Some Thoughts on the British Medical Association Report

A paper given at the Autumn 1986 BMAS meeting with the Intractable Pain Society.

The much heralded BMA report on alternative therapies came out earlier this year. At £18 for 160 odd pages, I do not suppose very many people have actually read it. Instead, most of you will have had all your information about it from the single page of general comments that was published in the BMJ, and the press and television coverage that gave the 'Shock-Horror' story of how 'BMA condemns alternative medicine'.

Complete nonsense of course — most of the press reports came out a fortnight before the report was even published. So they were based on very selected bits of information and quotations from the report, often rather out of context. In fact their favourite quote seems to have been that the BMA considered alternative therapies to be 'Primitive beliefs and outmoded practices almost all purposeless and without a sound base'.

A damming indictment if this were true. The quote, however, is taken from a section in which the deficiencies of conventional medicine are discussed. In particular the impersonalisation of scientific and laboratory tests, and the lack of NHS time available for counselling and sympathetic support. The report says that if these deficiencies are ignored, then there may be a revision to primitive beliefs and outmoded practices. Not at all how it came out on TV.

BMA Incompetence Intentional?

In fact, as usual in their relationships with the media, the BMA mishandled the release of this report with an incompetence so disastrous as to appear almost intentional. The information that had been painstakingly collected over two years does not seem to have been presented to the press, who reported only a few misinterpreted generalisations that made the BMA working party appear to be either fools or people who had deliberately covered up the evidence they had received, in order to maintain the supremacy of the doctor.

It was really dreadfully frustrating to have to try and discuss a scientific report without having read it, on the basis of selected quotes from the lay press. Needless to say once the report was available and it was possible to correct the misunderstandings and misreportings, the press had lost interest since it was no longer news!

What the working party had set out to do was to collect the clinical evidence and scientific background for each of the alternative therapies and assess their value.

Evidence was offered by the practitioners of over 100 different therapies. Unfortunately, in the main, the evidence given was hearsay or anecdotal without even the semblance of clinical trials or properly constructed case reports, and the therapists could offer no explanation for the action of their therapy that was remotely acceptable in scientific terms.

So the working party had no option but to declare their case unproved, and to cast severe doubt on their clinical value. They accepted the claims that apparent cures and significant clinical improvement certainly did occur with many of these therapies. However they felt that these were likely to be due to the large amount of therapist's time, interest and enthusiasm devoted to each patient, rather than to the treatment itself, confirming what the good GP knows — doctor time is the best medicine.

Clinical trials win acceptance

The working party were able to consider in depth those alternative therapies that offered these all important clinical trials and could show some scientific basis. They were thus able to give a qualified approval to hypnotherapy, osteopathy and acupuncture.

They pointed out that a lot of therapies, even the ones that clearly had a scientific basis, were related to some alternative method of diagnosis, often resulting in a range of clinically incomprehensible diagnoses. They could find no evidence that this type of diagnosis had any useful basis and they thus completely rejected the idea of alternative diagnoses as opposed to alternative therapies.

As far as acupuncture is concerned, the working party had been so impressed by the evidence given them by Dr Peter Chin, a member of our society, that the commissioned him to write a review of the current practice of acupuncture and its scientifically based literature. They accepted this, and published it in full as an appendix to the report. It is a scholarly and factually accurate review (although please note: the dynorphins, far from being a precursor of β-endorphin, are derived from a completely different precursor themselves). Well worth reading, particularly for its presentation of the research work done that provides the scientific understanding of acupuncture.

Complications of acupuncture

There are two other sections in his review that are of importance to us. The first is on complications and adverse reactions. Perhaps this section was given too great a prominence considering the rarity of complications, however the author may well have felt that it was important to make it clear that acupuncture does have complications and that these are more likely in the hands of untrained practitioners.

He reports that 5% of patients get side effects of drowsiness, malaise,
sleep disturbance, postural hypotension or ataxia. Exacerbation of symptoms also occurs — particularly of migraine, asthma, arthritis and neuralgia.

The true complications fell mainly into three categories and should all be avoidable by the medically trained. First are the anatomical howlers of putting needles into heart, lungs, and other major organs. Second are needle breakages, often deliberate in the hands of non-medical acupuncturists, particularly those with a Japanese background. Third are infections, generally due to using unsterile needles.

He reports an outbreak of infectious hepatitis in Birmingham due to the activities of a non-medical acupuncturist who didn’t know about sterilisation.

