



**AUTHOR(S):**

**TITLE:**

**YEAR:**

**Publisher citation:**

**OpenAIR citation:**

**Publisher copyright statement:**

This is the \_\_\_\_\_ version of an article originally published by \_\_\_\_\_  
in \_\_\_\_\_  
(ISSN \_\_\_\_\_; eISSN \_\_\_\_\_).

**OpenAIR takedown statement:**

Section 6 of the "Repository policy for OpenAIR @ RGU" (available from <http://www.rgu.ac.uk/staff-and-current-students/library/library-policies/repository-policies>) provides guidance on the criteria under which RGU will consider withdrawing material from OpenAIR. If you believe that this item is subject to any of these criteria, or for any other reason should not be held on OpenAIR, then please contact [openair-help@rgu.ac.uk](mailto:openair-help@rgu.ac.uk) with the details of the item and the nature of your complaint.

This publication is distributed under a CC \_\_\_\_\_ license.

\_\_\_\_\_

# MORAL LEGITIMACY: THE STRUGGLE OF HOMEOPATHY IN THE NHS

## ABSTRACT

This paper deploys a well-established theoretical model from the accountability literature to the domain of bioethics. Specifically, homeopathy is identified as a controversial industry and the strategic action of advocates to secure moral legitimacy and attract public funding is explored. The Glasgow Homeopathic Hospital (GHH) is used as the location to examine legitimising strategies, from gaining legitimacy as a National Health Service (NHS) hospital in 1948, followed by maintaining and repairing legitimacy in response to government enquires in 2000 and 2010. An analysis of legitimising strategies leads to the conclusion that advocates have been unsuccessful in maintaining and repairing moral legitimacy for homeopathy, thus threatening continued public funding for this unscientific medical modality. This is an encouraging development towards open and transparent NHS accountability for targeting limited public resources in pursuit of maximising society's health and well-being. Policy implications and areas for future research are suggested.

Keywords: homeopathy, moral legitimacy, accountability, NHS, controversial practice

## INTRODUCTION

*many dynamics in the organisational environment stem not from technological or material imperatives, but rather from cultural norms, symbols, beliefs, and rituals. At the core of this intellectual transformation lies the concept of organisational legitimacy.<sup>1</sup>*

By deploying a well-established theoretical model from the accountability literature to the domain of bioethics, this paper examines the persuasive and calculative actions of homeopathy advocates to attract or alter perceptions of moral legitimacy from identified audiences in society.

Homeopathy is a controversial, unscientific medical modality, often sought by those who have not been able to find effective treatment for chronic symptoms using conventional medicine. Homeopathy has persisted over time since its inception by Hahnemann in the 19<sup>th</sup> century<sup>2</sup> and its practitioners operate in the for-profit and public-sector. However, claims of efficacy are evidenced through the experiential accounts of patients and practitioners, and do not stand up to the rigorous interrogation of randomised clinical trials in support of evidence-based medicine<sup>3</sup> (House of Lords Science and Technology Select Committee (STSC), 2010). Homeopathy is based on the concept that like cures like, with homeopathic remedies prepared by serial dilution to the extent that few, if any, original molecules of the 'medicine' still exist.

---

<sup>1</sup>M.C. Suchman. Managing legitimacy: strategic and institutional approaches. *Acad Manage Rev* 1995; 20: 571-610: 571

<sup>2</sup> See for background, and references therein - K.R. Smith. Against Homeopathy – A utilitarian perspective. *Bioethics* 2012; 26: 398-409

<sup>3</sup> STSC – Evidence Check 2: Homeopathy. London: House of Lords. Available at: <http://www.parliament.the-stationery-office.co.uk/pa/ld199900/ldselect/ldsctech/123/12301.htm> [accessed January 2015]

This renders homeopathy open to significant fundamental challenge as a legitimate therapeutic modality worthy of public funding by the taxpayer.

Legitimacy theory has been used in the academic literature to interpret the strategic behaviour of many different types of organisations, whether they operate nationally or globally, or within the for-profit or non-profit sector.<sup>4</sup> Gaining, maintaining and repairing moral legitimacy from society, in support of an advocated practice and ideology, is essential for any organisation seeking resources to continue operating. Perceptions of a practice as being morally the right thing to do, for example if homeopathy is perceived as such, also legitimises organisations advocating the practice, for example the Glasgow Homeopathic Hospital (GHH)<sup>5</sup>; thus if the advocated practice is challenged over time, as evidence emerges and societal beliefs change, then associated organisations may lose legitimacy and their continuity will be threatened.

Controversial industries have been described in the academic literature as those involved in unethical practices that "... for reasons of delicacy, decency, morality or even fear, elicit reactions of distaste, disgust, offence or outrage when mentioned or openly presented.<sup>6</sup> Such moral values and audience reactions will change over time as new evidence and technologies emerge and cultural values change. However, searching the literature for conceptualisations of homeopathy as a controversial industry for publically funded practice reveals that this proposal has not been explored. Indeed, social science publications exploring practice and legitimacy are frequently written from the view point that homeopathy (and other CAM practices) is valuable to society, but marginalised by the need for scientific-based research to evidence medical efficacy<sup>7</sup> in preference to "differently constructed modes of evidence".<sup>8 9</sup> This headlock of polarised beliefs between sceptics arguing that homeopathy is unethical and harmful to society, and advocates arguing the opposite, is reflected in the academic literature. However, literature exploring how homeopathy advocates use legitimising strategies in an attempt to reduce this polarity, silence sceptics, and garner wider public support, is limited, and this paper attempts to address this gap.

