

The ethics of placebos

Knapp van Bogaert D, PhD, DPhil

Fellow, Centre for Applied Ethics University of Stellenbosch, Independent Consultant in Ethics

Ogunbanjo GA, MBBS, FCFP(SA), MFamMed, FACRRM, FACTM, FAFP(SA), FWACP(Fam Med)

Department of Family Medicine and Primary Health Care, University of Limpopo (Medunsa Campus), Pretoria

Correspondence to: Gboyega Ogunbanjo, e-mail: gao@intekom.co.za

Keywords: placebo, informed consent, patient autonomy, placebo effect

Abstract

The word “placebo”, first used during funeral ceremonies in the 14th century, is derived from old Latin and means “I shall please”. At the time, it was practice among Roman Catholics to hire professional mourners to wail vespers for the dead. *Placebo Domino regione vivorum* translates from Psalm 116: 9 as “I shall please the Lord in the land of the living”. Professional mourners served as stand-ins for the family of the deceased. They “walked” before the holy being by acting in a manner which pleased Him. Over time and in many circles, the term came to connote a substitution for the actual.

© Medpharm

S Afr Fam Pract 2013;55(1)(Supplement 1):S15-S16

Introduction

Until the late 18th century, placebos were regarded as a commonplace treatment method for medical practitioners. For example, if a patient was in perfect physical health, but in his or her physician’s opinion a hypochondriac, or if a doctor wished to employ a delay tactic in his or her patient’s treatment, placebos were employed as a means of patient assurance.¹ Somehow, in the form of draughts, “sugar pills” or portions, there appeared to be something in placebos that was shown to work, i.e. placebos had an effect.

Overt placebo usage declined with the advent of modern medicine, yet experienced a renewal because of interest in the neural correlates of placebo mechanisms.² Of course, it is not the placebo itself that was or is the cure of or relief from an ailment. Intrinsically, it may be an inert substance or even a clinically unneeded procedure. What many people find intriguing is the meaning that the brain attaches to the placebo called the “placebo effect”. Moerman and Jonas narrowed this definition and called the placebo effect the “meaning response”³ maturity of both fields.

There are many definitions of the placebo effect in the literature.⁴ One common definition refers to it as “any treatment or procedure that improves a symptom or disease, but lacks specific effectiveness for the condition being treated”.⁵ Another author refers to the placebo effect as “a positive clinical outcome caused by a treatment that is not attributable to its known physical properties or mechanism of action”.⁶

One of the most comprehensive definitions comes from Brody: “The placebo effect is a change in a patient’s

condition that is attributable to the symbolic import of the healing intervention, rather than to the intervention’s specific pharmacological or physiological effects. A placebo is a form of medical therapy or an intervention designed to stimulate medical therapy s believed to be without specific activity for the condition being treated, and which is used either for its symbolic effect or to eliminate observer bias in a controlled experiment”.⁷

In keeping with this definition, it is increasingly recognised that spirituality, faith and religious belief play a positive role in the context of healing in medical practice.⁸ It is also well established that both verbal and nonverbal communication, such as attitude, demeanour and touch, carry important psychological messages from the healthcare practitioner to his patient. The point is that in the psychosocial context of treatment, important information is transmitted to the patient through a variety of psychosocial factors, including the provision of drugs or other procedures as part of the healing ritual.⁹ It would follow that more research into such factors would contribute to the body of knowledge concerning the biology of placebo mechanisms. Interestingly, a recent study found that the placebo effect (or rather its meaning response) occurs outside of conscious awareness.¹⁰

The placebo effect is both powerful and inherent in any clinical interaction.¹¹ In evidence-based medicine, ethical issues such as informed consent and respect for patient autonomy¹² appear to vie with mind-body therapeutic interventions for attention.¹³ Use of placebos is relatively prevalent in clinical practice.¹⁴⁻¹⁶ Giving patients unnecessary drugs, such as sugar pills, nonindicated folate tablets or totally unnecessary injections of xylocaine using

wilful deceit is not what is meant by mindfully providing a placebo. For some, a doctor's provision of hope classifies as a placebo.¹⁷ Yet, with the imposition of the law into ethics, research concerning the use of placebos in medical practice makes it very difficult to ascertain the level and extent of placebo use in medical practice. As Rothchild notes, as long as patient autonomy endures being misinterpreted as the ethical norm, therapeutic use of placebos will remain something that is hidden deep within the medical bag.¹⁸ The ethical ideal of valid informed consent is now protected in law.

