



February 2006

NEWSLETTER

Happy New Year to all our members !

Please note the following:-

1. Your membership fee of £80 for 2006 is due. Please send this payment to BSIM c/o Dove Clinic for Integrated Medicine, Hockley Mill Stables, Church Lane, Twyford, Winchester SO21 1NT. If you wish to pay by standing order and we would encourage all members to do this, as we offer a discount of £10 for this form of payment. A standing order request form is available on the www.bsim.org.uk website, it is also sent here as an attachment.
2. There will be a third annual anti-ageing conference held in London on September 15-17th, 2006. The BSIM will be collaborating with the British Society for Anti-ageing Medicine. If any of you have abstracts for this conference, then please e-mail them to:

Maria Somers: Yfk76@dial.pipex.com

This promises to be an interesting and exciting conference.

3. Those of you who are not yet being re-appraised on an annual basis need to do this as a matter of urgency. The cost of doing this through the BSIM is £175. It involves you being a paid up a member and attending at least one of our conferences annually. For further details contact:

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4. Our Spring meeting will be held at 48 Harley Street, London, W1G 7JQ, on Saturday 20th May 2006, 9.30am – 5.30pm. CPD has been applied for. The Programme is as follows:

9.30am – 10.00am Arrive

10.00am – 10.15am Introduction

10.15am – 11.00am *Dr Alan Byron*

Dr Byron will talk to us about his new book 'Pilgrimage', which will be published in May 2006

11.00am – 11.15am *COFFEE*

11.15am – 12 noon *Dr Mike Perring*

Sexual Health in General Practice

12 noon – 1.00pm *A representative from the Health Care*

Commission will talk to us about the regulatory issues relevant to all of us practicing in complimentary and integrated medicine

1.00pm – 2.00pm *LUNCH*

2.00pm – 2.30pm	<i>Dr John Millward</i> Mangosteen
2.30pm – 3.30pm	<i>Dr Kevin Baker</i> Family Constellation Therapy
3.30pm – 4.00pm	<i>TEA</i>
4.00pm – 4.30pm	<i>Dr A J Wright</i> Stealth Infections
5.00pm – 5.30pm	<i>AGM</i> Followed by discussion

Drinks & Lunch included - Cost of Conference £25

5. We are continuing to apply for charitable status for the BSIM and are having productive discussions with the Charity Commission.
6. For any of you unfortunate enough to have to face a GMC complaints procedure, we have decided to offer a 'complaint service' for our members. There will be a charge made by the BSIM for this service, depending on how much time we have to devote to any particular case. We feel this is an important part of protecting our members from complaints, which come up from time to time, against doctors practising complimentary and integrated medicine.

Our President has written a piece on the current status of the British Society of Integrated Medicine and the current status of complementary medicine, which may interest our members. This follows:-

British Society of Integrated Medicine

The BSIM is a group of Doctors mostly working outside of the NHS who joined together in 2002 in relation to our common interest, which is the practice and development of integrated medicine in treating a wide range of diseases. We decided to form the British Society of Integrated Medicine, which we duly did and had our inaugural meeting in May 2003 at the Royal College of Physicians. This was a well-attended conference and was well received. Since that time we have regularly held two conferences annually, each lasting one-day, mostly at the Royal College of Physicians, and these have attracted a good attendance and have been generally well received.

For our members we carry out annual re-appraisals which are required for revalidation of any doctor through the GMC. We also guide our members through the difficult process of regulation by the Health Care Commission and we have accumulated a lot of expertise in this area. Regulation will ultimately come to all complementary therapists and we therefore feel that this service to our members is an important one.

The practice of integrated medicine from a medical point of view, is moving internationally in the direction of doctors combining some conventional medicine with doctors being multi-skilled in a range of complementary approaches, principally traditional Chinese medicine including acupuncture, herbal medicine, nutritional and environmental medicine, homeopathy and some skills in simple osteopathic manipulation. This is essentially the developing medical model of integrated medicine. There is another model involving complementary therapists and there is an active movement towards integrating these complementary therapists within conventional health systems, in particular the National Health Service in the UK.

