Summary of my Response to the NHMRC's draft Information Paper on Homeopathy

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The NHMRC released its draft Information Paper on homoeopathy (DIP) for community consultation on 9/4/14, but has failed to adequately explain the internal and external contexts of this project. The DIP is a distortion of the investigation's findings, suggesting that the NHMRC is not fulfilling its role to provide reliable information to the Australian public. The call for submissions also attempts to evade any criticism of the process that has been so far followed.

The NHMRC demonstrated bias, and the inability to tell the difference between a political and a scientific document, with the leaked original draft statement on homeopathy in April 2011. The money Australians spend on homoeopathic medicines is now claimed by the NHMRC to be one of the reasons for this investigation, but it amounts to only 0.5% of the population's spend on CAM products. Also the NHRMC points to its own spending on CAM research, but this is only 1% of its research spend, none of which has been on homoeopathy research - until this investigation. **So why start with homoeopathy?** Probably to overcome the embarrassment of the 2011 episode, the Council felt the need to instigate a more appropriate process, that would nonetheless confirm, or come as close as possible to the previous draft. **The bias evident in the chosen scope for and process of the investigation, and the way the results are expressed in the DIP, manifest this prejudice.**

How valid is the process for the stated aims?

The Homeopathy Working Committee (HWC) chose to save time, energy and money by reviewing systematic reviews rather than searching for and evaluating all the primary research. This allowed them to include some foreign language trials, that had been previously subject to english language reviews. But it left them at the mercy of various inadequacies of the previous reviews. The NHMRC also chose to:

- exclude from the HWC any expert in homoeopathy practice, resulting in a failure to have any perspective on the external validity of the trials they

were reviewing (how the trial conditions comply with normal practice of homoeopathy).

- limit the review to the efficacy of homoeopathy on each of a number of human health conditions. Thereby efficacy evidence from veterinary and laboratory trials, and outcome studies of larger groups of patients (level lV studies), and evaluations of safety and cost were excluded.
- focus most of the investigation into the quality of the systematic reviews and primary research, rather than the results of the primary research.
- exclude (without explanation) from the review the use of prophylactic applications of homoeopathy, despite these being the main Australian public policy concern about the use of homoeopathy.
- exclude any foreign language primary trials or systematic reviews that they would have to examine, rather than organising translations.

Are the NHMRC's overall findings justified and appropriately expressed?

The HWC identified that overall the homoeopathy primary research base lacks quantity and quality to prove effectiveness in any single human health condition. However, the way chosen to express this was suggestive of a finding of ineffectiveness, **rather than a lack of targeted, better-designed research.** In part this resulted from an error of logic made by the HWC with the assumption that homoeopathy was ineffective unless it could be proven to be effective. The fact that higher quality trials haven't been performed doesn't make homoeopathy ineffective.

While it is reasonable to consider trial quality in assessing the degree of reliance that can be placed on the results of trials, it is unreasonable to give the impression that homoeopathy is ineffective on the basis that few or no trials have been conducted that were designed in a way that could provide an NHMRC satisfying quality assessment. This is particularly so when that level of quality has evolved for the conventional drug industry, which is inherently less safe, and organised around patentable drugs that command higher prices, that can support larger and higher quality trials. This misrepresentation is

compounded by the fact that a much larger proportion of homoeopathy trials have positive results than one would expect by chance.

The HWC also failed to contextualise its findings with a comparison with conventional drugs and products available in pharmacies, the average evidence base for which is not so different to that for homoeopathy.