Abbey Mays

11 October 2018

Sugar Sugar: Prescribing Placebos in Everyday Life

            Doctors should be allowed to prescribe placebos to patients when there is no medication available to give patients the stability of taking medication if needed. Many patients go to the doctors with problems that the doctors cannot fix and they are looking for anything to help them. Placebos, if only used for the patients best interest, would help keep the patients peace of mind until the doctor could figure out a viable alternative (Foddy p. 2). There are many different kinds of placebos that doctors have used in the past, of those, tablets and injections are the most common (Torrey). The tablets, sugar pills, are what many people think of when they hear of placebo. It is a fake pill that is given to many people in studies to test the effectiveness of a drug. In many cases those who were given the placebo reported feeling better or that their drug had done what it was intended to do (Elliot pg. 513). This is called the placebo effect. When the patient has preconceived notions that they will get better then they are more likely to do so. This is caused by the brain releasing  Dopamine or Endorphins. This in turn causes the mood of the patient to improve and can help relieve pain. This is why placebos tend to be more effective with patients with psychological disorders, such as depression or attention deficit disorder. Implementing placebos would revolutionize the medical field and would benefit a lot of people’s lives.

People have been using the placebo effect since the dark ages and the creation of the plague doctor. Witch doctors have also used this power to their advantage. They perform  rituals for the people in their tribe in order to heal them of their ailments. Surprisingly the ritual helps many of the people that the shaman sees. This phenomenon has perplexed many scientists, including Thomas Jefferson and Ben Franklin, who have been trying to explain why there is a statistically significant effect in the symptoms and how this could be used in medicine (Goodman). Jefferson actually defended the power of the placebo effect when he said  that it was, “much less harmful than the active treatments of the dogmatic adherents of the therapeutic schools of day” (Kapp). Essentially Jefferson was arguing that placebos were harmless compared to already established medicines when he was alive.

In studies that have been conducted on placebos it was found that placebos tend to be more effective when given to people with pain, headaches, depression, and insomnia (Howick). In order to find out the differences between the treatment and the placebo Jeremy Howick and a group of scientists tested the effectiveness of placebos. They found that in twelve of the fourteen tests conducted that there was no statistically significant difference between the treatment and the placebo. In addition to this in all of their tests the placebos’ effect was significantly higher than no treatment (Howick). With the information from this research in mind prescribing placebos to people who have no other option sounds like a good idea. For example, a doctor who has been treating a person with severe depression and the patient is allergic to one of the main ingredients in a majority of antidepressants. If the doctor decides to prescribe nothing then the patient may not feel like their voice matters to the doctor, which could make their depression worse. If the doctor prescribes a placebo to the patient it would allow time for the doctor to find a medication that would work and it may also  help the patient improve overall.

Although the American Medical Association has prohibited the use of placebos outside of studies many doctors prescribe them anyway (AMA).  A study done by the University of Chicago found that 45 percent of Chicago family doctors report they have used a placebo for patients at some time during their clinical practice (Torrey). “ Of the doctors who prescribed placebos, 34 percent told the patients that the prescription wouldn't hurt and could possibly even help; 19 percent simply said it was medication; 9 percent said it was medication with "no specific effects"; and just 4 percent told their patients they were prescribing a placebo” (Torrey). In other words, a substantial amount of doctors believe in the power of placebos and using them to help patients, even if it means deceiving them. Another survey done by the National University of Singapore asked medical students their opinion. Of the four-hundred and two students two-hundred and eighty-seven, 71%, responded that they felt that placebo therapy was acceptable (Lim pg. 156). The German Medical Association has a different opinion on the matter. They encourage doctors to prescribe Obecalp, placebo spelled backwards, to their patients and recognize it as a viable treatment option (Berlin). If other countries, such as Germany, support prescribing placebos then why does the United States not? The United States should look to other examples around the world that use placebos and then implement them in their own way.

