BRITISH HOMEOPATHIC ASSOCIATION

INCORPORATING THE HOMEOPATHIC TRUST

1–3 March 2010

In a 6-part series, the BHA provided these detailed comments on the recommendations of the Science & Technology Committee's "Evidence Check 2: Homeopathy" issued on 22 February 2010.

Part 1: The policy on NHS funding and provision of homeopathy (Recommendation 1)

1. We recommend that the Government determine the total amount of money spent by the NHS on homeopathy annually over the past 10 years, differentiating homeopathic products, patient referrals and maintenance and refurbishment of homeopathic hospitals, and publish the figures. (Paragraph 15)

Response:
The total spending is of little relevance without an indication of the benefits. We would welcome an analysis of the costs and benefits of the work of the NHS homeopathic hospitals and of GPs who integrate homeopathy in practice. It is important to note, as the Science and Technology Committee has failed to do, that the NHS homeopathic hospitals offer more than homeopathy.

The largest of these hospitals, the **Royal London Homoeopathic Hospital** (RLHH) offers a range of complementary therapies, integrated with other services of its parent Trust, University College London Hospitals NHS Foundation Trust; these include integrated pain, cancer, antenatal and children's services. It has introduced a number of innovative services to the NHS, including the NHS's first acupuncture service (1977) and first musculoskeletal service (1995); both these therapies have recently been endorsed in NICE Guidelines for the treatment of chronic low back pain. The RLHH provides the website for NICE's *NHS Evidence – Complementary and Alternative Medicine*.

The **Glasgow Homoeopathic Hospital** is The Centre for Integrative Care, and combines orthodox medicine with a range of complementary medicine. Critically, its approach is built on an integrative model of person-centred therapeutic enablement and an emphasis on skilling people in self-management of long-term conditions (such as patients with chronic fatigue syndrome, for whom its service covers the whole of Greater Glasgow and Clyde NHS). The centre's models of care have helped inform Scottish Government policy on Long Term Conditions management, and reflect the aims of the Scottish NHS Quality Strategy. The centre has developed research in this area, for example being the point of origin of the CARE measure of consultation quality that is now being extensively adopted, with Government backing, for professional development and quality monitoring in the UK and internationally.

As part of Liverpool PCT, the **Liverpool Department of Homeopathic Medicine** offers complementary cancer therapy using Iscador – a mistletoe-based anthroposophical medicine – and homeopathic medicine. It also offers some herbal remedies given in mother-tincture form. The Department is currently in negotiation with a local oncology hospital to establish a complementary cancer clinic where Iscador and homeopathic medicine can be given alongside chemotherapy.

University Hospitals Bristol NHS Foundation Trust provides homeopathy at **Bristol Homeopathic Hospital** for patients who require it alongside all appropriate conventional care. The service is commissioned from the Trust by various PCTs in the region and is provided within a safe, regulated environment under the guidance and governance of the NHS. The Cancer Care Service offers an important regional service with referrals direct from oncologists and specialist nurses. The hospital provides care of up to 1,000 new patients and 3,000 review patients, managed by a team of ten doctors, at an estimated running cost of £500,000 per year. It is at present carrying out a clinical trial to evaluate comparative costs to the NHS of a cohort of homeopathic users versus non-users; the study is due to report in autumn 2011.

Part 2: Expectations of the evidence base (Recommendations 2-6)

2. We consider that conclusions about the evidence on the efficacy of homeopathy should be derived from well designed and rigorous randomised controlled trials (RCTs). (Paragraph 20)

Response:
We agree there is a need for high-quality placebo-controlled RCTs that examine the efficacy of given homeopathic medicines in the treatment of given medical diagnoses. As was made clear in BHA statements to the Science and Technology Committee, there have been 87 RCTs that studied the efficacy of a given homeopathic medicine: 37 of them reported positive findings (see also the BHA's supplementary memorandum, Ev 53–59 of printed report). Of 50 other RCTs of this nature, 2 were negative and 48 were inconclusive. It seems to have escaped the Committee's consideration that these particular RCTs were designed in essentially the same way as pharmaceutical drug trials, which eliminates the impact of any homeopathic consultation effect. Their quality is generally superior to equivalent studies in conventional medicine.

