

CLINICAL

A discussion: the future role of homeopathy in the National Health Service (NHS)

Daniel Yu-Hin Ng*

College of Medical and Dental Sciences, University of Birmingham, Birmingham, UK

Homeopathy has been provided by the National Health Service in the UK for over 60 years, funded largely by taxpayer's money. However, in recent years, its provision has come under much criticism questioning its true value. Taking a neutral stance, arguments both for and against the provision of homeopathy on the NHS is presented. It includes issues such as the evidence and safety profile of homeopathy, but also takes into account costs and benefits of homeopathy in a wider perspective. Overall, the provision of homeopathy is justified as long as there is a need within the population, occupying a complementary role alongside conventional medicine. *Homeopathy* (2011) 100, 183–186.

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Introduction

Historically homeopathy has been provided through the British National Health Service (NHS), both through dedicated secondary care units and General Practitioners (GPs). In recent years there have been several calls for the NHS to cease providing homeopathy and these have resulted in reduced commissioning. These calls have been based on a claimed lack of evidence and the implausibility of the actions of very high dilutions.

The author argues that other factors including safety, cost/cost-effectiveness and patient reported benefit should also be considered when making commissioning decisions on homeopathy. Homeopathy should be integrated and a credible system of regulation established for homeopaths who are not members of health professions.

Since Hahnemann founded homeopathy over 200 years ago, it has become increasingly popular and is now a major complementary and alternative therapy in the UK.¹ Homeopathy has been part of the National Health Service (NHS) for over 60 years. Hundreds of general practitioners use homeopathy in primary care and every year thousands of patients are referred to homeopathic hospitals.² As part of the NHS, homeopathic hospitals are funded by taxpayer's

money. However, it is not clear whether its provision on the NHS is justified.

In March 2009 one of only five homeopathic hospitals in the UK – the Tunbridge Wells Homeopathic Hospital – was closed as West Kent NHS Primary Care Trust decided to terminate commissioning for homeopathy.³ Meanwhile many more primary care trusts have cut contracts in homeopathic services.⁴ The NHS has finite resources and cannot provide everything patients want. Ending to homeopathy on the NHS can potentially divert money from homeopathy to other therapies. Is the loss of homeopathy in the NHS truly justified? This short discussion paper overviews the issues.

Evidence

Evidence-based medicine has set a platform for critics of homeopathy. Ernst has pointed out that the main criterion for a therapy to be incorporated in the NHS is demonstration of clinical effectiveness.⁵ But research in homeopathy has provided contradictory evidence on its therapeutic values. Take the examples of two large studies published in the *Lancet*. Firstly, in a meta-analysis of placebo-controlled trials, Linde and his co-authors conclude the positive effects by homeopathy cannot be explained by placebo.⁶ On the contrary, in a comparative study of homeopathy and allopathy using much the same raw data, Shang and his colleagues conclude the effect of homeopathy is similar to placebo.⁷

There have been 138 published randomized controlled trials on homeopathy, 44% of which show positive effects.²

*Correspondence: Daniel Yu-Hin Ng, College of Medical and Dental Sciences, University of Birmingham, Birmingham, B15 2TT, UK. E-mail: dyn605@bham.ac.uk
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There may be some degree of publication bias that is difficult to estimate. Studies showing negative or no-difference results may not be published, leading to an overestimate of positive results. In addition, most studies (55%) gave either inconclusive or negative data, so the seemingly large number of positive trials should therefore be interpreted with care. To date, there is no definitive evidence on the clinical effects of homeopathy which is universally accepted. Years of research in homeopathy seem to be leading nowhere.

In the past few years, a group of doctors and scientists led by Professor Baum have repeatedly written to every primary care trust (PCT) calling on them to stop funding homeopathy services.^{8,9} They argue that homeopathy is implausible and lacks evidence, urging PCTs to review their practice accordingly. As a result, more than a quarter of primary care trusts have reduced commissioning for homeopathy and the number of homeopathic prescriptions has fallen by 40% in the two years to 2007.¹⁰ Referrals to homeopathic hospitals have reduced by a fifth and some patients have been refused homeopathic treatment.¹¹

This attempt to terminate homeopathy on the NHS has stunned many in the homeopathy profession. However, it is supported by reviews from the NHS. In 2002, the NHS Centre for Reviews and Dissemination conducted a review of available data from trials in homeopathy. It concludes there is insufficient evidence to recommend the use of homeopathy as a treatment.¹² The media has also played its part. Speaking on BBC Radio 4, for instance, Professor Raymond Tallis criticized the integration of homeopathy in NHS.¹³ The Daily Mail published an article written by Professor Baum who claims that NHS is essentially providing placebos to patients – an unjustified action that needs to change immediately.¹⁴ Furthermore the only professor in complementary medicine in the UK, Professor Ernst, has written extensively attacking homeopathy and supporting the termination of homeopathy services in the NHS.¹⁵

Despite the lack of definitive positive evidence in clinical trials, there are many case reports describing the benefits of homeopathic treatment in patients.² Homeopathy is a holistic therapy that is strongly patient-focused and emphasizes the doctor–patient relationship. Many randomized placebo-controlled trials of homeopathy are carried out using one remedy for all subjects in the treatment arm. This does not reflect real homeopathic practice where different factors such as personality are taken into account in deciding the most appropriate remedy. A more realistic approach for homeopathic research is to measure non-specific effects and patient-perceived benefits. The Bristol Patient Outcome Study in 2005 shows that more than 70% of patients receiving homeopathy treatments report benefits.¹⁶ This is an excellent outcome considering many of these patients failed to improve with conventional treatment before seeking homeopathic service. Arguably, a positive patient experience is what matters most, and is also what the NHS strives for. Is it enough to secure homeopathy a place in the NHS?

