

From Professor Michael Baum and others

19th May 2006

Dear

Re Use of 'alternative' medicine in the NHS

We are a group of physicians and scientists who are concerned about ways in which unproven or disproved treatments are being encouraged for general use in the NHS. We would ask you to review practices in your own trust, and to join us in representing our concerns to the Department of Health because we want patients to benefit from the best treatments available.

There are two particular developments to which we would like to draw your attention. First, there is now overt promotion of homeopathy in parts of the NHS (including the NHS Direct website). It is an implausible treatment for which over a dozen systematic reviews have failed to produce convincing evidence of effectiveness. Despite this, a recently-published patient guide, promoting use of homeopathy without making the lack of proven efficacy clear to patients, is being made available through government funding. Further suggestions about benefits of homeopathy in the treatment of asthma have been made in the 'Smallwood Report' and in another publication by the Department of Health designed to give primary care groups "a basic source of reference on complementary and alternative therapies." A Cochrane review of all relevant studies, however, failed to confirm any benefits for asthma treatment.

Secondly, as you may know, there has been a concerted campaign to promote complementary and alternative medicine as a component of healthcare provision. Treatments covered by this definition include some which have not been tested as pharmaceutical products, but which are known to cause adverse effects, and others that have no demonstrable benefits. While medical practice must remain open to new discoveries for which there is convincing evidence, including any branded as 'alternative', it would be highly irresponsible to embrace any medicine as though it were a matter of principle.

At a time when the NHS is under intense pressure, patients, the public and the NHS are best served by using the available funds for treatments that are based on solid evidence. Furthermore, as someone in a position of accountability for resource distribution, you will be familiar with just how publicly emotive the decisions concerning which therapies to provide under the NHS can be; our ability to explain and

19th May 2006 2/2

justify to patients the selection of treatments, and to account for expenditure on them more widely, is compromised if we abandon our reference to evidence. We are sensitive to the needs of patients for complementary care to enhance well-being and for spiritual support to deal with the fear of death at a time of critical illness, all of which can be supported through services already available within the NHS without resorting to false claims.

These are not trivial matters. We urge you to take an early opportunity to review practice in your own trust with a view to ensuring that patients do not receive misleading information about the effectiveness of alternative medicines. We would also ask you to write to the Department of Health requesting evidence-based information for trusts and for patients with respect to alternative medicine.

Yours sincerely



Professor Michael Baum
Emeritus Professor of Surgery, University College London

and

Professor Frances Ashcroft FRS
University Laboratory of Physiology, Oxford

Professor Sir Colin Berry
Emeritus Professor of Pathology, Queen Mary, London

Professor Gustav Born FRS
Emeritus Professor of Pharmacology, Kings College London

Professor Sir James Black FRS
Kings College London

Professor David Colquhoun FRS
University College London

Professor Peter Dawson
Clinical Director of Imaging, University College London

Professor Edzard Ernst
Peninsula Medical School, Exeter

Professor John Garrow
Emeritus Professor of Human Nutrition, London

Professor Sir Keith Peters FRS
President, The Academy of Medical Sciences

Mr Leslie Rose
Consultant Clinical Scientist

Professor Raymond Tallis
Emeritus Professor of Geriatric Medicine, University of Manchester

Professor Lewis Wolpert CBE FRS
University College London