

# Consultations at Glasgow Homeopathic Hospital



Zelda Di Blasi

Jos Kleijnen

*Department of Health Sciences and Clinical Evaluation and  
NHS Centre for Reviews and Dissemination,*

**THE UNIVERSITY of York**

**UK**

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Correspondence to:

Zelda Di Blasi  
Department of Health Sciences and Clinical Evaluation  
University of York  
YORK YO10 5DD  
Tel: 01904-433647  
Fax: 01904-433661  
E-mail: [zdb1@york.ac.uk](mailto:zdb1@york.ac.uk)

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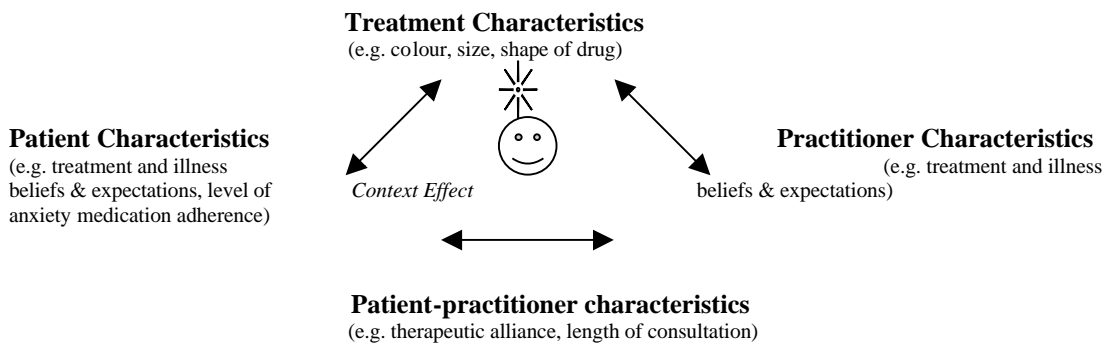
## Introduction

The healing encounter or the therapeutic impact of a health care consultation was recognised as far back as the fourth century B.C. when Hippocrates wrote of how: *'the patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician'*<sup>1</sup>. Shamans, faith healers, witch doctors, therapists and physicians have continued to help people throughout the ages, possibly thanks to placebo effects deriving from interacting with patients<sup>2</sup>. Advances in evidenced based health technologies shifted the attention towards increased specialisation and shortened consultations for faster and more efficient patient throughput and away from humanistic care. These changes may explain the increase in the number of alternative or complementary practitioners who provide holistic care and emphasise the need of spending time to establish a good relationship with patients<sup>3</sup>.

### Context effects

Through the use of placebos in pharmacological trials acting as a control for expectations and suggestion, evidence for the influence of the mind over the body has been growing steadily over the past 50 years. In an attempt to look just like the treatment being evaluated but without any specified therapeutic ingredient, placebos have been shown to produce significant effects<sup>4,5</sup>. This therapeutic effect which manifests itself in patients who have been allocated to the placebo arm is referred to as a 'placebo', 'non-specific' or 'context' effect. In a systematic review, Turner and colleagues<sup>5</sup> suggested that these effect derive from the characteristics of treatment, the patient, the practitioner and the interaction between patients and providers (see Fig. 1).

**Fig. 1 Factors determining a Context Effect**



In the past, research tended to examine patient characteristics, but failed to identify a personality type which made an individual more likely to respond to placebos. Possibly as a result of this, research focusing on placebo effects was at a low level for a few decades. More recently, a renewed interest in the placebo effect influenced researchers to return and attempt to solve this mysterious phenomenon with sophisticated reviewing techniques. Systematic reviews have been conducted to examine interactions between placebo and medication<sup>6</sup>, to explore the role of patient expectations<sup>7</sup>, to compare the outcomes of placebo arm and no treatment arm<sup>8</sup> and to identify the effects of drug colour on trial outcomes<sup>9</sup>.

### Context effects and patient-provider interactions

In psychotherapy and psychiatry, research examining placebo effects deriving from patient-provider interactions is common<sup>10</sup>, but little is known of the determinants and mechanisms of placebo effects in medical consultations. In our systematic review we attempted to identify key elements in health care consultations by including all randomised controlled trials which aimed to enhance context effects via patient-practitioner interactions. The review identified twenty-five randomised controlled trials which examined the effects of health care interactions on physical health state<sup>11</sup>. Four of these studies compared

the effects of positive and negative or neutral consultations. Based on the Self-Regulatory Theory, positive consultations could be described as interventions combining *cognitive care* (e.g. increasing expectations about the illness or about the treatment) with *emotional care* (e.g. reducing anxiety and fears by providing empathy and reassurance). Our findings suggest that cognitive-emotional care can influence patients' health outcome.

Because of the various elements in these consultations, it is difficult to establish which are the key therapeutic factors (e.g. positive prognosis, reassurance, enhanced treatment expectations). The lack of detail in describing the interventions and the absence of standard outcome measures adds to the complexity of disentangling effective variables. Increase in treatment expectations alone was not found to be consistently predictive of changes in health outcomes, with only half of the studies finding that these significantly altered patients' health states. In these studies, investigators did not describe how the information was delivered (e.g. enthusiastically), how patients perceived the clinician or the quality of the interaction, and whether their expectations had actually changed. Our review suggested that length of the consultation and practitioner status were also not important predictors of health outcomes. It is possible that a vehicle of change is actually the collaborative bond or the therapeutic alliance formed between the patient and the practitioner.

