"Medicalisation" takes place, it seems, because science can study only medicine.

It would be foolish to understate the profound differences between conventional and complementary understandings of health and medicine. For example, when a practitioner of traditional Chinese medicine diagnoses a patient with emphysema as having "retention of phlegm-heat in the lungs" it is clear that we need to be careful if we try to interpret this idea in Western terms. It is another thing altogether, however, to state that the differences between conventional and unconventional views are so great that any form of research or mutual understanding is impossible without substantial distortion.

If science really were a static enterprise modelled on 19th century physics then Stone might well be right. But science, research, and medicine are a good deal more complex than such a caricature, involving numerous dynamic, overlapping, and sometimes conflicting understandings of what there is in the world and how to find out about it. Hospital chaplains work alongside atheist surgeons, clinical psychologists alongside physiotherapists; a general practitioner needs to feel as comfortable when talking about housing with a social worker as when talking about liver function with a consultant.

Research can be, and has been, done on complementary therapies.^{2,3} Much of this research has been methodologically rigorous and has not entailed practitioners having to "sacrifice their therapeutic integrity." Discourse about complementary medicine needs to avoid references to paradigms⁴ and to concentrate instead on detailed analysis of treatments on a case by case basis.

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- 1 Stone J. Regulating complementary medicine. *BMJ* 1996;312:1492-3. (15 June.)
- 2 Vincent CA. A controlled trial of the treatment of migraine by acupuncture. *Clin J Pain* 1989;5:305-12.
- 3 Meade TW, Dyer S, Browne W, Townsend J, Frank AO. Low back pain of mechanical origin: randomised comparison of chiropractic and hospital outpatient treatment. *BMJ* 1990;300:1431-7.
- 4 Vickers AJ. Research paradigms in mainstream and complementary medicine. In: Ernst E, ed. *Complementary medicine: an objective appraisal*. Oxford: Butterworth Heinemann, 1996.

Statutory regulation is essential

EDITOR,—I am distressed by the lack of insight implicit in Julie Stone's editorial when she says that "statutory regulation is unnecessary for therapies other than those capable of causing direct physical harm."¹ Physical harm is usually easily recognisable and corrected. Psychological harm can blight the remainder of a patient's life and be extraordinarily difficult to rectify. For example, a patient of mine has minor post-traumatic stress disorder as a result of advances made to her by a lay hypnotherapist against whom patients have made several allegations of sexual impropriety, both to me and to the local department of psychology. There is not sufficient evidence to sustain prosecution for any of these events, and even were the hypnotherapist to be prosecuted and convicted there would be no means of preventing him from resuming practice immediately. This type of situation must be one of the most cogent arguments for regulation.

Voluntary self regulation has no teeth because expulsion from any society does not preclude the person from practising. Stone says that public respect can be earned only through professional competence, but this can be established only when the parameters of good practice and ethics are agreed and enforceable.

It is a contradiction in terms to say that there is both a clamour for regulation and a fear of

erosion of the philosophical content of practice. I believe that only those therapists who fear investigation want to avoid it. It is invalid to claim that "statutory regulation is not remotely feasible unless a therapy has a single united professional voice." It is that very disparity of views that requires some order and that the more credible of the various disciplines are taught.

When anyone, regardless of his or her training—even without any training—can set up in any unregulated discipline, including hypnotherapy and psychotherapy, it is clearly impossible to enforce voluntarily any standards of practice or ethics.

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- 1 Stone J. Regulating complementary medicine. *BMJ* 1996;312:1492-3. (15 June.)

Author's reply

EDITOR,—I welcome rigorous research into complementary medicine and commend the Research Council for Complementary Medicine for its vital role in facilitating such research and disseminating its findings. I take issue, however, with Andrew Vickers's assertion that my reasons for doubting the appropriateness of statutory regulation rest on "a common but misplaced argument about the nature of medicine and science." The conferring of statutory status is, above all, a political issue. The statement that regulation would be extended only to those therapies whose therapeutic practice "rests on solid foundations in science and in examinable knowledge and skills" was made not by me but by Sir Thomas Bingham, the former master of the rolls, in the King's Fund report on chiropractic.¹ In my view it seems unlikely that this government, or successive governments, will extend a statutory framework to any therapy that is not prepared to validate itself thus. While such a position may be irrational and indefensible, to pretend that statutory regulation will be forthcoming without such evidence is politically naive.

