

1. The Commission is actually quite clear on what evidence is. They set it out in the internal guidance OG304. I have annotated this using Hypothes.is and the link for that is [here](#). You will need to click the left arrow at top right of the screen to see my comments. Interesting that they now have a banner saying that the guidance is under review! You can see that the initial sections set out clearly what standards of evidence apply to health care claims. The problem is that they then largely ignore this. Bizarrely, they rely on the old House of Lords report from 2000 which actually never set out to assess evidence for CAM. The most egregious statement in my view is right at the end, where they declare that "Our current position is to regard homeopathy as a method for which we need little or no further supporting evidence of efficacy so long as the trustees' claims for it are in line with its recognised benefits". I am suspicious that this was added after I started to challenge the registration of homeopathy charities. I have repeatedly asked them what they mean by "recognised benefits", ie who so recognised, and they only offer weasel words.

2. I am arguing for a level playing field. Hence there can be no dilution of standards whether the claims are for complementary or alternative treatments. In most cases the charities don't use these definitions anyway. It's very simple, whatever claim is being made for what is being given to beneficiaries, has to be backed up with the same level of evidence. The Commission should operate in exactly the same way as the ASA, which always requires RCT evidence.

3. The Commission is of course in a bind because many charities were registered decades ago when EBM wasn't understood. I think we need to suggest how they can deal with these registrations. At the very least they should put such charities on notice that they will be required to provide evidence for their claims, or to change what they are doing.

4. We need to be clear that a charitable purpose is a separate concept from a public benefit. For example 'the furtherance of religion' is allowed in the Charities Act as a charitable purpose, but is insufficient on its own without an additional demonstration that public benefit is being provided. 'The advancement of health' is the purpose that applies to CAM charities, but the Act is quite clear that they have to show how they provide public benefit. Some organisations have been refused charitable status because they failed this test, for example a rifle shooting club that claimed health benefits. Incidentally there is a HUGE number of religious charities, and I can't begin to see how many of them provide public benefit.

5. The Commission seems a little confused about how evidence develops. They have told me that most of these charities were registered years ago when the evidence appeared good, and now it has changed. But evidence doesn't somehow decay over time, it becomes more robust as methods improve. For example acupuncture appeared to be effective for pain but we now know that trials were of poor quality. The evidence was never good, and better trials show that acupuncture is a theatrical placebo. What has changed is our understanding of what constitutes robust evidence.

6. The Commission should not give applicants the benefit of the doubt, where there is genuine scientific controversy about a health claim. The existence of the controversy shows that the evidence is not robust. Of course, if the charitable purpose is research rather than treatment, then that could be allowed. However several CAM charities claim to do research without actually doing any.