

A Gentle Ethical Defence of Homeopathy

Levy D, Gadd B, Kerridge I, Komesaroff P (2014)

Abstract

Recent discourses about the legitimacy of homeopathy have focused on its scientific plausibility, mechanism of action and evidence base. These, frequently, conclude not only that homeopathy is scientifically baseless, but that it is 'unethical.' They have also diminished patients' perspectives, values and preferences. We contend that these critics confuse epistemic questions with questions of ethics; misconstrue the moral status of homeopaths and have an impoverished idea of ethics – one that fails to account either for the moral worth of care and of relationships, or for the perspectives, values and preferences of patients. Utilitarian critics, in particular, endeavour to present an objective evaluation – a type of moral calculus – quantifying the utilities and disutilities of homeopathy as a justification for the exclusion of homeopathy from research and healthcare. But these critiques are built upon a narrow formulation of evidence and care, and a diminished episteme that excludes the values and preferences of researchers, homeopaths and patients engaged in the practice of homeopathy. We suggest that homeopathy is ethical as it fulfils the needs and expectations of many patients; may be practiced safely and prudentially; values care and the virtues of the therapeutic relationship; and provides important benefits for patients.

Keywords

Homeopathy, ethics, utilitarian, patient values and preferences, evidence, EBM, outcomes

Introduction

For many years, critics have argued that the evidence base for homeopathy is insufficient and that efficacy cannot be broadly demonstrated. More recently, however, utilitarian critiques have asserted that the practice of homeopathy is *unethical*, on the basis that its knowledge claims are not commensurable with scientific principles, particularly those of evidence-based medicine (EBM). While acknowledging that homeopathy might include utilities such as non-invasiveness, cost-effectiveness, holism and agent autonomy, Smith,¹ for example, considers several ostensibly negative features of homeopathy and concludes that the benefits are minimal when compared to these negative features. He identifies these as the failure to seek effective healthcare, waste of resources, promulgation of false beliefs, and a weakening of commitment to scientific medicine.

¹ Smith, K. 2012a. Against Homeopathy - A Utilitarian Perspective. *Bioethics*, 26, 398-409.; Smith, K. 2012b. Homeopathy is Unscientific and Unethical. *Bioethics*, 1467-8519 (online), 1-5.

Other critics claim that homeopathy cannot work other than as a placebo² - a claim posited as both a scientific and an ethical challenge to the practice of homeopathy, and that homeopaths deceive their patients - a substantial moral charge. In this paper, we examine the logic of moral critiques of homeopathy and argue that homeopathy is ethical because: it offers significant value and benefits to patients; it facilitates a diagnostic process which culminates in treatment or referral; it is founded upon a caring, therapeutic relationship between the clinician and the patient; and it is guided by the freedom of choice of consenting patients.

Utilitarian Claims: Ethical Defences

Homeopathy undoubtedly presents an epistemological challenge to conventional medicine with regard to its plausibility and clinical evidence base. Even if we were to accept the claims of critics, however, including Smith,³ Shaw,⁴ Freckelton⁵ and Goldacre,⁶ that the efficacy of homeopathy has not been sufficiently substantiated, such claims do not logically or convincingly translate into a valid ethical critique: the claims that homeopathy should not be practised; that it should not be taught in medical schools; that government spending should not be committed for the conduct of research; that the public should not have the right to choose homeopathic treatment, and finally, that homeopathy is therefore unethical. Each of these claims relies on errors in logic and an impoverished understanding of ethics.

The utilitarian evaluation of homeopathy relies on a reductionist moral calculus that assumes that all of homeopathy - its theory, principles and practices - can be evaluated by the consequences of its actions. Smith⁷ and Freckelton,⁸ for example, conclude that the apparent lack of scientific evidence in support of homeopathy renders it not only epistemically unaccountable, but also morally indefensible. Smith⁹ and Shaw¹⁰ likewise claim that homeopathy is unethical, analysing it according to a limited range of utilities and disutilities. They recognise specific utilities, including the fact that homeopathy is non-invasive, cost-effective and holistic, that it may utilise placebo effects and that it promotes agent autonomy. While initially acknowledging these utilities, however, Smith subsequently inverts these into disutilities by moving to the logically unjustified conclusion that as

² Shaw, D. M. 2010. Homeopathy is where the harm is: five unethical effects of funding unscientific 'remedies'. *Journal of Medical Ethics*, 36, 130-131.

