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HealthSense

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HealthSense Newsletter

for Science and Integrity in Healthcare

Issue 119, Summer 2022

More about Gerson

***Private Eye* journalists have uncovered more information about the Gerson Support Group's recent removal from the Charity Commission register.**

As you may recall from our Spring issue, the satirical and investigative magazine *Private Eye* recently reported on the efforts of HealthSense's Les Rose, who has for several years been briefing the Commission about charities promoting unproven and possibly harmful treatments to the vulnerable. Since then, *Private Eye's* follow-up article (Eye, 1569) reports that the Charity Commission has shared more details. It seems from the article that trustees had agreed to wind up the charity after acknowledging there was no scientific evidence of its claims, hence no "public benefit" as is required of charities. The Commission would not tell the *Eye* which other charities are currently under investigation, only that £80,000 of Gerson's £350,000 remaining funds were donated to London-based charity Yes to Life which provides information, advice and support about complementary medicine and associated research. At the time of writing, Yes to Life's website continues to have a listing for Gerson therapy, describing it as "probably the best-known alternative approach to cancer treatment".

News in brief

Is your UK clinical trial being prematurely shut down?

The UK Department of Health and Social Care in collaboration with the Health Research Authority and the National Institute for Health and Care Research (NIHR) this spring launched a systematic cull of clinical trials that are “struggling to deliver” due to recruitment challenges, resource constraints, or “the scientific question no longer being relevant”. HealthSense is interested in hearing from researchers and patients who have been affected by this cull. Do you think this initiative makes sense? Is it being well implemented? What are your experiences? Please contact the HealthSense Newsletter editor.

Crowdfunder for TranspariMED

TranspariMED's activism has contributed to 23 top universities in Europe now making their drug trial results public; has led US companies and universities to boost their research results reporting rate from 50% to 70%; and has convinced the UK government to set up a national monitoring system that means in future all UK drug trial results will be reported. These are big victories for patients. They are all the more impressive when you know they have been achieved on a miniscule budget in just five years. To continue the work, TranspariMED has just launched a crowdfunding campaign. Anyone who wants to support high impact campaigning for more transparency in clinical trials is encouraged to invest £8 a month and help to get the job done, once and for all.

Whistleblower's shocking new blog

In a new article published on his blog site, cardiologist Dr Peter Wilmshurst relates the full story of what happened when he and a colleague resisted a pharmaceutical company's efforts to persuade them not to publish results that reflected badly on a heart failure drug Dr Wilmshurst had been researching. The blog entry: The response of the ABPI to misconduct by pharmaceutical companies describes how organisations who could have protected patients, failed to act.

We shall be checking Dr Wilmshurst's blog for new entries over the coming weeks as we await with interest any news on Dr Wilmshurst's recent letter to Professor Michael Spence, President and Provost of University College London (UCL). The letter, sent back in April, presses the university to respond to calls to retract a 2008 *Lancet* research publication on the practice of transplanting tissue-engineered airways. The publication had been co-authored by a UCL professor and continues to be available online despite having been shown to

In this issue:

exaggerate the operation's benefits to patients, several of whom have died.

Chair's letter on screening in *The Lancet*

Major international medical journal *The Lancet* has published a letter by HealthSense chair Susan Bewley about screening for Human Papilloma Virus (HPV). In the letter headed "HPV vaccination and cervical cancer screening", Prof Bewley points out that vaccination is proving so successful at eradicating cervical cancer, that the harms of screening for the disease will soon outweigh the benefits. Surgical damage to the cervix resulting from investigations prompted by screening tests increase the risk of prematurity in subsequent pregnancies. "The criteria for the screening programme should be reviewed to determine if and when it should be offered to only those who have not had an HPV vaccination."