### **Context effects and patient-practitioner interactions**

De Craen defines a non-specific factor as 'an element from an intervention that counts as a meaningful stimulus for a subject and is held responsible for causing a change in the subject'<sup>12</sup>. In the context of health care interactions, this definition is advanced by Brody<sup>13</sup>. He suggests that a positive placebo response occurs when the meaning of the illness experience for the patient is altered in a positive manner, the patient is supported by a caring group and their sense of mastery or control over the illness is enhanced. Reilly believes that a placebo response is a trigger of a self-healing reaction and that the health professional can be a catalyst to the built in healing potential of the patient. He describes placebo effects created in the consultation as healing encounters deriving from basic human care, concern and understanding for the patient.

### **Therapeutic Alliance**

In medicine, the role of the therapeutic alliance has largely been unexplored. On the contrary, a large body of literature has developed in the area of psychotherapy to examine the link between alliance and therapeutic outcomes<sup>10</sup>. In a review of the literature, Horvath and Luborsky<sup>14</sup> suggest that this stems from research finding different therapies to have similar outcomes and suggesting that common factors or context effects may be major therapeutic determinants. In the 1900's, Freud<sup>15,16</sup> suggested that a healthy alliance would derive from maintaining a serious interest and a sympathetic understanding towards the patient. Rogers<sup>17,18</sup> proposed that the therapists' empathy, congruence and unconditional acceptance of the patient were enough to create a therapeutic outcome.

Later, Bordin<sup>19</sup> suggested that a strong alliance is characterised by the therapist and the client both perceiving tasks as relevant and efficacious, accepting the responsibility to perform these tasks, valuing the goals or outcomes and having a good personal attachment based on mutual trust, acceptance and confidence. According to Bordin, a positive alliance is not curative, but rather an ingredient which makes it possible for patients to follow treatment faithfully. In our review, few studies examined medication adherence, possibly because having short patient follow-ups, however, there is some strong evidence to suggest that placebo responders are more likely to be 'compliers' than non-responders<sup>20</sup>.

Horvath and Luborsky argue that there are two types of alliances which are important in different stages of the therapy. The *helping alliance* is more evident at the beginning of therapy and is based on the patient experiencing the therapist as caring, supportive and helpful. The *working alliance* is based on 'a sense of working together in a joint struggle against what is impeding the patient... on shared responsibility for working out treatment goals... a sense of "we-ness"<sup>14</sup>. There also appear to be two crucial phases for a successful therapeutic alliance. In the first phase, satisfactory levels of collaboration and trust must be established. The clients should want to join the therapist in the therapeutic journey, agree on what has been

established, and have faith in the procedures used. In the second phase, the level of alliance is likely to be fluctuating because of challenges in the process. It is important that the therapist is sensitive and not too severe when challenging negative or unhelpful beliefs and that ruptures are resolved. Horath and Luborksy<sup>14</sup> review studies which found that positive outcomes were characterised by early alliances and successful repairs of alliance ruptures. This finding suggests that the 'ups and downs' of the relationship are better than steady developments.

Important lessons can be learned from research conducted in the area of psychotherapy to increase our understanding of placebo or context effects present in orthodox and complementary medicine and to help enhance the quality of health care by maximising these effects. In the UK, a health care centre which is particularly interested in the role of the therapeutic alliance in medicine, is the Glasgow Homeopathic Hospital.

### **The Glasgow Homeopathic Hospital**

The NHS Glasgow Homeopathic Hospital opened in January 1999. This is a small 15 bed teaching hospital. Dr David Reilly, a Consultant Physician at Glasgow Homeopathic Hospital, and Senior Lecturer in Medicine at Glasgow University, has a reputation for seeing and significantly helping people who come with challenging medical histories. Patients experience transformations in their medical and emotional well-being on a regular basis. In an unpublished paper by Thompson (1996) who worked closely with Dr Reilly for a number of years, the toolkit consists of:

*'not [just] listening and talking.* He says over and over again that the kernel of his work is the therapeutic relationship but he has developed a good working knowledge of specific therapies which he applies as necessary... Whatever therapy he uses is used with an atmosphere of conviction as he tries to maximise the placebo effect...Much of his dialogue is about engendering self-nurture and respect in the patient. He often asks the patient what advice they would give to a person who was in their predicament – the advice is usually good! He is very reassuring and full of praise for progress ~ however trivial'

### **AIM**

The purpose of this pilot study was to explore variables in positive health care interactions.

### **Objectives**

- ?? To observe a number of consecutive positive consultations
- ?? To develop hypotheses of key therapeutic components of health care interactions
- ?? To assess use of the placebo effect in a clinical setting

### **Method**

At this initial stage, an exploratory, descriptive approach was adopted to begin to understand health care interactions in their natural clinical setting. The aim was to provide the researcher with an orientation to the field under study and provide non-specific descriptions in order to grasp the complexity of the field as much as possible. The present researcher entered the setting with broad research interests but without predetermined categories or observational checklists. The aim was to discover patterns of behaviour to be later observed using checklists. Observations were overt and unsystematic, as participants knew they were being observed. The observer did not participate in the interaction, and an observation scheme was not applied. In-depth discussions with the observed consultant were conducted to clarify issues presented during the consultations.

### **Sample**

Participants were 12 adults' inpatients and outpatients who were treated at the Glasgow Homeopathic Hospital by Dr David Reilly. Convenience sampling was used over three-day period

(18-20<sup>th</sup> November 1999). The care provided at the GHH is tertiary. In most cases, there is a long history or previous medical and/or psychiatric intervention. These are generally chronic patients who have been dissatisfied with conventional treatment and often suffer from pain or stress.

### Data Collection & Analysis

All participants were approached for this study through the consultant associated with the hospital. They were asked for verbal consent to be observed and informed by the consultant that they could refuse to be observed at any time. All those approached agreed to be observed. On a second visit to an inpatient, one patient asked to be seen alone. The consultations were not audio or tape-recorded, but notes were made during and after each consultation, and discussed at length with the consultant. Notes and transcripts were analysed, and code numbers were assigned to phrases and sentences which highlighted any aspect of the therapeutic alliance. Similar codes were identified and clustered into categories. Coding and emergent categories were discussed with colleagues. Data collected and analysed will be shared with the consultant and a clinical researcher to compare findings and conclusions.

