



**CHARITY COMMISSION
FOR ENGLAND AND WALES**

Consultation report

The use and promotion of complementary and alternative medicine: making decisions about charitable status

Introduction

The Commission ran a public consultation on this subject between 13 March and 19 May 2017, as part of our review of how we decide whether organisations that use or promote complementary and alternative medicine (CAM) therapies are charities.

Our review is not about whether complementary and alternative therapies and medicines are ‘good’ or ‘bad’, but about what level of evidence the Commission should require when making assessments about an organisation’s charitable status.

We would like to thank everyone who took the time to take part.

This report sets out a summary of the responses received.

The consultation

We received over 670 written responses, far in excess of the number usually received for a Commission consultation. We also held two discussion events at our London office for organisations with a particular perspective on the issues under consideration.

The majority of responses received were from individuals apparently writing in a personal capacity, but we also received over 100 submissions from people representing, or connected with, organisations with an interest in the consultation. The names of those organisations are set out in the annex to this report.

The responses varied widely in length, detail and content. Given the welcome and exceptionally high level of engagement with the consultation, it has taken longer than initially anticipated to analyse the responses. However, we are grateful for the high level of engagement; the responses have helped further our understanding the breadth and complexity of the CAM sector.

We have not responded individually to each submission we received, but we are grateful to all who took the time to contribute their views.

Nature of responses

A broad range of opinions were expressed in response to the consultation, some of which clearly are strongly held.

In order to inform our consideration of this area of charitable status, we asked questions which allowed respondents to express themselves in their own terms, and which allowed scope for discussion.

We have been struck by the breadth and depth of the issues involved in the assessment of CAM therapies.

Substantial numbers of responses expressed opinions either in favour of, or against, the registration of CAM organisations as charities generally. We also received a large number of responses which discussed particular therapies, particular organisations, or personal experiences. While some of these responses have informed our general understanding of the CAM sector, these matters are not directly relevant to the outcome of the consultation or the policy review.

We have not attempted in this report to set out every view which was expressed, but instead have reflected key themes which we have identified from the responses.

Consultation questions

This section of the report sets out the questions we asked in our consultation paper and the key themes we have identified amongst the responses.

Question 1: What level and nature of evidence should the Commission require to establish the beneficial impact of CAM therapies?

- Examples of the evidence which responders believed that we should consider in evaluating CAM organisations included:
 - traditional scientific evidence – this was described in a range of different ways
 - published and/or peer-reviewed studies
 - meta-analyses or other overviews of research
 - information from other regulators or other bodies (of which a number were suggested)
 - patient-reported outcomes
 - anecdotal or testimonial evidence
 - the opinion of professionals (whether in the conventional medical field or CAM)
 - the breadth and/or history of use of a therapy
- Some responders expressed the view that the evidence to be considered in respect of CAM therapies should be the same in nature as that to be considered in respect of any other therapies.
- Some responders argued that some categories of evidence should be disregarded. Some expressed the view that only traditional scientific evidence, such as that produced by clinical trials, should be considered; others considered patient testimony to be more valuable, and expressed scepticism about more conventional scientific methods in this context.
- Some responders took the view that a very high level of evidence should be required before the Commission concludes that a particular treatment can be beneficial to the public.
- Some responders thought that any evidence which is used to support an application should only be considered if it indicates a mechanism of effect which is explicable in some way beyond “the placebo effect”.
- Some took the view that the level of evidence required of an applicant should be related to the general plausibility of a claim, or to whether or not the claim accords with conventional scientific thinking.
- Some thought that the level of evidence which we should consider in respect of CAM organisations should be higher than that needed in respect of organisations using or

promoting more conventional medical treatments, whereas others thought that it should be lower.

Question 2: Can the benefit of the use or promotion of CAM therapies be established by general acceptance or recognition, without the need for further evidence of beneficial impact? If so, what level of recognition, and by whom, should the Commission consider as evidence?

- Some responders thought that benefit should not be capable of being established through general acceptance or recognition.
- Other responses indicated that acceptance or recognition should be taken into account; in some cases this was recognition by particular groups or organisations.
- Some responders supported using the breadth and/or history of use of a therapy in response to this question.

Question 3: How should the Commission consider conflicting or inconsistent evidence of beneficial impact regarding CAM therapies?

- Some responders supported a balancing exercise between different sources of conflicting evidence, based on a range of characteristics including the form and/or source of the evidence and the way in which it has been produced.
- Some responders questioned whether inconsistent evidence can be relied upon at all.
- Other responders queried whether evidence regarding any therapy will be entirely consistent.
- Some urged the Commission to give applicants “the benefit of the doubt”, or to register CAM organisations unless and until their contentions are disproven.
- Some believed that, where different sources of evidence are inconsistent, certain categories of evidence should be preferred over others, or that the Commission should consider the relative merits of each evidence source.
- Some highlighted the distinction between, on the one hand, an absence of evidence, and on the other, positive evidence of a lack of effect.

Question 4: How, if at all, should the Commission’s approach be different in respect of CAM organisations which only use or promote therapies which are complementary, rather than alternative, to conventional treatments?

- Some responders thought that there should be no difference.
- Some questioned whether there is a real distinction between the two categories referred to in this question, or whether it is possible to draw the distinction clearly.
- Some questioned whether any therapies are in fact offered solely as alternatives to conventional medicine.
- Possible differences in the risk of harm to patients between the two categories were referred to in some responses.

Question 5: Is it appropriate to require a lesser degree of evidence of beneficial impact for CAM therapies which are claimed to relieve symptoms rather than to cure or diagnose conditions?

