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Critics challenge Boots' herb move

Boots the Chemist has rejected HealthWatch's claims that the company may be leading its pharmacists into breaking their Code of Ethics.

The company has launched an 'initiative in complementary medicine'. It is promoting its pharmacists as people who will give advice to shoppers on its new range. HealthWatch fears that pharmacists who do this may be contravening their Royal Pharmaceutical Society Code. This says that a pharmacist must not 'purchase, sell or supply any medicinal product where the pharmacist has any reason to doubt its safety, quality or *efficacy*' (our italics).

Contradictions

HealthWatch is also worried about apparent contradictions in Boots' press release announcing the launch. There is small print in a corner, that warns that there should be no mention in the press of the Company's professional services because of strict Pharmaceutical Society rules. Yet large print on the release (which is specifically for journalists) commends the services of its pharmacists.

The release reads: 'Boots pharmacists who will have received special training on complementary medicine, specifically homeopathic medicine and herbal medicine, to enable them to provide helpful advice and information. They have knowledge to deal confidently with questions and recommend products where appropriate. Upon request they can provide information on appropriate qualified practitioners'.

Professor John Garrow, outgoing Chairman of HealthWatch, said in a letter to Boots that the public relies on the high street pharmacist's advice because it is believed to be based on scientific and ethical principles:

'You know that herbal remedies are placed on a "positive list" without acceptable evidence of efficacy, as a concession to their historic use ... Do your pharmacists receive this information? How can they conscientiously support the promotion of such products within their professional obligations?'

Peter Shotter, Business General Manager for Boots' Healthcare Business Centre, replied:

'There is evidence to support the pharmacological effects of plants and indeed reference books such as the British Herbal Pharmacopoeia list monographs of over 200 plants, some of which are also listed in the British Pharmacopoeia.

'The Boots Herbal Medicines are all, with the exception of feverfew, licensed medicines. Data to support the quality, safety and efficacy of these products has been submitted to the Licensing Authority (the Medicines Control Agency) which has granted the licences.

Satisfied

'We are satisfied that the products we sell within our herbal and homeopathic medicines range are safe and effective. In addition we do not consider that our pharmacists are in breach of their Code of Ethics in recommending these products where they feel it is appropriate. Herbal and homeopathic medicines are available on the NHS. If Boots the Chemist were in breach of the Code of Ethics it would not be able to supply homeopathic medicines against NHS prescriptions.'

Mr Shotter said that many customers find benefit from the products and that they should be offered choice. With that choice there should be adequate information: hence the supplying of information leaflets and staff training.

Homeopathic remedies sold over-the-counter by Boots were criticised by Professor Garrow because they are 'making a nonsense of the claim that the homeopathic approach is holistic'.

'The draft directive on homeopathy draws a clear distinction between products which are prescribed for an individual patient on the advice of a homeopathic practitioner, and those which are self-selected.

'It is suggested that purity criteria suffice for the former, but that it is appropriate to provide evidence of efficacy for those which are to be sold OTC to counteract symptoms or self-diagnosed conditions.

'Again, how can you expect your pharmacists to reconcile their professional obligations with your approach?'

Mr Shotter said that the Faculty of Homeopathy sees no problem in self-selection for minor ailments, so long as it is backed up by information.

'Although their mode of action is not understood, research is being done and there is growing evidence that homeopathy is more than a placebo (cf. *The Lancet*, October 18th 1986). This is further supported by the fact that animals can be treated successfully with homeopathy where the effects of placebo do not apply.'

Professor Garrow has challenged Boots to restore HealthWatch's respect for it by carrying out research into the new products. Boots says it is liaising with the Faculty of Homeopathy and the National Institute of Medical Herbalists 'to look at the way forward.'

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Slimming patch ads still plague media

Advertisements for slimming patches are still appearing in national newspapers, despite a warning about them from the Committee of Advertising Practice. In particular, the ASA has said that it is 'gravely concerned' about the 'flagrant disregard' of the British Code of Advertising Practice by a company called Natural Herbal Research.

Advertisements have appeared in the *Weekend Telegraph*, *Sunday Telegraph* colour supplement, *Sunday Mirror*, *News of the World* colour supplement and *Ms London Magazine*. They promote patches which, when placed on the skin, are said to release substances into the body which help the wearer to lose weight.

The advertisement from Natural Herbal Research carried the headline: 'A Dramatic Breakthrough in Weight Control Technology! The Slimming Patch'. It went on to say: 'Simply apply a fresh patch daily, for example to your upper arm. A Natural Herbal ingredient is slowly released from the transdermal patch through the day. This will help you not to feel hungry and constantly think about food ... Helps you to lose weight quickly and effectively ... No crash diets and No starvation.'

