

The Ethics of Acupuncture

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ABSTRACT

Complementary and alternative medicine (CAM) incorporates a broad range of healthcare systems and therapeutic practices that are not traditionally associated with conventional medicine. The use of CAM has increased substantially in the last 20 years and it is believed as much as a fifth of the UK population utilize this form of healthcare in some form. This article discusses some of the principles that clinicians should think about when managing patients who use CAM practices themselves or when referring patients to NHS supported CAM therapy providers using a case study.

Key Words: Complementary Medicine; Acupuncture; Medical Ethics

Case Summary

A 49-year old female with multiple sclerosis presented to general practice with a 9-week history of a progressively worsening, persistent, aching, left shoulder pain. At its most severe this pain measured 8/10 on a pain scale. Previous treatments had included the use of paracetamol, diclofenac and co-codamol. Such agents were found to be ineffective and resulted in the patient experiencing side effects such as nausea, drowsiness and indigestion.

In response to the expression of dissatisfaction with conventional analgesia, the patient's neighbour, a practice nurse, suggested the use of acupuncture to alleviate this discomfort. The patient's local surgery incorporated 3 general practitioners that provided this therapy on the NHS. After 4 sessions the patient indicated that there had been a significant reduction in her pain. This patient also has a history of multiple miscarriages and it was suggested that she would not be able to carry a pregnancy to term. She attributes the subsequent birth of her daughter to the use of reflexology. As a consequence, this patient is very open towards the use of complementary and alternative treatments. However, when such treatments are not available on the NHS she limits their use due to the cost implications.

Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) incorporates a broad range of healthcare systems and therapeutic practices and includes acupuncture, osteopathy and homeopathy that are not traditionally associated with the conventional medical profession¹. The use of CAM has increased substantially in the last 20 years and it is believed as much as 20% of the UK population utilize this form of healthcare². Although the majority of these services are offered by private practitioners, many treatments are now offered by the NHS. The integration of these treatments occurs predominantly within primary care, whereby therapies such as acupuncture may be performed by physicians³. In the treatment of disease clinicians must uphold moral, ethical and legal obligations towards their patients and therefore such principles must be addressed with regards to CAM if they are to be considered as a viable treatment option (Table 1).

Table 1. Glossary of ethical principles

Principle	Definition
Autonomy	Respect for the patient's wishes and right to self-determination
Beneficence	The physician's obligation to act in the best interest of the patient
Non-maleficence	The physicians obligation to do no harm
Justice	Consideration of risks and benefits to society as a whole

CAM is becoming more popular and acceptable in the UK². In Western society the most frequent users of CAM are educated, middle class Caucasians between the ages of 25 and 49⁴. It has been posited that patients gravitate towards CAM for numerous sociocultural and personal factors including a sense of dissatisfaction with conventional medicine, a desire for personal control in their healthcare, and philosophical congruence, whereby CAM appear more compatible with patient's values, worldview, spiritual philosophy and meaning of health and illness⁵. Accordingly, this patient demonstrated frustration in the ineffectiveness of conventional analgesia, the desire to manage her condition and an active spiritual orientation, and therefore conforms to this cohort. Furthermore, this patient's previous experience with reflexology will undoubtedly shape her views regarding her healthcare beliefs and the potential efficacy of acupuncture⁶.

Acupuncture is defined as the practice of inserting one or more needles into specific points on the body surface for therapeutic purposes⁷. This therapy is endorsed by approximately 25% of general practitioners (GPs) in the UK and is most frequently utilized for the treatment of chronic pain⁸. Despite originating in China 3,000 years ago the use of acupuncture remains highly controversial within the medical profession primarily due to its limited advances towards evidence based practice and in particular the paucity of randomised control trials (RCTs)⁹⁻¹¹. Meta-analyses and systematic reviews investigating the potential analgesic effect of acupuncture have yet to unequivocally demonstrate an effect greater than that produced by placebo^{12, 13}. An ethical dilemma therefore arises as a physician must question whether it is right to perform a therapeutic intervention in the absence of quantifiable efficacy in order to respect a patient's health beliefs¹⁰.

Is the use of acupuncture in the NHS ethical?

The principle of autonomy requires the physician to respect the wishes of the patient. Adopting paternalism and disregarding a patient's health beliefs would be detrimental to the doctor-patient relationship by diminishing the physician's capacity to address the physical, emotional, and spiritual manifestations of illness¹⁴. Furthermore, this would only encourage the patient to seek this therapy from private practitioners¹⁰. It is argued that the patient centred approach employed in CAM guarantees a respect for patient autonomy^{15, 16}. However, to uphold this principle, physicians have the responsibility to ensure that patients are appropriately informed¹¹. This obligation to obtain informed consent would therefore require the physician to discuss evidence of acupuncture and the limitations of this intervention. Some authors argue that informed consent cannot truly be obtained with regards to CAMs due its inadequate investigation, while an awareness of treatment limitations may in turn negate any potential placebo effect and therefore violate beneficence^{1, 16}.

