

# Half of Doctors Routinely Prescribe Placebos



*Half of all American doctors responding to a nationwide survey say they regularly prescribe placebos to patients. The results trouble medical ethicists, who say more research is needed to determine whether doctors must deceive patients in order for placebos to work.*

**By Gardiner Harris**

The study involved 679 internists and rheumatologists chosen randomly from a national list of such doctors. In response to three questions included as part of the larger survey, about half reported recommending placebos regularly. Surveys in Denmark, Israel, Britain, Sweden and New Zealand have found similar results.

The most common placebos the American doctors reported using were headache pills and vitamins, but a significant number also reported prescribing antibiotics and sedatives. Although these drugs, contrary to the usual definition of placebos, are not inert, doctors reported using them for their effect on patients' psyches, not their bodies.

In most cases, doctors who recommended placebos described them to patients as "a medicine not typically used for your condition but might benefit you," the survey found. Only 5 percent described the treatment to patients as "a placebo."

The study is being published in *BMJ*, formerly *The British Medical Journal*. One of the authors, Franklin G. Miller, was among the medical ethicists who said they were troubled by the results.

"This is the doctor-patient relationship, and our expectations about being truthful about what's going on and about getting informed consent should give us pause about deception," said Dr. Miller, director of the research ethics program in the

department of bioethics at the National Institutes of Health.

Dr. William Schreiber, an internist in Louisville, Ky., at first said in an interview that he did not believe the survey's results, because, he said, few doctors he knows routinely prescribe placebos.

But when asked how he treated fibromyalgia or other conditions that many doctors suspect are largely psychosomatic, Dr. Schreiber changed his mind. "The problem is that most of those people are very difficult patients, and it's a whole lot easier to give them something like a big dose of Aleve," he said. "Is that a placebo treatment? Depending on how you define it, I guess it is."

But antibiotics and sedatives are not placebos, he said.

The American Medical Association discourages the use of placebos by doctors when represented as helpful.

"In the clinical setting, the use of a placebo without the patient's knowledge may undermine trust, compromise the patient-physician relationship and result in medical harm to the patient," the group's policy states.

Controlled clinical trials have hinted that placebos may have powerful effects. Some 30 percent to 40 percent of depressed patients who are given placebos get better, a treatment effect that antidepressants

barely top. Placebos have also proved effective against hypertension and pain.

But despite much attention given to the power of placebos, basic questions about them remain unanswered: Are they any better than no treatment at all? Must people be deceived into believing that a treatment is active for a placebo to work?

Some studies have hinted at answers, but experts say far more work is needed.

Dr. Howard Brody, director of the Institute for the Medical Humanities at the University of Texas Medical Branch, in Galveston, said the popularity of alternative medical treatments had led many doctors to embrace placebos as a potentially useful tool. But, Dr. Brody said, doctors should resist using placebos, because they reinforce the deleterious

notion that “when something is the matter with you, you will not get better unless you swallow pills.”

Earlier this year, a Maryland mother announced that she would start selling dextrose tablets as a children’s placebo called Obecalp, for “placebo” spelled backward.

Dr. Ezekiel J. Emanuel, one of the study’s authors, said doctors should not prescribe antibiotics or sedatives as placebos, given those drugs’ risks. Use of less active placebos is understandable, he said, since risks are low.

“Everyone comes out happy: the doctor is happy, the patient is happy,” said Dr. Emanuel, chairman of the bioethics department at the health institutes. “But ethical challenges remain.”

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