Recently, Reast et al.<sup>10</sup> used legitimacy theory to understand how management actively seeks moral support from audiences for selling controversial products and services relating to

---

<sup>4</sup> S. Durocher, A. Fortin & L. Cote. Users' participation in the accounting standard-setting process: A theory-building study. *Accounting, Organisations and Society* 2007; 32: 29-59; B. O'Dwyer, D. Owen, J. Unerman. Seeking legitimacy for new assurance forms: the case of assurance on sustainability reporting. *Accounting, Organisations and Society* 2011; 36: 31-52; J. Black. Constructing and contesting legitimacy and accountability in polycentric regimes. *Regulation and Governance* 2008; 2: 137-136; O. Georgio & L. Jack. In pursuit of legitimacy: A history behind fair value accounting. *The British Accounting Review* 2011; 43: 311-323; Crawford et al. International Accounting Education Standards Board: Organisational legitimacy within the field of professional accountancy education. *Accounting Forum* 2014; 38: 67-89.

<sup>5</sup> Ibid

<sup>6</sup> Ibid. original quote attributed to Wilson & West, 1981, referenced therein.

<sup>7</sup> For example, NICE, the SCST (2010) and the British Medical Association rely on science-based research to judge efficacy of medical treatments for particular medical conditions, known as evidence-based medicine

<sup>8</sup> C.A. Barry. The role of evidence in alternative medicine: contrasting biomedical and anthropological approaches. *Soc Sci Med* 2006; 62: 2646-2657.

<sup>9</sup> For example, reliance patients/practitioners' experiential accounts, "not through randomisation and standardisation but via personal, individual ways of knowing (ibid: 2653); including concepts of transcendence, transformation, changing lived-body experience and gaining of meaning (ibid: 2646)

<sup>10</sup> J. Reast et al. Legitimacy-seeking organisational strategies in controversial industries: a case study analysis and bidimensional model. *J Bus Ethics* 2013; 118: 139-153.

gambling. Examples of other controversial industries explored in the literature generally relate to the social impact of for-profit activities relating to, for example: gambling; alcohol; armaments; pornography or tobacco. Arguably, the hidden costs to society and a lack of accountability<sup>11</sup>, together with misleading claims masquerading as legitimate medical treatments, render homeopathy particularly controversial in nature compared to these other visible controversial industries.

This present article contributes to the body of knowledge surrounding the acceptability or otherwise of homeopathy in the field of publically funded medical healthcare in several respects. Firstly, a model is derived from well-established theory used in the accountability literature, to show how advocates of homeopathy have implemented strategic actions in an attempt to motivate moral support, or silence opposition, to secure public funding. Secondly, homeopathy is made visible as a controversial industry, manufacturing goods and services that impact negatively on society, alongside other well-established controversial industries such as gambling, tobacco, pornography, armaments and alcohol. Finally, it addresses calls for research to explore how bioethics and business ethics might learn from each other<sup>12</sup>, and the morality of utilising public resources to promote homeopathy<sup>13</sup>.

The remainder of the paper proceeds as follows: Firstly the theoretical background to legitimacy theory as it relates to homeopathy is discussed, with particular emphasis on moral legitimacy. This is followed by an overview of the extent of homeopathy public support in Scotland generally, and GHH specifically. A discussion of strategies implemented to gain, maintain, and repair moral legitimacy for homeopathy practice and GHH is presented. Concluding comments, policy implications and areas for future research are then suggested.

## **THEORETICAL BACKGROUND**

In this section, the theoretical background is presented, outlining the meaning of organisational legitimacy and how it is achieved, with a focus on moral legitimacy. Audiences, who are the groups in society responsible for granting legitimacy to an organisation or practice, are identified in relation to homeopathy and the GHH, and strategies that can be implemented by advocates of homeopathy to influence audience perceptions are discussed.

### *Organisational legitimacy: gain, maintain and repair*

Organisational legitimacy has been defined as “a generalised perception or assumption that the actions of an entity are desirable, proper and appropriate within some socially constructed system of norms, values, beliefs and definitions”<sup>14</sup>. There are two divergent research approaches to understanding organisational legitimacy: strategic and institutional. Seeking strategic legitimacy is active and is “an operational resource that organisations [and practitioners]... employ in pursuit of their goals”<sup>15</sup>. By contrast, the institutional approach

---

<sup>11</sup> K.R. Smith, op. cit. note 4.

<sup>12</sup> J. Hardwig. The stockholder – a lesson for business ethics from bioethics? J Bus Ethics; 91: 329-341.

<sup>13</sup> Smith, op. cit. note 4.

<sup>14</sup> Suchman, op. cit. note 1, p574

<sup>15</sup> Suchman, op. cit. note 1, p576

seeks to understand beliefs and practices that penetrate entire fields of organisational life and are cognitively assumed by audiences, without question, as legitimate.

Legitimacy is given to an organisation and its associated practices by various audiences. Over time, organisations implement strategies to: proactively gain social acceptance for an activity; maintain acceptance by protecting past accomplishments and proactively resisting/repairing fluctuations in audience perceptions; and repairing legitimacy in reaction to unforeseen crises of meaning.

### *Moral legitimacy*

For legitimising strategies to be successful, organisations must determine the type of legitimacy they are seeking ('for what?'), and the audiences they are seeking it from ('from who?'). There are three types of legitimacy that can be given to an organisation: pragmatic, moral, and cognitive. Pragmatic legitimacy entails self-interested evaluation by audiences of perceived benefits accruing to them from an organisation's activities. Therefore, if an audience perceives that the practice of homeopathy is valuable to them and responsive to their needs, then pragmatic legitimacy will be granted, regardless of the wider needs of society<sup>16</sup>.

