Research into Complementary Medicine: Some Future Challenges

The 10th anniversary of my chair in 2003 is an occasion for looking back at what has been achieved [1]. It is also a time for looking ahead and anticipating the challenges which research into complementary medicine (CM) might face in the next 10 years.

There are, of course, the obvious logistical problems such as funding and infrastructure. Both are overtly lagging far behind the current popularity of CM [2]. The challenge will thus be to bring such logistical support in line with today's prevalence of CM usage. Because commercial interests in CM are scarce, support will have to rely heavily on government and charitable funding. To persuade such institutions that investment in CM research might be the right strategy, the CM world first needs to become more unanimously convinced that CM research is the correct way forward. In other words, the last pockets of CM resistance against science should disappear, and it is up to us to achieve this goal.

Few areas of medical research are as much in the public eye as CM research [3]. This is an extremely mixed blessing. On the one hand, publicity can facilitate raising the much-needed funds and support mentioned above. On the other hand, this unusually high visibility renders interference from outside a likely and, in my view, often unwelcome event [4]. Before going into full-time CM research, I was research-active in several other areas, and never before had I experienced this level of interference. This relates to all conceivable aspects of research, from recommendations on technical details (e.g. which treatment regimen to test) to suggestions about research strategy or 'the big picture' (e.g. the role of CM in tomorrow's healthcare). Nobody should reject expert advice but the advice I am talking about is often from lay people or self-appointed experts. Thus the advice is often misleading, driven by various self-interests and unscientific. Add political correctness to all this and you have a potentially powerful obstruction to effective research. I am often reminded of Bert

Brecht's bon mot, 'the opposite of good is not bad but good intentions'. The challenge for future CM research will be to channel such public interest constructively and prevent it from exerting undue influence on research.

Research is meaningless if it does not answer the right questions. There is a general agreement that CM is woefully under-researched and that the most burning questions include those about its efficacy and safety [4–6]. Notwithstanding this fact, large proportions of the relatively meagre research funds available for CM continue to be directed to research addressing issues other than the above [7]. An important challenge will therefore be to get our priorities right. Most CM researchers feel that our research tools require improving [5]. CM research must be as scientifically sound as possible and, at the same time, it should account for the many idiosyncrasies of CM. Scientifically sound means, amongst other things, that investigations should:

- minimise bias
- be reproducible
- seek to establish causal relationships where possible.

These are fairly obvious points in conventional science. However, in CM research they continue to be contentious issues. For instance, one might be concerned about the fact that many CM researchers today are firstly advocates of CM and only secondly scientists. This could lead to investigator bias which is capable of distorting findings [8]. It could also prevent CM research from being taken seriously by those who we need to convince most: the sceptics. The challenge, in my view, will be to conduct research so that it foremost convinces our critics who don't (yet?) believe in CM or the necessity of conducting research in this area [9].

Even if we use the right research tools to tackle the most burning questions, we still need to be clear about the best strategy for making progress. 'Integrated medicine' has fast become the new buzz word in our field. It stands for two dif-

ferent things: firstly whole person medicine and secondly the incorporation of CM into medical routine [10]. In my view, this dual concept is superfluous, misleading and counter-productive: superfluous because all good medicine has always adopted a whole person approach, misleading because incorporation of well-documented treatments is not 'integrated' but evidence-based medicine, and counter-productive because integration of unproven therapies would render healthcare only less effective and more expensive. The challenge with respect to new fashionable terminology or concepts (more precisely pseudo-concepts) in CM will be to scrutinise their validity before adopting them. Changing terminology every decade is, in my view, not conducive to progress.

I think it was Mark Twain who once noted that predictions are awfully difficult, particularly about the future. I certainly do not pretend to know what the future of CM will bring. But I hope that considering the aspects discussed above will enable us to be better prepared for some of the problems we will face.

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