

A Vision of the Future



Adapted and written by Susanna Pearce, from a lecture delivered by Dr. David Reilly, at the BHA AGM, on 2 October, 1995.

Setting the trend

I have been asked to reflect on the future of homoeopathy. Medicine's philosophy is to strive towards a better form of care, both now and in the future. However, we must do that by challenging the previously held edicts of orthodox care and complementary medicine.

Naturally the future, is based on a firm reference to the past. We need to pay homage to that in any vision. My work today wouldn't be made possible without my predecessors at the Glasgow Homoeopathic Hospital. I owe a good deal of inspiration to previous homoeopathic workers like Hamish Boyd and Robin Gibson. Homoeopathy in Britain today rests firmly on previous giants and the passion they brought to complementary medicine. Another of those giants who inspired me to examine homoeopathy and pursue my vision for the future is John Hughes-Games. A Report of one of John's morning clinics was published in 1985 and all prescriptions, apart from three, were homoeopathic. John was actually giving a vision of something that could be occurring in primary care in this country. The last 10 years have been the result of the early pioneering work of people like John who made complementary care more widespread, a trend that will continue in the future.

Changing Role of Homoeopathy

Even as we speak, the role of Homoeopathy is changing rapidly and there are reforms going on all around us. The Glasgow Homoeopathic Hospital has developed major initiatives in recent years. Here, in London, the RLHH is setting up its new Academic Department with Russell Malcolm as Education Director. The Faculty is radically reforming itself. The government is shifting attitudes in response to what the general public want. Organisations like the BHA are there ready to try and offer leadership and support for those shifting perspectives.

When we talk about the future of Homoeopathy, we are also discussing the future of medicine because Homoeopathy is just a small part of medicine. But perhaps that is one of the perspectives we should bear in mind: that we are just a subsection of medicine and, thus, the care of people. The future of medicine and, therefore, the future of homoeopathy will continue to be shaped by the general public and by patients. So by listening to, and sensing, the feelings of patients right now, you can tell the future; you can see where it is going.

Even when I was a General Practitioner in 1982, I tried to listen to what my patients told me. Repeatedly, I was informed that they felt modern medical care was failing them: it wasn't what they wanted. They would rather not use drugs but would prefer using something more natural; how, in secret and rather apologetically, they were visiting an osteopath when they felt modern medicine had failed, or even how they had turned to Homoeopathy. A complementary care approach is what my patients wanted and I was prepared to pay heed to it.

Trends

In other words, all the underlying trends towards complementary medicine were clearly there. Now all we need to do is try to relisten to those signs everyday, afresh. Doctors need to ask themselves questions like: 'What are people feeling now? Where are they going? And what is their collective cultural wisdom telling us? The dehumanisation within medical care of the last number of decades and patients' subsequent disenchantment with it, is undoubtedly why homoeopathy, and other complementary medicines, are flourishing. The shift towards the complementary seems gratifying on the face of it but some things about the practice and trends of homoeopathy worry me just as much as the trends in orthodox medicine. I feel it essential that complementary therapies don't fall prey to

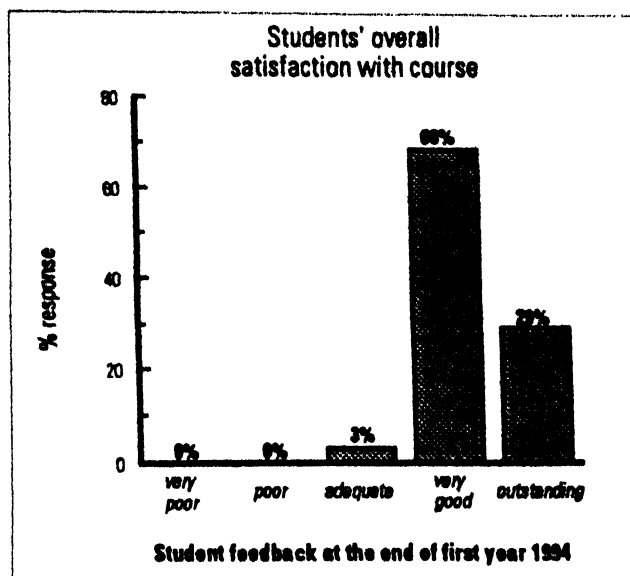
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the same misjudgements as conventional medicine. We need to learn from our mistakes in the past and not repeat them with Homoeopathy in the future. For instance, I now see some Homoeopaths, who are quite advanced and specialised Homoeopaths, behaving in as brutal and mechanistic a manner as my conventional colleagues. Instead of an effective healing consultation or a meeting of partners, the prescribing process becomes a game of 'What's the remedy?' Let us be warned against making such mistakes.

