

Dear Mr Chambers

Thank you for your email received 3 June 2016 addressed to William Shawcross regarding concerns about charities which you consider are promoting disproven medical treatments, in particular whether such organisations can be said to have purposes which are for the public benefit. Your email has been referred to me to respond to as I have been in correspondence with Les Rose on this issue.

The position regarding an organisation which applies to register as a charity which is set up with a purpose to advance health by means of complementary or alternative medicine is that it must be able to demonstrate that the purpose satisfies the benefit aspect of the public benefit requirement. To do that, the organisation must be able to show (and provide evidence if necessary) that the complementary or alternative medicine in question is capable of advancing health.

The onus is on the organisation seeking to register as a charity, to prove, on the balance of probabilities, that the particular complementary or alternative therapy or treatment it advances will tend to promote health. This means that there is an empirical, scientific evidence base for the claims made in relation to the complementary or alternative medicine in question.

We are not prescriptive about the evidence to be provided to us, but it should possess quality and cogency. The need for this was set out very recently (although in relation to the health benefits of sport) by the judge in a case involving Cambridgeshire Target Shooting Association. In general, it is not for the Commission to seek its own evidence regarding the health benefits of a particular complementary or alternative therapy or treatment but, as in the Cambridgeshire Target Shooting Association case, it may decide to obtain evidence where the matter is in dispute.

(For more on this see

[http://www.charity.tribunals.gov.uk/documents/decisions/cambridgeshire-target-shooting-
assoc-decision-23nov-amend-7dec.pdf](http://www.charity.tribunals.gov.uk/documents/decisions/cambridgeshire-target-shooting-assoc-decision-23nov-amend-7dec.pdf))

In recent years, our guidance for staff on assessing the public benefit of purposes to advance health by means of complementary or alternative medicine placed some reliance upon the 2000 House of Lords report. That report included homeopathy in its Group 1 list of therapies. Whilst the 2000 House of Lords Report was a helpful guide in considering evidence of the likely health benefits of different complementary or alternative therapies or treatments, we do recognise that developments in medical research since 2000, including a subsequent 2010 report on homeopathy, impact upon this.

In our revised guidance for staff we say, "The efficacy of homeopathy was called into question in 2010 when Parliamentary and media coverage suggested that the claimed health benefits are unfounded and that there is no evidence that its benefits exceed a placebo effect. However, there has been no subsequent Parliamentary or legislative determination which has changed recognition of its efficacy. Our current position is to regard homeopathy as a method for which we need little or no further supporting evidence of efficacy so long as trustees' claims for it are in line with its recognised benefits. See Group 1 of the ready reference table which sets out the information we need from organisations using homeopathy to deliver their purposes."

That 'ready reference table' says of Group 1 therapies:

"Key features of Group 1 methods:

- professionally organised and regulated
- may be used as alternatives to conventional medical care (but may also be used to complement it)
- may be used to diagnose and treat conditions
- efficacy of method has been recognised - generally little or no need for more evidence of efficacy if trustees' claims made are consistent with recognised areas of efficacy"

Staff following that guidance would, therefore, have relied upon the inclusion of homeopathy in the list of group 1 therapies by the 2000 House of Lords report as sufficient evidence of efficacy, without the need to seek specific further evidence from the organisation advancing it. That will have been sufficient to demonstrate the benefit aspect of public benefit (in the absence of any evidence of harm).

However, as with any developing science or advancement in medical treatments or therapies for example, over the years the evidence which might be needed from time to time to support any health benefits claimed for a particular type of complementary or alternative medicine may change.

As is the case for many charities already on the register, it may be that consideration of an application to register a similar charity today might be taken on the basis of different evidence, such as on the basis of new medical or scientific research which has since been carried out, or due to changes in social or economic circumstances. What was once considered charitable yesterday, may no longer be considered charitable today, and vice versa. That is how charity law develops over the years.

We are currently in the process of developing guidance on all of the descriptions of purposes in the Charities Act 2011. This will include consideration of purposes concerned with advancing health. As part of that exercise, we will review our approach to assessing the public benefit of purposes which advance health by means of complementary or alternative medicine and will review our guidance for staff accordingly, if necessary.

As I am sure you will appreciate, the Commission does not have sufficient resource to continuously review the 165,000 charities on the register to see whether the basis on which they were considered charitable at the time they were registered still holds good today. But, from time to time, the Commission does review the charitable status of existing registered charities. It did this, for example, when it undertook a review of the charitable status of rifle and pistol clubs a number of years ago. As a result of that review many organisations which had previously been registered as charities were removed from the register.

We will therefore consider if, as a result of reviewing our guidance on the advancement of health, there are implications for existing registered charities concerned with complementary and alternative medicine which necessitates a review of their charitable status. However, such a review is likely to be a time consuming, resource intensive exercise and is unlikely to

happen quickly. We would have to consider the need for such a review alongside other commitments and priorities which the Commission has, on the basis of risk and proportionality and in line with the Commission's strategic priorities.

We will need to weigh the need for a review of individual charities against the many other types of cases (involving fraud or financial abuse or mismanagement, safeguarding issues etc) which we must also assess and prioritise.

In the meantime, however, if you have specific concerns regarding individual charities, particularly where there is evidence that a charity's operation engages one of our strategic priorities, or where there is a significant risk of harm to beneficiaries or maladministration for example, then you can raise this with us through our complaints procedures:

<https://www.gov.uk/complain-about-charity>

I hope that this is of assistance

Yours sincerely

Jo Edwardes

Head of Policy Strategy & Projects