Panel Discussion: Supplying the Evidence

Iain Chalmers (IC), Noralou Roos (NR), Barbara Rowlands (BR) (Chair: Alan Taman (AT))

(Jenny Sims, Healthcare freelance) Does Barbara think the attitude of the BMA and the medical profession generally has changed much over the last decade towards complementary medicine and practitioners?

(BR) I think it's got cooler, as in better. There was this switch from 1987 to 1993 when the attitude changed from the BMA broadcast this report for alternative medicine where it was 'fringe therapies', to when it became complementary medicine in 1993, I think because of the lot of the blogs and the big debate about homeopathy. It seems to me there is a slight plateauing, as if they have almost haven't made up their mind about it.

(Trudy Lieberman) Has Iain found that the use of the Cochrane material has gone up in the last 10 years or so? Are journalists turning more to the reviews and using them?

(IC) I don't know because I left the Cochrane Collaboration 10 years ago! What I do know is that they are having difficulty in keeping the ambition of keeping reviews up to date fulfilled. So there are problems there. But until someone invents another way of keeping the best evidence up to date I think we'll probably have to carry on pushing them to try and do better. I think they are quite well respected because of the position that they have taken on not taking any money from industry for example. But I can't point to evidence that would answer your question.

(TL) I know that at the Association of Healthcare Journalists we often make Cochrane reviews available or access to the Cochrane database available and it's interesting to me to find out whether or not reporters have gone to that and actually used the material.

(IC) I deeply regret it isn't open access. It is in fact open access in this country, a national licence has been taken out. I would have thought it would be very important that the Association of Healthcare Journalists, I'm on their mailing list and I have a great respect for them, ought to have open access to it. [They do] It ought to be open access for everyone: patients, clinicians, journalists, everyone.

(John Illman) I wonder if Barbara could explain the parallel between whereby complementary medicine is now so popular though scientific medicine has never been better?

(BR) The evidence shows that people use both. It's pick and mix approach, so they might very well be having orthodox treatment for something or other but they also take complementary medicine. I think the evidence shows people who use complementary medicine are highly educated and I think a lot of it it works for them. That's the problem. It probably works for all sorts of reasons like the disease has got a bit better, or the placebo response, but they wouldn't keep on going back if it actually didn't work for them for whatever reason. In homeopathy there is no evidence, it's just water. But if people use it and get benefit from it and that is placebo, I don't think people care. They just say it works for them and they are going to take it.

That doesn't worry me so much as things like herbal supplements where people use cocktails of herbal supplements. They use vitamins, they use plant supplements, and they are taking a drug. I don't know if there's been any kind of research, but it would be pretty much impossible to do. .I think people are just thinking well I am doing this for me – it works for me, it works my friend, it works for my partner, and I will also take the drug.

(Barry Turner) The commentary about charlatans in complementary medicine; the newspapers seem to delight in chasing after the complementary medicine charlatans of which there are quite a substantial number. But there are also quite a number of charlatans amongst the registered medical fraternity too. Why do you think it is that the newspapers don't want to chase them quite so vigorously? The reason I am asking is because I was asked a couple of years ago to do some research in background reading into the behaviour of certain psychiatrists, who had been publishing papers in the peer-reviewed journals. The BBC sent me the papers and asked if I could find anything fraudulent in them. I said that in the case of two of them, it was the title. Because what they are suggesting they are doing in this research isn't actually possible. There was then the threat of a law suit and the BBC completely dropped the documentary. So I am interested to know why there is such an emphasis on chasing the many charlatans in complementary medicine while ignoring the many charlatans in the registered medical practitioners.

(BR) I can only answer form the research that I've read. But it does seem to me that that quote I had about perky cheerleaders: science journalists have been criticised for elevating doctors, putting them on a pedestal and perky cheerleaders for whatever their research is. Certainly when I worked for the Daily Mail I did write something critical of a doctor and I was told 'we don't do that'. I think there is an element that complementary therapists are easy targets and arguably doctors should be worse charlatans because they have all the medical qualifications – like Shipman. That's why it was so shocking. Dr Shipman was a doctor who murdered over 200 of his patients.

(AT) This country's greatest mass murderer – arguably because he was a medical practitioner and was able to get away with it, because of that assumption we've got of trustworthiness if you happen to be a medical doctor. I think that's where it starts.