Our society continues to grow but we are bemused by the fact we have practically no interest from the Foundation for Integrated Health. We did make approaches, but there was no response. We are perfectly happy continuing as we are, but one would have thought, that having a united approach to integrated medicine gathering all the relevant groups together, might be sensible, but clearly there are those who don't feel that this is important.

The Current Status of Complementary Medicine

The Prince of Wales Foundation for Integrated Health is presently campaigning for the integration of complementary medicine into conventional medicine, using a range of complementary therapists, with GPs acting as the gatekeepers. Currently the present Labour Government has no policy on complementary therapies and has not declared any intent to integrate these therapies within conventional medicine.

The announcement by the Prince of Wales Foundation of Integrated Health raised an outcry from conventional doctors. They were principally worried about the safety and lack of evidence efficacy of complementary medicine. One well-known professor of complementary medicine in the UK said that alternative medicines 'should definitely be available on the NHS – provided they are proved to be safe and effective'. The problem here is that current evidence based medicine, particularly the randomised controlled trial, considered as the gold standard for evidence, shows many complementary therapies particularly homeopathy, to be ineffective. There is ample evidence to show that, complementary approaches, being complex treatment approaches, cannot be adequately assessed by RCT methodology, and observational outcome studies would be more appropriate. The academic establishment are unlikely to take that on board quickly and this message I suspect, will take many years to get through.

Complementary medicines were covered by a House of Lords report, which was written several years ago. In that report I remember being impressed as to how the House of Lords committee had asked various experts within the field of clinic trial methodology as to whether complementary approaches will be amenable to standard randomised controlled trials. They all stated that they felt there would be no problem with assessing complementary approaches through RCT's. I remember thinking at the time, the people who had been asked, clearly had no experience of complementary medicine and its various techniques and had also not given the question a moments serious thought. Most of us in the British Society of Integrated Medicine agree that this is a major error in that particular report. That is now coming back to bite us!

In response to the Prince of Wales initiative, the same well know professor of complementary medicine said that 'the worst thing we can do in the NHS is introduce double standards, we have evidence based medicine'. Where there is evidence, we introduce a new treatment, where there is none we do not. When there is no evidence we throw it out. We should not be using therapies that are not demonstrably safe and efficient. However, this approach to research is strongly RCT based and is shown not to work for complementary medicine. A recent Meta analysis of homeopathic RCT's published in the Lancet showed that on this basis, homeopathy was no better than placebo and this prompted an editorial in the same issue entitled 'The end of Homeopathy'. For any doctor experienced in classical homeopathy, they will find this difficult to 'square' with their clinical experience, especially as classical homeopathy is consistently effective in children and animals. However it must be said that in our hands classical homeopathy is notably ineffective in cancer but significantly effective in a range of other conditions such as eczema, depression, anxiety, Irritable Bowel Syndrome to name but a few conditions.

Because we have to provide an evidence base for all the treatments we use, as demanded by the Health Care Commission (this is a statutory requirement), then technically the practice of homeopathy is currently illegal ! That will please many doctors and dismay many others.

The increasing pre-occupation of possible dangers of complementary medicine is in my view overplayed. We are never going to have a Vioxx disaster in complementary medicine and when all is said and done, Vioxx had been all through the RCT hoops that complementary medicine is supposed to go through. There will certainly be more pharmaceutical disasters such as Vioxx and they will continue to happen, as they have happened over the past fifty years. It can therefore be truly said that complementary approaches are safe and definitely increasingly acceptable to the general public. Complementary therapies attract many millions of patients and demands show no sign of abating and the vast majority of these treatments are paid for with after tax funds. The majority of users of complementary medicine are educated middle class people, are they all stupid? Or are they all having the wool pulled over their eyes? This is most unlikely and my own clinical observations over many years are that generally speaking, complementary approaches are clinically effective.