### Results

Twelve inpatient and outpatient consultations led by Dr Reilly at the Glasgow Homeopathic Hospital (GHH) were observed on 15-18<sup>th</sup> November 1999 (9:30-13:00). Each consultation lasted approximately 30 min's. A total of twelve patients were observed, seven inpatients and five outpatients. One inpatient was observed on two occasions, at a two-day follow-up (P3a and P3b). Seven were women. Five patients had chronic pain (P03, P06, P07, P09, P10), two from cancer (P03, P07), the rest of the patients suffered from chronic depression (P01), Distonia (P02), Multiple Sclerosis (P04), Rheumatoid Arthritis (RA), multiple chronic conditions (P08), and hysterical paralysis (P11). Themes emerging from the consultations are presented in Table 1.

**Table 1. Themes emerging from consultations**

N	Summary of Patient	Therapeutic History Taking & Treatment
01	<p>Female inpatient with chronic depression. Has been on anti-depressants for 3-4 years.</p> <p>Diagnosis P: I need to look at stress, its causing me migraines. D: ... what is stress? P: I don't know, to me its the position of my body... hands clenched D: Some people describe it as a response to a situation...</p> <p>Empathy D: How long have you been taking anti-depressants for? P: 3-4 years, taking more than required. I would take one before collecting the kids, just in case... D: You go home and the buttons are pressed...</p> <p>Creating a safe space to express feelings D: What is stress, what is this... (silence)     Lets see what this beast is about... P: I feel like this since my marriage broke up. Its hard to be a single parent... that's how it started and why I got morphine injections</p>	<p><b>Challenging unhelpful beliefs</b> P: I feel desperate, I need a substitute for diazepam. D: Why do you feel better here? P: Because you have no stress, you can cry and meals are made for you, you can lie down when you wish... D: None of what you've described is due to medicine... you can learn how to (manage stress) P: Can I? D: There is always this potential in a human being. Anyone who can get stressed can get unstressed. To begin the journey you can say: 'ok I am responding with this attitude, feeling', then ask yourself: 'why? who taught me this?'. Yes you can learn to respond better...You can witness yourself getting stressed and watch it: the feelings, the physical state.</p> <p><b>Self-Care Advice</b> D: You can use a diary to capture your thoughts and feelings and physical sensations. There are two important messages that we can learn from stress management: 1) how you respond and 2) are there any changes that can be made? For example, you could have some honest talks with members of your family. There needs to be a change ...in how you respond to situations. Own your own stress. It is not a criticism, just an acknowledgement. You mustn't blame others or things, or say 'that stresses me', but rather this is a response and I can alter it. I want you to identify your seeds of change. Allow them to grow. I want you to read this book by Linda Field, its called 'creating self esteem'.</p> <p><b>Maximising the placebo effect</b> D: The speed by which you have recovered is very positive. Now I am going to prescribe you a treatment. No numbing this week. Drugs with just do that. I am going to ask you to sweat a bit.</p>
02	<p>Male (30's) with dystonia. He holds intense spiritual, philosophical and intellectual beliefs and seems to have an underlying depression.</p> <p>Health Care Partnership P: I was told that you're usually born with Dystonia, but I developed this after a road accident, so I've started to think that it was a catalyst which triggered this... D: What might this model be? P: My emotional being, possibly physical tension, tension of being at university... my spiritual being. I think there is a sort of 'block' that has been building up. D: Any sense of movement in this 'block'?</p> <p>Evaluating the treatment P: The chiropractor didn't crack my neck, I was wondering why... D: Do you think it should be repeated? Do you have a good feeling? P: I would like to try homeopathy but it defies science and I couldn't tell my doctor... but I would like to try it now.</p>	<p><b>Challenging unhelpful beliefs</b> Patient describes a childhood memory when he first learned the concept of infinity D: The brain isn't designed to understand concepts like infinity, it's like a computer crashing... like a bug in the process causing a loop and may need a repair man, may need some reprogramming... P: A new hard drive! D: Perhaps you have overused your intelligence, crowding out your playfulness.</p> <p><b>Self-Care Advice</b> D: You need to reconnect with ordinary life, where it is all present. You could try and reconnect with the sheer joy of picking a flower or giving someone a flower. Get back into your own shoes and life and care and consciousness! P: But finding that is difficult D: The wonderful thing about that is that it is not logical. Like rolling around and giggling is not logical. It is a beautiful gift being a human being. P: Yes, I want to get back to playing. I feel that we are restrained by our intellect.</p>

