

Dear Editor

Re: Guardian article 'Doctors call for tighter regulation of traditional Chinese medicine', published 6 November 2019.

We wish to respond to the article referenced above, specifically with regards to the two sentences relating to the safety of acupuncture. We request you correct the misleading comments made in the article and publish this letter online.

1. *'And acupuncture, they will say, "is not necessarily harmless."'*

Yes, of course it may not be harmless: it involves piercing the skin with a sharp object. Hence the need for proper training of acupuncturists, together with evidenced guidelines, a robust code of safe practice and regulatory teeth. These components are all in place for members of the British Acupuncture Council (BAcC). Acupuncture has not been taken into state control in the UK precisely because it has been found to be so safe; instead, the BAcC is entrusted with self-regulation and is an accredited member of the Professional Standards Authority. Statements about the safety of acupuncture commonly conclude: 'Acupuncture seems, in skilled hands, one of the safer forms of medical intervention' (White 2001).

2. *'...A review in 2017 found many injuries, infections and adverse reactions.'*

That first part of your acupuncture safety comment was a direct quote from the FEAM/EASAC statement, which was the focus of the article, but it then departs from the script to manufacture the colourful soundbite above. You refer to the same acupuncture safety overview paper (Chan et al 2017) that FEAM/EASAC drew on, but then substantially misrepresent its content and messages. It is neither a quote from the FEAM/EASAC statement, nor from the overview paper. In fact, the latter sums up the findings of the 17 included reviews thus: 'However, all the reviews have suggested that adverse events are rare and often minor.' Your statement about many injuries, infections and adverse reactions gives a very different message to the paper's authors.

The Guardian article appears to have been written with little understanding of the science involved in investigating medical adverse events. In particular, it is impossible to establish the significance of the numbers of adverse events reported without knowing how many treatments they came from. Chan et al (2017) noted that incidence rates could not be calculated 'because many adverse events came from case reports and many of the reviews did not include full details about the number of participants in their included studies'. The 17 reviews between them covered literature from 1950 to 2014 and countries across the globe, so potentially millions and millions of treatments. No wonder they turned up plenty of incidents!

One of the 'gold standard' acupuncture safety reviews (Xu et al 2013), which was included in Chan's overview, provides the following information on this issue:

'Incidence rates for major AEs [adverse events] of acupuncture are best estimated from large prospective surveys of practitioners. Four recent surveys of acupuncture safety among regulated, qualified practitioners, two conducted in Germany (Melchart 2004; Witt 2009), and two in the United Kingdom (MacPherson 2001; White 2001), confirm that serious adverse events after acupuncture are uncommon. Indeed, of these surveys, covering more than 3 million acupuncture treatments all together, there were no deaths or permanent disabilities, and all those with AEs fully recovered (Witt 2011). Thus, it can be concluded that acupuncture has a very low rate of AEs, when conducted among licensed, qualified practitioners in the West.'

The overview authors also raised this concern: *'A major limitation of the presented information was that no causality could be determined'*. In other words there is often no evidence to link acupuncture to the reported event: it is implicated just because it was around at the time. Adverse events only become adverse reactions (your words) if there is a substantiated link.

Your article (and indeed the FEAM/EASAC statement) completely omits perhaps the most important consideration: how does acupuncture compare to other available treatment options? It is most often used by people for chronic pain. The evidence base for this is good (Vickers 2018) and supports acupuncture's effectiveness compared to conventional treatments (Trinh 2019). The potential harms of opioids and non-steroidal anti-inflammatory drugs are well known and acupuncture is associated with fewer adverse events than medications in controlled trials across a wide range of conditions (Cao 2018; Xu 2018; Lu 2016). It was estimated that one in 1,200 people taking NSAIDs for at least two months will die of gastrointestinal complications (Tramer 2000). Six percent of hospitalisations in developed countries are due to adverse drug reactions (Angamo 2016).

On safety grounds there is no comparison: no serious adverse events were reported in a survey covering 34,407 acupuncture treatments given by BAcC members (Macpherson 2001). Of the mild transient reactions reported, the most frequent were 'feeling relaxed', and 'feeling energised'. This is not to downplay the potential harms, for they can be serious, but as with any medical intervention there should be a proper assessment of how likely this is, which the Guardian article signally failed to do.

Yours sincerely



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