REALITY CHECK **Ray Moynihan**

Assaulting alternative medicine: worthwhile or witch hunt?

Campaigns to cleanse complementary medicine courses from universities go global

Fresh from its successes in the UK, the campaign to close complementary and alternative medicine courses at universities is moving down under. A new group called the Friends of Science in Medicine wants to stop what it calls "pseudoscience" on campus, and vice chancellors at many of Australia's universities are in its sights. So is this a reasonable reassertion of scientific principles or a tribal attack on the competition?

The campaign is targeting many modalities, from acupuncture, naturopathy, and chiropractic to energy medicine and homeopathy. While saying that it supports research, Friends of Science in Medicine argues that "universities involved in teaching pseudoscience give such ideologies undeserved credibility, damage their academic standing, and put the public at risk." Vice chancellors are being urged to discuss with science faculties the "withdrawal of these courses."

"It's a witch hunt," says Southern Cross University's Stephen Myers, a complementary medicine researcher and trained naturopath, a medical doctor, and author of government funded reports urging the integration of traditional Chinese medicine and naturopathy into the mainstream. "All health professions are currently under a call to increase the evidence base. Complementary medicine is in a similar situation, yet what this new group is calling for will remove individuals from academic positions that have capacity to contribute to that evidence base." These professions need high standards of education, says Professor Myers, students need to understand the limits of their practice, and mechanisms to prevent inappropriate practice are required. "If all the courses close, standards of education fall and public health is detrimentally affected." He's backed by his vice chancellor, Peter Lee, who is "very comfortable with the rigour and strength of the science" at his university. The group representing vice chancellors has responded by saying that course content is a matter for individual universities.

A key campaign figure in the UK is the University College London professor David Colquhoun, who is helping his Australian colleagues—suggesting, for example, the use of freedom of information legislation to discover course content. Asked about concerns that a witch hunt might be under way, he said, "Good, that's the intention. I've got no mercy for vice chancellors and senior medics. I don't mind going for the jugular, because it's a betrayal of what universities are for, it's going back to pre-enlightenment." He dismisses the field as nonsense, its advocates as quacks, and ancient wisdom as "mostly wrong." The massive research effort of the US National Center for Complementary and Alternative Medicine had found, he said, "not a single useful treatment." Asked about evidence on the centre's website suggesting that some treatments might be useful, he said there was only "a handful."

Although much of the scientific effort referenced on the website finds treatments failing to beat placebo, other studies are more positive, such as a recent systematic review of almost 270 randomised controlled trials indicating potential benefits of acupuncture, massage, and spinal manipulation for some forms of back and neck pain.[1] The complex treatment approaches of naturopathy, says the US centre, "are challenging to study, and little scientific evidence is currently available on overall effectiveness." For homeopathy, most analyses find little evidence to support it, though some randomised placebo controlled trials report positive effects, the centre says.

At the same time it's no secret that much conventional medicine is unsupported by good evidence. As with many complementary therapies, the BMJ Group's *Clinical Evidence* currently classifies many surgical and medical interventions as being of "unknown effectiveness."[2] In Australia it is estimated that most of Medicare's 5000 items "have never been comprehensively assessed for their safety, effectiveness and/or cost-effectiveness."[3] Disinvesting from ineffective and potentially dangerous mainstream treatments can also prove difficult.[4] And much so called scientific evidence is debased through the systematic bias that tends to flow with commercial funding.[5]

"Wielding the sledgehammer may well undermine campus conversations that could ultimately enrich our scientific methods"

Any "friend of science" would surely be horrified by much of what happens inside conventional medicine, yet the campaign in Australia is aimed solely at the complementary sector. One of the founders of the Australian campaign, the University of New South Wales emeritus professor John Dwyer, says that it is not a witch hunt and not about attacking practitioners or researchers: it is about ending the teaching of "pseudoscience." Around 400 people have signed up to the campaign, but one person who has withdrawn his initial support is the president of the Australian Medical Association, Steve Hambleton, who believes that the campaign's pitch has become "much fuzzier and less clear." Rather than calling for a widespread shutdown he says that courses should be judged case by case. "It's too big a sledgehammer," he says, agreeing that there is a danger of giving scientific imprimatur to "less than scientific" activities but emphasising the need for an open mind. Alan Bensoussan, a complementary medicine researcher at the University of Western Sydney, says that although the Friends of Science in Medicine sounds innocuous enough, he fears it is an attempt to purge universities of learning about areas such as Chinese medicine, approaches that could produce new ways of dealing with some chronic diseases.

No doubt academic standards in some complementary medicine courses could be tightened and materials improved or removed. But wielding the sledgehammer may well undermine campus conversations that could ultimately enrich our scientific methods and our capacity to face the complex health challenges of the future.