³ Ibid: 2012a, 2012b

⁴ Shaw, op. cit. note 2.

⁵ Freckelton, I. 2012. Death by Homoeopathy: Issues for Civil, Criminal and Coronial Law and for Health Service Policy. *Journal of Law and medicine*, 19, 454-478.

⁶ Goldacre, B. 2008. *Bad Science*, London, Fourth Estate, Goldacre, B. 2007. Benefits and risks of homeopathy. *The Lancet*, 370, 1672-1673.

⁷ Smith, op. cit. note 1.

⁸ Freckelton, op. cit. note 4.

⁹ Smith, op. cit. note 1

¹⁰ Shaw, op. cit. note 3

homeopathy can be *nothing more* than a placebo, *any* cost and *any* utility resulting from a placebo must be considered unethical. This idea, that any practical utility accorded to homeopathy is neither clinically nor ethically valid because it is 'nothing more than' the placebo effect, permeates critiques of homeopathy. We suggest, however, that not only does this misconstrue the function and meaning of "placebo" as a valid and distinct feature of clinical practice, but it also presents an insufficient basis for a logical leap from the claim that homeopathy has no scientifically 'independent' benefit to the claim that homeopathy is unethical.

The Claim of Holism: Utility or Disutility?

Holism, critics argue, is central to all modern, patient-centred care, and so does not constitute a particular, or exclusive strength of homeopathy. Both parts of this claim are true, as while homeopathy acknowledges that patients seek a holistic approach to healthcare,¹¹ the same is true of some conventional medical practice¹² and of integrative medicine.¹³ Nevertheless, the commitment of homeopathy to holism is not irrelevant (as Smith would claim¹⁴) and is certainly a more prominent feature of CAM than of conventional medicine, which is characterised by reductionism, atomism and fragmentation (both in its scientific foundations and in its practical delivery) rather than holism. The utilitarian interpretation of homeopathy, indeed of any health profession, is incapable of taking into account the holistic dynamism and complexity of healthcare, its philosophical foundations and its various clinical applications and modes of delivery. Homeopathy, as with other forms of practice, encompasses complex therapeutic interventions, which contain interconnected elements that may be difficult to disaggregate in order for them to be analysed.¹⁵ These comprise non-pharmacological contextual factors, such as the clinical setting and the therapeutic relationship between the homeopath and her patient,¹⁶ which are also recognised as being important in conventional medical care. Indeed, the impact of these aspects of practice may be far greater than is currently accepted or

¹¹ Eyles, C., et al. 2012. Forming connections in the homeopathic consultation. *Patient Education and Counseling*.

¹² May, C. & Sirur, D. 1998. Art, Science and Placebo: Incorporating Homeopathy in General Practice. *Sociology of Health & Illness*, 20, 168-190. Milgrom, L. & Chatfield, K. 2011. "It's the Consultation, Stupid!" ... Isn't It? *Journal of Alternative & Complementary Medicine*, 17, 573-575. Milgrom, L. R. 2006. Entanglement, Knowledge, and Their Possible Effects on the Outcomes of Blinded Trials of Homeopathic Proving. *The Journal of Alternative and Complementary Medicine*, 12, 271-279.

¹³ Grace, S. & Higgs, J. 2010. Practitioner-client relationships in integrative medicine clinics in Australia: a contemporary social phenomenon. *Complementary Therapies in Medicine*, 18, 8-12.

¹⁴ Smith, op. cit. note 1.

¹⁵ Thompson, T. D. B. & Weiss, M. 2006. Homeopathy - What are the active ingredients? An exploratory study using the UK Medical Research Council's framework for the evaluation of complex interventions. *BMC Complementary and Alternative Medicine*, 6. Milgrom, L. R. 2006. Entanglement, Knowledge, and Their Possible Effects on the Outcomes of Blinded Trials of Homeopathic Proving. *The Journal of Alternative and Complementary Medicine*, 12, 271-279, Milgrom, L. & Chatfield, K. 2011. "It's the Consultation, Stupid!" ... Isn't It? *Journal of Alternative & Complementary Medicine*, 17, 573-575.

