraites, director of the NC Lawyer Assistance Program, to provide some background information to determine whether this group would be a good fit. All lawyers who wish to participate must agree to sign a confidentiality agreement and agree to never repeat anything discussed on the call. It is only in this way that participants will feel safe enough to share honestly. The purpose of the group will be:

- 1) to allow lawyers and judges to connect with others who are experiencing similar circumstances. Breaking isolation goes a very long way in helping one to accept a condition and to deal with it in a positive way.
- 2) to explore utilizing certain “tools of recovery” that cross over from LAP’s traditional focus and apply them in a supportive environment with others who are “walking a similar path.”
- 3) to provide peer-to-peer support, encouragement, or guidance about whether, when or how to a) disclose information to friends, family, or law partners, or b) shift a practice focus or incrementally scale back a practice, or c) apply for disability. None of these are easy decisions and in LAP’s experience, it is crucial to have supportive peers who have been down the same road who can share their experience, strength and hope. Of course, life will present many other topics for discussion, but these are some that come to mind easily as those that lend themselves to hearing shared experience when the time comes.

If you are interested in learning more, please make a confidential call to Robynn Moraites. You need not provide your name or any identifying information to ask whatever questions you may have. She can be reached at (704) 892-5699.

Sincerely,

A handwritten signature in cursive script that reads "Robynn Moraites". The signature is written in black ink and is positioned above the printed name.

Robynn Moraites