

Recruitment — a case study'.<sup>1</sup> It is the attitude described here that is fired by Ernst's crusading approach to criticism of CAM, and this must influence those without knowledge or experience of integrated medicine. Fortunately, most medics will have searching minds.

Perhaps Ernst could comment in his, what appears to be a regular slot in the *BJGP* (well done to the Editor)? Should this contribution from the Peninsular Medical School be called 'Letter from (Almost!) America?'.

I really admired his efforts to find a clutch, of what he considered, dodgy websites of Homeopathic Organisations.<sup>2</sup> I agree with his comments on the contents as would any homeopathically trained doctor, I'm sure. But it is a pity he did not balance that with an appraisal of reputable Homeopathic Medicine websites, such as our own Faculty of Homeopathy (<http://www.trusthomeopathy.org/>).

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## Author's response

Graham Jagger wants me to tell the *BJGP* what I think about the Barlow/Lewith article.<sup>1</sup> As in all areas of healthcare, clinical trials rely on the cooperation of clinicians. If they refuse to help with patient recruitment, trials may not be feasible. If I had been such a clinician in Southampton, I probably would have told my patients what the evidence on spiritual healing is. My own review concluded in 2003 that 'the weight of the evidence [is] against the notion that distant healing is more than a placebo'.<sup>2</sup> Since then the most rigorous studies continued to be negative. My point is that a clinical trial

needs a sound basis, and for spiritual healing I fail to see it.

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## Editor's comment

Ho hum. The principle is to judge everything we receive on its own merits. We try to do that for the material on CAM, but it is made more tricky because of the generally well entrenched positions of authors, on both sides, and in addition it's not clear whether or not CAM is a core part of primary care. Edzard Ernst does contribute quite regularly, but it would be as wrong to reject any of his articles because of that, as it would be to accept anyone else's because their contributions are infrequent. — *Ed*

## Mega-aggregation

In Italy, the government is trying to convince GPs to sign a new contract with many new duties but with not much financial reward. They are also being asked to consider the birth of new mega-aggregations of professionals and practices covering a large extension of the population.

At the same time, the government is considering shifting many services from secondary to primary care.

The reaction from GPs' associations is cautious or negative, seeing this as a disruption of trusts' power in microgroups, as a problem for patients obliged to walk or travel long distances to large buildings

where they will have long waiting lists, see many doctors, and end up with a duplication of examinations.

The government's indication is similar to the proposal of 'GP-led health centres' in the UK.

So, it is very interesting to read the paper by Morgan and Beerstecker indicating that there is no evidence to suggest that very large practices could provide or are providing more volume or diversity than the current average UK practice.<sup>1</sup>

Therefore, a policy to create larger practices may not automatically lead to a transfer of work from secondary to primary care. This is because there is not an upper threshold above which practice size creates spare capacity and expertise to deliver a significantly greater volume of more diversity of extra services.

These data are very important and to be considered when we see, at the moment, plural inputs by national governments, for new 'governances' for family medicine,<sup>2</sup> coming bottom-down, not agreed by primary care,<sup>3</sup> by secondary care, or by patients themselves (data for disagreement by Italian national statistic questionnaire where the GP–patient relationship is still seen as the 'must'), but dangerously pushed by the politicians because of their supposed economic interests, or others not considering what family medicine was, is, and will be (see a European Definition).

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