Medicine and Healing

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Thank you for this opportunity to share with you, and indeed to continue with you, the exploration of the relationship between medicine and healing that has occupied me for the best part of 60 years.

Introduction

I’ll begin with some general observations: First, my personal definition of ‘medicine’ as - *“The disciplined use of any human talents or attributes in the service of healing”*. This implies two things – firstly, that there are many talents and attributes common to many people that can promote healing; secondly that they may or may not be used in a disciplined way. For example: a child falls over and hurts his knee, and the mother takes him in her arms to ‘kiss it better’; and it does make it better. That is a simple, spontaneous human action; an example of the commonplace acts of kindness to others in need that help to make things better, sometimes very much better, but which are not disciplined or formalised. Whereas in medical practice the use of our talents requires ‘discipline’. To approach something in a disciplined way, whatever our role - as a scientist, an athlete, a musician, or a gardener - requires consistent effort and application, a desire to learn and improve, self-criticism and honesty. And although it should involve an ambition to do things *well*; and in medicine a belief that we have the ability, perhaps even the power to do good; it is not a self-centred ambition; it requires what I call ‘humble hubris’. The discipline that the role requires may be self-imposed; indeed, it must be. But it may also be imposed in part by our culture, our education and training, or by the profession in which we apply our skills and attributes.

 What that definition does not tell us, is what ‘healing’ actually is; what ‘healing’ means; or what it means to me. The answer to that, will emerge as I go on. But for now, I will say that as far as medicine is concerned, healing is our disciplined response to what Shakespear called *“the heartache and the thousand natural shocks that flesh is heir to”*.

 My second observation is this: There are two ways in which we can respond to that need for healing. One is through the manipulation of body function and the control of disease processes; which medicine is good at. The other is through enabling and reinforcing the natural healing resources of body, mind and spirit. Which medicine is not good at. Ideally, of course, the two approaches can, and should, be mutually supportive.

 This touches upon a distinction that EF Schumacher makes in his excellent little book *A Guide for the Perplexed*; the distinction between ‘science for manipulation’ and ‘science for understanding’. Without that understanding, medicine can become dehumanising, and demeaning; literally *de-meaning*. An antidote to that error is the motto of The Royal College of General Practitioners, to which I belong: *Cum scientia, caritas* – With science, love, compassion, caring.

My journey

 Having set the scene with those broad-brush observations, I will take you on my personal journey of exploration. In 1976 I published three articles on medicine and healing for different audiences. One was for general readers in *New Society*, one for a general medical readership in *World Medicine*, and one for General Practice in *The Journal of the Royal College of General Practitioners*. The common theme was best expressed in the title of the article for *New Society* – ‘Medicine and Healing – A broken marriage?’ At that time, I had been qualified for ten years and in General Practice for seven; having completed a pioneering vocational training scheme.

 But, how and why had I become so concerned about the breakdown of what I perceived to be a crucial relationship at that point in my career? Until I was 13, I had wanted to be a farmer. The sudden conviction that I should be a doctor was in no way prompted by my parents, who were both doctors, but of course must have been to some extent influenced by my experience of their working lives. They were both skilled clinicians, but I was more aware of the human rather than the scientific dimension of their work – the role they played in people’s lives over and above their expertise.

Another factor that has influenced my perception of ‘whole person’ medicine is my awareness of the spiritual dimension of life, and the particular sense of value and meaning that it imparts.

 The study of science did not come easily to me, and I struggled at school; and at university at first. Until, studying for a physiology degree, the excitement of scientific enquiry and the wonder of what it revealed about human nature, and indeed all creation, took hold of me. But at medical school my sense of vocation was tainted by what has been called, ‘the hidden curriculum’ of medical education, in which ‘the biological imperatives’ insidiously diminished ‘the aspirations of the human spirit’ in determining human wellbeing. (As Mike Fitzpatrick wrote in *The Tyranny of Health.*) In the worst case, the patient as a person could be completely neglected. So, general practice, with its concern for the whole person in the context of their everyday lives, was a natural choice.

