

Why looking at complementary medicine receives so little funding

In the 10th article in a series on complementary medicine, Edzard Ernst suggests ways to remedy the paucity of research funding in this field

My years in complementary medicine (CM) research have been exciting, productive and, on the whole, joyful. But they could have been even more fruitful had there not been a constant worry — I am speaking, of course, about research funding. Vis-à-vis the huge popularity of CM and the mountain of unanswered questions, the lack of adequate financial support for research is, in my view, nothing less than scandalous.

A little anecdote will explain my often intense frustration. Some time ago, my CM team at Peninsula Medical School applied to a UK medical charity for a research grant. We carefully considered all the ins and outs, made sure our project fitted the charity's agenda and budget, wrote a full application, passed it through the various checks within our medical school and finally submitted it. Recently we received a rejection letter, which said: "Despite an interesting and well thought through proposal, we are not, unfortunately, currently in a position to offer you an award to undertake this piece of research . . . We receive many requests for information about complementary therapies . . . Your proposed research would no doubt be very valuable in assessing the information available through this medium and in considering safety and efficacy of available treatment modalities. If you were able to receive funding from other sources to undertake this work, we would be very interested to hear your outcomes." I should point out that the application was in a highly specialised area of health care and, therefore, we had no hope of receiving funding from other sources.

Getting used to rejections

Scientists all over the world write grant applications and have to live with the fact that a sizeable proportion are rejected. The investment in putting together an application is often substantial. The whole procedure usually takes between two and six months of a researcher's time. In most cases, it is unclear who will pay for this effort; researchers are supposed to sacrifice their "free" time for such activities. At the minimum, therefore, they could expect to be treated fairly.

Before becoming a CM researcher, I worked in several other areas of medicine. Never before have I experienced such a



widespread reluctance to fund research projects as exists in CM.¹ The rejection letter cited above makes two things clear:

- Our application was of high quality ("well thought through")
- It was extremely relevant to the medical charity — so much so that the charity wanted to obtain our results if the project could go ahead without their support

Our application was obviously not rejected because it lacked scientific rigour or interest. It was rejected, I suspect, because of its subject area, CM. This story reflects a depressingly regular occurrence.

The explanation

What happens, I fear, is the following unfortunate sequence of events. The charity convenes a panel of "hard-nosed" scientists who evaluate all the applications received. These experts have little sympathy with and even less understanding of CM. They may vaguely know that a huge number of the charity's supporters use CM and that CM is woefully under-researched. But these scientists also feel that their own area of "real" science is much more important. So the CM research applications are evaluated with a mixture of bemusement ("CM is really quite an exotic field, isn't it?") and arrogance ("I'm sure this

is not cutting edge science"). The result of all this is the polite rejection letter.

You may think I am exaggerating — surely one cannot extrapolate from one case to a general pattern. Let me, therefore, demonstrate the bigger picture. We conducted two surveys that are relevant in this context. In 1999, we asked all UK medical charities how much of their research budget was dedicated to CM² and in 2002 we repeated the exercise.³ Our findings show that the percentage figures amount to 0.05 and 0.31 per cent, respectively.^{2,3} These data demonstrate that CM research funding by UK medical charities is dismal.

Many believe the "promised land" for CM research funding to be the US. The absolute amounts spent by the National Institutes of Health (NIH) on CM research seem huge but, in relation to the NIH's total budget, the proportion is just as pitiful as that in the UK (see Table). One could argue that it is up to the charities to decide which type of research they support. And who am I to criticise their activities? But, perhaps, things are a little more complex. Medical charities obtain their funds directly from their supporters, many of whom want to see more research in CM — simply because they use it themselves and feel they have a right to know which treatments are effective and safe. Are charities happy to take their money but unwilling to spend it in the way they want them to?

Remedy

What can be done to instil more fairness into the system? Two things, I think. First, medical charities must ensure that they are not acting against the wishes of their supporters. They could, for instance, ask their members how they think research funds are best spent and distribute their support accordingly. Second, the many generous people who give money and time to medical charities should insist (eg, by writing as many letters as possible) that their donations are spent on subjects they feel are important. It took us a long time to realise how important patient choice can be. Is it not time that medical charities grasp the nettle?

Table: NIH funding of CM research

Year	Absolute amount spent (\$000)	% of total research budget
2000	68,390	0.38
2001	89,138	0.44
2002	104,451	0.45
2003	113,407	0.42
2004	116,978	0.42

References

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