The '*nihil nocere*' principle requires physicians to base treatment decisions on risk benefit analysis. Application of beneficence and non-maleficence to acupuncture is however difficult due to the insufficient evidence supporting the substantial claims of efficacy and safety reported by some practitioners⁹. With only 0.0085% of the UK medical research budget spent on CAM, it is unsurprising that the potential advantages of acupuncture have yet to be elucidated¹⁷. Uncertainty is not uncommon in orthodox medicine with only an estimated 13% of treatments demonstrating robust evidence of their beneficial effects¹⁸. However, the level of ambiguity concerning the effectiveness of acupuncture, and CAM in general, is considerably greater. This patient stated that she felt more comfortable receiving this treatment from her GP who was performing this treatment in her best interests rather than to make a profit. Therefore in addition to putative analgesic effects, providing acupuncture in primary care may also improve continuity of care and strengthen patients' trust in doctors as a consequence of addressing their health needs. This is undoubtedly advantageous with regards to patient enablement, compliance and the therapeutic effect of the doctor-patient interaction¹⁹.

Evidence regarding the risks of acupuncture such as pain, bleeding and bruising are better understood and believed to occur in 7-11% of patients⁷. Despite the majority of adverse events being minor in nature, rarer complications such as a pneumothorax, cardiac tamponade, or the transmission of hepatitis C or HIV have also been documented^{10, 20}. Nevertheless, if this treatment alleviates the suffering of patients and anecdotally exceeds the total therapeutic effect of conventional analgesia without exposing the patient to any great harm, it could be argued that such actions do serve the patient's best interest and should be utilized.

In the UK acupuncture is predominately accessed through either private practitioners or individual GPs offering this service. This therapy is time consuming, due to the requirement of frequent appointments, and largely unfunded, whereby GPs as independent contractors are not remunerated for performing such treatments. Acupuncture is therefore not available across all socioeconomic classes or geographical regions². Assuming CAMs provide more good than harm, the unequal distribution of these therapies in the population violates the fundamental ethical principle of justice²¹. In order to adhere to this principle and permit patient autonomy, general access would have to be provided throughout the health service. The uniform integration of this service into the NHS will undoubtedly redistribute funds from services with stronger evidence of efficacy and therefore would be both unethical and inefficient¹⁶. Accordingly patients will experience limitation in healthcare choices until the utility of this treatment has been fully validated⁶.

Acupuncture regulation in Scotland

Practitioners require the competence to ensure the maximum benefit of any given treatment is delivered while imposing the least amount of acceptable risk. However, there is great disparity among the standards of practice exhibited by those providing CAM as a consequence of the diversity and informality of qualifications available and the proliferation of unregulated training bodies¹⁰. Professional self regulation aims to ensure high, uniform standards of practice²². Several professional acupuncture organizations exist, such as the British Medical Acupuncture Society; however, there is no statutory regulation of this profession and therefore no assured level of proficiency²³. In Scotland, acupuncturists, who are not members of a regulated health profession, are required to be licensed with the local authority under The Civic Government (Scotland) Act 1982 in the same manner in which a tattoo artist is required to be licensed²⁴. The absence of a regulatory body therefore poses risks to the public through the inability to identify practitioners with adequate levels of

knowledge and experience, and to hold them accountable for actions deemed to be hazardous.

Nevertheless, the position relating to the regulation of health professionals, such as doctors, who wish to incorporate CAM into their repertoire of therapies is different from the position of CAM practitioners. The code of ethics and disciplinary procedures of the General Medical Council (GMC) extend to the use of all therapies utilized in treating patients. It is acknowledged that under the Medical Act 1983, a registered medical practitioner is free to practice any form of unconventional therapy, including CAM, if they believe it will benefit their patients²⁵. Consequently, additional training undertaken by this physician in this complementary discipline and subsequent reasonable practice renders his or her actions legally defensible²⁶. However, ambiguity exists regarding whether the training of conventional healthcare professionals by professional organizations is adequate to negate risk²⁷. Controversy regarding this regulatory arrangement also exists as a consequence of the GMC Good Medical Practice guidelines, which state that doctors 'must provide effective treatments based on the best currently available evidence'²⁷. This would not encourage the use of acupuncture. Nevertheless, this guidance also stipulates the importance of treating pain and therefore to withhold a treatment, which is providing relief, would be equally unacceptable.

Conclusion

Philosophical, epistemological and practical differences exist between mainstream and alternate medicine^{26, 28}. Nevertheless, these disciplines share the goals of promoting health and relieving the suffering of patients. The integration of CAM into general practice therefore permits the utilization of a holistic approach of promoting wellness and treating disease. Despite the inadequacies of the acupuncture evidence base, to disregard this treatment and ignore cultural health beliefs would inevitably drive patients towards a largely unregulated profession and erode the doctor-patient relationship. From the standpoint of a consequentialist, I would suggest that the utilization of acupuncture is therefore justified.

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Declaration of Interest

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