(BR) But I also think that charlatans can hold out this hope to people who are at the end of their tether and also take an awful lot of money from people. Good complementary therapists do believe what they do is good, and I'm sure their clients get a lot of benefit from it but I think the answer is, if they are easy targets, they are manipulative and yet medically qualified charlatans are far more shocking.

(Jane Hammond) I've heard references from various speakers to the power of public-relations activities and in particular to news releases which appear to be sometimes misleading. It's incumbent upon journalists to be vigorous in checking these but I do understand that with shortage of staff it is not always possible. Can I remind everybody here that the CIPR [Chartered Institute of Public Relations] and the Public Relations Consultants' Association both have very strong sanctions about professional behaviour and can expel members, which I understand at the moment the NUJ is not necessarily able to do if members infringe the code [note: this is not true]. I gather that the professional bodies have stronger powers in this. I've been on the professional bodies of the CIPR in

the past. We did scrutinise things very rigorously. Please report news releases that are misleading to these organisations. If the people who wrote them are members then there are sanctions. If not, this shows how important it is to be a member of these organisations.

(Unattributed) We have a situation at the moment which might be described as an epidemic of diseases. We have rising rates of obesity, we have rising rates of diabetes, Alzheimer's is rising as well, but all of these things are related to lifestyle in quite a strong way. I think it's interesting that one of the effects, it seems to me, of the hostility to the plan is the amount of research that's gone into it is pretty minimal. So we have a situation where the medical profession always pay lip service to healthy lifestyle, in fact there are quotes to the effect that 50% is what it's about for elements of prevention. Certainly diabetes and obesity would be linked into that, heart disease as well. But actually the medical profession is really not very good at prevention or keeping people healthy. Its relevance is when people get ill, the clinical guidelines kick in and you give the best treatment and so on.

But I would like to throw out the idea that what we need is a lot more research into what are the things that work, who benefits from it, what was done in combination, and maybe there is a lot more to do for specific foods or genes or all sorts of things about how to construct a better lifestyle.

As a second point, I would like to raise the issue of whether the randomised control trial, which is this apex of evidence-based medicine is necessarily the most effective way of saying how well non-single element treatments can be tested. No one is denying it's an extremely useful tool although there are ways it can be guided and fiddled which we've heard quite a lot of. I think the randomised control trial is not the best way to treat a lot of the complementary treatments and there have been attempts to get around that. But it's also not a very good way to work out how to keep people healthy. I think some of the people who are very keen on evidence hold the line and say 'this is what counts as evidence, anything that doesn't follow that is beyond the pale'. I think we're pushing a lot of stuff that might well be useful out. Some of our lifestyle diseases could have benefited.

(AT) Just to clarify, you think that is something as journalists we should be pushing as a line of questioning?

(Unattributed) Yes. I think the idea we should not rest on RCTs which are mainly done to test drugs, finding better ways to evaluate various forms of prevention, bring them in and make them a part of it, could make a big difference.

(NR) There's a very interesting group now in New York called the Woman's Randomistas, and she's been doing randomised trials in developing countries, on how to best help children. There were a whole series of things she looked at including that providing shoes had an enormous impact because they didn't walk on things and become infested with worms etc. I have never done a randomised trial but there as a hospital in the USA which would randomise patients to different wards and try different levels of nursing, different levels of medication. It's an extremely powerful way of doing things. So I would be very careful to suggest one should avoid it.

(Unattributed 2) I would be very interested to hear Iain Chalmers' comment on the hierarchy of evidence and his response to the idea that maybe there is more to look at with the prevention approaches.

(IC) It's extremely difficult to do good nutritional epidemiology because people find it first of all quite difficult to change their diets, and then even if they manage that, to stay with the diet long enough to measure some of the outcomes that people say are being influenced by the diet requires tremendously good behaviour by the people participating in the research and very careful analysis by the people who want to interpret the results.

It is extremely difficult to do good research in that field. I'm told that from one end of the Jubilee Line [one of the Underground lines in London] to the other there is a 10-year difference in life expectancy, it's clearly very little to do with drug treatments, surgery, radiotherapy, whatever. So you are absolutely right to point out the fact that there are things outside health care which ought to be taken into account.

With regard to randomised controlled trials, there is only one specific feature of a randomised trial, and that is random allocation. That is the only feature that is specific to randomised trials. In other words, you can use placebos if you want to outside randomised trials. You can use large samples in non-randomised cohort studies. Random allocation is there for a reason: because we may know some of the factors that are relevant to prognosis and therefore should be matched if you are not going to do a randomised trial but we would be arrogant to suggest that we know all of them. Random allocation addresses that issue. You achieve comparison groups which are not biased in favour of unknown or known variables that may have an effect on outcome. If you want to give up random allocation or if you can't use it, which is the case in a lot of nutritional research, you are then faced with the challenge of designing research where you are not going to be misled by the biases which you haven't been able to control for by using random allocation.