- Some responders considered that there should be no difference in the level of evidence required in these cases.
- Some responders considered that the risk of harm is lesser in the case of a therapy which claims only to relieve rather than to cure.
- Some queried whether any CAM therapies claim to “cure” rather than “treat” conditions, or whether there is a real difference between relief of symptoms and cure of conditions.
- Some responders thought that the Commission should assume that a benefit is provided by a particular therapy, unless it can be shown that it is harmful.

Question 6: Do you have any other comments about the Commission’s approach to registering CAM organisations as charities?

Opinions were expressed, either directly in response to this question, or more generally in the context of the consultation as a whole, that:

- The Commission faces significant challenges in addressing this area, both in terms of appropriately applying the legal test and in assessing the evidence to be provided in respect of any particular CAM therapy.
- The Commission could address the challenges of assessing evidence in these cases in a variety of ways, such as independent panels or expert reviews.
- CAM therapies are not susceptible to assessment in the same way as conventional treatments.
- Charitable status, or registration as a charity, confers authority or legitimacy, or implies safety, efficacy or value.
- Charitable status offers a competitive advantage to charities which promote a particular therapy over rival organisations.
- CAM therapies in general benefit patients by offering them a range of choices of treatment, and/or by offering comfort to those who are suffering from medical conditions.
- A decision which might result in the removal of CAM organisations from the charity register would compromise patient choice.
- CAM therapies offer real benefits to patients, irrespective of what underlying physical or physiological effect they may have.
- The use or promotion of CAM therapies may do harm, by persuading those suffering from medical conditions to avoid some treatments in favour of others.

What we will do next

The Commission continues to progress its review of its existing policy in respect of the registration of CAM organisations. That review will result in a decision as to whether our current approach to CAM should be changed, and if so, what changes should be made. The responses to this consultation will not alone determine the outcome of this policy review. The outcome will be determined by the Commission’s own review of its current policy, having considered the responses received to this consultation, in conjunction with other information it may gather assessed against the legal framework governing charitable status.

Once that process is complete, the Commission will announce the outcome of this review. If the Commission decides that any changes should be made to its published guidance, it will then make these changes.

Annex

Organisations which responded to the consultation

Alliance for Natural Health
Alliance of Registered Homeopaths
Angelic Reiki Association
Association for Nutrition
Association for the Advancement of Meridian Energy Techniques
Association of Chartered Physiotherapists in Neurology
Association of Physical and Natural Therapists
Association of Reflexologists
Association of Systematic Kinesiology
Association of Universal Spiritual Healers
Blackie Foundation
Bi-Aura Foundation
Body in Balance
Bowen Therapy Worldwide
Breast Cancer Haven
Bristol District Association of Healers
British Acupuncture Council
British Acupuncture Federation
British Complementary Medicine Association
British Dietetic Association
British Homeopathic Association
British Humanist Association
British Medical Acupuncture Society
British Reflexology Association
British Society for Immunology
Calyx Trust
CAM Alliance
Cancer Care
CancerHelp (Preston)
Castle Clinic
Centre of Academic Primary Care
Charity Law and Policy Unit, University of Liverpool
Charity Law Association
College of Medicine
Complementary and Natural Healthcare Council

Confederation of Healing Organisations
Council of Osteopathic Education Institutions
Craniosacral Therapy Association
Edinburgh Skeptics Society
Esoteric Practitioners Association (UK)
European Herbal and Traditional Medicine Practitioners Association
Faculty of Homeopathy
Federation of Holistic Therapists
Fountain Centre
Friends of the Royal London Hospital for Integrated Medicine
General Naturopathic Council
Glasgow Skeptics
Good Thinking Society
Harmony Therapy Trust
Harry Edwards Healing Sanctuary
Healing Hands Network
Health Services Management Centre, School of Social Policy, University of Birmingham
Helios Homeopathy
Homeopathy Action Trust
Homeopathy in Africa
Homeopathy Research Institute
Homeopathy: Medicine for the 21st Century
Hospiscare
Hospice at Home West Cumbria
Hospice UK
Institute for Optimum Nutrition
Institute of Osteopathy
International Federation of Aromatherapists
International Society for Infectious Diseases
Keech Hospice Care
Kent & Medway Cancer Action Partnership
Kinesiology Federation
Lynda Jackson Macmillan Centre
London College of Osteopathic Medicine / Osteopathic Trusts Limited
Macclesfield Cancer Help Charity
Maun Homeopathy Project
Merseyside Skeptics Society
Mulberry Centre
Munro-Hall Clinic
My Cancer My Choices

National Council for Osteopathic Research
National Institute for Health and Care Excellence
National Institute of Medical Herbalists
National Institute of Medical Herbalists Education Fund
National Council for Voluntary Organisations
New Approaches to Cancer
North East Scotland College
North West Friends of Homeopathy
Northern College of Acupuncture
Old Mill Foundation
Penny Brohn UK
Pink Place Cancer Charity
Professional Standards Authority
Reiki Council
Research Council for Complementary Medicine
Royal College of Midwives
Royal College of Physicians
Royal Pharmaceutical Society
Royal Society
Sara Lee Trust and Sara Lee Trading
Sense about Science
Shiatsu Society UK
Skanda Vale Hospice CIO
Society of Homeopaths
St Barnabas Lincolnshire Hospice
The Nightingale Collaboration
The Practice Rooms
The Register of Chinese Herbal Medicine
Thought Field Therapy Foundation UK
Travelling Homeopaths Collective
University of Exeter Medical School
University of Southampton
Wellness Journeys
Wessex Cancer Alliance
Wessex Cancer Trust
Yes to Life