The rich and complex tapestry of health, illness and disease that was revealed in my vocational training was augmented by the psychodynamic insights of Dr Michael Balint that were beginning to influence general practice at that time. (the late 60’s) So, although I relished the detective work of making an accurate biomedical diagnosis of my patients’ ailments, I was increasingly aware that if I was to help them to be well and to live more fully, there was a lot more to it than that.

 I joined a very good practice in Yeovil in Somerset, where the relationship between GPs and Consultants was collegiate and supportive, and my senior partners were already evolving an excellent primary care team, with a warmly collaborative relationship between doctors, nurses, health visitors and social workers. But for all its virtues, I was uncomfortable in that role. In a short story by Kafka, a country doctor remarks that “to write a prescription is easy, but to come to an understanding with people is hard”. And I realised that there was often a further and necessary, and even harder step to that process, which was to help people come to an understanding with themselves. To practise as I knew was right for me, I needed more time than the organisation of the practice allowed in order to achieve that understanding.

To be able to provide it, I moved and set up a new practice with fewer patients, and routine 15-minute appointments. Which was a rare luxury then; though more common now.

The structure of wholeness

To help me in seeking and facilitating that understanding, I created this diagram to represent all that might be going on in the life of my patients that might have a bearing upon their health and wellbeing; which I call

the structure of holiness:



From *Remodelling Medicine*, Saltire Books 2012.

It represents the complexity and subtlety of the interactions between the traditional dimensions of body, mind and spirit, or soul; and on the perimeter, the circumstances of our lives that impinge upon, condition and influence those three.

Homeopathy

It was in 1978 when I arrived at this personal understanding of the dynamics of health and illness as they affect individual patients; the unique person who is ill. I then encountered homeopathy. I have no idea what prompted me to look into it. Previously, I only knew of it as a pejorative term used by the Professor of Medicine to reproach a fellow junior doctor for prescribing an inadequate dose of some drug. But I soon discovered that the homeopathic approach suited my way of working as a doctor; and that I was able to achieve more for my patients with it than without it.

I am not going to try to explain how homeopathic medicines may work, or even to persuade you that they do. We can certainly be sure that they have no *known* biophysical or pharmacological effect. But I am going to tell you what the use of this approach to medicine taught me about healing. And you must realise that in doing so I will be describing clinical facts. Not theories or speculations, but actual clinical changes in the mental, emotional or physical condition of patients.

Most doctors who come to use homeopathy regularly do so after witnessing changes in patients that exceed every expectation of what would have been possible with conventional medicine, or that might have been expected to occur spontaneously without treatment.

In my case it was an 11-year-old child with Megacolon – a chronic and intractable dilatation of the large bowel – who recovered normal function after treatment with a high dilution of a homeopathic preparation of Aluminium. I was apparently observing change brought about by enabling the body’s own natural healing resources. The task that medicine is bad at.

A further revelation was this: Patients with chronic illness often have multiple symptoms affecting more than one body system – multiple morbidity. Conventionally we would treat each ailment separately, with all the risks that the polypharmacy required may itself cause symptoms. Whereas homeopathic treatment can achieve the resolution of multiple symptoms (co-morbidity) with one regime.

And when this happens, the first symptoms to resolve may not be the problem with which the patient presented. They may be seeking treatment for their intolerable eczema, rather than the coexisting asthma which is well controlled by their inhaler. But if well treated, it will be the asthma that shows signs of improvement first. And in any case of co-morbidity, it is likely to be the more deep-seated ailment that improves first – the heart condition before the arthritis, for example. It seems that the body has its own wisdom in these matters.

The diligent record of patients’ symptoms and all aspects of their wellbeing that the homeopathic method requires, often revealed changes that surprised the patient as much as me. Reviewing my notes at a follow-up consultation I might ask, “By the way, how are the headaches?” - “Oh, the headaches”, the patient might say, “I’d forgotten about them. They seem to have stopped.”

