

Complementary treatments on the NHS

In this ninth article in a series on complementary medicine, **Edzard Ernst** tells us why the Government's "proposal" to integrate complementary treatments with the NHS is merely an election gimmick

Apparently, complementary treatments like acupuncture, homoeopathy, osteopathy and aromatherapy will soon be available on the NHS at no cost to the patient.¹ One could be forgiven for thinking that this is the biggest breakthrough for British medicine since the creation of the NHS in 1948. The chief executive of The Prince of Wales's Foundation for Integrated Health said that "there should be equity of access". The Government seems to feel that it fits in nicely with its agenda for patient choice and hopes to save money on the health care budget. The Leader of the House of Commons, Peter Hain, is a strong supporter of the move. According to Mr Hain, it will make primary care more effective. Moreover, "people want to see these treatments on the NHS".¹ Mr Hain also assured us that both Tony Blair and John Reid are firmly behind the initiative. If all these people agree, all is well. Or is it?

Shivers down the spine

The first thing to say is that complementary medicine (CM) is already available through the NHS and has been for some time. For years, GPs have been able to refer patients to a therapist and the NHS footed the bill. So perhaps this is nothing new. What does seem new is that the Department of Health will instruct all GPs to make full use of the UK's 45,000 providers of complementary therapies — a booklet on how to refer patients to complementary practitioners is to be sent to every GP in the UK.

A pilot is to be conducted in Wales. Peter Hain, who is also Secretary of State for Wales, said: "I would like to see Wales act as a model for further development of alternative medicine." This sent shivers down the spine of some commentators. The chairman of the General Practitioners Committee at the British Medical Association, Hamish Meldrum, has

warned that "regulation of complementary medicine is at best imperfect".¹ In other words, GPs might be sending their patients to therapists who, at least initially, are ill-equipped to take on this responsibility. Eventually, one might hope, the therapists will get their act together and the pros of integrating CM will outweigh the cons.

Arguments raised in favour of integration essentially amount to four assumptions:

- It will lead to equitable distribution of health care
- It will promote patient choice
- It will save money
- It will make health care more effective

Of course, health care should be fair and not a privilege of the rich. But this principle only makes sense if we are talking about effective health care. In the case of treatments that are of uncertain or of no value, equitable



distribution is either inconsequential or detrimental. A similar argument applies to patient choice. Encouraging patients to choose treatments that do not work or are less effective than conventional therapies, or are perhaps not safe, must generate more harm than good.

Mr Hain seems to be convinced that complementary therapies will improve health care. Good for him. I, too, am convinced of the value of some forms of CM. Nevertheless, I cringe to hear such generalisations. Mr Hain pointed out that homoeopathic arnica helped him after an acute injury. Perhaps this is not a bad example to stress my point. Analysing the totality of the data from all rigorous clinical trials on this specific question, we (and other researchers) found no

Edzard Ernst, PhD, FRCP (Edin), is professor of complementary medicine at Peninsula Medical School, Universities of Exeter and Plymouth, and editor-in-chief of the journal *Focus on Alternative and Complementary Therapies*

Table 2: Complementary therapies that have failed to demonstrate effectiveness*

Therapy	Indication
Acupuncture	Smoking cessation
Bach flower remedies	Stress
Chelation therapy	Circulatory problems
Chiropractic	Neck pain
Chitosan	Weight reduction
Evening primrose oil	Eczema
Homoeopathic arnica	Trauma or wound healing
Mistletoe	Cancer
Shark cartilage	Cancer

*According to state of the art systematic reviews

conclusive evidence to demonstrate that arnica is superior to placebo.^{2,3} Is Mr Hain advocating placebos for emergency care? Or is he trying to introduce double standards into health care in order to accommodate his pet therapy?

Election gimmick

In my view, CM should most definitely be used as widely as possible — but only those bits of it which have been properly tested and, demonstrably, do more good than harm. This is the case for a sizeable number of interventions⁴ (see Table 1 for examples). Let us use these treatments for the benefit of our patients. For other forms of CM, the evidence fails to show convincingly that they work better than placebos or conventional treatments (see Table 2 for examples). For the vast majority of complementary therapies, the evidence is either absent, too conflicting or too flimsy to draw firm conclusions.

Introducing all sorts of dubious treatments into the NHS behind the smoke screen of "integrated medicine" would increase NHS expenditure as well as render health care less effective and less safe. It is destined to reintroduce the Dark Ages into modern medicine for the sake of a politically correct election gimmick.

References

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Table 1: Effective complementary therapies*

Therapy	Condition
Acupuncture	Nausea or vomiting (ie, after chemotherapy)
Chondroitin	Osteoarthritis
Devil's claw	Back or osteoarthritis pain
<i>Ginkgo biloba</i>	Dementia
Glucosamine	Osteoarthritis
Hawthorn	Congestive heart failure
Horse chestnut	Chronic venous insufficiency
Red clover	Menopausal symptoms
Saw palmetto	Benign prostate hypertrophy
St John's wort	Mild to moderate depression

* According to state of the art systematic reviews