With regard to the hierarchy, you are quite right to say that randomised trials aren't the be all and the end all. Some colleagues and I wrote an article in the BMJ about 10 years ago asking when randomised trials were not necessary. All of us can think of examples. If you are faced with someone who has a spurting artery which has been severed, you put your thumb on it. You don't need a randomised control trial to show that that's a good idea. Experience with not putting your thumb on it in other circumstances has taught you that the person will bleed to death.

Those people who say that randomised trials are the only safe way to make inferences about the effects of treatment just haven't thought carefully enough about how stupid they make themselves look by making that comment.

(Richenza Howard) This has been my area of interest and research for many years. Journalists who want to write about osteopaths and chiropractic – they have had state recognition now for 20 years. They have participated with GPs in the consultation process. For example, which NICE did on low-back pain. They are within the system. We haven't been very much employed within the health service for various reasons.

The other hat I have is in naturopathy, a group who trains in Edinburgh and offered Bernard Shaw an honorary doctorate which he refused because he didn't want the public flocking to his door! This group said they would use no supplements, no remedies, no herbs, no homeopathy, we will help people learn how to live the lifestyle approach which Jerome has mentioned. It's basically one to one or working in small groups, helping people learn how to breathe and rest, that sort of thing. There has been a fair amount of research in the sociology and anthropology of the sorts of practice

which I don't want to use the label complementary for. I interviewed Brian Inglis who used to write for the Irish Times and ran a television programme in the 1950s and 1960s who wrote quite a lot about this field. His book on fringe medicine was written 50 years ago. He wrote that after covering a letters column in the Irish Times, saying that the thing that really generated letters was asking people to write in about the paranormal and their wacky experiences. That's how he got into fringe medicine.

(BR) The BMA list something like 116 therapies for complementary medicine and they all tend to get tarred with the same brush. Things like osteopathy and the Alexander technique are basic common sense – posture, good eating – but in that you also have reflexology, more esoteric things like crystal therapies, and they all get bunged into one bag. That's not necessarily very helpful. Certainly for the Which Guide, they wanted to cover quite bizarre things like the metamorphic technique, which is where the fetus is supposed to be in your foot. I objected to that. They said if people wanted to know about it they should about it. There is no division between the mainstream ones and others.

(John Fauber) With complementary medicine versus traditional medicine, I think it's a false distinction. I think there is proven medicine and there is unproven medicine. Your randomised trial is not the perfect way of doing it but there's nothing better that they've found when it comes to drugs or things you put in your mouth to treat conditions than the randomised trial. If you are going to talk about StJohn's wart for depression or Echinacea for the flu versus a vaccine, I would go with the randomised trial all the time it's designed in a way that not only shows it's effectiveness but also if there's safety issues then if we don't do it in a big enough group of people and they're not randomised you're never going to find that.

(Anna Wagstaff) Since we were talking about betrayals and things like that, I wanted to refer back to what I think Ivan said talking about the Kill or Cure site [http://kill-or-cure.herokuapp.com], because the interesting thing about the Kill or Cure site which does try to classify every inanimate object as well as every activity that we're involved in that's either cancer causing or cancer preventing, is that actually most of those stories aren't entirely incorrect. You can do that, and it is also true that a lot of these things do both cure and prevent in some ways. But it's such a tiny, pathetic irrelevance to real life. The problem is, as journalists, do we focus in on all these things? I think an awful lot of what we do, and this is true about wonder foods and all sorts of things, we are focusing in on meaningless things.

To be honest, inequality is the massive feeder of health problems. Lifestyle is a problem because it is connected to those things and we are doing nobody a favour by having this things about five apples and a tangerine a day compared with seven or 10 fruits, when actually there are big things we could be doing improving health. By being honest about why it is that some people have got such a worse quality of life and a shorter life than other people, and it's not to do with how we use apples or whatever, it is to do with things that we all know. Are we just diverting attention? Is that what we're doing as health journalists when we start going down this road? We have a responsibility not to do that. It is irrelevant nonsense and it feeds into nonsense in people's brains, and we are playing the job of everybody who doesn't care about inequalities. Let's not do that. I think that ought to be said in this conference.