

A champion of CAM

Professor George Lewith talks about the relationship of complementary medicine with conventional medicine

Q When did you first take an interest in CAM?

Not until I had completed my medical training at Cambridge and London and had moved into primary care. My wife and I went travelling shortly after we were married in 1977 and were the first British people to go on an acupuncture course in China. I was immediately interested in this 'new' approach and wanted to research it in a rational, thoughtful way, while at the same time being faithful to the techniques. I wrote some of the very early clinical trials on acupuncture, as well as a number of methodological papers in the early '80s, and have been working in the same field since.

Q Do you still practise CAM?

I used acupuncture, nutritional and herbal medicine as well as a variety of homeopathic techniques as a clinician, before I retired from practice in 2011.

I've done lots of things in my life, from being a partner of a busy integrated health centre and carrying out research, to helping Boots develop its well-being programme – and all while still working as a doctor, offering 20 to 35 face-to-face consultations a day. I loved working with my patients, but I wanted to take my foot off the accelerator. I'm fortunate to have enough money to do what I want and I'm quite happy working as a researcher.

Q Your research 'focuses on differentiating the specific from the non-specific effects of treatment'. Please explain.

Often a treatment – whether it's a drug or a technique – will have specific, pharmacological effects, which are a result of the intervention itself. But these treatments will also have some non-specific effects, which are a little more difficult to pinpoint and explain.

For example, if you provide homeopathy as a whole package to patients with rheumatoid arthritis, you dramatically improve their quality of life. This isn't because the patient's conventional rheumatologist is 'bad', it's simply because he or she uses a different approach to the homeopath. The latter will take a full history, and offer patient-centred advice and treatment over a longer appointment. If you look at the specific effects of the homeopathic

medication itself, it's probably quite limited.

What often happens is people who haven't been helped by a conventional intervention will go to a complementary practitioner and leave feeling much better. That's absolutely undeniable and happens all the time. This is what we need to understand and work with.

Q If an element of treatment comes down to placebo, is this a bad thing?

No. An awful lot of general practice is about reassurance and is very non-specific in terms of its effects. If an intervention is delivered in a proper, ethical and reasonable way, then it's powerful, useful and safe. It's about delivery and the context of delivery, and setting expectations sensibly.

Q With a lack of evidence, do you think there are safety concerns?

Adverse events in complementary medicine are very rare, or are hugely under-reported – which is extremely unlikely, because hospital beds would be occupied by those affected.

It's true to say we need to monitor the safety of complementary therapies very carefully, but there's a lot of scaremongering about safety, much of which is based on very fragile and poor data.

Q What are your views on our current healthcare system?

The NHS is a unique medical establishment. It's purchaser, provider, trainer, professional arbiter and self-policing – all rolled into one. It's immensely conflicted.

I'm not sure this model of care is sustainable, particularly in the midst of an ageing population and an economic crisis, and it will be very interesting to see

what evolves. I certainly think the NHS is in a very major transformation, which will soon be followed by other healthcare systems, as we realise we cannot provide expensive secondary care in the way we have been. The model needs to change.

I think we will see a more substantial shift towards self-care, especially for long-term, chronic conditions, in terms of advice and how to manage these. Slowly but surely, some of the patient-centred lessons from complementary and integrated medicine will begin to become very important messages.

Q Do you think recent reforms to the health system will create opportunities for complementary therapists in the NHS?

Yes, but what will happen within the commissioning groups is very opaque. I think we will have a mixed economy, where some services will be paid for by the NHS and others not. Therefore, commissioning groups may sanction certain therapies, but not be able to pay for these, particularly in the long-term management of many chronic illnesses.

Q How do you take care of your health and well-being?

I try to keep fit and slim. I swim and ride a bike, and I have a garden that I enjoy very much. I also have acupuncture and see a very good Alexander technique teacher regularly for my bad back, as well as a physiotherapist occasionally, for some mobilisation work.

Q Do you have a favourite saying or quote?

As a clinician, I always started my consultations with 'tell me your story', which opens up the whole process, as opposed to 'what is the one problem you've come to see me about'.



George Lewith, a medically trained doctor and former CAM practitioner, is professor of health research at the University of Southampton, and has worked in research and complementary medicine for more than 30 years, during which time he has written more than 150 primary research papers. www.southampton.ac.uk/camresearchgroup