

PE1568/BB

Michael Wilson Letter of 15 February 2016

Michael McMahon MSP
Public Petitions Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Dear Mr McMahon,

Petitions PE1463 and PE1568

I attended in the Public Gallery the Petitions Committee Meeting on Tuesday 9 February originally for PE1568 but then found that I had also an interest in PE1463. My original profession was as a GP for 30 years in Dalkeith until 2009. Having never previously attended any meetings in the Parliament it was not clear to me as to what to expect and I was most impressed. I include my observations on each Petition as enclosures.

However I would like to commend you and your colleagues on the excellent work you did with the tenacious questions to the experts and determination to clarify the issues whilst trying to avoid them side stepping and trying to avoid questions. The experts were most adept with such attempts. It was especially gratifying to see your Committee pursuing the health and welfare provision for your constituents, the Scottish people.

From my professional life and indeed even since then my humble opinion is that science is relative rather than absolute and specific to a point in time as to current knowledge, very much as an evolving body of knowledge .It is necessary to be open and take in different opinions and ideas .Similarly evidence base has significant limitations as many aspects of medical science do not lend themselves to RCTs and other study activities. There is then the whole area of drug companies and their controls of studies and their publication, deliberate falsifying of results at undergraduate and post graduate level as very well pursued by the British Medical Journal over recent years. I am aware from conversations with medical students and young doctors who I was involved with teaching that this does go on albeit as the minority of research but still important. It can also depend on powerful professors or other senior clinicians/scientists being present on groups or committees such that more junior members are not going to disagree with somebody who might have an influence on future job prospects or research posts. Probably the worst example of all was Wakefield with his so called scientific studies relating to MMR which were published in the Lancet, an eminent research journal but required the hard work of

journalists to expose the total lack of science. Sadly evidence base is often therefore relative and in any event as with all science knowledge moves on and what is currently sacrosanct may be found subsequently to not be correct in the future. The experts at least agreed occasionally with the latter in their answers.

All the conflicting studies about with reference to diet and alcohol and the major shifts in advice about what to drink and eat are other examples.

I am also conscious that I come into these discussions late in the process so maybe my observations have been previously made, nonetheless I felt duty bound to make them.

I would again like to repeat my appreciation for your diligence and vigour in continuing these petitions.

Yours sincerely,

Michael Wilson.
MB,ChB,MRCGP,DCH,DRCOG,LMCC

PE1568

My first observation was surprise that Dr David Reilly, Scottish Government Lead Clinician for Integrative Care was not present. As I understood at least 2 of the Directors seemed to give opinions on behalf of clinicians from CIC and without sounding suspicious I have major doubts with their attitudes to CIC they are in a position to do that. On the other hand Dr Reilly would be very able to do so which would be of great benefit to the Petitions Committee.

Indeed Dr Renfrew's comments left me with significant anxieties about the future of CIC long term.

I was 1 of the homeopathic representatives on the Lothian NHS Public Consultation and would point out that none of us were willing to ratify the eventual report produced for a variety of reasons. It was interesting to hear Professor McMahon's selective comments that of the 4000 responses to the consultation 75% wanted Lothian NHS to stop providing the Homeopathic Services. My memory of that was that these were online responses with no way of confirming from which part of the world they had come and it was clear from the responses that few of them had used the Service, they were bitterly opposed and had no understanding of homeopathic treatment. In contrast the responses from users of the Service had mainly submitted paper replies with addresses and more than 80% were most satisfied with the Service and the benefit they had received from their attendance. They wished the Service to be continued.

At the first meeting of the Group I had emphasised the problems of online surveys quoting the experience of the Advertising Standards Agency. The ASA some years before had become involved with receiving complaints about homeopathic practitioners and how they advertised themselves, receiving a vast number more than they would have expected. When their IT experts investigated the majority of complaints came from 2 anti-homeopathy groups as I remember pretending that the replies came from different individuals. These 2 groups were then sanctioned for improper practices. I offered to provide the contacts with ASA but Lothian were not interested and seemed to think they were on top of any problems.

Another cause for concern for me was that it was stated that referrals mainly came for well off patients who could afford to pay privately for such care. The statement in itself seems objectionable not least as to how they came to such conclusions. Having practised in Dalkeith for 30 years and knowing from other colleagues in Midlothian who referred patients for homeopathy many of our patients came from less well off backgrounds with a significant Deprivation Index for the area. In addition the logical follow on from Lothian's opinion was that GPs would have to do needs assessments on patients and on treatments with low success rates to then refer them for private treatment above and below respectively certain thresholds. This

could be illustrated by the Director who made reference to the study about pain control with only 50% success from the treatment. Many orthodox treatments do not necessarily have huge success rates.

It is with great sadness still living in the area where I practised to meet former patients from backgrounds in which they cannot afford private homeopathy treatment to know that with the Service gone they are disadvantaged .It also means that other patients who do not know the advantages no longer have the opportunity to find out .I can well remember some most sceptical and cynical patients who literally laughed at the idea but came back to apologise and thank me for having referred them because whereas previously orthodox treatment had either not helped at all or to a limited extent. There is always a place for the various complementary treatments to be used alongside orthodox management sometimes allowing reduction in dose with fewer side effects and reduced costs as homeopathic treatment is cheap.

As your members enquired it would be most interesting to know about the costs of treatment without these Services as in Tayside it has been shown to be cost effective and also in so many other countries where complementary treatments are prevalent.

I have to be honest and state that for the first 8 years of my medical profession I was a major sceptic and cynic but my patients taught me otherwise!

In addition I referred many patients to CIC for a range of therapies with great benefit. It is also to be remembered that CIC is a tremendous resource for research and teaching at all levels of a wide range of professions with a worldwide reputation.