Survey Shows Wide Use of Active Placebos

BY ALICIA AULT
Associate Editor, Practice Trends

A survey of internists and rheumatologists suggests that prescribing active "placebos" is relatively common, even though ethicists generally frown on the use of such therapies, especially if the patient is not informed.

The survey was conducted by five ethicists from the National Institutes of Health; the University of Chicago; and Harvard Medical School, Boston, who said they were interested in exploring physicians' attitudes about placebo treatments because there is little systematic data on the topic (BMJ 2008;337:a1938 [doi:10.1136/bmj.a1938]).

They surveyed 1,200 randomly selected physicians, half of whom were internists, and half, rheumatologists; 679 physicians (57%) agreed to participate and received $20 for completing the survey. The respondents comprised 334 internists and 345 rheumatologists.

Depending on how the question was asked, 46%-58% of the physicians said they prescribed placebos on a regular basis, and 399 of 642 (62%) said it was ethically permissible to do so.

The study was somewhat deceptive, however, said Dr. Roy Altman, a rheumatologist in Agua Dulce, Calif., who was not involved with the study. The authors did not ask the physicians if they were merely going along with patients who were already taking placebos, Dr. Altman said in an interview.

He said that if a patient is taking a placebo that he knows is not harmful, he generally won't stop him or her. "I'm not supporting the practice of giving placebos," he said, adding, "[but] I think it's something that's a part of medicine and I don't think you can take it away."

The authors noted that, to avoid using the word "placebo," they began with broad questions. For example, they asked physicians to respond to a hypothetical scenario in which a dextrose tablet had proven superior to no treatment. Would they recommend it as a therapy for nondiabetics with fibromyalgia? Twenty-four percent of physicians (160 of the 654 who answered) said it was very likely they'd use the sugar pill; 34% (221 of 654) said it was moderately likely. But 31% (205) said it was unlikely and 10% (68) said definitely not.

They were then asked how often they recommend a therapy because they believe it will enhance the patient's experience. Fifty-nine percent (380 of 642) said it was permissible to recommend such a treatment; 31% (197) said it was permissible, but only in rare circumstances; and only 7% (46) said it was never permissible.

Finally, physicians were asked what therapies they had used primarily as a placebo treatment. Placebo was defined as "a treatment whose benefits derive from positive patient expectations and not from the physiological mechanism of the treatment itself."

Fifty-five percent of the respondents (370 of 679) said they had recommended—but not necessarily prescribed—some type of placebo in the past year. A total of 267 of 648 physicians (41%) prescribed over-the-counter analgesics, and 243 of 648 physicians (38%) prescribed vitamins. Sedatives were prescribed by 86 of 652 physicians (13%); the same number prescribed antibiotics. Saline and sugar pills were used by 18 of 623 and 12 of 642 physicians (3% and 2%, respectively).

When asked how these treatments were described to patients, 18% (62 of the 352 who actually prescribed placebos) said they were "medicine." About 285 physicians said they had not prescribed placebos. Only 18 physicians (5%) said they identify the treatments as a placebo. A large percentage—68%, or 241 of the 352—described the placebo as a medicine not typically used for the condition that might benefit the patient.

Neither age, sex, race, specialty, practice setting, nor geographic region was associated with having recommended a placebo.

An American Medical Association policy on the use of placebos is a bit murky; it advises against their use without the patient's knowledge or if the placebo could cause medical harm. A placebo can be prescribed "only if the patient is informed of and agrees to its use," but the physician does not have to identify the placebo, or explain its potential effect, according to the policy.

In an interview, Dr. Norman Gaylis said that he believes the use of active placebos is "an inappropriate way to treat a patient." Giving a patient naproxen, for instance, "has potential for significant side effects in the kidney, so that's not a placebo," said Dr. Gaylis, a rheumatologist in private practice in Aventura, Fla.

Although the placebo effect is well documented in medicine and can be effective, he said, "the first thing for us is to not harm our patients." ■

Medicaid Spending Likely to Outpace U.S. Economy

BY MARY ELLEN SCHNEIDER
New York Bureau

The price tag for medical assistance under Medicaid is expected to reach nearly $674 billion over the next decade, with the federal government picking up more than $383 billion of the cost, according to projections from the Centers for Medicare and Medicaid Services.

Under this estimate, which was part of the first annual actuarial report on the financial outlook of Medicaid, the program's expenditures for medical assistance are projected to grow on average 7.9% per year for the next 10 years, outpacing the 4.8% growth in the U.S. gross domestic product.

> **'If nothing is done to rein in these [Medicaid] costs, access to health care for the nation's most vulnerable citizens could be threatened.'**

"This report should serve as an urgent reminder that the current path of Medicaid spending is unsustainable for both federal and state governments," Mike Leavitt, secretary of the Health and Human Services department, said in a statement. "If nothing is done to rein in these costs, access to health care for the nation's most vulnerable citizens could be threatened."

Medicaid spending for fiscal 2007 was about $333 billion, with the federal government paying 57% of the cost and the states picking up 43%. The average per-person spending for medical services was $6,120 in fiscal year 2007, with more spent on older and disabled enrollees and less on children. The average per-person spending was $2,435 for nondisabled children and $3,586 for nondisabled adults, compared with $14,058 for older adults and $14,858 for disabled beneficiaries.

Average Medicaid enrollment also is expected to increase over the next decade, according to the report, from 49.1 million in FY 2007 to 55.1 million by FY 2017.

The projections are no surprise given the rising cost of health care overall, said Judith Solomon, senior fellow at the Center on Budget and Policy Priorities, a research organization that analyzes state and federal budget issues. For states, which pay a significant share of Medicaid costs, the 10-year projections are likely be mainly academic, she said, as they struggle to balance this year's budget in a worsening economy.

Future reports are expected to have longer-range projections and more extensive analysis, according to the CMS.

The data and assumptions of the report are based largely on three sources: data submitted to the CMS from the states; the boards of trustees of the Social Security and Medicare programs; and National Health Expenditure historical data and projections. ■

The full report is available online at http://cms.hhs.gov/ActuarialStudies/03_MedicaidReport.asp.