

A Broader Vision for Homeopathy: Medicine Needs Healing, and Homeopathy Has a Part to Play

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Abstract

The controversial claim that homeopathic medicines actively stimulate the innate capacity of body and mind for healing and repair demands continuing and energetic investigation. But regardless of the outcome of this scientific controversy, the reported changes associated with applying the homeopathic method are matters of clinical fact. There is thus a case to be made that the homeopathic approach, the way that it studies and construes the experience of illness in individual patients, enriches our understanding of health, illness and healing; and is itself an essential contribution that homeopathy can make to the advancement of medicine. Practitioners and researchers involved in homeopathy can, and should, be more energetic and forceful in making that case.

Challenge and Opportunity

Dr. Robin Pinsent was a founder member of the Royal College of General Practitioners and co-founder of the College's Birmingham research unit. His friendship with a prominent member of the Faculty of Homeopathy and fellow Birmingham general practitioner (GP), and his enquiring mind, attracted him to homeopathy and the investigation of its rationale and the action of its medicines. He became an active member of the Faculty's Midlands Research Group in the 1980s, and in 1983 he gave the Faculty's first Blackie Memorial Lecture.¹ In it, he proposed an exciting and prophetic scenario for the future of homeopathic medicine, predicting as great or even a greater impact upon the progress of medicine from its renaissance as he had helped to engineer in the renaissance of general practice. Forty years on, his vision still offers an inspiration to the homeopathic medicine community. In a paper of my own, presented to the Faculty Congress in 1984, I invoked the example of that general practice renaissance (of which many Faculty members are heirs) as a model for the work that the Faculty needed—and still in fact needs—to do.²

But Dr. Pinsent concluded that resolving the controversy around the biological action of the homeopathic medicines

themselves would be critical to that achievement, and it is here that my own perception of the role of homeopathy in the advancement of medicine diverges from his. I agree with the importance of pursuing this enquiry, with all the resources of energy and ingenuity available to us and to our colleagues from many disciplines in science who are contributing to that research. It is a major part of homeopathy's responsibility to medical science—not least because of the potentially transformative challenge to our existing knowledge of physics and biology that it presents.

A fully developed role of homeopathy within medicine does indeed involve the eventual resolution of that debate. However, *it does not depend upon it* in the sense that we must wait for that resolution to happen before homeopathy can establish *any* authority within medicine. Nor in the sense that it is the only criterion of value which homeopathy can display to the medical and scientific world. On the contrary, there is a great deal to be learned from the homeopathic approach and therapeutic method that is of inestimable value to health care, and that medicine badly needs.

Hence the second part of the title of this paper, 'Medicine needs healing', which is based on the central theme of a new book by rheumatologist Paul Dieppe, Emeritus Professor at both Bristol and Exeter universities.³ It was also the core

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theme of my own book, *Remodelling Medicine*.⁴ This presented a broad critique of the dominant biomedical model of modern Western medicine, exploring the question in the title of an earlier paper, *Medicine and healing: a broken marriage?*⁵ In the book, I sought to re-establish medicine as a healing vocation. I proposed occupational therapy and homeopathy as examples of how a broader understanding of healing should inform clinical practice,⁶ and that science should be true to its purpose in exploring that understanding as far as it is legitimately able to do so.⁷ The real excitement, challenge and purpose of science is to explore what lies beyond the horizon of the known. But medicine does not deal only with questions that science can legitimately ask and hope to answer: it also deals with questions of human experience, value and meaning that occupy a different landscape from that bounded by the legitimate horizon of science. Medicine cannot afford to limit itself to the set curriculum of biomedical science, however magnificent its achievements. It must not do so, because it excludes not only subject matter that could be accessible to science but that has not yet been explored, but also everything that belongs to that other landscape not so accessible to science, which is nevertheless the whole context within which science operates. “We do not need to esteem science less. What we need is to esteem it in the right way. Especially we need to stop isolating it artificially from the rest of life.”⁸

Homeopathy has a narrative to share that touches upon that wider landscape—“the rest of life”—and can illuminate many facets of health care that are integral to the healing process and that are common to most, if not all, health care professions.