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MEDICINE AND THE MEDIA

Atos and changes to disabled people's benefits

New systems to assess eligibility for disability benefits may not be up to the job. **Margaret McCartney** investigates

The Welfare Reform Bill stutters through parliament. It proposes changes to housing benefit, caps to benefits, and changes to the disability living allowance. This allowance is currently paid with two components, for mobility and care. Claimants must have a severe disability, which means that they need help with basic personal care or require supervision to avoid danger. Mobility allowance is paid to people who are bilateral amputees; are unable or virtually unable to walk without severe discomfort or are at "risk of endangering life"; need guidance or care most of the time; or have severely impaired sight. The bill seeks to replace disability living allowance with "personal independence payments," making a 20% cost saving in the process. The peer Tanni Grey-Thompson sought two crossbench amendments. She wanted to make it obligatory for assessors of eligibility for personal independence payments to seek evidence from the claimant's healthcare professional. She had also tabled amendments for a trial period and an independent review. Neither amendment was passed (www.guardian.co.uk/society/2012/jan/17/welfare-reform-bill-amendment-blocked).

What kind of medical examination is reliable in these circumstances? Who should do it? And how should it be done? These issues, together with a discussion of the evidence, seem to have slipped under the radar. The BMA has made no official comment on the Welfare Reform Bill, and nor has the Faculty of Occupational Medicine. An exception is the Royal College of Psychiatrists, which has raised serious concerns. Its former chairwoman, Sheila Hollins, speaking in the House of Lords last year, said, "There are real concerns about Jobcentre Plus and [the contractor] Atos assessing staff's knowledge and understanding of mental health conditions" (www.rcpsych.ac.uk/pdf/13%20Sep%202011%20Hollins%20Speech%20III.pdf). The college has also co-signed a statement, with mental health charities, describing "serious danger" for patients of the "shortsighted" proposal and expressing the likelihood of a "negative knock-on impact" on the health of claimants. However, this medical opinion has been scarcely reported in the press.

Benefits for the most vulnerable people in society have been franchised out to an opaque system that is remote from the care in the NHS

JULIAN MAKEY/REX

Why has the role of Atos escaped media scrutiny?

Currently, assessments for disability living allowance do not always include a medical examination. When they do, they are contracted to Atos, a private French technology company, the sole contractor for the Department for Work and Pensions' medical examinations of benefit claimants. The department says that these assessments are "not to diagnose or discuss treatment" but to "assess how your condition affects you." The government plans to have all people of working age who receive the disability living allowance to be reassessed before they are allowed personal independence payments (www.dwp.gov.uk/docs/pip-briefing-managing-claims.pdf).

Already this has caused distress among disabled recipients, who have little faith in the present medical assessments done by Atos. Currently these are carried out by doctors, nurses, or physiotherapists and are reported through a computer. However, Atos has not published the assessments or evidence it uses, impeding peer review and open discussion. The University of Derby's corporate training and development division has "teamed up" with Atos to offer "a certificate of achievement—disability analysis," which gives credits towards a nursing degree. In 2011 Atos said that 300-400 nurses would be expected to complete this each year. Atos told me that the training was "designed by Atos Healthcare and reviewed and approved by the Department of Work and Pensions." The University of Derby would not disclose its fees for hosting the course, and Atos would not show me course materials.

There has been little media discussion of the need for medical evidence in producing fair assessments. Malcolm Harrington, emeritus professor of occupational health at the University of Birmingham, has written two independent reviews for the government on the work capability assessment performed in part by Atos. He has made many recommendations for its improvement and is clear about its failings. "I still don't know what Atos stands for," he says.

He's concerned that the proposed change from disability living allowance to personal independence payments will mean a lot of medical examination, done with the computer program, which may not be able to deal appropriately with disabled people. "I don't think a computer system on its own will ever be good for assessing chronic fluctuating conditions," he said. This is also a problem in the current use of the Lima software that Atos uses to do work capability assessments. "The Department of Work and Pensions' response has been that asking questions about severity, frequency, and fluctuation would make the assessment difficult and complex. But these are difficult and complex conditions." Professor Harrington thinks that the civil servants who make the decisions about benefits on the basis of Atos's medical assessments would be able to take these factors into consideration. "Decision makers do have the will, and they are audited," he said, "but there is a danger that middle management will just say, 'It's all too complicated.'" Although there is the potential for Atos healthcare professionals to use information about the patient gathered from elsewhere, in Professor Harrington's experience of sitting in on assessments this isn't done: "Other information is just ignored."

Meanwhile the media have focused on "benefit scroungers" and have taken little time to examine the concerns raised by the Royal College of Psychiatrists. Nor has the role of Atos been examined closely enough: after all, benefits for the most vulnerable people in society have been franchised out to an opaque system that is remote from the care in the NHS. More medical organisations should be making their voices heard.

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