

The Emperor's New Clothes: Sourcing Complementary and Alternative Medicine (CAM)

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I've been a journalist for many years. I started off as a general journalist then probably about 25 years ago I started specialising in health. I was also teaching at the same time. I am now lecturer in journalism. I am on the MA at City University in London. I've written for nationals, specialist publications and consumer magazines, and I am the author of three health books, two of which focused on complementary medicine, and I also used to write regular columns on what they CAM (complementary and alternative medicine) for the *Telegraph* and the *Daily Express*.

I am currently completing a PhD by prior publication on this body of work which is probably about a third of the kind of medical journalism I do, on complementary medicine. The PhD is looking at how I sourced this journalism and how I framed it.

There was an awful lot of stuff written about complementary medicine from about 1995 to 2003, editors couldn't get enough of it. This is a really huge subject. It covers public attitudes to science and technology, then and now, the counter-culture in the 1960s and 1970s which led to this kind of interest in complementary medicine and rise of consumerism, feminism, women who thought mainstream medicine was paternalistic, and attitudes to the body and even fringed into cults.

A couple of definitions of CAM:

- One is from the BMA: 'Forms of treatment which is not used widely in orthodox healthcare and taught at universities'. This is from the 1993 BMA report *Complementary Medicine*, which differed a lot from the previous one called *Alternative Medicine* in 1987.
- The second definition is by Edward Ernst. He is the only Professor of Complementary Medicine in Britain. It is: 'diagnosis, treatment which compliments mainstream medicine by contributing to a common whole, satisfying a demand not met by orthodoxy'.

There are over a hundred complementary medicines. The main ones are:

- Homeopathy
- Acupuncture
- Traditional Chinese Medicine
- Herbalism/herbal supplements
- Aromatherapy
- Chiropractic
- Osteopathy
- Reflexology

I wanted to look at why people spend so much globally on complementary medicine. It's calculated at £40 billion, £4.5 billion in the UK. These are therapies from which a lot of people get benefit, but

they are expensive and unproven and they can be dangerous. There have been a lot of recent books which have been very critical of complementary medicine and show it is not really backed up by robust evidence. But people love it and are continuing to buy it in enormous amounts.

The prevalence of complementary medicine is probably about 46 per cent:

- No definitive data on use of CAM in the UK. Most studies flawed, response rate low and those who do respond are proponents of CAM (Pozadski 2003).
- 46% of the population can be expected to use one or more CAM therapies in their lifetime (Thomas et al 2001).
- 31 million visits were made in 1998 in the UK to practitioners of eight established complementary therapies – acupuncture, chiropractic, homoeopathy, hypnotherapy, medical herbalism, osteopathy, reflexology and aromatherapy (Thomas et al 2001).
- A BBC survey on the use of CAM in 1999 based on 1,204 interviews, estimated that 20% of adults in the UK CAM used some form of CAM every year.

So almost a half of the population can be expected to use one or more therapies in their lifetime. Most people have either experienced it or used it.

There was a conflux of consumer individualism and disillusionment with mainstream medicine and there were quite a lot of medical scandals in the late 1990s like Alder Hay and Liverpool Hospitals, where the organs and tissues of babies were retained. Editors wanted to write about complementary medicine. People were using it. The Medical Journalists' Association was established at the time as was the Guild of Health Writers. Editors started to commission health journalism.

There are problems with complementary medicine coverage. One is that the mainstream journals are unsympathetic to positive studies of complementary medicine. There was a huge proliferation of journals in complementary medicine, all of which came round about the mid-1990s. Most of the board members were practitioners, all had vested interests in complementary medicine.

Problems with primary sources

- Trademark of good journalism is that journalists give equal weight to opposing views. But weight of scientific evidence on some issues is so strong that journalists seeking to do so create a 'false balance' (debate, City University London, 25 March 2014).
- "Why talk to wizards?" (Michael Hanlon, an author and former science editor of the *Daily Mail*).
- All sources are 'willing to dance' (Herbert Gans, *Deciding What's News*, 1979) – eager and agreeable to talk because they wished to promote a therapy or product – or disprove them.
- Who is credible? Who do you trust?

The trade mark of good journalists is to get a balanced view. But should there be a balance between on the one hand researchers and doctors who say there is no evidence for this and we've done lots of studies and on the other complementary therapists who say there is lots of evidence and it really works? It's very difficult to balance the two. All sources were willing to dance is the terms used by

Herbert Ganz, a media studies academic; they wanted to talk about either about promoting the product for therapy or they wanted to disprove it.

My problem was who do I trust? This was very difficult. I divided them into these categories:

- **Sceptics** – academics and/or physicians who were conducting research or had an academic interest in the field.
(Ernst, HealthWatch, US sceptics – Stephen Barrett (The Health Robbers))
- **Dispassionate observers** – academics, researchers, such as toxicologists, and health care professionals whose patients were treated with CAM therapies.
- **Believers** – heads of CAM organisations and practitioners who they recommended.
- **Witnesses** – those people who had experienced a particular therapy or therapies and who journalists refer to as ‘case histories’.
- **Sceptical believers** – medically-qualified CAM practitioners often running degrees in CAM, heading up of homeopathic hospital, represented on government committees

The sceptics at the time were not very numerous. The ‘dispassionate observers’ were perhaps toxicologists, medical consultants whose patients had undergone hypnotherapy, academics. This is much more complex than researching standard health journalism.