Moral legitimacy involves evaluation from a public-interest perspective of whether a practice/industry is morally "the right thing to do"<sup>17</sup>. There are four forms of moral legitimacy that can be given to organisations: consequential, procedural, personal, and structural.<sup>18</sup> Consequential legitimacy requires audiences to evaluate whether consequences and outcomes of a practice achieve socially desired and valued objectives. In circumstances where outcomes are unclear, as is the case for efficacy claims from homeopathy advocates, procedural legitimacy for socially accepted techniques and procedures underpinning practice is extremely important. For homeopathy, contested principles of similitude, dilution and potentisation are easy to challenge and difficult to defend in the face of socially accepted tenants of scientific plausibility. Personal legitimacy is granted if audiences evaluate that the personal status and reputation of leaders and representatives reflects the needs of society. For example, acceptance of homeopathy practitioner qualifications as evidence of skill and knowledge, and evaluation of advocates, for example members of the Royal Family, as being upstanding citizens in society. Structural legitimacy emanates from an evaluation that a particular type of organisation, for example a hospital, is entitled to perform certain practices to achieve social goals; structural legitimacy may result by virtue of legal mandate<sup>19</sup> affording an organisation sufficient autonomy and authority to decide which medical modalities will be practiced. Finally, cognitive legitimacy does not require audience evaluation as it reflects a societal taken-for-granted acceptance of an organisation and its practice.<sup>20</sup> These three reasons for audiences perceiving or assuming legitimacy are fluid and dynamic. Pragmatic legitimacy is usually the easiest to attain from immediately supportive

---

<sup>16</sup> There are three pragmatic legitimacy sub-types: exchange, influence and dispositional, which are beyond the focus of this paper. See Suchman, op. cit. note 1. for further discussion

<sup>17</sup> Georgio & Jack, op. cit. note 2.

<sup>18</sup> Suchman, op. cit. note 1.

<sup>19</sup> Legal mandate authorising practice in the public interest has been referred to as legal legitimacy (Durocher et al., op. cit. note 2.)

<sup>20</sup> Georgio & Jack, op. cit. note 2.

audiences, and the least resilient in times of challenge, compared to moral legitimacy. Cognitive legitimacy is enduring, but rarely attained as this would mean that alternative ideologies are unthinkable.<sup>21</sup>

### *Audiences*

Seeking legitimacy through strategic action requires the identification of audiences and their needs; in so doing, assessing the importance of a particular audience's support for an organisation or practice to achieve its goal is vital. Audiences can be characterised according to their accountability relationship with the organisation.<sup>22</sup> In this present paper, three audiences are identified. Firstly, internal audiences who believe in the value, mission and culture of an organisation and its practices. This internal audience, which will include homeopathy practitioners, GHH management and patients who believe in homeopathy, will be interested in knowing that the organisational goals have been met and resources are available to continue operating. Secondly, mission-critical audiences are able to influence an organisation achieving its goals, whether by supporting or opposing its ideology and practice. The identity and visibility of mission-critical audiences will change over time, in response to new evidence and technologies, changing economic pressures, lobbying and publicity. In the case of GHH and its association with homeopathy practice, mission-critical audiences can be identified as: politicians (e.g. STSC and Health and Social Care Directorate), regulators (e.g. NICE, and the General Medical Council (GMC)), professional bodies (e.g. Health and Care Professionals Council (HCPC); British Homeopathic Association (BHA); Faculty of Homeopaths (FoH); and vocal proponents of evidence-based or other forms of medicine. Finally, external audiences represent all other groups in society whose life experiences may be affected by an organisation's activities. Such audiences include: patients who are prescribed homeopathic remedies under the guise of an effective medical modality; patients whose healthcare options are limited by availability of evidence-based medicine to the extent that limited public funds have been diverted to support unproven therapies; employees; local communities; and society in general.

Implicit in attracting legitimisation is the need for an organisation's management to provide an account of its activities' effectiveness and efficiency to audiences who demand an account. Qualitative and quantitative accounts of effectiveness and efficiency given by an organisation to each of these groups will reflect: (i) the organisation's philosophy of accountability, from narrow accountability to internal audiences, for achieving its goals and retaining its values, to broad accountability to all audiences in society whose life is or can be affected by the organisation's activities; and (ii) pressure exerted on the organisation from groups in society to be held accountable for its activities.<sup>23</sup>

### *Strategies*

Legitimation strategies seek to persuade target audiences that an advocated practice is "culturally valued" and standards of practice have been developed in a "culturally approved manner".<sup>24</sup> Suchman<sup>25</sup> identifies three overlapping legitimising strategies: conform, select,

---

<sup>21</sup> Suchman, op. cit. note 1; O'Dwyer et al., op. cit. note 2

<sup>22</sup> J. Unerman & B. O'Dwyer . Theorising accountability for NGO advocacy. *Accounting, Auditing and Accountability Journal* 2006; 19: 349-376.

<sup>23</sup> Ibid.

<sup>24</sup> O'Dwyer et al., op. cit. note 1, p34.

and manipulate, falling “along a continuum ranging from relatively passive conformity with existing audience perceptions to relatively active manipulation of audience perceptions”.<sup>26</sup> These strategies may involve a transactional approach to “attract, compensate or reassure [audiences]” or an interactional approach to “develop contacts with targeted [audiences] to build dialogue and understanding”.<sup>27</sup> The purpose of these strategies will be to seek continuity or enhance credibility, by motivating either passive acquiescence from audiences, or active support.

Reast et al. argue that, in controversial industries, implementing legitimacy strategies may “trigger the possibility of a dangerous feedback loop”. In the case of homeopathy therefore, organisations that implement strategies to seek active support from audiences risk causing themselves severe reputational and legitimacy-related damage as they attract publicity and debate about their controversial practices. This is an interesting reflection on Bentham’s philosophy that publicity is the true arbitrator of democracy, through making controversial practices visible, open to debate amongst multiple diverse audiences, and subject to demands for accountability.