Reference: Lancet 2022;399(10339):1939

New citations for HealthSense analysis

Also on the subject of screening, the HealthSense team's 2019 *BMJ* analysis on the ethical flaws of the UK government's AgeX trial of breast screening, has picked up two new citations, and both are worth a look. "Effects of awareness of breast cancer overdiagnosis among women with screen-detected or incidentally found breast cancer: a qualitative interview study" includes the results of interviews with women describing "the profound negative impact" of learning too late about the potential harms of overdiagnosis. "Opting into breast screening over the age of 70 years: seeking evidence to support informed choice" concurs with our view that the harms of screening older women outweigh the benefits.

More shout-outs for HealthSense in the press

In an article titled "Jelly beans and bull: challenging alt-med in Australia" cancer survivor Loretta Marron tells how she teamed up with four professors to fight the government-legitimized promotion and teaching of unproven therapies in their country. Loretta's campaigning efforts over the last ten years have won her support from hundreds of scientists and concerned citizens across the globe, and our newsletter frequently carries reports of the sterling work of the organization she now heads, Friends of Science in Medicine. Read Loretta's story on page 47 of the July/August 2022 issue of Skeptical Inquirer – The Magazine for Science and Reason.

Network Health Digest - a magazine for nutritionists and dietitians has HealthSense as its featured charity this summer. The June/July issue of Network Health Digest, which is available on free subscription to nutrition health professionals, has a "meet the charity" short feature on HealthSense and what we do. Thanks to nutrition writer Ursula Arens, one of our charity's friends from our early days, for arranging this great coverage.

Lack of scientific freedom: causes, consequences and cures – scientific meeting in Copenhagen this October

The decline in scientific freedom has been particularly visible during the COVID-19 pandemic as politicians, industry and social media companies have fought to control the narrative. This is the subject of a joint conference to be held by the Institute for Scientific Freedom in Copenhagen and Centre for Evidence-Based Medicine (CEBM) in Oxford. At this event, which is to be held in Copenhagen, Denmark, on 24-25 October 2022, leading international scientists and journalists will speak about topics beyond Covid-19, from corruption in psychiatry, to statins, to clinical trial publication fraud. Check out the programme. The list of presenters includes two past HealthSense Award winners – cardiologist Peter Wilmshurst will talk about silencing whistleblowers, and Peter Goetzsche will discuss cover-ups over the origin of Covid-19. Discussion after the presentations is expected to be lively. Register here. Until 31 July you can also submit an abstract. Registration is £300 (£150 for concessions). In the event that any new travel restrictions will come into effect, online options for registrants will be available at a reduced rate.

World Health Assembly approves clinical trial transparency resolution

Member states of the World Health Organization have approved an important resolution that could improve the coordination, design, conduct and reporting of clinical trials worldwide. It was partly spurred by the realisation that hundreds – maybe thousands – of Covid clinical trials have ended up as costly research waste.

Globally, around half of clinical trials never make their results public, and so cannot advance science or improve patient care. Existing laws in Europe and the US already require some trials to publish results on a registry within 12 months. However, these laws currently only cover a small minority of trials. This WHO resolution, formally adopted on 27 May 2022, includes measures to exhort funding bodies to make fast publication of results a condition of awarding research grants. It also encourages funders to prioritise research that is well-designed and well-implemented – so avoiding wasted research efforts. The resolution was co-sponsored by Argentina, Peru, and the UK, three countries hit exceptionally hard by Covid. For a fuller analysis see TranspariMED.

Too many vitamins?

A *Journal of the American Medical Association (JAMA)* editorial asks whether multivitamins and supplements are benign prevention or a potentially harmful distraction – and concludes they are the latter and "wasted money". Commenting on a new evidence review published in the same issue, it says: "at best, current evidence suggests that any potential benefits of a multivitamin on reducing mortality are likely to be

small". It advises individuals to instead focus on evidence-based actions such as pursuing a healthy diet, healthy weight, exercise, and avoid smoking.

