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## Conduct and compassion

### Placebos in clinical care: for whose pleasure?

**M**onte Morris is making a slow recovery from injuries sustained in an automobile accident. His neck injury and crushed ankle were not life-threatening, but the latter needed extensive surgery, and a long course of rehabilitation lies ahead. Although not unpleasant, Mr Morris is somewhat demanding, especially when it comes to his pain medication, which he requests earlier every day. His family visits frequently and teases him good-naturedly about his reputation for hypochondria.

Shelly Steel, the day nurse, asks Dr Gilman about increasing Mr Morris's dose. Dr Gilman proposes that they "try an experiment" first. He writes an order for a saline injection to be administered along with Mr Morris's next scheduled dose of pain medication. "Let's see if that gets him through the next shift," he says. That afternoon when Nurse Steel administers Mr Morris's usual dose, she also gives him the injection, telling him that Dr Gilman ordered it earlier in the day. "Oh, good", he responds, "I hope it helps my pain. What is it?" Before Shelly can answer Mr Morris's daughter and grandson arrive for a visit. Shelly is able to make a quick exit, but her conscience nags her the rest of the day.

A placebo (Latin for "I shall please") is an inert agent or treatment that may offer relief for reasons that are not well understood. It may be that some patients benefit when they strongly believe they are receiving medical therapy; others may benefit from the healing interaction between patient and health-care provider administering the

placebo. Although the placebo effect is well documented, it has become increasingly controversial in research and clinical care. In fact, some hospital policies expressly forbid use of placebos outside a research protocol.

Categorising placebos as inert substances contributes to the mistaken notion that their use is harmless. As this case illustrates, however, Dr Gilman's "experiment" requires a deception with great potential for eroding the patient's trust and the integrity of the medical team. His order requires that Nurse Steel and her colleagues either knowingly allow Mr Morris to believe that he is receiving a pain medication, or explicitly lie to him about its nature. At some point Mr Morris may discover that he has received sham therapy. He may then wonder what other aspects of his care plan are not as they appear, and the resulting mistrust may affect his future willingness to be cared for by health professionals.

Although metaphorically Nurse Steel is but the messenger carrying out Dr Gilman's orders, from Mr Morris's perspective she may be more guilty of betrayal, since her frequent interactions with him throughout the day provided more opportunities to reveal or perpetuate the deception. Nurse Steel may in turn come to resent Dr Gilman for putting her in the position of choosing between fidelity to authority and honesty to the patient. Just as Mr Morris's experience may taint his future relationships with doctors and nurses, the care of other patients may be negatively affected by unresolved loss of respect Nurse Steel develops toward Dr Gilman.

In addition to compromising the care of his injuries in this case, use of placebos may subtly, but importantly, alter the course of Mr Morris's future care. Placebos legitimise resentment providers may develop toward difficult patients, and give credence to characterisations of patients as demanding, non-compliant, and malingerers. In this case, Mr Morris's own family may unknowingly contribute to this stigma by their teasing. In any event, should such characterisations be documented in his medical record, they may result in future complaints being taken less seriously, and could impede diagnosis of serious health problems. Even assuming that his family's teasing is based on past behaviour, it does not mean that Mr Morris's requests for more frequent pain medication in this case are baseless. In view of the nature of his injuries and the relatively short time he has been admitted, it is unlikely that reasonable alternatives for pain relief have been attempted and proven ineffective. Resorting to placebos stigmatises the patient and stifles creative thinking by the care team.

Contrary to the promise of its name, placebo use in clinical care involves deception that is likely to harm relationships with patients and among providers. "Successful" use of placebos may be even more of a problem than placebo failures, since maintaining the placebo effect can perpetuate the deceit by lying or avoiding legitimate questions patients may have about possible side-effects, interactions with other agents, and other aspects of informed consent.

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