With the believers it was very difficult because you very often had rival organisations ‘dissing’ each other. They were unregulated, anybody could set themselves up as a therapist. I had no idea whether the practitioner who might have been very well meaning was qualified enough to do no harm. Or were they a charlatan? I did interview a practitioner of Tibetan medicine and wrote about this person in the *Express* and he was exposed as a charlatan about a decade later. It’s very difficult to know so I was very sceptical of these believers.

Sources have to be able to communicate, they have to be accessible and they have to be at least honest and reliable. But they also have to be credible (Dunwoody and Ryan 1987). That credibility comes from them being able to talk only about their area. There’s lots of experts who will happily wander right outside their area of expertise. There is an element of interviewing these people when you think they are not credible without really knowing why. But there was a lot of that. I did build up trusted sources. I also asked colleagues. I met them at press conferences and wanted to know their opinions.

When sourcing all journalists must question credibility but particularly with this. Who do you believe? I think this is still true today. I am guided by my dispassionate observers and the sceptics. I was probably the most wary of believers.

Problems with case histories

In this field we increasingly use case histories and a lot of scientists have been really critical of journalists who use case histories:

- Ernst (2004) – UK media ‘relentlessly promote alternative medicine through the use of anecdotes’. Ragnar Levi (2001) talks of the ‘tyranny of the anecdote’, but adds not a problem if used ‘carefully and sparingly’.
- Illustrates misunderstanding between scientists and journalists
- Scientists argue that anecdotal evidence often fails to match up to scrutiny and may contradict the findings of clinical studies.
- The subjective voice is disparaged by both scientists and journalism scholars (Coward 2013).

I think science argues that anecdotal evidence isn’t evidence but particularly in fields like complementary medicine it’s possibly the most important evidence so in the *Which Guide to Complementary Medicine* people weren’t really interested in case histories. But they certainly were for the *Express*. They were always positive because they are supplied by the therapy providers. They are very powerful:

- People are hard-wired to find anecdotes compelling. They want to hear about ‘ordinary’ people, who have experienced a particular illness/treatment.
- These stories are as powerful, if not more so, than evidence from experts or peer-reviewed journals.
- Problem – most are positive and supplied by practitioners. Case histories often proselytise about their treatments or exaggerate to please both journalist and practitioner.
- Growing tendency to use case histories not just to *illustrate* a particular illness, but to present it to audience *entirely* through the prism of one person’s experience – or the journalist’s experience.

I think now there’s a growing tendency not just to use case histories, to illustrate stories, but to associate them to an audience as entirely true case history, and for journalists to use their own experience as well. For complementary medicine they are very important. I did interview one case history that was very negative which I got through the Patients Association. That was very powerful and was used in the *Which Guide to Complementary Medicine* but toned down.

Problems with PR

I have found there is a lot of PR but it is around products, herbal supplements. There was very little breaking news in complementary medicine, very few umbrella organisations were producing press releases, very few peer-reviewed journals would produce press releases so it was left up to the manufacturers of these herbal supplements to have events, which were sometimes lavish. But they were usually packed with sources. We relied on PR to keep us supplied with ideas and I felt this was an important area to cover because it’s so wide.

How is CAM framed?

- **Natural** – most important concept in CAM (harmless, good, virtuous, embedded in Western culture).
- **Ancient** – often powerful, founding, masterly.
- **Holistic** – rarely extends beyond the body.

- **'Complementarity'** with conventional treatment. Depicted as 'benign support, helping a patient's recovering while the doctors got on with the real curing'.
- **Guilt** – 'total health' lies with the reader. A sick body is a neglected body – a sign something mentally or spiritually wrong; 'If you're not healthy it's your fault'.

Why do people buy CAM?

Users of CAM have been framed as being duped or irrational: 'Why do so many otherwise savvy consumers trustingly pay out considerable sums for unproven, and possibly dangerous, health products' (Beyerstein 2001).

I don't think they are. I think people buy it for two reasons. They are either seriously ill and orthodox medicine is not really offering them much, they've been through all that. There's the other category of people, who want to be totally healthy and they are in pursuit of their wellbeing.

Why do editors still want CAM?

- Media coverage tends to be 'over-enthusiastic, inadequate, incomplete and insufficient to make an informed choice' (Ernst and Milazzo 2006).
- Risks are downplayed (Weeks and Strudsholm 2008).
- Persuaded by sceptics (Quackwatch <http://www.quackwatch.org> ; Edzard Ernst, Ben Goldacre, David Colquhoun <http://www.dcscience.net>).
- Want it less so now – nothing new to report. Segued into 'wellbeing'.

Why it matters

I think it matters because we spend an enormous amount on complementary medicine and it's set to rise. CAM receives money from government, £500 million a year in the UK, £4 million alone on homoeopathy. Although it gives a lot of benefit to a lot of people I think it can be dangerous when it's used in combination with drugs. I think there is a lot of ignorance about that. People use cocktails of herbal supplements with pharmaceutical drugs. I think it can be dangerous when it interferes with treatment.

I also feel that it's not covered now. Because nothing new has happened, editors aren't covering it and I think that is a shame. For various reasons it does still need to be covered and that takes us back to news values, which rely on breaking news, on celebrity, and other things which on the whole doesn't go on in complementary medicine.

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