Reference: JAMA 2022;327(23):2294-2295

Call for official enquiry into EMA transparency failings

An independent drugs educator has called for an official enquiry to investigate the failures of the European Medicines Agency (EMA) to give citizens sufficient access to the data on which marketing authorizations are based. *Prescrire* is a French non-profit that publishes independent information on drugs for health professionals, and is committed to better patient care. Although the EMA established a transparency policy in 2011, secrecy and slow response times can be a problem, and their 2016 move to publish clinical data from marketing authorization applications online has been marred by heavy redactions of key data by the drug companies. *Prescrire International's* full review (in English) is available as a freely downloadable nine page pdf.

Reference: Prescrire International 2022;31(237):131-139

Misinformation and how to immunize the public

A fascinating new review of health misinformation summarizes the current state of knowledge about who is susceptible to misinformation, how it is spread, and how best to counter it. The article, published in the journal *Nature Medicine*, can be accessed freely online.

Reference: Nature Medicine 2022;28:460–467

Medicine in the media

In a moving BBC TWO *Horizon* documentary, mathematician Hannah Fry describes her experience of being diagnosed with cervical cancer at the age of 36. In the one-hour documentary first broadcast on June 21, 2022, Fry explores screening and treatment, and asks whether we could be overmedicalizing cancer.

Designed for medical students but accessible to all, SharpScratch is a 45-minute podcast programme discussing subjects not generally covered at medical school. Look out for the March 26 edition: "Too much medicine" in which the students discover overdiagnosis.

Unproven treatments

If it looks like a duck …

Les Rose, retired Clinical Research Consultant and longstanding HealthSense committee member, updates us on his work with unproven medical devices and those who might regulate them

The SmartDot claims that its “magnetic structure is programmed with natural fields” to protect against headaches caused by electromagnetic fields. The Quantum Anti Radiation Shield 5G EMF Protection sticker “protects your immune system from penetrating EMF radiation, helping to alleviate depression, relieve stress, and boost our daytime energy”. The Magnohealth magnetic bracelet is claimed to provide “significant health improvements from conditions such as: Arthritis, Rheumatism, Blood Pressure, Circulation Disorders, Fatigue, Headaches, Insomnia, Joint Problems, Migraines, Muscle Stiffness, Period Pains and Stress”.

In November 2021 HealthSense (then HealthWatch) responded to a public consultation about the future regulation of medical devices. The Medicines & Healthcare products Regulatory Agency (MHRA) is currently analysing responses, and has meanwhile issued guidance entitled “Regulating medical devices in the UK”. All this is relevant to concerns several of us have about electronic products such as the above, whose suppliers make claims to diagnose, treat, or both, but commonly deny that they are selling medical devices. Here are some more examples.

The Bicom device “uses the frequencies emitted by living cells in the body as the information needed to facilitate treatment therapy”, and “assists the body to reduce its toxin or stress load, allowing the body to heal itself”. This it is claimed can help with “allergic stressors” which are associated with “general aches and pains, nasal and breathing, tiredness, digestive upsets, skin issues”. The Asyra bio-energetic screening system comes with “a huge array of test libraries spanning physiological, emotional, mental and spiritual factors”. Examples are “Bacterial Signatures”, “Circulatory Disturbances”, and “Parasympathetic Disturbance”.

Proliferating

Such products are proliferating. A search for "electrosmog protection UK" returns 540,000 results, and "bioresonance devices UK" returns 315,000. Now whether or not you believe that 5G signals are a health hazard, or that it's possible to detect coherent oscillating frequencies from trillions of cells, the point here is that these are medical claims. The history of regulating such claims is not good. The EU medical device legislation was focussed on safety, and said nothing about efficacy claims. Long before the UK’s departure from the EU, new legislation was being developed, in part to remedy this omission. We can of course no longer benefit from this, which is why the UK is developing its own regulations.

I and others have reported advertisers of bioresonance devices to the MHRA, which has responded by referring the complaints to the Advertising Standards Authority. To its credit, the ASA has issued guidance, which states that “The ASA and CAP (Committee on Advertising Practice) have yet to see any evidence that the devices used in bio-resonance therapy can be used to diagnose existing or future medical conditions nor prevent or treat disease or illness”. But the ASA is a voluntary regulator, and has very few teeth. It can refer non-compliers to Trading Standards, but as most regions only have two or three

Trading Standards officers we have never seen any action from that direction.