The general public's awareness of conventional drugs has grown and they have learned to criticise "Valium for every ill", holding up its over-prescription as a symbol of something that is wrong with the orthodox method of care. However, the same dangers are now arising in Homeopathy where there is a tendency to rely too heavily on the concept of the remedy and the Homoeopath, and not enough on the natural healing process and recovery of people. I actually see clear signs that Homoeopathy is committing the sins of the Father in that regard, and feel this is dangerous.

Survey

Here is another trend that we are seeing in our work. Patients will come to us and say: "Acupuncturist, homoeopath and radiotherapist practitioners could not help, so I have come to you". When in 1982 I was a GP, my patients often told me these stories so, in professional meetings with my colleagues, I brought up the subject of alternative medicine (as it was then called). I was met with deafening silence. There was no encouragement in those days to bring it up in a professional context. I therefore (anonymously) undertook a survey of my colleagues' attitudes back in 1982 at the National Scottish GP Trainee Conference. Amazingly, I discovered that, when given the opportunity, of these one hundred young doctors, 95% rated complementary medicine as useful, one in five was already using it, and one in four had received an unorthodox treatment, and 80% had a desire to train. So the success of the postgraduate education programme didn't happen overnight, or as if by magic. The flourishing of the programme was actually the result of some very careful listening and hard work! In fact, employing the same listening skills as during a consultation in order to catch the flow of culture and people's feelings in



general.

Negative Effects

I sent the results of the above paper to the 'Lancet.' They refused to publish it, as they found it unbelievable! However, the British Medical Journal decided to publish my report and it caused an uproar: in fact it partly resulted in the 1983 BMA enquiry into complementary therapies. I repeated the survey in 1987, to monitor the direction of this flow and found that interest was sustained and that, if anything, the desire for training was rising, now at 91%. While GPs had seen patients helped by complementary medicine, it was also striking that 39% had also seen patients who had experienced side effects.

The negative effects of complementary medicine are only just beginning to surface and I include Homoeopathy in this. What any practitioner must remember is that you cannot get involved in human care and human interaction without negative potential: I believe that we will see increased discussion of the adverse effects and inappropriate uses of Homoeopathy and other complementary medicines. 78% of patients want complementary care in the NHS and many of them are willing to consider it from non-medically qualified practitioners. Unfortunately, GPs often lack sufficient knowledge about complementary medicine's strength and weaknesses to discuss it with the patient. I considered that such lack of awareness pointed to the need for familiarisation courses for primary care physicians, even though they might not use the complementary techniques.

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programme starting in 1983. It is a multi-disciplinary course with doctors, dentists, vets, pharmacists and nurses learning together. There are a number of innovations which I think will be a new model of the future.

Perils of specialisation: foundations of the reform programme.

Changing the basics and methods of training, these innovations took a long time to achieve. They are built on an awareness of the dangers of specialism, even in complementary practice. Unfortunately, specialisation narrows your vision, you view the patient through the tinted glasses of your speciality. That may lead to a reductionist, or more 'brutal', application of Homoeopathy in the same way orthodox medicine has done. I have observed the negative effects of patients who consult their practitioner when feeling anxious and, instead of the practitioner literally or metaphorically putting the pen down and saying: "What's the problem," they immediately launch into: "Oh, and what time of day? How does it change with the weather?" I feel that this is worrying, so I decided to try to highlight the dangers and strengths of the specialist in the reform programme and propose that a Homoeopath is now a specialist, like a cardiologist. For all medical systems to work, you need a balance between the generalist here at the bottom of the pyramid and the specialist at the top.

