



Use of placebos by New Zealand doctors

In 1982, the use of placebos in New Zealand general practice was investigated and it was found that “almost all GPs surveyed would deliberately use a placebo under certain circumstances”.¹ Given the implicit deception, it has been suggested that placebo use could harm the doctor-patient relationship.^{2,3} However, a recent New Zealand survey suggested that “patients seem to consider placebo use appropriate”, at least “when it is for the benefit of the patient, at the patient’s request or there seems to be no available alternative treatment”.⁴

When a recent request to the Medical Council of New Zealand about placebo use revealed that no guidelines currently exist (personal communication), we decided to again survey New Zealand doctors regarding their use and beliefs about placebos.

Methods—A non-probability sample of New Zealand registered medical practitioners was recruited via an online medical research review website (n=15), by direct email (n=25), and by conventional post (n=117) from a register of all general practitioners located in Western Bay of Plenty and the lower North Island.

Questions were asked about: frequency of placebo use; type of placebo use; information provided to patient; belief about placebo effectiveness; and, reason for using placebo. Response options were closed format, although each question had the option to provide further information. Two questions from the 1982 survey were included to enable comparisons over time.

Results—Respondents were 62 (39.5%) female and 95 (60.5%) male registered medical practitioners with a mean age of 51 years. When asked to state their speciality, 137 (87.3%) stated GP, 10 (6.4%) medicine, and 10 (6.4%) ‘other’.

Seventy-eight (49.7%) of respondents reported that they had administered or prescribed a placebo, defined as treatments where there has been no demonstrated clinical efficacy, in the previous year, and 45 (28.7%) reported they had never administered or prescribed a placebo (see Table 1).

Table 1. Frequency of prescribing or administering placebo

Frequency	Number	%
More than 10 times in the last month	2	1.3
More than 10 times in the last year	22	14.0
1–10 times in last year	54	34.4
Not at all in the last year	33	21.0
Never	45	28.7
Missing	1	0.6
Total	157	100.0

The most commonly used form of placebo was antibiotics for viral or other non-bacterial diagnoses (108), followed by vitamins (61), herbal supplements (19), sub-therapeutic dose of medication (14), saline infusions or saline intramuscular injections (3), and sugar or artificial sweetener pills (3). There were 25 ‘other’ responses (e.g. Bach’s flower rescue remedy).

The most common information given to patients about the placebo was that ‘it is a substance that may help and will not hurt’ (53). Other responses were that ‘it is medication which will improve their symptoms’ (16), ‘it is medicine with no specific effect’ (5), ‘it is a placebo’ (2), ‘nothing’ (12), and ‘other reasons’ (21).

Six (3.8%) respondents reported that placebos have no therapeutic effects whatsoever and 10 (6.4%) believed effects occur rarely, whereas 91 (58%) of participants believed they occur sometimes and 46 (29.3%) believed effects occur often.

The most common reasons for administering or prescribing placebo were after unjustified demands for medication, for non-specific complaints, and after all clinically indicated treatment possibilities were exhausted. Alternative responses for administering or prescribing placebos are reported in Table 2.

Table 2. Reasons for administering or prescribing a placebo

Situations where placebo prescribed	Frequency	%
After “unjustified” demand for medication	53	33.8
For non-specific complaints	39	24.8
After all clinically indicated treatment possibilities were exhausted	37	23.6
To calm patient	26	16.6
To get patient to stop complaining	19	12.1
As a diagnostic tool (i.e. to distinguish between psychogenic and organic causes of symptoms)	14	8.9
Other	14	8.9
To control pain	7	4.5
To buy time before next regular dosage of medication	5	3.2

Table 3 summarises the questions that were repeated from the 1982 survey.

Table 3. Questions from the 1982 survey

<i>Would you consider administering a bandage or dressing to a painful area (especially for a child) to relieve pain and anxiety, even though this action will have little known effect on the injury?</i>	Answer	1982 (%)	2009 (%)
	Definitely not	5.4	3.8
	As a last resort	10.8	23.6
	On rare occasions	45.9	9.6
	Fairly frequently	16.2	22.9
	Definitely appropriate	21.6	34.4

<i>You suspect a patient of being a malingerer, would you consider the use of a placebo to determine if their pain is organic or not?</i>	Answer	1982 (%)	2009 (%)
	Definitely not	35.1	15.9
	As a last resort	18.9	3.8
	On rare occasions	27.0	54.8
	Fairly frequently	5.4	2.5
	Definitely appropriate	13.5	17.8

Discussion—Around three-quarters of New Zealand doctors who completed the survey reported having administered or prescribed a placebo, around half of respondents had done so in the previous year and 1 in 7 had done so more than 10 times in the previous year. Comparison with the 1982 survey suggests that use of placebos has if anything increased over time. These findings are similar to those from a recently published survey of 12,000 USA doctors which found that around half prescribed placebo treatments on a regular basis.⁵

Our findings suggest placebos are used to placate patients for whom active interventions are either not available or have been exhausted. Given that placebos clearly do have effects, we consider such use to be consistent with medical ethics so long as the doctor considers their use to be in the best interests of the patient.

However, we are concerned that ‘antibiotics for viral or other non-bacterial diagnoses’ was the most commonly prescribed form of placebo, as this leads to an increased risk of antibiotic resistance in the community and also risks side effects for the individual. The use of antibiotics as placebos suggests that guidelines from the Medical Council regarding the use of placebos would be useful.

Our survey findings are limited by the sampling methods used. However, we believe that these findings are likely to be broadly representative of placebo use in New Zealand and warrant further research, debate, and official guidance for doctors.

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