Most of the sellers of these products either claim that they are not medical devices, or leave the matter unsaid. Some do have CE marking, the EU standard, now being replaced by the UKCA mark. But neither indicates anything about what the device is claimed to do. They only certify safety. I know of maybe two devices which also have registration for pain relief, as TENS devices (transcutaneous electrical nerve stimulation), but that add on a wide range of claims in their marketing.

But what is a medical device? The consultation addressed this in some detail. It defined a medical device in terms of its intended use, which would be purposes included in regulatory submissions, or product information "at the time the product is placed on the market". Basically it says that if you make medical claims, it's a medical device. I asked the MHRA to confirm this interpretation, and here is their reply:

> "According to the Medical Devices Regulations 2002 (SI 2002 No 618, as amended) (UK MDR 2002), a medical device is described as any instrument, apparatus, appliance, software, material or other article, whether used alone or in combination, together with any accessories, including the software intended by its manufacturer to be used specifically for diagnosis or therapeutic purposes or both and necessary for its proper application, which is intended by the manufacturer to be used for human beings for the purpose of:
>
> - diagnosis, prevention, monitoring, treatment or alleviation of disease
> - diagnosis, monitoring, treatment, alleviation of or compensation for an injury or handicap
> - investigation, replacement or modification of the anatomy or of a physiological process, or
> - control of conception."

Some suppliers, particularly of "bioresonance" devices, say that they do not diagnose or treat diseases. They say that they "help the body to heal itself", by "detecting imbalances", etc. My view is that if they mention a particular body system or abnormality, they fall within the regulations. A machine which claims to detect "Parasympathetic Disturbance", as exemplified above, is trapped by the diagnosis and monitoring criteria listed in the regulations.

So far, it seems clear that the products discussed are defined as medical devices. Are they now going to be regulated? So far they have not been. The guidance with which I opened this piece relates to "secondary legislation" entitled The Medical Devices (Amendment etc.) (EU Exit) Regulations 2020. Among the main provisions are:

- UKCA marking replaces CE marking.
- All medical devices have to be registered with the MHRA.
- Foreign manufacturers have to appoint a Responsible Person in the UK (UKRP).
- CE marking expires on 30th June 2023.
- EU notified body certificates expire on 30th June 2023.
- Manufacturers or importers must register with the MHRA.

A lot of other legislation also applies, and it is quite difficult unless one is an expert to see which laws apply under specific circumstances. As far as I can see, the guidance and the legal texts to which it refers do not mention medical claims. As I have said, the consultation did touch on this in the context of "intended purpose", but nothing is said in the guidance on enforcement about marketing claims. So I asked the MHRA for clarification:

"From what you say, the kinds of products I have mentioned here are medical devices. Can you confirm please that their manufacturers and importers will be required to register? I should mention again that many of these companies issue disclaimers, attempting to avoid device regulation; and

"Can you clarify please the current regulatory status of medical devices which are making diagnostic and/or therapeutic claims, which not only lack evidence in support of the claim itself, but also are based on spurious notions of underlying science? How is regulation likely to change in the near future?"

Also, it is not clear about devices already on the market. Do the new regulations now require hundreds of magnetic bracelets, bioresonance machines, 5G radiation protectors etc to be registered? What about crystal healing? If someone sells a crystal that they claim has a therapeutic effect, do they have to register it as a medical device?

The MHRA replied (inter alia) as follows:

> "Bioresonance machines can be classified as medical devices if the manufacturer intends them to be used for a 'medical purpose' and where medical claims are made. MHRA published guidance on borderlines with medical devices and other products which gives further explanation on the definition of medical devices. The appendix contains words and phrases which are likely to have contributed to a determination by the MHRA that a product they were associated with was a medical device."

