

Regarding the RCVS Statement on Complimentary Medicines

Dietrich Graf von Schweinitz

Many of you have raised concerns over the ABVA response to the RCVS Statement on Complimentary Medicines. If you haven't already read it, you certainly should - it is available on the RCVS web site. Here is a summary of correspondence I held with the RCVS over this matter.

My initial request for clarification began in February:

1. Did the RCVS Standards Committee consult or hold discussions with any CAM stake holders?
2. From the RCVS web site: "The statement comes after long-standing discussions within the veterinary community about the efficacy and ethics of complementary and alternative medicines." Who from the CAM veterinary community took part in these discussions?

The impression I get is that the discussions excluded any vets in the CAM community who are a part of the general vet community. This reminds me of the decision taken by the RCVS to permit VNs to carry out acupuncture under Schedule 3. Did the Standards Committee request or receive any representations from any veterinary acupuncture sources prior to their decision? How does a committee come to a sound and considered judgement on a subject they have no 1st hand knowledge of? The decision was and is still a serious mistake in terms of animal welfare.

The ABVA is very clear in its mission to train vets in the responsible and competent use of acupuncture. We continue to restrict our training to qualified veterinary surgeons and feel it is inappropriate to train VNs as they lack the background in anatomy and physiology that is a prerequisite to understand the scientific course content and competently and safely practice acupuncture. We pride ourselves in attracting an increasing number of academics from the veterinary colleges to our courses and I don't think they would be attending if there were serious doubts about the potential for acupuncture to improve animal welfare.

Please allow us the opportunity to help the RCVS Standards Committee understand more about the modern practice of veterinary acupuncture so that they may make informed decisions about this particular CAM. Surely this is the level of due diligence that is expected from such an important body.

The reply from RCVS:

That it was issued at all was only after careful consideration and taking into account a wide range of evidence and opinion as well as statements / submissions of various interested parties and included: a number of academic articles / reviews; summaries of what 29 other organisations / regulators and scientific bodies had to say about complementary medicines; and, a 2016 report of the RCVS Science Advisory Panel (a copy of the paper can be found at: <https://www.rcvs.org.uk/document-library/standards-committee-papers-january-2017/> (pages 79 – 210)). Additionally, the Standards Committee considered a number of submissions from several interested parties and also the views expressed of the European Academies Science Advisory Council (EASAC) in its 2017 Report.

As you can see, the Statement outlines the RCVS' commitment across the board to promote the advancement of veterinary medicine upon sound scientific principles – i.e. applicable to all forms of veterinary activity – and states that it expects that treatments offered by veterinary surgeons are underpinned by a recognised evidence base or

sound scientific principles. The reason for this is to protect animal welfare which could be affected where treatments without a scientific rationale are given in place, or ahead, of those that do have such an underpinning.

As you will be aware, such an evidence based approach to treatment is, of course, entirely in line with the principles accepted and applied across medical circles.

Although this statement was issued in November the sentiments within it are not new, and in fact largely re-iterate the views expressed over the last 20 or so years. Even some 10 years ago (October 2007), a predecessor to the recent statement indicated:

Veterinary surgeons practise science-based medicine and should ground their practice on objective evidence, applying normal evidential standards to complementary and alternative treatments. Where such standards are not readily attainable, the College considers it essential that such treatments are indeed "complementary" rather than "alternative" to mainstream therapy until they can be proved.

The Statement, therefore, "changes" very little – it does not "change" legislation, nor does it amend the RCVS Code of Professional Conduct or Supplementary Guidance. What has been expressed is the view of the RCVS as a Royal College – that it expects its members to utilise treatments within a scientific rationale. Likewise we have not sought to remove client choice as this remains within the context of treatments taking on a complementary role.

I made a follow-up request and wanted to make some points about the perceptions of EBM within the profession:

Thank you for your reply of 16/03/18 to my email. I hope I may make some observations and seek further clarification on the CAM Statement. There are some issues with wording that I wish to fully understand. Please share this with any interested parties on Council.

Firstly, may I access the earlier CAM Statement that was rejected by council (and my apologies for missing the time line on the rejection)?

During the period of the CAM consultation and taking into account a wide range of evidence and opinion as well as statements / submissions of various interested parties - who from the veterinary acupuncture community was asked to give evidence or any submission, and may I see a record of the discussions?

Two scenarios frequently encountered in the practice of the CAM, veterinary acupuncture: 1) Animal has a history of intolerance or adverse side effects to the medications prescribed for its condition. Acupuncture is given without the addition of any conventional medicine. 2) Horse competing under rules prohibiting the use of most medications; owner wishes it to be treated during the competition season with acupuncture to treat it for problems arising (e.g. musculo-skeletal pain, periodic spasmodic colic, recurrent uveitis) without the use of conventional treatments. Please make clear if the Council's Statement on CAM makes such treatments acceptable or unacceptable.

