be extremely difficult for them to admit, even to themselves, that their job may include promoting health through the placebo effect. Now suppose that a doctor does allow, however grudgingly, that a treatment he knows to be a placebo helps some patients. Should he enthusiastically prescribe it? After all, the physician's enthusiasm for a treatment can play a real role in its efficacy.

Here's another question about our national commitment to health care. America already spends more of its GDP per person on health care than any other Western nation. How do we deal with the fact that expensive medicine (the 50-cent aspirin) may make people feel better than cheaper medicine (the penny aspirin). Do we indulge people's irrationality, thereby raising the costs of health care? Or do we insist that people get the cheapest generic drugs (and medical procedures) on the market, regardless of the increased efficacy of the more expensive drugs? How do we structure the cost and co-payment of treatments to get the most out of medications, and how can we provide discounted drugs to needy populations without giving them treatments that are less effective? These are central and complex issues for structuring our health care system. I don't have the answers to these questions, but they are important for all of us to understand.

Placebos pose dilemmas for marketers, too. Their profession requires them to create perceived value. Hyping a product beyond what can be objectively proved is—depending on the degree of hype—stretching the truth or outright lying. But we've seen that the perception of value, in medicine, soft drinks, drugstore cosmetics, or cars, can become real value. If people actually get more satisfaction out of a product that has been hyped, has the marketer done anything worse than sell the sizzle along with the steak? As we start thinking more