It is not clear what the report means by "efficacy of homeopathy". Given the use of the word "efficacy", we assume it is referring to findings from placebo-controlled trials of individualised homeopathy, which is a sub-set of RCTs that was not specifically addressed in the parliamentary hearing or in written submissions. There are in fact 33 such RCTs: 15 were positive, one was negative, and the remainder were inconclusive. In each of those RCTs, the "drug" being examined was not a single medicine. The "drug" intervention was any and all of the individually and carefully prescribed homeopathic medicines taken by the test group of particular patients, compared with a placebo group whose individualised prescriptions per patient were potentially very different from those of the test group.

Homeopathy is a whole system of medicine tailored to each individual patient, not a particular pharmaceutical "drug" and, as such, its clinical effectiveness (as distinct from efficacy) needs to be studied "in the real world", where comparison can be made with patients randomised to something other than placebo. As tabulated in the BHA's submission to the enquiry (Ev 37–43 of printed report), 22 RCTs on clinical effectiveness have been published: 11 of them positive; 8 negative; 3 inconclusive. It is inexplicable that the report fails to

mention such studies, instead commenting on issues of "patient satisfaction" in non-controlled outcome studies.

Given the above, it is clear that the RCT evidence is neither definitively for nor against homeopathic medicine as a therapeutic modality in the diagnostic areas in which it has been researched to date. It is obvious that more research is required.

3. We expect the conclusions on the evidence for the efficacy of homeopathy to give particular weight to properly conducted meta-analyses and systematic reviews of RCTs. (Paragraph 25)

Response:
We agree the value of well-conducted reviews and meta-analyses. However, conclusions from comprehensive systematic reviews are severely limited by the heterogeneous range of medical conditions and of homeopathic modalities that have been the collective subject of scrutiny. It is more appropriate to focus on the findings of systematic reviews that are condition-specific and where the particular homeopathic intervention is precisely defined. These were summarised and highlighted in our written submission and in oral evidence.

4. We have set out the issue of efficacy and effectiveness at some length to illustrate that a non-efficacious medicine might, in some situations, be effective (patients feel better) because of the placebo effect. That is why we put more weight on evidence of efficacy than of effectiveness. (Paragraph 39)

Response:
As stated above (recommendation 2), the committee did not adequately take into account the meaning of "efficacy of homeopathy", nor did it enquire about the findings of the specific RCTs that may be associated with the concept.

5. We would expect the Government to have a proper understanding of the power and complexities of the placebo effect and the ethical issues surrounding its use in a clinical setting; otherwise it cannot hope to make good decisions relating to patients and public health. (Paragraph 40)

Response:
The committee has taken the rigid and incorrect view that homeopathy has been proven to be the same as placebo, without reflecting the balance of research evidence and without appreciating the fact that all homeopathically-trained doctors in the NHS prescribe homeopathic medicines based on considered judgment that such prescription will benefit the individual patient.

One important strand of evidence, which strongly suggests that homeopathy is not a placebo effect, but has real physiological effects, is that arising from in-vitro biological models. Systematic reviews of this evidence have been published and were referenced and summarised in Dr Peter Fisher's written submission, and mentioned in his oral evidence.

6. Our expectations of the evidence base relevant to government policies on the provision of homeopathy are straightforward. We would expect the Government to have a view on the efficacy of homeopathy so as to inform its policy on the NHS funding and provision of homeopathy. Such a view should be based on the best available evidence, that is, rigorous randomised controlled trials and meta-analyses and systematic reviews of RCTs. If the effects of homeopathy can be primarily attributed to the placebo effect, we would expect the Government to have a view on the ethics of prescribing placebos. (Paragraph 47)

Response:
We refute the committee's premise that the research evidence clearly indicates that the effects of homeopathy can be primarily attributed to the placebo effect. Evidence from RCTs, biological research models, and systematic reviews and meta-analyses of such research do not support such a view.