It appeared in the colour supplements of the *Sunday Telegraph* and the *News of the World*.

The Health Food Manufacturers' Association complained about the advert, questioning whether the claims could be substantiated and objecting to the lack of instructions about using the device as part of a calorie controlled diet, as such advertisements are required to do.

Another advertisement was headed 'Which would you rather be this summer? Fat or Slim! With Kalimur patches YOU can decide.' It claimed: 'The Kalimur Slimming patch is a new transdermal method using age old homeopathic principles to confront the problem of obesity.'

The patches contain *natrum mur* and *kali carbonicum*: both are natural ingredients used in homeopathy. [They] act on glands in the body which affect the metabolic rate, and have long been recognised as a remedy for obesity'.

Adler Research, which placed the advertisement in *Ms London Magazine*, said that all advertising for the product had stopped and that it had no plans to renew the marketing of the patch.

A third advert read: 'Slim-patch contains, Fucus a natural ingredient used in homeopathy. Fucus acts on the thyroid gland which produces the hormone that controls the body's metabolic rate and has long been recognised as a remedy for obesity.'

'Slim-Patch is specially formulated so that its active ingredient is absorbed into the skin to begin working immediately FOR YOU TO LOSE WEIGHT.'

The British Homeopathic Association and the Health Food Manufacturers' Association objected to this one, saying that they were seriously concerned about the product's efficacy, particularly in view of its putative action on the thyroid gland. Timejet, the advertiser, failed to provide any evidence relating to the efficacy of its product, said the ASA.

Other complaints about slimming product adverts have included one about a diet programme: An Amazing Discovery: Negative Calories ... lose weight easily even if you eat too much.' A leaflet that said: 'Lose up to 29 lb in a month', from John S. Senteza, was objected to on the grounds that such weight loss could not safely be achieved. Another advert, from *Slimming World*, said: 'Lose a stone in a month'.

The ASA says that the quality of slimming advertisements has improved. 'We had had a problem with the numbers that were appearing in the national press that weren't being checked very well,' said Caroline Crawford. 'But we have now been working very closely with publishers and we are noticing an improvement.'

Natural Herbal Research has been criticised by the ASA for the advertising of six products, all by direct mailings. These included: 'Clear Complexion Tablets', which were claimed to help many minor skin disorders, including eczema, psoriasis and acne; and 'Pectal 9000', said to give fuller, firmer breasts in only six weeks.

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Press cuttings used to plug products

Health food supplement company Pharma Nord has sent out a new brochure of press cuttings about its products to people on its mailing list.

The cuttings are mainly from local papers, most consisting of a personal testimony about how, after taking one of Pharma Nord's products, osteo-arthritis was relieved, arthritis pain disappeared, a career and a marriage were saved, menopausal hot flushes were a thing of the past, and there was unexpected relief for an asthma sufferer.

One article - reprinted from the *Solihull Environment*, 4th December 1992 - introduces the 'independent health writer Francis Allison' who reports on a woman who 'believes that the supplement [ubiquinone Q10] helped her through a difficult menopause.

This woman had suffered from hot sweats for more than a year, spots and lack of sleep. HRT made her put on 8 pounds in weight and feel irritable and bloated. A regime of two capsules of ubiquinone Q10 a day led, within 15 days, to 8 hours sleep a night, virtual disappearance of hot sweats and the loss of a few pounds of weight.

Arthritis

Other articles include: 'Picking up the threads of life' (*North Lincoln Health Echo*) on a woman who can now return to making wedding dresses after taking Bio-Selenium + Zinc. She previously had painful swollen joints from osteo-arthritis.

'John puts Arthritis misery behind him' (*Prime of Life*, November 1992) is about a man who has resumed a totally normal life after taking the same product. He previously had such bad arthritis that he was unable to move his neck, shoulders, elbows and hands and some days could hardly get out of bed.

'Kathleen is now free from Arthritis misery' (*Bognor Regis and Chichester Journal*, September 1992) is about a woman who has been almost freed from her misery and resumed an active life. Previously she had excruciating pain from arthritis in her hip and stiffness in her knee joint.

HealthWatch readers who want to see the brochure should write to Pharma Nord (UK), Spital Hall, Mitford, Morpeth, NE61 3PN, saying that they have seen an advertisement for BioQuinone and would like more information about it.

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'Secrecy' culture misleads patients

A web of secrecy and conflicts of interest is preventing patients from knowing about the drugs they take, the National Consumer Council has said.

