Opening Doors

Stephen Gordon

The purpose of this symposium is to spend some time looking at the issues and practicalities of improving communication and cooperation between natural medicine practitioners, particularly homœopaths, and members of the established medical profession.

"I hope that, in the long run, a situation will develop by which the general practitioner can recommend genuine complementary therapists to treat his patients, if he feels that this is the more appropiate thing to do."
– Prince Charles from the Foreward to *Talking Health*, the report on the series of colloquia on convential and complementary approches to medicine, held at The Royal Society of Medicine (published 1988).

Over the past decade or so the homœopathic profession, along with the other complementary and alternative professions, has established itself strongly as offering effective medical care to a rapidly increasing number of patients who find the present allopathically – based medical system inadequate in dealing with many of their health problems. Recently there have been many signs of a positive change in attitude towards us both from the government and from growing numbers of the established medical profession. Whereas the present government has consistently stated a position of 'benign neutrality' towards us, over the last decade, many of the medical profession have moved from a position of open hostility (represented very clearly in the now infamous BMA report) to a growing, if at times grudging, recognition that much of natural medicine does have something real and positive to offer.

The recent government White Paper with its emphasis on cost effectiveness and satisfying the needs of the patient should in theory further promote positive examination of natural medicine techniques and lead to their increasing provision as part of an evolved national health-care system. However, nowhere in the White Paper is any form of natural medicine mentioned.

The tendency for GPs to combine together now in large group practices is perhaps the ideal setting in which the services of practitioners of natural medicine could somehow be incorporated. These practices already involve the services of other health professionals such as nurses, midwives, physiotherapists, chiropodists, optometrists etc who work in consultation with GPs. These other health professionals are referred patients by the GPs and of course are paid from the practice budget. Legal restraint at present does not allow non-recognised professionals such as ourselves to be involved in this way and therefore happily avoids the issue of us having to operate in the position of a Profession Supplementary to Medicine a position which for many of us would seem untenable. Nonetheless a growing number of GPs are referring patients to us and a number of progressive GP practices are beginning to invite complementary practitioners in to use their premises on an independent basis, simply renting rooms from the practice for a sessional fee. One practice I know of has invited a group of natural therapists to buy into a brand new medical centre they are building and plans to have a number of purpose built rooms added on expressly for their use. Thus a growing number of GPs are

Stephen Gordon RSHom is a Director of the Society of Homœopaths with political responsibilites.

He lives and practises in Norfolk.

encouraging their patients to use natural therapies they themselves presumably recognise as effective, albeit on the basis ofindependent, private medicine.

Most interested GP's do not have the time or inclination to do another four to five years of study to master homœopathy, acupuncture or one of the other therapies. If they can be shown that homœopathy and qualified practitioners of it have something to offer, far from posing as a threat, then there is a potential for the development of a positive working relationship for all.

At present the GP functions as a front-line therapist and as an increasingly sophisticated and informed referral service. As well as referring patients to the other workers in the practice such as those I mentioned above, he refers patients to consultants in hospitals for expert diagnosis and surgery, to psychologists and psychiatrists for assessment and therapy and increasingly to *complementary* practitioners such as osteopathy and chiropractic. It seems a logical next step for GPs, though perhaps for many a difficult one, to refer patients to *alternative* natural therapists. Difficult because the acupuncturist and homœopath obviously tread on the same therapeutic territory as the doctor and because patients must subsidise the treatment themselves. Nonetheless, many of us are already being referred patients by GPs who have witnessed the benefit of homœopathy to their patients. The possibility of reduced drug bills, less need for surgery and the reward of seeing patients getting better because the GP had the wisdom to refer the patient to a homœopath, acupuncturist or osteopath is something that should be promoted.

If the GP is to offer an increasingly sophisticated referral service, then education in the philosophy and methodology of the natural therapies should ideally be included in their training at medical school. I know that today's guest speaker, David Taylor Reilly, has been pushing this for some time now and has recently sown the first seed of such a process by having the topic introduced into the curriculum of Europe's largest medical school in Glasgow.

So, I feel that it is in this grassroots area, out in the field talking and working with GPs, that we have the greatest potential for influence, of gaining support and of moving together toward an integrated and enriched national healthcare system. That process has already begun and was partly what inspired me to organise this seminar today. It is important for us to come together to discuss these possibilities, to examine our attitudes and practices and to see how we can promote future cooperation.