Part 3: The evidence check: NHS funding and provision (Recommendations 7-17)

7. We conclude that the principle of like-cures-like is theoretically weak. It fails to provide a credible physiological mode of action for homeopathic products. We note that this is the settled view of medical science. (Paragraph 54)

Response:
This is not the "settled view of medical science"; the assertion ignores the phenomena of hormesis, rebound effects, paradoxical pharmacology, etc., which are the subjects of a substantial body of research literature. This literature provides insight into potential modes of action. It was referenced and briefly summarised in Dr Peter Fisher's written submission, but is largely ignored by this report.

8. We consider the notion that ultra-dilutions can maintain an imprint of substances previously dissolved in them to be scientifically implausible. (Paragraph 61)

Response:
There is a growing and convergent body of scientific evidence, from methods including low temperature thermoluminescence, that the homeopathic method of preparation may induce long-lasting structural changes in water. This evidence was included in Dr Fisher's submission, but is not mentioned in the report. The Committee is entitled to its opinion, but it should not ignore the evidence that challenges it. In any event, a number of homeopathic medicines are diluted to a much lesser extreme, where molecules of the active ingredient undoubtedly remain in solution.

9. Research funding is limited and highly competitive. The Government should continue its policy of funding the highest quality applications for important scientific research determined on the basis of peer review. (Paragraph 63)

Response:
We agree, and in this we urge the inclusion of research in homeopathy. The committee should respect the conclusions of the GO-Science Review of the Department of Health (2008), Annex 1, para 3.16:

"Flagship trials [in homeopathy] should be run in the most promising areas, chosen on plausibility, and patient demand. These should be well planned, including pre-defined agreement on what constitutes a minimally important clinical effect, and adequate resource, so that the results were clear-cut. […] The Health Technology Assessment Programme provided a framework that should be as applicable to research on homeopathy as to any other therapy."

10. We recommend that the Government Chief Scientific Adviser and Professor Harper, Chief Scientist at the DH, get together to see if they can reach an agreed position on the question of whether there is any merit in research funding being directed towards the claimed modes of action of homeopathy. (Paragraph 64)

Response:
We would welcome funding support to reproduce experiments investigating the possible modes of action of homeopathy.

11. In our view, the systematic reviews and meta-analyses conclusively demonstrate that homeopathic products perform no better than placebos. (Paragraph 70)

Response:
The BHA does not share the committee's conclusions from systematic reviews and meta-analyses. Comprehensive systematic reviews overall are not conclusive either way; the majority have reached the conclusion, qualified by a number of caveats, that homeopathy differs from placebo.

Most importantly, the committee has failed to take into account the 17 systematic reviews that focused on specific medical conditions. As stated in the BHA's submission (Ev 37), "Five reviews concluded there was positive evidence for homeopathy (childhood diarrhoea; post-operative ileus; seasonal allergic rhinitis; vertigo); three concluded there was little or no evidence (attention-deficit hyperactivity disorder; delayed-onset muscle soreness; headache and migraine prevention); nine did not offer a clear conclusion either way (anxiety; chronic asthma; dementia; depression; headache and migraine treatment; HIV/AIDS; induction of labour; influenza; osteoarthritis)."

As Dr Robert Mathie, the BHA's Research Development Adviser, pointed out to the Committee during its hearing on 25 November 2009, the interpretation of the findings of systematic reviews in areas of research that possess small and heterogeneous data sets (such as complementary medicine) varies considerably according to the perspective of the individual reader (Ev 47). There is no good reason to accept, as final authority, the views of one opinion leader in homeopathy research such as Professor Ernst over those of his peers, such as Dr Mathie or Dr Peter Fisher.