The theoretical lens outlined above is represented in Figure 1. This figure is used to interpret the types of moral legitimacy sought and strategies implemented by homeopathy advocates, in response to three key events: GHH incorporation into the NHS in 1948, the STSC report on CAM in 2000, and the STSC enquiry into homeopathy in 2010.

*Insert Figure 1 – summary of moral legitimacy*

## **THE GLASGOW HOMEOPATHIC HOSPITAL**

The Glasgow Homeopathic Hospital (GHH) is used as the location to examine legitimising strategies, from gaining legitimacy as an NHS hospital in 1948, followed by maintaining and repairing legitimacy in response government enquires in 2000 and 2010, respectively. The origins of the hospital can be traced back to the mid-19<sup>th</sup> century when it was founded by a small group of homeopathic physicians and privately funded by wealthy benefactors. The hospital was transferred to the Secretary of State for Scotland and became part of the newly constituted NHS Scotland in 1948. GHH is one of 35 hospitals operated by NHS Greater Glasgow & Clyde<sup>28</sup> (NHSGGC) regional health board. Until recently, GHH was one of four NHS funded homeopathy hospitals operating in the UK. However, it is now the only remaining dedicated homeopathy hospital in the UK with Liverpool hospital having closed and Bristol and London hospitals being downgraded to smaller departments and redesigned as purveyors of ‘integrated medicine’.

The GHH operates in the field of publically funded healthcare in Scotland, which is underpinned by the fundamental NHS principles of providing high quality, effective, safe healthcare, to individuals based on their need, with the goal of improving society health and well-being. In addition, the NHS must demonstrate responsibility and accountability to the

---

<sup>25</sup> Suchman, op. cit. note 1.

<sup>26</sup> O’Dwyer et al., op. cit. note 2.

<sup>27</sup> Reast et al., op. cit. note 6, p144.

<sup>28</sup> NHSGGC is the largest health board in Scotland, with 38,000 employees serving 1.2 million people in the region

public, patients and staff, to ensure public money, within the constraints of limited resources, is used to benefit everyone the NHS serves.<sup>29</sup>

The Scottish context is important for several reasons. The total healthcare budget is devolved from the UK Parliament to the Health and Social Care Directorate for Scotland which allocates funding to the 14 regional health boards and seven special health boards. The health boards in Scotland are classed as Non-Departmental Public Bodies and as such are autonomous from the Scottish Government and decide how to spend the public funds allocated to them. In 2012/13, NHS Scotland budget was £11.9 billion (Audit Quality Scotland, 2014).<sup>30</sup> It has been claimed that more than £12 million has been spent by Scottish hospitals on homeopathy<sup>31</sup> over the last five years, of which £9 million<sup>32</sup> can be attributed to NHSGGC. This compares to three of the 14 health boards in Scotland claiming that they do not spending anything on homeopathy and claims that the total annual UK NHS spend on homeopathy is £4m of which NHS Scotland spends about £1.5m. This indicates a huge variation in NHS support for controversial homeopathy and particularly high spending in Scotland, of which a relatively large amount is attributed to NHSGGC.<sup>33</sup> Given their autonomous nature, transparency and accountability of individual health boards to society for how public money is spent (i.e. which treatments), is unclear.

## **DISCUSSION: LEGITIMISING STRATEGIES IMPLEMENTED**

In the following section, strategies implemented by homeopathy advocates to secure moral legitimacy over time are investigated. The types of moral legitimacy sought are identified along with audiences bestowing legitimacy. The time period studied starts in 1948 when the GHH gained legitimacy by being incorporated into NHS Scotland. Strategies to maintain moral legitimacy after an initial STSC (2000)<sup>34</sup> report into public funding of CAM are investigated, followed by those strategies implemented in an attempt to repair moral legitimacy in the aftermath of the STSC (2010)<sup>35</sup> report into public funding of homeopathy. The moral legitimacy seeking behaviour identified in this present study is summarised in Figure 2.

### *Gaining/maintaining moral legitimacy from 1948*

Until 1948, the GHH was privately funded through donations from its employees, commercial business and private benefactors who were interested in homeopathy; these voluntary donations continued to accrue after the GHH was incorporated into the NHS with the funds being held in trust, and not handed over to government. By incorporating GHH into

---

<sup>29</sup> The Handbook to the NHS Constitution. 2013. London: Department of Health. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/170649/Handbook\\_to\\_the\\_NHS\\_Constitution.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170649/Handbook_to_the_NHS_Constitution.pdf) [accessed January 2015]

<sup>30</sup> Audit Scotland, NHS Financial Performance 2012/13. Glasgow: Audit Scotland: 1-44

<sup>31</sup> L. Buckland. 2013. Legal bid to save homeopathy in the NHS. The Scotsman 27th October.

<sup>32</sup> Politics.co.uk. 2013. Scotland spends millions on homeopathy. Available at: <http://www.politics.co.uk/news/2013/10/23/scotland-spends-millions-on-homeopathy> [accessed January 2015]

<sup>33</sup> N. Trigg. 2010. NHS money 'wasted' on homeopathy. BBC News 22 February; S. Poling. 2010. NHS 'should pull homeopathic hospital cash'. BBC News 12 September; BBC Scotland. 2010. Magic or Medicine – Homeopathy and the NHS Poling, documentary broadcast.