Defining the Narrative

If homeopathy is to play its part in the evolution of medicine beyond the provision of a niche (albeit globally popular) therapeutic method, we need to tease out the narrative strands that comprise its science and its art, and to think critically and creatively about each one. In every case, we need to ask questions such as: How intellectually coherent and consistent is this narrative? What are its weaknesses, and how do we address them? How does this narrative relate to, complement and enhance, diverge from or challenge, other narratives in other medical and scientific disciplines? And other narratives in our shared understanding of health, illness and healing? And of human nature more broadly? What common ground may be cultivated, and how? How may we better communicate this narrative, and to whom—amongst the health care professions, and beyond?

Here are some of the narrative strands in homeopathic medicine that invite this enquiry.

Whole Person Medicine

Whole person medicine is not just a romantic notion. It is probably what most doctors aspire to, but often find difficult because of the constraints of the biomedical model, dominant in Western medicine, and the targets and guidelines that are often its political manifestation. In a survey of over

2,000 Scottish GPs, 87% felt that a holistic (whole person) approach was essential to providing good health care, but only 21% felt that primary care (general practice-based care) was delivering high-quality holistic care and only 7% felt that the organisation of primary care was conducive to it.⁹

This view from the ‘coal face’ reflects a widely held frustration with the limitations of conventional modern medicine. In *Homeopathic Method: Implications for Clinical Practice and Medical Science*, I described how homeopathy offers a remedy for this malaise.¹⁰ I was fortunate in enticing the heads of two university departments of primary care to write forewords for the first and second editions. Both were sceptical of the specific action of homeopathic remedies, but impressed by the homeopathic approach and its benefit to medicine in general. And, in their commentaries, they summarised those benefits very neatly. For the second edition, referring to his own passing acquaintance with homeopathy, Stewart Mercer, Professor of Primary Care Research at the University of Glasgow, wrote¹¹:

“...exemplified by the homeopathy history taking, was the requirement for an open-minded and meticulously detailed assessment of the patient in front of you. [...] We had to learn to listen to exactly what the patient was saying and how they were saying it. We had to learn not to dismiss any information as trivial. We had to accept stories as they were. And in doing so, we had to learn to be ‘with’ the patient, to be present.”

Those words encapsulate homeopathy’s commitment to whole person medicine.

Pathography: The Natural History of Illness, Disease and Healing

In his foreword to the earlier edition, Conrad Harris, Emeritus Professor of General Practice at the University of Leeds, made a similar point, despite his scepticism, commending its account of how homeopaths approach their therapeutic tasks.¹² “At this level”, he wrote, “it has a great deal to teach conventional doctors, and I find it both fascinating and full of wisdom.” His interest was particularly aroused by the emphasis on ‘pathography’ in homeopathy—the detailed description of what is wrong with the patient; a neglected phase of research, tailor made for GPs but unlikely to encounter because of current trends in general practice. “It was a joy, therefore”, he wrote, “to learn that pathography is not an optional extra for homeopathic practitioners, but an essential part of their methods, and safe in their hands. *I hope they will make their findings known outside their own literature, as an important contribution to medicine* [my own emphasis].”

In an article of his own on this theme that I have discussed elsewhere,^{13,14} he makes a plea for “the observation and description of what is before one’s eyes, unconditioned by preconceived ideas”, echoing Thomas Sydenham, the 17th century ‘father of modern clinical medicine’, who, in “his empiricism and determination to observe and examine each patient with the open mind of a natural historian”, taught us

“to listen intently and question the patient minutely about the march of events in the development of disease”.¹⁵ Here are the founding precepts of the homeopathic approach, articulated by Hahnemann,¹⁶ vividly expressed across the centuries as precepts for all medical practice.

I do not know enough about other therapeutic modalities—Naturopathy or Ayurveda, for example—to be sure, but I suspect that homeopathy is unique in its insistence on attention to this level of detail not only in recording and construing the whole story of the patient’s life, past history and present experience in the evolution of the illness, but also in studying the response to treatment—the healing process—which I will return to when discussing ‘natural healing’ and placebo.

Epidemiology

The study of the ‘march of events in the development of disease’—its evolution or etiology,¹⁷ essential to the homeopathic method—is one of the opportunities that homeopathy provides for the “observation and description of what is before one’s eyes” that Conrad Harris insists is “the starting point of all scientific research”, in this instance, epidemiology.