12. We recommend that the Government Chief Scientific Adviser and Professor Harper get together to see if they can reach an agreed position on the question of whether there is any good evidence for the efficacy of homeopathy and whether there is a genuine scientific controversy over the efficacy of homeopathy and publish this. (Paragraph 72)

Response:
This is a helpful recommendation. However, it is very obvious that opinion leaders differ markedly in their interpretation of the research evidence in homeopathy (see under Recommendation 11 above). The committee has reflected almost exclusively the negative perspective. Nevertheless, the List of Written Evidence (Ev 1–216 of the report) accounts overall for a more balanced, though still contentious, set of observations and facts. We therefore recommend that a suitable third-party expert in systematic review – and who has a declared neutral stance as regards homeopathy – be invited to take part in the suggested discussion between the Government Chief Scientific Adviser and Professor Harper.

13. We regret that advocates of homeopathy, including in their submissions to our inquiry, choose to rely on, and promulgate, selective approaches to the treatment of the evidence base as this risks confusing or misleading the public, the media and policy-makers. (Paragraph 73)

Response:
The BHA most strongly refutes the allegation that its submission was one of any that offered a selective account of the research evidence in homeopathy. We have already published a detailed rebuttal of the Committee's unfounded criticisms. The BHA's submission is a well-

rounded, factual and balanced summary of the available evidence, and whose key focus is on condition-specific research, including the conclusions from the 17 systematic reviews cited under Recommendation 11 above. It is regrettable that the Committee chose to disregard this approach and the informative and constructive manner in which it was intended.

As noted above, the Committee's report unquestioningly accepts as absolute fact the evidence of those who deny the existence of any positive clinical research in homeopathy. We regret that those detractors of homeopathy, including in their submissions to the Committee's enquiry, have chosen to rely on, and promulgate, a selectively negative approach to the treatment of the research evidence base. The BHA does not claim there is currently unequivocal clinical research evidence in favour of homeopathy; the BHA's submission presented a balanced position citing positive, negative and inconclusive research. It is ironic and disturbing that the Committee's allegation is made in the context of a report that omitted to mention the 17 condition-specific systematic reviews or the replicated biological model experiments and systematic reviews of those experimental studies.

14. There has been enough testing of homeopathy and plenty of evidence showing that it is not efficacious. Competition for research funding is fierce and we cannot see how further research on the efficacy of homeopathy is justified in the face of competing priorities. (Paragraph 77)

Response:
There is considerable clinical research evidence in homeopathy that is positive (see above). As our submission made clear, there is also negative and non-conclusive evidence in different clinical diagnoses. And, in total, there are only 80 medical diagnoses in which RCTs of homeopathy have been carried out (BHA written submission; Ev 39). We repeat: the committee should respect the conclusions in the annex of the GO-Science Review of the Department of Health (2008), which commended new research in homeopathy within the context of the Health Technology Assessment Programme.

15. It is also unethical to enter patients into trials to answer questions that have been settled already. Given the different position on this important question between the Minister and his Chief Scientist, we recommend that the Government Chief Scientific Adviser, Professor John Beddington, investigate whether ministers are receiving effective advice and publish his own advice on this question. (Paragraph 78)

Response:
The BHA vigorously contests the notion that clinical research evidence in homeopathy is in any way "settled". On the contrary, we emphasise the need to extend the research to confirm or to refute the currently available evidence in specific medical conditions. Our submission to the committee also made this clear (Ev 39). We again highlight the 17 systematic reviews focusing on specific medical conditions, which were not mentioned in the report (see 11 and 13 above).

16. We do not doubt that homeopathy makes some patients feel better. However, patient satisfaction can occur through a placebo effect alone and therefore does not prove the efficacy of homeopathic interventions. (Paragraph 82)

Response:
The clinical outcome studies from the NHS homeopathic hospitals, for example, reflect much more than "patient satisfaction"; they illustrate patients' own reports of changes in their symptoms and well-being over the course of treatment. They are examples of patient-reported outcome measures (PROMs), which are being used as a matter of increasing

importance in the NHS more generally. None of the homeopathy outcomes studies makes any claims about being able to "prove the efficacy of homeopathic interventions".