¹⁶ Ibid: Milgrom, 2006; Milgrom & Chatfield, 2011.

understood. A homeopathic study of rheumatoid arthritis patients¹⁷ has suggested that patients derived benefit from the consultation and the therapeutic context rather than from the homeopathic medicines prescribed. This may be a function of the considerable time spent by homeopaths in developing and incorporating an understanding of the patients' lifeworlds as the contexts for their illnesses. This research is consistent with the literature on the placebo effect¹⁸ that suggests that relational aspects of practice have important therapeutic benefits. It is a mistake, however, to conclude either that this effect is valueless or irrelevant (because it is the 'placebo effect') or that it is equivalent across all healthcare contexts or healthcare disciplines. Indeed, it may be the case that some practices – perhaps because they privilege time, listening and therapeutic relationships – exert a greater placebo or dyadic effect than others, and that much of contemporary biomedical practice is systematically unable to attend to these domains of care and so to manifest these benefits.¹⁹ In any case, what these studies make clear are that therapeutic relationships are greatly valued by patients, and that the context and clinical setting cannot be disentangled from patients' experiences and their treatment outcomes.

The Claims of Harm and the Failure to Seek Effective Care

There is no question that, in some instances, homeopaths have failed to refer patients for conventional treatment and that this has led to adverse events.²⁰ Likewise, there is little question that deaths have occurred as a result of homeopathic treatment.²¹ It is also true, however, that many patients have died as a consequence of conventional medical practitioners practicing negligently, or failing to refer, or recognising the limitation of their own expertise, or failing to follow up patients. Many thousands of patients die each year due to medical errors or other adverse events related to conventional medical treatments^{22,23} While, in each case, these are disutilities, it does not necessarily follow that this makes either form of practice unethical let alone disreputable or illegitimate. Further, even where a therapy has no *proven* benefit – but may carry some harm – as is

¹⁷ Brien, S., et al. 2011. Homeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homeopathic remedy: a randomized controlled clinical trial. *Rheumatology*, 50, 1070-1082.

¹⁸ Finniss, D. G., et al. 2010. Biological, clinical, and ethical advances of placebo effects. *The Lancet*, 375, 686-695.

¹⁹ Agledahl, K. 2011. Courteous but not curious: how doctor's politeness masks their existential neglect. A qualitative study of video-recorded patient consultations. *Journal of Medical Ethics*, 37, 650-654.

²⁰ Freckelton, op. cit. note 4.

²¹ Freckelton, Ibid; Posadzki, P., et al. 2012. Adverse effects of homeopathy: a systematic review of published case reports and case series. *The International Journal of Clinical Practice*, 66, 1178-1188.

²² Richardson, J. & Mckie, J. 2007. Reducing the Incidence of Adverse Events in Australian Hospitals: An Expert Panel Evaluation of Some Proposals. Monash University Centre for Health Economics: Monash University.

²³ AUTHORS

the case with many innovative biomedical therapies or interventions²⁴ – it still does not follow that these are, by definition, unethical. Indicting all of homeopathy on the basis of the errors of a few homeopaths, or all of conventional allopathic medicine on the basis of the actions or decisions of a few physicians or surgeons, is logically untenable; except, of course, if one includes the commitment to an ideal (such as the scientific method) as a core utility, or if one adopts a highly constricted notion of ‘benefit.’ Because utilitarianism requires a clear moral calculus it must first articulate what constitutes ‘harms’ and ‘benefits’, how these are to be measured, what value each has and how they are to be made commensurable. And, this is neither simple nor value free. One must make clear how the harm (through the action or inaction) of a homeopath, or doctor, or surgeon, is to be weighed against other outcomes, including those much larger number of people who are not harmed or who experience some benefit – of many different kinds. The deaths attributed to homeopaths²⁵ or to the British GP Dr Harold Shipman,²⁶ or to Australian surgeon Dr Patel,²⁷ do not sustain an argument about the morality of all homeopaths, GPs or surgeons, or about the ethics of homeopathy, conventional medicine or surgery. The interests of multiple stakeholders must always be considered in determining the value of each of these actions. Utilitarianism provides no easy answer to this complex of problems and cannot easily provide this moral calculus. We should therefore neither accept the *exclusion* of values and benefits that are ill-defined, difficult to measure or deeply subjective, from such deliberation nor the (implicit) *inclusion* of meta-values, such as concordance with biomedical episteme. The utilitarian argument collapses because the determinants and parameters of this type of moral calculus cannot be reasonably, objectively or ethically determined.