A recently published study from the Council says: 'There is an obvious and immediate need to change the culture of secrecy surrounding the licensing of medicines.

'In almost every area we looked at, we found that the data necessary to reach unequivocal

conclusions were barred from disclosure.'

Such data, which the Council would like to see available to the public, includes safety data on which decisions to license drugs are taken, including toxicological, dose-response and clinical trials information.

The advice of expert committees on issues of public safety, such as withdrawal of a medicine from the UK market, should also be disclosed, says the Council.

Data on adverse drug reactions to medicines should be disclosed. This should apply in particular to the newly marketed medicines that carry the black triangle symbol, which indicates that there is limited experience of the use of the product and that all suspected adverse reactions should be reported.

Older people in particular suffer from lack of information about possible interactions between the several drugs they may be taking, the Council found. Some reported unexpected, moderate to severe side effects from taking several drugs exactly in the way they had been prescribed.

The report says: 'It is incredible that patients receive so little information, let alone counselling, about the drug regimens they are prescribed.'

Underlying many of the problems are conflicts of interest, says the report. For example, two thirds of the members of the Medicines Commission, which oversees the work of the Medicines Control Agency, had personal financial links to pharmaceutical companies in 1992. Over half of the members of the Committee on the Safety of Medicines had these links.

Another conflict lies with the Department of Health, which is both the promoter of the competitiveness of the drug industry and the department charged with public health and drug safety.

There is also conflict amongst community pharmacists: their value as independent, expert sources of information on medicines is threatened by the intensity of advertising and sales promotions directed towards them by the pharmaceutical companies and their sales representatives, says the report.

The Council wants Section 118 of the Medicines Act 1968 amended to allow all users of medicines better access to detailed information on their safety, quality and efficacy.

It also wants the penalties for drug companies that contravene advertising codes to be more severe.

The Council will report early next year on European legislation and the consumer case for greater disclosure of information.

The NCC was one of the bodies involved in The Medicines Information Bill, which failed to get through the report stage in the House of Commons earlier this year.

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Placebo as good as therapy

The effectiveness of acupuncture as a treatment for breathlessness may owe as much to the power of suggestion or the personality of the practitioner as any physical factors, a researcher told the British Association for the Advancement of Science.

In a study, people given acupuncture were helped by it - but those who were given dummy acupuncture were also helped.

Natural pain killers

Dr Kim Jobst, of the Radcliffe Infirmary in Oxford, told the September meeting that 26 patients were involved in the study. The theory is that acupuncture may relieve long-term breathlessness by stimulating the body's natural painkillers.

Dr Jobst said that it was possible that the therapist transmits something important to the patient, rather than that the acupuncture itself helps the condition.

'Such studies indicate that both "mind matters" and "matter minds",' he said. 'The question now is whether this matters enough for science to mind enough to encourage further study.'

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Herbs banned from medicines are OK in foods

A review of herbs that have been banned from, or restricted in, medicines says that there is no evidence of problems arising from consuming them in foods. But this appears to be more because there is little evidence in

general about them rather than because there is evidence that shows that they are safe.

The review was done as a result of the Report of the Working Group on Dietary Supplements and Health Foods. The Report listed five herbal ingredients whose licences for medicinal use had been with-drawn: sassafras, comfrey, mistletoe, broom and *Senecio aureus*. The use of a further 20 was restricted in some way.

The review examined the use of these herbs in foods. It said that data on toxicity are limited and do not present a clear assessment. It is also to ask the health food trade to do research into the safety of its products.

The overall conclusion of the report was that there is no evidence of problems arising from their consumption.

The review was conducted by the Committee on Toxicity of Chemicals in Food, Consumer Products in the Environment and the Food Advisory Committee. Ministers have accepted its conclusions, according to the Ministry of Agriculture, Fisheries and Foods.

More information can be obtained from MAFF, Chemical Safety of Food Division, Room 429d, Ergon House, c/o Nobel House, 17 Smith Square, London SW1P 3JR.

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Catarrh ad played on fears

Catarrh is the enemy within - a germ carrying mucus, that, if swallowed, could spread into your bronchial tubes then into your stomach and bowel, spreading its foul germs throughout your body.

This is catarrh according to Newtons Traditional Remedies, which advertised its catarrh tablets in the *Sunday Telegraph*, describing their relieving effect.

A complaint was made to the Advertising Standards Authority, on the grounds that the advert was an unnecessary appeal to fear and that it exaggerated the effects of the tablets. The complaint was upheld - the third time that such a complaint has been upheld against an advertisement for the product.