N	Summary of Patient	Therapeutic History Taking & Treatment	
03a	<p>Female inpatient with cancer. Has had chemotherapy and radiotherapy, but is still suffering from pain, which she has had for seven years. X-rays are clear.</p> <p>She feels the pain is perhaps due half to the cancer being there and half to chemotherapy.</p>	<p>Health Care Partnership</p> <p>D: What is your current thought of the problem? P: It feels like inflammation in my bones... D: What is your prognosis? P: It feels like something is broken, inflamed... Jeff told me to think about what I would like to get out of this. I have made a list (reads this out loud) D: Great list, what's your priority? P: To gain a better quality of life D: Have you put this into action? P: I do my own thing D: What else would you like to do to set the scene? P: I would like to start living D: You are on the road already. Did something wake you up? P: Someone I know died and I thought: 'I am still here, I can change'</p> <p>Creating a safe space to express feelings D: Tell me now about you and your pain, it's like it's 'punishing you'? P: (silence starts to cry) D: Where does this (tears) come from? P: I hate it D: What do you say to it? P: I haven't thought about it. It's dictating me and if I go against it, it hurts. D: What do you say? P: I swear to it.</p>	<p>D: You looked for intellect to answer the question of infinity and you must say sorry to your intellect for having asked it to do that job. Ask him to connect back with life and get on with life. Something to do with the passion and meaning you've lost.... Be kind with your intellect, don't fight it, see it working as a partnership with your instinct. Rekindle your passion.</p> <p><b>Challenging unhelpful beliefs</b> D: What do you think your pain is calling for? P: Rest. But I don't have much to do.... D: You were saying you like to do your best for people... P: Yes, I like to push them to do their best D: Perhaps when pain is calling for rest, your whole system probably needed the rest... Fear, whether at the back or the front of the mind is like petrol on fire. You can be certain of two things. You are certainly going to die and you are certainly not dead. You need to think of the whole aliveness of your whole system, no magnifying glass or pain, let that do its job. You know what I think? I think the pain is suffering and needs your help. It is not an enemy, and you should not be at war with it. Talk encouragingly to it, be friends with it. P: You mean it's in my head? D: Mmm... it is interesting that you should say that. I don't know where it is. I do know that it is not imaginary. Have you ever had a spot in your nose? If you think about it and wish it wasn't there, it feels bigger. If you don't pay any attention to it, it's not that bad. I don't care where the pain is, but the job is to free it.</p> <p>Self-Care Advice D: Your relationship with it (pain) can worsen things if you think it is an enemy. Sometimes things that didn't work before may work better later, because the earth is ready for seeds to be planted. Have a good cry. There is a lot of emotion.</p> <p>Empathy D: ...You have gone through a hell of a time ... you did well to survive...</p>
03b	<p>Linda Follow up (3a) at two days</p>	<p>Health Care Partnership</p> <p>D: Is there anything you would like to discuss? P: If felt good to cry. D: Do you think that was helpful? P: Yes... I felt relief, a bit stupid, but a relief... I see it as a weakness.</p> <p><b>Challenging unhelpful beliefs</b> D: Why do you think that crying is stupid? Who taught you that? Is that how you feel about other people crying? P: I am quite supportive when other people cry... I don't like upsetting people, I don't like sympathy. D: I understand, the tears are a safety valve, you stuff things in the back burner and this causes stress and it affects your health. Sometimes you don't know why you have the pressure. You've tended not to listen to your heart. You'll be all tense up, but you don't know why. Everyone gets tense. The purpose is that 'I need a day off', or 'I need a laugh'. Often physical pain is made worse by stuffing down emotional pain.</p>	<p>Self-Care Advice D: When you go home, try and find a way with your diary, can you do that? ... maybe you could do more crying in private, in your diary, or by going for a walk... You can write something and then ritually burn it. The heart likes that...</p> <p>Maximising the placebo effect D: In four weeks we'll start another medication, that's like a tonic for your whole body. Old stuck feelings come up, like memories, dreams... If this does, don't worry, just make a note of it in your diary. Give it 7-10 days to see how you feel...</p>
04	<p>Female outpatient in her 30's with Multiple Sclerosis.</p>	<p>Health Care Partnership Treatment Plans</p> <p>P: I am taking a lot of medication, also antidepressants, but I am not sure if I should give them up. My doctor says I should stay on them for a year or year and a half D: What's your instinct? P: I would have given them up, but because of my last attack I am not sure I can manage D: What interval do you think we should review things at? Five months this time? P: Yes, fine</p>	<p>Self-Care Advice D: ...you are taking a lot of caffeine, between the tea and the chocolate. You know that depression is sometimes related to chocolate addiction, its like mild speed. You may feel great after you have taken it and feel down in the morning when you wake up. You will find that withdrawal from caffeine takes about 8 weeks and you will experience withdrawal symptoms... don't take harsh treatments, but allow time and simple measures...</p> <p>Maximising the placebo effect D: I can give you a homeopathic replacement for coffee, it may improve your symptoms of calmness. You should notice improvements by the third week.</p>
05	<p>Female outpatient in her 30's with rheumatoid arthritis. First came to the GHH in May 1997.</p>	<p>Praise</p> <p>P: I've changed my job. D: You have? P: Yes D: That's wonderful! P: I am getting closer to my family and I am sharing more D: Good. That's good.</p> <p><b>Challenging unhelpful beliefs</b> P: I am involved in charity for arthritis care and sometimes I feel like chucking it all in. D: So? P: Well...sometimes I get a lot back, but it puts a lot of stress in my life. D: We all have these bodies that were given to us and like different cars makes, it's up to you to make sure that you don't overdrive it. The body may not be built for the long drive. Don't see it as something personal, you are the only one who can read the warning lights. You can tell it that you have to make the journey and reason with it, but the car will not make the journey, no matter how much you ask. Cars don't run on guilt... You have to be who you are... What do you do with all your anxieties? what feelings come with that? P: I don't tend to get upset. Maybe a bit nervous... DR: where do you feel nervous? P: In my stomach. I have so much to do and so little time. DR: This is a warming light. You are people pleasing, is this a fair comment? P: Yes, I feel guilty if I don't... D: Believe me, you will die and this is your life. You could be a pleasing person, and a yes person, I have seen people like you five years down the line from you and its war! These people burst and it's not a pretty sight!!!</p>	<p>Maximising the placebo effect D: There is a homeopathic medicine which is like spinach for Popeye, it gives you the vitamin which is missing that will allow you to say 'No'. Don't blame people, you trained them, now you have to go and untrain them. These habits are very deep, so test them here and there, you'll be delighted with the effects. You may start to discover what you really would like to do which could help your life and your disease. Take this once a week and if you feel hyper top and if back to the old cart, take one again.</p>

