
ITEMS WHICH SHOULD NOT BE ROUTINELY BE PRESCRIBED IN PRIMARY CARE: A CONSULTATION ON GUIDANCE FOR CCGs

Response from Humanists UK, 20 October 2017

ABOUT HUMANISTS UK

At Humanists UK, we want a tolerant world where rational thinking and kindness prevail. We work to support lasting change for a better society, championing ideas for the one life we have. Our work helps people be happier and more fulfilled, and by bringing non-religious people together we help them develop their own views and an understanding of the world around them. Founded in 1896, we are trusted by over 65,000 members and supporters to promote humanism. Through our ceremonies, pastoral support, education services, and campaigning work, we advance free thinking and freedom of choice so everyone can live in a fair and equal society.

Our policies are informed by our members, who include eminent authorities in many fields, and by specialists and experts who share humanist values and concerns. These include world-leading scientists and the Humanist Philosophers, a group composed of academic philosophers whose purpose is to inform Humanists UK policy and to promote a critical, rational, and humanist approach to public and ethical issues.

OUR POSITION

Humanists UK has long campaigned against the state funding of homeopathy and other so-called 'alternative and complementary and alternative medicines' ('CAM'), as we believe that there is strong evidence that these treatments are no more efficacious than placebos, and thereby fail to demonstrate that they have a positive benefit to health. Earlier this year, we responded to a similar consultation by the Charity Commission where we argued that by failing to provide evidence that their treatments are efficacious in advancing health, organisations who promote 'CAM' remedies fall short of what is required for charitable status.¹

We welcome the recommendations of NHS England and NHS Clinical Commissioners to no longer issue new prescriptions for herbal treatments and homeopathy in primary care and to support medical staff in deprescribing those currently using these treatments, saving the NHS £100,009 and £92,412 respectively each year. We hope that this consultation will be the beginning of a process to fully end all spending on these treatments across the NHS (estimated to be between £3-5 million for homeopathy per year²), including relevant costs associated in running the Royal London Hospital for

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<https://humanism.org.uk/wp-content/uploads/BHA-response-to-Charity-Commission-Consultation-on-CAM-6.pdf>

² 'NHS Homeopathy Spending' *Good Thinking Society*

<http://goodthinkingsociety.org/projects/nhs-homeopathy-legal-challenge/nhs-homeopathy-spending/>

Integrated Medicine.

RESPONSE TO CONSULTATION QUESTIONS

In what capacity are you responding?

Voluntary organisation or charity.

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Have you read the document *Items which should not routinely be prescribed in primary care: A Consultation on guidance for CCGs?*

Yes.

Do you feel there are any groups, protected by the Equality Act 2010, likely to be disproportionately affected by this work?

We do not believe that these recommendations would disproportionately affect any group on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, sex, sexual orientation, or religion or belief.

Some individuals or organisations that use or promote homeopathy may erroneously claim that these recommendations would amount to indirect discrimination on the grounds of religion or belief. This argument is centered on the premise that this characteristic includes the protection of philosophical beliefs and belief in the therapeutic powers of homeopathic treatments falls into this category. Thereby, the removal of homeopathic prescriptions would disproportionately affect people who hold homeopathic philosophical beliefs.

However, (a) a belief in the efficacy of homeopathy and other 'CAM' treatments falls short of what is required to be considered a protected philosophical belief; and (b) even if it were so protected, this would not require the NHS to provide funds to support it.

As to (a), when considering the scope of belief, *Grainger V Nicholson* (an Employment Appeal Tribunal case) established that a philosophical belief must fulfil all of the following criteria to be protected:

1. be genuinely held;
2. be a belief and not an opinion or viewpoint based on the present state of information available;
3. be a belief as to a weighty and substantial aspect of human life and behaviour;
4. attain a certain level of cogency, seriousness, cohesion and importance; and
5. be worthy of respect in a democratic society and not incompatible with human dignity and or conflict with the fundamental rights of others.³

³ *Grainger plc and others v Nicholson* EAT/0219/09.

<http://www.xperthr.co.uk/editors-choice/granger-plc-and-others-v-nicholson-eat021909/97814/>

Although adherents to homeopathy and other 'CAM' treatments do genuinely contend, despite substantial evidence to the contrary, that these remedies promote health, it is hard to see how this position can fulfil criteria 3-5. It is not a belief about a weighty or substantial aspect of human life or behaviour. The Equality and Human Rights Commission cites 'man-made climate change [where the believer] feels that they have a duty to live their life in a way which limits their impact on the Earth' as an example of a weighty philosophical belief. This belief would affect their behaviour substantially in many areas of life from diet, to dress, choice of housing, and employment. Belief in homeopathy is not the equivalent of this. It informs the individual's view only of one aspect of their life - the medical - and even then not entirely. A person may believe a 'CAM' remedy can treat a certain condition, but have belief in conventional medicine for another. It does not substantially affect other areas of life, in fact for a healthy person a belief in 'CAM' remedies may not affect their life or behaviour at all.