Unfortunately he then theorises that AIDS could be transmitted by inadequate sterilisation of needles. Now of course this is quite true, although unlikely, since the AIDS virus is so labile. However, the magic word ‘AIDS’ jumped straight out at the media news hounds, and now the first consultation with a new patient is inevitably devoted to a discussion of AIDS and needle sterilisation. Indeed for a few months following publication of the report a number of us noted a marked fall off in new consultations for acupuncture. Fortunately the public memory is short and most people have already forgotten the problem.

Acupuncture Anaesthesia

The second section of importance is that headed ‘clinical applications’. Half of this section is devoted to a discussion of acupuncture anaesthesia. He says that when it works it can be very effective, although there is evidence that anaesthesia reaches an acceptable level in only 30% of cases and there is a high degree of pre-operative selection, so that current usage in China seems to be only 2% of all operations, with a bias towards head and neck procedures. Also, many patients require a heavy premedication or intravenous narcotics.

The remainder of this section is about current general usage. He finds that although acupuncture is frequently recommended for problems as diverse as appendicitis and deafness, there are no clinical trials that support its use in anything other than painful conditions.

Unfortunately the only figures that he actually quotes for pain relief work are in the following paragraph: “The consensus is that between 10% and 15% of patients presenting to chronic pain clinics who have been through the mill of conventional therapy, claim to have subjective relief from their pain.”

The press get it wrong again

The press of course were delighted with this: “BMA says acupuncture works for less than 15% of patients.” Typically the media men ignored the qualifying clause that these patients had, “Been through the mill of conventional therapy.” In other words, they had not been helped by any other method. Now, those involved in pain clinic work will agree that this group of patients have a poor chance of responding to any other form of treatment, so even a 15% success rate is very acceptable, particularly for a non-invasive technique.

Anyway, this percentage is hardly a consensus since of the two papers he quotes in support, one actually claims a success rate of 70%, admittedly with a follow up of only two or three months.

He also quotes nine clinical trial papers to support acupuncture’s use in various painful conditions. Of the papers that expressed a percentage success rate, the ‘Consensus’ was a 68% significant improvement. It is a pity that this wasn’t the figure that he quoted in the report rather than the 15% that stood out so obviously for the press.

Finally he mentions the difficulties of designing clinical trials in acupuncture, and quotes the work by Alex Macdonald and George Lewith which gave pointers on what pitfalls to avoid and how to provide a suitable placebo.

Muddled statistician

Unfortunately the chap who was commissioned by the working party to write the section on methods of assessment of alternative therapies had clearly not read their excellent guidelines. Hedevotes a couple of pages to recommending acupuncture trials that make common mistakes and are likely to give misleading results. First, he discusses a cross over design where patients receive acupuncture and steroid injection in sequence. Of course, the long term or late onset effects of acupuncture could well influence the results of the second treatment in the sequence.

Secondly, he suggests a within patient comparison of acupuncture to one knee and steroid injection to the other. As we know, treatment to one side of the body is frequently effective in settling pain on the other side, so that trial wouldn’t be much use either.

None the less, despite criticisms, it was on the whole a sensible and useful report as far as acupuncture is concerned — marred only by the gross incompetence of its presentation to the public.

Clinical Applications

Male members had problem of premature ejaculation.

All female partners among this group have some form of anxiety and at times suffered with tension and mild depression.

Among the 13 couples six have primary infertility whilst five couples have one child and wanted more children. Two of these did conceive once but suffered miscarriage or termination.

The five male patients were given acupuncture on a weekly basis to improve their sperm count and the other five patients given treatment for anxiety and premature ejaculation, but their sperm count was normal.

Almost all were interviewed first, their anxiety was assessed on Hamilton’s Rating Scale and a full physical examination was conducted and full haemoglobin, biochemistry profiles assessed. The first sperm count taken after two weeks of abstinence of intercourse.

Weekly acupuncture sessions were given to ten male members. The five only given for anxiety, whilst the other five were given to raise the sperm count. Total number of sessions given were 12. The sperm count is repeated every six weeks and 12 weeks. The week prior to the sperm count patients were advised not to perform intercourse.

The acupuncture points selected were:

For Anxiety & Psychological Condition:

Large Intestine 4
Liver 9, spleen 6, 9
Stomach 36
Urinary Bladder 39

For increasing the sperm count and infertility:

Conception Vessel 6, 15
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