

'Everybody has won but no-one must have prizes'

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In this issue, Michael Hyland develops a most fascinating argument linking complementary and alternative medicine (CAM) with psychotherapy.¹ He claims that both approaches have one crucial characteristic in common: all psychotherapies and all types of CAM work primarily through contextual factors which, in medicine, are often called placebo effects. In both cases, therapists represent the most important contextual factor. Therefore, he extrapolates, it is irrelevant what type of CAM patients use – all that matters is to find a 'charismatic' therapist. Neither specific therapeutic effects nor the technical skill of the therapist are particularly important; patients are healed by 'something interpretable as psychic communication'. The argument is encapsulated in the quote from *Alice in Wonderland*: 'Everybody has won and all must have prizes'. The theory is elegant and in several ways attractive but it also has a number of limitations.

First, it seems to ignore the fact that much of the current boom in CAM is based on self-treatment.² If consumers go to their local chemist or health food shop and purchase herbal remedies, homeopathic medicines, food supplements, aromatherapy oils, Bach Flower Remedies, healing crystals or magnetic bracelets to treat themselves, the therapist effect is largely excluded. Hyland's assertion that 'there is no need to demonstrate the efficacy of specific factors' is therefore not convincing, at least not in this setting.

Who knows, there may well be hidden treasures of specific effects in some of these treatments. The only way to find out is to conduct rigorous research.

Second, the argument only works if we assume the absence of risks and Hyland entirely omits arguments related to safety. Consumers are often led to believe that CAM is inherently free of potential for harm, but this generalisation could be dangerously misleading. Some CAM interventions have been associated with dramatic complications, even fatalities (Table 1).³ With some of these interventions it simply is untrue to say that the technical skill of the therapist is unimportant. To the contrary, for the patient it could mean the difference between life and death. The attitude 'Don't worry about the type of CAM; find a good therapist' could thus prove to be less than prudent.

Third, Hyland obviously refers to the kind of CAM that is directed at minor complaints. This, however, is by no means the whole story. Many patients with serious, life-threatening conditions, such as cancer or AIDS, use CAM and most hope for a cure.⁴ In this situation, the advice of simply finding a charismatic therapist is not in the best interests of patients. Even if CAM were inherently risk-free, there is the possibility of charismatic yet irresponsible therapists advising patients against conventional treatment. Many observers have pointed out that charisma makes charlatans more convincing but also more

Table 1. Some dramatic adverse effects associated with CAM.

Therapy	Adverse events*	Comment
Acupuncture	Needle penetrating internal organ (eg pneumothorax, cardiac tamponade), infections (eg hepatitis)	Large prospective studies demonstrate that such events are extremely rare provided that the acupuncturist is well-trained
Chelation therapy	Acute hypocalcaemia, kidney malfunction	Several fatalities are on record
Chiropractic	Dissection of vertebral artery with upper spinal manipulation (eg stroke)	According to prevalence figures provided by chiropractors such events are rare; however, due to huge under-reporting (up to 100%) these figures could be misleading
Herbal medicine	Liver damage through toxic herbal ingredient, heavy metal poisoning through contaminated remedy, loss of action of prescribed drug through herb-drug interactions	Potential for harm varies hugely between different medicinal plants

*Examples.

dangerous. Used as an alternative in life-threatening situations, inherently harmless treatments such as homoeopathy would inevitably become harmful.

Fourth, Hyland states at the very end of his article: 'it is evident that the argument applies to all therapists, including physicians'. This clearly hints at the indisputable fact that placebo and therapist effects work their magic in any type of medicine, complementary or mainstream. Pursuing this thought a little further, one quickly arrives at the intriguing idea that we do not require placebo treatments to generate placebo responses. Even treatments with demonstrable specific therapeutic effects come with the 'free bonus' of contextual effects! It follows that there is no need for treatments that are solely based on incidental factors. According to Hyland's own logic, the advice should therefore not be 'find a good CAM practitioner' but 'find a good doctor' – one who administers evidence-based treatment such that the placebo-response is maximised. Taken to that extreme, Hyland's arguments could backfire as they would advocate abolishing all psychotherapy and all CAM while training conventional healthcare professionals in ways of maximising the placebo response for the benefit of our patients.

My strongest concern with Hyland's theory is that it includes elements that could easily turn out to hinder progress. I entirely agree with him that medical research is about helping (future) patients. However, if we accept the view that the lion's share of all therapeutic effects is due to contextual factors and that, by implication, our research should therefore focus on non-specific rather than specific effects, how will we find efficacious cures for diseases that still plague mankind? If adopted by uncritical proponents of 'integrated medicine', Hyland's theory could degenerate into a sort of 'anything goes' attitude where it no longer matters how nonsensical a (CAM) intervention is; as long as it is applied with charisma, all is well. Judging from recent publications, eg from the Prince of Wales's Foundation for Integrated Health,⁵ this attitude is already on the increase. For example, in the Foundation's recent guide for patients, 'the laying on of

hands' is described as promoting 'better health by channelling energy through the healer to the patient' and advocated for indications such as healing of wounds, chronic conditions, eg migraine or irritable bowel syndrome and pain. The only warning that is provided is the following: 'you should not plan to undertake any strenuous activity after a healing session. You should tell the healer if you are having other complementary or conventional medical treatments'.⁵ The 'anything goes' attitude, it seems, is becoming popular and Hyland's theory, I fear, will be (mis)used to popularise it even further. The predictable victims will be the effectiveness of healthcare and the welfare of patients.

I have not yet given up hope of finding some specific effects in the mixed bag of therapeutic interventions we today call CAM. And I remain unconvinced that therapies (conventional or 'alternative') which are totally devoid of specific effects are of real value to patients in the long run – they may seem to be winning but none deserves a prize.

References

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