The current healthcare debate has brought up basic questions about how medicine should work. On one hand we have the medical establishment, with its enormous cadre of M.D.s, medical schools, Big Pharma, and incredibly expensive hospital care. On the other, we have the semi-condoned field of alternative medicine that attracts millions of patients a year and embraces literally thousands of treatment modalities not taught in medical school.

One side, mainstream medicine, promotes the notion that it alone should be considered “real” medicine, but more and more this claim is being exposed as an officially sanctioned myth. When scientific minds turn to tackling the complex business of healing the sick, they simultaneously warn us that it’s dangerous and foolish to look at integrative medicine, complementary and alternative medicine, or—God forbid—indigenous medicine for answers. Because these other modalities are enormously popular, mainstream medicine has made a few grudging concessions to the placebo effect, natural herbal remedies, and acupuncture over the years. But M.D.s are still taught that other approaches are risky and inferior to their own training. They insist, year after year, that all we need are science-based procedures and the huge spectrum of drugs upon which modern medicine depends.
The mythology of science-based medicine has brought up many questions about how medicine should work. One idea is that we have the medical establishment, with its estimations of EBM (Evidence-Based Medicine), and the alternative medicine that involves millions of patients and residents and thousands of new medical modalities not taught in medical school. One of these new medical modalities, however, promotes the notion that it alone should be considered “real” medicine, and more and more this claim is being associated with an officially sanctioned term: when scientific evidence shows that it is not effective. This modern evidence-based medical practice, however, is one that is not universally accepted. When scientific evidence shows that it is not effective.

We are not suggesting that Americans adopt any and all alternative practices simply because they are new and unproven. We are not suggesting that the medical establishment, with its scientific evidence, is not effective. We are not suggesting that the medical establishment, with its scientific evidence, is not effective.

But alternative modalities should not be dismissed out of hand. An estimated 50 percent of patients don’t respond to prescription treatments. This is remarkably similar to the results Dr. Brian Berman found in his analysis of Cochrane reviews of conventional medical practices. There, 38 percent of treatments were positive and 62 percent were either negative or showed “no evidence of effect.”

The sad fact is that a disturbing percentage of the medicine we subject ourselves to isn’t based on hard science, and another percentage of it is risky or outright harmful. Obviously, every patient deserves medical care that is evidence-based, not just based on an illusory reputation that is promoted in contrast to the best in the world. But this myth has been completely undermined. In 2000, Dr. Barbara Starfield, writing in the Journal of the American Medical Association, estimated that between 30 percent and 50 percent, according to various studies, will receive a treatment that has been scientifically demonstrated to be either beneficial or likely to be harmful, or unlikely to be beneficial.

This left the largest category, 46 percent, as unknown in their effectiveness. In other words, when you take your sick child to the hospital or clinic, there is only a 5 percent chance that it will receive a treatment that has been scientifically demonstrated to be either beneficial or likely to be harmful, or unlikely to be beneficial. This is remarkably similar to the results Dr. Brian Berman found in his analysis of Cochrane reviews of conventional medical practices. There, 38 percent of treatments were positive and 62 percent were either negative or showed “no evidence of effect.”

For those who have been paying attention, this is not news. Back in the late ’70s, the Congressional Office of Technology Assessment determined that a mere 10 to 20 percent of the time patients received a treatment that has been scientifically demonstrated to be either beneficial or likely to be harmful, or unlikely to be beneficial. This left the largest category, 46 percent, as unknown in their effectiveness. In other words, when you take your sick child to the hospital or clinic, there is only a 5 percent chance that it will receive a treatment that has been scientifically demonstrated to be either beneficial or likely to be harmful, or unlikely to be beneficial. This is remarkably similar to the results Dr. Brian Berman found in his analysis of Cochrane reviews of conventional medical practices. There, 38 percent of treatments were positive and 62 percent were either negative or showed “no evidence of effect.”

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