N	Summary of Patient	Therapeutic History Taking & Treatment
06	<p>Elderly outpatient male patient suffering from severe migraine.</p> <p>Creating a safe space to express emotions  P: My dog had to be put down.  D: Oh, how long did you have it?  P: 15 years. This is getting me down.  D: Something has made you feel saddened.  P: (Cries)  D: Just let that come...  P: I really did take it bad  D: Did you hold a wee service or bury it?  P: No</p> <p>Empathy  D: Sometimes people don't realise just the kind of relationship people can have with a dog, if they don't have one. Fifteen years is a long time, your dog was a friend.</p> <p><b>Challenging unhelpful beliefs</b>  D: Sometimes loosing an animal is like loosing a friend, in some ways it is easier to have a dog as a friend because they love you back and forgive...  P: I feel guilty because I was away on holidays...  D: But your friend was old  P: The other one live until he was twenty  D: You must treat your dogs well... (humour)</p>	<p>Helping patients see the mind-body connection  D: You spoke about 'pressure', that's an emotional response that is very normal. Do you know sometimes we have a lump in the throat? It's understandable that if you've lost someone you should get down, your body is down. These processes are natural and they have to occur, the grief is there to heal the loss, but feeling guilty and going over things. It just has to run its course. The loss of a friend takes a long time...let it flow, let the sad feelings go, so that the body is not filled with pressures. Be gentle with your body, don't demand too much from it, these are natural reactions, just be friends with your body. You've gone through worse and you'll get through this.</p> <p>Self-Care Advice  D: Keep as steady as you can, let it run its course, do things like writing a wee letter, or going for a walk.... You have a responsibility to keep a good, calm mind, you are in charge of this, we have to accept that your body won't be one hundred percent and allow things to run its course properly.</p> <p>Maximising the placebo effect  D: There is no magic fix, just something that helps run its course. There is a homeopathic medicine that's for people who have gone through a trauma or grief. This is called Ignatia and it gives strength and steadiness. You've gone through worse things and you'll get through this...</p>
07	<p>Older outpatient woman with cancer.</p> <p>Reassurance  D: I like your hair, it matches your cape!  P: Really?  D: Yes, I think it has great strength and beauty in it. How are you feeling?  P: The doctor says the biopsy is not indicated but I am not sure.  D: Yes, sometimes the doctor may say something but you may not feel happy, though it may be reassuring to know that he wouldn't prescribe it if he felt it wasn't needed.</p> <p>Feels a lot better, more confident about herself, isn't crying as much when telling people she has cancer, but her body 'isn't great'. She has been over concerned with 'psychic' matters.</p> <p><b>Challenging unhelpful beliefs</b>  P: I look at the stars and feel like I am leaving the planet...  D: I understand this is 'waking dreams' and they come at times of threat and compromise...I have no difficulty understanding how a woman who has gone through what you have gone through is experiencing this.  P: I feel in limbo, not getting the house sold, not getting established or getting things started  D: What's good for your life, not what you 'should'... You have the opportunity to evaluate your life. I can guarantee you are going to die...  P: laughs  D: you've been given the opportunity to be aware of the value of death.</p>	<p>Creating a safe space to express feelings  P: I don't feel as strong as I used to be, I feel more vulnerable. This is bringing tears to my eyes...</p> <p>Self-Care Advice  D: How was your writing? This is good in bridging the gap between the outer and the inner world, tears, dreams... If you feel tense, turn it into writing, give it a voice so you can listen to it. Balance your psychic world with your real realm, and humanness. We are so busy responding to other people's needs and you don't realise what you yourself like. Say to yourself, 'what do you like?' a cup of tea, a holiday... Sometimes in pleasing others you can feel drained. I feel that you've been shutting away a lot of stuff, and caught up with other people. Remember physician heel thyself. Sit down with various part of yourself and say, hello, we're not dead, what would you like to do? Not what you 'should do'. Die alive, don't die dead alive. Embrace life. Do less and be more. The challenge is to receive, rather than to give.... My major prescription is, before its too late, dance, sing, follow your heart!</p> <p>Maximising the placebo effect  D: Ignatia, this is about grief and the passage of grief, when you have each drop, remember our conversation. You are doing the business, that means feeling sad, angry, and acknowledging this. If this get shaky, feel free to drop me a line.</p>
08	<p>Overweight outpatient woman using a walking stick. Talks about her daughter who is on drugs and has been stealing her jewellery.</p> <p>Humour  D: How are you doing?  P: Terrible, I have been told I need to get: 'two new hips, two new knees, to loose five stone, and get skin off my chest removed'.  D: Oh, I thought it was something really bad...</p> <p>Encouragement  D: Are you taking any medication?  P: No, just lots of thumps in the back and steaming.  D: That's wonderful. Well done...</p>	<p>Empathy and Reassurance  D: I think you've gone through a lot, and well done for working something so hard. I can't imagine a more stressful time.</p> <p>Maximising the placebo effect  D: Don't give up, I am giving you a gentle strengthener, you may feel sore at the start, and you won't get any dramatic effects.</p>
09	<p>Older man with neck pain</p> <p>Health Care Partnership  Diagnosis  D: Any sense of what contributed to this?  P: No, I do some gardening, but I don't think this is the reason.  D: Before I focus on the pain, is there anything you want to tell me?  P: I have itching spots from the hospital I went to for Malaria, which I had when I was in India. It really bogged me.</p> <p>Discharge Plans  D: Is there anything else?  P: How long am I staying?  D: Would you like to stay for the weekend or would you like to go today?</p>	<p>Helping patients see the mind-body connection  D: Do you know sometimes the itch may come from anger?  P: Yes, I agree... they (the hospital staff) wouldn't treat an animal the way they treated me  D: Any emotional upset will put strain in your spine and may have tipped it over the edge</p> <p>Maximising the placebo effect  D: I am going to give you a medication, which I think will help settle the whole system right down. If not, we'll do more. If there is still some chemistry of stuck anger or irritation, it may free it up. Sometimes there is a wee bit under the surface.</p> <p>Encouragement and Support  D: Since you have been in there has been a useful improvement. Drop me a note in 6 weeks, if settled or not, just contact me and I will definitely want to see you again and settle things. Will you write to me anyway whether you want to see me or not.</p>
10	<p>Inpatient male, complains of swollen arm.</p> <p>Health Care Partnership  Healing Progress  P: I have seen a psychiatrist, first 2 ½ hours were very similar to what I was talking to you about. About going around in circles and this getting smaller and smaller. Finding it extremely difficult to breathe.  D: How would you sum this up, is it progressing?  P: I think it is progressing. I have accepted it is going to take a long time, I am seeing a psychiatrist...  D: Have you mentioned the work we've done?  P: I told him, and the approach he takes is very like yours.  D: Should we see each other again?</p> <p>Empathy  P: I put things in the back burner, trying to do things where I am less vulnerable and slowly doing things which are more difficult. As much as I can remember I felt okay unless I put myself in certain situations.</p>	<p>Challenging unhelpful health beliefs  D: Everyone gets nervous, there's no cure for life, but you can learn about getting less nervous, no point having fear. This tension will have done tremendous things to your back.</p> <p>Maximising the placebo effect  D: In four weeks we'll start another medication, that's like a tonic for your whole body, old stuck stuff comes up, like memories, dreams... If it does, don't worry, just make a note of it in your diary. You can blow the whistle or drop me a note if you want to come here or see me again or If our input could be needed. Does this sound okay?</p> <p>Encouragement  D: I want to signal my sense of confidence, you have been courageous. It has been a privilege working with you.</p>

