Framing Believe Placebos Healthcare Effect in Hospital

Erlina Puspitaloka Mahadewi[1,*], *Reza Hilmy*[2]
[1,2]*Department of Public Health, Faculty of Health Siences, Esa Unggul University Jakarta*
[*]*Doktoral Program, Mercu Buana University Jakarta*
erlina.puspitaloka@esaunggul.ac.id

ABSTRACT

The placebo is often involving in the clinical trials context like impact or effect from it. Study background are data exist problem on the placebos effect in the routine healthcare and or clinical practice at hospitals in Indonesia. Objective this aim research is to describe academic physicians who often to use placebos and their beliefs, about placebo also the placebo effect.

Design of the study use two stage of experiment research method involving survey of physicians from medical schools in Jakarta area. Physicians had a variety of explanations to make more calm patients and as supplemental. The result are forty five percent in healthcare clinical practices, reported had used placebo, believed that placebos can have therapeutic effects in almost eighty five percent of respondents, up to thirty five percent placebos could benefit patients physiologically especially for certain healthcare problems, and twenty five percent should be categorically prohibited is use in routine medical care.

Believe in or with placebo treatment, respondents giving at least one type of healthcare treatment in a situation, also thirty two percent where there was no clinical evidence. Conclusion of this based on self-reported behaviour focusing in retrospective, may not be representative of Indonesian physicians.

Keywords: clinical practice, hospital, healthcare problem, physicians, placebo effect

1. BACKGROUND

Lately, there has been an interest increased in exploring placebos and the placebo effect. Between the years 1992 to 2002, the National Library of Medicine reported an annual average of 3,972 scholarly articles that include the keywords "placebo," "placebos," or "placebo effect." Year 2000, the National Institutes of Health sponsored a conference called "Science of the Placebo," which brought together 500 medical scholars, researchers, and clinicians. Benedetti showed that a placebo intervention could lead to the production of endogenous opiates when used as a form of patient analgesia.

The opiate antagonist naloxone reversed the analgesic effects of the placebo. Other investigators provide evidence that placebos have effects, including specific physiologic consequences. The review of results from over a hundred clinical trials that included placebo and no treatment groups "found little evidence that placebos in general have powerful effects,"

Despite this heightened interest in placebos, there have been few studies published on placebo use outside of clinical research trials. Only two American studies on placebo use in clinical practice were published in 1979. A study, the majority (78%) of physicians from 2 university teaching hospitals had administered at least 1 placebo for pain relief and 60% believed placebos could be used as a diagnostic tool to determine whether patient symptoms were "real." In year 1979, only 1 additional USA study examined placebo use. The majority of medicine interns in a single residency program reported they were aware of placebo use in clinical practice, but only 16% had ordered a placebo. There has been no significant research on placebo use by Asian physicians in over a quarter of a century, this study developed to an explore physicians' current use like knowledge, attitudes, and beliefs about placebos and the placebo effect.

2. METHOD

Experimental Research

Two stages of experiment method with design questionnaire items measure how physicians define a definitions of placebo, use of placebos outside of clinical trials, information given to patients who receive a placebo treatment, perceived therapeutic value and benefits of placebos, then some of circumstances accompanying placebo use, perceived mechanism of action of placebos, and ethical stances about the use of placebos in routine care. Some of the experiment questions were adapted from previous studies.

3. SAMPLES

This experiments studies give distributions of responses, and we tested associations among physician demographic variables, the frequency of placebo use, and beliefs regarding the therapeutic value of placebos (Pearson Correlation). The percentage totals add up to more than 100% for several questions and situation of experiment to which physicians could give more than 1 (one) response in 2 stages of experimental studies. The invitation letters were distributed electronically using Perseus web-survey software to the faculty physicians at 2 of Jakarta area medical schools. The sampling frame included all Jakarta area department of medicine physician faculty who publicly listed their

email contact information (representing over 90% of the total faculty).

Subjects received an email invitation explaining the purpose of the study, the guarantee of anonymity and an individualized online link to the research questionnaire. A maximum of 2 reminder email letters were sent to physicians who did not respond initially unless they were "away from email" in which case they received another round of reminders.

The Analysis

The respondents, 20% practice general Internal Medicine, 71% are subspecialty Internists, and 9% are other medical specialists. 70% percent of the respondents are male. The average age of the respondents is 45 years old. After an excluding the physicians who reportedly do not actively see patients, 88 (48%) of physicians invited to participate returned the response.

Loftus and Fries argue, however, even with increased reliance on bureaucratic tools such as consent forms, the purview of suggestion and expectation – core placebo components with continues to thrive. In fact, the insistence on full disclosure introduces a new, generally unappreciated variant of suggestion into our midst. In their unpublished pilot study. In Loftus and Fries show that patients who sign consent forms describing side effects (some of which are invented by this research) do in fact experience those side effects in response to placebo. Such as negative responses (i.e., "nocebo effects") overlap with certain placebo phenomena.

Placebo definitions by Physicians

Almost 50% of respondents endorsed the definition that a placebo is "an intervention that is not expected to have an effect through a known physiologic mechanism," 37% of the respondents chose "an intervention not considered to have a 'specific' effect on the condition treated, but with a possible 'unspecific' effect," 28% of the respondents chose "an intervention that is inert or innocuous," while 6% expressed other definitions, such as "an intentionally ineffective medical treatment" and "an intervention used as a control to test the safety and effectiveness of the active intervention of healthcare."

