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## Limitations of the Summary Care Record

I am glad the clinical leaders of Connecting for Health<sup>1,2</sup> have had a chance to reply to the concerns about data security and confidentiality laid out by Professor Anderson<sup>3</sup> and Gordon Baird<sup>4</sup> in February *BJGP*. In doing so they showed the weakness of their case and the strength of their opponents. In particular they protested about, 'a number of factual errors and wrongly conflated aspects of the National Programme for IT'. Sadly they failed to show what Professor Anderson's errors actually were.

I have no trust in the seemingly limited Summary Care Record. I suspect in future it will become more extensive, and more available, and for purposes beyond direct patient care. It is a part of the expensive and increasingly discredited and distrusted National Programme for IT. It is a thin end of a wedge.

The key phrase in Mark Davies *et al*'s editorial is 'Information governance'. The current evidence we have is that the government has no understanding of this, and only limited systems in place to fully secure data against loss. The recent loss of 15 million child benefit records showed this. Equally worrying was the apparent lack of concern among ministers, and the willingness of senior managers to blame the debacle on a junior staff member.

My own medical notes have 93c3 'refuses consent to have health records

transferred to central database' added to them. I will encourage my patients to do likewise. I think that this will give them more control over their medical records than any centralised system.

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## CAM

The work of Professor Ernst and his team at Exeter in the study of complementary medicine (CAM) is disappointing. Their obsessive search for 'compellingly positive evidence' of positive outcomes in specific disorders in response to specific treatments scratches the surface of a profoundly interesting and challenging phenomenon. It represents a kind of scientific tunnel vision.

For example, their 'table of treatments which demonstrably generate more good than harm' does not include homeopathy. And yet, the study of clinical outcomes at Bristol Homeopathic Hospital (United Bristol Healthcare Trust), in patients with a wide range of longstanding disorders responding poorly to conventional treatment and referred by their GPs or other specialists, shows an overall level of benefit of around 75%, often resulting in reduction or withdrawal of conventional medication.<sup>2</sup>

The familiarly dismissive argument that an uncontrolled study such as this yields no data of statistical significance deserving of serious attention, represents a severe case of what has been called 'paradigm paralysis'.<sup>3</sup> These are real results in really sick people. That they

may be achieved by a package of care that includes a decent dose of non-specific effects, alongside whatever specific effects the homeopathic prescription may have, does not make them invalid, it makes them particularly interesting, and very important. In his James Mackenzie lecture,<sup>4</sup> 'Who Cares?' David Haslam eloquently expounds the limitations of the prevailing medical paradigm of which the Ernst approach is a prime example.

Having met Professor Ernst a number of times I have no doubt of the earnestness and good intentions with which he and his team pursue their cause, but it is sad that the leader of such a potentially pioneering academic department is not prepared to be more of a 'paradigm pioneer'.

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## Back to the dark ages

It is my experience over the last 15 years that enthusiasts of ineffective alternative treatments tend to resort to two strategies when faced with convincingly negative data. The first is to slight the bearer of bad news, and the second is to call for a paradigm shift. Dr Swayne seems to do both. He affronts me by stating that I suffer from 'tunnel vision' and am 'obsessive'. And he goes to some length explaining that, in order to

do it justice, homeopathy needs a new paradigm. Call me naïve, but I had thought that a new paradigm is needed when the experimental data no longer fit the existing ones. In the case of homeopathy, this is evidently not the case. The results of the Spence study<sup>1</sup> are very easily explicable within the existing paradigm. The bulk of the randomised controlled trials evidence tells us that homeopathic remedies are placebos.<sup>2</sup> The improvement observed by Spence *et al* is therefore probably due to a range of factors unrelated to the treatment itself: natural history of the disease, regression to the mean, social desirability, concomitant interventions, etcetera.

If Swayne suggests that we should take observational studies more seriously than randomised controlled trials, he is not really advocating a paradigm shift. De facto, he is suggesting to implement double standards — one for homeopathy and one for conventional medicine. Or does he propose that we apply his standard throughout medicine? In this case, we have to concede that HRT reduces cardiovascular and cancer risks (as shown by observational studies) and ignore that it does, in fact, achieve the opposite (as demonstrated in randomised controlled trials). The 'paradigm pioneer' is thus disclosed as what he really is: a misguided evangelist preaching a gospel that leads us straight back into the dark ages of medicine,<sup>3</sup> to the indisputable detriment of our patients.

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## Spinal manipulation

I am relieved that Ernst does not include spinal manipulation in his grouping of such therapies, as it is well known to be of ancient lineage, having been practiced 'throughout human history'.<sup>1</sup> It was indeed taught by Hippocrates; little could be more orthodox. Even so, Ernst does write one sentence on the subject. He refers to 'standard care' without defining its scope, and he asserts that spinal manipulation is 'associated with frequent, moderately severe adverse effects and less frequent, serious risks'.<sup>2</sup>

In our first book,<sup>1</sup> critically guided by the one-time Director of Neurology of the Royal College of Surgeons, Burn and I included references to 20-odd papers detailing injury due to manipulation. The majority of these referred to isolated cases, the overall total being very small. In view of the many thousands of spinal manipulations practised every day over much of the world, it is abundantly clear that the incidence of harm is minute. In nearly 40 years using many manipulative techniques I am aware of doing harm on one occasion! Of course there may have been others, but I think I would have noticed if it had been of frequent occurrence, as Ernst suggests.

The scientific bases and the limitations of musculoskeletal medicine are documented in accessible form.<sup>3,4</sup> It is the awareness of the contraindications to manipulation and their meticulous observance that in fact make it so remarkably safe a therapy.

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## Advertisements

In a week when the government announced its plans for 'well notes' I (and presumably all college members) received a government pamphlet, disguised under the camouflage of 'TSO' (The Stationary Office) purporting to be 'An evidence-based approach for General Practitioners' on 'Advising Patients About Work' enclosed with my College journal.

The publication claims but does not cite evidence of causation for unemployment on medical expense, poor general health, mental health problems, and mortality. I accept evidence of association of unemployment with all these problems but don't expect a supposedly academic College to fund the promulgation of sloppy ideas by a government that appears to be attempting to change NHS general practice into a Nationalised Occupational Medical Service by extending opening hours and devising a 'well note'.

The Editor would have prevented such wild claims being made in the pages of the Journal, rather than simply being included within a postal cover that gave them an improper credibility. The government's view of 'evidence' appears to fall short of any academic definition. It seems that the Editor's authority should be extended beyond the contents of the Journal itself to the envelope in which it comes.

College benefits scarcely extend beyond receiving the Journal and using some letters after my name: I do not pay the best part of £500 to be lobbied by the English Department of Health! If the College is to act as an agent of state propaganda, College officers should let us know how many pieces of silver are to be exchanged.

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