Quite often after treatment a symptom will get worse before it gets better. A phenomenon that occurs with other complementary therapies, I believe. This requires careful management, of course. Or a symptom that had been disregarded at the first consultation flares up for a while. A patient consulted me for treatment of arthritis. At the first consultation he had not mentioned a small skin eruption. He arrived at the next consultation covered with an extensive slightly scaley skin eruption, rather like psoriasis; and his arthritis was unchanged. I was seriously alarmed! But astonished and relieved when he then said, “But despite that, I feel much better in myself!”

Over the next few weeks, the eruption slowly subsided from the face downwards. It was like watching the tide going out. He continued to feel well in himself. And in due course, his arthritis improved.

Those are examples of what I have called ‘clinical facts’ that radically challenge the biomedical mind, and our conventional knowledge of physiology, pathology and therapeutics; and that open our minds to new insights and perspectives of healing.

But, for me, the most significant insight that homeopathy has provided, and which that patient I have just described exemplifies, is this: A change that often *precedes* amelioration of physical symptoms in chronic illness, and may even accompany an increase in symptoms, as it did with him, and that is seen as a particularly good indication of a good outcome, is an improvement in wellbeing and quality of life. This, of course, is what we hope will follow the removal of physical symptoms by conventional means; but only *after* their removal, not before.

The most vivid example of this, was a patient who consulted me for treatment of asthma, for which he required frequent courses of steroids. At follow-up to his first prescription, he told me two remarkable things. He said his asthma was no better, but that he had begun to enjoy playing his violin again, and was getting on much better with his wife. Despite the comprehensive nature of the history I had taken from him, I did not know that he played the violin. And although he had described his temperament, we had not discussed his marriage. His wellbeing and quality of life had improved almost immediately, but it took some weeks and a number of appointments before his asthma began to improve.

A minor miracle of a similar kind was reported by the mother of a 5-year-old child I was treating for eczema. On his arrival for the first consultation, he immediately picked up the large box of toys I kept in the room for children, and tipped it out onto the floor. His robust physique and disruptive behaviour were actually more helpful to me in choosing his prescription than the typical characteristics of his skin eruption. At follow-up, his mother said, “Well, his skin is no better. But he’s become a lot easier to live with!”

My experience using homeopathy alongside conventional medicine for five years as a GP prompted me to leave full time general practice in 1983 and diversify; using homeopathy as my main therapeutic method, partly at the then-existent NHS homeopathic hospital in Bristol, partly in private practice; while also working in a mental health service and occasionally as a locum GP.

Being able to provide longer consultations in my homeopathic practice further broadened my experience of patient care and of healing; although in ways that were becoming apparent to me through its use in general practice and my habit of providing longer appointments when needed.

The homeopathic approach is non-pre-emptive in that it does not assume or focus on any particular physical or psychological diagnosis, even though patients may present with a diagnosis that has been provided in another medical context, and which may be the focus of their concern. They are encouraged to talk freely about their problems, themselves and their lives, though prompted, when necessary, by open-ended questions about particular issues. The course of the consultation is directed by them. One patient, for example, came ostensibly for treatment of her hypertension, but immediately started talking about the breakdown of her first marriage. This non-directive and non-judgemental approach clearly has psychotherapeutic potential, but without carrying the baggage of an explicitly psychotherapeutic intervention; and may be healing in itself. And, regardless of that, it may be the first time they have ever had the chance or been encouraged to talk about themselves as a whole, integrated person; to actually see themselves as a whole person. The consultation may be ‘whole making’, and healing in that sense.

Significantly, this process sometimes has a ‘confessional’ nature. Not in the sense that patients think of themselves as a bad person, though that may be so. But in that they are telling a story that, as they will say, they have never told anyone else before. The affirmation, perhaps even the sense of absolution, of being heard and accepted. Is, we know, healing. And the homeopathic approach makes this possible in a most subtle way.

