

Placebo prescription : really deliberately ? A qualitative study.

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CONTEXT: Placebo is a substance without any specific activity for the condition being treated. 70% of GPs prescribed it deliberately according to surveys, such as antibiotics, iron, vitamins. In France, Magnesium prescription rated 19,5 millions euros each year.

RESEARCH QUESTION :

METHODS: Qualitative explorative study. - semistructured interviews until saturation. 18 French urban general practitioners, purposive sample.

When french GPs decided to prescribe placebo, did they feel completely free to do it?

- evaluative assertion analysis
- expression analysis. Double coding.
- cognitivo-discursive analysis (CDA)³

RESULTS:

Speech disturbance :

placebo prescriptors (0.069) = 3 x non-placebo prescriptors (0.026) **CDA : social acceptability strategy, convincing technics**

PLACEBO, TIME AND MONEY

Placebo was used:

- to avoid long during counsultation

« Sure I can do it, but they'll have to pay me 100 euros ! »

«Teaching everyone what they should eat to feel better ? It's frightening ! »

- instead of convincing, counselling, educating, dealing with psychological problems, reported as too long for fee-forservice payment

« I feel lost with all these changes »

« I'm absolutely convinced that some kill more than they heal »

GPs BELIEFS ABOUT PATIENTS REQUEST GPs reported patients strongly asking for a pill when it may not the best treatment available.

KNOWLEDGE, EBM

- doubting about studies reliability, what was safe of not, powerful or not. - fearing known or unknown side effects of active substances. - criticizing EBM for being too complex : information about treatments was too hard to follow.

« It's nonsense going against their will ! »

Frustrating the patient would be bad for the relationship.

CONCLUSION:

- Prescribing placebo was not an open choice. GPs felt forced because of money issues, doubts about studies reliability and patients beliefs.
- other remuneration methods? mixed system fee-for-service and capitation?
- communication on evidence-base therapeutics ?
- promotion of non-pharmacological treatment in the population ?

(3) using Tropes software, developped by Molette P and Landré A., based on Ghiglione R research work.