

Enough is enough when we can resolve therapeutic equipoise.

We thank Dr Mustapha for his commitment to the reduction of public funding inappropriately spent on epistemically questionable scientific inquiry – a debate with which we feel ill equipped to engage. In relation to the START trial¹, we would simply point to the inaccuracy of his contention that our “conclusion was hardly unpredictable“. In fact we entered the trial with therapeutic equipoise. The international literature was split in relation to MST and Cartwright’s² question: “will it work here?”, was not adequately answered. To be frank, most of the investigators expressed surprise by the findings not dissimilar to reaction of oncological surgeons finding radical mastectomy and lumpectomy to be similar in terms of outcomes for women with primary breast cancer³. Was RCT methodology necessary for the demonstration of such equivalence? Our answer is an unequivocal yes. Those intellectually committed to particular modalities of psychotherapy manifest understandable and necessary commitment to their approach. They deserve such dedication to be honoured with the best available methodology even if this involves public expenditure.

1. Fonagy P, Butler S, Cottrell D, et al. Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): a pragmatic, randomised controlled, superiority trial. *The lancet Psychiatry* 2018.
2. Cartwright N, Munro E. The limitations of randomized controlled trials in predicting effectiveness. *J Eval Clin Pract* 2010; **16**(2): 260-6.
3. Mukherjee S. *The Emperor of All Maladies: A Biography of Cancer*. New York: Scribner; 2010.