COMMENTARY

IS HOMEOPATHY REALLY ‘MORALLY AND ETHICALLY UNACCEPTABLE’? A CRITIQUE OF PURE SCIENTISM

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Smith’s starting premise that ‘homeopathic medicines have no direct biochemical or physiological effects’ (i.e. are ‘implausible’ placebos), is necessary in order to consider homeopathy’s presumed ethical ‘utilities and dis-utilities’. But it is a fallacy to ignore mounting and increasingly compelling scientific evidence which suggests not only that highly diluted substances produced in the homeopathic manner might have in vitro and in vivo effects (i.e. are plausible), but also that they do not contravene known scientific laws and principles.

Smith also fails to acknowledge conventional medical literature supporting a core homeopathic principle, namely hormesis – the biphase dose response to a substance, characterized by a low-dose stimulating/beneficial effect, and a high-dose inhibitory/toxic effect. This, Calabrese notes, ‘... is far more common and fundamental (in medicine) than the (linear) dose-response models used in toxicology and risk assessment. ... hormesis has the potential to profoundly affect the practice of toxicology and risk assessment. ...’ Modern toxicology therefore contradicts Smith’s assertion that homeopathy is fundamentally illogical.

All this suggests that at the very least there is disagreement over the effects of homeopathic medicines, and that a more reasonable starting premise might be homeopathy is of uncertain efficacy. This would inevitably alter Smith’s conclusions as his whole argument rests on the assumption that homeopathy is nothing but placebo.

References


Smith studiously avoids utilitarian scrutiny of conventional medicine, yet according to an older ethical covenant (‘First, do no harm. . . .’), it has serious (and acknowledged) disutilities.6 Homeopathy in contrast has a good safety record with little risk of harm.7 Yet Smith claims potential for harm should patients seek homeopathy rather than conventional healthcare. This is simply untrue; patients rarely use homeopathy as primary care; most seeking homeopathic treatment have tried conventional approaches first.8 Also, many homeopaths refer patients back to their GPs after in-depth consultation reveals something missed. Hence, homeopathy can act as an extra safeguard rather than a potential risk.

While claiming that scientific trials of homeopathy lack quality,9 Smith forgets that biomedical trials have significant problems of their own. For, of 2500 conventional medical procedures tested, over half (51%) were of unknown effectiveness.10 Worse, widespread academically-condoned fraud and abuse of science in biomedical research exists,11 with around 1000 incidents of suspected fabrication and plagiarism unreported in the US every year.

Yet homeopathy’s positive effects are excluded from the mainstream literature: no bad thing perhaps when, as Marcia Angell points out:

It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgement of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached. . . . over my two decades as the editor of The New England Journal of Medicine.12

But no one suggests conventional medicine ‘is ethically unacceptable. . . .’ or should be ‘actively rejected by healthcare professionals’.

More perplexing is Dr Smith’s claim that homeopathy could weaken support for science-based medicine. Such fear is rooted not in science but in scientism,13 i.e. the unscientific belief that compared to other forms of knowledge, science is the absolute and only justifiable access to truth.

Taken to the extreme, scientism defaults to Internet-fueled inquisitorial intolerance14 which, supported by certain academics, sections of the media, and (usually anonymous) blog sites, systematically vilifies anything considered ‘unscientific’, e.g. the campaign to undemocratically rid Britain’s NHS of its homeopathy/CAM facilities.

Fortunately, not all share such fundamentalist views, especially at the frontline.15 It is also clear that under the guise of Evidence-Based Medicine (EBM), scientism infiltrates medical practice, much to its detriment.16 Begun as a rational attempt at clinical decision-making for patients’ benefit, EBM has become an evidence ‘monoculture’,17 downgrading practical experience in favour of only scientific evidence to inform clinical judgments.18 Over-enthusiastic enforcement could mean over 50% of all current medical procedures being postponed19 while awaiting proof of efficacy: meanwhile, patients would suffer. Is that ethical?

Ultimately, Smith’s analysis rests on a questionable premise, so his ‘ethical’ rejection of homeopathy is

17 Sackett et al., op. cit. note 15.
18 Leggett, op. cit. note 15; Holmes et al., op. cit. note 16; Devisch & Murray, op. cit. note 16; Rawlins, op. cit. note 16.
suspect. To avoid accusations of bias, might he consider similarly rejecting conventional medicine? We suggest an alternative strategy. Biomedical commentators like Smith could for once try forgetting their limited scientific world-view,20 and join in calling for an integrated approach to medicine. Its fundamental lesson: that while no one therapeutic modality provides the magic elixir for all of humanities ills, we stand a better chance and can do a better job if we work together for our patients’ benefit.

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