Letters

All letters are subject to editing and may be shortened. Letters should be sent to the *BJGP* office by e-mail in the first instance, addressed to **journal@rcgp.org.uk** (please include your postal address). Alternatively, they may be sent by post on a CD or DVD. We regret that we cannot notify authors regarding publication.

Edzard Ernst and complementary medicine

Professor Edzard Ernst's[1] frequent articles on complementary medicine are becoming rather monotonous because they are too one-sided. He often points out the dangers of complementary medicines and deplores doctors who use them. He rarely mentions that the establishment has probably failed the patients, making them turn elsewhere. Often, all patients get from the establishment are short-term analgesics or symptom relievers and some of these can have dangerous side effects too.

Patients do get results from complementary medicine given by doctors (many well qualified, FRCP, MD etc) who are well aware they must be careful not to miss hidden pathology. We should aim for toleration in all things.

Ivor E Doney
The Garden House, Cote Lane, Bristol, BS9 3TW

REFERENCES

1. Ernst E. Popular health advice: entertainment or risk factor? *Br J Gen Pract* 2007; **57:** 415 (and more).

Author's response

Dr I E Doney seems to misread my articles and misunderstand my remit. It is my job to research complementary medicine rigorously and without double standards. This necessarily involves exposing risks that can be identified. I am sure the 'establishment' fails many patients, however, this does not mean that quackery should be allowed to masquerade as medicine. To not speak out against this would, in my view, be irresponsible. I recommend that Dr Doney has a look at our book[1] in which we summarise the evidence for or against complementary medicine systematically and fairly. I doubt that he then can still uphold his accusation of one-sidedness.

Edzard Ernst
Professor, Complementary Medicine Peninsula Medical School, 25 Victoria Park Road, Exeter, Devon EX2 4NT.
E-mail: edzard.ernst@pms.ac.uk

REFERENCES

1. Ernst E, Pittler M, Wider B. *The desktop guide to complementary medicine*. Oxford: Elsevier, 2005.

Handshakes and consultations

Mike Jenkins' letter[1] analysing patients' reasons for spontaneous handshaking made interesting reading and, while I think his conclusions are compelling, he should have prefaced his report by emphasising the importance of handshaking for all consultations in this context.

I believe that a form of physical contact with patients of every age is important; it is both bonding and comforting for the patient, and it needs to be no more than a reassuring hand on the arm as the patient enters or leaves the room. This is particularly important when physical examination does not take place, such as in a psychiatric consultation.

While I applaud Dr Jenkins' insight into the social behaviour of his patients, I surely hope that he will also offer all his patients this critical human touch.

Stuart Sanders
Family Doctor, 22 Harmont House 20 Harley Street, London W1G 9PH.
E-mail: drsanders@msn.com

REFERENCES

1. Jenkins M. The meaning of the handshake towards the end of the consultation. *Br J Gen Pract* 2007; **57:** 324.

Author's response

I feel the letter 'Handshakes and spoof publications'[1] does warrant a published reply.

I am pleased that my pilot study has stirred such interest and find it fascinating this includes such an extreme response. Taking each of the three points raised. Firstly, the study suggests that 1.2% of patients were very happy with their consultation and demonstrated their feelings in this way. Dr Parkes makes the classic error of judgement by comparison when no measurements or standards exist yet. The consensus from my colleagues in general practice is that they receive about one patient-initiated handshake towards the end of the consultation per week. Interestingly, and I know that this is a sensitive and emotive issue, but on enquiring into female GPs' experiences, a patient-hug (from female patients) seems to occur.

Secondly, I was informed the pilot study was not suitable for the original papers section as there was only one subject, that was myself.

Thirdly, we are in total agreement. The phenomenon needs more research in a wider context as outlined by Dr Parkes's broader questions. Of course, however, we may never know unless someone is brave enough to perform the research despite such responses!

Touch in medicine, does seem an emotive and currently a politically incorrect subject as raised and published in this journal by Dr Dougal Jeffries.[2]

I wonder if some doctors might even feel threatened by issues of touch between patient and doctor?

Mark Jenkins
Professor, Director of Health Services Research, Editor Statistics in Medicine, Medical Statistics Group, ScHARR, Regent's Court, Sheffield.
E-mail: r.m.jenkins@lineone.net