register should be well defined. Having a list of recognised qualifications or colleges would be pointless as a potential patient would find it almost impossible to ascertain which were bona fide; in addition, there would be no opportunity to impose sanctions. Lastly, hypnotherapy does not have to be confined to the medical profession as a medical qualification is not a prerequisite to being a good hypnotherapist. Indeed, some lay therapists are better than their medical counterparts.

Urgent action is needed, otherwise legitimate researchers and practitioners like myself will be frightened away from providing hypnotherapy for fear of ridicule, and the treatment will return to the doldrums.

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Allow complementary medicine room to develop

EDITOR,—As chairman of the British Acupuncture Accreditation Board, I took particular note of Robert J Maxwell's list of criteria for the recognition and regulation of complementary treatments.¹ Though he wrote of them as three, they amount to six when all his points are considered.

I am principally concerned with the phrase "solid foundations in science," which heads the list of criteria. By this I take it he means science as currently taught in Western medical schools. Here I would urge caution because I believe that there is a danger of succumbing to the tendency to put the need for theoretical understanding before the usefulness of a treatment. The primary issue must surely be whether a treatment cures or alleviates pain and suffering—Maxwell's second criterion. If there is any doubt about this, ask the patients.

If I follow his reasoning, Maxwell is saying that you can have a treatment that has been shown to help patients (but can do harm in the wrong hands) and to be in great demand (although the public needs protection from unsafe practice), and practitioners' knowledge of and skills in it can be examined, but it must not be formally regulated because it operates within a theoretical framework that is unfamiliar to mainstream practitioners.

I do not believe that this approach will serve the nation well. Nor does it seem to gain support from the BMA in a recent report on complementary medicine.² The way that existing paradigms can act as a bar to scientific progress—I use the word here in the widest sense—was well shown in an article on the drawbacks of peer review.³ As complementary treatments are increasingly used side by side with orthodox medicine, I believe that we owe it to patients not to impede the development of these treatments by erecting barriers which, however deeply embedded in current thinking, are essentially of secondary importance. Good health and the protection of the public are needed now; scientific explanation can follow later.

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Physiotherapists want update in the law

EDITOR,—In his editorial on the Osteopaths Bill Robert J Maxwell stated that "there may well be a need to reform the act governing the professions supplementary to medicine. Physiotherapists, for example, seem to believe that the present Council for the Professions Supplementary to Medicine is not working well and that it is unfair that osteopaths should now be achieving clearer recognition and more straightforward self governance than they themselves enjoy. Many doctors will sympathise with them."¹ The editorial was discussed by the Physiotherapists Board at its meeting on 17 June and by the Council for the Professions Supplementary to Medicine on 21 June. (A majority of the members of the board are elected from the profession and are members of the Chartered Society of Physiotherapy and, on this occasion, were able to speak for it too.)

The board and council (supported by members of the Chartered Society of Physiotherapy) want to correct any misunderstanding arising from the editorial. The profession is not dissatisfied with the council or its secretariat, but all three bodies are dissatisfied with the age of the governing statute (the Professions Supplementary to Medicine Act 1960) and seek to update it. Relations between the various professional and statutory bodies in physiotherapy are harmonious, and these bodies believe that together they are working for the good of the public and the profession, to the best of their ability within the limitations of the current legislation. They also believe that they enjoy good relations with other bodies in the medical world.

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- 1 Maxwell RJ. The Osteopaths Bill. *BMJ* 1993;306:1556-7. (12 June.)

Cancer support services in the voluntary sector

EDITOR,—In their report of a national survey of the provision of support services for people with cancer J M Addington-Hall and colleagues highlight the wide variation in the provision of such services among district health authorities and the serious lack of provision in some districts.¹ The authors make little mention of the extensive services offered by the voluntary sector, which attempts to work in partnership with the statutory sector.

The British Association of Cancer United Patients (BACUP) is a national cancer charity, which for nearly eight years has provided free information, emotional support, counselling, and publications to people with cancer, their families, and friends. Each year it helps over 80 000 people affected by cancer, but the demand for its services is more than twice this. It maintains a computerised database of 2000 national and international organisations relating to cancer, which include 700 self help groups.

BACUP has found a lack of statutory provision of trained support staff and resources in hospitals and the community to enable coordinated, effective, and flexible comprehensive support services to develop. Many patients who contact BACUP mention the lack of availability and accessibility of trained staff and resources. The variation is considerable throughout Britain.

Many services are provided by organisations

in the voluntary sector, including Cancer Relief, the Macmillan Fund, Marie Curie Cancer Care, CancerLink, and the Breast Care and Mastectomy Association. The value of their sometimes independent and objective role should not be underestimated. BACUP's trained staff and comprehensive collection of resources have developed for the people who use its services.

I agree that district health authorities should continue to address the need to provide effective and accessible services that meet the physical and emotional needs of people whose lives are affected by cancer; research to give a more comprehensive picture is also necessary. In both cases the experience and work of the voluntary sector should not be forgotten.

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- 1 Addington-Hall JM, Weir MW, Zollman C, McIlmurray MB. A national survey of the provision of support services for people with cancer. *BMJ* 1993;306:1649-50. (19 June.)

What's in a name?

EDITOR,—Sue Hague and colleagues report on a 47 year old man who developed a painful ulcerated lesion on the right helix after lying on his right side for long periods.¹ Dermatologists will be familiar with this condition, which retains the name originally applied to it in 1915 by Winkler—chondrodermatitis nodularis chronica helices.²

Although the exact aetiology of the condition has been the subject of some debate, Hague and colleagues' report emphasises that local trauma is probably the principal factor. Telephone operators³ and nuns who wear a tight head dress⁴ are prone to develop these lesions, and we have observed, in a survey of 58 cases presenting to our department, that the nodules develop more commonly on the side on which patients sleep (to be presented at joint annual meeting of British Association of Dermatologists and Canadian Dermatology Association, Oxford, July 1993).

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Condemnation of euthanasia unjust

EDITOR,—In the recent debate on euthanasia at the BMA's annual representative meeting¹ Dr Stuart Horner, chairman of the medical ethics committee, employed diversionary tactics when he said, "If the state wants to be rid of the demented, frail, or chronically sick because their care involves too much time, trouble, and taxes let it hire professional executioners, not cloak it in a spurious medical respectability."

I know of no organisation—let alone the state—that wishes to introduce the nightmarish scenario Dr Horner so rightly condemns. The debate, which is of great public interest, is about voluntary euthanasia—that is, when mentally competent adults, because of incurable illness and hopeless suffering, make a considered and persistent