Another is the concept of ‘constitution’ as an indicator both of susceptibility to certain patterns of illness and of resilience and the ability to heal. Unfortunately, ‘constitution’ means different things to different people (from psychological profile to body shape).^{18,19} But the concept that a constellation of inherent personal characteristics is significantly related to patterns of illness and disease is important, both in terms of patient care and therapeutics, and in epidemiology. The systematic documentation and study of this phenomenon is a huge challenge, but it is another contribution that homeopathy can make to medical science.

Multimorbidity, Chronic Disease and Polypharmacy

In his foreword to *Homeopathic Method*, Stewart Mercer went on to say:

“...there is still a lot to be learned from the homeopathic approach to care. Not least the fact that modern conventional healthcare is not meeting the needs of the populations and people it serves. The greatest challenge facing healthcare systems around the world is the challenge of managing patients with chronic conditions, most of whom have two or more rather than one condition. Yet healthcare...remains focused on single conditions and a disease-centred approach...[which] has led to mass polypharmacy, and in many cases harm.”

Good ‘pathography’, with its focus on the ‘individuality’ and ‘totality’ of the patient’s condition,²⁰ the tailoring of treatment regimens to accommodate that totality, and the fact that co-existing symptoms or syndromes that would be conventionally treated separately respond to one homeopathic regimen, is homeopathy’s answer to this ‘greatest challenge’. It is perhaps the most powerful argument for homeopathy within health care, and its biggest contribution—and one of its biggest research challenges.²¹ The Bristol

Homeopathic Hospital Outpatient Survey²² and an article in a recent issue of this journal²³ are good examples of the attempt to meet this challenge.

Clinical Fact

In the last paragraph, I referred to ‘the fact’ that co-existing syndromes respond to a homeopathic regimen, and here I want to point out, with the greatest possible emphasis, that *nothing I have described so far has to do with a theory or hypothesis*. The virtues that Harris and Mercer recognise in the homeopathic method, and that Sydenham demanded of all medicine, are all to do with the art and science of clinical observation. The changes that are reported are matters of clinical fact. If a practitioner records at follow-up that a patient’s eczema *and* asthma or irritable bowel syndrome *and* migraine have improved following treatment, or when a chronic illness resolves following an ‘etiological’ prescription—say, *Brucella* nosode in a patient with chronic brucellosis—then either the patient and the practitioner are lying or those are clinical facts. The ‘how’ and the ‘why’ are irrelevant. We do not have to distinguish conclusively between the specific activity of the homeopathic prescription and other contextual factors to acknowledge the value of the therapeutic method as a whole.

Evidence that the change has occurred is, of course, essential. But where it is provided from ‘real world’ clinical practice,^{22,24} it is often dismissed because the ‘how’ and the ‘why’ have not been elucidated to the satisfaction of the critic, usually with a demand for a positive outcome from a randomised placebo-controlled trial—which, however solid,^{25,26} is then likely to be dismissed as insufficient. But accumulating the evidence and its effective communication is a priority. The power and importance of clinical outcomes and case studies, and the need to generate, systematically collate and publish more of them, cannot be overemphasised. Their value and significance in demonstrating *effectiveness* (‘real world’ treatment outcomes) *vis-à-vis efficacy* (experimental/trial outcomes) needs to be argued vigorously.

Academic Standards and Academic Integrity

Above all, the evidence for these facts, and the conclusions we draw from research—subject to the necessarily provisional nature of all science—must be beyond reproach. From my experience of national and international organisations as Dean of the Faculty of Homeopathy (1997–2003), and from the evident standards of peer review and editorial scrutiny that attend publications in *Homeopathy*, I believe that the academic standards and integrity that prevail in mainstream homeopathic medicine are of a high degree. Sadly, the same cannot be said of some of homeopathy’s detractors.^{27–30} This makes it even more important that we are rigorously self-critical and vigilant in maintaining those standards ourselves and that we challenge pronouncements and publications from within the wider homeopathy community that misrepresent homeopathic medicine.^{31–33}

There are significant challenges to homeopathy’s academic credibility that need to be addressed,³⁴ even accepting that

the arguments in this article transcend the enduring problem of the specific action of homeopathic medicines and the high dilution of many of the medicines. Although excellent work has been done, and is ongoing, to make the process more systematic,^{35,36} foremost amongst these, perhaps, is the diversity and inconsistency of prescribing regimens.³⁷ It is the sort of problem that, when the Faculty was brave enough some 20 years ago to include sceptics in the peer review of its comprehensive and rigorous medical core curriculum (Faculty of Homeopathy, archive, unpublished), caused one critic to include the remark that 'Even well organised rubbish is still rubbish!'

