everyone with learning disability has suffered some form of abuse, for example a lack of respect by the general public, or physical, sexual or emotional abuse. Serious abuse is experienced by a considerable number of children and adults with learning disability.[14] The climate of the market economy, with its purchaser–provider split, makes interagency cooperation difficult, thus the likelihood of a coherent response to disclosed or suspected abuse is diminished.[15] Matters concerning the protection of children who, like people with learning disability, are vulnerable to exploitation, have moved on since the introduction of the 1989 children act. Why, we might ask, did the NHS and community care act 1993 not encompass the principles of *Working together*[16] which has streamlined child protection?

An era in the history of learning disability is gradually coming to an end. It is now entrenched as a specific area of disability. Its survival as a distinct field of clinical care will depend on consultants and general practitioners listening to one another and agreeing a policy which will meet all the medical and psychological needs of this group. General practitioners must grasp the opportunity to raise the profile of this group of patients. The topic fits in well with general practitioners' ordinary clinical practice. We are poor at communicating to others not only the health care needs of people with learning disability but also the contribution to their care that we can make.

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Complementary medicine — doing more good than harm?

IN answer to the question 'Do you believe complementary therapies have a place in mainstream medicine?' 65% of a sample of hospital doctors in the United Kingdom answered 'yes'.[1] There is no doubt that complementary medicine is becoming widely acceptable. That so many doctors replied positively implies that the evidence for the efficacy and safety of complementary medicine and for its cost effectiveness is available and conclusive. But is this the case?

Let us look first at efficacy. If one adopts the well-known and generally accepted hierarchy of evidence, ranging from anecdotal data at the lower end, uncontrolled and audit studies somewhere in the middle and randomized controlled trials or meta-analyses of such trials at the top end, and applies this to complementary medicine, one finds mostly inconclusive evidence. Case reports in support of complementary treatments abound — if any therapy has been in use for a while there are bound to be positive cases. Similarly there is no shortage of observational, uncontrolled or audit studies to suggest that complementary medicine is effective. This type of evidence shows that the perceived effectiveness of complementary evidence is well documented.[2] But is its effectiveness superior to placebo, standard treatment or other controlled interventions? Only randomized controlled trials (which minimize bias) are capable of answering such questions.

Several well-conducted randomized controlled trials have demonstrated the effectiveness of various complementary therapies over placebo for given indications. However, a systematic search will usually also identify trials that suggest the opposite. Thus, as in most other fields of medicine, the answer is not clear cut. Unfortunately, discussions about complementary medicine are often handicapped by lack of objectivity; 'selective citation'[3] describes authors' tendencies to report the evidence that corresponds with their preconceived ideas, while discarding contradictory results.

Selective citation should become obsolete as the move towards systematic reviews and meta-analyses ensures that the true picture is presented. Meta-analyses have been undertaken for acupuncture,[4] homoeopathy[5] and spinal manipulation.[6] The first two reviews conclude that the evidence in support of the effectiveness of acupuncture and homoeopathy is insufficient at present.[4,5] The third review shows that manipulation is effective for acute, uncomplicated low back pain, but the evidence does not support its use for other indications.[6] This does not mean that a remedy has been proven not to work for a specific condition; just that the 'jury is out' and that more data are required. In other words, well-conducted randomized controlled trials are urgently needed, and before the results of these are available it is impossible

ible to state which complementary treatments are superior to placebo, standard treatment or other controlled interventions.

As regards safety, almost all surveys have found that the wish to be treated with remedies free from side effects ranks high on the list of factors motivating patients to turn to complementary medicine.[7] Complementary medicine is generally thought to be natural and hence harmless; the extensive lay literature on the subject and advertisements in the lay press promote this powerful idea. The truth is that no therapy, complementary or orthodox, can ever be totally free from risks. Complications of acupuncture range from infection to (fatal) trauma,[8] complications of spinal manipulation range from bone fracture to (fatal) stroke,[9] and even homoeopathic remedies have been associated with severe complications.[10] But are these not rare events? In the absence of an adequate reporting system for adverse reactions to complementary therapies we cannot estimate their frequency. It seems wise not to confuse the absence of evidence with evidence of absence of adverse reactions.

The issue of safety is further complicated by the delicate question about the level of medical competence of some complement-ary practitioners. As in all areas of health care, harm can be done in numerous ways when medical competence is insufficient, for example missed diagnoses, disregarded contraindications and hindered access to effective therapy.[11] The best safeguard against incompetence is proper education and training; sadly this is not (yet) mandatory in complementary medicine.

The cost of complementary medicine has become an important issue. There is a common misconception that complementary medicine is an inexpensive alternative to orthodox treatment.[12] However, issues of cost are complex. Methods for evaluating costs objectively are only just emerging, for example cost minimization, cost-effectiveness, and cost–benefit and cost–utility studies. Not surprisingly, the evidence to suggest that complementary therapies decrease rather than increase costs to the patient, the health care system and society is minimal to say the least. Of all complementary treatments, only the costs for chiropractic as a treatment for low back pain have been assessed with a certain degree of rigour. While some studies suggest that it is indeed cost effective,[13] the most sound data show that, compared with other therapeutic options, it is not.[14]

Although general practitioners will obviously have to wait for conclusive data on the efficacy, safety and costs of complementary medicine, they require some information now. In answer to the question 'Do you believe doctors should be encouraged to learn more about complementary therapy techniques?' 75% of doctors surveyed answered 'yes'.[1] In contrast, a survey of medical students found that they did not seem to feel strongly about integrating complementary medicine into the undergraduate curriculum or about continuing to ban it from the curriculum.[12] Realizing the unmet needs of general practitioners, the Centre for Complementary Health Studies at the University of Exeter has instituted regular courses. General practitioners are presented with two points of view concerning a complementary therapy: that of the critical scientist and that of the enthusiastic practitioner. As well as discussing questions surrounding the efficacy, safety and costs of complementary medicine, legal issues, practice management, ethical problems and the problem of integrating complementary medicine into primary care are included.

General practitioners currently face a dilemma caused by the imbalance between complementary medicine's popularity and the lack of reliable information on the subject. At a time when evidence-based medicine is rightly being promoted, there is an urgent need for more, rigorous research (and research funds) and a need for ways of effectively disseminating the data that exist. It is imperative that this is undertaken in a responsible and objective way if all of us are serious about minimizing the harm and maximizing the benefit of complementary medicine for our patients.

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