and staff of the effect music has on health and anxiety. A block controlled study was conducted in a London GPs' waiting room (2004) having gained ethics committee approval.

A pre-piloted questionnaire using an ill-health scale,[7] and anxiety levels, was administered to:

- staff and patients without music in the waiting room for 1 week (control group [CG]); and
- staff and patients with music for 1 week (intervention group [IG]).

Participants received an information sheet and questionnaire before their consultation. Children were excluded.

The sample size assumed the absence of music increases anxiety by 0.33 of a standard deviation, requiring 380 patients (90% power, 5% significance).

The response rate was 71% (370/523) participants and 97% (28/29) for staff with no significant differences in responders (% male, age, or response rate between weeks).

Music had no impact on health status (IG 65/100 versus CG 67/100, $P = 0.21$) or anxiety state (CG 72/100 versus IG 73/100, $P = 0.79$), where zero indicates very poor health or high levels of anxiety and 100 indicates good health or minimal anxiety. The majority of participants (61%) and half of staff (52%) were in favour of music; more so in the intervention group (IG 76% [116/153] versus CG 48% [92/190] $P<0.001$). Volume control was important for two-thirds. Four per cent of patients found it more difficult to talk to staff when music was playing compared to 7% ($P = 0.44$) with no music. Classical music was preferred (56% [110/166] participants, 67% [19/28] staff). Written comments from participants and staff were overwhelmingly negative:

*'Sensory overload. Airport mentality'.*

*'I would not want to sit in the waiting room with music playing; I would rather wait in the street.'*

There were also concerns for and by hearing impaired patients about hearing aids.

In summary, the playing of music had no significant effect on self-reported anxiety or health status. The majority of patients were, however, in favour of music in the waiting room and preferred classical music. Staff opinions were divided. A significant minority of staff and participants were strongly opposed.

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# Ethics of complementary medicine

Professor Ernst's discussion piece on the ethics of complementary and alternative medicine[1] leaves much to be desired as Brian Buckley suggests.[2] While statutory regulation is certainly no panacea, it does enable the professions to consider how they can provide their services in a proper and ethical manner. However, recent experience with the GMC appraisal and revalidation makes it clear that this process is far from perfect, but at least it is a step in the right direction. Professor Ernst fails to mention that the osteopaths and chiropractors have been statutory regulated for some years with their regulating body governing their education, professional behaviour, ethics, and continuing professional development. The acupuncturists and herbal medical practitioners in the UK have been debating their regulatory process with the Department of Health since 2000 and are also to be imminently regulated. Many of the other CAM professions have achieved some limited form of self-regulation and registration, with some expressing the intention of progressing to a more formal process which again will govern education, ethics, and continuing professional development. These attempts to improve the ethics, standards, and quality of complementary medical practice in the UK have now been ongoing for two decades and have been largely triggered by the professions themselves with recent help from the Department of Health. While this process is very far from being perfect, it presents a somewhat different perspective to that implied by Professor Ernst's paper.

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