N	Summary of Patient	Therapeutic History Taking & Treatment
11	<p>Inpatient with hysterical paralysis. Has recently gone through a lot of positive changes.</p>	<p>D: Sounds like you have been working very hard.</p> <p>Management plans  D: Is there anything else we can do for you?  P: Physiotherapy.  DR: Good, lets get some physio.</p> <p>Support and reassurance  D: Bubbles with burst in the years ahead, Things will come up that will need to be Expressed, but that's the motor running Naturally, it's like the plant reaching up towards the sun.  P: Don't abandon me.  D: I won't. I will hold you in positive regard  And concern and do what I can for you...</p> <p>Self-Care Advice  D: There's a book called 'Learning to love yourself' learn to respect your life, there is a chapter on 'divorcing the family of origin' I really like what it says: 'when childhood is over, the rules are those of adult friendship'.</p>

Once transcribed, a number of interrelated themes emerged from observed consultations, which appear to form healing encounters.

### *Health Care Partnership*

As can be seen from Table 1, there is a lot of evidence of sharing and partnership building. Patients will often have their own beliefs about the cause of their illness or the effectiveness of a treatment and these are clearly encouraged and taken into account when offering a diagnosis or discussing the management plan the consultant.

### *Creating safe space to express feelings*

Emotional wounds can be very deep seated in many of the patients who attend the hospital and often what patients need is a safe space to express these emotions. In all the consultations observed, patients were greeted in a friendly manner and were given undivided attention from the moment they entered the consultation room to the time they left. Each was asked if they minded having a student in the room, and were reassured that if at any point they felt uncomfortable they could 'chuck' out the observer. As can be seen from Table 1, Dr Reilly seemed well able to provide a safe environment for patients to express their feelings. Within this space, there is a lot of empathy and reassurance:

D3a: You have gone through a hell of a time... you did well to survive  
D06: You've gone through worse things and you'll get through this...  
D07: I have no difficulty understanding how a woman who has gone through what you've gone through is experiencing this.

Part of the alliance building appears to be the positive feed-back that patients receive for making changes, however small these may be. Genuine praise and encouragement for positive changes was observed throughout many of the consultations. Patients with chronic conditions are likely to have lower expectations, at times because their problem has not been 'fixed' by medicine, and this can cause feelings of helplessness and at times depression.

P3a: I always thought that if you had something wrong a doctor would fix it, I was very disappointed with a homeopath I went to see, he just gave me two pills and told me to go... Logically if you have pain, you think there must be something to make it go away, but it doesn't...You put a lot of faith in doctors and you are told that there is nothing wrong with you, but I understand that they have little money and time to do the tests

P11: When I came here I thought this isn't going to work and it did. I had been in the same road so many times...

One of the most powerful healing factors is the therapist's ability to understand the patient. What matters is the patient's experience of being understood, perhaps for the first time in their life. The therapist's understanding is not only intellectual, but also deep emotional comprehension and empathy.

Metaphors are used frequently during the consultations:

D02: The brain isn't designed to understand concepts like infinity, it's like a computer crashing... like a bug in the process causing a loop and may need some reprogramming... P02: A new hard drive!

D03: Fear, whether at the back or the front of your mind is like petrol on fire.

D05: We all have these bodies that were given to us like different car makes, it's up to you to make sure that you don't overdrive it. Cars don't run on guilt.

There was evidence of emotional expression, with encouragement from the consultant to cry or get angry (P3a, P06, P07)

D3a: Tell me now about you and your pain, it's like it's 'punishing you'?  
P3a: (silence starts to cry)  
D3a: Where does this come from?  
P3a: I hate it

Part of creating a therapeutic alliance is to reassure patients that they can rely on the carer for support, once they leave the consultation room. If at all possible, the patient should leave the consultation room feeling empowered, by

being encouraged and praised for their progress. Evidence for providing such support at closure derives from four consultations (D07, D06, D09, D10):

D09: Drop me a note in 6 weeks, if settled or not, just contact me and I will definitely want to see you again and settle things. Will you write to me anyway whether you want to see me or not? A wee report. If the road gets bumpy, be accepting if you loose your footing and when we meet again we can see how you are.

