BMJ

BMJ 2011;342:d2642 doi: 10.1136/bmj.d2642

VIEWS & REVIEWS

PERSONAL VIEW

The NHS is right to fund homoeopathy

S Clare Stanford *reader in experimental psychopharmacology, Department of Neuroscience, Physiology, and Pharmacology, University College London*

The campaign to expel homoeopathy from the NHS continues unabated despite a position statement from the Department of Health: "We believe in patients being able to make informed choices about their treatment, and in a clinician being able to prescribe the treatment they feel most appropriate … which includes … homeopathy." To put this skirmish into perspective, the NHS spends about £4m (€4.5m; $6.6m) a year on homoeopathic prescriptions, which is peanuts. Even if subsidiary costs are rolled in, this battle is clearly more about winning a scientific argument, and protecting patients from themselves, than preserving NHS coffers.

To avoid being misrepresented, let me be clear that I am not pro-homoeopathy. I would not use homoeopathic preparations myself, and I do not believe that they have actions that can be measured in vitro. So should homoeopathy be available on the NHS? Absolutely. That is not to say that all alternative treatments should be funded by the state. Homoeopathy within the NHS is an historical accident. By analogy, most people can live with the fact that nicotine and alcohol are exempt from the Misuse of Drugs Act.

I agree that the scientific explanation for homoeopathy is implausible. However, I note that the Nobel laureate, Luc Montagnier, is open minded on the issue and is being pilloried as a consequence. He must feel like Galileo. To condemn a treatment because the proposed mechanism of action does not fit scientific dogma has a rather Soviet feel to it. In any case, the mechanism is a red herring: we do not need to understand how drugs work before prescribing them, which is just as well.

The main argument against the NHS funding homoeopathy is that "patient satisfaction can occur through a placebo effect alone and therefore does not prove the efficacy of homeopathic interventions," according to the fourth report of the House of Commons Science and Technology Committee (www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf). In short, the NHS should not pander to patients' irrational beliefs, with an acknowledgment that homoeopathy triggers a placebo response that can be beneficial. To infer that these treatments lack efficacy, they would have to offer less "satisfaction" than placebo. I am not aware of any evidence to support that claim, with the possible exception of a dubious study carried out on wounded soldiers in St Petersburg in 1829.

Given that patients' treatment response is influenced by their expectations, homoeopathy can be regarded as a so called thinking therapy at the least. In other contexts, cognitive therapies are championed for their apparent efficacy without any drugs at all. In fact, some of the same campaigners who deride homoeopathy as a placebo response also assert that a placebo response accounts for the therapeutic effects of antidepressant drugs. This contradiction exposes a double standard in the interpretation of evidence, propped up by prejudice. Clearly, there is a need for more stringent criteria for comparisons of efficacy.

If homoeopathy is a hoax then patients who believe it is beneficial must be deluded. It follows that their medical complaints are also an illusion or resolve spontaneously. These patients will not take kindly to being told that there is nothing wrong with them. Prescribing homoeopathic treatments in such cases would be a problem if they were potentially toxic. Thanks to a recent experiment, in which campaigners consumed industrial quantities of homoeopathic preparations, we can be confident that these treatments are harmless—at least in the short term. If they were banned from the NHS, an obvious alternative would be to prescribe conventional drugs. These will be more expensive and have real side effects, some of them potentially harmful. This is not desirable when clinicians are already accused of playing fast and loose with prescription drugs and of medicalising problems that do not need treating.

Another complaint is that homoeopathy is used when patients need conventional drugs. Such medical neglect will not be resolved by homoeopathy's expulsion from the NHS. The current position optimises opportunities for responsible practitioners to refer patients for more appropriate treatment, if necessary. A good example of that practice is the (former) Royal London Homeopathic Hospital, which was cowed into changing its name after relentless battering from campaigners. A seamless switch to conventional medicine will be impossible if homoeopathic treatments are available only on the high street.

All this will enrage homoeopaths, who assure us that they do not deceive their patients and agree that prescription of any old

c.stanford@ucl.ac.uk

thing is unethical. Both they and their critics are ignoring the difference between homoeopathy and the intentional administration of an inert pill. Only in the former case do patients and practitioners believe that the treatment works. This paired belief will influence clinical outcome, which is precisely why we need double blind clinical trials. Even if homoeopathy does trigger merely a placebo response, its provision by the NHS still makes sense on grounds of safety, tolerability, efficacy, and cost. I am convinced that the National Institute for Health and Clinical Excellence would have concluded that it is thoroughly good value for money.

Competing interests: None declared.

Provenance and peer review: Not commissioned; not externally peer reviewed.

bmj.com/archive News: Giving homoeopathy on the NHS is unethical and unreliable, MPs are told (*BMJ* 2009;339:doi:10.1136/bmj.b5080); NHS should stop funding homoeopathy, MPs say (*BMJ* 2010;340:c1091, doi:10.1136/bmj.c1091); Personal View: Why do pharmacists sell homoeopathic remedies? (*BMJ* 2011;342:d349, doi:10.1136/bmj.d349)

Cite this as: *BMJ* 2011;342:d2642