

Centre for Integrative Medical Training
In Association with the Centre for Integrative Care &
The Academic Department, Royal London Hospital for Integrated Medicine



Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

The Placebo Response

Part 2

The Placebo Response

Becoming a specialist homeopathic practitioner requires that you become comfortable with the ever-present interplay between treatment-specific effects and the so-called placebo response.



Russell Malcolm

Many people within modern health care have become uncomfortable with the placebo concept. Generally, western medicine has become increasingly focussed on the 'holy grail' of replicable treatment effects.

Perspectives

Placebo effects are therefore regarded, by some, as an inconvenient source of 'noise' and therefore a confounding factor which prevents scientific progress, rather than a natural and legitimate mode of healing.

Belief Systems

For some practitioners, researchers and medical commentators alike, their irritation and insecurity concerning placebo effects becomes entangled with other belief-systems.

These confounding belief systems include:

- standpoints on the current state (and future) of evidence-based medicine
- a fear of perceived charlatanism, whenever a rational biomedical model for action is lacking
- fixed ideas concerning the legitimate role of prescribers
- issues of control, standardisation and regulation
- moral codes for what is considered an 'ethical treatment'

Evidence - defined by attempts to dissect out, or control for, placebo effects

These perspectives prevent some practitioners from reconciling themselves to the contextual and subjective elements that are present in every consulting room and treatment room. Those with the weakest social skills, however, and those with research ambitions, may actively seek ways of underplaying, ignoring, or limiting the clinical importance of these complex contextual effects and the systems-phenomena that emerge from them.

Protocols defined by Evidence

For the practitioner, there can be a certain security in following protocol, particularly if they believe it to be evidence-based and especially so in an age when conventional treatment has become increasingly interventionist and many medical interventions are potentially dangerous in themselves.

Non-clinicians and theorists, appear to be particularly critical of clinicians who work outside protocol, or who attempt to actively contextualise, discuss and individualise a particular treatment line in partnership with their patient.

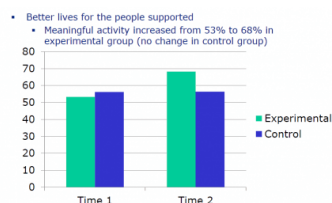
Individualisation and Empathy

Even the busiest clinicians, however, can work empathically and openly to address patient's fears, anxieties, misapprehensions and functional symptomatology. Commentators like Milton Cohen, see these activities as valuable augmentors of the placebo effect, rather than intrinsic qualities of humanistic medical practice.

Research supporting this therapeutic role of empathy is increasingly developed, but it is an entirely different evidence-base to the one that supports purely biomedical and surgical treatment modalities.

While it may legitimate to dissect out the placebo response in parts of the research arena, the clinic and treatment room still require full awareness and acknowledgement of the patient's experience and an empathic engagement with the *patient's* reality. Research evidence indicates that practitioner burnout leads to loss of empathy and an associated loss of therapeutic performance and effectiveness.

The best available evidence supports a treatment effect from homeopathy above placebo. So, we would argue it is



perfectly legitimate, ethical and humane to allow the entanglement between remedy effects and placebo effects to work together for the benefit of each patient, as they already do in all other branches of medicine.



Read the following article *Placebo and placebo Effect* by Milton Cohen:

[http://fpm.anzca.edu.au/documents/placebo-and-placebo-effect-2014-\(1\).html](http://fpm.anzca.edu.au/documents/placebo-and-placebo-effect-2014-(1).html)

Activity:



Consider the following quotes from the article you have just read:

First Quotation

'Placebo effects have been studied mainly with respect to pain but are involved in other clinical conditions.'

Question

What bearing might the available studies have on contemporary thinking concerning homeopathic responses in predominantly painless conditions like, for example, eczema?