### *Challenging beliefs*

Most of the patients who presented at the hospital had a long history of medical and/or psychiatric interventions, their attitudes can be negative and this can interfere with their ability to heal. Patients may have been told that ‘no more can be done for them’, ‘it’s all in your head’, or that they may soon die. By clarifying and re-framing the medical history, Dr Reilly provides the patient with a new way of looking at their problem, giving them a sense of meaning and optimism.

D3a: I think the pain is suffering and needs your hel p. It is not an enemy, and you should not be at war with it, talk encouragingly to it, be friends with it.

D3b: Your relationship with it (pain) can worsen things if you think it is an enemy

## **TREATMENT**

### *Ordinary Living*

An impoortant aspect of the treatment seems to be advice in self-care, self-expression and creativity. This may entail going for walks, keeping a diary, having a ‘heart-to-heart’ with someone close, having a good cry, reading a book on creating self-esteem, reconnecting with life, finding meaning and passions in life.

- ?? keeping a diary (P01, P3b, P07)
- ?? reading a book (P01, P11)
- ?? reducing use of drugs (P01, P04)
- ?? reconnecting with ordinary living (e.g. picking or giving someone a flower, giggling, seeing a movie, travelling) (P02, P07, P3b, P07, P11)
- ?? expressing feelings (e.g. having a good cry, having a ‘heart-to-heart’) (P06)
- ?? being gentle with the body (P02, P05, P06, P11)
- ?? being yourself (not what one ‘should’ but one ‘could’ do with their lives) (D07, D05)

### *Maximising the Placebo Effect*

There are various examples where expectations about treatment are influenced towards the end of the consultation (see Table 2). These are ways by which both the specific effects of treatment (alternative, conventional or behavioural) and the placebo effect can be maximised in a clinical setting. This way both external treatment stimuli and internal self-healing responses are activated concurrently and specifically to meet individual needs, be they emotional (e.g. expressing grief or anger) or behavioural (e.g. encouraging assertiveness or to follow a healthier diet).

Table 2. Evidence of maximising the placebo effect

MAXIMISING PLACEBO EFFECTS
D3b: in four weeks we’ll start another medication, that’s like a tonic for your whole body, old stuck feelings come up, like memories, dreams... If this does, don’t worry, just make a note of it in your diary...Give it 7-10 days to see how you feel.
D04: I can give you a homeopathic treatment for coffee, it may improve your symptoms

of calmness. You should notice improvements by the third week.

D05: There is a homeopathic medicine which is like spinach for Popeye, it gives you the vitamin which is missing that will allow you to say 'No'. These habits are very deep, so test them here and there, you'll be delighted with the effects. You may start to discover what you really would like to do which could help your life and your disease. Take this once a week and you feel hyper top and if back to the old cart, take one again.

D06: There is no magic fix, just something that helps run its course. There is a homeopathic medicine that's for people who have gone through a trauma or grief. This is called Ignatia and it gives strength and steadiness.

D07: Ignatia, this is about grief and the passage of time. When you have each drop remember our conversation. You are doing the business, that means feeling sad, angry and acknowledging this.

D08: Don't give up. I am giving you a gentle strenghtner, you may feel sore at the start and you won't get any dramatic effects.

D09: I am going to give you a medication, which I think will settle the whole system right down. If not, we'll do more. If there is still some chemistry of stuck anger or irritation, it may free it up. Sometimes there is a wee bit under the surface.

## Treatment Outcomes

### Positive Transformations

While patients were referred primarily for physical conditions such as pain, what became clear during the consultations was the psychological element such as emotional repression which appeared to be the source of the problem. Patients spoke about feeling stressed (P01) and vulnerable (P07, P10) and three patients were openly upset and cried during the consultation (P3a, P07, P06). Three patients reported changes in their health status during the course of the consultation, 2 patients felt they had become more confident (P04, P07):

P04: I feel more confident now about speaking up

P07: I felt more confident about myself, I didn't feel like crying as much when I told people I had cancer...

### For a patient with hysterical paralysis (P11), changes were dramatic:

I've changed, everyone has noticed... I went off my medication... Even when I take paracetamol I feel guilty. So now I take it when I need it, not every four hours. My sleep was erratic, things were different, I was more positive about what I wanted to do. What I didn't want to do, more likely. I started using a stick around the house. I got a cat, I rescued her, someone had thrown her in a bin area and I called her Tinker. I am going to art school in the spring, I must be off my head!

### Evaluating the treatment

Treatment at the homeopathic hospital consists of holistic health care package, designed to suit the patients' needs. It includes:

- ?? relationships or interactions with the staff (therapeutic alliance);
- ?? the hospital setting;
- ?? complementary medicine (e.g. acupuncture, homeopathy);
- ?? elements of psychological therapies such as pain management, stress management, psychotherapy and basic counselling (e.g. bereavement);
- ?? reduced use of anti-depressants; and:
- ?? self-care advice

Dr Reilly asked a number of patients what they felt they gained since they came to the hospital, to evaluate what it is that is helping. As can be seen from Table 4, 3 patients reported that they felt better because of the relaxing hospital setting, 4 positively remarked on the *complementary therapy* they received, one patient (3b) commented on how

good she felt after crying. When asked what was best about being in the hospital, one patient (P09) responded: 'A combination of everything, not one bit.' And when prescribed with homeopathic treatment, one patient (P07) answered: 'I find that everything you give me helps me'.

