

FEATURE

PROFILE

Edzard Ernst: the prince and me

As he steps down from his post as the UK's first professor of complementary medicine, Edzard Ernst talks to **David Cohen** about homoeopathy, university politics, and Prince Charles

David Cohen *freelance journalist*

"I'm not as undiplomatic as I look," says Edzard Ernst. Sat in the conservatory of his seaside home by the Suffolk coast, Britain's first professor of complementary medicine does seem to be a picture of polite gentility. Not so a few days earlier when, at a press conference in London, he branded Prince Charles a snakeoil salesman for promoting homoeopathy. The statement made headlines across the world. Ernst chuckles at the mention of this. "I know what I'm doing and I do it on purpose," he says. "I'm not against royalty, I'm just confrontational with Prince Charles because he is speaking out of his proverbial when it comes to medicine and science."

Ernst has spent the past 18 years studying the safety and efficacy of complementary and alternative medicines (CAMs). He has masterminded over 30 clinical trials and 200 systematic reviews. His results have led him to criticise many CAMs as no better than placebo, and to say some even do harm. He has also found that around 20 work better than placebo (*Br J Gen Pract* 2008;58:208-9). His results have often brought him into open confrontation with both CAM proponents—they feel he's out to rubbish their field—and conventional medics, who think he's devoting precious effort and resources to what, they are convinced, is quackery. He insists that neither is the case. "I honestly think that I am entirely evidence led," he says.

Ernst cites his Damascene conversion over homoeopathy as a case in point. At the beginning of his career, Ernst worked in a homoeopathic hospital, and his general practitioner treated his family with homoeopathy. "I was open to the idea that there were laws of nature that we haven't understood."

Today he still accepts that homoeopathic treatments work—"the question is: why?" He says he now has a conclusive answer: "It works because of a very long empathetic consultation. It's a non-specific effect. The more clear that answer became, and I wrote about it, the more upset the homoeopaths became.

"Tomorrow, if homoeopathy—by discovery of a new law of nature—can be explained in science, and the clinical evidence is positive and shows that my present conclusions are wrong, then I will change my mind again. I think it's a sign of intelligence to change your mind when the evidence changes. I've changed once, I could change again."

It is dogma in the face of evidence that riles him, and that is one of the key motivators for his recent snipe at Prince Charles. Arguably, it is a parting shot in revenge for what Ernst believes to be the prince's contribution to Ernst losing his job.

Until a couple of months ago, Ernst held the chair of the world's first centre for the scientific study of complementary and alternative medicine at the Peninsula Medical School, part of Exeter University. He had been in the post since 1993 and published around 1000 publications on CAMs, run 14 scientific conferences on the subject, and given hundreds of lectures. In May he resigned under rather murky circumstances for which he blames clandestine influence exerted by the prince.

The story goes something like this: in 2005 Prince Charles commissioned the retired Barclays bank chief economic advisor, Christopher Smallwood (helped by a team at the Market Research consultancy FreshMinds) to investigate the cost effectiveness of CAMs. The result was the report *The Role of Complementary and Alternative Medicine in the NHS. An Investigation into the Potential Contribution of Mainstream Complementary Therapies to Healthcare in the UK* (<http://bit.ly/qHysy8>).

Ernst was involved in early drafts of the report, but then things turned sour. Chief among Ernst's concerns were claims that the NHS could save hundreds of millions of pounds on conventional medicine costs if GPs were allowed to prescribe CAMs such as homoeopathy instead. "I saw where it was going and said I don't want to be involved anymore. This report was not peer reviewed—yet it was going to be put directly into the hands of healthcare politicians."

A few days before the report's publication, Ernst received a call from a reporter at the *Times*, who had got hold of it. The final draft contained claims that were "so unspeakable to me, that I had to speak out. I told them what I thought, and that created another headline," he says.

That put Ernst and Prince Charles on a direct collision course. A short while later, the vice chancellor of Exeter University received a letter from Prince Charles's private secretary, Sir Michael Peat, complaining that Ernst had broken a confidential

agreement by speaking out before the report was published. The complaint led to a 13 month disciplinary investigation by the university, at the end of which Ernst was cleared of any wrongdoing. In a statement, Peat insisted he had written to the university without Prince Charles's knowledge.

One of Ernst's supporters, former Liberal Democrat science spokesman Evan Harris, says it is a scandal that someone close to the Prince of Wales, acting in his interests, should make a complaint that wasn't even upheld. Harris adds that it was a "very inappropriate communication between Prince Charles's office and the university. Prince Charles's views are bizarre. He is entitled to his views, but he should defend them in public, not behind the scenes."