 A patient with severe lack of self-worth related to abusive childhood experience, was unable to accept gifts or buy for herself things that she really wanted because she felt she did not deserve them. After just one consultation, and one homeopathic medicine, she returned for the next consultation having bought herself the expensive car she had always craved. Whether the appropriate homeopathic medicine was a catalyst to this remarkable change, or merely incidental, I do not know. And it really doesn’t matter.

I have seen similar resolution of physical as well as psychological ailments as a result of one consultation, and without any prescription. And have sometimes avoided giving a prescription; explaining to the patient that the consultation may have been helpful in itself, and we should wait and see.

At the age of 58, I suddenly knew that I should seek to become a priest, and was ordained the following year. And to an extent, my pastoral work as a parish priest was continuation of my work as a doctor. And, although formal confession is uncommon in the Anglican Church, I have on a few occasions been asked to hear confession and give absolution. One of these people was himself later ordained as a priest. Another, not so very different experience of a life transformed.

What have I learned?

So, after these 60 years of exploring the relationship between medicine and healing, and the complex dynamics of illness and healing themselves, what have I learned?

 I have learned that there is a mysterious relationship between what you do and the way that you do it that gets results; or not, as the case may be. That that relationship may be impossible to analyse; an enigmatic black box. But that *Cum scientia, caritas*, is the key that opens the box.

 I have learned that healing operates by different means on many levels. But that true healing involves some degree of transformation of wellbeing, quality of life and creativity. That healing creative, and not just remedial.

 I have learned that true healing is not just a self-centred individualistic experience, but must be to the benefit of others who share the life of that individual; sometimes in surprising, and not always comfortable ways.

 I have learned that there are not *healers*, but that there are many *agents* of healing. Some of whom exercise that gift quite unconsciously, or without the formal status that medicine or some other scientific or statutory discipline confers. Some of whom work within those disciplines, and have a vocation and the innate qualities that make them not only good practitioners, but true agents of healing.

And in regard to medicine itself and as a whole, I have concluded that its relationship with healing is not a broken marriage, but is an estrangement. (And in the light of the recent actions of the BMA, a serious estrangement.) And that, if medicine as a profession is to fulfil its potential as a healing vocation it needs an epiphany; a realisation that it cannot continue to depend upon the success of the biomedical model, and its ability to manipulate body function and control disease processes. That it has responsibility to the aspirations of the human spirit, as well as to the biological imperatives.

Every encounter between two people involves some kind of statement about how we value the other person. And in an encounter between any healthcare professional and someone who is ill, anxious and vulnerable, it is particularly beholden upon us to affirm the value of the person in our care. Every medical encounter should be an act of ‘worth-ship’. And that will make every medical encounter a healing encounter.

Discussion

*I struggled with some of your talk but really enjoyed lots of it. I am a physio but also psychologically informed and I recognise that we must do something about the overreliance on the biomedical model and I loved the way you think about healing. But I wonder if we need the homeopathic framework? I lot of what you are describing sounds like ritual – therapeutic ritual - and good communication, listening, validation etc. Can we have these without the homeopathic framework?*

