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THE OTHER MEDICINE 6.

RADIO 4

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NOT CHECKED AS BROADCAST

FORD

Over the last five programmes we've explored various issues central to the debate surrounding the increased use of CAM - complementary and alternative medicine: its popularity, the debate about evidence behind it, the questions of safety and regulation. CAM, say some, is now poised to create a revolution that may be as fundamental a change to healthcare in this country as the creation of the NHS was over half a century ago.

Integration is the buzz word. The coming together of orthodox and complementary therapies to create a holistic system for the benefit of patients. It sounds wonderful but is it possible? Already pockets of integrated care exist around the country such as the



how good it was. We've treated over 5,000 women here now in Plymouth with antenatal problems - mostly morning sickness and backache - but we have a wide range of other conditions, such as constipation, varicose veins, headaches and migraines, pelvic pain needing admission to hosp12 Tc (n) Tj-0.20832 Tc (e) Tj0Tc (g) Tj0.08376 Tc (Tc

therapies from the medical profession, some, like writer and doctor, Ben Goldacre, point out that the boundaries of the NHS couldn't envelope the luxuries of time and care that CAM offers in the private sector, however attractive that might be.

#### GOLDACRE

There's no way that alternative therapies will ever be accepted into the mainstream, not because of any kind of ideological objection that empiricists like me might have to alternative therapies but simply because you can't do alternative therapy on the NHS. Alternative therapy is about people paying money to have somebody spend a lot of time listening to them talk about their problems and however much I might think that's a great way to spend your time as a healer, however much I would love to do that in my own practice, it's simply not possible on the NHS.

#### FORD

Research into complementary therapies is still a fledging business that attracts furious debate. But more studies, placed within a scientific context, are showing that some therapies not only have clinical benefits over existing treatments but can be hugely more cost effective too. Scott Middleton is a chiropractor and spokesperson for the British Acupuncture Association.

#### MIDDLETON

The recent study published this year has shown including chiropractic in the medical system doesn't increase costs, it decreases costs. It means there are fewer MRI scans done, fewer x-rays done, there are fewer patient visits to the doctor, fewer drugs used, fewer side effects of drugs therefore fewer cases of surgery. And if you look at the overall picture it's not the cost saving to the health providers or the insurance companies, it's also the cost saving to the economy because fewer people are off work, they're back to work quicker, studies have shown that if a patient's off work for six months only 50% ever go back to work, if they're off work for one year 5% go back to work. In one study in Ontario they found that if they doubled the number of patients consulting a chiropractor in the first instance the saving for eight million people in Ontario would be \$1.85 billion - the saving is massive.

#### FORD

The financial arguments are far from settled but with some CAMs at least, they look strong. But in an ideal world, money shouldn't be the driving goal for integration. Take cancer care, where complementary therapies are increasingly seen by staff, as well as patients, as desirable not just to improve the quality of life of patients but as beneficial for staff. Kate MacKenzie is a nurse and massage therapist at the Bristol Cancer Help Centre.

#### MACKENZIE

For me it's what nursing is all about. It's about having the time to be with people and to truly understand what their experience is about. So I'm not just seeing somebody as Mrs B with a certain cancer. Cancer has so many ramifications in people's lives so it's going to have an impact on their employment, which may have an impact on the financial side of their life and so you know they're no longer the accountant or the solicitor or the sales assistant they once were, so what am I? Who am I? Not being able to be the mother that you would like to be because you're feeling tired and you can't go and pick your children up from school. Lots of emotional issues, social



FORD

So just tell me what you do for a typical patient.

BUXTON KING

Typical patient - most of our patients have their own rooms and so I'll walk in, I'll introduce myself and my therapy to them and I explain to them that it's a hands on treatment which they simply have to lie in their beds to receive and that's all I tell them. And then when the session is finished I rouse them and we discuss what they felt or seen if anything.

SMITH

My name's Justine Smith and I'm from Stevenage in Hertfordshire. I first met Angie when I was in the UCH hospital receiving treatment. I was having extensive chemotherapy at the time and Angie came into my room and offered me healing.