The House of Lords report in 2000 argued that the government should support research in complementary and alternative medicine (CAM) with promising but

not sufficient data of effectiveness.¹⁷ In 2008, an evaluation of CAM carried out in Northern Ireland shows that patients experience significant health gains after homeopathic treatment. It recommended the provision of homeopathic services in primary care context.¹⁸ However, the House of Commons Science and Technology Committee's 'Evidence Check' on Homeopathy, published in February 2010, said that homeopathy should not be provided on the NHS and that no further research should be done; it also criticized the licensing of products by the Medicines and Healthcare products Regulatory Agency.¹⁹

Plausibility

Some critics move the argument away from evidence and take a different approach based on the biological implausibility of the actions of 'ultramolecular' dilutions according to current scientific knowledge. For instance, Professor Blakemore, former Chief Executive of the Medical Research Council states "*If we were to accept the principles of homeopathy we would have to overturn the whole of physics and chemistry*".²⁰

How do those who favour homeopathy reply to these critics? One element is the emerging concept of 'water memory'. Water memory is yet to establish itself as a proven mechanism responsible for the clinical effects in patients taking homeopathic remedies, but if proven would be a plausible mechanism. The Japanese scientist Emoto has presented photographs of frozen water showing that they change conformation at a molecular level when exposed to different environments.²¹ Other studies using physico-chemical techniques, thermoluminescence, Raman and Ultraviolet Visible Spectroscopy have also shown that water has the ability to hold memory.²² These developments have the potential to answer critics who argue that homeopathy should not be provided in the NHS due to its implausibility.

Campaign

The British Homeopathic Association (BHA) has launched a campaign that gathers voices of those in support of homeopathy. It hopes to restore and reaffirm support the use of homeopathy in NHS. The campaign emphasizes the positive evidence of homeopathy and the tiny cost of its services in relation to other NHS expense. Homeopathy service in Tunbridge Wells Hospital costs only £196,000 per year,²³ in massive contrast against the £350 million that was spent by the NHS on management consultants in 2008.²⁴

Benefits of homeopathy

Judging whether homeopathy has a place in the NHS should not only be based on its effectiveness and plausibility, but should also take into account other aspects. Many patients suffer from illnesses that are difficult to treat or untreatable with conventional medicine, for example eczema and side effects from cancer treatment. Homeopathy gives

hopes to these individuals and acts as a welcome psychological boost. Many homeopathic remedies are made from natural ingredients available in a variety of forms that are easy to use, hence are likely to achieve better compliance than conventional treatments. Is it then ethical to withdraw homeopathy when patients currently choose to use it and report benefit from it?

Safety

Any therapy must include an acceptable safety profile if it is to be accepted in the NHS. A systematic review by Dantas *et al.* shows that homeopathy has a good safety profile with limited adverse effects.²⁵ However, Professor Ernst argues that homeopathy is unsafe as it contributes to poor medical practice. He points out in his blog that some homeopaths dissuade people from immunizing their children.²⁶ He also criticises advice given by some non-medical homeopaths to avoid antiviral drugs in the recent swine flu epidemic.²⁷ To what extent homeopathy contributes to unsafe medical practice remains unclear, but if homeopaths solely concentrate on homeopathy and ignore conventional medicine, this would clearly pose a risk to patient.

In contrast to Ernst's arguments, a reduction of homeopathic services in the NHS may on the other hand raise its own safety problem. As many PCTs reduce commissioning for homeopathy, patients have lost access to services previously accessible on the NHS and subject to NHS clinical governance. As there is no regulation of homeopaths who are not members of statutorily-regulated health professions in the UK, there are concerns with respect to the expansion of private homeopathy and potential risk to patients.⁹ A regulatory body to govern such practitioners would guarantee safety to patients.

Cost

Beside a satisfactory safety profile, a cost profile also needs to be considered when analysing the provision of homeopathy in the NHS. More than a quarter of primary care trusts have stopped or reduced funding for homeopathy services over the past two years in an attempt to cut expenses.¹¹ Despite these measures, studies have suggested a favourable cost-effectiveness profile for homeopathy services when comparing with conventional medicine. Homeopathy costs the NHS about £4 million in 2008.²⁸ An independent report by the economist Christopher Smallwood estimates the provision of homeopathy in primary care can make a substantial saving of £119 million on what would otherwise need to be spent on relatively expensive conventional medicine.²⁹ The Lords Science and Technology Committee Report of 2000 also concluded that some cost-effectiveness studies on homeopathy show savings for the NHS.¹⁷ More study is still needed to decide if homeopathy genuinely contributes to savings in the NHS. If true, it would not be justified to sacrifice homeopathic service in the NHS as an attempt to reduce expenses.

Conclusion

Homeopathic services in the NHS have declined in recent years. Despite publications showing positive effects in homeopathy,³⁰ for many years research in homeopathy has reached no definite conclusion. Medicine now places more importance in evidence-based practice than ever before, pushing for a cut in NHS homeopathy. What lies ahead for homeopathy on the NHS remains uncertain.

In my opinion homeopathy in the NHS should not be stopped solely on the lack of clear positive evidence from trials. Data on patient popularity and patient-reported benefits have been promising and support the provision of homeopathy in the NHS. Should patient demand and patient-reported benefits come before or after evidence-based medicine? This is something beyond the scope of this article.

Cost-effectiveness studies show that homeopathy offers savings compare with conventional medicine. For this reason the provision of homeopathy on the NHS is justified as long as patient demand remains and the majority of patients experience benefits. In the near future, the best approach is to continue the integration of homeopathy in the NHS with a complementary role supporting conventional medicine. Regular reviews and audits are vital to ensure a high standard of homeopathy service. A body regulating homeopaths who are not already members of health professions is also important to provide the best healthcare for patients.

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