# I think we certainly don’t need it but it suited me, and the things that I described as a result of using it, which might have happened had I done something other than homeopathy, were what fascinated me and revealed for me what healing could mean. I wrote a book called ‘homeopathic medicine’ which was published in two editions and I was fortunate to persuade two professors of general practice, one Conrad Harris at Leeds and the other Stewart Mercer at the time at Glasgow, to write forewords for them. They were both somewhat sceptical about homeopathic medicines but the both wrote very appreciatively about what I had described as the homeopathic approach, and both wished that it could be incorporated more fully in other medical practices. And a lot of GP’s would love to be able to work that way as well. And David Reilly, who has spoken at one of the SIG meetings and who is a homeopathic physician and medical physician, worked with Stewart Mercer and others to research GP’s attitudes to the opportunity to practice holistically in Scotland and found a high level of dissatisfaction with their inability to practice the way they would have wished. So I agree with you: it’s not the little white pills, although personally I am persuaded that there may be something in it, and there is some interesting research of a highly sophisticated scientific nature which may throw some light on it. But for our purposes this evening that is not really the point which is how to understand how can achieve more by a broader understanding of what healing means and how to approach it. Unfortunately Paul Dieppe who has been a regular member of this group wasn’t able to join us this evening but I have been working with him for many years since we were united at this SIG in 2009. He has been pursuing his research into healing and I have been able to work alongside him, and he has now written a book *Healing and Medicine: A Doctor's Journey Towards Their Integration, (*to be published in November 2023) resulting from his work. What he has said in this book is considerably more radical than anything I have said this evening. Paul is regarded as an academic clinician of impeccable reputation; he is not a flaky kind of alternative practitioner but a very well founded researcher. It is a very easy read and a lot of it based on his personal life which has been pretty dramatic! – he was a hostage to Saddam Hussain at the beginning of the Iraq-Kurdish war; his plane was highjacked. What is fascinating and impressive about the book is that he draws so much insight from such wide range of human, as well as medical experience.

# *He said that when he was in captivity he tried to make a personal empathic connection with the person who was in charge of the hijackers*

# There is quite a possibility that because of his academic reputation and the quality of his previous research that he will make people sit up and think a bit more in the way that I have been suggesting this evening.

# *A favourite quotation of mine - I forget who wrote it - is : “When skills and love combine miracles sometimes happen” , As a professional you bring your skill but you also bring your care – you have to have both.*

# There is a quotation from some bishop who said: “when I pray coincidences happen; when I stop praying they stop happening”. You can adapt that to homeopathy.

# *There is no question that the empathic*  *connection enhances the healing - looking after people and being concerned for them. I think there was a study of American surgeons who were being sued all the time. So they compared the ones who had been sued more than twice with those that had never been sued. And they found that the technical quality of the actual surgery was no different in the two groups , but when they looked at the consultations they found that the people wo were never sued were really listening to the patients - leaning forward and really connecting. They also found that the little encouraging noises they made in between speaking made a lot of difference to how people perceived them.*

# There was a particular patient in whom I had failed to diagnose within conventional general practice - fortunately not a disaster - who has given me thoughtful and precious gifts. He didn’t ‘t sue me.

# *I have two comments: firstly before the pandemic I used to spend a lot of time in China studying the outcomes of acupuncture. It was verifiable empirically that acupuncture has a clinically significant effect on pain. [….publishing …. The New England Journal of Medicine ….] questions acupuncture, whether it is useful at all because they reduce things to mechanisms. So (a) do you think homeopathy works the same as AP in the sense that it provides a pretext for connecting with the patient and they feel more comfortable and in a safe place where they can express their vulnerability and come to terms with it. I think that is how AP works, by the way, and works better in China where it has an almost sacred resonance in their culture. Can we distil that relationship to other treatments besides homeopathy? And (b) – I believe homeopathy is indigenous to India. So do you think homeopathy might have more resonance with culture and be still more effective in India?*

# Those are such interesting questions that I don’t think I can really do justice to them and they sort of raise supplementary questions about research. I spoke about the black box and the mystery of what goes on in the therapeutic relationship as a black box which may never be susceptible to complete analysis. I suspect that both AP and homeopathy do have biophysical actions which will be revealed by the kind of research that is going on analysing homeopathic medicines which is quite beyond my comprehension; it involves many branches of material science*:* physics, chemistry, nanotechnology etc. etc. People are demonstrating biophysical properties in dilute solutions of homeopathic medicines. I suspect that there is a lot more to be discovered and we are hardly scratching the surface. But whatever real biophysical activity is going on in acupuncture and homeopathy, surely  *relationship* is also key. Someone was quoting the example of surgeons just now and it seems evident from other research that it is always a matter of *who*  is doing it and *how*  they are doing it rather than just what they are doing in any therapeutic activity.