Table 3. Patient evaluation of the treatment and reports of personal changes

The Setting	D01: Why do you feel better here? P01: Because you have no stress, you can cry and meals are made for you, you can lie down when you wish... P02: The very relaxed atmosphere is certainly helping. D03a: How have you been since you came? P03a: I find that everything slows down, it is such a relaxing place.
Expressing feelings	P3b: It felt good to cry...
Diary	P3b: It felt so good to put down on paper what I was feeling.
Complementary and Alternative Medicine (CAM)	P02: I had a remarkable acupuncture session. P05: The acupuncture made a pronounced difference. I see her every two weeks. I don't know when the improvement started, I am taking a lot of medication. P06: In our last meeting, 13 <sup>th</sup> August, the homeopathy was very powerful. P08: The last medication you gave me really helped. I couldn't have coped really. P09: I do feel a lot better since I came in. The acupuncture was great.
The holistic treatment package	P07: I find that everything you give me helps me D3b: Which is the best bit about being here? P3b: A combination of everything, not one bit...

## DISCUSSION

The pilot study revealed some fascinating issues highlighting the complexity of patient-practitioner interactions and clarifying some of the conflicting findings identified in the systematic review. Most of the patients who visited the hospital came with a chronic physiological diagnosis. During the course of the consultation, Dr Reilly asked about how their 'feelings' and their 'spirit' were, and encouraged patients to give their personal interpretation of the problem. What became clear was that psychological factors such as emotional repression were manifesting themselves into a physical condition. Patients analysed in the present study were, for the most part, not new cases. It is important to note that at the first contact with patients, Dr Reilly would emphasise a non medical treatment initially, to help patients see that they have the potential to change themselves. Later he will often add in a supplementary medical intervention when he has done what is possible, so as not to have it perceived as the 'core' of the process. However, as can be observed by patients' reports, most will attribute positive changes to the treatment, rather than something they themselves have done.

In the systematic review, while we excluded patients with psychiatric conditions and psychological outcomes such as anxiety and depression, it is clear that this divide is an artificial one. Many of the patients presented with medical diagnoses such as rheumatoid arthritis or chronic pain, yet psychosocial issues such as stress and emotional repression appeared to be the more relevant problem. A future systematic review in this area should aim to include all conditions and psychological outcomes, to examine whether certain illnesses are more influenced by patient-practitioner interactions.

Patients in this pilot study reported a wide range of personal changes since their previous consultation. From increased confidence, improved communication with family members, job change, and reduced medication to walking after years in a wheel chair. A simple physiological outcome scale assessing the level of pain, may not have picked up such changes, yet outcomes in the systematic review were limited to pain assessed using a visual analogue scale, blood pressure measures and single-item scales to assess self-reported improvement. Future trials, which attempt to evaluate the effectiveness of a consultation, should not limit health outcomes to crude physiological scales, but incorporate good quality of life measures.

Dr Reilly refers to the impact of this alliance on health as a 'healing encounter', deriving from good basic human care, rather than a highly technical psychotherapeutic endeavour. Treatment does not consist mainly of a homeopathic prescription, it entails the atmosphere of the hospital setting, the trust and emotions expressed in the health care consultation, advice about self-care and challenges of irrational or negative beliefs and treatment specifically prescribed to suit the individual needs of the patient. The large number of potentially therapeutic ingredients highlights the complexity of the task to identify key elements of the health care interaction.

Although no measures were used to assess Dr Reilly's personality and attitudes towards health care, following conversations and observations, three important elements were noted, along with a sharp mind, a good sense of humour and a healthy disposition. Dr Reilly believes that the strength of his consultation lies in his compassion and empathy, his belief in the patients' potential to heal and his belief in the treatment package (the hospital setting, complementary medicine, psychological therapies, but predominantly the therapeutic alliance). In a taped discussion, Dr Reilly explained how he: 'expect(s) remarkable things to happen in consultations, and it's only in a minority of situations that maybe this doesn't happen. I think that what myself and my colleagues are discovering is far greater potential for human change and human transformation than you currently culturally expect and/or predict or indeed attempt to understand'.

### Study Limitations

A limitation of this pilot study is that observations can influence the observed. However the observer attempted to influence the flow of events as little as possible, by being sensitive and as unobtrusive as possible. The study is limited to a small number of observations conducted by a single investigator and based on a single practitioner. Consultations were not audio-taped or video recorded, so some aspects of the interaction are likely to have been missed. In order to control for observational bias, *triangulation* should be carried out, by conducting interviews with a number of patients and observing a number of recorded consultations. Themes and categories emerging from analysed consultations should be identified by an independent abstractor.

### **Future Research**

There is currently no gold standard assessment of the therapeutic alliance, however a dozen alliance assessment measures exist<sup>14</sup>. These measures have been used in psychotherapy and it is important to examine whether a suitable measure could be transferred or adapted in a clinical setting.

Mercer, Reilly and Watt recently conducted a pilot study of outpatients at the Glasgow Homeopathic Hospital to assess the quality of consultations of four senior consultants. Quality was assessed using the Patient Enablement Instrument (PEI), this is a new outcome measure developed by Howie and colleagues<sup>21</sup> to assess the extent to which patients feel better able, as a result of a consultation, to cope with their condition and with life in general. Mercer and his colleagues found enablement not to be correlated to the length of consultation, but to knowing the doctor well and to perceived empathy. A follow-up to this study is currently being planned with Mercer and Reilly. The aim is to refine the themes identified in this pilot study, by incorporating interviews with patients and observations of video recordings of consultations. Observations should become more focused or selective, by narrowing down on the key processes and using a check-list to be developed from this study.

Collaborative work with a York/Aberdeen group on conversational analysis of consultations at the same hospital has also been established. This aims study aims to examine preferences for patient participation in decision making. The team plans to use videos of consultations which will then be discussed with the patients and health professionals.

Finally, a comparative prospective study has also been planned with professionals working at the Cork Pain Clinic in Ireland. This centre takes a similar holistic approach as the Glasgow Homeopathic Hospital, but unlike this it is privately funded.

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