It is the case that patients attending the homeopathic hospitals do also report a very high degree of satisfaction with the quality of care they experience. That a handful of decision-making MPs in a Westminster committee room deems itself better placed to judge the impact of treatment than the thousands of people who have experienced it first-hand is arrogance in the extreme.

17. We recommend that the Department of Health circulate NHS West Kent's review of the commissioning of homeopathy to those PCTs with homeopathic hospitals within their areas. It should recommend that they also conduct reviews as a matter of urgency, to determine whether spending money on homeopathy is cost effective in the context of competing priorities. (Paragraph 86)

Response:
We find it wholly unacceptable that a parliamentary committee whose remit is science and technology is commenting and making recommendations on local provision of health services. This recommendation comes without proper review of the evidence provided or, importantly, considering patients, provision of services in primary care and the impact on NHS resources.

In testimony, Dr James Thallon failed to provide detail of West Kent PCT's review of research evidence. In fact, the West Kent PCT review was similar to our own approach to the literature (though, in contrast to our review of the entire evidence base, it restricted the analysis to research published during the period 2000 to January 2007). West Kent PCT examined the research mainly from a condition-specific perspective and, far from endorsing removal of services, the summary conclusion was, "…research about homeopathy for ill health [compared with research in acupuncture for people with some types of chronic pain] is less clear. There are some positive trends, but there is insufficient evidence to recommend or refute claims of effectiveness or to describe cost-effectiveness."

Part 4: NICE evaluation and Homeopathy on the NHS (Recommendations 18-24)

18. We accept that NICE has a large queue of drugs to evaluate and that it may have greater priorities than evaluating homeopathy. However, we cannot understand why the lack of an evidence base for homeopathy might prevent NICE evaluating it but not prevent the NHS spending money on it. This position is not logical. (Paragraph 90)

Response:
NICE usually reviews the use of specific interventions for particular conditions or groups of conditions, or issues guidelines making treatment recommendations for conditions or groups of conditions. We are not aware that NICE has ever reviewed, for instance, antibiotics or a complementary therapy such as acupuncture, as a whole. It is not clear why the Committee feels it should single out homeopathy in this way. It would be more appropriate for NICE to make recommendations regarding the use of homeopathy – as it has, for instance, for acupuncture in the treatment of low back pain – in the context of condition-specific guidelines. An obvious starting point would be the specific conditions that have been the subject of systematic reviews and meta-analyses of homeopathy.

Homeopathy on the NHS

19. When doctors prescribe placebos, they risk damaging the trust that exists between them and their patients. (Paragraph 97)

    Response:
    This point is entirely speculative and without any foundation in evidence. Homeopathy has been in existence for 200 years and all available evidence suggests that patients generally have trust in homeopathic physicians, and that the doctor-patient relationship is excellent. As previously noted, the evidence does not support the unequivocal view that homeopathy is a placebo.

20. For patient choice to be real choice, patients must be adequately informed to understand the implications of treatments. For homeopathy this would certainly require an explanation that homeopathy is a placebo. When this is not done, patient choice is meaningless. When it is done, the effectiveness of the placebo—that is, homeopathy—may be diminished. We argue that the provision of homeopathy on the NHS, in effect, diminishes, not increases, informed patient choice. (Paragraph 101)

    Response:
    The evidence does not support the view that homeopathy is a placebo. It is perverse to claim that preventing patients from accessing homeopathy on the NHS in some way increases their choice.

21. We recommend that if personal health budgets proceed beyond the pilot stage the Government should not allow patients to buy non-evidence-based treatments such as homeopathy with public money. (Paragraph 104)

    Response:
    When allowed choice, significant numbers of patients opt for – often repeatedly – homeopathic treatment. Successive governments have extended and reinforced patient choice, and rightly so in our view.