The RCVS "expects that treatments offered by veterinary surgeons are underpinned by a recognised evidence base or sound scientific principles. The reason for this is to protect animal welfare which could be affected where treatments without a scientific rationale are given in place, or ahead, of those that do have such an underpinning." On the surface this appears very reasonable, but in practice I hope the Standards Committee and RCVS Council will consider the following scenarios and the implications on animal welfare and give their view.

Small animal orthopaedic surgery - thousands of dogs are subjected to orthopaedic operations, some based only on a mild degree of lameness and an abnormal finding on imaging, but without any objective evidence of association of the image finding to the lameness. Are these operations and their morbidities plus post op management including cage restriction and separation from owners based on objective evidence and in the best interests of animal welfare?

Equine elective arthroscopic operations under general anaesthesia (carrying an objectively determined 0.8% of peri-operative fatalities) are performed on many horses based on an intra-articular nerve block result in a recent onset lameness with negative or equivocal imaging findings and without any evidence that the procedure will have a positive effect beyond conservative management or placebo or sham. Does the Council regard this as evidenced based practice in the best interests of animal welfare?

Based on evidence taken from retrospective analysis in human orthopaedic surgeries (Molesley et al, 2002; van Middelkoop et al, 2013) should the RCVS advise its members that until proven otherwise, these operations are not based on scientific evidence and they certainly are not in the welfare interests of the animal, nor are the public being given veterinary care or advice based on sound scientific principles? The RCVS Council's perceptions of animal welfare issues between conventional versus CAM treatments should be more carefully evaluated.

As a broad indicator of the level of scientific evidence based veterinary practice, it is worth looking at the relative acknowledgement in human medicine and surgery of the serious limitations and misunderstanding of what constitutes evidence based practice. From van Middelkoop et al, 2013: Overall there is very low quality of evidence available on the effectiveness of surgery compared to conservative care in neck pain patients showing overall no differences. CONCLUSION: Most studies on surgical techniques comparing these to conservative care showed a high risk of bias. The benefit of surgery over conservative care is not clearly demonstrated. There are many other similar examples.

Another paper that I trust the Standards Committee and Council will consider in it's formulation of guidelines based on the present state of EBM in veterinary medicine is from Wareham et al (2017) titled "Sponsorship bias and quality of randomised controlled trials in veterinary medicine". It concludes: "A high proportion of trials had an unclear risk of bias across the five criteria examined. We found evidence that veterinary RCTs were more likely to report positive outcomes if they have pharmaceutical industry funding or involvement. Consistently poor reporting of trials, including non-identification of funding source, was found which hinders the use of the available evidence."

I wish to add a note regarding the general appraisal of medicine and veterinary medicine. It appears an honest review of the state of medical and vet medical care indicates there is relatively little in clinical practice that is EBM. Philosophically medicine has historically been referred to as an "art and a science". The art appears to be increasingly squashed or ignored by many in authority who have

mistakenly fallen for bias riddled veterinary research with poor reliability as a validation of conventional over complimentary practice and of certain “advanced techniques” over conservative conventional care.

References

Molesley JB, O’Malley K, et al (2002) A CONTROLLED TRIAL OF ARTHROSCOPIC SURGERY FOR OSTEOARTHRITIS OF THE KNEE. N Engl J Med, Vol. 347, No. 2

van Middelkoop M, Rubinstein SM, et al (2013) Surgery versus conservative care for neck pain: a systematic review. Eur Spine J (1):87-95. doi: 10.1007/s00586-012-2553-z.

Warhead KJ, Hyde RM, et al (2017) Sponsorship bias and quality of randomised controlled trials in veterinary medicine. BMC Veterinary Research 13:234

Respectfully yours

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The Response from the RCVS:

As requested, I attach a copy of the proposed Statement considered by RCVS Council in June 2017 – prior to the finalisation of the Statement in November.

The RCVS Statement is a high level Position Statement, issued by the RCVS as a Royal College – it does not change our Code of Conduct and Supplementary Guidance, and does not change legislation. Its purpose is to support veterinary surgeons in their obligation to promote animal health and welfare by emphasising an evidence-based approach to treatments, a well-recognised and an accepted approach across medical circles.

