

This would also recognise the often-reported varying standards and approaches offered by CAM practitioners versus medically trained CAM practitioners. The doctor often sees CAM as an adjunctive therapy, which allows him to expand his healing art, whereas the traditionally trained CAM practitioner focuses their expertise and attention on the principal mode of therapy, trying to develop it as fully as possible.

In practical terms it might be possible to upgrade the osteopaths and chiropractors to full medical status over the coming years by rigorous training efforts. This would follow the American model which has benefits for the osteopathic and chiropractic profession in gaining access into mainstream medical care. But to attempt to do this for all CAM therapists would be a nonsense and would simply lead to the elimination of a large proportion of practitioners and further deprive the public of access to CAM.

It would be up to the CAM practitioners' regulatory bodies to so develop their status, training and standards that they will be accepted into the mainstream medical system. However, failure to do so would not seriously affect their professional existence, as they are used to being excluded from medical establishments and have relied on building the success of their practices with public satisfaction and recommendation.

Although there has been a steady driving force towards integration of CAM into mainstream medical areas, progress has been painfully slow. Recently I accessed NHS Direct for advice to the public on the best treatment for back problems, only to find no mention of the statutory regulated osteopathic profession except towards the end, listed as an 'unproven system'. This hardly gives encouragement to the process of statutory regulation and integration. I have also seen the strains developing between medical and non-medical CAM practitioners.

Personally I feel proscribed, artificial integration can only lead to disintegration arising from the schisms within each CAM discipline and between CAM and orthodox medicine. I would again strongly argue for a dual system, which does no harm to either CAM or to mainstream medicine. Would it be unthinkable to offer the public a

choice? Such a dual system would mirror much of what exists already, but with the benefits of improved safety standards, encouraged with better regulation. Let us recognise the vast philosophical and practical divide between the established medical system and CAM. Let us respect this difference and let the public benefit from choice of approach. Envisage a public health system that offers everyone access to either a health practitioner (HP) or a general practitioner (GP). The HPs could come from within the medical system: doctors, nurses and health workers, and from CAM practitioners. The distinguishing feature of them all would be the focus and emphasis on health promotion and engagement of the patient in their own health improvement. This would not exclude the treatment of specific disease conditions with orthodox medicine or CAM-only therapy.

The GPs would continue to hold the same role in the medical system as at present, but as the HP service expanded the demand on the GPs would diminish, leading to better medical service and a chance for doctors to practice their skills in a more thorough and relaxed manner. If pilot schemes were set up on the above lines it would be possible to establish the relative benefits to health and cost effectiveness of the HP/GP service versus the current GP service.

Who knows, with time these two groups may fuse almost invisibly into one health-based system that would be sustainable, more economical and more effective. Increasing development and accountability of CAM practitioners within the HP system and the improved, patient directed, therapeutic approach in the new style GP practices would thereby achieve a true national health service along with the development of the expert patient. I therefore favour a more evolutionary process rather than a forced remodelling of such a complex and subtle activity. To try to force CAM into a negative health paradigm which is the predominant modus operandi of our NHS can only lead to a debased or destroyed CAM and the perpetuation of a national healthcare system that is failing to promote health and a healthy society. The opportunity for support of the new paradigm of health-directed medicine must not be missed.