Maybe the most illuminating aspect of the guidance is the appendix, which gives examples of wording which would indicate that the product is a medical device. It's quite a long list, so I'll just mention a few:

"Can benefit those who suffer from; Clinically proven; Compensates for; Eases symptoms; Help/help with; Investigation; Repairs; Stops; Traditionally used for; Treats / clears infestations."

The MHRA would not be drawn on the status of bioresonance machines in general, as they quite rightly say that it depends on the claims being made. They did not address the matter of mode of action, even though

this is a component of the definition of what is a medical device.

Reporting devices

I was encouraged to report products which appear to be unregistered medical devices, and duly reported the Bicom Optima and the Sensitiv Imago. I provided detailed analysis of the advertising claims, and my reasoning as to how these defined the products as medical devices. I gave contact details of several users who advertise their practices using the products. The Bicom Optima is one of many devices sold by Bicom LLP, a UK company. The Sensitiv Imago has no appointed importer – products are shipped directly from the Czech Republic to UK buyers. In neither case has a UK Responsible Person (UKRP) been appointed, and at time of writing the products do not appear on the MHRA public access database, hence are unregistered. For the Sensitiv Imago, anyone buying a device is by definition an importer, and must register with the MHRA, and must have a UKRP. Neither is the case.

After prompting, MHRA Devices acknowledged receipt of my reports, but absolutely refused to release any further information about actions being taken. This they claim is because they are bound by the "commercial in confidence" clause of the Enterprise Act 2002.

This policy is quite at odds with other regulators. Trading Standards does not take this view, and happily discusses complaints, on the occasions that they do take action. The ASA does much the same, responds to complaints with reasonable detail, and publishes outcomes of adjudications. I believe that the MHRA's stance needs to be challenged, as public bodies should be publicly accountable. At present, we have no idea if complaints are even being processed.

Quantum claims

Meanwhile I asked the ASA to clarify its guidance on bioresonance devices. While it's clear that they will not allow overt therapeutic or diagnostic claims, I wondered about all those descriptions of "how it works". Here are some examples:

"Biophysicists in the 1920's discovered that cells emit energy and this energy can be measured and recorded as a frequency. These frequencies could be used to detect problems in a body and be used to treat a sick person."

"Discoveries made in quantum physics have revealed that all particles of matter share the characteristics of both waves and particles. This means that all substances – and therefore all cells, parts of the body, as well as viruses, bacteria, pollen, toxins, etc. – emit electromagnetic waves. Depending upon their nature, all substances have a quite specific typical wavelength or frequency with highly individual characteristics. This is known as a frequency pattern."

The problem with using the word "quantum" to explain what is going on, is that quantum effects are not seen at the level of cells, tissues, organs, or indeed at any level we can observe in every day life. Cells do emit biophotons, but these are not coordinated in any way, so any emanation that might be detected is incoherent, and contains no information. If you want to use scientific terms you really do need to understand what they mean. So not only do these devices not work at all, they actually could not work in the way described, without violating the laws of physics.

Advertising must be "legal, decent, honest, and truthful", and I asked the ASA about their policy on claims of the kind exemplified above. Here is their answer:

> "When we receive a complaint about any ad (including for bioresonance devices) we assess it against the Advertising Codes. If we decide that there may be a problem with the ad, we will confirm that we are taking the complaint further. In complex cases, or if we think there's potentially a serious problem under the rules, a formal investigation may be needed. In some circumstances, we may seek a view from the ASA Council in our assessment of whether further investigation is warranted."

More complaints encouraged

I was encouraged to submit a complaint to the ASA on the basis of mode of action claims, and did so. I complained about Bicom UK's unusual explanation of how the device works. It was "referred to the compliance team". This normally means that the claims have already been ruled to be non-compliant, so the advertiser will be "advised appropriately". However this is what happened over a year ago when I complained about therapeutic and diagnostic claims, and the claims are still being made. But anyway, the precedent has been set that using these kinds of stories to describe how a device works is ruled as misleading, and weasel-worded disclaimers have little force.