As you will know, situations are not black and white, whether in the world of complementary and alternative medicines or otherwise; there is a hierarchy of evidence which means that there will be more ‘evidence’ for the effectiveness of some treatments than for others. We have discussed your own experiences with acupuncture, and your conclusions that it has a better evidence base than some other approaches, also classified as complementary and alternative. Therefore, our expectation is that clinicians, like you, will use their expertise and experience with the best available external evidence from systematic research.

As regards, the scenarios you outline – Re: (1) given that for the reasons you state all ‘conventional’ treatments have been tried or are for one reason or another considered inappropriate from a welfare point of view – this would fall within the views expressed in the Statement. Re: (2) the suggestion is that in order to comply with competition ‘rules’ owners do not want to utilise a recognised evidence-based treatment in favour of something else. The question would be whether that ‘something else’ also has a scientific end base / rationale. If it has none whatsoever, then would you not anticipate that a clinician would question its use?

For further enlightenment on the RCVS's Statement and its repercussions (esp. aimed at the use of homeopathy) you may wish to read from the House of Commons debate on the RCVS Statement (thanks to Stuart Marsden for the link)

<https://hansard.parliament.uk/commons/2018-05-08/debates/B3E8F552-C185-47C8-BE90-B3353D8A9C25/HomeopathyVeterinaryMedicine>

From the Commons debate - George Eustice - The Minister for Agriculture, Fisheries and Food:

As I said, the RCVS has sought to be very clear that it is not banning the use of homeopathy by vets; it is not even its place to do that—were that to happen, it would be for the VMD—but my hon. Friend raises an important point. The RCVS might want, in its council and among its members, to clarify what it actually means, which I understand to be as follows: it is not banning the use of homeopathy, but vets who use it should use it to complement other approaches, possibly where those are not proving effective, and not refrain from using approaches that might be more effective in order to practise homeopathy in isolation. I think that was its point, but I am sure it would be happy to clarify the matter.

ABVA Position:

The RCVS Statement is badly written and as far as the ABVA's recommended practice of acupuncture, it changes nothing. We have always advocated using an evidence based approach while recognizing the level of evidence is still very limited (as it is for the majority of conventional practice). Members should feel free to register any complaints or concerns over the RCVS Statement with the RCVS. They have had to get used to a huge amount of criticism over this matter! Something about it reminds me of the time many years ago when they made the practice of firing horses tendons unprofessional conduct – only to rescind the decision after an eminent race horse vet publically fired a race horse with bowed tendons in the presence of the racing press!

On the issue of Vet Nurses performing acupuncture under Schedule 3:

Is anyone familiar with a vet acupuncture course training subcutaneous acupuncture?
After months of enquiries regarding the decision taken by the Standards Committee:

Dear Mr von Schweinitz

Thanks again for your response.

Yes, as I understand it we have no record of early deliberations by the Standards committee on this topic. I don't have a record of which vet was consulted on acupuncture.

We fully understand that acupuncture is not always subcutaneous. However, the application of subcutaneous needles is the only aspect of acupuncture that VNs can carry out, under the direction of a veterinary surgeon, due to the restrictions of Schedule 3. That may be at the core of the misunderstanding here. The testimony that you attached expresses concern that VNs could not acquire the proficiency to "assess, diagnose, judge and manipulate the needles to allow acupuncture to be performed with

accuracy”, but VNs cannot diagnose in any circumstances, nor would they be expected to judge where the needles would go – they could only apply needles subcutaneously under the direction of a veterinary surgeon. We consider this to be equivalent to other subcutaneous injections that VNs are trained to carry out and allowed to perform under Schedule 3. Again, without evidence that subcutaneous acupuncture is more harmful than other subcutaneous injections it would not be appropriate for the RCVS to prohibit VNs from administering it. It is a matter for the professional judgement of the directing veterinary surgeon whether the VN being delegated to is competent to administer the subcutaneous needles.

Regarding the Schedule 3 review, I did not say it was not being carried out, rather I clarified that it was not the Standards Committee that was undertaking the review. As explained, the review is being carried out by the Schedule 3 and Legislation Working Parties. Every registered veterinary surgeon and veterinary nurse was sent the Schedule 3 survey in 2017. The results were published here: <https://www.rcvs.org.uk/document-library/rcvs-schedule-3-2017-survey-report/>

As I mentioned in my previous email, we would be very happy to consider any evidence that the ABVA wishes to submit to us on why VNs should not be able to undertake subcutaneous acupuncture under the direction of a veterinary surgeon; if you send this to me then I will ensure that it is considered by the appropriate body. The VN testimony that you attached does not specifically address this point and, as noted above, seem to misunderstand what VNs are allowed to do under Schedule 3.

I am very happy for you to share our correspondence with your colleagues.

Kind regards,

Ben Myring
Senior Policy and Public Affairs Officer