Abstract
There is an ongoing debate between whether or not it is ethical for researchers to use placebos while studying terminal illnesses. Within this debate there are two parties, the party that believes that it is ethical and the party that believes that it is not. Both parties have many valid points and have very detailed arguments against one another. When deciding whether or not the use of placebos is ethical or not, you must first understand what a placebo is, and what the different types are. This paper goes over what a placebo is, what the different types are, and the main points that each party has. This paper also goes over whether or not the use of placebos is ethical. Of course every person has their own ethical opinion.

Introduction
A placebo can be defined in two different ways. A placebo is usually a pharmacologically inert preparation prescribed more for the mental relief of the patient than for its actual effect on a disorder; or as an inert or innocuous substance used especially in controlled experiments testing the efficacy of another substance (as a drug). There are also different types of placebos; there are inert placebos and active placebos. An inert placebo does not have any harmful or beneficial consequences caused by its “active” ingredients. Inert placebos can superficially mimic the “active” treatment by taste, shape and color. An active placebo is specifically designed and used to mimic some of the side effects of the intervention to further secure blinding in a study (Edwards, Stevens, Braunholtz, Liford, and Swift 1). There has been a “renewed interest” in active placebos in surgical trials. There is also a growing interest for active placebos in pharmacology as well. Placebos are now being used in research studies that are conducted on trying to find a cure for terminal illnesses. This brings up a strong ethical question on whether or not researchers should use placebos when treating terminal ill patients. With every ethical question there are two sides. There is a side that believes that it is ethical and there is a side that believes that it is not.

Positives
• Placebos should be used because they give patients reassurance and comfort (Miller, Colloca 43-44).

There are many treatments that are used as placebos that actually help the patients. Some treatments can include vitamins for various patients’ complaints, antibiotics for possible viral infections and also acupuncture for certain types of chronic pain (Miller, Colloca 40). Why should people be given all kinds of medication, when there are other options that help? Placebos are ethical because there are many other ways of helping a patient than just prescribing medication to every patient’s ailments. Placebos have also proven to be almost as good as “active” medication (Biller-Andorno 45). With people now a day’s becoming so dependent on medication, using placebos are a good way of helping people stay healthy.

• Placebos are used to help find new medication (De Zulueta 11-12).

When researchers are trying to figure out if a new type of treatment works better than the older one, they use placebos. For this to work, the patient also has to be reassured that they are the one getting the better treatment, even though they may not. Though this can be considered lying to the patient and breaking the sacred bond between the doctor and patient, they are doing it for the better of everyone else. In randomized studies to determine whether or not there is a new and better treatment to breast cancer, women would not trust the study, not to help themselves, but to help all of the future women that get it (Bach, 2011). Therefore, using placebos is ethical because though it might be hurting people now, they are using it to help people in the future.

• Placebos can also provide beneficial treatment to patients (Miller, Colloca 43-44).

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• Some placebo trials withheld a superior treatment option for patients (Biller-Andorno 6).

When random placebo-controlled trials were being used for HIV-positive pregnant women in developing countries, many women were deprived of available treatment (De Zulueta 9). These trials were doing more harm to individuals now than it would help individuals in the future because some women were not getting the treatment that they deserved. If there is a treatment that can save a woman and her unborn child’s life, it should be taken advantage of immediately.

• Even if the cheaper treatments that they are testing are for effective, some local governments refuse to use them (De Zulueta 9-10).

In South Africa, a large number of pregnant women are infected with HIV. Pharmaceutical companies are offering treatment for these women at a reasonable cost. However, the government will not implement this treatment due to possible denial that HIV causes AIDS (De Zulueta 10).

• The use of placebos often leads to mistrust between a patient and physician (Biller-Andorno 45).

Once a patient discovers that they were given a placebo instead of actual treatment, they feel as though their physician lied to them. Trust is extremely important for patients with terminal illnesses. They are in an extremely vulnerable state and put a lot of faith in the hands of their caregivers. If a particular doctor is willing to lie about the effectiveness of medication, what else are they lying about?

• The use of placebos instead of actual treatment goes against the duty of a physician (De Zulueta 11-14).

Doctors have the duty to give the best care possible to patients. According to the World Medical Association in the Declaration of Helsinki, every patient should be assured of the best possible diagnostic and therapeutic method (De Zulueta 12-13). Since there is no best possible method for a patient. It is unethical to knowingly give a patient with a life-threatening illness something that will have no physical effect on their well-being (De Zulueta 12).

Analysis
Doctors don’t only use sugar pills to give their patients a placebo effect. Some use drugs for other purposes. If a doctor uses an antibiotic as a placebo, the patient may benefit from its bacteria-destroying abilities but also experience unnecessary negative side effects (Miller, Colloca 3). Many people do not appreciate these. When a doctor gives a patient a placebo, they are not telling them the truth about the medication they are taking. As soon as the patient learns about the placebo, they will feel as though they have been deceived by someone they should trust. When a patient is being treated for a terminal illness, trust is especially vital as these patients are trusting doctors to save their lives (Miller, Colloca 3). While it is wrong to lie about the effectiveness of medication, it may be necessary for research. A placebo can only be effective if the patient is unaware that it is a placebo. Placebo effects can help determine whether a new medication actually works or if it works because the patient wants it to work. While the use of placebos may help cure a specific terminal illness, it will often require the doctor to be dishonest with their patient (De Zulueta 11-12). It is more important to cure one patient now, or pursue the possibility of curing many in the future?

Conclusion
Doctors do not need to lie to patients in order to discover whether a medication is effective or not. In order for the use of placebos in terminal illnesses to be ethical, patients must give consent. Simply telling research participants that they may or may not get a placebo, researchers can avoid being dishonest without giving too much away (Miller, Colloca 6). These placebos should not have any benefit to a patient’s health in order to determine the true effects of the treatment. Placebo trials can only be ethical if they do not deny available treatment to patients. Terminally ill patients have the right to get treatment. If it is available to them. When used properly, placebos can be extremely useful in research. While it is the duty of a physician to provide the best possible care to individuals, it is also the duty of researchers to discover technology to help stop these illnesses from growing.

References