Out of curiosity I asked the UK supplier of the Bicom device what "toxins" were cleared from the body, and how they measured a reduction in stress. After some evasive answers, they just stopped the conversation. A typically evasive claim is "Therapy on a bioresonance machine does not cure an illness; it assists the body to reduce its toxin or stress load and so helps to restore 'self-regulation', allowing the body to heal itself". This wording is, we could speculate, intended to avoid classification as a medical device. But the question remains, does the machine do anything or nothing? If it is claimed to make any difference to health, then it is a medical device.

HealthSense was recently asked to support our Australian counterpart, Friends of Science in Medicine, with their challenge to another device, the Healy 'transcutaneous electrical nerve stimulation' (TENS) medical device sold by Healy World. This is one of a number of products being sold globally by Healy World both online and via multi-level marketing, a system in which it is claimed that over 99% of participants lose money. We provided an informed

opinion about the advertising claims, with the result that a significant fine was imposed on Sydney-based company Healy World Australia Pty Ltd (Healy World) by Australia's Therapeutic Goods Administration. We hope that UK regulation eventually is able to do its job with similar success.

Les Rose
Retired Clinical Research Consultant

Research

The replication crisis has spread through science – can it be fixed?

This article by award-winning health journalist Claire Wilson first appeared in New Scientist, 6 April 2022, and is made available here with the journal's kind permission exclusively for HealthSense members. The full text of this article is accessible only within the printed HealthSense Newsletter and on the password-protected members-only section of the website.

It started in psychology, but now findings in many scientific fields are proving impossible to replicate. Here's what researchers are doing to restore science's reputation

I have a confession to make: some of the articles that have appeared in *New Scientist*, including ones I have written, are wrong. Not because we deliberately misled you. No, our reports were based on research by respected scientists at top universities, published in peer-reviewed journals. Yet, despite meeting all the normal standards of credibility, some findings turned out to be false.

Science is in the throes of what is sometimes called the replication crisis, so named because a big hint that a scientific study is wrong is when other teams try to repeat it and get a different result. While some fields, such as psychology, initially seemed more liable than others to generate such "fake news", almost every area of science has since come under suspicion. An entire field of genetics has even turned out to be nothing but a mirage. Of course, we should expect testing to overturn some findings. The replication crisis, though, stems from wholesale flaws baked into the systems and institutions that support scientific research, which not only permit bad scientific practices, but actually encourage them. And, if anything, things have been getting worse over the past few decades.

Yet as awareness of the problem has grown, so have efforts to tackle it. So, how are these opposing forces faring? Will the efforts to combat fake science succeed? And how can you know if the research you read about in *New Scientist* and elsewhere will ever make it out of the lab and start working in the real world?

The full text of "The replication crisis has spread through science – can it be fixed?" by Claire Wilson is © 2022 New Scientist Ltd. It is accessible only within the printed HealthSense Newsletter sent to members, and on the password-protected members-only section of the HealthSense website

Complementary and alternative medicine

Why would a doctor want to work as an integrative medicine physician?

The outspoken emeritus professor in complementary medicine, Edzard Ernst, investigates

This is a question I asked myself often during recent years. But before I try to answer it, I had better explain what integrative or integrated medicine (IM) is. Or perhaps I should let a prominent IM advocate, Prince Charles, explain:

"For as long as I care to remember, I have suggested that medicine should become more integrated and inclusive … Many patients choose to see complementary practitioners for interventions such as manipulation, acupuncture and massage. Surely in an era of personalised medicine, we need to be open-minded about the choices that patients make and embrace them where they clearly improve their ability to care for themselves? … I have always advocated 'the best of both worlds', bringing evidence-informed conventional and complementary medicine together and avoiding that gulf between them, which leads, I understand, to a substantial proportion of patients feeling that they cannot discuss complementary medicine with their doctors … " (1)

So, in simple terms, IM is the adoption of alternative or complementary medicine (what I like to refer to as 'so-called alternative medicine' or SCAM for short) into conventional healthcare. It is not difficult to see that this concept causes problems.

