

# CAM bashers versus namby-pambies — can there ever be lasting peace?

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It is a universal truth that the bitterest conflicts are always the ones that have been going on for the longest time. Such is the case with complementary and alternative medicine versus evidence-based medicine.

Recently of course, the Prince of Wales was brave enough to pop his head above the parapet by advocating traditional medicine at the World Health Assembly in Geneva. However, even as he did so, a volley of signatures from 13 eminent doctors whistled over his head on an open letter to 476 NHS trusts, carrying the message: "The public and the NHS are best served by using the available funds for treatments that are based on solid evidence."

The attitude of many towards "namby-pamby" alternative medicine has perhaps been summed up most succinctly by Richard Dawkins, professor of the public understanding of science, in his 2003 book of essays 'A devil's chaplain': "There is no alternative medicine. There is only medicine that works and medicine that doesn't work."

Readers may, however, be interested to learn that alternative medicine "bashers" are certainly not confined to the modern era. For example, Mark Twain (1835–1910) had plenty to say on the subject of homoeopathy. He once described the homoeopathic physician as "A pleasant friend of death" and also wrote: "The introduction of homoeopathy forced the old school doctor to stir around and learn something of a rational nature about his business. You may honestly feel grateful that homoeopathy survived the attempts . . . to destroy it."

Curiously, this appears to be a distant echo of the same evidence-based argument used against namby-pambies today — which means that the debate has not moved on a lot in over a century. Perhaps it is time that it did. Written down and enlarged upon below are three simple statements which, if they were to be accepted by both the bashers and the namby-pambies, might produce a lasting peace:

## 1. Conventional therapy is not for everybody, but all patients deserve treatment

In our publicly funded health-care system, a fine balance must be maintained. On one hand, the NHS must be seen to be doing the greatest good for the greatest number of patients with the money available. But, on the other, it must be careful not to ignore the significant number of taxpayers who may have exhausted all evidence-based treatment options. In a sense, bashers are slightly at

odds with the Government's widely trumpeted aim of extending patient choice.

Used judiciously, alternative medicine can provide blessed relief for hard-pressed practitioners. If a patient with chronic pain uncontrolled by a cocktail of paracetamol, codeine, amitriptyline, gabapentin and tramadol gains some relief from acupuncture (and consults the GP or specialist less as a result) then everybody should be happy. If it



works, does it matter if science can explain it or not? Admittedly, resources have been wasted if it does not work, but by that measure all the previous interventions were wasteful too.

Of course behind the self-righteousness, much of this debate comes down to bashers and namby-pambies fighting over the same pot of money — which brings us to the second statement:

## 2. Alternative medicine cannot be expected to compete directly with evidence-based treatments for funding

Health ministers must love health care professionals squabbling among themselves over money, because it effectively distracts attention from wider funding issues.

If it is accepted that there is some place for non-evidence based treatment within the NHS, then logic states that it must be administered without regard to the evidence-based orthodoxy. This, however, is readily countered by bashers: "Why should we pay for reflexology when we can't afford Herceptin?"

But in reality there is no direct competition for funding — the battle takes place only in the minds of our protagonists. The NHS does not have a "drugs budget" as such. This would be tantamount to an admission of

health care rationing (perish the thought). NICE would be the first to point out that its decisions are taken on the basis of cost-effectiveness — not by "how much money is left in the pot".

Bashers who want to do something about wasted NHS resources are, in reality, spoilt for choice. Gargantuan, ill-fated information technology projects and inefficient departments not directly linked to patient care are obvious targets. For example, I have witnessed the spectacle of a fire door to an NHS risk management office propped open with a crate of paper.

So far so good for alternative medicine. But if any bashers are still reading, they should at least take heart from the third statement:

## 3. Alternative medicine must find ways to demonstrate value for money if it is to thrive in today's health care environment

Namby-pambies must surely know that they raise the hackles of trained scientists when citing a mechanism of action that defies the known laws of physics. Any kind of mystical element is best glossed over when it comes to NHS funding. Otherwise it may give encouragement to pharmaceutical companies who defend their global brand essence on packaging as being "important for the patient" (*PJ*, 1 April, p383).

Alternative medicine clearly needs to prove itself to a rational world, but not necessarily through the medium of double-blind randomised clinical trials. Value for money, however, is not the same as efficacy. It must be left up to the individual branches of alternative medicine to prove their worth to NHS trusts, in whatever way they see fit. Not all alternative therapies are expensive to administer, and with exposure to market forces they could become cheaper still.

Money aside, there is a subtext to this argument that is about the freedom of individual practitioners to decide what is right for individual patients. Under the guise of bashing alternative medicine, the health establishment is undoubtedly aiming to increase central control over every health care intervention made.

Whatever the rights and wrongs of this aim, it would be welcome for the bashers to be more open about it — at least then the debate could move forward. At the moment, it must come across to the public merely as health care workers being derogatory to each other. So a final message to bashers and namby-pambies: politeness (like urine therapy) costs nothing.