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Chestnut seeds in HIV marketing fear

The seeds of the Moreton Bay chestnut tree are the source of a chemical that inhibits viruses, including HIV. The Independent on Sunday has described fears that the seeds will be 'hijacked by marketing men' and turned into a dietary supplement before scientists have investigated its benefits and dangers.

The article described fears about the lack of controls in the health food market, many of which were described in the last Health-Watch newsletter. It revealed some worries that shoppers are often completely unaware of:

- 'Weird and wonderful' herbs are flooding the market from eastern Europe.
- Ginseng should be avoided by people with high blood pressure
- Raspberry leaf, promoted to pregnant women, although evidence that it can relax the uterine muscle and ease labour is flimsy and pregnant women should be careful of ingesting foods about which little is known.
- Loose herbs, sold for making infusions, can create very strong drinks which could cause kidney, liver or stomach problems in the elderly.
- Comfrey is available in many shops despite warnings about it from the Department of Health.

Independent on Sunday, 19th September 1993, p4.

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Press report: Sceptics

'Magic in the eye of the beholder' claims to join in the 'debunking of alternative therapies' as it describes the fifth European Sceptics Conference, held at the September meeting of the British Association of the Advancement of Science. Dr Thurstan Brew in, Chairman of HealthWatch, says that criticising alternative medicine has become politically incorrect: he is 'contemptuous' of the BMA for its change of heart over it. Dr Brewin estimates that about a third of orthodox treatments and 95 per cent of alternative treatments cannot be shown in a rigorous way to have much effect. Caroline Richmond, also a member of Health-Watch, demonstrates the flaws in a homeopathic trial.

Observer, 29th August 1993, p58.

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Press report: Placebos

Boots' launch of its own range of homeopathic remedies ([see above](#)) provoked a column on 'The power of the placebo' in *The Times*. The author, Simon Wessely, senior lecturer in psychological medicine at King's College Hospital, pointed out that homeopathy started out life as a placebo: its founder 'knew that giving a patient something remained an important part of treatment. Wessely attributes homeopathy's popularity to the facts that placebos work and that the therapy is perceived as gentle and natural. He concludes that a good homeopath could have a very beneficial placebo effect on a patient but an OTC medicine will not.

The Times, 3rd August 1993, p13.

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HealthWatch criticised

HealthWatch has been criticised for not making noises when bad practice is discovered in conventional medicine.

Green Farm Magazine, edited by Ms Tricia Sabine, says: 'It is the stated aim of HealthWatch to root out bad and dangerous practices in all areas of medicine - a laudable aim which we would all support.'

It goes on to say: 'It is surprising ... to see so little, if any, comment from them when a major drug is withdrawn due to dangerous side effects or when misdiagnosis by doctors is shown to be a problem affecting the lives of many people.'

The editorial asks whether HealthWatch commented on the recent discovery that the pathology results of up to 1800 patients were to be rechecked after misdiagnosis led to some patients receiving unnecessary chemotherapy and surgery, and others not receiving help that they did need.

The magazine is published by Reasonhold, based at Homewood NHS Trust (DHQ) in Chertsey, Surrey.

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Herbal standards project

Herbal medicines are to be standardised and examined for safety in a major project at Exeter University's Centre for Complementary Health Studies.

The Centre has won £260,000 from the EC Biomedical Programme to do the three-part project. It will work with scientists from around Europe to set up European-wide standard monographs -as required for any drug - for licensed medicinal plants.

Simon Mills, project coordinator at the Centre, says that the monographs will then be submitted to the Committee for Proprietary Medicinal Products, the European body that will override the Medicines Control Agency in 1996. He hopes that the monographs will be used as the basis for legislative controls.

"There is a clear understanding that, when herbal medicines are next reviewed, new data will be wanted", he said.

Pharmacovigilance

The second part of the project will be a pharmacovigilance programme. A yellow card system for reporting adverse reactions will be piloted amongst pharmacists and physicians. Herbal medicines are not covered by the present yellow card system, says Mr Mills.

One difficulty in defining adverse reactions is that what might be perceived as a side effect for an orthodox drug could be perceived as a sign that a herbal medicine is working.

'For example', said Mr Mills, 'if some-one 5 cough increases, this may be seen as an attempt to clear an obstruction - the medicine has made the cough more productive rather than suppressing it.'

He hopes that the project will make sense of the reporting of side effects by investigating these attitudes.

Review panel

The project's third goal is to bring together a peer review panel for clinical research devising, for example, new guidelines for ethical committees. The panel will consist of experts in herbal medicine, including pharmacologists, toxicologists, medics and phytopharmacists.