If a given therapy is not evidence-based or even disproven (think of homeopathy), it would render conventional healthcare not better or richer or more open minded, it would simply make it worse, less effective, less reliable. None of this can be in the best interest of the patient. Mark Crislip once put it

succinctly: "If you mix cow pie with apple pie, it does not make the cow pie taste better; it makes the apple pie worse."

But why then would a doctor want to work as an integrative medicine physician?

I should know, because some 40 years ago, I worked as a junior physician in a homeopathic hospital in Munich where we integrated homeopathy and other SCAMs with conventional medicine. What motivated me to do that? Mainly the fact that I was offered the post, and with a surplus of doctors in Germany at the time, there was not much choice. My time in this hospital did, however, provide me with the chance to observe what seemed to motivate my colleagues. In my memoir, (2) I explain in some detail how I got the strong impression that some of them had difficulties coping with the complexities and demands of real medicine. It seemed that SCAM was an easy way out.

Survey evidence

Yet, this is, of course, not evidence; it is my personal impression, nothing else. Looking for evidence by conducting a few literature searches, I came across our 1996 survey (3) of Exeter GPs. We found that their main perceived advantage of practicing SCAM, apart from the potential intrinsic value of the techniques themselves, was the time available for establishing a good therapeutic relationship with the patient.

Another UK survey (4) suggested that doctors are motivated by issues ranging from feeling a responsibility to respond to their patients' interests and needs, to developing "another string to their bow." Some found conventional medical practice stressful and unfulfilling. Doctors welcomed the opportunity to engage their feelings, trust their intuition, and enjoy therapeutic touch.

The findings of a German focus group in 2008 with 17 GPs suggested that scientific evidence and patient preference were the main criteria used by these doctors in deciding whether to apply a SCAM or not. (5)

A 2011 interview study (6) recruited 43 Australian doctors. Here is an excerpt from the relevant section of this paper:

> "When I grew up it was not uncommon that I would see my aunties and uncles preparing all sorts of things. My auntie laying me on her lap and putting breast milk in my ear and drinking chamomile tea for a sore belly…there was lots of things that influenced me." (Female, 23 years in practice)
>
> "There is a long tradition in [country of origin] of using a herbalist. I heard things from my mum and my grandma and those ideas were there." (Male, 16 years in practice)

The 'personal or close family illness experiences' reported by doctors were also influential in motivating them to practice integrative medicine. These experiences included non-conventional approaches to health and illness and the use of CAM as treatment modalities.

> "I had my own illness – depression and a very bad back. I'd been on medication for years and I got sick of taking medications and I was given a prognosis of chronic illness with relapses and I really didn't like it. So I started to look elsewhere and that took me in to the world of mind-body medicine." (Female, 24 years in practice)

Other doctors cited 'professional experiences', often early in their careers, of different theoretical approaches to medicine as being a powerful stimulus to practice integrative medicine. These included being inspired by a medical lecturer, an interesting, usually non-conventional experience during a placement as a medical student, and professional experiences of CAM modalities during their residency or early medical career.

> "I found myself doing a clinical attachment at a hospital in Switzerland that used integrated medicine, they had a course and I thought I'll just do this for interest. I came in contact with an Indian person who did homeopathy and I found his stories quite interesting." (Male, 22 years in practice)

'Dissatisfaction with the conventional approach to medicine', which was perceived to be too illness-focused or commercialized, was also cited by some doctors as a precursor to adopting an integrative approach to medical practice.

> "More and more I'm realising that medicine is a personalised thing. We need to learn the art of treating people individually rather than en masse as a sick lung or a sick toe or a sick whatever because it doesn't work like that." (Male, 22 years in practice)
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> "Medicine was hijacked by the market, i.e., big pharmaceutical companies. And they have seduced the government, the colleges, the universities, general practice, everybody. GPs, in my opinion, have been deskilled." (Female, 19 years in practice).