<sup>34</sup> STSC Sixth Report – Complementary and Alternative Medicines. London: House of Lords. Available at: <http://www.parliament.the-stationery-office.co.uk/pa/ld199900/ldselect/ldsctech/123/12301.htm>

<sup>35</sup> STSC, op. cit. note 5.

the NHS in 1948, legal legitimacy was conferred with the entitlement to obtain public funding, regardless of the nature of therapies practiced in the hospital. This incorporation into the NHS was interpreted by GHH management as evidence of consequential legitimacy that ‘has brought with it a quickening of interest in matters connected with healing’ noting that ‘it is important that this public interest should include a wider appreciation of the value of Homoeopathy for curing human ills’.<sup>36</sup>

In the early decades of NHS status, GHH was not held to account for its activities and no apparent challenge to its practices was mounted from society. This may be because, at the time, public funding of homeopathic therapies was uncontroversial and divergence from traditional medicine was unnoticed or drew no public disapproval.<sup>37</sup> The GHH voluntarily published ‘What homeopathy is doing in the NHS in Scotland’ in 1953 in which it gave a narrow account of its activities<sup>38</sup>, clearly aimed towards showing advocates that homeopathy practice within the GHH was meeting its internal goals and objectives. For example, this 1953 publication illustrates that legitimacy seeking strategies of the GHH included publicising that: its values and practices reflected those of the reputed NHS (seeking structural legitimacy); its homeopathy physicians had to have a conventional medical qualification (seeking personal legitimacy); and homeopathy physicians were engaged in clinical research (seeking procedural legitimacy), claiming that:

*The wide range of remedies for possible selection in each case requires discernment and careful assessing of values to distinguish between the objective signs and symptoms which are direct effects of the disease, and the signs and symptoms which are the evidence of individualistic reaction against the disease. Only thus can the best choice be made of a remedy to help the particular patient.*<sup>39</sup>

Arguably, a conforming strategy implemented by GHH management, after being given legal legitimacy, was implemented to secure continuing public funding through passive acquiescence of audiences accepting homeopathy practice. This was executed mainly by interacting with internal audiences to conform to their principled ideals. In addition, a manipulation strategy was used in trying to persuade audiences of efficacy and preach about research claims.<sup>40</sup> Thus, in the years after legal legitimacy being conferred, NHS support continued through passive, unquestioning acquiescence from other audiences; there was no evident challenge to the credibility of homeopathy. Cant et al.<sup>41</sup> argues that such passivity enabled alternative medical treatments to grow and develop in the NHS by motivated individuals. Without clear policy directives, this led to fragmented and inconsistent practices which were successfully assimilated into the NHS often due to indifference from practitioners of biomedical medicine.<sup>42</sup> Indeed, the GHH made a clear statement that although other

---

<sup>36</sup> GHH. 1953. What homeopathy is doing in the NHS in Scotland. Glasgow: GHH. Extracts available at: <http://homeoint.org/morrell/glasgow/index.htm> [Accessed January 2015]

<sup>37</sup> Suchman, op. cit. note 1.

<sup>38</sup> The GHH published another report in 1971 called ‘Children’s homeopathic hospital Jubilee, 1921-1971’

<sup>39</sup> GHH, op. cit. note 36.

<sup>40</sup> Ibid.

<sup>41</sup> S. Cant, P. Watts & A. Ruston. The rise and fall of complementary medicine in National Health Service hospitals in England. *Complement Ther Clin Pract* 2012; 18: 135-139.

<sup>42</sup> Ibid.; S. Cant, P. Watts & A. Ruston. Negotiating complementary, professionalism and risk: The integration of complementary and alternative medicine by nurses and midwives in NHS hospitals. *Soc Sci Med* 2011; 72: 529-536.

medical interventions may be considered, ‘in practice, the homoeopathic remedy is usually found to be sufficient and does away with the need for such additional treatment’. We shall see later that, in attempts to repair damaged moral legitimacy, the GHH hospital has begun to distance itself from this claim that homeopathy is holistic and other medical modalities are not necessary.

### *Maintaining moral legitimacy from 2000*

In 2000, the House of Lords Science and Technology Select Committee (STSC) published its report into Complementary and Alternative Medicines (CAM). This report responded to the growing and widespread availability of CAM in the public sector and the need to identify, and make recommendations about, potentially negative impacts on public health and well-being. The report categorised homeopathy as a ‘professionally organised alternative therapy’ that claims to have an individual diagnostic approach; others so categorised included osteopathy, chiropractic, acupuncture and herbal medicine. The STSC concluded that homeopathy practice across the UK was characterised by a diversity of standards and unacceptable fragmentation; the STSC was sceptical about its efficacy and mode of action. Recommendations to practitioners and advocates included striving to unite those who practice homeopathy through advancing voluntary regulation, training and engaging with evidence-based research to justify efficacy; strategies attempting to address these recommendations and protect against future criticism can be seen to emerge, as discussed below.

In the same year that the STSC report on CAM was published, Freedom of Information (FoI) legislation received royal assent giving individuals the right to access recorded information held by public sector organisations. This legislation has been used by opponents of homeopathy to find out the financial cost of funding homeopathy using taxpayers’ money. Notably, FoI requests to all 14 Scottish NHS health boards, yielded information about spending on homeopathy over 5 years from 2004/5 to 2008/9.<sup>43</sup> This information was disseminated widely through the growing and powerful use of social media, blogging and online petitions, thus introducing new and diverse audiences to the debate surrounding public funding of controversial homeopathy.

