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Clinical Strategies for Maximizing the Placebo Effect

TO THE EDITOR:

The survey of family physicians regarding their use of placebos and their promotion of the placebo effects from Kerman et al¹ is another contribution to round off the picture of placebo use of health professionals.² The authors concluded that “physicians’ more sophisticated understanding of the mind-body connection has not translated into optimal clinical strategies for maximizing the placebo effect while avoiding harm.” I suppose that many physicians already know some strategies to harness placebo effects as confirmed by the current survey: listening carefully, expressing concern for the patient, spending extra time with a patient, etc. But this takes time. In many countries, the financial compensation for talking to patients is almost ridiculously low compared to the compensation for diagnostic procedures. The medical faculty should not stop aiming toward a fair compensation for the physician-patient interaction. A big challenge for physicians is to use this time properly.

Further, if we think about clinical strategies for maximizing the placebo effect, we inevitably arrive at the question of the integration of complementary and alternative medicine (CAM) into orthodox medicine. Many scientists assume that the clinical effects of CAM are mainly or exclusively due to placebo or context effects. Given the high popularity of CAM treatments like acupuncture or homeopathy, we should think about whether we should try to develop criteria for the circumstances under which it would be acceptable that physicians harness placebo effects by using CAM. The whole issue number 12 of *The American Journal of Bioethics* in 2009 discussed the pros and cons of the American Medical Association’s report on placebo use in clinical practice, but the link to CAM was not mentioned or explored.³

Another consideration refers to the question of circumstances of placebo use in the survey of Kerman et al. The authors included nine different circumstances of placebo use in that question but forgot the possibility that by using placebo treatments, the physician can intend to receive a therapeutic advantage by the placebo effect. In our Swiss survey of primary care providers, 48% of the participants admitted to having this intention—a percentage that is higher than all the other mentioned circumstances.⁴ Without including this point in the addressed question, the image can arise that family physicians mostly use placebo treatments to serve their own interests, eg, to get rid of demanding and difficult patients.

Prudent recommendations from medical authorities might be useful to help physicians reflect and avoid unprofessional behavior like using placebos as diagnostic tools or getting patients to stop complaining. Such

recommendations could point out strategies for maximizing placebo effects and give examples for appropriate informed consent to treatments that are not evidence based but could help patients by supporting their self-healing capabilities.

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The Family Practice Pledge

TO THE EDITOR:

I was moved by “The Family Doctor’s Pledge” by Brett White, MD.¹ Our office used it as a launch point for creating our own “pledge” to our patients. We think it speaks to the breadth and depth of care in an age of patient-centered medical homes and teamwork:

We are your health center team.

We want to work with you to help you be as healthy as you want to be. We want to help you live a healthy life by staying well and avoiding sickness.

We look at you as a whole person. We understand that your health is related to what is happening with your family, your work, and your community. We will do our best to understand your body, mind, and spirit. We will use all possible resources to prevent disease for you. We will work closely as a team of nurses, doctors, counselors, and other specialists. We will talk to you about habits, diets, living situations, and lifestyle choices. With all of these tools, we will work with you to make choices to live a healthy and satisfying life.

We will also strive to find disease early, and if we find disease, we will make decisions with you to find the best way to treat it while making care affordable. We will only order medicine when your body is not able to heal itself. We will promote natural treatments like a healthy diet and exercise. We will do our best to keep you out of the emergency room and the hospital by making it easy to see our care team. If you are hospitalized, we will help coordinate your care there too.