I share K D Phillips's dissatisfaction with the present lack of control over unregulated therapists and am aware that much of the harm that unregulated therapists may confer will be psychological in nature. Phillips's letter highlights the additional difficulty that the legal mechanisms are rarely able to compensate victims of emotional, as opposed to physical, harm. Surely, however, the growing number of complaints to the General Medical Council is evidence that statutory regulation has never been able to prevent impropriety and abuse of power. Indeed, I would argue that it is often the very disequilibrium of power inherent in professional relationships that prevents much abuse from even being reported or acted on.

The Medical Act model has not served patients in the past and would be even less likely to serve users of complementary therapies. In rejecting statutory regulation as an appropriate model for most therapies, however, I am certainly not rejecting the pressing need for appropriate and effective regulation of complementary medicine. As complementary medicine grows in popularity the challenge now is to devise appropriate models of regulation capable of responding to a very different therapeutic relationship.

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- 1 King's Fund. *Report of a working party on chiropractic*. London: King's Fund, 1993.

Only 0.08% of funding for research in NHS goes to complementary medicine

EDITOR,—In her thought provoking editorial on regulating complementary medicine Julie Stone is right to point out that a commitment to research is one precondition for complementary medicine to advance.¹ The lack of rigorous research in complementary medicine is considerable.² The reasons are probably diverse, but lack of funding could be an important factor.

To identify the extent of this problem a simple, five item questionnaire was sent to the 12 NHS research and development offices in Britain. The questions related to the total funds currently spent and the funds spent on complementary medicine. One reminder was sent to non-respondents. Two months later, eight of the 12 questionnaires had been completed. The results showed that 1046 research projects were being funded, amounting to £55 800 000. In complementary medicine five projects were being funded, worth £43 500. This suggests that 0.08% of the NHS's funds for research and development is spent on complementary medicine.

It might be naive to hope that, because a quarter of the British population uses a form of complementary medicine,³ a quarter of funds should be spent on research in this subject. But it is surely reasonable to ask for a distribution of spending that takes at least some account of the high prevalence of use combined with the lack of good evidence. To be aware that complementary medicine is popular and to abstain from putting any real money into determining whether it does more good than harm is, in my view, irresponsible.

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- 1 Stone J. Regulating complementary medicine. *BMJ* 1996;312:1492-3. (15 June.)
- 2 Ernst E. Complementary medicine, doing more good than harm? *Br J Gen Pract* 1996;46:60-1.
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Complementary medicine must be based on sound science and well conducted research

EDITOR,—I was disappointed by Sandra Goldbeck-Wood's review of the television programme *Strange Days*, a critique of complementary medicine; she seems to be altogether too polite and accepting of the claims of unorthodox medicine.¹ One of her statements is simply wrong: when Neville Goodman challenges homeopathy on the grounds that it does not accord with modern molecular science his judgment is precisely scientific and has nothing to do with cultural differences. The laws of physics and chemistry are the same in Bangkok, Bristol, and Buenos Aires, and homeopathy is just as much nonsense in one part of the world as in another.

It seems to me that we owe it to our patients, as well as to ourselves, to be much more intolerant, aggressive, and demanding in our dealings with fringe medicine, quackery, humbug, and deception of all kinds. Any decent, responsible form of medical practice must be based on logic, sound science, and well conducted research; if it is not then all of the philosophical, social, and political struggles of the Enlightenment and the sacrifices of our forebears have been in vain and we might as well give up and turn our patients over to the nearest witch doctor.

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- 1 Goldbeck-Wood S. Complementary medicine and the cure for credulity. *BMJ* 1996;312:1678. (29 June.)