#  Just to pick up on the cultural question: that must be a factor. Part of this black box is always going to be a placebo effect and all the contextual effects which include culture and expectation, and all the incidental factors in the healing process, like nationality be it Indian or Chinese which contribute significantly to the outcome of treatment.

# *I am a social scientist and anthropologist, not a physician. I don’t reduce this to placebo – first of all you can’t test AP for whether it is placebo or not; you have to touch the patient or use fake needles or wrong points. When people talk about CBT or mindfulness they never talk about placebo. I think it is enough to talk about the relationship changing the patient’s understanding of their symptoms and coming to terms with them; you might not be able to remove them but the patient can get on with what they want to do. I don’t think that is placebo or incidental or even conjectural. My understanding of acupuncture is that that is the primary purpose: to change the patient’s cognition about their symptoms. There may be something biophysical like less stress hormones but that isn’t primary.*

# I was only talking about a spectrum of influences which include what you are talking about. I wouldn’t reduce that to a placebo and it is one ingredient of the therapeutic process. There is no doubt that there is such a thing as the placebo effect; there is lots of fascinating work demonstrating things like different coloured pills having different effects in different cultures ….

# …. *I absolutely agree but I think you guys – physicians – put too much emphasis on placebo. Let’s say you are a patient in China and go to the acupuncturist with pain so you can’t work or whatever. And the acupuncturist makes you better. Placebo is a Western concept and from their point of view it doesn’t make much difference but if they experience a clinically meaningful change they don’t care if it is meaningful or not. Even if it’s not statistical it’s meaningful for the patient themselves.*

# *We in primary care rely on the placebo effect – that’s our main thing! Clinical trials of drugs are supposed to eliminate the placebo effect but if you look a lot of drugs about 70 to 80% of their effect is placebo.*

# *We can’t delineate between the elements n the causation of the change.* A *placebo is a substance but a placebo* effect *is an observable, measurable change towards positive outcome which we can’t fully describe or delineate but there is lots of work looking at different types of ways of interacting with the body which might carry more weight in terms of the placebo effect: pills, injections and even surgery …*

# *…. But if you look at behavioural therapy the standard by which it is judged is not placebo …. What I am saying is that it’s not such an issue. So if we shift our perspectives and say the effect of my therapy is not through biophysical mechanisms but helping the patient understand and deal with their symptoms better – not to remove their pain but to allow them to live.*

*But don’t you think that in homeopathy, acupuncture and for that matter in primary care, physio - any kind of connection is highly ritualised. That has a massive healing effect - whether or not you want to call it placebo. We get people ringing for an emergency appointment with a really bad headache and when they see us say it as gone. The ritual of ringing the number, coming into the waiting room and walking down the corridor creates a huge shift: their expectation kick in, their belief that you know what you are doing … there is a massive amount that is non-medical and non-physical. Placebo doesn’t just apply to drugs or treatment in terms of how you connect with your patient …*

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*When you prescribe antidepressants to somebody you do warn them about the side effects and say “you might feel terrible for the first week or so but then it’s going to kick in and as you recover you’ll feel better and better …” So like in a supermarket you max sell the expectations ….*

*….Do you wear a white coat? - the witch-doctor effect! ….*

*… No, but we had an interesting Chinese patient who was working in his own takeaway all day and every night till 2.00 am, and presented week after week with all these physical symptoms; heart racing, pain in the head, can’t breathe - all the typical symptoms of stress. He went round al the partners, the practice nurses and even the pharmacist and everybody told him that he had to take a break. One night he ended up in A&E with a panic attack. He came to see me the next day and told me that the doctor in the hospital said he was suffering from stress! We had been telling him this for months but because the hospital doctor had a bigger building and a white coat and more equipment his expectations and beliefs were maximised.*