The Healing Response: The 'How' and the 'Why'

The questions whether and how homeopathic medicines themselves have any biophysical activity remain to be resolved. But it is beyond doubt that the healing response to homeopathic treatment cannot be through any currently recognised pharmacological action. It is also beyond doubt that the homeopathic approach, as succinctly described by Stewart Mercer, is powerfully conducive to well-recognised healing responses commonly described as 'placebo' or 'contextual'.³⁸ In other words, regardless of any specific action of the medicines, the nature of the consultation will evoke and reinforce 'natural healing', the innate capacity of body and mind for repair and healing.^{39,40}

This fact, which should be applauded—and, as the foundation of the holistic approach to which those Scottish GPs aspire, should be a *sine qua non* of all therapeutic relationships⁴¹—is ironically often used to devalue homeopathy. Whereas, the therapeutic consultation's evidently important contribution to the *effectiveness* of homeopathic treatment should give pause for thought to those responsible for health care education and policy.

Integrative Medicine

One of the most salutary (health giving) features of the homeopathic approach is that it is truly 'integrative' (combining to form a whole) for the patient, serving to affirm or restore their sense of 'integrity' (being whole). A patient will rarely, if ever, have thought or talked about so many different aspects of themselves as they will do in a homeopathy consultation—never perhaps have seen themselves 'as a whole', nor been seen and heard as such an integrated individual. This integrative approach is essential to the healing process that homeopathy supports, and it is an example that medicine as a whole needs if it is to fulfil its healing vocation more effectively.

In the United Kingdom, the Faculty's inter-professional structure and our involvement in the integrative care movement and the wider Complementary and Alternative Medicine movement⁴² are part of this. Truly integrative health care must be integrative of the different perspectives, methods and approaches of different health care professionals around the patient, creating an entire 'community' of care, which is essential to the core aim to be integrative of the patient, as against the dis-integrative and de-meaning influence of the biomedical model.⁴³

What Western medicine calls 'integrated medicine' or 'integrated care' may not be integrative of the patient at all. It is often a loose aggregation of different therapeutic methods, resources or services, perhaps within a geographical or administrative framework. They may not share any common model of disease processes, healing processes or whole person care, and they may not engage in any process of shared management that effectively integrates their different methods and perceptions within a coherent care plan for the individual patient. This is not truly 'integrated' care. It is still a fragmented service, likely to have a fragmenting effect on the patient within it. The inter-professional ethic within homeopathy is an antidote to this failing.

Multidisciplinary and Inter-professional Learning

*Occasions when two or more [health and social care] professions learn with, from and about each another to improve collaboration and the quality of care.*⁴⁴

The better integration of homeopathic medicine in health care and medical education will help to remedy the disintegrative tendency in modern Western medicine. Although inter-professional education is essential to truly integrated and integrative medicine,⁴⁵ and has been a core principle of undergraduate and continuing medical education for all health care professionals in the United Kingdom for a long time,⁴⁶ it is still by no means the norm. But because in many homeopathy organisations their practitioners come from, and work within, a variety of clinical disciplines in medicine and those allied to medicine, and because their curricula cross inter-disciplinary boundaries, this is an aspect of medicine in which homeopathy offers a model of good practice. I have learned much about the dynamics of health and illness—particularly the psychodynamics—from attending lectures by homeopathic veterinarians, just as I have from attending the conferences of another such exemplar, the multidisciplinary Philosophy & Ethics Special Interest Group of the British Pain Society.⁴⁷ As Dean of the Faculty of Homeopathy, I gained as valuable an insight into different aspects of health care by helping to develop curricula and examinations for dentists and podiatrists, for example, as I did when working with speech and language therapists and occupational therapists in the development of common terminology for electronic medical records.⁴⁸

There are exceptions,⁴⁹ but we are perhaps too timid in our engagement with other disciplines: in academic discourse⁵⁰ and medical education (undergraduate and post-graduate),⁵¹ in clinical work⁵² where we are offering shared care with colleagues in other specialities, and in communication with doctors whose patients consult us 'on the side'. If we do not demonstrate high standards of general medical competence, and do not set out clearly how our intervention has benefitted individual patients, we cannot expect homeopathy to be taken seriously amongst colleagues who are otherwise ignorant of the subject and are legitimately sceptical. This area of activity needs to be developed and enhanced if homeopathy is to be valued properly.