22. When the NHS funds homeopathy, it endorses it. Since the NHS Constitution explicitly gives people the right to expect that decisions on the funding of drugs and treatments are made "following a proper consideration of the evidence", patients may reasonably form the view that homeopathy is an evidence-based treatment. (Paragraph 109)

    Response:
    We again refer to the evidence from systematic reviews, meta-analyses and original clinical trials in specific conditions and from research in biological models. This evidence, entirely ignored in the report, contains findings that do not support the view that homeopathy is a placebo.

23. The Government should stop allowing the funding of homeopathy on the NHS. (Paragraph 110)

    Response:
    See our response to Recommendation 24 below.

24. We conclude that placebos should not be routinely prescribed on the NHS. The funding of homeopathic hospitals—hospitals that specialise in the administration of placebos—should not continue, and NHS doctors should not refer patients to homeopaths. (Paragraph 111)

Response:
Considerable numbers of GPs and hospital consultants refer their patients to the NHS homeopathic hospitals because patients report benefit, an outcome also observed by their doctors. Moreover, in the UK there are around 400 doctors – members of the Faculty of Homeopathy – who integrate homeopathic prescribing in their daily practice. Homeopathy is safe, and evidence from the insured sector in the German and French healthcare systems shows that it increases cost-effectiveness in the management of common conditions.

Part 5: Product licensing and pharmacies (Recommendations 25-32)

25. We are concerned that homeopathic products were, and continued to be, exempted from the requirement for evidence of efficacy and have been allowed to continue holding Product Licences of Right. We recommend that no PLRs for homeopathic products are renewed beyond 2013. (Paragraph 121)

Response:
See our response to Recommendation 26 below.

26. We conclude that the MHRA should seek evidence of efficacy to the same standard for all the products examined for licensing which make medical claims and we recommend that the MHRA remove all references to homeopathic provings from its guidance other than to make it clear that they are not evidence of efficacy. (Paragraph 128)

Response:
Homeopathic medicines are safe, there is evidence of their effectiveness, and there is considerable public demand and traditional use. In these circumstances it would be oppressive for the state to take draconian measures to restrict their availability, which is what these recommendations imply. Such measures would in any case be ineffective; the main net effect would be to drive the market on to the Internet. Homeopathic medicines are widely available in the EU and it would be illegal to restrict Internet purchases of them in the UK.

27. We consider that the MHRA's consultation, which led to the introduction of the NRS, was flawed and we remain unconvinced that the NRS was designed with a public health rationale. (Paragraph 135)

Response:
The legislation was enacted by due process, including an extended consultation period.

28. We fail to see why the label test design should be acceptable to the MHRA given that, first, it considers that homeopathic products have no effect beyond placebo and, second, Arnica Montana 30C contains no active ingredient and there is no scientific evidence that it has been demonstrated to be efficacious. We conclude that the user-testing of the Arnica Montana 30C label was poorly designed with parts of the test actively misleading participants. In our view the MHRA's testing of the public's understanding of the labelling of homeopathic products is defective. (Paragraph 140)

Response:
It is factually incorrect to state there is "no scientific evidence" that Arnica montana, diluted beyond Avogadro's constant, has been demonstrated to be efficacious. The following RCTs have reported positive findings:

Tveiten D, et al (1998). Effects of the homoeopathic remedy Arnica D30 on marathon runners: a randomized, double-blind study during the 1995 Oslo Marathon. *Complementary Therapies in Medicine*, **6**: 71–74.

Robertson A, et al (2007). Homeopathic Arnica montana for post-tonsillectomy analgesia: a randomised placebo control trial. *Homeopathy*, **96**: 17–21.

Brinkhaus B, et al (2006). Homeopathic arnica therapy in patients receiving knee surgery: results of three randomised double-blind trials. *Complementary Therapies in Medicine*, **14**: 237–246.

29. If the MHRA is to continue to regulate the labelling of homeopathic products, which we do not support, we recommend that the tests are redesigned to ensure and demonstrate through user testing that participants clearly understand that the products contain no active ingredients and are unsupported by evidence of efficacy, and the labelling should not mention symptoms, unless the same standard of evidence of efficacy used to assess conventional medicines has been met. (Paragraph 141)

Response:
The legislation was introduced by due process, it conforms to EU law, and follows the practice in other EU countries.