Mr Mills hopes that the group will eventually be a starting point for an expert panel advising the new European Drug Agency about herbal medicines.

Position paper

The placebo effect: let's unwrap it and then tap it

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The word placebo comes from the Latin word to please, implying that after treatment the patient is pleased, grateful and convinced that what was done has helped; but that, in fact, there are reasons to think that either

(1) the improvement would have occurred anyway, even without any treatment, or

(2) that - if there really was benefit - the mechanism of this was purely psychological and subjective.

Definitions

No definition is completely satisfactory. Some doctors use the term placebo only when the person giving a remedy knows that it is either certainly, or probably, going to have no more than a placebo effect.

One example of this would be when research is being done - perhaps to test the benefits (and side effects) of a new drug on volunteer patients by comparing it with an inert placebo tablet that looks the same. Whether studying benefits or side effects, unless a comparison of this type is made, the findings are difficult to assess. Only thus will non-specific psychological effects be clearly separated from physical effects due to the active principle in the drug. And it is best that the doctors and nurses involved are also unaware which is the real drug and which the dummy one, for in that way (1) their assessments of both benefits and side effects will be free from bias, and (2) all patients will get equally good care, observation and support.

Another example of the variety of definition is when, in ordinary clinical practice, an active drug rather than an inert one is given to patients. This might be done partly so that the patients know that at least something is being tried. If they later say that it helped them it may be felt that this is likely to be due mainly, if not entirely, to the placebo effect.

Some doctors would also include under the heading of placebo therapy situations where the doctor (or alternative medicine healer) does not consider that he is giving placebo therapy, although comparative studies suggest that the placebo effect is really all it is. He or she may have as much faith as the patient that any apparent benefit is due to the active agent in the drug.

Suppose, for example, that many patients consider that a particular cough remedy helps them. Careful comparisons- when volunteers do not know whether they are having the real treatment or the sham one - may reveal that the proportion of patients reporting improvement in their cough is as high after the sham treatment as after the real one.

Finally, no matter how effective a remedy may be, it is likely that some of the benefit is psychological. This is certainly not placebo treatment in the ordinary sense, but the placebo effect has played a part. How big a part? Health-Watch recognises the extra benefit to the patient that may come from such placebo effects but believes it is important to try and identify how much comes from this effect - and how much from a 'real' (i.e. physical) effect.

Faith healing

Some patients have such faith in the doctor (or healer) - perhaps in his or her air of authority, warm smile, confidence or touch - that nothing will ever convince them that the treatment given was not of benefit. Or it may be that what impressed them was the dramatic nature of the surgical operation that was done. Or the marvellous technology evident in the machine that treated them. Or perhaps the unusual shape and colour of the tablets taken.

Sometimes what is done is further boosted by a strong verbal dose of what psychologists call 'suggestion'. The patient is told 'within 24 hours you will feel better' - or even 'when you wake up to-morrow your backache will be gone'. There is usually an element of deception here because the therapists - if they are not deceiving themselves - know that nothing in the real world ever works quite so well every time.

It is likely that the proportion of grateful patients - at least in the short term -will be increased by the apparent faith, confidence and enthusiasm of the practitioner. Nevertheless, nearly everyone dislikes the thought of any deception. The ethical dilemma here is that there may be more benefit, fewer side effects (for these, too, can be partly due to suggestion') and perhaps less cost, if there is an element of what might be called paternalistic or benevolent deception.

Subjective improvement

In conditions that fluctuate in severity it is not uncommon for as many as two out of every three patients to report subjective improvement after a treatment that, unknown to them, contains no active agent. This has been observed, for example, in relation to the discomfort of varicose veins or the irritation of a skin rash.

It has also been found that, even when it is carefully and fully explained to the patient that sham (placebo) treatment is given, some will still be convinced that it has helped them.

Even in cases of severe pain, such as might be caused by injury, a sizeable minority of patients will report marked relief after, for example, an injection of sterile water. This happens to as many as a third of patients in most studies. The duration of benefit, however, may not be as great as it is when a real painkiller is given.

Objective benefit

Much less impressive is the evidence that placebo therapy can produce measurable objective benefit in a disease, such as quicker healing than would otherwise occur, or, in serious disease, prolongation of life. This, of course, is by no means impossible. We know that a person's state of mind can affect the body in many ways. This is certainly an idea that many people are rather in love with, so to speak, and badly want to believe, for example in the case of cancer. But so far the evidence from comparative studies suggests that such an effect, if there is any, is slight.

