

- Medicine' distant healing review. *Scientific Review of Alternative Medicine* 2002; **6**: 99–101.
31. Steinsbekk A, Launso L. Empowering the cancer patient or controlling the tumor? A qualitative study of how cancer patients experience consultations with complementary and alternative medicine practitioners and physicians, respectively. *Integr Cancer Ther* 2005; **4**: 195–200.
  32. McGuire MB. *Ritual healing in suburban America*. New Brunswick, NJ: Rutgers University Press, 1988.
  33. Csordas T. Embodiment as a paradigm in anthropology. *Ethos* 1990; **18**: 5–47.
  34. Ernst E. Cultural diversity in healthcare. *Perfusion* 2004; **17**: 33
  35. Turpin R. Characteristics of pseudoscience. *Scientific Review of Alternative Medicine* 2002; **6**: 102–105.
  36. Vickers A. Research paradigms in mainstream and complementary medicine. In: E Ernst (Ed) *Complementary medicine: an objective appraisal*. London: Butterworth Heinemann, 1996: pp: 1–17.
  37. Toynbee P. Charles is more keeper of the kitsch than heir to the throne. <http://politics.guardian.co.uk/columnist/story/0,9321,1250431,00.html> (accessed 4 Mar 2009).
  38. Ernst E. Disentangling integrative medicine. *Mayo Clin Proc* 2004; **79**: 565–566.
  39. Goldacre B. A tonic for sceptics. <http://www.guardian.co.uk/science/2005/aug/29/badscience.health> (accessed 4 Mar 2009).
  40. Bartecchi CE. 'Alternative' medicine's free ride. *Scientific Review of Alternative Medicine* 2004; **8**: 5–8.
  41. Ernst E. Teaching complementary/alternative medicine for primary care. *Ed Prim Care* 2003; **14**: 414–418.
  42. Thomas KJ, Coleman P, Weatherley-Jones E, Luff D. Developing integrated CAM services in primary care organisations. *Complement Ther Med* 2003; **11**: 261–267.
  43. Mills S, Budd S. *Professional organisation of complementary and alternative medicine in the United Kingdom 2000. A second report to the Department of Health*. Exeter: Centre for Complementary Health Studies, University of Exeter, 2000.
  44. Ernst E. Distant healing — an 'update' of a systematic review. *Wien Klin Wochenschr* 2003; **115**: 241–245.
  45. Evans MA, Shaw A, Sharp DJ, et al. Male cancer patients' views on and use of CAM: a qualitative study. *Focus Altern Complement Ther* 2004; **9**: 12–13.
  46. Ernst E, Pittler MH, Stevinson C, White AR. *The desktop guide to complementary and alternative medicine*. Edinburgh; Mosby, 2001.
  47. Risberg T, Vickers A, Bremnes RM, et al. Does use of alternative medicine predict survival from cancer? *Eur J Cancer* 2003; **39**: 372–377.
  48. Verhoef M, Mulkins A, Oneschuk D, Carlson L. Cancer patients' understanding of evidence. *Focus Altern Complement Ther* 2004; **9**: 56.
  49. Goldacre B. *Bad science*. London: Fourth Estate Ltd, 2008.
  50. Ernst E, Schmidt K. Courses in complementary medicine at institutions of higher education in the United Kingdom. *International Journal of Naturopathic Medicine* 2004; **1**: 56–69.
  51. Ernst E. *Healing, hype or harm? A critical analysis of complementary or alternative medicine*. Exeter: Societas Imprint Academics, 2008.
  52. Ernst E, Pittler M, Wider B, Boddy K. *Oxford handbook of complementary medicine*. Oxford: Oxford University Press, 2008.

DOI: 10.3399/bjgp09X420482

## COMMENTARY

This paper presents legitimate criticism of the nebulous field described as CAM. It has relevance to primary care whose practitioners may encounter the muddled thinking it describes. But it does not tell the whole story. As it stands, its pejorative tone and tendentious quality, even its element of sophistry, undermine its argument. There are CAM researchers and practitioners who bring a proper spirit of scientific enquiry to its exploration; who do not succumb to, indeed deprecate the vagaries described here. Nor are GPs so susceptible to them.

