Lessons from alternative medicine

How should we respond to the popularity of complementary therapies?

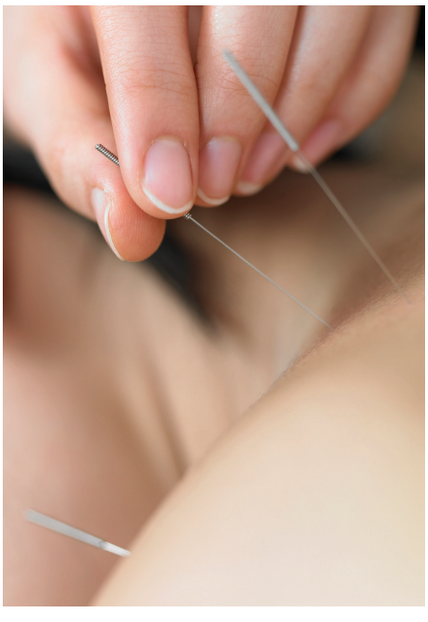
When I was a student I was very interested in alternative medicine. Hospital could be a bleak and frightening place. Drugs had side effects, sometimes even fatal ones. The urgency and drama of wards often left little time to talk and get to know patients. I started to understand that the practitioners of alternative medicine, with their long appointments to talk to patients, had "medications"—vitamins, flower remedies, food supplements, homeopathy—that offered gentle, comforting, harmless treatment that patients liked. Medicine was hard, time-pressed work, with the capacity to make mistakes that could cause harm and injury. In hospital, despite the efforts of committed doctors and nurses, people sometimes died. In alternative medicine, that didn't happen—at least, not visibly. There was time, space, and a benign sensation of doing what the patient wanted. It seemed like a much more pleasant place to be.

No wonder alternative medicine is so popular. On p 29, Ernst outlines the types of complementary and alternative medicine that are in current use in developed countries and the evidence base for each.[1] It is clear that good evidence of efficacy for most is lacking, and we have seen instances where homeopathic practitioners have recommended ineffective prophylaxis for malaria, meaning that it is possible for seemingly benign treatments to cause harm.[2] As Ernst describes, alternative medicines lack evidence. After all, treatments that work well become mainstream—aspirin, after all, is derived from willow bark. Concurrently, treatments that don't work should be abandoned by medicine—just as we saw with the use of thalidomide to prevent morning sickness in pregnant women, which caused limb abnormalities in their children.

So how can we reconcile the popularity of alternative medicine with the knowledge that it is not based in evidence and has the potential to harm? As a doctor, it is important that patients feel able to share details of what they are taking or using without being made to feel ashamed or stupid. It is easy to condemn the nonsensical pseudoscience of reiki or flower remedies, but far harder to discuss their use with a patient who might think these treatments are useful and who may be using them because they have symptoms or a disease process where evidence based medicine has little biological treatment to offer. We know that the placebo effect can be powerful,[3] and in many conditions symptoms will fluctuate, meaning easy confusion between the effectiveness of the alternative medicine and the course of the illness being treated.

Autonomy is one of the principles of medical practice.[4] But patients might be using complementary medicines because of poor information or misleading advice. They might also be investing large amounts of money and time in an intervention that is unworthy of their hope. This means that we have to examine the other GMC mantra "make the care of the patient your first concern." This might mean sensitively raising the issue of evidence, especially if there is the potential to do physical or mental harm. It might also mean robust public challenge to the proponents and publicists of alternative medicine who make far fetched claims and attempt to sell their wares to potentially vulnerable people.

As for my impression, as a student, that alternative medicine could offer sanctuary to patients: I was wrong. There can be no real care when the treatments that are offered contain false promise and ignorance of the evidence. We must be honest about the limitations and side effects of medicine. But just because we may have no pill to give a cure or no easy operative solution, we can still offer human kindness to our patients, listening, empathy, and a commitment to care for them.[5]



These elements of good medical care are often squeezed out in the deluge of forms that have to be filled in and the boxes that have to be ticked in routine practice. We should be cognisant of these, and careful when we consider what really matters in our work, especially when we have the power to change them. We are likely to see multiple changes as the controversial health act comes into force, meaning that commissioning boards are likely to give rise to a greater number of competitive services that are likely to be less stable than the NHS. It is now possible to contract out all NHS services to a range of private providers, which are likely to come and go.[6] Yet there is copious evidence that shows that medical care has better outcomes when patients are able to see the same doctor for care of chronic illnesses over long periods of time.[7] These long term relationships do not require any deception, unlike the elaborate placebos of complementary medicine. They are formed with trust, and with the commitment of the doctor to use evidence paired with compassion and empathy. We shouldn't look to alternative medicine to tell us how to practise medicine better, but we should think about what could help us care better.

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Competing interests: MM is an NHS GP.
Provenance and peer review: Commissioned; not externally peer reviewed.

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Cite this as: *Student BMJ* 2013;21:f1494

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