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From the Editor

Complementary and alternative medicine: a conundrum

For many years the Royal College of Physicians (RCP) had a complementary and alternative medicine (CAM) committee which in 2007 was renamed the integrated health committee. The group is chaired by the clinical vice president with members drawn from the RCP including representatives from the patient and carers network, the ethical, trainees and the new consultants committees and the general practitioners steering group. External members include representatives from the Prince's Foundation for Integrated Health, the British Acupuncture Council, the Nursing and Midwifery Council and the Faculty of Pharmaceutical Medicine.

Recent events at the RCP have included a conference on the topic of CAM held in 2007. The college garden has been replanted with many of the species which have been used over the centuries for medical herbal treatment. Both these features suggest a close working relationship between evidence-based clinical medicine and its alternative counterparts.

Potential problems have, however, been brewing for sometime. In January 2002 a herbal medicines regulatory working group was set up jointly between the Department of Health (DH), the Prince's Foundation for Integrated Health and the European Herbal Practitioners Association which reported in March 2004. After some deliberation the DH favoured the establishment of a CAM council for herbal medicine and acupuncture. This was followed by government consultation and, more recently, a white paper proposing that there should be statutory regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systems practised in the UK.

This development has disturbed the ripples on the formerly calm waters of the relationship between clinical and alternative medicine. Until now the association has been one of tolerance but the proposed introduction of regulation implies that there is something to regulate which works and is worthwhile. It is not hard to see that the next step might be that anything that is worthwhile in medical treatment should be provided by the NHS. Indeed CAM is already on the NHS evidence website (www.library.nhs.uk/cam).

The RCP response to the consultation has been perceived by some to be uncharacteristically robust after being identified previously as 'part of a limp consensus that accepted the rise of alternative medicine without demur'.[1] The argument runs that statutory regulation is completely inappropriate for disciplines whose therapies are neither of proven benefit nor appropriately tested. It would confer a veneer of respectability and credibility which is neither merited nor deserved.

The issue has recently been debated in the House of Lords (www.theyworkforyou.com/lords). The liberal peer Lord Taverne (chair of the charity Sense about Science) enquired whether the government, in light of its proposal to regulate practitioners of alternative medicine, also plans to regulate astrologers. This light hearted opening was the prelude to a discussion of the serious issue as to whether official regulation is likely to give such practices a spurious scientific reliability and respectability. He asked the government to note that august bodies of proper scientists, including the Medical Research Council, the Academy of Royal Colleges and the Royal College of Pathologists were strongly opposed to the regulation. He further asked that the assiduous lobbying for pseudo science emanating from Clarence House (a reference to the Prince's Foundation for Integrated Health) be ignored.

There is certainly no shortage of alternative medicine practitioners. More than 20 universities in the UK already offer three-year degree courses in CAM (www.whatuni.com). Using the RCP postcode more than 200 acupuncture therapists and more than 140 individuals offering homeopathy services (www.gotosee.co.uk) can be identified nearby.

So here is the conundrum. Many individuals are using the services of CAM therapists even though the evidence for their value is not proven. Is it preferable to go to a registered acupuncturist who has been trained in the importance, for example, of using sterilised needles or only register practitioners where there is scientific evidence for the value of the service that they provide? The outgoing government has wrestled with the problem since at least 2002 but the conundrum has now passed to the incoming administration. Whatever the eventual outcome the position of the RCP is crystal clear.

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Reference

1 Hawkes N. A spanner in the herbal works. *BMJ* 2009;339:b5441.

Where next for the NHS?

When this issue is published, the election will have determined the political direction for the next five years. The financial constraints, that we knew were coming, will be put in place and the financial largesse of recent years will be only a fond memory. How should clinicians respond? To inform the debate a new series has been commissioned with Dr Jonathan Shapiro, senior lecturer in health services research at the University of Birmingham and long time health policy analyst, as guest editor. The series will open with a summary of developments in the NHS from 1948 to the present day and the challenges it faces including rising expectation, technical advances in medicine and surgery and the impact of the ageing population. Topics for discussion include whether improved and better use of scarce resources is a myth or a reality, the management of risk, the benefits and hazards of moving care from hospital to the community, alternative funding models for the NHS, and the concept of rationing and whether expectation can be downsized. Debates will also explore whether NHS services have to be provided by the NHS. Constructive discussion via the correspondence column will be welcome when the series starts in the August issue.

Robert Allan

Acute medical care

The first contribution to the new series 'Acute medical care' is published on pages 264–5 of this issue of *Clinical Medicine*. The author, Dr Tahseen Chowdhury, conceived the idea and provides the first paper. Contributions may be up to 1,000 words with a maximum of five key references. They should include five headings – case presentation, differential and most likely diagnosis, initial management, outcome and discussion. Contributions are welcome and invited. Further information is available from clinicalmedicine@rcplondon.ac.uk where contributions for consideration should be sent.

WORKING PARTY REPORTS

Acute medical care The right person, in the right setting – first time

Acute medical services and the provision of acute medical care in our hospitals have evolved rapidly over the past decade. Acute medical emergencies are the most common reason for admission to an acute hospital, and acute medicine is the fastest growing medical specialty. Changes to the way acute medical services are delivered has been necessitated by a number of drivers, high among which are patient safety, improved quality of clinical care, clinical governance, and the need to train within the specialty.

Within our hospitals there is a need to reconfigure services to provide more efficient patient access to acute care – whenever that need arises. Acutely ill patients require rapid round-the-clock access to senior clinical decision makers, and to a nationally standardised approach to clinical assessment, documentation and illness management.

This report provides practical guidance for the delivery of acute medical services, identifying generic principles that can be configured to meet local needs. It recognises the important role that the multi-professional team plays in delivering a high-quality service. The report updates the 2004 report *Acute medicine: making it work for patients* and should be read by all those involved in delivering acute medical care and managing acute medical services.

Contents:

- Vision, remit and background
- Acute medical care
- Patient safety and clinical effectiveness
- Acute medical care within hospitals
- Workforce development, education and training
- References
- Recommendations
- Resources

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