The NHS takes the first step to drug rehabilitation

The recent report by "FreshMinds" , commissioned by the Prince of Wales, identifies mainstream CAM therapies that could help plug "the effectiveness gaps" in the NHS health care. Conditions identified include musculo-skeletal complaints, depression, anxiety, stress, acute & chronic pain conditions such as headaches and migraines,and skin conditions such as eczema.

Whilst all of us in the CAM field should warmly welcome the acknowledgement of the potential patient/GP/social & economic benefits of CAM with respect to "effectiveness gap" conditions identified in the NHS by this study, there are a number of questions that arise from this conclusion.

In the commercial or industrial real world "effectiveness gaps " would be usually termed failures or inadequacies that urgently needed attention. We are talking here of patients failing to receive medical care that effectively deals with their health problems, despite the fact that alternative CAM procedures may be available. This is a situation that dates back many years, based on prejudice, often ignorance and usually the mantra of "unproven, unproven".

The investment in research into CAM is still minuscule, less than a tenth of one percent of the NHS research budget. Despite this, millions of patient consultations have been sought and bought with generally acceptable levels of satisfaction for the recipients. I wonder on what criteria was the group of conditions with this "effectiveness gap" identified? If it was based on effectiveness of symptom relief, it begs the question " Is symptom relief the valid criterion in judging the effectiveness of any therapy?"

I would contend that often modern medicine achieves such symptom relief at the expense of health and well-being of the patient and often with the consequent long-term exacerbation of the patient's general health. This is due to either the adverse side effects of the drug therapy or through the suppression and masking of the chronic disease pattern. The former leads to further health problems requiring more medical intervention whilst the latter may lead to the need for more invasive surgical or complex support therapy at a later date.

Thus if the "effectiveness gap" were to include such palliative,

suppressive regimes many more ailments would be on the list, leaving very few conditions within the scope of effective in depth treatment, and the majority of such conditions would possibly be treated surgically.

There is however a gleam of hope on the horizon. We are told the first positive step to drug/alcohol rehabilitation is the acceptance and recognition that there really is a problem to be confronted. The end of the denial phase. The potential for change.

If we pursue this analogy a little further we can see the body and mind of the NHS has been seriously addicted to a multi billion pound drug trip, supported in its habit by the dealers and pushers of drugs, the multinational pharmaceutical companies who rightly see their first responsibility to their shareholders. There are no ogres or evil people in this scenario, just dedicated people doing what they are supposed to do, in the best way they can, in the system that prevails, in the philosophical and conceptual climate that currently exists.

Only when the NHS takes a radical change in direction from fixing sickness to promoting health, will it be able to rise above its addictive habits and develop the healing power it could be in today's world. CAM practitioners and therapies will help this process forward, but only if the NHS has the will and dedication to change itself radically. I do believe there are enough physicians, nurses, and carers in the system who want this change and if they make their voices heard it will certainly happen.

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