These developments led to the crystallisation of a public debate between sceptics and advocates of homeopathy, calling into question the credibility and reputation of the practice and its associated organisations, such as the GHH. Necessarily, new legitimising strategies emerged to resist and repair episodic fluctuations in perceptions about homeopathy as a legitimate medical modality. Strategies were targeted at new and diverse audiences in order to secure continuity of funding from the public purse. These included the following: First, seeking structural legitimacy by inventing the concept ‘integrated’ care for treating a diagnosed illness, to be practiced at GHH, and involving redesigning classical experiential homeopathy into becoming part of integrated care, along with other biomedical and CAM modalities.<sup>44</sup> Secondly, seeking procedural legitimacy for homeopathy through inclusion

---

<sup>43</sup> Endlesspsych. 2010. And your electron microscope about: stop NHS Scotland funding quackery and pseudoscience. Available at: <https://andyourelectronmicroscope.wordpress.com/2010/04/23/a-reduction-of-treatment-is-desirable-2/> [accessed January 2015]

<sup>44</sup> Barry, op. cit. note 10; H. Baer. The drive for legitimation in Australian naturopathy: successes and dilemmas. *Soc Sci Med* 2006; 63: 1771-1783.

within medical education syllabi<sup>45</sup> and developing research capacity including establishing evidence-based research to demonstrate efficacy. And finally, seeking personal legitimacy by attempting to establish group identity through professionalization.<sup>46</sup> Strategies focused on education, evidence-based research and professionalization appear to be aimed at protecting past achievements and stockpiling esteem, presumably in preparation to resist future threats to the credibility of homeopathy practice and secure continuity of public funding.

In the years following publication of the STSC (2010) report, attempts to conform with structures and practices of reputed organisation are evident, for example advocates seeking inclusion of homeopathy education in medical schools' syllabi and seeking professional recognition.<sup>47</sup> For the GHH, a selection strategy is evident by choosing different moral criteria, based on the concept of integrated healthcare, where homeopathy is only one constituent modality in the integrated package. Finally, developing capacity for evidence-based research demonstrates conforming to the ideals of reputed scientific practices and also selecting alternative moral criteria on which to demonstrate homeopathy efficacy to sceptical audiences.

The post-STSC (2000) period also marked a move from securing passive acquiescence from internal audiences to seeking active support from diverse audiences. However, with publicity comes the potential and opportunity for democratic process, informed decision making and calls for accountability. Publicity exposed incredible claims from advocates of homeopathy, that may elicit 'reactions of distaste, disgust, offence [and] outrage' associated with controversial practices.<sup>48</sup> Such publicity arguably triggered a sustained challenge to homeopathy ideology in combination with ongoing and persistent demands from diverse audiences to justify public funding of this controversial practice. It should be noted that all such strategic developments and claims of efficacy have been denounced on grounds utilitarianism, public health risk and ethics by sceptics of the practice.<sup>49</sup>

Thus, what emerged during this period was a movement away from the 'old' holistic approach of homeopathy to a 'new' integrative approach,<sup>50</sup> underpinned by developments towards professionalization, standardisation, education and (allegedly) evidence-based research. However, fundamental fragmentation persisted during this period as advocates of the old homeopathy argued that the new 'biomedical orientation' towards homeopathy 'makes no sense', because the biomedical approach is mediated through healthcare technologies and evidence-based medicine, rather than a holistic understanding of the 'energetic system that comprises the patient, the remedy, the healer and the setting'.<sup>51</sup> Indeed, homeopathy fundamentalists believe that there is an irreconcilable difference between lay

---

<sup>45</sup> K.R. Smith. Factors influencing the inclusion of complementary and alternative medicine (CAM) in undergraduate education. *BMJ Open* 2011; 1.; Cant et al., op. cit. note 42.

<sup>46</sup> Cant et al., op. cit. note 42.; Baer, op. cit. note. 44; Kelner et al. How far can complementary and alternative medicine go? The case of chiropractic and homeopathy. *Soc Sci Med* 2006; 63: 2617-2627.

<sup>47</sup> Ibid and Smith, op. cit. note 45.

<sup>48</sup> Reast et al., op. cit. note 6, p139.

<sup>49</sup> See for example - Smith, op. cit. note 4; KR Smith. Anomalous therapies and public health: A utilitarian bioethical response. *Pub Health Nur* 2008; 25: 269-277; D. Colquhoun. Improbable Science website. Available at: <http://dcscience.net/improbable.html> [accessed December 2014]; E Ernst. Homeopathy, a helpful placebo or an unethical intervention? *Trends Pharmacol Sci* 2010; 31.

<sup>50</sup> Barry, op. cit. note 10, citing Baer, 2004

<sup>51</sup> Barry, op. cit. note 10.

homeopaths and medically qualified homeopathy physicians prescribing homeopathic remedies for a distinct diagnosed condition.<sup>52</sup> Such embedded conflicts within one of the state-defined ‘professionally organised alternative therapies’, predisposes homeopathy to sustained reputational and legitimacy-related damage, and places NHS hospitals, such as GHH, in a significantly weakened position as society continues to question the public funding of homeopathy.

### *Repairing moral legitimacy from 2010*

In 1999, GHH moved to new premises amid a fanfare of awards for the inspiring medical building, and observations of ‘is it a hotel or hospital’.<sup>53</sup> This building was funded from a trust fund initiated in 1930s by benefactors; the new building was renamed Glasgow Homeopathic Hospital: Centre for Integrative Care.

