

COMMENTARY

Conventional medicine is less than perfect

Despite the poor evidence base behind many complementary therapies and the lack of proper licensing and governance in many areas, complementary medicine is popular with many. This issue of the *BJGP* features a discussion of some of the ethical deficits that are allowed to continue in day-to-day practice in the burgeoning complementary medicine field.¹

Of course, it is trying for conventional medical practitioners to witness the apparently free hand afforded complementary therapists while their own practice is increasingly affected by demands that it must be guided by evidence of clinical- and cost-effectiveness, for continuing assessment of professional standards, and for respect for ethical and data protection constraints. In such circumstances, challenges to ethical standards in complementary medicine are both understandable and inevitable.

But conventional medicine should exercise caution and honesty in its challenges to complementary medicine. While commentators from conventional medicine may rightly feel that they are on firmer ethical ground, it would be wrong to imply that conventional medicine is ethically flawless. One does not have to look to the newsworthy or the dramatic. There are many more workaday instances in which conventional medicine's ethical standards can be challenged.

For example, informed consent is indeed a prerequisite for both medical research and clinical practice. And it may be true that many practitioners of complementary medicine fail to obtain informed consent before treating a patient. But is genuinely informed consent universally sought in the practice of conventional medicine? For example, the prostate specific antigen (PSA) test is widely used as an indicator of presymptomatic prostatic cancer. However, it yields considerable numbers of false positives, leading to unnecessary anxiety and often a potentially risky biopsy, and there remains considerable debate as to whether early detection is beneficial.² Given pressures of time and other factors, it seems unlikely that all patients give genuinely informed consent: the decision is emotionally charged and to give genuinely informed consent patients would require a considerable amount of time and preferably some knowledge of epidemiological principles to discuss it with their doctor. Likewise, conflicts of interest can affect conventional medicine just as they can complementary medicine: while in private practice payment-led incentives to perform tests and procedures might be considered obvious, it might also be argued that the Quality and Outcomes Framework in primary care in the UK promotes payment-led inequity between disease-specific patient groups in general practice. And while little may be known about standards or views relating to confidentiality in complementary medicine, there is clear evidence that concerns exist among patients, clinicians, and practice staff about both accidental and systematic breaches of confidentiality in conventional medicine.³⁻⁵

It is right that poor ethical standards in complementary medicine should be highlighted and condemned. However, critics comment from a weakened position if they do not equally acknowledge ethical shortfalls in conventional medicine.

Brian S Buckley,

Cochrane Fellow & Researcher in Primary Care, National University of Ireland, General Practice, 1 Distillery Road, Galway, Ireland. E-mail: bsbuckley@iol.ie

Provenance

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