The complex dynamics that are involved in informed consent have reached unforeseeable proportions. In early medical ethics, the impetus was on the doctor, medical scientist or healthcare provider to be morally "above the common person", thus fulfilling the role of a dependable, albeit paternalistic, safeguard against duplicity.^{19,20} Now, often compendious accounts of possible mental and physical side-effects feed litigious practices worldwide. Moreover, medico-legal litigations that concern informed consent contribute greatly to patients' poor perceptions of medical professionals and medical professionals' poor perceptions of patients: the antithesis of the idea of therapeutic placebo use.^{21,22}

However, human traits such as suggestion, imagination and expectation continue to occur in and out of medical practice. For example, neuroscience has determined that in certain clinical trial cases, negative responses or "nocebo effects" overlap with certain placebo phenomena.²³ It is inevitable that as the fields of neuroscience and psychiatry continue to evolve, their research will help clinicians to better understand the phenomena of the placebo effect and its role in clinical practice. At the same time, it could be questioned whether placebos can ethically be used to improve patient outcomes. This is because the practice of placebo use intrinsically involves a form of deceit, a return to paternalism and a violation of patients' rights. Of course, it needs to be pointed out that by the mere introduction of an informed consent form for patient signature, suggestions are produced (e.g. a written and verbalised understanding of possible drug side-effects and payment for trial participation). This may factor into the placebo effect *sans* drugs, potions or plasters. As we have seen, in clinical practice, the placebo effect relies on a lie which depends upon a relationship of trust for its existence, a most interesting conundrum.

References

1. De Craen AJM, Keptchuk TJ, Tijssen JG, et al. Placebos and placebo effects in medicine: historical overview. *J Royal Soc Med.* 1999;92(10):511-515. [homepage on the Internet]. c2012. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1297390/pdf/jrsocmed0004-0023.pdf>
2. Moerman DE. *Meaning, medicine and the "placebo effect"* Cambridge: Cambridge University Press; 2002.
3. Price DD, Finniss DG, Benedetti F. A comprehensive review of the placebo effect: recent advances and current thought. *Ann Rev Psychol.* 2008;59:128-130.
4. Moerman DE, Jonas WB. Deconstructing the placebo effect and finding the meaning response. *Ann Intern Med.* 2002;136(6):471-476.
5. Harrington A. The many meanings of the placebo effect: where they came from, why they matter. *Biosocieties.* 2006;1(2):181-193.
6. Csordas TJ. Elements of charismatic persuasion and healing. *Med Anthro Quart.* 1988;2:121-142.
7. Tilbert J, Emanuel E, Kaptchuk T, et al. Prescribing placebo treatments: results of a national survey of US internists and rheumatologists. *BMJ.* 2008;337:a1938 [homepage on the Internet]. c2012. Available from: <http://www.bmj.com/content/337/bmj.a1938.pdf%2Bhtml>
8. Brody H. The lie that heals: the ethics of giving placebos. *Ann Intern Med.* 1982; 97(1):112-118.
9. Temple R. Review of R Kradin's the placebo response and the power of unconscious healing. *N Engl J Med.* 2009;360:646-647.
10. Benedetti F. How the doctor's words affect the patient's brain. *Eval Health Prof.* 2002;25(4):369-386.
11. The placebo response occurs outside of conscious awareness, study finds. National Institute for Health (US) National Center for Complementary and Alternative Medicine [homepage on the Internet]. 2012. c2012. Available from: <http://nccam.nih.gov/research/results/spotlight/091112>
12. Harrington A, editor. *The placebo effect, an interdisciplinary exploration.* Cambridge: Harvard University Press; 1997.
13. Shapiro AK, Shapiro E. *The powerful placebo: from ancient priest to modern physician.* Baltimore: Johns Hopkins University Press; 1997.
14. Sherman R, Hickner J. Academic physicians use placebos in clinical practice and believe in the mind-body connection. *J Gen Intern Med.* 2008;23(1):7-10.
15. Raz A, Raikhel E, Anbar RD. Placebos in medicine: knowledge, beliefs, and patterns of use. *Mcquill J Med.* 2008;11(2): 206-211.
16. Spiro H. Clinical reflections on the placebo phenomenon. In: Harrington A, editor. *The placebo effect: an interdisciplinary exploration.* Cambridge: Harvard University Press; 1997.
17. De Craen AJ, Tijssen JG, de Gans J, et al. Placebo effect in the acute treatment of migraine: subcutaneous placebos are better than oral placebos. *J Neurol.* 2000;247(3):183-188.
18. Harris JC, DeAngelis CD. The power of hope. *JAMA.* 2008;300(24):2919-2920.
19. Rothman DJ. *Strangers at the bedside: a history of how law and bioethics transformed medical decision making.* New York: Aldine de Gruyter; 2003.
20. Beecher HK. The powerful placebo. *J Am Med Assoc.* 1955;159(17):1602-1606.
21. Adler HM, Hammett VB. The doctor-patient relationship revisited. An analysis of the placebo effect. *Ann Intern Med.* 1973;78(4):595-598.
22. Meissner K, Kohls N, Colloca L. Introduction to placebo effects in medicine: mechanisms and clinical implications. *Phil Trans R Soc Lond B Biol Sci.* 2011;366(1572):1783-1789.
23. Hróbjartsson A, Gotzsche PC. Is the placebo powerless? *N Eng J Med.* 2001;344(21):1594-1602.