Part One

To summarise the House of Commons Evidence Check 2 and the government response

The Evidence Check 2 was the second investigation by the Science and Technology Committee appointed by the House of Commons. Its subject was an examination of the British Government's policies on the provision of homeopathy through the National Health Service (NHS) and the licensing of homeopathic products by the Medicines and Healthcare products Regulatory Agency (MHRA).

This was selected because the Committee was disturbed by the Government's responses in September 2009 to questions it asked about the evidence base underpinning several different policies. The Government's response on homeopathy indicated to the Committee that scientific evidence was not used to formulate the licensing regime operated by the MHRA. The Committee stated that it was surprised by this response and decided to broaden the inquiry to include consideration of the evidence base underpinning the Government's policy regarding the funding of homeopathy on the NHS. The Committee was at pains to point out that the enquiry was not into homeopathy itself but was restricted to a consideration of whether scientific evidence supports government policies that allow the funding and provision of homeopathy through the NHS and the licensing of homeopathic products by the MHRA.

The Committee received oral evidence on 25 November 2009 from two panels; one focused on NHS funding and provision of homeopathy and the other on MHRA licensing. The expertise of the witnesses on each panel spread across both topics and there was overlap on the issues discussed, particularly in relation to the evidence base. On 30 November 2009 it took oral evidence from Mike O'Brien QC MP, Minister for Health Services, Professor David Harper, Chief Scientist at the Department of Health (DH), and Professor Kent Woods, Chief Executive of the MHRA, on the Government's policies. It also received sixty written submissions.

The first part of the EC2 focussed on the evidence of efficacy. The Committee agreed that the gold standard of efficacy, as in conventional clinical medicine, were randomised, double blinded, controlled trials but since the results of individual different RCTs may vary (particularly if participant numbers were low), it concluded that an analysis of several trials together (meta analyses), or of comprehensive systematic reviews, had the effect of increasing statistical reliability and were the most important in unequivocally establishing evidence of efficacy. The committee considered the role of the placebo effect as well as the ethics of giving placebos to patients in trials at all. It also distinguished between efficacy and effectiveness. It concluded that patient satisfaction analysis would not help and on this basis did not consider practitioner or patient testimonials.

The committee then turned its attention to the scientific arguments relating to homeopathy. They were concerned that the 'like-cures-like principle' could be over extrapolated, and the emphasis on simply treating and putatively curing symptoms was over simplified because symptoms could be caused by many different causes and so, for a

treatment to be truly disease modifying, they considered that ignoring the causes and concentrating on the symptoms was poor clinical practice. Further they considered that ultra-dilution involving succession was scientifically implausible, especially when the most highly diluted materials were said to be the most potent.

Turning to efficacy, it then examined the statement from The British Homeopathic Association (BHA) that

> *"Four out of five comprehensive systematic reviews of RCTs in homeopathy have reached the qualified conclusion that homeopathy differs from placebo."*

It disregarded this statement in view of the strongly worded refutation by Professor Edzard Ernst, a specialist in meta analyses, who discredited the cited articles. This led to their conclusion that homeopathic products are not efficacious (*i.e.*, they produced effects no better than those of a placebo treatment).

In addition, it went on to conclude that further research on the efficacy of homeopathy was not warranted, stating that there had already been enough testing of homeopathy and much evidence showing that it is not efficacious, in addition to the ethical problem of asking patients to submit to a trial to answer a question that is already settled.

The next part of the EC2 concerned the issue relating to the registration of homeopathic products by the MHRA, and its availability on the NHS. These issues are outside of the remit of the present analysis.

In the opinion of the author, EC2 was a robust and fair examination of the evidence available to it and came to appropriate conclusions.