*I wanted to be a doctor and all my school studies were towards that but life decreed otherwise and I became a clinical psychologist, and ended up working in a medical environment with chronic pain. I have been very grateful that the one thing I couldn’t do was prescribe. So if I had to help someone all I had was to talk to them. If a person feels as if they have done something and they have agency then they will feel better. And if the doctor has said to them: you can take these, they can relax, because the doctor has allowed them to do something and they have control over their lives. That sense of control and relaxation ..… a doctor once told me that in hospitals one thing they used to do was to handle the uncertainty on behalf of the patient. A patient would come in with all these symptoms and they wouldn’t have a clue what the diagnosis was but they would say – you’ll be fine, or in the pain clinic they’d say we’ll have you dancing again – even if it wasn’t true. But that did enable the patient to relax and let go, which can be part of healing. But It’s not going to work with every patient…*

*….there is a sense of being cared for …*

*… A GP came out to see my daughter when she was in pain and said ‘It’s so nice to be doing proper doctoring again!’ I have done a lot of work with ‘medically unexplained symptoms’ using EMDR and one of the things that that tends to reveal is the chain of events leading up to them right back to childhood ( which isn’t necessarily always the right thing to do) But every symptom has a meaning which may be related to specific events, which may involve humiliation or a feeling of being out of control , and also death and thinking they were going to die. I work with the assumption that they know exactly what they mean because it has been there inside them all the time. It is also how much they can take at a stage of life . I can often see that they have other problems but if I can help them with the one thing they came for they feel so much better. I quite often get a sense – I don’t know quite how to describe it, but it comes from my mind – and things pop into my mind to say to the person and they go “Yeah!! that makes sense!” I have practiced a lot; I don’t tend to think too much but to have intuitive things that resonate with the person and they put their own life and their symptoms into perspective .*

*When you look back at the whole history of homo sapiens there must have been some kind of natural healing process before we had penicillin etc. ….*

*…there is a David Attenborourgh thing about a gorilla who was a head of his group and was attacked by all the young males and severely injured him, and he just sat eating leaves for a year and he healed – and then he sorted them out.*

*People talk about the healing intention so any clinician or anybody in a caring place for a friend or relative really wishes for that person to get better that has an effect that we can’t quantify.*

 *Regarding localising things: the Birmingham orthopods came up with a slightly different technique for hip replacement which they called ‘the Birmingham Hip’ . It was extremely successful and they published amazing results. But it only ever worked well in Birmingham!*

*A lot of what goes on is actually staring us in the face. We over-complicate things, we try to break things down into components but that’s not what it’s like with human beings …*

*One of the things that disturbs me is that a lot of medical students are trained using actors pretending to be patients. I went to one such session as a tutor and I had to tell a guy that he’d got lung cancer and I couldn’t get past the fact that this human being sitting in front of me was an actor and didn’t have cancer. And I made a complete hash of it.! I was torn apart by the teachers. But why are we teaching students how to pretend? – which could be quite corrupting. They should talk to real people.*

*We used to get actors for pain training but a few years ago we decided to just do it ourselves. You bring yourself to it – it wasn’t the same as patients but it was more natural and worked quite well. It also gave me a chance to put myself in a patient’s place …*

*I went to an amazing digital health conference at the RSM the other day and I was talking to a young medical student – she was 19 – and she has a virtual reality headset. It was showing a knee replacement and helps you through the whole procedure, so if you are training to be an orthopaedic surgeon you could do twenty rehearsals before you are let loose on a real leg. Teaching and training people in the future is going to be very different*

*A lot of patients don’t like coming out any more and there is a move to doing everything virtually. Some people are very successful at that but I hate the stuff … how do you interact? I think you lose something by not being present; you can use it as a tool but if you do just this and forget to meet people. I sometimes talk to people on the phone and say you really need to come in and these are the reasons why …*

*I hear that young people who spend their lives looking at screens can’t read faces very well now*

*There is going to be a huge amount of digital teaching of medical students. They have an amazing teaching tool for physio called augmented reality\* which produces dramatic improvement in Parkinson’s patients*

