Summary

1. We are submitting further evidence in connection with case A10-139800/JN. This evidence is being sent because it confirms the bases of many of our objections to the arguments used by the ASA when it rejected the evidence we supplied during the investigation. As such, it was not evidence which we were required to have held before publishing the advertisement, but it is evidence which the CAP/ASA should have been aware of, and it is evidence which further confirms the invalidity of the ASA's arguments both scientifically and within the paradigm of evidence based medicine.

Details

2. Further to our appeal against the ASA decision, we are submitting Homeopathy in Healthcare – Effectiveness, Appropriateness, Safety, Costs: An HTA report on homeopathy as part of the Swiss Complementary Medicine Evaluation Programme. This Health Technology Assessment (HTA) was commissioned by the Swiss Federal Office of Public Health (FOPH), and completed in 2004. An abbreviated version was published in German in 2006 in the journal Forschende Komplementärmedizin. Homeopathy in Healthcare is the first publication in English of the full report, which we received on 23 December 2011.

   2.1. Of the 13 authors 10 have qualified in medicine and 6 of these have subsequently qualified in homeopathy. The three authors not trained in medicine have backgrounds in physics, electronic engineering or sociology, but have worked in medical fields. 8 authors hold academic positions, and 6 of them have worked with CAM issues (see pp. 230-234). As regards conflicts of interest, *Homeopathy in Healthcare* states that

      2.1.1. Compilation, evaluation and revision of this report were carried out in adherence to the commission documents and the FSIO [Swiss Federal Insurance Office] specifications on behalf of the FSIO. Nobody involved in the compilation had any financial or other conflict of interest. Whenever expert advice was sought from a physician who himself uses the method in question, independent experts were also consulted. (p. 230)

   2.2. From this it is clear that the authors have the appropriate expertise to undertake an assessment of homeopathy, have no vested interests, and have used an appropriate and scientific approach to the available evidence.

3. We are submitting this additional material for three reasons:

   3.1. Firstly, the Health Technology Assessment (HTA) was a major analysis of homeopathic practice by independent academics, commissioned by a national government, and using "an established scientific procedure which, in contrast to the meta-analyses and systematic reviews specified by the Cochrane Collaboration Standards, examines not only the efficacy of a particular intervention, but especially also its 'real world effectiveness', its appropriateness, safety and economy. HTAs are therefore much wider in scope and politically more informative." (p. 1). As such the CAP should have taken it into account in drawing up guidelines for the advertising of homeopathy, and the ASA should have taken it into account in responding to the arguments we presented in our submissions.

      3.1.1. In particular, the HTA takes into account the full framework of evidence based medicine (EBM), rather than just randomised controlled trials (RCTs). Indeed, the HTA seriously criticises reliance on trials of efficacy (RCTs):

         3.1.1.1. "The standard methods applied in recent years are so incompatible with the homeopathic approach that a qualified comparison of systems remains imposiible if there is no adaptation and integration of homeopathic methods. Because such studies have hardly anything in common with homeopathic practice – a fact that considerably reduces their external and model validity – they increase the likelihood of false-negative results." (p. 22)

3.1.2. The HTA also supports the growth of outcome studies on the grounds that they are "promising" in their tendency to "respect the unique qualities of homeopathy" (p. 203). The ASA has chosen to rely on RCTs, whereas we relied on outcome studies for the very reasons presented in *Homeopathy in Healthcare*.

3.2. Secondly, *Homeopathy in Healthcare* corroborates the arguments we used in our submissions in support of our statements about homeopathy's efficacy, effectiveness and cost-effectiveness. Given that our evidence post-dates that used by the authors of the report to reach their conclusions on these issues, the report serves to validate our evidence as further confirmation of those conclusions.

3.3. Thirdly, *Homeopathy in Healthcare* rejects conclusively and in detail the conclusions of Shang et al. (2005), even though the research on which this subsequent paper was based was commissioned as part of the Swiss evaluation programme (see pp. 39-44). The positions in respect of homeopathy of both Sense About Science (*Sense About Homeopathy*, 2006) and of the Commons Science and Technology Committee (*Evidence Check: Homeopathy*, 2010) are fundamentally based on Shang et al. (as we have pointed out), despite the fact that the serious criticisms re-presented in this publication were published in 2005 and so before either organisation adopted its position. The failure of these bodies to take these confirmed criticisms into account is a clear indication of their partisan approach to the subject.

4. In the light of these independently reiterated criticisms, the reliance on the *Evidence Check: Homeopathy* by the CAP/ASA, and the apparently explicit reliance on Shang et al. (already noted in our appeal) are clearly of questionable validity for an organisation supposedly basing its decisions on "the available scientific knowledge".

Conclusion

5. We hope that you will accept that the Swiss Health Technology Assessment (HTA) has a significant bearing on the case, and that it is appropriate to submit the English publication of it at this stage on the grounds that:

5.1. The original report of the HTA (2006) should have been taken into account by the CAP/ASA when drawing up the guidelines on the advertising of homeopathy. Failure to do so suggests that the guidelines were not drawn up competently, and so do not provide a fair basis for assessing marketers' evidence about homeopathy.

5.2. H:MC21 presented the ASA with arguments about homeopathy and the context of homeopathic research, and provided substantial evidence in support. The HTA is an authoritative report which corroborates those arguments, confirming the validity of the arguments and evidence we used in our case.

5.3. This report specifically confirms that the basis of the ASA's arguments against our evidence has no validity within EBM, and therefore those arguments were not a valid criticism of the legitimacy of our evidence.

5.4. The report specifically rejects the validity of Shang et al. which is the sole evidence on which the ASA's position is directly or indirectly founded. Much of material on which the rejection of Shang et al. is based was presented to the ASA as part of our case, but was ignored by the ASA. This report confirms the relevance and authority of that material, and the invalidity and lack of competence of the ASA investigation.

5.5. We have brought this publication to your attention as soon as we had assessed its significance.