

# Let's build a door!

by Karin Mont



Karin Mont,  
MARH, ARH Chair

2018 has proved to be a difficult year for UK homeopathy, but there have also been some very encouraging developments, which I will explore later. We had hoped for a positive outcome from the legal challenge mounted by the British Homeopathic Association (BHA) against NHS England (NHSE) last May. If you recall, the BHA attempted to have NHSE's decision to decommission the prescription of homeopathic medicines on the NHS overturned via a Judicial Review. Regrettably, this challenge was unsuccessful, which provided our detractors with a new opportunity to pronounce homeopathy as nothing more than placebo, a claim (which the detractors implied) had been substantiated in the High Court by a Judge. This was of course nonsense. In reality, the ruling had nothing to do with the effectiveness (or otherwise) of homeopathy. It was based very specifically on points of law. The Judge had to decide whether (or not) NHSE had broken the law in the manner in which it prepared for and presented its case to decommission homeopathic medicines from NHS prescribing. After four days of forensic analysis of the evidence with which he was presented, the Judge decided that NHSE had not broken the law. This meant that NHSE was free to implement its proposal to decommission homeopathic medicines from normal NHS provision, though doctors can still prescribe them under special circumstances.

The Judge's verdict was certainly disappointing but, given the complexities of our legal system, it was not a complete surprise. However, NHSE's singular determination to exclude homeopathy from NHS provision is another matter, and one which seems totally illogical. NHSE is the public body responsible for managing our national healthcare policy, yet they chose to ignore or discount the positive experience of numerous patients who use homeopathy.

**It is as though ignorance, prejudice, or the protection of vested interests have taken precedent over what works for patients.** If patients benefit from homeopathy, a system of medicine which is cost-efficient to deliver, then why reject it? However, taking the patient experience into account assumes a genuine commitment to delivering patient-centred healthcare, where the enhancement of health and wellbeing is a priority, and going to war with disease is an option of last resort. Perhaps, from the perspective of our profession, being excluded from our ailing NHS is a blessing in disguise because it forces us to look at new and innovative ways in which to take homeopathy to patients in a meaningful way.

2018 was also a year in which some of our most important torch-bearers for homeopathy died. They

include: Robert 'Braveheart' Davidson, the man whose clear, and sometimes unconventional, vision for homeopathy resulted in the founding of the Society of Homeopaths, and the establishment of the first teaching college for non-medically qualified homeopaths; Jerome Whitney, an understated giant of our profession, whose breadth and depth of knowledge was an inspiration to all of us fortunate enough to work with him; and Dr Peter Fisher, President of the Faculty of Homeopathy, director of research at the Royal London Hospital for Integrated Medicine, and physician to the Queen, who was tragically killed in a cycling accident. Peter was a powerful and convincing spokesperson for both homeopathy and an integrated approach to healthcare, so it is no exaggeration to say that his untimely death has left us in a state of shock. But we owe it to Peter, Jerome, Robert and other colleagues who sadly passed away last year, to pick up the pieces and take homeopathy forward. Thankfully, 2018 has also provided us with some positive events which, if used creatively, will help us to take homeopathy closer to becoming an integral part of future healthcare.

'If opportunity doesn't knock, build a door', is a quip from an American comedian, and it's a message which seems especially poignant at the beginning of this new year. As our recent experiences confirm, life is seldom fair so there's little point in complaining about it. We just have to take the initiative and create our own opportunities. We need to build that door, and we already have the materials to make a start. **We are not the helpless victims of circumstances. We are the custodians of a unique profession, which has much to offer to humanity.**

December 2018 was a month in which several new documents potentially impacting upon complementary and alternative medicine (CAM) were released in quick succession. Following consultation with 113 different CAM organisations, the All-Party Parliamentary Group for Integrated Health (PGIH) launched an important report entitled *Integrated Healthcare: Putting the Pieces Together*, on 13 December. This report highlights some of the problems already identified above, and urges the NHS to adopt a 'whole person' approach to health delivery, which focuses on disease prevention and tackling the root cause of illness. It is quite alarming to note that around 70% of total health expenditure in England is used up by treating the 30% of the population who present with one or more long-term conditions. The number of patients with multi-morbidities is predicted to rise to 18 million by 2025, which is just six years away; so clearly this situation is unsustainable. At the moment, most patients are treated according to their particular condition, so

when they present with two or more different diseases, each disease is treated separately. This in turn can lead to polypharmacy, over-medication, adverse drug reactions / interactions, and a further deterioration in the individual's health. The fact is, we really do not know the long-term consequences of combining various drugs over an extended period of time. If we carry on medicating at our present rate, it is highly likely that we will create a health crisis of an unprecedented scale, so something has to change.

