

## From the Editor

### The efficacy of treatment: therapy or therapist?

*I have taken only alternative remedies all my life... It doesn't concern me that they can't be proven to work. They work for me and that is enough.* (Julia Prola)<sup>1</sup>

The idea that the effectiveness of a specific treatment may be more dependent on the therapist than the therapy is not new. A Punch cartoon of 1884 described this conversation between two women:

First: *What sort of doctor is he?*

Second: *Oh, well, I don't know very much about his ability; but he's got a very good bedside manner.*<sup>2</sup>

Professor Hyland argues in this issue that the apparent responses to some therapies, for example cognitive behavioural therapy (CBT) and complementary and alternative medicine (CAM), are due less to the specific effect of the treatment than to the approach of the therapist or, in other words, to the broad context in which treatment is delivered.<sup>3</sup> He has shown that individual therapist effectiveness can vary from zero to 80% in terms of proportion of patients whose symptoms improve. The effectiveness in this model results from the therapeutic bond between therapist and patient, expectation of a positive outcome by the patient (the placebo effect), and acceptance by the patient of the need for change. These are surely just the same requirements for efficacy in conventional medicine – a trusted doctor with a good ‘bedside manner’.

By inference, these observations must also be applicable to at least some aspects of the conventional medical consultation. It is humbling to believe that the doctor's effectiveness in alleviating symptoms may depend as much on the bedside manner as on the medication he may dispense. The

placebo effect within the consultation is perhaps a greater force than we might have believed, and at the same time is probably underused and poorly understood.<sup>4</sup> Yet it must also explain the towering status in society of our medieval forebears who actually had few efficacious remedies with which to help their patients.

The true determinants of ill health and disability, particularly in those with chronic medical conditions, are often intangible and relatively inaccessible psychological and social factors. The declining art of rehabilitating such patients may be in part due to a failure to acknowledge the totality of the mechanisms which underlie their disability, succinctly summarised by Professor Simon Wessely: ‘the biomedical approach works, but not well enough, it seems.’<sup>5</sup> The final judgement regarding the effectiveness of any of the therapies should be based on an assessment of whether people actually *function* better as a result. Yet research in this field is elusive: conventional placebo or sham controlled trials may yield false results and new approaches may be needed.<sup>6</sup> The effectiveness or ineffectiveness of therapists bears little relationship to either the type or duration of their training. Identification of the ‘good doctor’ has proved just as elusive over many generations as has detection of the ‘bad doctor’. The current process of revalidation will include the multi-source feedback (360°) review which may to a limited extent address this issue, but the reality is obviously much more complex, and perhaps requires further research.

So should alternative therapies be incorporated into conventional practice, or should they be placed outside the NHS, along with CBT, and then run the risk, as Ernst observes,<sup>7</sup> of being abolished altogether? In France, the Académie de Médecine has elected to remove the popular homeopathy from state funding, while at the same time in the UK, general practitioners are increasingly referring

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patients for NHS-funded homeopathy,<sup>8</sup> and involving counsellors to resolve their patients' problems.

JA Ryle, Professor of Medicine in Cambridge and physician at Guy's Hospital during the 1930s, once wrote that 'the physician is expected to combine in his person the attributes of scientist, healer, priest and prophet. He is suspected of some of the powers of the medicine man'.<sup>9</sup> Certainly communication skills and holistic approaches to patients should receive greater emphasis in medical education, but the attendant risk of diminishing crucial biomedical principles might lead to the creation of a new generation of practitioners who are closer to highly trained social workers than doctors. But are we still missing something?

## References

- 1 Prola J. Letter, *The Times*, 23 September 2004.
- 2 Quoted in Porter R, *The greatest benefit to mankind*. London: HarperCollins, 1997:672.
- 3 Hyland ME. A tale of two therapies: psychotherapy and complementary and alternative medicine (CAM) and the human effect. *Clin Med* 2005;361-7.
- 4 Hyland ME. Using the placebo response in clinical practice. *Clin Med* 2003;4:347-50.
- 5 Wesseley S. In White P (ed), *Biopsychosocial medicine*. Oxford: Oxford University Press, 2005.
- 6 Paterson C, Dieppe P. Characteristic and incidental (placebo) effects in complex interventions such as acupuncture. *BMJ* 2005;330:1202-5.
- 7 Ernst E. 'Everybody has won but no-one must have prizes'. *Clin Med* 2005;320-1.
- 8 Editorial. Reason should win. *The Times*, 8 September 2004.
- 9 Ryle JA. *The natural history of disease*. London: Oxford University Press, 1936.

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