In relation to homeopathy, there are limited data that report harm and some data that report measurable benefits, primarily, but not limited to, assessments of satisfaction with care and improvements in subjective assessments of health.^{28,29} What then, is the harm of homeopathy that makes it, according to a utilitarian calculus, unethical? For Smith and others, one of the principal harms of homeopathy is that it, and the homeopaths that care for patients, divert patients from the care they need. There are a number of problems with this argument. First, it rests on a series of unsubstantiated empirical claims – that homeopaths ‘fail’ to refer or that patients ‘fail’ to attend for conventional care because they are diverted/distracted by homeopathy; that patients do not receive the treatment they ‘need’ in a timely manner; that these treatments are proven to be effective; and finally, that patients are harmed. There is little evidence to support these claims. Second, it gives little heed to the fact that homeopaths, like other health practitioners, are guided by both moral and professional virtues in their practice. And finally, it does not acknowledge the autonomy, or agency, of the patient and consumer.

²⁴ White, R. A. 2013. Advisory statement on clinical use of modified aortic endografts from the Society for Vascular Surgery. *Journal of Vascular Surgery*, 57, 832-833. Oktay, M. H. & Hui, P. 2012. Molecular pathology as the driving force for personalized oncology. *Expert Review of Molecular Diagnostics*, 12, 811-813.

²⁵ Freckelton, op. cit. note 4.

²⁶ <http://www.guardian.co.uk/society/2005/aug/25/health.shipman> viewed 29 October 2012

²⁷ <http://www.brisbanetimes.com.au/queensland/freed-patel-awaits-decision-on-new-trial-20120824-24qj0.html> viewed 25 October 2012

²⁸ Spence, D. S., et al. 2005. Homeopathic Treatment for Chronic Disease: A 6-Year, University-Hospital Outpatient Observational Study. *The Journal of Alternative and Complementary Medicine*, 11, 793-798, Marian, F., et al. 2008. Patient satisfaction and side effects in primary care: An observational study comparing homeopathy and conventional medicine. *BMC Complementary and Alternative Medicine*, 8, 10.

²⁹ Smith, op. cit. note 1b.

As with professionals in other health disciplines, homeopaths are bound by codes of ethics and practice, regulatory frameworks designed to ensure the highest standards of professional practice. Indeed, the homeopathic physician, like other carers, is exhorted to place the interests of patients above all else – with the alleviation of suffering enshrined as the central moral virtue of homeopathy since its inception 200 years ago.³⁰ Given this, the claim that homeopathy systematically and malevolently misleads consumers³¹ is an important one because it runs counter to the very moral core of the profession. However, while it is undoubtedly true that some homeopaths may mislead patients/consumers (or overstate their claims of efficacy) the same might be said of many conventional medical practitioners. In both cases this would provide evidence that the individual practitioner was behaving unethically, but in neither case would it support the idea that all homeopaths or doctors are behaving unethically or that the entire field of practice is unethical. This turns not only on the virtues that guide professional practice, but also the scope of practice and the claims of efficacy and expertise upon which practice is based. All fields of practice may be efficacious in some situations, may have no benefit in other situations, and in others may actually be harmful. Bone marrow transplantation may be beneficial for acute leukaemia³² but may be harmful or unproven in breast cancer³³, while homeopathy may be beneficial for muscular pain or fibrositis³⁴ but may have no role in the treatment of cancer.³⁵ In each case, what would compromise the ethics of the discipline or the field of practice would be claims of efficacy for the entire field of practice i.e. ‘bone marrow transplant works’ or ‘homeopathy works’, or claims of efficacy in situations where there is no evidence to support them i.e. ‘bone marrow transplant works for breast cancer’ or ‘homeopathy works for colorectal cancer’. Importantly, however, while these sorts of claims demand evidence, as is the case with any therapy or intervention, the absence of evidence may not mean that the therapy does not work – just that there is no evidence that it does i.e. ‘lack of evidence’ is not equivalent to ‘evidence of lack.’³⁶ This insight is critically important – both because many accepted health practices are not based on definitive evidence³⁷ and because there is often confusion about what it means to say that something lacks evidence.

