



The need for an objective evaluation of non-conventional - healthcare practices¹

**Press release from the French Academy of Medicine
February 16, 2026**

Non-conventional healthcare practices (NCHPs), also known as ‘complementary therapies’, attract a high percentage of individuals (1) who face difficulties in accessing healthcare, who distrust conventional medicine, which is considered too technical, insufficiently human or with dreaded side-effects, or else because specialists, particularly in cancerology, suggest that they turn to them within the framework of so-called ‘integrative’ medicine.

Generally speaking, the practice of conventional medicine is based on an evaluation guaranteeing its effectiveness and reliability within the framework of randomized controlled clinical trials (RCTs), the basis of evidence-based medicine [2, 3].

Demonstrating efficacy is therefore the main challenge today for justifying the use of NCHPs. This is particularly important when no mechanism of action for NCHPs has been found, or when it is based on a theory which has no scientific basis. This explains the fundamental importance of the role of public authorities to fight as a priority quackery, and the sectarian disorders associated with some NCHPs.

The evaluation of NCHPs is therefore an ethical and health necessity. It must also be a prerequisite for any reimbursement by supplementary health insurance schemes. However, of the hundreds of NCHPs listed (4), only a few have been the subject of an evaluation demonstrating their effectiveness.

The French Academy of Medicine, noting that such assessments have rarely been carried out, also recognizing that, because of a possibly significant prescriber-related effect, appropriate assessment methods need to be developed, recommends:

- To encourage the evaluation of NCHPs, by guaranteeing the methodological

quality of studies collaboration with resource structures in the field of healthcare evaluation. (universities, hospitals, Inserm, etc.), and using objective assessment criteria, such as those assessing pain, functional capacity or quality of life;

- To extend to NCHPs existing vigilance systems (pharmacovigilance, material vigilance, Nutri vigilance, identification of serious adverse events), so as to identify the risks of health accidents due to insufficient efficacy, or even of dominating patients.

References

- 1 Ordre national des médecins, Les pratiques de soins non-conventionnelles et leurs dérives, Juin 2023, p. 9
(https://www.conseil-national.medecin.fr/sites/default/files/2025-05/cnom_psnc.pdf)
2. Marks, H. M., The progress of experiment: science and therapeutic reform in the United States, 1900-1990, Cambridge University Press, 1997
3. Evidence-Based Medicine Working Group, Evidence-based medicine. A new approach to teaching the practice of medicine. JAMA, 1992, 268, 2420-5
4. Bennett J. K., Fuertes J. N., Keitel M., et al., The role of patient attachment and working alliance on patient adherence, satisfaction, and health-related quality of life in lupus treatment. Patient education and counseling, 2011, 85, 1, 53-59.
5. Ernst E., Médecines alternatives : le guide critique, Elsevier Masson,

ACADÉMIE NATIONALE DE MÉDECINE, 16 rue Bonaparte - 75272 Paris cedex 06
Tél. : +33 (0)1 42 34 57 70
Site : www.academie-medecine.fr / Twitter: @Acadmed