Those who oppose prescribing placebos are right to argue that doctors are deceitful because they would technically have to lie to their patients about the drug, but they assume that the patients would be outraged by this. On the contrary some patients themselves would be okay with being given placebos. In a study done by the 19th European Congress of Psychiatry in 2011, they asked three-hundred and forty-four healthy adults if they would be okay with placebos as a first-line treatment if they ever developed depression. Seventy percent said that they would and an additional seventy-three percent said that they would be willing to receive placebo treatments for other medical problems (Stein). This shows that even the patients understand the power of the placebo and many would be willing to have it prescribed to them. With the acceptance from many patients one of the biggest cons of prescribing is no longer a large issue. Still many argue that many patients go to the same doctor for years and over that time they facilitate a strong therapeutic alliance, but if the doctor were to prescribe a placebo without the patient knowing, it could work against this alliance and result in loss of business (Gage). This is a main reason why many doctors and the American Medical Association do not approve of the use of placebos, but if they have a strong alliance then the doctor is merely acting on the patient's best interest (AMA). Doctors who have prescribed placebos have never harmed the patients in a pharmacological sense or made them worse off (Foddy pgs. 12).

Doctors already provide placebo therapy all the time in the form of impure placebos and open placebos. Impure placebos are things that the doctor can do that are not really needed, like a blood test, non-essential exam, or a checkup on a healthy person in order to give them peace of mind (Vaesa). Sometimes doctors will even prescribe antibiotics and other medications that are unnecessary, which can also be deceitful to the patient. These impure placebos can cost a lot of money for the patient, but most people are fine with spending the extra cash to have peace of mind. Open placebos is when the patient knows when they are receiving a sugar pill. According to the American Medical Association doctors are allowed to do this with the consent of the patient (AMA). While one may think that this would not be effective because the whole point of the placebo effect is for the patient to not know that they are receiving a sugar pill, it has been reported that even though the patient knows that it is a placebo it still helped to reduce pain. This leads Ted Kaptchuk, Harvard medical professor, to believe that, “Neurotransmitters are activated in the patients' brains by interacting with a caring doctor and receiving the prescription and this helps alleviate physical symptoms” (Torrey). This being said, closed-label placebos can work even better then open label. It would work the same exact way as impure placebo, except cheaper, for the patients (Kamala). If doctors were allowed to take this next step patients would be given the extra security of knowing that their doctor cares about them and is hearing their problems, even if there is no available medication. Lastly, it said that the patients have better results when they are given medication  because they want to be prescribed something for their ailment even when doctors do not have anything to give them. They want their concerns to be heard by the doctors and feel the satisfaction of this when prescribed medications rather than being told that there was nothing that the doctor could do to help (Elliot pgs. 513-518).

Obecalp is a sugar pill on the shelves that doctors cannot prescribe, but that anyone is able to buy (Aschwanden). This an option that some parents have turned to. This drug is used by many parents, especially in the United Kingdom, with children that are complaining of a headache or another minor issue. The parents are already harnessing the power of the placebo effect to help their children. This can  save the parents money that can be used later, when an actual medical emergency arrives and can save the child from starting medications that are unnecessary with costly side effects. Legalizing placebo prescriptions would only bring good. The patient would save tremendous amounts of money, would not be burdened by side effects, or suffer addiction to their medication.

At the end of all drug commercials the announcer reads off a list of possible side effects that are usually anything from mild discomfort to death. These medications have serious risks attached when they are prescribed to the patient. Many of these medications have the power to worsen the symptoms that the patient is taking the medication for. Placebos on the other hand produce no side effects that would harm the patient. In addition to this the patient cannot become addicted to a placebo. Many of the drugs that are used as painkillers and attention deficit disorder medications can be extremely addictive. When the patient stops taking the medication their withdrawal symptoms can include depression, psychotic episodes, suicidal thoughts and many other terrifying effects (7 Highly Addictive Prescription Drugs).  When Dr. Irving Kirsch, who has studied placebos for a majority of his life, was asked what an advertisement for a placebo medication would look like he responded, “A genuine placebo medication tested in more clinical trials than any other treatment. So powerful it’s a standard by which all medications are tested. So effective it’s used in the treatment of thousands of ailments. Safe enough to be given to infants, the elderly, and pregnant women. And I have to warn you it may put you off medications that produce side effects. Remember if it's a placebo, you can believe in it” (Kirsch). Kirsch touches on all of the wonderful benefits that placebos can offer, like being a non-addictive alternative with no side effects while doctors search for the perfect drug that is safe for its patients.