30. We consider that the way to deal with the sale of homeopathic products is to remove any medical claim and any implied endorsement of efficacy by the MHRA—other than where its evidential standards used to assess conventional medicines have been met—and for the labelling to make it explicit that there is no scientific evidence that homeopathic products work beyond the placebo effect. (Paragraph 146)

Response:
See our response to Recommendation 32 below.

31. Although it goes wider than the scope of this Evidence Check inquiry we must put on record our concern about the length of time the RPSGB appears to be taking to investigate and reach conclusions on cases where it has been alleged that its guidelines on the sale of homeopathic products have been breached. We recommend that the Government enquires into whether the RPSGB, and from the 2010 handover, the General Pharmaceutical Council, is doing an adequate job in respect of the time taken to pursue complaints. (Paragraph 151)

Response:
This is a matter for the RPSGB.

32. It is unacceptable for the MHRA to license placebo products—in this case sugar pills—conferring upon them some of the status of medicines. Even if medical claims on labels are prohibited, the MHRA's licensing itself lends direct credibility to a product. Licensing paves the way for retail in pharmacies and consequently the patient's view of the credibility of homeopathy may be further enhanced. We conclude that it is time to break this chain and, as the licensing regimes operated by the MHRA fail the Evidence Check, the MHRA should withdraw its discrete licensing schemes for homeopathic products. (Paragraph 152)

Response:
Like much of this report, this recommendation hinges on the repeated assertion that homeopathy is a placebo. As we have shown, this view is not supported by scientific

evidence. The legal arrangements were enacted by due process in 2006 and are in line with EU law and practice in other EU states.

Part 6: Overall conclusions (Recommendation 33)

33. By providing homeopathy on the NHS and allowing MHRA licensing of products which subsequently appear on pharmacy shelves, the Government runs the risk of endorsing homeopathy as an efficacious system of medicine. To maintain patient trust, choice and safety, the Government should not endorse the use of placebo treatments, including homeopathy. Homeopathy should not be funded on the NHS and the MHRA should stop licensing homeopathic products. (Paragraph 157)

Response:
Homeopathy is more than a placebo and rightfully belongs in the NHS where patients can best benefit from doctors integrating it into healthcare.

This report and its conclusions represent a rush to judgment, reflecting the narrow and cursory nature of the review. It was systematic only in excluding facts that tend to support homeopathy: it omits or misrepresents any research evidence (including the BHA's), which challenges the view that patients' response to homeopathy is due to placebo. Its conclusions are unsustainable in the light of scientific evidence.

Large areas of evidence that were mentioned in written submissions and oral evidence are ignored, emphasising the biased nature of the review. Omissions include all systematic reviews and meta-analyses of randomised controlled trials of homeopathy for specific conditions and groups of conditions, and systematic reviews of biological models of homeopathic responses.

Even more disturbing is the dismissive manner in which the committee deals with the healthcare of patients and their response to homeopathic treatment. Patient-reported outcome measures (PROMs) are increasingly seen by the NHS as a critical component in assessing healthcare interventions. The NHS homeopathic hospitals have excellent PROMs results. In addition, the majority of patients presenting at the NHS homeopathic hospitals have serious and chronic conditions that often have not been helped through conventional methods. These patients are not – as the committee would like to purport – presenting minor complaints whose improvement is easily explained away by a "placebo response".

This narrow-minded and illiberal report is highly tendentious, consistently misrepresenting the scientific evidence to denigrate homeopathy, and making unfounded and pejorative allegations against those who advocate, practice or develop research in homeopathy. Repeatedly asserting that it is only placebo does not make that assertion true.

It would be ill advised for the government to accept the report's flawed recommendations. If adopted, they would deny patients the choice of treatment that is vital to their healthcare as individuals. Furthermore, the recommendations would crucially threaten important and necessary research development in homeopathy.

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