Also in 1999, NICE was constituted and, in conflict with homeopathy ideology, stated that it ‘does not produce blanket guidance on the use of groups of therapies, whether complementary and alternative medicines (CAM) or not’.<sup>54</sup> In addition, the Scottish Quality Health Strategy stated that NHS treatments must be effective, and that wasteful or harmful treatments will be eradicated. In conjunction with severe economic pressure brought to bear on the NHS in the aftermath of the financial crisis that precipitated in 2007/8, pressure was sustained and growing to eliminate public funding of controversial therapies such as homeopathy. Critically, in 2010, homeopathy advocates faced fundamentally damaging claims from the centre of government relating to the efficacy and ethics of homeopathy. The STSC (2010) recommended that using public money on homeopathic practices and remedies was unjustifiable. It concluded that the individual experiential accounts of efficacy were due to the placebo effect of homeopathy, and that without rigorous evidence-based research to demonstrate efficacy, then using taxpayers’ money to fund this practice was unjustifiable. The publicity surrounding this verdict was enhanced by FoI requests for information about NHS spending on homeopathy culminating in the broadcasting of BBC documentary: *Magic or Medicine*, televised in 2010. The fact that the Professional Standards Agency has accredited the Society of Homeopath’s voluntary register has done little to distract society and sceptics from adverse publicity.<sup>55</sup>

Advocates of homeopathy were now in a new phase of legitimacy seeking behaviour, being a ‘reactive response to [this] unforeseen crisis of meaning’,<sup>56</sup> in an attempt to repair legitimacy. However, the actions of homeopathy advocates reflected an enduring criticism of the community being fragmented, expressing inconsistent claims and exhibiting a lack of unity, particularly between lay homeopaths and medically qualified homeopathic physicians.<sup>57</sup>

Strategies were built around manipulative impression management to defend, excuse and justify homeopathy and to attack claims made in the STSC (2010). Protests were mounted

---

<sup>52</sup> Ibid.

<sup>53</sup> A. Purvis. 2001. Is it a hotel? A trendy bar? No, it’s a hospital. *The Guardian* 5th July.

<sup>54</sup> STSC, op. cit. note 5.

<sup>55</sup> Professional Standards Authority. 2014. Independent quality mark for homeopaths. Available at: <http://www.professionalstandards.org.uk/docs/default-source/voluntary-registers/society-of-homeopaths-avr-press-release.pdf?sfvrsn=2> [accessed December 2014].

<sup>56</sup> Reast et al., op. cit. note 6.

<sup>57</sup> Kelner et al., op. cit. note 46.

about the scientific studies that had been used to discredit homeopathy, claiming that they had been cherry picked to advance the values of opponents.<sup>58</sup> Further evidence of attacks can be seen in writings about the impact on the GHH, for example:

*In recent months [there has been] an aggressive campaign of misinformation and insult against homeopathy in general and the NHS Homeopathic Hospitals in particular. There is no doubt that this has produced deep distress in patients and staff alike ... [however] staff ... have embraced change and engaged in a root and branch redesign of the service.*<sup>59</sup>

And the BHA have tried to dishonour the STSC (2010) constitution and process, claiming:

*Far from being a report by experts as bandied in the press ... the report was negatively biased in its findings and recommendations ... and the evidence gathering [by the committee] was riddled by poor process.*<sup>60</sup>

These manipulation strategies to repair moral legitimacy are rooted in trying to discredit the personal status and procedural techniques of those who are criticising homeopathy. In so doing, counter-claims of made by homeopaths of expertise are arguably attempts to repair damaged personal legitimacy.

Manipulation is also used by attempting to bargain with audiences for consequential and procedural legitimacy. For example, claims about the cost effectiveness, safety and holism of homeopathy have been vocalised by leaders of the FoH.<sup>61</sup> One GHH homeopathy physician widely promoted homeopathy on the grounds that it cannot harm you, saying ‘*try it; it won’t do you any harm if it does not do you any good*’.<sup>62</sup>

Further evidence of fragmentation and internal contradictions among homeopathy advocates can be seen by decoupling highly contentious and dangerous claims made in the past, from the contemporary redesign and reinvention of the essence of homeopathy going forward. For example, most homeopathy practitioners and associations now accept that the consequence of using only homeopathic remedies for cancer treatment and vaccination, without including the modality of evidence-based medicine, will potentially harm patients and populations. For example, the FoH and the BHA follows government guidelines on immunisation and recommend that immunisation be carried out in the normal way (BHA; FoH, 2015). And the BHA has publicised experiential accounts from the homeopaths, for when ‘orthodox medicine has nothing more to offer’ cancer sufferers. (BHA, 2015). Also, reducing the importance of homeopathy to one small ingredient in a bag of CAM modalities is evidenced on the GHH website and articulated by this GHH homeopathic physician:

---

<sup>58</sup> S. Brocklehurst. 2014. Should the NHS pay for homeopathy?. BBC News 4 October. Available at: <http://www.bbc.co.uk/news/uk-scotland-19798824> [accessed December 2014]

<sup>59</sup> S. Young. 2010. Biographies of Homeopaths: The GHH. Available at: <http://sueyounghistories.com/archives/2010/05/29/the-glasgow-homeopathic-hospital/> [accessed January 2015]

<sup>60</sup> BHA response to the STSC on homeopathy. Available at <http://www.britishhomeopathic.org/the-science-technology-select-committee-evidence-check-on-homeopathy/> [accessed January 2015]

<sup>61</sup> See for example claims made on the FoH web page (<http://www.facultyofhomeopathy.org/>) and interview transcripts by Sara Eames, president of the faculty (for example - <http://scienceofhomeopathy.blogspot.co.uk/2010/10/dr-sara-eames.html>)

<sup>62</sup> BBC Scotland, op. cit, note 33.

*90% of the therapy is listening to the patient, the nice environment and giving psychological support; the homeopathic remedy is a very small part.*<sup>63</sup>

This marginalisation of homeopathy is also evident in GHH partially renaming itself by the addition of the term ‘Centre of Integrative Care’ to its title, and promoting integrative medicine to include a large, diverse and seemingly unconnected collection of therapies other than homeopathy.<sup>64</sup> These strategic behaviours, to choose among alternative moral criteria, appear to be aimed at repairing procedural legitimacy.