With all of this information compiled it becomes clear that the placebo therapy can one day be a legal and valid part of medical care and that the American Medical Association was incorrect in prohibiting placebos. The American Medical Association should place a new strict rule in place, which allows the use of placebos if doctors are faced with no other viable options for the patient. This rule would ensure that doctors would not try to make their job easier by only prescribing placebos. Doctors should be required to ask if the person would like to be put on this medication, but not have to explain that it is a placebo. This way patients could choose if they would like to be put on the medication, and have the security of taking medication or go without it. The deception done by the doctor, if done in the right way, will in no way harm the patient or their autonomy. Now is the time for the American Medical Association to accept placebos and that the prohibition of placebos are beneficial to no one and that they are an effective treatment (Foddy pgs. 11-12).

Works Cited

AMA. “Use of Placebo in Clinical Practice.” *Selecting & Using a Health Information Exchange | AMA*, American Medical Association, [www.ama-assn.org/delivering-care/use-placebo-clinical-practice](http://www.ama-assn.org/delivering-care/use-placebo-clinical-practice).

Aschwanden, Christie. “Experts Question Placebo Pill for Children.” *The New York Times*, 2018 The New York Times Company, 27 May 2008, www.nytimes.com/2008/05/27/health/27plac.html.

Berlin, Abby d'Arcy Hughes in. “Half of All German Doctors Prescribe Placebos, New Study Shows.” *The Guardian*, Guardian News and Media, 6 Mar. 2011.

Elliott, David B. “The Placebo Effect: Is It Unethical to Use It or Unethical Not to?” *Ophthalmic and Physiological Optics*, vol. 36, no. 5, 2016, pp. 513–518., doi:10.1111/opo.12315.

Foddy, B. “A Duty to Deceive: Placebos in Clinical Practice.” *American Journal of Bioethics*, vol. 9, no. 12, Dec. 2009, pp. 4–12. *EBSCOhost*, doi:10.1080/15265160903318350.

Gage, Suzi. “The Ethicality of Prescribing Placebos.” *The Guardian*, Guardian News and Media, 25 Mar. 2013.

Goodman, John C. “Figure 2f from: Irimia R, Gottschling M (2016) Taxonomic Revision of Rochefortia Sw. (Ehretiaceae, Boraginales). Biodiversity Data Journal 4: e7720. Https://Doi.org/10.3897/BDJ.4.e7720.” Are Placebos Ethical?, 21 Oct. 2014, doi:10.3897/bdj.4.e7720.figure2f.

Howick, Jeremy, et al. “Are Treatments More Effective than Placebos? A Systematic Review and Meta-Analysis.” PLOS ONE, Public Library of Science, 15 May 2013, journals.plos.org/plosone/article?id=10.1371/journal.pone.0062599#references.

Kamala, Tirumalai. “Should Doctors Prescribe Placebos?” Quora, 9 Dec. 2017, [www.quora.com/Should-doctors-prescribe-placebos](http://www.quora.com/Should-doctors-prescribe-placebos).

Kapp, Marshall. “Prescribe Fertility Drugs with Care.” *Drugs & Therapy Perspectives*, vol. 5, no. 10, 1995, pp. 371–405., doi:10.2165/00042310-199505100-00005.

Kirsch, Irving. “The Emperor's New Drugs.” Exploding the Antidepressant Myth. *The Real Truth About Health*, 14 Feb. 2016.

Lim, E. C.-H. (03/2007). "Attitudes of medical students to placebo therapy". *Internal medicine journal* *(1444-0903)*, 37 (3), p. 156.

Stein, Jill. “Most Patients Okay With Using Placebo to Treat Depression.” *Medscape*, WebMD, 16 Mar. 2011, www.medscape.com/viewarticle/739066.

Torrey, Trisha. “Placebo Prescriptions: Recent Research and Ethical Implications.” Verywell Health, Verywellhealth, 11 June 2018, www.verywellhealth.com/placebo-prescriptions-when-your-doctor-fakes-you-out-3969750.

Vaesa, Janelle. “The Placebo Effect: Cures and Side Effects From Sugar Pills.” *Decoded Science*, 20 Mar. 2013.

“7 Highly Addictive Prescription Drugs.” *Michael's House Treatment Centers*, Foundations Recovery Network, www.michaelshouse.com/prescription-drug-addiction/highly-addictive/.