

# 'If it helps my patient...'

## Perspectives on complementary medicine

E Ernst

**E Ernst** MD PhD  
FRCP FRCPEd,  
Director of  
Department of  
Complementary  
Medicine, Peninsula  
Medical School,  
Exeter

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**ABSTRACT** – The argument ‘if it helps my patient, I don’t need science to prove that it works’ is rife in complementary medicine. This article is an attempt to examine it from the perspective of the provider of complementary medicine, the clinical scientist and the politician. It is concluded that the dichotomy between experience and science is a regrettable misunderstanding. The revised argument should be ‘if it helps my patient, I want research undertaken to find out whether more people could benefit from it’.

**KEY WORDS:** complementary medicine, evidence, experience, patient choice

One of the most common arguments for using complementary medicine (CM) is that it helps patients – regardless of what research might or might not show. Providers of CM typically paraphrase the notion by stating, ‘If it helps my patient, I don’t need science to prove that it works.’ This article examines this argument from several different perspectives.

### The provider

CM providers feel justified in using this argument because, in their view, it is based on solid experience. They have used therapy X for many years and others before them have done so for millennia. Could any treatment survive such a long time if it was ineffective? The answer is yes. There are many examples in medical history of treatments that have been widely used for centuries, which were also utterly useless.<sup>1</sup>

Not only that, some were even dangerous. Blood-letting, for instance, was used in most cultures for thousands of years as a virtual ‘cure all’. It must have caused the premature death of millions of patients. When a patient thus treated died, the physicians of the time thought that this was due to too little rather than too much venesection.

The story exemplifies how unreliable experience can be. Physicians have always had an uncanny ability to delude themselves about the true nature of their treatments, and patients often tend to reinforce such experiences; for instance, by giving over-optimistic accounts to their physicians, simply to please them. Patients also tend not to return if a treatment has been clearly unhelpful; thus therapists are the victims of a selection process whereby they see more successes than failures. Rarely do we alert ourselves to the obvious fact that improvement could also due to factors such as spontaneous recovery or a placebo response.

### The patient

The patient may feel that the argument (‘if it helps we don’t need science’) is compelling. It gives the impression of a ‘no-nonsense’ therapist, one who knows what he is doing. The argument also reinforces latent feelings of disenchantment with science in general, and such notions may be more widespread in individuals inclined to try CM than in the general population.<sup>2,3</sup> Intriguingly, it might also heighten expectation which, in turn, could raise the chances of responding favourably to therapy.<sup>4</sup>

### The clinical scientist

The clinical scientist is likely to have considerable problems with the argument. Scientists know that anecdotes can be a relevant starting point for research but they never constitute proof, and scientists would insist on proof, not anecdote. Healthcare is not just concerned with individual patients but also with (future) populations of patients, and clinical scientists are concerned with improving future healthcare. In other words, we need to know beyond reasonable doubt whether therapy X is effective before making it

## Key Points

In complementary medicine individual experiences are often contrasted to the (lack of) scientific evidence

Different groups of people would see this from different perspectives

The best way of making progress in any type of healthcare is to conduct rigorous research

The dichotomy between individual experience and scientific evidence is a regrettable misunderstanding that hinders progress

available to other patients. Therefore, scientists would aim at reproducing the anecdotal episode under more controlled conditions. Scientists are thus likely to advocate using the optimal research design to answer questions relating to treatment efficacy/effectiveness.<sup>5</sup>

### The politician

The politician is likely to weigh the various arguments carefully. Inasmuch as his aim is to improve healthcare, the allegedly high level of satisfaction with therapy X, its relatively low cost and good safety records could lead him to form a favourable opinion. On the other hand, he has to contend with the lack of scientific evidence.<sup>6</sup> If he introduces therapy X he would effectively create double standards with evidence-based medicine on the one side and anecdote-based medicine on the other.

Inasmuch as the politician wants to be re-elected, he would try to express views that win him the most votes. Thus he might follow the flow of public opinion, which could well be in favour of wider use of CM. He is therefore likely to issue politically correct statements about patient choice and therapeutic freedom. Whether he will adhere to them, once he is re-elected, is another matter.

### Comment

In the past, I have worked both as a clinician and as a scientist. Thus I empathise with most of the views expressed above. However, on balance, I feel that the scientist's views are the most convincing. The problem, as I see it, is that scientists are so very unpopular and that science is not usually effective in communicating its messages.

Science is often perceived as rigid, disinterested in the needs of the individual, obsessed with statistical data and denying the value of experience. What scientists often fail to impress on the public is that their stance is by definition not rigid but open to new knowledge. True scientists would thus view therapy X as uncharted territory which they are keen to explore. Scientists are also not disinterested in individuals – on the contrary, the most powerful motivation driving medical scientists is the hope of improving the fate of patients in the future. Scientists would argue that the only way to achieve this is to question the healthcare of today. This critical stance is by no means destructive but aimed at creating progress. Virtually all progress that has been achieved in medicine has developed from this attitude and no progress has ever been made by arguing, 'If it helps my patient, there is no need for science'.

Also, scientists do not ignore the value of experience. In fact, they depend on it when formulating hypotheses. Subsequently they will want to test these hypotheses. By and large this is done through experiments which are really nothing other than exercises in gathering experience in a controlled, systematic way. The assumption of a dichotomy between experience and science is, in my view, one of the most regrettable misconceptions as it prevents a better understanding and acceptance of science by the general public.

So what would be a progressive modification of the above argument? I think it should incorporate some of the views expressed above and acknowledge the importance of and interplay between anecdotal and systematic experience. What about: 'If it helps my patient, I want research undertaken to find out whether more people could benefit from it'?

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