

## EDITORIAL

## THE CHARTERED SOCIETY OF PLACUTHERAPY

A recent article by a distinguished British anaesthetist, Michael Vickers (*World Medicine* 22 February 1978, 13, 43) discusses the "essential schizophrenia of physiotherapy" and refers to the "scientific mumbo-jumbo of the physiotherapy department, doing nothing more for the patient than could a judiciously applied hot-water bottle". It is a somewhat muddled article, ranging from acupuncture to chest physiotherapy, but several points are worth noting.

The author has an ambivalent attitude to physiotherapy. He talks about physiotherapists performing an essential service but sneers at their unscientific use of such modalities as ultrasound and diathermy, and at breathing exercises. He says that "a lot of what they do is built on scientific sand". One might of course reply that our medical colleagues also often build on sand in this sense. They do not really know how digitalis and morphine work, and they have argued for half a lifetime over the surgery of peptic ulcer. However it is not the intention of this Journal to take issue with learned anaesthetists, but simply to point out that, however heavy our workload, some of us must find time for research into the reasons for our treatment and the effectiveness of it. Unless we — and more important, our students — approach every type of treatment with a highly critical attitude, we shall continue to build on sand. It is not enough to assert that such and such a treatment is good for sprained ankles or stiff necks; we must prove it either by establishing and verifying a hypothesis about the mechanism of action or by making randomized controlled studies of measurable parameters to demonstrate its effectiveness, even if we do not know how it works. Journals such as ours should publish research as well as teaching articles.

The second point about the article is that the author

really does not seem to know what physiotherapists do, apart from chest physiotherapy. At the risk of boring readers, it must be repeated that physiotherapists are partly responsible for this sad state of affairs. It is true that most doctors have shown little eagerness to learn about physiotherapy and have been all too ready to send their problem patients either to the psychiatrist or the physiotherapist. As Vickers so rightly says: "As usual, it is our own fault. It is too easy to prescribe physiotherapy, particularly when no rational treatment which is likely to be of benefit suggests itself". Quite so, and such an attitude is not likely to benefit anyone at all; in particular, it is not going to advance the science of physiotherapy. Imagine the outcry if physicians referred patients to surgeons asking the latter to perform an operation as a placebo. But physiotherapists, unlike surgeons, have tended in the past to accept meekly referrals for what is obviously placebo therapy, instead of standing firm and trying to educate their medical colleagues.

The Vickers article was evidently inspired by a recent letter from the Chartered Society of Physiotherapy in the UK to the Faculty of Anaesthetists, in which it was suggested that if acupuncture were to become an approved form of treatment in the National Health Service, physiotherapists should be trained to use it. Since Vickers like many other people regards acupuncture as a form of therapy devoid of an anatomical or physiological basis, he suggests that the time of physiotherapists should not be wasted on it. It might be farmed out to a new body, the Chartered Society of Placuthery, who might also take over the other placebo aspects of physiotherapy, and leave the genuine scientific (or at least rational) part to the physiotherapist. The suggestion is not without merit.