³⁰ Hahnemann, S. 1982 (translation of 1810 1st edition). *The Organon of the Rational Art of Healing*, New Delhi, B Jain.

³¹ Smith, op. cit. note 1b

³² Martino, R., et al. 2012. Comparison of conditioning regimens of various intensities for allogeneic hematopoietic SCT using HLA-identical sibling donors in AML and MDS with <10% BM blasts: a report from EBMT. *Bone Marrow Transplant*, 3, 236.

³³ Berry, D. A., et al. 2011. High-dose chemotherapy with autologous hematopoietic stem-cell transplantation in metastatic breast cancer: overview of six randomized trials. *J Clin Oncol*, 29, 3224-31.

³⁴ Fisher, P., et al. 1989. Effect of homeopathic treatment on fibrositis (primary fibromyalgia). *BMJ*, 299, 365-366.

³⁵ Milazzo, S., et al. 2006. Efficacy of homeopathic therapy in cancer treatment. *European Journal of Cancer*, 42, 282-289.

³⁶ Kerridge, I. 2010. Ethics and EBM: acknowledging bias, accepting difference and embracing politics. *Journal of Evaluation in Clinical Practice*, 16, 365-373.

³⁷ clinicalevidence.bmj.com/ceweb/about/knowledge.jsp accessed 6 November 2012

Homeopathy as Deception

Some critics of homeopathy contend that the absence of 'high quality' evidence in support of homeopathy (generally defined in terms of large-scale randomised controlled trials and systematic reviews with or without meta-analyses) and the fact that homeopathy can *only* act as a placebo – means that the practice of homeopathy is misleading and deceptive – and thus unethical. Such claims, however, overstate the place of particular forms of evidence in medicine, and misunderstand both the ethics of clinical practice and the importance of patient agency. The absence of data from RCTs may not mean that homeopathy does not 'work' and, irrespective of whether the effects of homeopathic therapies can be disentangled from any placebo effect associated with their use, they may still be chosen by patients with particular needs and particular health-related goals in mind, may still be provided by homeopaths in good faith, and may still achieve outcomes that the patient values. There is no ethical requirement for definitive explanations of mechanisms, knowledge of molecular effects or epidemiological 'proof' from large-volume RCTs for consent to *any* healthcare intervention to be valid, and the notion that the absence of these things makes homeopathy – by definition deceptive, coercive or unethical – is morally, clinically and legally incoherent.

Homeopaths, like other health practitioners, generally practice with the best interests of patients at heart, privilege the virtues of clinical relationships³⁸ (care, respect for human dignity and vulnerability, and veracity, confidentiality and so forth) and acknowledge the needs, beliefs, attitudes and values of the people who seek their care and their right to make healthcare choices.³⁹ Indeed homeopathy, as with some other forms of healthcare practice privileges patients' values, goals and preferences⁴⁰, and gives meticulous attention to patient-practitioner communication.⁴¹ The choice to seek care from a homeopath can be just as valid and as ethically sound as any other healthcare choice that a patient or consumer makes – and the notion that consent or agency are untenable in respect to homeopathy^{42,43,44} is deeply paternalistic and challenges the very idea of human rights and moral autonomy. Contestation about the risks and benefits of homeopathy – arguments that should rightly be the focus of public discourse – should not be used to deny patient agency – and polemical, unsubstantiated concerns about the adverse social impacts⁴⁵ of homeopathy should not be used to restrict patients' rights. To do so, once again, conflates an

³⁸ Flanigan, J. 2012. Three arguments against prescription requirements. *Journal of Medical Ethics*, 38, 579-586.