Belief in 'CAM' fails similarly other tests for a protected belief, such as cogency and being worthy of respect. Furthermore, belief that the state (through the NHS) should provide homeopathic and herbal treatments may affect the rights of others. In total ending prescriptions for these two treatments would result in a saving of £192,421 per year. That is five times more than the cost of providing a patient with a drug to treat phenylketonuria: the denial of which on the grounds of cost the NHS recently faced a legal challenge.⁴ In an environment of budget constraints, such as the NHS, where funding for one treatment may mean that resources are not available another, a belief that these treatments be available (despite no evidence of clinical effectiveness) can result in another person being denied treatment. This would be an undesirable situation for the NHS, where decisions about medical resources and who can receive treatment could be made upon the basis of religious - or in this case philosophical - beliefs rather than upon medical need.

As to (b), even if a belief in the efficacious effects of homeopathy were to be considered a philosophical belief under the law, the NHS's proposal to end prescriptions would still be lawful as a proportionate means of achieving a legitimate aim. In this instance the legitimate aim would be to maximise the benefit from NHS spending and the proportionate means would be the redirection of spending away from dubious treatments. The joint working group has highlighted a need within the NHS to ensure that all treatments it funds are clinically effective and safe to use. The first of these cannot be reasonably argued of homeopathic treatments and the second may be in question for some herbal remedies (see below). Therefore, recommending the end to all such prescriptions, although (some may argue) disadvantaging a specific group, is a proportionate means of pursuing a legitimate aim. This recommendation is therefore lawful under the Equality Act.

Thinking about the process for future update and review of the guidance: How do you feel about the proposed process for identification of items for possible addition to the guidance or indeed possible removal, from the guidance?

Humanists UK is pleased that the clinical working group has included efficacy and safety concerns in its criteria for review. When it comes to determining both value for taxpayers and standards of clinical care, it is critical for the NHS to ensure that its treatments are actually and measurably improving health outcomes.

⁴ 'NHS agrees to fund 'life-changing' drug for seven-year-old' *BBC News* 29 September 2017 <http://www.bbc.co.uk/news/health-41443330>

Please select which items you would like to share your views on (please select)?

Item 4.7 Homeopathy

Item 4.6 Herbal Treatments

Homeopathy:

Do you agree with the proposed recommendations for homeopathy?

Agree. We welcome the recommendation to CCGs to both cease new primary care homeopathic prescriptions and to deprescribe patients already receiving such treatments.

This recommendation will bring CCG guidance in line with the House of Commons Science and Technology Select Committee's 2010 report, which laid out a clear framework for assessing the beneficial impact of homeopathy.⁵ The report concluded that all considerations of the 'efficacy of homeopathy should be derived from well designed and rigorous randomised controlled trials (RCT).' The overwhelming result of RCTs into the efficacy of treatments has suggested that there is no health benefit from most such medications. For example in 2002, a review of RCTs into homeopathy concluded that 'collectively they failed to provide strong evidence in favour [of health benefits]' and no evidence of an effect greater than that of a placebo.⁶ Without such evidence it is hard to see how such treatments can be said to be promoting health.

While there can be a place for ethical placebos in medicine, a further problem with homeopathy is that it is not an ethical placebo. Many High Street homeopaths are happy to prescribe it where an effective alternative is badly needed. For example, a 2006 investigation by Simon Singh, Sense about Science, the London School of Hygiene and Tropical Medicine, and Newsnight saw an undercover researcher visiting ten homeopathic practices, posing as someone about to visit sub-Saharan Africa and asking for something to prevent them from catching malaria and other dangerous diseases. All ten recommended homeopathy for this purpose and none of them suggested taking conventional, efficacious medicine as well.⁷ A 2011 follow up investigation found that the same problems still exist, in spite of the negative exposure five years before. This is seriously dangerous and far from isolated examples. When these issues were brought to the attention of the Society of Homeopaths, instead of acting to prevent them, the Society threatened to sue the blogger that did it.⁸ In sum, homeopathy is not an ethical placebo. Prescribing it on the NHS adds credence to those who would prescribe it as an 'alternative medicine' for conditions such as malaria.