Conclusion

In this article, I have set out the virtues of homeopathic medicine that do not depend on resolving the controversy surrounding the activity and the high dilution of its medicines. There is a case to be made that they are virtues of potential benefit *for all health care* that the homeopathic medical community should articulate more forcefully. In lecturing previously on this theme, I have used a slide showing a mouse attending the reception desk in an Accident & Emergency Department with a mousetrap around its throat: the receptionist is saying, “I’m afraid you’ll have to speak up a bit”. Homeopathy must answer the questions I posed at the beginning in ‘defining the narrative’, cast off the reticence and the simillimum–dilution complex that strangles it, and learn to speak up a bit.

Conflict of Interest

None declared.

References

- Pinsent RJFH. Homeopathy—the end of the beginning. *Br Homoeopath J* 1984;73:149–159
- Swayne J. The role of homeopathy in contemporary medicine. *Br Homoeopath J* 1985;74:177–185
- Dieppe P, Hypki C. *Healing and Medicine: A Doctor’s Journey Towards Their Integration*. Oxford, UK: Routledge, 2023
- Swayne J. *Remodelling Medicine*. Glasgow: Saltire Books; 2012
- Swayne J. Medicine and healing: a broken marriage? *New Society*. September 2, 1966:491–492
- Swayne J. *Remodelling Medicine*. Glasgow: Saltire Books; 2012: 259–265
- Swayne J. *Remodelling Medicine*. Glasgow: Saltire Books; 2012: 107–114
- Midgeley M. *Science as Salvation*. London: Routledge; 1992:37
- Hasegawa H, Reilly D, Mercer SW, Bikker AP. Holism in primary care: the views of Scotland’s general practitioners. *Prim Health Care Res Dev* 2005;6:320–328
- Swayne J. *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 2nd ed. Glasgow: Saltire Books; 2013
- Mercer SW. Foreword. In: Swayne J, ed. *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 2nd ed. Glasgow: Saltire Books; 2013
- Harris CM. Foreword. In: Swayne J, ed. *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 1st ed. London: Churchill Livingstone; 1998
- Harris CM. William Pickles lecture 1989. Seeing sunflowers. *J R Coll Gen Pract* 1989;39:313–319
- Swayne J. The starting point: pathography. *Homeopathy* 2002; 91:22–25
- Marinker M. The chameleon, the Judas goat, and the cuckoo. *J R Coll Gen Pract* 1978;28:199–206
- Hahnemann S. *The Organon of the Medical Art*. Palo Alto, CA: Birdcage Press; 1996:§6, 62; §83, 130
- Swayne J. Aetiology. In: *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 2nd ed. Glasgow: Saltire Books; 2013:173–189
- Swayne J. Constitution. In: *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 2nd ed. Glasgow: Saltire Books; 2013:163–171
- Swayne J. Constitution. *Br Homoeopath J* 1998;87:141–144
- Swayne J. Symptoms: individuality and totality. In: *Homeopathic Method: Implications for Clinical Practice and Medical Science*. 2nd ed. Glasgow: Saltire Books; 2013:137–142
- Swayne J. The cost and effectiveness of homeopathy: a pilot study and proposals for future research. *Br Homoeopath J* 1992; 81:148–150
- Spence DS, Thompson EA, Barron SJ. Homeopathic treatment for chronic disease: a 6-year, university-hospital outpatient observational study. *J Altern Complement Med* 2005;11:793–798
- Mallangi J, Chaudhuri J, Varanasi R, Oberai P. Multimorbidity in a 35-year-old female patient treated with homeopathy: a case report. *Homeopathy* 2023;112:135–142
- Mathie RT, Ulbrich-Zürni S, Viksveen P, et al. Systematic review and meta-analysis of randomised, other-than-placebo controlled, trials of individualised homeopathic treatment. *Homeopathy* 2018;107:229–243
- Jacobs J, Jiménez LM, Gloyd SS, Gale JL, Crothers D. Treatment of acute childhood diarrhea with homeopathic medicine: a randomized clinical trial in Nicaragua. *Pediatrics* 1994; 93:719–725
