Should Placebo Treatment Be Used in the Clinical Setting for Pain Management? A Commentary

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Abstract

A placebo should not be used in clinical settings for pain management because it is associated with ethical dilemmas and also has detrimental health effects. It is illegal and immoral to fabricate, suppress and misrepresent information to the client, because concealing information has a considerable outcome on the patient-doctor relationship. The use of a placebo has a substantial negative impact on clients' health when they are actually in pain. However, a placebo has an impact on patients' expectations by activating a series of endogenous opioids that modify the experience of pain. While it is true that a placebo helps in reducing pain in some circumstances, we cannot just assume that a placebo always works effectively for all patients. The use of a placebo can compromise the patient's safety or underrate the potential risk associated with disregarding the patient's actual pain. The use of a placebo is ethically problematic as it falls under the concept of deception, and it is also injurious to misunderstand the actual pain that may lead to serious health consequences.

Keywords: placebo; pain management; placebo injections; nursing

Should Placebo Treatment Be Used in the Clinical Setting for Pain Management?

The administration of a placebo in clinical settings by healthcare professionals is always controversial and debatable. It is a medication or procedure that has been given only for psychological aid to the patients without any physiological advantage. The use of a placebo in a medical setup is 17–80% among physicians and 15–80% among nurses (Blease, Bernstein, and Locher 2020; Blytt et al. 2018). A placebo should not be used in clinical settings for pain management because it is associated with ethical dilemmas and also has detrimental health effects.

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Primarily, the use of a placebo in clinical settings should not be allowed as it is unethical and illegal. According to Hedau and Patond (2021), it is illegal and immoral to fabricate and misrepresent information to the client because concealing information has a considerable outcome on the patient-doctor relationship (Hedau and Patond 2021). Moreover, it is dishonest as the patient is uninformed that the treatment is not real, which is entirely immoral. If a patient becomes aware of this from any source, it may hurt client trust-building with healthcare providers. Furthermore, the patient may perceive the healthcare provider's behaviour as severely distressing. Recent practice in medicine reassures joint decision-making and shared agreement between the client and healthcare provider (Barbiani and Benedetti 2020). Hence patients have the right to know the complete information regarding treatment such as the medicine's name, purpose, therapeutic effects, and side effects. Hiding information deliberately by deception would destabilise mutual understanding and the trust in a relationship between patient and doctor. So, the use of a placebo in medicine should not be permitted as it contradicts ethical codes and moral principles.

The use of placebo is not only related to ethical dilemmas but also has damaging effects on patients' physical, psychological, and emotional health. A placebo has a substantial negative impact on physiological health when a patient is suffering pain (Uddin 2020). Physiological suffering includes hemodynamic instability, for example, dyspnea and tachycardia, which may lead to respiratory compromise. Referring to Yang et al. (2019), poor pain management is related to acute confusion, delirium, and long-term chronic pain syndromes that may lead to cardiopulmonary and thromboembolic complications (Yang et al. 2019). This means that if the healthcare provider presumes that the patient is depending on a specific pain medication and gives a placebo to ease the pain the patient is suffering, it may tend towards vital organ compromise such as a critical cardiac event. Hence, considering the serious health effects, placebos should be excluded from clinical practices.

On the other hand, researchers have argued that a placebo is acceptable when physicians have confidence in its therapeutic abilities (Wampold and Flückiger 2023). Thus, it is morally acceptable if the physician intends to treat the patient when the actual treatment does not work. Likewise, Colloca (2019) claims that a placebo has a significant psycho-neurological effect that has an impact on patients' expectations by activating a cascade of endogenous opioids that ultimately modify clinical consequences and symptom improvements. Hence, from Colloca's point of view, a placebo may be used as an effective therapy in controlling pain because it works as per patient expectations by releasing natural pain management hormones like endorphins. Therefore, a placebo has an impact on patients'expectations by releasing natural relaxing hormones.

To a great extent, the above findings are right, but a placebo is considered highly suspicious from an ethical perspective. It has been prohibited to administer a placebo without the patient's knowledgeable consent (Uddin 2020). Sufficient evidence has been provided by Annoni (2018) that healthcare providers commit to respecting the

patient's rights of autonomy and freedom to know the current nature of treatments and their effects. While it is true that a placebo helps in reducing pain in some circumstances, we cannot just assume that a placebo always works effectively for all patients. Another finding supporting this point is that a placebo can compromise patient safety or underrate the potential risk associated with disregarding the patient's actual pain (Ortega et al. 2022; Saadi et al. 2023). Furthermore, the use of a placebo can delay the patient's actual need for pain medication and lead to a serious threat to the patient's life. Likewise, healthcare providers always need to consider ethical principles and moral values accompanied by professional and personal ethics. For this reason, its implementation should not supersede patient welfare or underestimate the potential for harm.

It can be concluded that administering a placebo is ethically problematic as it falls under the concept of deception that disrupts the patient's independence and also endangers the doctor-patient relationship. Moreover, it is also injurious to neglect the patient's actual pain, which may lead to serious health consequences.

Implications for Nursing Practice

- Nurses have a professional obligation to provide evidence-based care to their patients. The use of placebos in pain management goes against this principle and can lead to a loss of credibility and trust. Nurses should not be promoting treatments that lack scientific evidence, and should instead be advocating for interventions that have been proved to be effective in managing pain.
- Nurses should advise patients about evidence-based non-pharmacological interventions, such as relaxation techniques or heat therapy, to manage pain.
- Institutions should develop policies that prohibit placebo use outside of a blinded, institutional review board-approved clinical trial in which informed consent is obtained, as well as policies that assist medical professionals who uphold these standards.

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