

Integrated or evidence-based medicine?

Professor Edzard Ernst, Peninsula Medical School, argues the case for proven treatments in healthcare...

Integrated (or integrative) medicine' is the new buzz word in healthcare; clinics, research centres, associations, journals, etc. are increasingly adopting the name. The term has been defined in many ways but all definitions include the concept of combining the best of complementary alternative medicine (CAM) with the best of conventional medicine^{1,2}. Writing in the British Medical Journal, Rees and Weil wrote: 'Integrated medicine is not simply a synonym for complementary medicine. Complementary medicine refers to treatments that may be used as adjuncts to conventional treatment and are not usually taught in medical schools. Integrated medicine has a larger meaning and mission, its focus being on health and healing rather than disease and treatment. It views patients as whole people with minds and spirits as well as bodies and includes these dimensions into diagnosis and treatment.'³

But what exactly does all this mean? How does integrated medicine differ from the generally accepted concept of evidence-based medicine (EBM), which is 'the systematic, explicit, conscientious and judicious use of evidence when making a decision'⁴. Proponents of integrated medicine tend to offer abstract theories, but a concrete example of exactly what integrated medicine would entail in everyday practice was recently provided by a trustee of the Prince of Wales's Foundation for Integrated Health, who is also Chairman of the NHS Alliance. Discussing the meaning of integrated medicine, he stated that 'we want GPs to realise, if a patient has a frozen shoulder, you can go down the traditional route and give them a tablet, give them physiotherapy or send them to a surgeon. Alternatively, devil's claw (a shrub found in the Kalahari desert) and acupuncture are also proven to work'⁵.

This quotation is significant, not least because it is one of the very few concrete examples of how integrated medicine might be implemented in the UK. Analysing it, one gets the impression that integrative medicine is less about integration than about using unproven treatments as alternatives to established treatments. No convincing trial data exists to demonstrate that either acupuncture or Devil's claw (*Harpagophytum procumbens*) are effective cures or symptomatic treatments for frozen shoulder. Moreover, Devil's claw is considerably more expensive than oral drugs

advocated for this condition. Most crucially, this herbal remedy is known to be a COX 2 inhibitor⁶ (synthetic COX 2 inhibitors have recently been withdrawn because of serious cardiovascular risks), and also has the potential to interact with prescribed cardiac medications or anticoagulants⁷. Long-term data does not exist. Both its safety for widespread use and its efficacy are therefore questionable. The example seems to confirm the fear of many observers that the concepts of integrated medicine could introduce double standards that run a high risk of rendering healthcare less effective, safe and economic.^{1,8,9,10} Thus, integrated medicine raises the important ethical issues of non-maleficence and beneficence.^{10,11}

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Despite these concerns, the former Chief Executive of the Prince of Wales's Foundation for Integrated Health insists that 'the crucial issue in all of this is access for patients. This is key. Complementary medicine is beginning to get its house in order and the new patient-centred NHS should give it serious consideration'¹⁰. Access for patients, others might argue, cannot be arbitrary but guided by evidence.

'To improve health and reduce health inequities, public policy-makers need to find the best solutions to the most burdensome health problems, the best way to fit these solutions into complex and often overstretched and under resourced systems, and the best ways to bring about the desired changes in health systems.'¹² Patient choice seems a far less reliable guide towards achieving these goals than rigorous summaries of the totality of the best available

evidence: 'If anything, we have underestimated the potential for systematic reviews of health systems research.'¹³

'To promote unproven treatments under the mantle of integrated medicine must inevitably be a disfavour to them and, in the long run, also to complementary medicine itself. The key, I would argue, is not to offer the patients the choice of unproven treatments but to insist on good evidence for all treatments used in routine healthcare, scrupulously avoiding double standards.'

Integrated medicine remains reluctant to take this message on board. About a dozen recent systematic reviews of homeopathy, for instance, have agreed that there is no proof of its efficacy.^{14,15} Yet a patient guide published in 2005 (and financed through government funds and produced by The Prince of Wales's Foundation for Integrated Health) recommends homeopathy for conditions ranging from asthma to depression.¹⁶ 'For too long, a politically correct laissez-faire attitude has existed towards homeopathy. The Swiss Government, after a five year trial, has now withdrawn insurance coverage for homeopathy and four other complementary treatments because they did not meet efficacy and cost-effectiveness criteria. Now doctors need to be bold and honest with their patients about homeopathy's lack of benefit, and with themselves about the failings of modern medicine to address patients' needs for personalised care.'¹⁷ Integrated medicine in the UK, it seems, is not to be on the side of evidence or rationality but on the side of anecdote and irrationality.

Proponents of CAM fear that evidence-based medicine will dismiss CAM altogether. This fear is unfounded. There are numerous treatments within CAM that are backed up by good evidence for efficacy and safety¹⁸. A few examples will have to suffice:

- Acupuncture alleviates nausea and vomiting of various causes (eg. after chemotherapy);
- Acupuncture reduces back pain;
- Glucosamine reduces pain of osteoarthritis;
- Hypnosis alleviates irritable bowel syndrome;
- Horse chestnut seed extract reduces symptoms of primary venous insufficiency;
- St John's Wort improves mild to moderate depression.

To generate and publicise such evidence is in the interest of the patients, as well as public health. To promote unproven treatments under the mantle of integrated medicine must inevitably be a disfavour to them and, in the long run, also to complementary medicine itself. The key, I would argue, is not to offer the patients the choice of unproven treatments but to insist on good evidence for all treatments used in routine healthcare, scrupulously avoiding double standards. This strategy, I am sure, is the best way of improving tomorrow's healthcare. This approach would inevitably include elements of (well documented) CAM. Needless to point out that it has a name – it is not 'integrated medicine' but 'evidence-based medicine'.

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