- Colau JC, Vincent S, Marijnen P, Allaert FA. Efficacy of a non-hormonal treatment, BRN-01, on menopausal hot flashes: a multicenter, randomized, double-blind, placebo-controlled trial. *Drugs R D* 2012;12:107–119
- Shang A, Huwiler-Müntener K, Nartey L, et al. Are the clinical effects of homeopathy placebo effects? Comparative study of placebo-controlled trials of homeopathy and allopathy. *Lancet* 2005;366:726–732
- Fisher P, Berman B, Davidson J, Reilly D, Thompson T. Are the clinical effects of homeopathy placebo effects? *Lancet* 2005; 366:2082–2083; author reply 2083–2086
- Australian Government. *NHMRC Information Paper: Evidence on the Effectiveness of Homeopathy for Treating Health Conditions*. Canberra, Australia: National Health and Medical Research Council; 2015
- Homeopathy Research Institute. *The Australian report*. Accessed May 17, 2023, at: www.hri-research.org/resources/homeopathy-the-debate/the-australian-report-on-homeopathy/
- Swayne J. Book review: a bad advertisement for homeopathy. *Homeopathy* 2002;91:117–122
- Swayne J. Book review and authors’ response: Singh S, Ernst E, Trick or treatment? *Alternative medicine on trial*. *Br J Gen Pract* 2008;58:738–739
- Ernst E. Complementary/alternative medicine: engulfed by post-modernism, anti-science and regressive thinking. *Br J Gen Pract* 2009;59:298–301, discussion 301
- Swayne J. Joining the grown-ups: academic challenge and responsibility in homeopathic medicine. *Br Homoeopath J* 1988; 77:235–244
- Rutten L, Eizayaga J, Kaur H, et al. Counting polar symptoms: how to represent the results? *Homeopathy* 2021;110:27–35
- Bagchi S, Nayak C, Rutten L, et al. Assessment of likelihood ratio for four contact dermatitis symptoms of *Vinca minor*. *Homeopathy* 2018;107:209–217
- Swayne J. Homeopathic therapeutics: many dimensions—or meaningless diversity? In: Vickers A, ed. *Examining Complementary Medicine*. Cheltenham, UK: Stanley Thornes; 1998:64–73
- Moerman D. *Meaning, Medicine and the ‘Placebo’ Effect*. Cambridge: Cambridge University Press; 2002
- Swayne J. Natural medicine and natural healing. In: *Remodelling Medicine*. Glasgow: Saltire Books; 2012:235–243
- Swayne J. Richard Hughes Memorial Lecture 2004. Homeopathy, wholeness and healing. *Homeopathy* 2005;94:37–43
- Swayne J. The holistic perspective. In: *Remodelling Medicine*. Glasgow: Saltire Books; 2012:249–251
- Swayne J. Homeopathy in the NHS: a holistic and interprofessional challenge. *J Interprof Care* 1995;9:53–59
- Swayne J. Reinstating the individual. In: *Remodelling Medicine*. Glasgow: Saltire Books; 2012:97–103
- Centre for the Advancement of Interprofessional Education. About CAIPE. Accessed June 2, 2023, at: www.caipe.org/about

- 45 World Health Organization. Framework for Action on Inter-professional Education and Collaborative Practice. Geneva: WHO; 2010
- 46 Department of Health. Working Together: Learning Together. London: The Stationary Office; 2001
- 47 The British Pain Society. Philosophy & Ethics Special Interest Group. Accessed June 2, 2023, at: www.britishpainsociety.org/philosophy-ethics-special-interest-group/
- 48 Swayne J. A common language of care? *J Interprof Care* 1995; 7:29–35
- 49 Malcolm R. A view of the role of integrated medicine in breast cancer care within NHS Tayside. Accessed June 2, 2023 at: www.youtube.com/watch?v=SetOV3HWDPs
- 50 Thompson EA. Investigating homeopathy as a complex intervention in the cancer setting [DM dissertation]. University of Oxford; 2008
- 51 Swayne J. The place of homoeopathic medicine in postgraduate education for general practice. *J R Coll Gen Pract* 1988;38:119–120
- 52 Swayne J. Survey of the use of homeopathic medicine in the UK health system. *J R Coll Gen Pract* 1989;39:503–506