The PGIH report has been compiled by David Tredinnick MP, a man who has spent many years campaigning for increased patient access to integrated medicine, and Matthew Williams, David's researcher. They identify the CAM sector as an under-utilised resource, which could work in collaboration with conventional medicine in order to improve patient outcomes and ease the burden on the NHS. In his appeal for the adoption of a new strategy in health delivery, David stated:

Despite positive signs that ministers are proving open to change, words must translate into reality ... Multi-morbidity is more apparent now in the UK than at any time in our recent history. ... The good news is that many self-limiting conditions can be treated at home with the most minimal of expert intervention. Other European governments facing similar challenges have considered the benefits of exploring complementary, traditional and natural medicines. If we are to hand on our most invaluable institution to future generations, so should we.

The whole emphasis is on treating patients holistically, as unique individuals with specific needs, as opposed to a series of diseases which are to be treated separately. The recommendations made in the PGIH report are practical, achievable, and based on sound information. We know nothing will change in the short-term as a result of its publication, but this report does provide us with some invaluable material with which to start to build our door.

The other significant report launched recently was presented to the Secretary of State for Health and Social Care, the Rt Hon Matt Hancock MP on 12 December. This report, *A blueprint for health system sustainability in the UK*, has taken two years to compile, and its lead author is Robert Verkerk, founder of the Alliance for Natural Health (ANH). His message is unequivocal; he basically believes the NHS is doomed to sink under the increasing burden of chronic, preventable disease, and that it is essential that the public becomes far more actively engaged in their own health optimisation. It is sobering to note that just two 'lifestyle' diseases, obesity and type 2 diabetes, between them cost the UK economy an estimated £55 billion per annum, and the diagnosis of these conditions is increasing rapidly. Obviously, this is unsustainable, and something has to change.

**We know that a one-size-fits-all approach to disease doesn't work. If it did, we should all be very healthy by now.** The ANH report picks up on this point, and suggests that the solution to our escalating multi-morbidity crisis requires us to find better and more effective ways to stay healthy in the first place. Robert points out that an over-reliance on pharmaceuticals is not only driving

up costs, but it is largely an ineffective approach which carries potentially negative consequences. After all, the pharmaceutically-based approach to the treatment of obesity and type 2 diabetes has failed to either slow down or reverse the dual burden of these diseases. He considers that the NHS needs to transform itself from being essentially a disease management system, which treats people once they are sick, and become a 'health and resilience' support system. In other words, a system that aims to identify and mitigate the causes or triggers of disease at an early stage, thereby reducing the occurrence of chronic conditions and multi-morbidities. Although the NHS will take a lot of persuading (and training) to even begin to start implementing any of Robert's recommendations, the report is a very valuable resource for us to utilise as we build our door. Ultimately, homeopathy and other CAM provision will only become routine treatment options if patients start to insist on their availability, and that will only happen when patients are better informed. This is where we can all make a positive difference. We need to bang the drum for health resilience and health regeneration at every opportunity, and we need to actively encourage our patients (and family / friends) to explore which lifestyle changes they can make in order to optimise their health. We also need to support them as they make those lifestyle changes, and help them to view their individual health and disease holistically, as something for which they take responsibility. We are slowly moving into a new era of personalised health, and both these excellent reports provide us with some essential tools which enable us to take back ownership of our own health.

On 11 December, the Charity Commission (CC) finally released its outcome on the consultation which closed back in May 2017, about registering CAM organisations. There are several documents to work through but, on preliminary reading, it looks as though there is very little change to the legal framework applied to charities, so the existing homeopathic charities should not be negatively affected. The registration of a CAM organisation as a charity means that the organisation has been able to verify that its purposes are exclusively charitable, and it exists to benefit the public. The CC is keen to point out that charitable status should not be regarded as an endorsement of the efficacy of a particular therapy, though when it comes to the highly contentious issue of evidence of efficacy, they are refreshingly open, stating that '... we will consider any evidence which is appropriate and relevant to the claims which an applicant makes'.

This is basically welcome news, because charities such as the BHA and the Homeopathy Action Trust (HAT) are in a good place to develop new and innovative ways in which to inform the public about the many benefits of homeopathy, and to encourage them to adopt a holistic approach to staying healthy. As homeopaths, we already prioritise health and resilience according to the specific needs of each individual patient, so we are well prepared to play an active role in delivering optimised health to our patients, within the context of a reformed and sustainable healthcare system. □