³⁹ For example <http://www.homeopathy-soh.org/attachments/2012/10/Code-of-Ethics-and-Practice.pdf> accessed 1 November 2012

⁴⁰ Plunger, P. 2008. Homoeopathie in der Betreuung chronisch kranker Menschen - die Perspektive der Patientinnen. *ICE 7 In Homeopathy*, 47-52, Plunger, P. 2007. "She is a human being I can talk with in an ordinary way" - users' experiences with homeopathy. *Forschende Komplementarmedizin*, 14 (Supplement 1), 1-53.

⁴¹ Eyles, op. cit. note 25.

⁴² Smith, op. cit. note 1b.

⁴³ Grill, K., et al. 2005. Epistemic Paternalism in Public Health. *Journal of Medical Ethics*, 31, 648-653.

⁴⁴ www.scienceinmedicine.org.au viewed 25 October 2012

⁴⁵ Smith, op. cit. note 1b.

epistemological position with questions of logic and ethics. We suggest, instead, that autonomous healthcare consumers should have the right both to choose from a diverse range of therapies and services including homeopathic treatment, and to engage in public discourses about homeopathy, without fear of sociopolitical or moral retribution.

Conclusion

Homeopathy, like all other domains of healthcare, should be evidence-based. But, in this regard, homeopathy, like every other field of healthcare, should not be measured simply by the precepts and standards of EBM. Instead, what is needed is a more sophisticated approach to evidence *in* medicine. This approach would recognise that what constitutes evidence can be defined and measured in different ways by different people or groups, and that judgments about competing epistemes are ultimately statements about the 'value' of particular data or outcomes. When looked at in this way, it then seems completely appropriate that congruence with patients' values, goals and preferences, as well as their reported experiences and outcomes from homeopathic interventions should be included in any comprehensive evaluation of the efficacy of homeopathy.⁴⁶ But epistemic arguments should not be conflated with ethical ones, while the contention that the evidence-base for homeopathy is insufficient does not mean that homeopathy is – by definition - unethical. We suggest that the majority of professional homeopaths behave ethically, work for the good of patients, practice virtuously, have integrity, privilege their clinical interactions with patients and that their care provides valued outcomes for the people who seek their care and expertise.

Utilitarian critiques of homeopathy that are founded on unsophisticated notions of evidence, that adopt narrow perspectives on healthcare assessment, and that overstate the personal, social and ontological harms of homeopathy, add little to our understanding of the epistemology of medicine. But when they are used to denounce the *ethics* of homeopathy – they are not only ill-considered and counterproductive, but philosophically and socially perverse. Let us debate the evidence base for homeopathy without resorting to exaggerated, unsupported and illogical claims that it is inherently unethical.

Acknowledgement: The authors wish to thank Gary Levy PhD, casual research fellow Faculty of Arts and Education, Deakin University Melbourne, for his helpful and critical suggestions on a number of iterations.

References

Agledahl, K. 2011. Courteous but not curious: how doctor's politeness masks their existential neglect. A qualitative study of video-recorded patient consultations. *Journal of Medical Ethics*, 37, 650-654.

⁴⁶ Thompson, T. D. B. & Weiss, M. 2006. Homeopathy - What are the active ingredients? An exploratory study using the UK Medical Research Council's framework for the evaluation of complex interventions. *BMC Complementary and Alternative Medicine*, 6.