What are our responsibilities in such a process? Firstly, professional homœopaths must become recognised as responsible health-care practitioners who can be referred to, or perhaps one day be employed (should they so wish), by GP practices and hospitals. The key to this goal is high quality education and the formation of proficient, professional, well-rounded practitioners. Our homœopathic colleges are working together as the Organisation of Independent Homœopathic Colleges (OIHC) to upgrade their courses on the basis of common standards and curricula. They will soon embark on an accreditation programme which will establish the colleges who submit to it as externally recognised sources of accredited professional homœopaths.

Through accreditation the profession itself, in consultation with external expertise, sets the standards by which its teaching institutions and graduates should be judged. Should the call for some form of state regulation eventually be made, the profession can then state that it has already taken the necessary steps towards self-regulation and that it seeks the government's approval. Whether government regist-ation ever comes about is irrelevant in a way. Our best insurance for continued development as an independent medical profession, and acceptance of the public, the government, and the established medical profession, is to prepare ourselves in such a way as to be deserving of registration should the situation arise.

I would now like to mention the Faculty of Homœopathy and our relationship to the doctor-homœopaths. It is clear to many, both inside and outside the Faculty, that they have been in a very difficult situation for many years for various reasons, not least the NHS's failure to respond to the public's demand for homœopathy. The Faculty has not profited as much from homœopathy's renaissance over the past ten years nor contributed as much to it as perhaps many of its members would have liked. Despite this situation, until very recently, there has been staunch resistance to the recognition of professional homœopaths, the standards of practice we are achieving and the role that we have played in homœopathy's revival. Recently however there has been increasing evidence of a change of attitude from members of both the Faculty and its supporters.

Recent editorials in the British Homœopathic Journal have carried evidence of this change. Peter Fisher, in an editorial entitled *Time to grasp the Nettle?* (January 1988), courageously broached the subject of non-medically qualified practitioners. Trying to find a way out of the 'nettle patch' he stated that the main objective should be: **That high-quality homœopathy should be freely available and inseparably linked to the highest, most humane standards of patient care** *(his emphasis)*. He finished with a recommendation that the Faculty 'explore the possibility of cooperation...' with 'non-medical practitioner organisations on matters of common interest....' In a more recent BHJ in January of 1990 Lt. Colonel Barraclough, retiring Secretary of the Homœopathic Trust and the Faculty of Homœopathy and for many years strongly opposed to 'lay homœo-paths' stated in his valedictory address to the Faculty 'Lay practitioners are here to stay... lay practice must be recognized not by us

but by Government legislation. All lay practitioners should be licensed only after having reached a certain standard and passed examinations. This could be done by the Society of Homœopaths which is the only lay organisation setting proper standards.' Coming from Lt. Col. Barraclough I take that comment as a compliment on the Society's behalf.

One of the biggest problems the Faculty has had is the adequate training of sufficient doctor homœopaths. In the BHJ editorial of October 1989 David Taylor Reilly wrote:

> *In this country less than 3% of the population have unfettered access to a doctor with homœopathic training. Far less have access to a doctor with excellent training. Assessed in this way our recent strides forward become the first steps in a journey of a thousand miles. Take Scotlands initiative as a model. Despite the success of the educational reforms which have been widely adopted and adapted throughout the UK, at best this national centre is unlikely to carry more than 30 doctors per year beyond basic training. If the other major educational centres in Bristol and London do likewise by the turn of the century there will be a thousand new recruits to this specialty....perhaps three thousand of the UK's 60,000 doctors will have more than a passing knowledge of the subject. Will this 5% solution be adequate?*

Further on he writes:

> *The goal we propose is that every member of the UK public should have access to skilled homœopathy integrated within the NHS. We need to examine carefully the role of the emerging professional homœopath and distinguish it from that of the untrained lay-practitioner in the context of possible European harmonisation in this area.*

In the light of the above quotes from the BHJ and the evidence of a growing attitude shift both in the government and the medical profession. I believe that there is a wonderful opportunity for a growing cooperation between ourselves and members of the Faculty to work together to achieve our common goals. On an educational basis alone there is a great opportunity for an exchange of expertise, with on the one hand the Faculty contributing to the professional homœopath's medical and clinical knowledge whilst on the other hand a number of our highly competant teachers of homœopathy could contribute to the nurturing of those doctors who recognize the true potential of homœopathy when practised beyond the superficial diagnosis-based method.

On that note I would like to introduce our keynote speaker for the day, David Taylor Reilly. He is one of the leading researchers in homœopathy in the world today and a leading reformer in the education of the medical homœopath in this country and I look forward very much to hearing what he has to say.