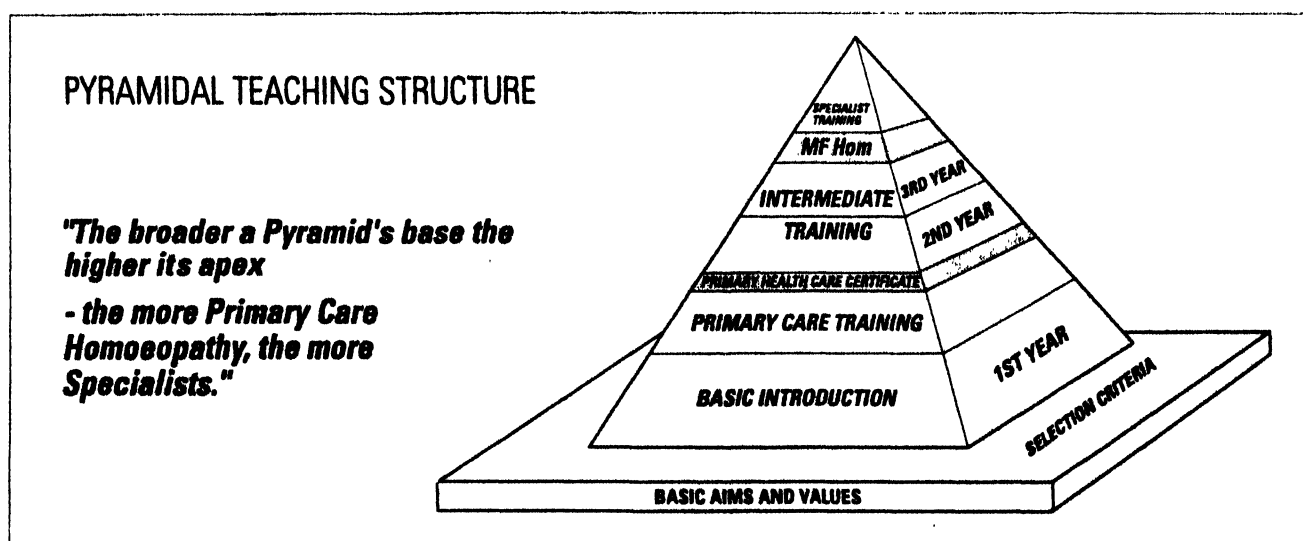
Natural instincts

I decided to begin by teaching primary care workers the basics of Homoeopathy whilst emphasizing that the training did not aim to make them a specialist in any sense. I thought

it ironic that a mother can go into any chemist to buy *Arnica* for her baby but homoeopathic specialists criticised a general practitioner prescribing it for a patient. I also wanted to train them when not to act, building on the natural instincts of these health care professionals. The Glasgow course is now the most popular postgraduate course in the UK, orthodox or alternative! In the last 10 years we have trained 20-25% of Scotland's GPs. We instigated a two year follow up of the primary care doctors who had been on this new introductory course and found that 78% were still integrating Homoeopathy into general practice two years later!

The acceptance of Homoeopathy and the knowledge gained from the course also has relevance for the wider aspects of health care. Even if the general practitioner chooses not to prescribe Homoeopathy, we found that course attendees learnt more about general care; they are less dismissive of their patients, they learn history-taking, when to refer a patient to a specialist, and they are more aware of natural healing - **seeing the patients more as a whole**. I strongly believe that planting seeds of cultural change in the form of improved consultations may, in the end, be a more important contribution than the remedies themselves.

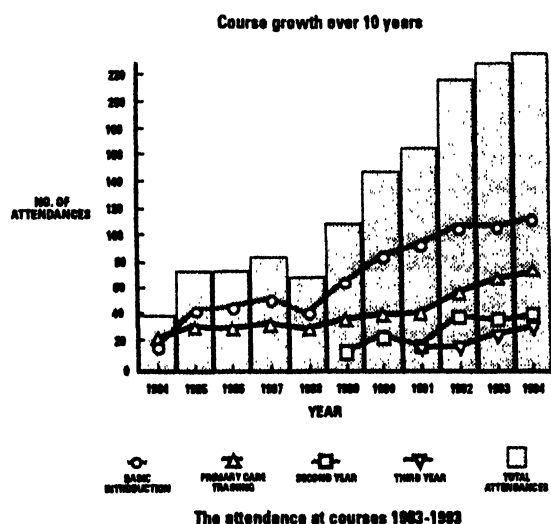
These are aspects of the future and its impact is just beginning to surface. When, for instance, the Glasgow Homoeopathic Hospital a couple of years back was threatened with a temporary relocation, as they call it in Health Service jargon, we were able to mobilise within five or six days this network of primary care doctors who had been through our courses and the Health Board found itself inundated with letters of complaint



and quickly backed off. So if you have your friends out there in the Primary Care Multi-disciplinary Team, your future is assured and that, I think, is where a lot of the effort needs to be continued to be applied.

Training (Primary Care Certificate)

Another innovation we piloted in Glasgow as a national standard now adopted by the UK Faculty, was the Primary Health Care Certificate. Its implications are very important. These Primary Care workers can now put a landmark down in the progress of familiarity with Homoeopathy. It provides an integrated model of health care for other complementary approaches. It means that any patient attending such a practitioner (a licensed Associate) will get sound, safe, and sensible advice as to whether Homoeopathy has a role to play. They can be confident of being referred to an appropriate Homoeopathic specialist, if



necessary and, if it is a simple condition, then, the Primary Care Worker can treat it without clogging up the Out-Patients Departments for specialist clinics. We are quite excited about this and believe this is one of the ways forward. We have negotiated with the Faculty's equivalent in the USA to adopt the Primary Health Care Certificate in America with an agreed British/American standard.

Such transatlantic co-operation shows us something of the bigger trends of the future. Homoeopathy's growth is thanks to the entrepreneurs of the complementary field, without Government support, or significant financial support. The Academic Department of Glasgow Homoeopathic Hospital is now establishing itself as a non-profit-making

charitable company in the continued absence of a University Department. As part of a bigger vision, I would ask you to support this development.