GPs' approach to decision making is eclectic, involving collective experience, tacit knowledge and professional networking, succinctly expressed as 'informed empiricism', (R Pinsent, personal communication, 1980) rather than an exclusively linear-rational model of evidence-based care.<sup>1</sup> A combination of knowledge, clinical experience and sound judgement ensures they usually get it right.<sup>2</sup> GPs have a long and positive acquaintance with leading CAM therapies.<sup>3</sup> They are aware of the shaky evidence base for much conventional practice as well as CAM, and are as capable of applying their 'knowledge in practice' to both.<sup>1</sup>

Ernst's sometimes limited and selective use of evidence does not help. An example from his book *Trick or Treatment*<sup>4</sup> is the risk of stroke incorrectly attributed to chiropractic manipulation of the cervical spine.<sup>5,6</sup> Whereas the impressive level of benefit reported in the Bristol Homeopathic Hospital clinical outcome study, discounted by Ernst for lack of controls, will signify effectiveness to the discerning GP, whatever its limits as a demonstration of efficacy.<sup>7,4</sup>

A regrettable consequence of Ernst's polemic is to polarise attitudes to CAM when rapprochement would be more fruitful. At its worst, it encourages clinicians to denigrate CAM to patients expressing interest, compromising the therapeutic relationship and perhaps prompting them to become conventional medicine 'abandoners' (G Lewith, personal communication, 2009).

This unbalanced presentation of the CAM debate distracts from the exploration of what can be learned from unorthodox approaches (placebo or otherwise), that enable self-regulation and enhance wellbeing, truly complementing the achievements of orthodox methods. I have contributed to Vickers's critique of CAM,<sup>8</sup> but the paradigm problem he dismisses in Ernst's quotation undoubtedly has practical consequences.<sup>9</sup> The type of revolution that Kuhn described when he introduced the concept, a *metanoia*, really is needed if medicine is to evolve, rather than merely advance on the same narrow front.<sup>10</sup> As David Haslam wrote, 'We use the medical model because the medical model is what we use, even though it may not always be appropriate.'<sup>11</sup>

Jeremy Swayne

## REFERENCES

1. Gabbay J, le May A. Evidence based guidelines or collectively constructed 'mindlines'? Ethnographic study of knowledge management in primary care. *BMJ* 2004; **329(7473)**:1013.
2. Harnden A, Lehman R. New primary care series: Easily Missed. *BMJ* 2009; **338**: b491.
3. Wharton R, Lewith G. Complementary medicine and the general practitioner. *BMJ* 1986; **292**:1498–1500.
4. Ernst E, Singh S. *Trick or treatment: alternative medicine on trial*. London: Bantam Press, 2008.
5. Thiel HW, Bolton JE, Docherty S, Portlock JC. Safety of chiropractic manipulation of the cervical spine: a prospective national survey. *SPINE* 2007; **32(21)**: 2375–2378.
6. Cassidy JD, Boyle E, Côté P, et al. Risk of vertebralbasilar stroke and chiropractic care. *Eur Spine J* 2008; **17(Suppl 1)**: S176–S183.
7. Spence DS, Thompson EA, Barron SJ. Homeopathic treatment for chronic disease: a 6-year, university hospital outpatient observational study. *J Altern Complement Med* 2005; **11(5)**: 793–798.
8. Swayne J. Homeopathic therapeutics: many dimensions — or meaningless diversity? In: Vickers A (ed.). *Examining complementary medicine: the sceptical holist*. Cheltenham: Stanley Thornes, 2002.
9. Swayne J. Truth, proof and evidence: homeopathy and the medical paradigm. *Homeopathy* 2008; **97**: 89–95
10. Kuhn, T. *The structure of scientific revolutions*. Chicago: University of Chicago Press, 1996.
11. Haslam D. Who cares? *Br J Gen Pract* 2007; **57(545)**: 987–993.

DOI: 10.3399/bjgp09X420491