FORD

What was your initial reaction?

SMITH

I was - I didn't know anything about healing at the time but I was really grateful that somebody came in to offer me something other than drugs. And I just laid on the bed and just relaxed and Angie obviously started healing and I just felt an enormous amount of calm in mounanalk TD 0 Tc 0792 Tc-0.12 T (ou) Tj-0.12 Tc (n) Tj(a) Tc (e) Tj-0.255c (n) Tj0.36 T j dtteali healieali96 Tje0.20832 Tc (96 Tj0 Tc (FO584 Tc (012 Tc r TR) Tj0 Tc (D0.20832 Tc (96 Tj- Tc (d) ealingua.12 Tc (v) Tjn0 Tc ( ) Tjj0 Tc (t) Tj0. ( ) Tjm6 Tc .224l(t) Tj0.06 Tcc (a)0.12 Tc - (3.120 Tc (e)pr0. aOTc (e) Ps as

FOX

I would love them to do more, we'd love to see more money being spent on research.

FORD

Compared to the millions which is spent on pharmaceutical research - it's infinitesimal.

FOX

It is small. I think what was however important that in terms of legitimising research the action by government in funding research was a major step forward.

FORD

If CAM were integrated into the NHS could they afford it - could they afford all the treatments that people would want?

FOX

Not if the answer was in addition to what it's doing. A different way of looking at it is the health service needs to change the shape of what it's doing at the moment. And I think complementary medicine - the use of complementary healthcare - can help it do it. There are 17½ million people with chronic diseases in this country, potentially complementary healthcare has a major role to play with helping people live with their diseases and that might actually reduce the burden on the health service.

FORD

Now you said that your foundation is very much in favour of integration, do you hear very strong arguments from anybody against integration?

FOX

I sometimes hear an argument that says that the evidence base is only an emerging one so are we moving too fast? But I don't - not sure that that's going to stop us all

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SUSIE

When you have a check up, I have a check up with my GP because of my diabetes, Sue Morrison, my GP, was well I think you need this and I'm going to suggest you have some massage because you're under a lot of stress or you've got some aches here you know you could do with some acupuncture. Remember that complementary medicine was there before modern medicine, it was always there and now we can use it with modern medicine, it's brilliant, they shouldn't be in battle with each other, they should be working together.

FORD

In Marylebone ,GP Sue Morrison works closely alongside CAM practitioner Arnold Desser, an acupuncturist.

MORRISON

In this context for me it means about an ongoing dialogue really between practitioners coming from a more traditional background and those currently working in complementary and alternative medicine. And the integration is the bringing together of our thinking and learning and working.

DESSER

We all have a need to share our findings with people and you learn more about your own form of medicine, I think, by talking with people who don't practise your form of medicine, in other words they can ask you questions - what do you mean, when you say this what do you mean by that? Well why did you prescribe that particular drug? I think it's a learning experience here, you can't just parachute in an acupuncturist or a homeopath into an NHS centre, it just doesn't work that way. The advice would be don't see it as an add on service, don't see it as a pill and that's often how it's used.

MORRISON

When you talk about integrated medicine it sounds as if this is an understood thing, this is a body of knowledge or a skill or a total whole that we can move towards - tick these boxes to say these competencies have been achieved, then you're an integrated practitioner, well I don't think so because the whole point is about the process. So it's about being able to think, doing the joined up thinking, it's about keeping an open mind.

FORD

It sounds to me like an organic thing, which is reacting, constantly moving.

MORRISON

Yes. I can't imagine working in another way, I don't know how I would do it now.

FORD

So integration is not yet a clearly defined process which is an aggravation to its critics and a problem for its supporters. The many disparate examples of an integrated approach are just the seeds of a movement which seems to be gaining impetus.

There's also evidence that politicians are beginning to view this patient-led process with interest. Peter Hain, Leader of the House and Secretary of State for Wales, was



different individuals in our society. I would hope that the future will bring an understanding that the pluralist society should accept and accommodate pluralist approaches to healthcare.

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