Discuss:

Second Quotation

'The theory predicts that the experience of unsuccessful treatments may contribute to the extinction of the contextual component which in turn may attenuate the effectiveness of even powerful nonplacebos. This consideration implies that therapists should be aware of the effects of using treatments that have questionable efficacy. Furthermore the failure of placebo treatments which are believed by the patient to be nonplacebo treatments may lead to anxiety out of concern that the underlying condition is worse than appreciated. it follows that the use of known placebos for 'diagnostic' purposes is fundamentally flawed.'

If you later intend to study to membership level, you may wish to use the second extract above as the basis for a dissertation. At present, consider the questions raised by these points and write some notes below:



Activity



You may also wish to view popular documentaries on the placebo response. These have been pitched at a non-medical audience in terms of their arguments and discussion. It is worthwhile undertaking a critique of the documentary conclusions and the assumptions and methodologies they have used to arrive at their conclusions.

BBC Horizon: The Placebo Experiment - Can my Brain Heal my Body 2018
<https://www.dailymotion.com/video/x6vbq52>

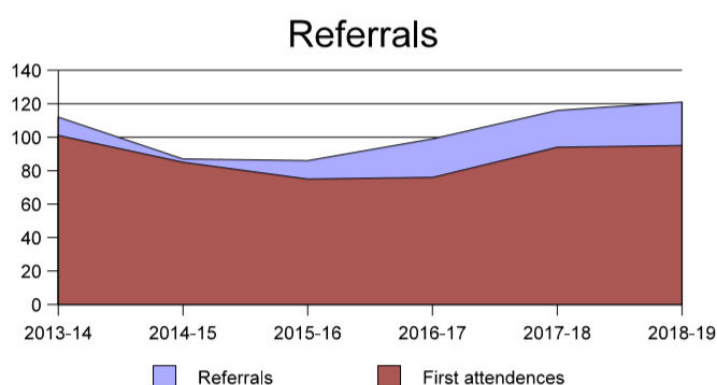
BBC Horizon: The Power of the Placebo 2016
<https://www.dailymotion.com/video/x3q4ale>

Patient Perspectives on the Placebo Argument

In spite of evidence to the contrary, the prevailing message to patients through the internet and media, at the moment, is that homeopathy is nothing more than a placebo response.

When this debate was at its height there was a perceptible slowdown in the referral rate to NHS homeopathy as reflected by the referral figures at a regional NHS clinic.

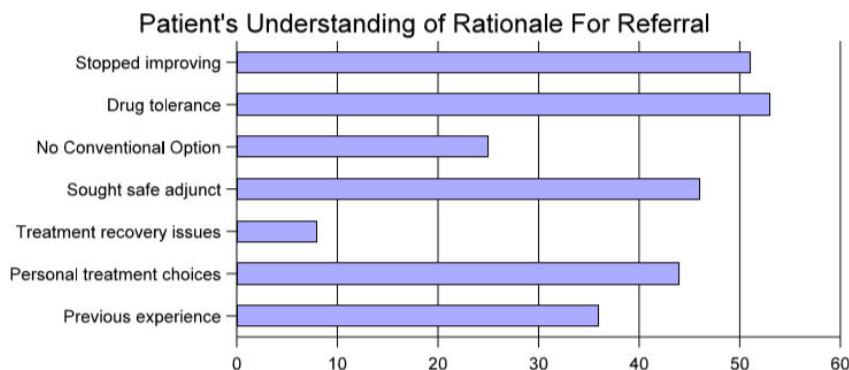
This dip in referral appears to have been temporary, however. Nevertheless, there is still some increase in the default rate for new patients, indicating that internet searches and media reports may have some influence on whether patients follow up on the referral that has been arranged for them.