Harris also says that the university failed in its duty to Ernst. "The job of the university is to stand up for its academics and safeguard their right to give a view based on their expertise. They shouldn't forget that is their duty just because they are sabre rattled at by the heir to the throne."

The sentiment is echoed by David Colquhoun, a biophysicist at University College London who writes *Improbable Science*, a blog that's popular with scientists and sceptics. "The treatment Edzard received is disgusting," he says.

Tracey Brown, director of the charity Sense about Science, who has worked closely with Ernst on several occasions, concedes that diplomacy isn't his strong suit. "He's not particularly good at buttering up the university authorities. But that's perhaps why he's also so good at approaching things scientifically," she says.

Soon after that incident, Ernst was told that funding for his unit was drying up and that it would have to close when funds ran out. This deeply frustrated Ernst.

But then light appeared at the end of the tunnel. John Took, the dean of the medical school during the controversy, left to head the UCL medical school, and was replaced by Steve Thornton. Thornton recognised the importance of Ernst's unit, and decided to save it. It took seven months, but a compromise was reached. And this is where it gets murky. Ernst is vague on the details—he is in the process of writing a book about that episode—but says his resignation was a precondition for the unit continuing to exist. So Ernst resigned, and was hired back part-time as an emeritus professor to help hire his successor. The advert for the new chair was published last week.

Long before Ernst accepted the chair at Exeter, his insatiable curiosity and hunger for the facts was already leading him to uncover uncomfortable truths.

Ernst was born in 1948 in Wiesbaden, Germany. He qualified as a doctor and began his medical career in a homoeopathic hospital in Munich. He received his PhD in 1978 and after a series of research posts, including one in St George's in London, during which he met his French wife, he wound up head of the department of Physical Medicine and Rehabilitation at the University of Vienna, with 120 people under him. "It was a job for life."

He wasn't comfortable. Ernst didn't like the politics and nepotism involved in administration in Vienna. "I found it very difficult to deal with the Viennese. I felt trapped in a golden cage. I found myself being an administrator rather than a clinician or a researcher. I thought: this can't be everything that life has to offer."

Around this time, he made an alarming discovery about his hospital's past, which finally tipped him into leaving. "I was

asked to give a speech at the inauguration of a new hospital building, so I thought what better than to talk about the hospital's history." He then discovered a mysterious gap in the hospital's records between 1938 and 1945. He was told not to look into the period. "Whenever someone tells me "don't do that," I'm likely to do it," he says.

Ernst soon uncovered a terrible truth. In what he describes as the most important publication of his life, Ernst outlined how within weeks of the Nazi takeover of Austria, the hospital was "freed" of Jews and other opponents of Nazism (*Ann Intern Med* 1995;122:789-92). Of a total of 197 doctors, 153, all Jews, were sacked, and the dean replaced by the Nazi professor Eduard Pernkopf. Little opposition was voiced by the remaining faculty. Atrocities were committed in the hospital's paediatric ward, where many children were killed. Faculty members experimented on prisoners in the Dachau concentration camp. Pernkopf later produced a famous anatomy atlas drawn with the help of children's bodies from the hospital. After Ernst's publication, Pernkopf's atlas was withdrawn from many libraries. Ernst says it was one of the most important things he's ever done. "I felt I owed it to history. I still feel so ashamed about this part of Germany's history." His arrival in Exeter in 1993 marked a new chapter in his life. He has since received British citizenship and decided to settle down. "I feel completely British," he says.

For the first five years at Exeter, Ernst kept a low media profile and focused on research. With time, he became increasingly irritated by "the nonsense the man in the street is subjected to about CAMs" and decided to speak out. Ernst also felt it was important to engage with CAM practitioners. "We have to build a bridge so that the language of science and reason can become understandable to people who are not so reasonable, to put it mildly." He tried to accept every invitation he received to speak at meetings of CAM practitioners.

It's hard to know what his impact has been, but in Britain, at least, the use of CAMs has remained largely flat throughout his tenure at Exeter, despite a rise in advertising and press coverage of unfounded claims about CAMs. Elsewhere CAMs are on the rise. According to recent survey data, use of CAMs in the United States has doubled over the past decade, while in Germany around 75% of the population now use at least one CAM every year. "Why my nation, which is renowned for its rationality, is so enamoured by CAMs is a mystery to me." Unlike in the UK and the US, CAMs have long been offered by mainstream medical practitioners in Germany.

Despite this rise in prevalence, Ernst is optimistic the global trend is a flash in the pan. "In the end, evidence will prevail," he says.

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