

Interview With Professor George Lewith, Professor of Health Research at University of Southampton, UK

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Introduction

I knew from the age of seven that I wanted to become a doctor, a vocation about which I have never had any regrets. Later, when I considered which medical school I should apply to, I became fascinated by molecular biology, and so deliberately applied to Cambridge to allow me complete a Part II in Natural Sciences.

I am a qualified GP and physician with clinical skills in a variety of different CAM therapies, but I retired from clinical practice in 2010. My career has allowed me to combine my scientific interests, including over 300 peer-reviewed papers, and a busy clinical practice in integrated medicine over the last 35 years.

I now work at the University of Southampton, where I lead an internationally respected Integrated Medicine research group within the medical school's department of Primary Care. The department is part of the NIHR national school for primary care research. My research is focused on differentiating the specific from the non-specific effects of treatment and developing models that will help to explain the patient perceived benefits of a variety of complementary medical interventions. I am currently interested in Pain, Arthritis and Cancer as illness models investigating the effects of acupuncture, healing, homeopathy and herbal medicines.

George Lewith MA MD FRCP MRCGP

The Questions

LL: What are your views on the recent international wave against complementary medicine?

GL: There have been consistent attacks against complementary medicine, particularly in the last 10–15 years. These have been largely from people who misunderstand science and have a rather crazy interpretation of what complementary medicine is and, in particular, what researchers in complementary medicine are trying to achieve. My approach is to remain firmly evidence-based, largely not respond to the direct personal attacks and to keep plodding on. It seems to have been a very effective approach as I've survived the slings and arrows and have an increasingly productive research group. The advantage of being in the midst of controversy is that you tighten up your science and in a sense, the anti-CAM brigade has been a great help in progressing the development of CAM at a faster rate.

LL: What is your strategy when it comes to researching integrative medicine?

GL: My strategy on delivering integrative medicine clinically is very simple. Integrative medicine needs to be patient-led, safe and, where possible, evidence-based. It needs to be patient-centred and this means that the patient choice should be important. Diagnosis is paramount so that patients can be given thoughtful options about how they can best choose treatment. This means informing them regarding the evidence that exists for each of those treatments, either singly or combined. In essence, this is all about patients making informed choices with skilled, broad, open clinical teams, and it seems to be very much what patients want. Patients want to know how they can help to self-manage their condition, particularly chronic, long-term

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problems. Integrative medicine in this context is probably best defined as the best of both worlds.

Research in integrative medicine requires a detailed understanding of what you have available to you in terms of grant-giving bodies. Your strategy is governed by the money you have available to do your research and I would particularly point you towards the CAMbrella report (www.cambrella.eu), which explores this diversity in a very thoughtful and

considered way. Certain charities may have a particular interest in cancer or arthritis and if they have a patient-centred approach to funding, they will almost always support complementary medical interventions. Government funding agencies may or may not be much more conservative depending on locality. My approach has been to be politically opportunist in terms of funding, while asking fundamental questions around mostly chronic conditions regarding the evidence-based integration and safe use of CAM and conventional medicine together.