Integrated Care

I sincerely hope that this integrated care model will become a standard for the future. At Glasgow Homoeopathic Hospital, we are exploring and integrating the best of orthodox and complementary medicine in the care of the patient. So the practitioners always seek the most risk-free and effective treatments. Considering the limits of treatments as well as its potential, and not placing the patient in a circumstance of conflict, an either/or choice - not homoeopathy versus conventional. Some of my Homoeopathic colleagues, it must be said, are as given to that as my orthodox colleagues.

Homoeopathy in Partnership

We are seeing the end of just 100% conventional treatment. We are running Outreach Clinics in the University Hospitals in Glasgow who have not had a tradition of welcoming complementary care.

I'd like to mention a case that illustrates the harmonious collaboration between the orthodox and complementary.

A sprightly, 83 year old lady was referred to us at the Hospital. She had been healthy and working right up to the year before as a secretary, driving herself to work every day, absolutely full of life. She then developed chronic back pain and was admitted to the Neurological Institute. She had a body and bone scan to try and understand why the pain was so severe: all that could be diagnosed unfortunately, at that time, was sciatica. By this time, she was taking morphine as she was incapacitated with the pain. In fact, when she was admitted, she made it clear that she would now simply like to die because she saw no future for herself.

However, when I looked at her case notes I got a distinct feeling that something was not right. My senior house officer had drawn the usual diagram of the abdomen and written beside it, 'no abnormality detected.' I asked to see the lady and examined her tummy. What I found, just under her left rib margin, was a mass. I promptly had a further ultrasound done with a biopsy, in our teaching hospital. We diagnosed

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a lymphoma that had probably been too small when the earlier investigations were done. Lymphoma is a form of blood cancer, so I then consulted with a haematological colleague whose specialism is blood diseases. This form of lymphoma has a 50% chance of complete cure by orthodox medicine and there was no data that Homoeopathy would reliably cure this disease. I was anxious to follow the Integrated Care model, so I sat down with the patient and the specialist and had a three-way conference in which we eventually, by gentle nudging, convinced her to accept orthodox chemotherapy. She had already received acupuncture for the back pain, and received constitutional Phosphorus because of her intense fear and agitation. We then gave her electro-acupuncture on *Pericardium 6* to obviate the nausea of the chemotherapy. I can happily report that, with this combination of approaches and the chemotherapy given in a Homoeopathic Hospital, she made a complete recovery. The cancer melted away and was completely cured.

During the treatment, she began to lose her hair because of the side-effects of the chemotherapy, so we then introduced the chemotherapy drugs in homoeopathic potency, and the side-effects of the treatment were modified (although this may have been coincidence: this approach needs further investigation). However, her hair was still very thin so we got a wig for her and she was absolutely delighted with it! I would say that the wig was the thing that most perked her up in the course of the therapy. She left hospital and now, two years later, she is now completely well, back driving her car and living a full life.

To me, this intergrated care approach should be the future of health care. But, in order to embrace that future, we have to cast off a lot of our more rigid ideas of how this form of care might be delivered.

The above case had a marvellous ending and is a dramatic story but it was not just an isolated incident. We monitored 100 people three months after they had received this kind of integrated care. 60% of this group found at least a useful improvement, in daily life, in their complaint, 78% in their wellbeing. These are amazingly successful figures and such successes are rare in tertiary care for those people with chronic debilitating illness.

Research potential

The Academic Institute we are founding is taking research forward. For example, we are developing an International Data Collection Programme. To begin to actually get answers to some of the questions we have awaited for so long, we are entering hundreds and, soon, thousands of cases, linked to our American and European departments. Results of these studies will be one of the main research tools of the future, rather than the controlled clinical trial of orthodox medicine. I believe this is the sort of data the Purchasers of Homoeopathy will want to see, and will protect Homoeopathy in the battlefield of Health Service budgeting and cuts and, more widely, in the World.

I am sitting on an European Union Committee which has been given a budget to fund Homoeopathic research. In five years time, our collective efforts will have succeeded in making Homoeopathy more scientifically recognized and more widespread.

It is pleasing to report that, next Spring, the first soil will be cut for the building of the new Glasgow Homoeopathic Hospital which will be subtitled "A Centre for Integrated Care". Two million pounds has been raised already for Phase 1. Glasgow has been awarded the 'UK City of Architecture' award for 1999 and the new Glasgow Homoeopathic Hospital is part of the award's first project. Phase 2 will be the Academic Wing and major fundraising will be required, beginning at the turn of the year. We have no money for it yet - leaps of faith, perhaps, are what the future is about.



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