*It has many other potential applications like head injury rehab*

*It is already happening in the Netherlands where I live and has been integrated into several hospitals. But the research is slow to come. They did something in Australia called visual tactile illusion for arthritic knees where it looks as if the leg is being pulled and stretched which had a quite profound impact on a person’s experience of pain. A lot of symptoms of illness are artifactual like fatigue and … that can be changed within a good therapy but not necessarily maintained.*

 *But I am still struggling a bit with homeopathy, because homeopathy as an intervention doesn’t do very well against placebo in studies which are part of evidence based medicine and a therapy should be able to stand up to placebo. There is a part of me that doesn’t really understand why we need the homeopathic framework. In the therapies we are already talking about relationships, intersubjective space, context, environment – the idea of a therapeutic relationship going back to the Freudian concept. Why do we need … if homeopathy doesn’t stand up to rigorous testing, why do we need it?*

It depends what papers you read. The problem is that there is a very powerful publication bias against homeopathy. There is also a great deal of hostility, both medical and medicopolitical. There was a paper in the Lancet which was demonstrably flawed in its use of data and had to be withdrawn. There are big problems in acceptance of the evidence that does exist and it is just not correct to say that there are no trials that do not stand up to rigorous testing of evidence. There are such trials but they are expensive and there are not enough people doing it. You can recruit orthopaedic surgeons by the bucketload for trials of conventional interventions. The evidence is there if people want to look at it and take it seriously

*I kind of agree with Laura that if we are doing what we do: being present and establishing connection etc – to have to create something like homeopathy to do that when we could do it without seems superfluous. I am also concerned that any kind of practice, if it’s practiced by people who do not have medical knowledge or background or ethics there could be problems. I know of one case of somebody who was practicing homeopathic medicine on a patient with cancer and the patient died. One has to be a little bit cautious about what we are doing to produce that effect and extremely honest with ourselves about what we can or cannot do.*

I do agree with you.

*\** [*https://www.htworld.co.uk/news/vr/augmented-reality-makes-parkinsons-disease-physical-therapy-more-accessible*](https://www.htworld.co.uk/news/vr/augmented-reality-makes-parkinsons-disease-physical-therapy-more-accessible)

*When we study pain which is, for this group, the central symptom, as long as it’s not cancer pain, that removes some of that worry. We have to look at these relatively subjective symptoms ……but if I had cancer I would want to be treated biomedically …*

*I agree. One thing you can do with cancer: … I have a friend who is undergoing chemotherapy with horrendous side effects which she can’t deal with and I think there is a role for homeopathy to help deal with these. …*

*I use hypnosis for chemo side effects. It is really effective.*

*… we need the humility to acknowledge what our limits are … we need to be cautious …*

*I come from a physiotherapy background and for a long time we considered putting our hands on people to be sort of neutral and at best helping to bring about a positive outcome: some get better, some stay the same and some get worse. We decided to ask why some did worse as there is always a potential for a nocebo effect. So were we saying: this is whole person care, when what we are doing is modelling reductionism to the tissues in a sort of biomedical approach, even if it doesn’t look like medicine. We also know that neurotherapy\* for pain can make people worse; I can give it to one person and they will be vomiting on the floor and another will say their pain is reduced by 60%. We know that these things always have a potential for a good neutral or worse outcome. Because it’s dealing with perception, with rich complex organisms who have been navigating a rich complex ecology.*

\*Neurotherapy refers to any neurotechnology with a therapeutic application. Although neurotherapies are largely still in the research and development phase and are mostly used as experimental treatments in clinical settings, they have already shown effectiveness for treating a range of mental and neurological illnesses.

Neurotherapy involves “rewiring” neurons to improve brain function in some way. Common applications include mood disorder management, cognitive learning and performance improvement, and addiction or habit management.

*https://brain.ieee.org/topics/neurotherapy-treating-disorders-by-retraining-the-brain/#:~:text=Neurotherapy%20involves%20%E2%80%9Crewiring%E2%80%9D%20neurons%20to,and%20addiction%20or%20habit%20management.*

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