Arguably, GHH’s ability to seek continuing support from the NHS without making significant changes to the medical approaches it offers has been threatened; its reputation as a legitimate and effective public health care provider has been tarnished through association with homeopathy to the extent that public funding of the hospital is being questioned. The consequence of this reputational damage has resulted in: referrals to the GHH no longer being supported by three Scottish health boards<sup>65</sup>; the GMC publically denouncing NHS funding of homeopathy; a reduction in the number of inpatient beds, homeopathic physicians and closure of the homeopathy pharmacy at GHH;<sup>66</sup> and the suggestion that the GHH will evolve into a specialist pain management centre,<sup>67</sup> and may give up entirely its public-facing association with homeopathy.

As discussed previously, the risk of publicity brings with it the risk of a backlash against the original cause. As such, reference to the long-standing practice of homeopathy have been ineffective in repairing legitimacy; ‘homeopaths are evoking grand conspiracies to explain the STSC’s brutal report, but in reality, they were undone by their own bizarre pronouncements’.<sup>68</sup>

*Insert Figure 2 about here*

## **DISCUSSION AND CONCLUSION**

This paper has deployed well-established theory from the accountability literature to the domain of bioethics. Specifically, homeopathy has been identified as a controversial industry and the strategic actions of its advocates to secure moral legitimacy and attract public funding have been explored. The GHH was used as the location to examine legitimising strategies, from gaining legitimacy in the NHS 1948, followed by maintaining and repairing legitimacy in response government enquires in 2000 and 2010,. An analysis of legitimising strategies leads to the conclusion that advocates have been unsuccessful in maintaining and repairing moral legitimacy for homeopathy, and this has threatened the continued public funding for this unscientific medical modality within NHS hospitals.

---

<sup>63</sup> Ibid.

<sup>64</sup> Therapies include: mindfulness based cognitive therapy; heartmath; counselling; art and music therapy, physiotherapy; massage; allergy therapy; anthroposophy medicine; acupuncture; homeopathy and mistletoe therapy (GHH, 2015)

<sup>65</sup> Buckland, op. cit, note 31.

<sup>66</sup> Young, op. cit. note 59.

<sup>67</sup> E. Bradford. 2014. Glasgow Homeopathic Hospital tipped to be pain centre. BBC News 17th February. Available at: <http://www.bbc.co.uk/news/uk-scotland-glasgow-west-26198043> [accessed January 2015]

<sup>68</sup> M. Robbins. 2010. MPs deliver their damning verdict: Homeopathy is useless and unethical. The Guardian, 22 February.

The long fought battle between sceptics and advocates of homeopathy has attracted increasing publicity over time, necessitating homeopathy advocates and organisations to seek active support from mission-critical audiences and secure moral legitimacy. Critical events that challenge the moral legitimacy have made this invisible controversial practice visible, with resulting demands for accountability to audiences, thus enabling informed decision-making. Bringing more diverse audiences into the debate increases calls for accountability and justification of the way in which public money is spent. This resulting visibility of homeopathy as a controversial practice has called into question the ethics of using public money to fund unproven medical therapies; in so doing the moral legitimacy of the GHH has been challenged.

Suchman<sup>69</sup> argues that ‘skilful legitimacy management requires a diverse arsenal of techniques and a discriminating awareness of which situations merit which response’. However, the advocates of homeopathy appear to have miscalculated the strength of opposition against their cause by being so enmeshed in their own legitimacy myths that they have failed to perceive substantial emerging threats to these myths on moral grounds. Reacting to legitimacy threats has triggered a backlash of anti-publicity with one outcome being that, by association, homeopathy practitioners have started to distance themselves from particularly controversial claims, and the GHH has redesigned its healthcare by placing homeopathy at the fringes of a package of therapies it offers in the guise of integrated care.

Publicity is critical for shedding light on controversial practices and engaging diverse audiences in emerging debates. This is consistent with Bentham’s declaration that publicity is the soul of justice and the arbitrator of democratic decision-making.<sup>70</sup>

In agreement with the STSC (2010) recommendation, homeopathy cannot justifiably be funded by the public. This recommendation is underpinned by the overwhelming evidence that homeopathy has no medical effect beyond placebo. It follows that the ethical issues arising from providing homeopathy services and products in the public sector also apply to the for-profit sector, where customers are being misled by claims of medical efficacy. Policy should therefore be developed to regulate homeopathy practice in the private sector also; in so doing this will render homeopathy visible as a controversial industry – one that may cause positive harm insofar as individuals fail to seek evidence-based medical treatments.

There is much further research that can be developed in this area, particularly by extending the research in this paper to a consideration of other CAM modalities in the NHS and General Practice. An investigation of CAM efficacy claims and evidence available to the public would clarify the quality and scope of disclosures available for individuals to make informed decisions about their healthcare. Focus groups, surveys and interviews would illuminate beliefs and practices about CAM in the for-profit and public sector, and ethical issues arising as perceived by different healthcare professionals. Finally, investigating homeopathy in the global context requires attention, particularly with dangerous evangelistic claims such as ‘healing’ relating to cholera epidemics, and homeopathy being ‘very well primed to be ready to treat any epidemics in the future’.<sup>71</sup> Such research would build an evidence base for

---

<sup>69</sup> Suchman, *op. cit.* note 1, p586.

<sup>70</sup> S. Gallhofer & J Haslam. 2004. *Accounting and Emancipation: some critical interventions*. London: Routledge.

<sup>71</sup> *Op. cit.* note 61.

potential use in the context of evidence-based policy development relating to complementary and alternative medicines.