Once again, HealthWatch urges that in both mainstream and alternative medicine there should be more comparisons between different remedies, making as sure as possible that the groups being compared are alike apart from the way in which they are treated. This has been described in another of our Position Papers (*Newsletter 10, Summer 1992*). There will always be some patients who do far better than average. What counts is whether there are significantly more of such patients in one group than the other.

Expensive

One of the many worldwide problems now facing health workers and the populations they serve is that whereas most placebo therapy used to be cheap and harmless (often consisting of just a bottle of medicine) it is now more likely to be expensive - and more likely to carry a risk of side effects. HealthWatch urges more studies so that decisions can be based on reliable information as to the extent of the placebo effect. More studies would help us to know whether equal benefit could be achieved in cheaper ways - thus releasing both money and resources for other needs.

The HealthWatch Committee

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AGM welcomes new Exeter Chair

Nick Ross, president of HealthWatch chaired its annual General Meeting, which was held on 12th October.

A guest at the meeting was Professor Edzard Ernst, who holds the new Chair of Complementary Medicine at Exeter University. He was warmly welcomed. (See interview with Professor Ernst in [Newsletter no 14](#))

Professor John Garrow, outgoing Chairman, said: 'We have acquired a reputation for being knockers of complementary medicine but it's a splendid thing that the University of Exeter has set up this Chair.'

The issue of membership size was discussed at the meeting: should HealthWatch be a small pool of expertise or a large group of concerned doctors and lay people? Does membership size need to be large in order for HealthWatch to be taken seriously? There are 141 members at present.

A small group of people who know in depth about relevant issues, including the holders of academic chairs, is manageable and useful.

But widening membership could bring in more money and increase HealthWatch's audience.

Some members suggested that it is more readers for the newsletter, rather than

more members for HealthWatch, that is needed: Dr Michael O'Donnell suggested that the newsletter could be sent out with a doctors' magazine or journal.

HealthWatch members are often asked by journalists for case histories of people who have been affected by certain medicines and methods. It was suggested that HealthWatch should produce a list of patients who have suffered under various therapies so that journalists could have access to case histories with which to illustrate their stories.

Professor Garrow said that giving out anecdotal evidence about therapies would undermine HealthWatch's principles:

'I'm worried about quoting the odd "weirdo" who dropped dead.' There would also be practical problems to do with confidentiality and the doctor-patient relationship.

Nick Ross said that anecdote is a mainstay of journalism: it is human nature to empathise with stories about individuals while remaining unperturbed by statistics, whatever their implications.

Dr O'Donnell suggested that a literature search for case histories could be carried out.

Donations

An appeal for donations that can be made under the Charity gift-aid scheme was made at the meeting. A £500 donation would be tax-deductible for the giver. It would be of extra value to HealthWatch because the charity could also claim tax back.

'We survive on our meagre budget because we have no employees, no office, no boardroom,' said Professor Garrow. 'We operate on the goodwill and unpaid labour of our members. With half a dozen such donations each year, future committees could plan more careful research into ways in which information about health-care could be improved.'

HealthWatch's finances make a mockery of accusations that it is in the pay of the drug industry, said Professor Garrow.

The Charity has been supported virtually entirely by subscriptions in the year to 30th June 1993, according to the treasurer, Michael Allen. Income from subscriptions raised £1,930. There was £133 in donations and £283 in bank interest. Balance at the end of the financial year was £7,994.

'We're constantly accused of being in the pay of the drug industry,' said Professor Garrow. 'That's really rather laughable when you see what that pay is.'

New Chairman is Dr Thurstan Brewin

The new chairman of HealthWatch is Dr Thurstan Brewin, fellow of the Royal College of Physicians and of the Royal College of Radiologists. He takes over from Professor John Garrow, who has served the maximum of 3 years as Chairman.

Dr Brewin is medical adviser to the Sue Ryder Foundation and assistant editor of the journal *Clinical Oncology*.

Dr Brewin started studying medicine in a prisoner of war camp and later qualified at Guy's Hospital.

After 4 years of general hospital experience, during which he became a member of the Royal College of Physicians, he turned to treating cancer with radiotherapy and chemotherapy. He did this for 5 years in Canada and for 26 years in Glasgow

Dr Brewin is joint editor of a textbook on cancer in the elderly. He has written papers on cancer and its treatment, including both technical and psychological aspects. He has also written on medical ethics, giving bad news, randomised clinical trials, alternative medicine, euthanasia and excessive fear of radiation.

Dr Brewin's wife died of leukaemia in 1986. He has three sons and two daughters. He enjoys paddling a canoe and playing the piano.