It is also worth noting that only a handful of CCGs have failed to implement the House of Commons Science and Technology Select Committee's recommendation and continue fund homeopathic treatments. NHS Wirral and NHS Liverpool recently ceased to support

⁵ House of Commons Science and Technology Committee, Evidence Check 2: Homeopathy: Fourth Report of Session 2009–10:

<https://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/45.pdf>

⁶ E Ernst, 'A systematic review of systematic reviews of homeopathy', *British Journal of Clinical Pharmacology*, 2002 Dec: 54 (6), p577-82: <https://www.ncbi.nlm.nih.gov/pubmed/12492603>

⁷ Sense About Science page on Malaria and homeopathy:

<http://archive.senseaboutscience.org/pages/malaria-and-homeopathy.html>

⁸ Ben Goldacre, 'A corporate conspiracy to silence alternative medicine?', *The Guardian*, 20 October 2007: <http://www.badscience.net/2007/10/how-dare-you-criticise-their-ideas/>

these remedies after the legality of their decision to continue funding was challenged.⁹ In England, funding is currently only available in certain London-based CCGs; and in Bristol, North Somerset, and South Gloucestershire, who are currently jointly consulting on ending this practice. Under these twin considerations – the legality of homeopathy funding being questionable and a general trend across England to remove prescriptions for these remedies – it would be highly appropriate for NHS England to make this recommendation part of its formal guidance. This approach would provide much-needed clarity to CCGs who currently have taken a piecemeal and inconsistent approach to homeopathic treatments.

Herbal Treatments:

Do you agree with the proposed recommendations for herbal treatments?

Agree

Humanists UK also agrees with the recommendation to CCGs to both cease new primary care herbal treatment prescriptions and to de-prescribe patients already receiving such treatments. We oppose the state funding of herbal treatments unless, exceptionally, there is strong evidence that they are clinically effective. It is particularly concerning that there is no requirement to prove scientifically that a herbal product works in order for it to be registered as a marketable product. All that is required for registration is recognition of ‘longstanding use of the product as a traditional medicine.’ General acceptance, subjective testimony or claims made on the basis of patient satisfaction are insufficient to establish that these treatments will offer the public at large any health benefits or whether the treatment is safe to use.

In its submission to the House of Commons Science and Technology Committee report on homoeopathy, the Academy of Medical Sciences stated of ‘CAM’ (including herbal treatments) in general:

‘It needs to be emphasised that patient satisfaction is not in itself a sufficient estimate of clinical benefit. While it is very important that patients be satisfied with the efforts made on their behalf, it is at least equally important that they should obtain objective benefit. The two do not always go together. For example, patients with peripheral vascular disease, if they go to a practitioner who allows them to continue smoking will show a high patient satisfaction although their outcome will be poor. In contrast, if they are made to stop smoking they are likely to be dissatisfied but their outcome will be much better.’¹⁰

It is possible that patients may experience positive changes in their health whilst using a herbal treatment, and this may lead to a general recognition of some positive outcomes. However, such experiences are highly subjective and cannot be used to establish causation. In the view of the medical profession these health benefits are typically unreliable and likely to be small and short-lived.

There is a widespread misconception that herbal medicines, being ‘natural’, are safe to use. It is thought that seven percent of cancer patients in general report taking some

⁹ Good Thinking Society, ‘NHS Homeopathic Spending’:

<http://goodthinkingsociety.org/projects/nhshomeopathy-legal-challenge/nhs-homeopathy-spending/>

¹⁰ *Evidence Check 2: Homeopathy:” Fourth Report of Session 2009–10*, p13.

form of herbal remedy.¹¹ However, these treatments can have a harmful effect on health or interfere with the efficacy of conventional treatments. For example, the treatment black cohosh which is taken by women recovering from breast cancer has been associated with serious liver problems.¹² The herbs 'Dong Quai and ginseng have been shown to stimulate cell growth in a human breast tissue cancer line' and 'St John's Wort can speed up the time that the body takes to get rid of the anti-cancer treatment, Imatinib by 44%.¹³ Clearly, general acceptance or longstanding use of a treatment is not sufficient to ensure that herbal treatments are safe for patients to use. As such not only should they not be routinely prescribed in primary care, but greater education and regulation is needed to protect patients accessing herbal treatments over the counter and in private medical settings.

Please provide your views and/or any relevant evidence that we should consider when developing proposals to potentially restrict items that are available over the counter.

Many homeopathic and herbal treatments are available to patients over the counter in pharmacies. We believe that pharmacists and other organisations who sell or promote 'CAM' products should have a duty to make clear that there is no scientific or clinical evidence base to support their efficacy.

Do you agree with our proposed criteria to assess items for potential restriction?

As above, Humanists UK agrees with the proposed criteria for restriction.

Are there individual products, which are either clinically ineffective or available over the counter which you believe should be prioritised for early review? Please give detailed reasons for your response.

No comment.

For more details, information and evidence, contact Humanists UK:

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¹¹ Christine Gratus, Sue Wilson, Sheila M Greenfield et al. 'The use of herbal medicines by people with cancer: a qualitative study' BMC Complementary and Alternative Medicine
<https://bmccomplementalternmed.biomedcentral.com/articles/10.1186/1472-6882-9-14>

¹² Ibid

¹³ Ibid