

Commentary

Attitudes Toward Placebo Use in Lebanon

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ABSTRACT

Purpose: Placebo use, both in clinical trials and patient care, is a problematic ethical issue surrounded by opposing arguments from those who advocate its use versus those who do not. This problematic aspect of placebo is more challenging in Lebanon where religious ideologies dominate people's beliefs, and where laws that guide medical care are vague. This paper aims to highlight the cultural ideologies that dominate medical care and the perspectives of people associated with the field.

Methods: The method relied on semi-structured interviews with religious leaders, representatives of society and healthcare professionals. Panel discussions incorporating healthcare professionals, academics, scientists and medical researchers were also organized.

Findings: The legal environment in Lebanon is characterized by lack of an appropriate legislative guideline that categorically clarifies the value of the human person in medical care. There is a lack of a common ethical standard within a society characterized by social and political dissent. The culturally upheld principles and actual application of the principles of ethics surrounding patient autonomy were overviewed. Medical practitioners failed to agree to a general outline that should guide the use of placebo where it became evident that each practitioner adopted a subjective framework which ultimately undermines patient autonomy.

Implications: The paper proposes that until a new legislative code that clarifies ethical principles properly guiding medical care is coined, the process of placebo use will continue to be subject to the paternalistic assessments of medical professionals. (*Clin Ther.* 2015;37:1138–1145) © 2015 Elsevier HS Journals, Inc. All rights reserved.

Key words: Cultural diversity, Lebanon, legislative codes, Placebo, patient autonomy.

INTRODUCTION

The use of placebos continues to be the subject of numerous ethical debates and challenges. Some scientists consider their use to be indispensable, focusing on their benefits both for patients and medical progress, particularly when used in clinical trials. Acknowledging the deceptive nature of placebos, their indispensability in clinical trials cannot be undermined. Placebo use cannot be discontinued, and the benefits derived from them might even outweigh the ethical costs involved. Streiner¹ claims that “placebo controlled studies are justified because the results are unambiguous, fewer people are exposed to ADR [adverse drug reaction] and the number of people receiving ineffective treatment is likely to be lower”. Although the Declaration of Helsinki emphasizes the rights of current patients, elevating them to the rights of future patients and thus denying the use of placebo when a working alternative exists, placebos are still used in clinical trials because the results of such studies appear scientifically and methodologically reliable. Moreover, in clinical trials (unlike in patient care), the researcher's main interest is not always that of the patient.

Pro-placebo arguments face many counterarguments, and the ethical use of placebo continues to be questioned. This is mainly the case in underdeveloped countries in

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which the notion of informed consent is vague. A national survey carried out in Lebanon in 2008 and targeting the clinical trials conducted in all operating and certified hospitals in Lebanon revealed that the patients enrolled in trials were not properly informed and the nature of their participation was not traced.² Zhang³ noted how placebo use in clinical trials is especially problematic in underdeveloped countries, where participation in trials might be the only way in which patients have a chance (and it is only a chance) of obtaining some useful medication, if at all. These patients constitute a vulnerable population because they are not in control of many aspects of their lives, including their health and medical care. This practice is led by deception and is ethically problematic even if some good is derived from its use.⁴

Groll⁵ even challenges the basic assumptions guiding placebo use (ie, that placebos are harmless and have no effect). The author argues that because placebos are used to manipulate the patient's psychological state, they have an effect and hence must be treated as medication with possible adverse reactions. The use of placebo involves trickery and deceit, which nullifies the whole nature of the "doctor-patient" relationship, the cornerstone of which is trust, and trust is indispensable for any health care action. Brody et al⁶ examined the use of placebo in this regard and highlighted the extent to which the use of placebo undermines the principle of shared decision making. The deceptive nature of placebos and the undermining of patient autonomy, trust, and consent seem to abound in the literature.^{7,8}

Despite the ethical challenges related to placebos, they continue to be used by health professionals who believe that their patient's symptoms are not biologically based. A study conducted in Iran, for example, revealed that placebo is used by an overwhelming majority of nurses working at a university hospital in Arak, Iran.⁹ Nurses admitted that they "lied to their patients about the kind of medication they were taking and 75% of the nurses admitted administering placebos. In fact, only about 20% of the nurses were against the use of placebos". The dominant perspective is that physicians and health care professionals know best and can make informed decisions about treatment, thus adopting a paternalistic attitude and weakening patient autonomy.

Placebo use in Lebanon remains underresearched. In a lone study conducted by Abou-Mrad,¹⁰ the

patients' perspectives were taken into consideration. The research targeted patients with oncologic and neurologic diseases. Most patients (68.6%) were adamant in their rejection of placebo even when no alternative medicine was available; this value rose to 78.6% when alternative medication was available. To the best of our knowledge, no study targeting the perspective of health care professionals is available to date, and given the total lack of interest in research on placebo use, addressing the problem becomes even more crucial.

The objective of the present article stemmed out of an interest in the topic of placebo use in research and daily clinical practice and the huge ethical challenge it poses amidst an absence of studies and a lack of interest in the topic. The use of placebo in Lebanon remains ignored, within both legal and medical groups. This article discusses the topic in a culturally diversified milieu, problematizes it, and brings it into focus, with the hope that future research will follow and trigger a public and professional discussion of placebo use. This study assessed the perspectives associated with the use of placebo in Lebanon within social and cultural contexts, focusing on the ideas and opinions of dominant Lebanese religious groups. These perspectives were juxtaposed with the ideas and perceptions of those in the science and medical profession to determine whether the ideas of the 2 groups are compatible.

MATERIALS AND METHODS

Placebo use continues to be problematic in Lebanon because it is not academically or legally addressed. To facilitate an approach to placebo use, the following factors were examined: (1) the Lebanese milieu; (2) the legal aspects; and (3) the health care professionals and scientists involved in research or clinical practice. The Lebanese social context is characterized by the religious sectarian nature of the country, in which all matters become the concern of religion and religio-political parties.^{11,12} Lebanon is a country composed of 18 officially recognized sects; each sect enjoys complete legal jurisdiction over the personal status of its members, creating a legal pluralism in the country.^{13,14} To assess the legal aspect, we reviewed literature regarding the legislative texts available related to the topic and identified the individuals engaged in the process of law making related to the medical and health care field. These individuals included: the religious leaders of the

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