Therefore the Prince of Wales initiative may have to be decided on political, as opposed to current scientific grounds, unless there is an open debate about clinical trial methodology and its relevance in this area. Also, we are going to have to construct a credible defence against certain academics who seem to be systematically torpedoing all the therapies in complementary medicine.

Evidence based medicine reflects a particular perception of how medical decisions ought to be made. Rational quantitative decision-making might be important – but patients and doctors are human beings and human beings are by no means always rational. The most rewarding aspects of caring for patients are neither rational nor quantitative. Focusing too much on the rational and quantitative aspects of clinical problems inherent danger in evidence based medicines, can have a negative influence on the doctor/patient relationship and can erode the care givers role in providing 'care', in the fullest and most human way possible. Patients need empathy and understanding in order to express their preferences, values and fears. Evidence is not enough, so we also need to integrate the evidence with patient's values and preferences. Currently this will not be possible for the average patient to do, as they have no input into decision making at a local level in the Primary Care Trusts.

The recent book by Raymond Tallis, 'Hippocratic Oaths: Medicines and its Discontents' published by Atlantic, was unanimously received with highly critical reviews. In the book, Tallis repeatedly points out that 'scientific medicine is evidence based: treatments recommended by a doctor are likely to have been proven clinical trials'. This is true, but it conceals important caveats. Tallis has a blind spot when it comes to the nature of evidence, namely you get what you pay for. Drug companies dominate the funding of research so that most of the treatments doctors know about are pharmaceutical. Furthermore, evidence is statistical, is derived from groups, and its application to any individual is an accrued approximation. The extension of the role of the drugs into risk modification of healthy people, is a trend that Tallis accepts in his book without so much as a glance of the alternatives. He then goes on to note the increasing popularity of complementary medicine, but like many doctors he takes a rigid view, you are either for scientific medicine or against it; but this, as has been pointed out, is not how patients operate. People synthesise

scientific and complementary medicine in sophisticated ways, by making use of orthodox advice and treatments, where they perceive them to be in their interest, but they are then open to other approaches. It would appear therefore that the nature of evidence has been cleverly manipulated by the pharmaceutical industry in co-operation with medical regulatory authorities and insurance companies, to have a virtual monopoly on medical thought. Therefore, from a point of view of integration of complementary therapies into the NHS, this leaves complementary medicine and indeed integrated medicine as well, firmly out in the cold. My candid opinion is that the vast majority of patients would continue to pay out of pocket for complementary therapies, and there would be no significant increase of funding for the use within conventional medicine, much as many of my colleagues in integrated medicine would like to see happen.

It is also true to say that the quality of research behind complementary approaches will never be as comprehensive (or expensive) as compared to the evidence for chemotherapeutic agents, with trials for these agents being meticulously thought out, well funded, and carefully executed. That is possible to do with medications and treatments that can be patented. Practically no complementary medicine approach can be patented, so it is worth saying again that you 'get what you pay for'.

It would be nice to think that this article would encourage close co-operation, at a 'grass roots level, between the foundation for Integrated Health and the British Society of Integrated Medicine. At the BSIM, we encourage membership from dentists, vets and complementary therapists. We feel it would work well for the BSIM to circulate the address lists of complementary therapists and interested doctors that the Foundation of Integrated Health must have available to it, enabling more doctors and complementary therapists to attend our meetings. We hope therefore that this time, our existence may not fall on deaf ears. Interested readers should log onto our website www.bsim.org.uk.

Dr Julian Kenyon

Medical Director of the Dove Clinic for Integrated Medicine
London/Winchester (www.doveclinic.com + www.bsim.org.uk)

Dr Julian Kenyon was founder Chairman of the British Medical Acupuncture Society and is currently founder President of the British Society of Integrated Medicine

Please could all members make a note of the May conference and make every effort to attend. This is particularly important in relationship to the Health Care Commission coming to talk to us.