jects can be 'poached' by the unscrupulous.

Research in general practice is about independent thinkers who can stand on their own feet despite the slings and arrows of professional life. I would suggest leaving the PhD for Pretty hospital-orientated Doctors who wish to be spoon fed with the meal ticket required to climb an ivory tower.

Let's keep the MD for the Maverick Doctors who graze in the grass roots of general practice and gaze at distant academic mountains. Only fools go into the mountains without knowing how to use a map and compass. First climb a few small hills with a trusted friend[8,9] before tackling an unconquered peak. However, getting to the top without a professional mountain guide is part of the satisfaction, and not entirely foolhardy — mountain guides can get avalanched too.

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Complementary medicine

Sir,

Professor Ernst (February *Journal,* p.60) correctly identifies the burgeoning interest in, and provision of, complementary medicine in British primary care, but his demand that we base our practice on results of randomized control trials (RCTs) is not a realistic one. Conducting an RCT, with its requirement for large samples of homogeneous patients, is an uphill struggle for GP researchers, and few have yet been reported.

I have recently completed a survey which adds new information about the growth of complementary medicine in primary care. In January 1996, a questionnaire was mailed to the practice managers of all 72 practices on the list of Somerset Family Health Services Authority. The questionnaire defined complementary practitioners as including: *'acupuncturist, homeopath, osteopath, chiropractor, masseuse, healer, reflexologist, herbalist, Alexander technique teacher ... and any other therapists you feel fall into this diverse group.'* The first question asked whether the practice was fundholding. The second asked for a response it *'the practice has no connections with complementary practitioners'.* The third question was in the form of a table of various types of practitioners, and three different types of availability, and respondents were asked to tick the boxes which described their practice.

Fifty-nine questionnaires were returned completed (82%) and only 22 (37%) indicated they had no connection with complementary practitioners. The 37 practices (63%) describing a connection showed a wide variation in the number and type of complementary therapies that were available, and in the mix of availability in the NHS and private sector (see Table 1). The majority of these practices provided complementary therapies privately, either in or alongside the surgery. However, in 16 practices (27% of respondents), one or more type of therapy was available on the NHS. There was commonly a mix of provision. Sixteen (27%) of the practices were fundholding, and fundholding status made no apparent difference to the provision of complementary medicine.

Table 1. Availability of complementary medicine in 59 respondents.

Type of practice	Available on NHS to some patients within your surgery*	Available privately to patients within your surgery*	Available privately alongside but separate from your surgery*	Other	None
Fundholding (n = 16)	5	5	6	3	5
Non-fundholding (n = 43)	11	78	9	2	17
Total (all practices)	16	13	15	5	22

*Respondents could indicate more than one of these four columns.

Acupuncture, osteopathy, homeopathy and chiropractice were the four commonest therapies, in that order, both on the NHS and privately, and were provided at least twice as often as the others.

The RCT is a good research design for providing the evidence needed in the biomedical paradigm: where one drug/intervention in one specific biochemical/genetic condition in a 'blinded' and non-involved patient produces a particular result. However, it is not useful in evaluating a treatment where the patient is an active partner in treatment and where the patient's mind, body and spirit are all involved in the healing and homeostatic processes. In exploring new and alternative ways of understanding the human body and it's diseases, we need research which generates new hypotheses. Qualitative research into patients' needs and experiences of complementary medicine in practice are all methods for which general and complementary practitioner researchers have excellent opportunities. Now, with evidence of increasing integration of therapies at a primary care level, there is opportunity for very exciting research which may eventually provide new insights into the conundrums of technical medicine.

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