

**Sent:** 28 February 2013

Dear Gerald Blee

Further to our submission relating to the ASA Draft Recommendations, an incident occurred recently which we consider to have a bearing on the issue of 'objective' evidence and the available science.

A friend of two of the H:MC21 trustees was admitted to hospital by ambulance with abdominal pains. After scans failed to reveal any problems, the hospital decided that it was not serious. It took two days of pressure by the patient to finally force the hospital to conduct an exploratory operation, which then became emergency major surgery. She was subsequently informed that she would probably have been dead within two hours had they not operated.

The attached documents are from *The Political Economy of Health Care* by Julian Tudor Hart,[1] who spent most of his working life as a GP. What they show is that the experience described above is not unusual, and that there is an extremely serious risk in the promotion of the idea that information provided by the patient is not as important as allegedly 'objective' investigations. As he points out, 85% of the evidence used to reach any definitive medical diagnosis comes entirely from what patients say, and the evidence from investigations plays a minor role.

The sections we have included cover the following topics:

- Pages 45-47 report a similar story to the one in this letter and reactions to it.
- Pages 48-50 discuss the process of getting information from patients.
- Page 61 considers the sources of information for treatment.
- Pages 68-69 consider the relationship of patient information to EBM.

The argument that information derived from patients is unreliable and that only evidence from 'objective' investigations matters, is one constantly used against homeopathy. The increasing publicity given to this argument can only increase the pressure on non-homeopathic practitioners to act on the basis that information from the patient is unreliable. We wish to make it clear that this argument is not only contrary to good medical practice, whatever system is used, but is actually dangerous. The more this attitude is encouraged, the more likely it is that patients will, at best, not receive the healthcare which they need at the earliest possible stage, or, at worst, will die unnecessarily. As such, those pressing this argument are acting in a highly irresponsible way.

We understand that the ASA is exposed to this pressure itself, but we recognise that its role is to assess claims on the basis of the available science. We maintain that the available science strongly supports the position that information from patients should not be disregarded, and that arguments to the contrary are abstract and ill-founded, no matter how widely they are promoted.

Yours sincerely

Jacqueline Mulhallen

1. Julian Tudor Hart, *The Political Economy of Healthcare* (Bristol: The Policy Press, 2010).