

Complementary medicine must prove its worth

Charles Marwick *Quebec*

Complementary and alternative therapies should be required to demonstrate their clinical effectiveness to the same standard as conventional medical treatments, says a new report from the US Institute of Medicine.

The report, which was prepared at the request of the National Institutes of Health and the Agency for Healthcare Research and Quality, assesses what is known about Americans' reliance on complementary and alternative medicine. It concludes that studies of the effectiveness and safety of such treatments are needed.

The report estimates that more than a third of American adults routinely use complementary and alternative medicine, spending in excess of \$27bn (£15bn; €21bn) a year. Forty two per cent of American adults report they have used at least one such therapy, but less than 40 per cent tell their doctors. In 1990 there were 425 million visits to providers of complementary and

alternative medicine, compared with 388 million to primary care doctors. In addition, doctors are increasingly incorporating such medicine into their practices, and medical, nursing, and pharmacy schools are teaching their students about the subject.

"Since 1990 the growth in the use of [complementary and alternative medicine] by the public has been dramatic," said Dr David Eisenberg of Harvard Medical School, Boston, who is a member of the Institute of Medicine's committee that drafted the report. Between 1990 and 1997 the use of herbal products increased by 380%.

But the use of complementary and alternative therapies should depend on whether they are safe and effective, and this mandates their evaluation. This is "easier said than done," the report acknowledges. Many of the characteristics of such treatments make it difficult or impossible to conduct randomised controlled trials. Practitioners have variable approaches; there are customised treatments, treatment combinations, and outcomes that are difficult to measure. Although these characteristics are not unique to complementary and alternative medicine, they occur more often in these therapies than in conventional treatments, says the report.

"Innovative methods of evaluation are needed," said Dr Stuart Bondurant of Georgetown University Medical Center, Washington, DC, who is the chairman of the committee that drafted the report. The report cites observational and cohort studies and case-control studies as possible ways to determine effectiveness.

The report recommends a priority system to determine which therapies to evaluate. It would include a plausible mechanism for the intervention, the high prevalence of a condition, and significant potential benefit.

It also suggests that the law regulating dietary and herbal

supplements needs to be revised to strengthen quality control and labelling accuracy and to deal with inaccurate and misleading health claims. "Reliable and standardised products are needed if studies to determine safety and efficacy of dietary supplements are to be conducted," said Dr Bondurant.

Congress passed legislation to control these products in 1994, but final regulations implementing it have not yet been published. □

The report, *Complementary and Alternative Medicine in the United States*, is available at www.nap.edu



An acupuncturist applies needles to a patient's ear. Acupuncture and other non-conventional treatments should be properly evaluated, says a new US report

Delays in implementing e-booking threaten patient choice agenda

Kathryn Godfrey *London*

The roll-out of "e-booking," the system that allows GPs to book hospital appointments for patients online in the surgery, has been slower than planned and threatens to thwart government targets for patient choice, says a report published this week.

By the end of December 2004, just 63 hospital appointments had been made online, far short of the 205 000 target that the Department of Health had hoped to achieve, says the report from the National Audit Office. In addition, just seven hospitals—out of the target of 22—had fully implemented their information technology systems.

The Department of Health needs to manage "significant risk" if it is to achieve its agenda on patient choice, says the

report. In particular, the current lack of GP support for the initiative needs to be tackled.

Targets set out in a 2002 public service agreement (the "choose and book" component of the NHS's information technology strategy) state that all patients being referred by a GP for non-emergency treatment should be offered a choice of hospital from a selection of four or five healthcare providers (including the private sector) by the end of 2005. Altogether this would mean making 9.4 million hospital appointments online each year.

But by the end of 2005 e-booking will be available only to 60-70% of hospitals and GPs, says the report. To make sure that the NHS can deliver patient

choice, without e-booking where necessary, the Department of Health needs to make interim arrangements, it adds.

Lack of GP support and knowledge of the initiative were also major concerns of the report.

Chris Shapcott, director of health value for money studies at the audit office, said: "Lack of GP support is potentially the most serious risk affecting the implementation of patient choice."

A survey conducted by the audit office of 1500 GPs found that 49% said they knew "very little" about how patient choice will be delivered. Only 3% were "very positive" about choice, with 61% saying they were "very negative" or "a little negative."

GPs were concerned about the impact of choice on their workload. More than eight out of 10 GPs questioned said they believed they would have to work differently, and nine out of 10 believed that patient choice would increase their overall workload. And 45% of GPs thought that

increased patient choice would increase health inequalities for disadvantaged groups.

Sir John Bourn, head of the audit office, said: "The [Department of Health] must take urgent and effective action to inform and engage with GPs about the new arrangements."

"GPs' support may be hard to secure, and indeed choice will be hard to deliver successfully by the end of 2005 if the electronic booking system is not largely up and running by then."

The report also found a lack of readiness among primary care trusts. Just under a third (29%) are not planning to deliver the choice target of December 2005, with two thirds not yet having commissioned the required number of providers.

The Department of Health is planning a campaign to inform and engage GPs about patient choice through 2005. □

Patient Choice at the Point of GP Referral can be seen at www.nao.org.uk