Placebo used in frequency

40% percent of respondents had used a placebo for healthcare clinical care with 15% doing so 1 to 10 times, 8% more than 10 times, and 22% not at all in the last year. When asked about the practices of other physicians and nurses, 80% of respondents believed their colleagues used placebos during routine care (60% "rarely," 18% "sometimes," 2% "often").

The Placebo Use

Physicians used placebos in a variety of circumstances. Of the respondents who used placebos, the most common reason was to calm the patient (18%) and as supplemental treatment (18%). Other reasons included "after 'unjustified' demand for medication" (15%), "for nonspecific complaints" (13%), "after all clinically indicated treatment possibilities were exhausted" (11%), "to control pain" (6%), "to get the patient to stop complaining" (6%), and "as a diagnostic tool" (4%). In addition, 80% of respondents disagreed with the statement, "I think a placebo intervention can help distinguish symptoms that have a psychogenic versus an organic origin."

Treatment Examples Given in Situations with No Demonstrated Clinical Efficacy

Forty-eight percent of physicians reported giving at least 1 type of treatment in a situation where there was no evidence of clinical efficacy. Among treatments given were antibiotics for viral or other nonbacterial diagnoses (33%), vitamins (20%), ibuprofen (12%), subtherapeutic doses of medication (7%), herbal supplements (5%), saline infusions (3%), prepared placebo tablets (2%), and sugar or artificial sweetener pills (1%).

Routine Healthcare with Ethical Use of Placebos.

Only 12% of respondents said that placebo use should be categorically prohibited. The rest indicated placebos could be permitted in certain circumstances, including when research supported its efficacy (46%), if the experience of colleagues supported it (9%), after notifying the patient he/she is receiving a placebo (21%), or if the physician anticipated the placebo would benefit the patient (31%). Some physicians expressed additional opinions such as, "after notifying the patient that he and or she may receive a placebo."

Information for Patient

Some of the respondents who reported after treatment using placebos in the course of routine healthcare, 24% introduced the placebo to the patient as "a substance that may help and will not hurt," 29% said, "it is medication," 18% said, "it is medicine with no specific effect." Only 5% of the physicians explicitly said, "it is a placebo." In addition, 33% of the physicians reported they gave other information to patients including, "This may help you but I am not really sure how it works."

Benefits of Placebos in Healthcare

Almost 90 % of physicians believed "placebos have therapeutic effects" (21% "rarely," 58% "sometimes," and 16% "often"). In a similar question, 95% of physicians believed that "the placebo effect is real" (68% "agreed" and 27% "strongly agreed"). Physicians were asked what types of health problems could benefit from placebo interventions and whether the perceived benefits were psychological, physiological, or both. Results to these questions are in different stages of experiment.

Variables Relationship

There were no statistically significant associations between physician demographics (specialty, age, and gender) and frequency of placebo use or beliefs regarding the therapeutic value of placebos. Physicians who reported using a placebo were more likely to believe in the therapeutic value of placebos (pearson correlation = 0.189, $p < .01$).

4. DISCUSSION

This is the latest study examining Indonesian physicians' use of placebos in clinical practice in the 21st century. Forty-five percent of physician respondents from medicine departments of Jakarta area medical schools was used. This 2 academic medical schools in Jakarta Indonesia reported that they had prescribed or administered a placebo.

The circumstances accompanying placebo use varied, as did the explanations given to patients at the time of a placebo intervention. Furthermore, 48% of

physicians reported giving a treatment to patients in situations where there was no demonstrated clinical efficacy. This study indicates a need for greater recognition of the use of placebos and unproven therapies and discussion about its implications.

Eight previous survey studies of hospitals-based physicians or nurses showed that between 10 and 80% of respondents had used placebos in clinical practice. Some of the 2 most recent studies, the prevalence of placebo use was over 50%, and the majority of respondents agreed that use is ethical under certain circumstances. In the broader ethics literature, some commentators on informed consent and nondeceptive therapeutics caution against the use of placebos in medical practice. Others propose that the placebo effect can be harnessed in various therapeutic contexts that do not pose ethical dilemmas.

History of science that Anne Harrington placebos with a broader category of interventions and factors that affect "psychobiological functioning."

Anthropologist Daniel Moerman, 2002 conceptualizes the placebo effect in terms of "the meaning response," defined as "the physiological or psychological effects of meaning in the treatment of illness". Just 28 years ago, Goodwin, 1979 et al. reported that the majority of academic physicians thought placebos could help determine whether a patient's symptoms were "real" or if the patient was "faking." For instance, in this study our physician respondents generally believed that placebos have therapeutic effects and do not help differentiate between psychogenic versus organic symptoms. The recent data study support that a growing number of physicians believe in a healthcare, hospitals, mind and body connection.

The study absolutely has limitations. Like some respondents may have misreported their use of placebos. The given, the convenience sample studied, the results of this study may not be representative of Indonesian physicians in general. Whereas the guarantee of anonymity aimed to eliminate reporting bias. Given the data are self-reported and retrospect, our results are subject to recall bias. Additional studies are indeed necessary to assess the routine use of placebos outside of academic medicine and in other geographic or others knowledge regions.

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