Elections for other posts at HealthWatch yielded the following results. Vice Chairman: Professor Vincent Marks; Treasurer: Michael Allen; Membership Secretary: Deborah Bender; Committee: Professor Arnold Bender, Walli Bounds, Diana Brahams, Malcolm Brahams, Dr Iain Chalmers, Professor John Garrow, Dr Andrew Herxheimer, Lady Daphne Vane.

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HealthWatch needed more than ever before

Professor John Garrow has finished his last year as Chairman of HealthWatch, since no person can serve in the chair for more than three years. At the AGM he talked of urgent need for bodies such as HealthWatch and of its achievements over the last year.

It has been a privilege to serve in a group of highly competent people who give of their own free time because they believe that our objectives are worth the sacrifice. Many of us were brought up to believe that it was one of the obligations of citizens in a civilised and affluent society to contribute what they could to a health service for those who needed it, but this view is rather unfashionable at present.

Ancient charitable institutions, such as the hospital in which I work, are now thrown ill-equipped into gladiatorial combat so as to determine which is the most economic health care provider. Patients are encouraged to shop around and to take more responsibility for their own medical treatment.

In this situation I believe that there is even greater need for an independent organisation like HealthWatch to provide reliable information about methods of healthcare on offer to the public.

Critics

Of course, some people take a less benevolent view of our activities. Critics broadly fall into two categories.

One group (with whom I have some sympathy) says that without a proper financial base and secretariat Health-Watch will never have the muscle to tackle the serious fraud and misinformation which abounds among all types of therapy.

The other group (with whom I have no sympathy) hints darkly that we are not truly independent but a mere front for the pharmaceutical industry, and our criticism of untested 'alternative' treatments is prompted by a desire to promote the sale of prescription-only drugs.

Of course we cannot expect practitioners whom we criticise to be grateful to us but the absurdity of the charge that we are in the pocket of the drug industry can be seen by anyone who looks at our balance sheet or the record of our activities as set out in past newsletters.

Trading standards

During the time that I have been working with HealthWatch it has become increasingly clear to me that local authority trading standards officers are one of the most effective organisations for controlling health fraud.

In response to complaints from the public they will bring actions under the Trade Descriptions Act against firms that make untrue or misleading claims and this includes claims to cure or prevent disease. However, their task is not an easy one.

Suppose (to take a hypothetical example) an advertisement claims that a lotion, applied to the soles of the feet, will protect the user from cancer. How can this be shown in the court to be untrue? It is certainly improbable.

The lotion could be analysed by a public analyst but it would require witness statements from an expert on cancer and from an expert on the efficacy of medication applied to the soles of the feet to convince a magistrate that the claims, if unsupported by any positive evidence, were untrue.

Meanwhile the manufacturer would probably alter the name of the product or the wording of the advertisement so the work would have to be done again.

False claims

Despite all the trouble involved some TSOs have achieved considerable success in stopping untrue health claims and members of HealthWatch, with appropriate expertise, have helped in this process.

A BBC programme - '*Watchdog Health Special*' - examined the need for proper controls about the claims made for various health foods. The health food industry launched a counter-attack by way of the Broadcasting Complaints Commission: one of the points they made was that Watchdog used the advice of Professor John Garrow (Chairman of HealthWatch) who was clearly an unreliable witness and in the pay of the drug industry. The decision of the BBC is not known at the time of writing.

Evasion of Medicines Act

This year, for the first time, we have directly sponsored Aisling Irwin to investigate methods by which firms evade the provisions of the Medicines Act, which limit 'medicinal' claims to products for which efficacy has been demonstrated by proper clinical trials. The result was reported in the last issue of our Newsletter.

By coincidence, in the same week, there was a press release from Boots, the high street pharmacist, about its initiative in promoting homeopathic and herbal remedies.

Also, in the July issue of *Prima* magazine, there was a 'Health and Beauty Supplement' which extolled the virtues of evening primrose oil.

These events provided beautiful examples of the questionable methods for promotion of quasi-medicinal products which Aisling had described.

Heartening advances

Fortunately, the activity of HealthWatch does not consist exclusively in criticising the behaviour of other people. There have been heartening advances in the testing of treatments, so that the public can really make an informed choice about them.

At the meeting of the British Association for the Advancement of Science at Keele in September, our Chairman-elect, Thurstan Brewin, was the main speaker at the fifth European Sceptic Conference. Another of our founder

members, Caroline Richmond, also spoke.

We have had a very cordial approach from the Research Council for Complementary Medicine who, like HealthWatch, is working to document the conditions for which complementary therapies are effective. We look forward to working with them to this end.