- Berry, D. A., et al. 2011. High-dose chemotherapy with autologous hematopoietic stem-cell transplantation in metastatic breast cancer: overview of six randomized trials. *J Clin Oncol*, 29, 3224-31.
- Brien, S., et al. 2011. Homeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homeopathic remedy: a randomized controlled clinical trial. *Rheumatology*, 50, 1070-1082.
- Eyles, C., et al. 2012. Forming connections in the homeopathic consultation. *Patient Education and Counseling*.
- Finniss, D. G., et al. 2010. Biological, clinical, and ethical advances of placebo effects. *The Lancet*, 375, 686-695.
- Fisher, P., et al. 1989. Effect of homeopathic treatment on fibrositis (primary fibromyalgia). *BMJ*, 299, 365-366.
- Flanigan, J. 2012. Three arguments against prescription requirements. *Journal of Medical Ethics*, 38, 579-586.
- Freckelton, I. 2012. Death by Homoeopathy: Issues for Civil, Criminal and Coronial Law and for Health Service Policy. *Journal of Law and medicine*, 19, 454-478.
- Goldacre, B. 2007. Benefits and risks of homeopathy. *The Lancet*, 370, 1672-1673.
- Goldacre, B. 2008. *Bad Science*, London, Fourth Estate.
- Grace, S. & Higgs, J. 2010. Practitioner-client relationships in integrative medicine clinics in Australia: a contemporary social phenomenon. *Complementary Therapies in Medicine*, 18, 8-12.
- Grill, K., et al. 2005. Epistemic Paternalism in Public Health. *Journal of Medical Ethics*, 31, 648-653.
- Hahnemann, S. 1982 (translation of 1810 1st edition). *The Organon of the Rational Art of Healing*, New Delhi, B Jain.
- Kerridge, I. 2010. Ethics and EBM: acknowledging bias, accepting difference and embracing politics. *Journal of Evaluation in Clinical Practice*, 16, 365-373.
- Marian, F., et al. 2008. Patient satisfaction and side effects in primary care: An observational study comparing homeopathy and conventional medicine. *BMC Complementary and Alternative Medicine*, 8, 10.
- Martino, R., et al. 2012. Comparison of conditioning regimens of various intensities for allogeneic hematopoietic SCT using HLA-identical sibling donors in AML and MDS with <10% BM blasts: a report from EBMT. *Bone Marrow Transplant*, 3, 236.
- May, C. & Sirur, D. 1998. Art, Science and Placebo: Incorporating Homeopathy in General Practice. *Sociology of Health & Illness*, 20, 168-190.
- Milazzo, S., et al. 2006. Efficacy of homeopathic therapy in cancer treatment. *European Journal of Cancer*, 42, 282-289.
- Milgrom, L. & Chatfield, K. 2011. "It's the Consultation, Stupid!" ... Isn't It? *Journal of Alternative & Complementary Medicine*, 17, 573-575.
- Milgrom, L. R. 2006. Entanglement, Knowledge, and Their Possible Effects on the Outcomes of Blinded Trials of Homeopathic Provings. *The Journal of Alternative and Complementary Medicine*, 12, 271-279.

- Oktaý, M. H. & Hui, P. 2012. Molecular pathology as the driving force for personalized oncology. *Expert Review of Molecular Diagnostics*, 12, 811-813.
- Plunger, P. 2007. "She is a human being I can talk with in an ordinary way" - users' experiences with homeopathy. *Forschende Komplementarmedizin*, 14 (Supplement 1), 1-53.
- Plunger, P. 2008. Homoeopathie in der Betreuung chronisch kranker Menschen - die Perspektive der Patientinnen. *ICE 7 In Homeopathy*, 47-52.
- Posadzki, P., et al. 2012. Adverse effects of homeopathy: a systematic review of published case reports and case series. *The International Journal of Clinical Practice*, 66, 1178-1188.
- Richardson, J. & Mckie, J. 2007. Reducing the Incidence of Adverse Events in Australian Hospitals: An Expert Panel Evaluation of Some Proposals. Monash University Centre for Health Economics: Monash University.
- Shaw, D. M. 2010. Homeopathy is where the harm is: five unethical effects of funding unscientific 'remedies'. *Journal of Medical Ethics*, 36, 130-131.
- Smith, K. 2012a. Against Homeopathy - A Utilitarian Perspective. *Bioethics*, 26, 398-409.
- Smith, K. 2012b. Homeopathy is Unscientific and Unethical. *Bioethics*, 1467-8519 (online), 1-5.
- Spence, D. S., et al. 2005. Homeopathic Treatment for Chronic Disease: A 6-Year, University-Hospital Outpatient Observational Study. *The Journal of Alternative and Complementary Medicine*, 11, 793-798.
- Thompson, T. D. B. & Weiss, M. 2006. Homeopathy - What are the active ingredients? An exploratory study using the UK Medical Research Council's framework for the evaluation of complex interventions. *BMC Complementary and Alternative Medicine*, 6.
- White, R. A. 2013. Advisory statement on clinical use of modified aortic endografts from the Society for Vascular Surgery. *Journal of Vascular Surgery*, 57, 832-833.