Finally, an Australian survey (7) from 2021 suggested that GPs were attracted to SCAM because they thought it to be relatively safe and effective, offering additional, holistic benefits to patients.

Collectively these investigations suggest that doctors' motivation to work as integrated medical practitioners include:

1. Positive evidence for SCAM's safety and efficacy,
2. Having the time to establish a good therapeutic relationship,
3. Wanting to use all therapeutic options;
4. Dissatisfaction with conventional medicine;
5. Patient preferences;
6. Wanting to practice in a more human and holistic way;
7. Personal and professional experiences.

So, now we know – or do we? The evidence foremost indicates that the motivations are under-researched. The preliminary data suggest that the reasons are based on little more that fallacious thinking:

1. The evidence that SCAM is safe and effective is weak, negative or non-existent. (8)
2. To build a good relationship with their patients, doctors do not need SCAM.
3. Using all options makes no sense if these options are not evidence-based.
4. If doctors are dissatisfied with conventional medicine, they should improve it; adding a bit of cow pie to the apple tart cannot be the solution.
5. Patient preferences are important but need to be guided by evidence rather than by randomness or wishful thinking.
6. All good medicine is holistic, and it is up to each individual physician to practice good medicine.
7. Who was it that said 'in my experience' are the most dangerous three words in medicine?

Edzard Ernst
Emeritus Professor, University of Exeter

References

1. HRH The Prince of Wales: A message from HRH The Prince of Wales, honorary fellow of the Royal College of Physicians. Future Healthcare Journal 2021;8(1):5–7
2. A Scientist in Wonderland: A Memoir of Searching for Truth and Finding Trouble: Amazon.co.uk: Ernst, Edzard: 9781845407773: Books
3. White AR, Mitchell A, Ernst E. Familiarization with complementary medicine: report of a new course for primary care physicians. Journal of alternative and complementary medicine (New York, N.Y.) 1996;2(2):307–314
4. Owen DK, Lewith G, Stephens CR. Can doctors respond to patients' increasing interest in complementary and alternative medicine? BMJ (Clinical research ed.) 2001;322(7279):154–158.
5. Joos S, Musselmann B, Miksc, A, Rosemann T, Szecsenyi J. The role of complementary and alternative medicine (CAM) in Germany - a focus group study of GPs. BMC health services research 2008;8:127
6. Rayner JA, Willis K, Pirotta M. What's in a name: integrative medicine or simply good medical practice? Family practice 2011;28(6):655–660
7. Ee C, Templeman K, Forth A, et al. Integrative Medicine in General Practice in Australia: A Mixed-Methods Study Exploring Education Pathways and Training Needs. Global Advances in Health and Medicine. January 2021. doi:10.1177/21649561211037594
8. Alternative Medicine: A Critical Assessment of 150 Modalities eBook : Ernst, Edzard: Amazon.co.uk: Kindle Store

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Letters and articles for publication are welcomed and should be sent to the editor at: newsletter@healthsense-uk.org For our requirements please see https://www.healthsense-uk.org/publications/newsletter/information-for-authors.html

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Unless otherwise indicated, all web addresses referenced in this issue were accessed on or after 1 June 2022.

HealthSense is the new name for HealthWatch, the charity that has been promoting science and integrity in healthcare since 1991

We stand for:

- The assessment and testing of all medical and nutritional treatments, products and procedures
- Consumer protection in regard to all forms of health care
- The highest standards of education and evidence-based health care by practitioners
- Better understanding by the public and the media of the importance of application of evidence from robust clinical trials

We are against:

- Misleading advertising of health products
- The sale of unproven remedies to the vulnerable and desperate
- Unethical marketing by pharmaceutical companies
- Misconduct in clinical trials
- Media misinformation on health and nutrition
- Government promotion of health and screening programmes unsupported by evidence

Our activities include public debates, symposia, awards, a student competition, and this quarterly newsletter. HealthSense welcomes membership enquiries from those who share its aims. Join at https://www.healthsense-uk.org/join