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Annual award

The first annual HealthWatch award was presented to Geoff Watts, of BBC Radio Four's Medicine Now.

He was praised for working hard to ensure that his stories were true, rather than 'taking the easy way out' and achieving exciting, understandable stories by ignoring accuracy.

'This is not a common characteristic among journalists,' said Professor Garrow. 'I hope this award will be an annual event since it is much more pleasant to applaud excellent journalism than to carp at sloppy work.'

Geoff Watts spoke to the AGM about the triumphs and pitfalls of medical journalism and the innate differences between doctors and journalists. The text of his speech is given below.

Medical journalism: triumphs and pitfalls

Geoff Watts, presenter of Radio Four's Medicine Now, is the recipient of the first annual HealthWatch Award. Here is a shortened version of the talk he gave to HealthWatch members.

"The medium I work in - radio - has strengths and weaknesses. TV relies on pictures: the words are subsidiary. Print journalism does rely on words but they are mostly those of the journalists themselves, fleshed out with quotes from people whose views and ideas are being reported, disputed or analysed. But in radio this 'fleshing out with quotes' actually forms the greater part of what is broadcast. This is both the strength and the weakness of radio journalism.

It is a strength because radio journalists have the authority that comes from using a contributor's own words and voice. It also reduces the likelihood of distortion.

It is a weakness because radio journalists are more reliant on the fluency and articulacy of their interviewees. This can be a problem when dealing with complicated technical matters.

Broadcaster vs. medic

Doctors can't ignore their patients' prejudices or advocate therapies that patients don't want. Nor can broadcasters survive by making programmes that people don't want to watch or listen to. Compromises have to be made by both.

But there is a fundamental difference: doctors don't have to entertain their audiences, which are largely captive. The media do have to entertain -using that word in the sense of 'amuse and intrigue': to hold the attention.

One result is that the media do not necessarily emphasise what doctors think are the most important issues or angles. The 'responsible' journalist tempers the presentation of pure truth with enough entertainment to woo the audience; the less responsible provides nothing but entertainment - from sob stories to horror stories. But, when criticising the serious media, recall that they too have to make themselves attractive to audiences. No audience means, ultimately, no programme.

Doctors and broadcasters can fall out over the question of language, particularly when talking about matters that are technically difficult. Doctors are generally better than scientists at speaking in plain English but there is the danger of patronising the audience with talk of 'germs' and 'tummies

Are doctors and scientists afraid to talk in ordinary language? Do they fear they won't sound important enough? Some can't seem to get away from the idea that they're talking to their peers. They're not. To talk simply and directly is not to trivialise.

Disasters and triumphs

Developments that would have been impossible without the cooperation of the media include the reduction in cot death following changes in the recommended sleeping position and the spread of knowledge about safe sex. People are now better informed about health.

Things go wrong for many reasons. There is genuine misunderstanding of the facts. Sometimes those providing the facts don't help. There is conflicting propaganda, for example, over the role of animal fats in heart disease.

Journalists occasionally decide their conclusions before they write the story. One TV production company and one

particular journalist seek to champion the unorthodox ideas of Stanford University's Peter Duesberg about HIV. Provided no violence is done to the truth, and the competing claims are given a fair hearing, a partisan or unorthodox line of argument presents no problems - but it must be declared as such.

Anecdote

Anecdote is legitimately the basis of much journalism - to rule it out would be absurd. But, unaccompanied by the examination of more objective evidence it results in uncritical coverage of miracle cures and gee-whizz technology and a wide-eyed enthusiasm for every dubious idea dreamed up on the fringe from total allergy syndrome to the health benefits of sitting inside pyramids. It's an area in which journalists' natural scepticism can fall prey to the lure of a good story -and is a regular source of pitfalls.

Changes of points of view inside the medical establishment can lead to stories going wrong. The value of dietary fibre, the health benefits of moderate drinking and the violence induced by lowering blood cholesterol are just a few of the issues on which the research establishment has been, or is in the process of, rethinking its ideas. Changes of understanding can't be avoided - but they do create problems.

Publicity-seeking by individual doctors can generate bogus, dubious or non-stories. Motives range from self-agrandisement to bringing in private work to shroud-waving for an institution.

The practice of medicine is nothing like as international as the science on which it is (supposed to be) based. There are transatlantic differences which can be subtle and create further pitfalls for the unwary.

Finally, should medical reporters working for the lay media try to behave like editors of peer-reviewed journals? This is not practicable or desirable. The periodic failures of journalism are not so much a problem to be solved as a (sometimes unavoidable) phenomenon to be monitored, noted and kept within bounds of acceptability.

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