Overall, in spite of the placebo debate, patient demand for homeopathy remains high and homeopathic pharmacies report healthy demand. A patient survey in 2018-19 looked at the patient's understanding of the reasons for their attendance for NHS homeopathy. The results were broadly similar to previous surveys at other centres. (see over >>)

The reasons I first came to the homeopathy clinic were: (tick all that apply):

- I had stopped improving with my conventional treatments
- I had problems tolerating conventional treatments
- There are no safe conventional treatments for my condition
- I wanted a treatment that would be safe to use alongside my existing conventional treatment
- I was slow to recover after hospital treatment and I was looking for something to help recovery
- I have always favored natural medicines, as the first choice, for my health problems
- I have had a good experience with homeopathy for a previous health problem



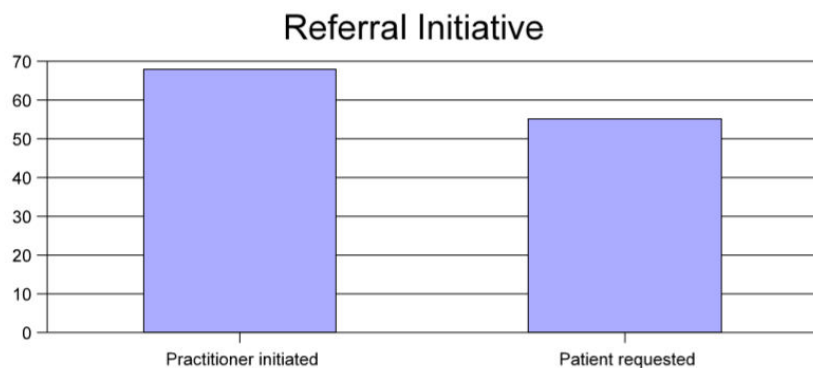
Practitioner Attitudes in the Face of the Placebo Argument

The same regional clinic asked patients whether their GP / Specialist / Specialist nurse prescriber had suggested referral for homeopathic treatment, or whether the patient themselves had requested it. Somewhat surprisingly, a small majority in 2018 reported that referral had been recommended by a health care professional.

This survey question was formulated to identify what proportion of patients in the current review cycle, were referred to the Homeopathy Clinic on the advice of a healthcare professional and compare this with those patients who sought/initiated a request via a healthcare professional. Our Patient Survey question was as follows:

Which of the following is true:

1. My GP / specialist / nurse* originally recommended the referral to the homeopathy clinic
2. I requested referral to homeopathy, and my GP / specialist / nurse* agreed to refer



Further Relevant Reading

Remodelling Medicine

JEREMY SWAYNE Saltire Books, 2012 HB, 507pp,
978-1908127006.

You Are the Placebo: Making Your Mind Matter

Paperback – 29 Apr 2014
Dr. Joe Dispenza
Publisher: Hay House UK (29 April 2014)
Language: English
ISBN-10: 1781802572
ISBN-13: 978-1781802571

How Not To Be A Doctor

John Launer
ISBN185315752X
(ISBN13: 9781853157523)

The principle of parity: the 'placebo effect' and physician communication

C Blease - Journal of medical ethics, 2012 - jme.bmj.com

Deconstructing the placebo effect and finding the meaning response

DE Moerman, WB Jonas
Annals of Internal medicine, 2002

The role of expectancies in the placebo effect and their use in the delivery of health care: a systematic review

R Crow, H Gage, S Hampson, J Hart, A Kimber... - 1999 - uhra.herts.ac.uk

How much of the placebo 'effect' is really statistical regression?

CJ McDonald, SA Mazzuca... - Statistics in ..., 1983 - Wiley Online Library

Benefits of the placebo effect in the therapeutic relationship

M Wall, S Wheeler - Complementary Therapies in Nursing and Midwifery, 1996 - Elsevier

The use of the placebo effect in clinical medicine—ethical blunder or ethical imperative?

N Biller-Andorno - Science and engineering ethics, 2004 - Springer

The power of context: reconceptualizing the placebo effect

FG Miller, TJ Kaptchuk journals.sagepub.com
Journal of the Royal Society of Medicine 2008 101:5, 222-225.