The third step in the development of standards is the comment phase. Here, the draft standard is sent to 50 randomly selected general practitioners and to a number of specialists. These people give valuable feedback for future implementation. For example, after the comment phase the post coitum test was scrapped from the standard on subfertility because the general practitioners in the survey found this test too difficult to implement.

The last step of standard development is the authorization procedure. This consists of one lengthy session in which the working party has to defend its product before a critical college of wise men and women. Their wisdom is derived from various academic chairs of general practice and from long involvement in college activities. Most standards pass with only slight alterations. On two occasions, however, standards were rejected: in one case this was owing to inadequate presentation of the scientific evidence and in the other the proposed guidelines were too vague.

The conclusion from these experiences is that development of guidelines for general practice can benefit from the human factor. The most prominent of these benefits is the possibility of reaching consensus on a multitude of questions important for the day to day functioning of general practitioners. The potentially negative sides of the human factor, such as subjectivity, can be curtailed by a rigid development procedure.

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Fraternizing with fringe medicine

FEW in mainstream medicine want to give offence by seeming to ridicule patients or healers anxious to believe that fringe medicine — increasingly demanded by the population of many countries[1,2] — can cure illness. So why should we not fraternize with almost anyone who shares our own wish to give hope and comfort, at least whenever nothing better is available?

However, we may be going too far in our anxiety to be less critical than in the past. Perhaps we should not be quite so afraid of being called arrogant or patronizing. The recent report from the British Medical Association[1] tries to be polite about all of the various beliefs and theories that make up fringe medicine, even such things as iridology, which claims to be able to make diagnoses from looking into the eyes, and reflexology, which claims the same from looking at the feet. None of these therapies are endorsed by the British Medical Association, but neither are they criticized. All those on the list are thanked for the information they have sent in, and given a credibility that would have been unthinkable a few years ago.

A firm distinction must surely be made between fully trained, qualified and registered medical practitioners (who are taught differential diagnosis and encouraged to follow, whether in diagnosis or therapy, where the evidence leads) and unqualified healers with fixed beliefs who feel no need to make any such effort.

Do we really want to give the impression that we approve equally of all claims and remedies, no matter how little evidence there is that they are anything more than placebo? Nobody, it seems, dares make the point that in medicine there are a whole range of situations where it is virtually impossible for a remedy, however worthless, not to have many grateful patients. The history of medicine teaches us that there are many circumstances where everyone involved — patients, relatives, doctors, healers — may sincerely believe that there has been a real objective effect on the disease process, when in retrospect this is not true. Those who think that they have been helped may even have been harmed.

Gratitude is an unreliable index. Many patients feel better because of one or more types of placebo: the personality of doctor or healer, the relief at starting a new and exciting remedy, the use of strong verbal suggestion that there will be benefit, tablets of a striking shape or colour, needles, enemas and so on. Another factor that is equally important is that gratitude is often based on the false premise that without the remedy there would have been no improvement. It can also be wrongly assumed that without the treatment relapse would have occurred. Alternatively, those expressing gratitude may be essentially healthy, but may have been persuaded that it is only alternative medicine that keeps them that way.

Those who believe that an unorthodox herbal remedy is more likely to help them than an orthodox herbal remedy (digitalis, for example) must be free to choose. However, nobody can be happy about choice based on misinformation or lack of information.

Too much fraternization can confuse the public and suggest that we have lost confidence in rational thought and pragmatic problem solving. We risk encouraging the damaging and misleading idea of two equally respectable systems, two schools of thought, two valid cultures. If it is felt that weighing evidence is

no more than just a current paradigm of Western science and Western medicine, then the alternative must be blind faith and conviction.

Every weakness and fault of fringe medicine can still be found today in mainstream medicine, though not to nearly the same extent as 100 years ago. Mainstream medicine has not been as honest as it should have been about its mistakes, disappointments and failures. Nor has it done enough randomized comparisons of the outcome of different treatment policies.[3] But its record in both cases is considerably better than that of fringe medicine.

Nevertheless, fraternization has its attractions. Mainstream medicine, though it firmly believes in 'curing sometimes, relieving often and comforting always',[4] cannot easily find time to cope with the increasing demand, not just for the essential information and the moral support that have always been such a vital part of the doctor's job, but for far more lengthy comforting and counselling. Perhaps fringe medicine can supply this need. There is also the increasing desire of many patients to be given a firm diagnostic label, even when there is little or no evidence to justify one, and also to be given an explanation of the cause of every illness, however speculative. This may be a new form of paternalism, replacing the benign old style paternalism that consumerism wants to eradicate. Finally, a surprising number of patients seem to be irresistibly drawn to remedies based on ancient beliefs and rituals, pseudoscience, or a mix of both.[5] However misguided, this desire must be acknowledged.

So should we fraternize, but only with selected groups? The problem is where to draw the line. It's not easy, but rather than avoiding the problem completely perhaps we should make some sort of judgement, paying particular attention to such undesirable features as claims to be able to cure almost anything, whatever its cause or nature, with the same treatment; the use of mystical, antirational language; the presence of an all embracing theory with little or no evidence to support it; or belief in the infallibility of the founder of a theory.

We need to be competent and compassionate carers, always sensitive to the real needs, hopes and fears of each and every patient. We also need to be rational and scientific and to concentrate on the many unsolved problems that still exist, following the dramatic improvement in the length and quality of our lives. If we are sometimes reluctant to fraternize with the fringe we must ask our fellow citizens to understand the reasons; reminding them that there is nothing to stop any effective remedy being incorporated into mainstream medicine,[6] and urging them not to undermine priorities by slipping back into fallacy and sorcery.

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