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## At a Glance

Treatment of chronic illness has many parts. Therapy may be as much an art as a science.

A *placebo* is an effect, which brings about a result that is better than intended. It is often thought of as a *thing*, like a sugar pill. However, the *placebo effect* has importance to treatment.

A *nocebo* is another effect. Nocebo brings about a result that is worse than expected. A poor relationship with a doctor can have a negative affect on how a patient feels.

Along with a firm diagnosis and appropriate treatment, a successful doctor-patient relationship is an important part of healing.

In an earlier article (IFFGD Fact Sheet No. 172) I described the power of the placebo effect to enhance therapy, and its reliance on a successful relationship between healer and patient. However, a treatment administered by a healer may also have a bad effect. Any treatment may have a predictable risk, but a nocebo effect denotes worsening beyond the known risk – the adverse effect of a failed therapeutic relationship. Since this can result in sub-optimal health care, we should examine its causes.

Who has not been subject to the sickening effects of gossips or bullies who damage our self-esteem? All communities have had powerful individuals who through the force of their position and personality have the power to make people feel better ...or worse. Consultation with a healer is an important life-event, a therapeutic relationship where trust and empathy are implicit. Whether willful or careless, a healer might harm a patient through an unsatisfactory relationship.

## Placebo Side-effects

In a clinical trial where a new treatment such as a drug is tested, participants should know the possible adverse effects of the treatment. Because the trial must be blinded (neither participants nor therapists know who is to receive the test drug or the placebo) all the entered subjects are fully informed. Since humans are suggestible beings, some participants receiving the placebo will experience these effects. *Placebo side effects* are usually unimportant in themselves, but they do remind us of the harm that can come due to unnecessarily negative information. A too detailed description of adverse effects may lessen the benefits. A negative attitude on the part of the healer can have a nocebo effect.

## Nocebo Circumstances

Much of a placebo effect results from what we expect from a therapeutic encounter. If our previous doctor visits have been

satisfactory, and we trust the physician, we are more likely to be satisfied this time. If we are optimistic and positive, a better outcome is likely. It follows that if our expectations are low or we are depressed and pessimistic, the outcome may be less promising.

Self-scrutiny or heightened disease awareness can generate fears of serious disease, which if not dispelled, may dampen the benefit of therapy. As we age, our fear of heart disease or cancer increases. While heart disease is inevitable for some of us, and we should strive to recognize it, premature incapacity because of fear of a heart attack is counterproductive. Many patients with irritable bowel syndrome (IBS) fear they have cancer, but may fail to mention that fear to their doctor. If such fears are not resolved by reassurance and firm diagnosis, they may have a nocebo effect.

When a person seeks a doctor's help for a symptom, a firm diagnosis is an essential first step. Not only will a diagnosis permit administration of appropriate therapy, but it also may have a healing effect. Compared to IBS patients, most of whom were not given a diagnosis, those with a structural disease such as colitis or gallstones are less worried about cancer. They know what causes their symptoms. Ignorance breeds fear. Even if the diagnosis is cancer, its clear recognition may be a person's first indication that the doctors can come to grips with the problem. Diagnosis can itself be therapeutic. Lack of a diagnosis makes one confused and fearful.

However, undue emphasis on diagnosis among people not seeking health care may be less helpful. For example, prevention or awareness programs should not instill unjustified fear from listing *every* possible symptom. Rectal bleeding, while it demands investigation, is far more likely to be due to hemorrhoids or anal fissure than cancer. Fear of symptoms, needless trips to the doctor, fruitless tests, and potentially harmful treatments may be nocebo.

Short-lived or mild symptoms are part of our daily existence. Too much attention to them can make one ill. Many physicians recall suffering from the so-called *medical student's disease*. Encountering a new disease, inexperienced students commonly recognize its symptoms in themselves. Like all health care workers, they must work through their relatively early confrontations with sickness and mortality. Implanting a false sense of illness can have a nocebo effect. While a diagnosis can be therapeutic for an ill person, it may cause difficulty for a well person.

## A Failed Therapeutic Relationship

Just as trust, education, and compassion can enhance the placebo effect, their direct opposite can have nocebo effects. Too often, this results from a failure of communication. The information may be correct, but the doctor seems uncaring. The doctor may be unavailable at a critical moment, or seem to ignore, put down, or

fail to recognize a patient's urgent concerns. A healer may think she is understood, but the patient may misinterpret. Hurried and stressed physicians may appear to lack empathy and understanding. The critical element is time – time to evaluate, explain, reassure, and address every fear.

### **Nocebo Health Care**

Medicine is increasingly a business, and time is money. Many doctors work under conditions that demand that they see many patients. Health care organizations need to “process” many patients to meet their financial goals. In government-run health plans, doctor and funding shortages generate crowded clinics and long waiting lists. Work schedules designed to provide better lifestyles for doctors, often mean that patients see a different doctor each visit. Other patients move from specialist to specialist with no one in overall charge. The result can be an inconsistent therapeutic plan and the erratic use of tests and treatments. A doctor-patient relationship fails to develop. Medicine has made remarkable technological progress. However, over reliance on technology can compromise the basic need of an ill person to be cared for by an empathetic professional.

### **Malpractice Litigation**

Space does not permit ample discussion of this complex and perplexing issue. Our concern here is the nocebo effects of litigation, which is often the result of poor communication in the first place. In the course of medical care, accidents may happen, and most are not due to incompetence. Experts tell us that doctors could avoid most litigation if they explained fully and demonstrated care and concern. Fear of litigation can change physicians' behavior in unconstructive ways; leading some to avoid difficult cases, become wary and distant, defensively order excessive tests, or act in other ways that may not be in the interests of patients. A patient who litigates may feel victimized, find it difficult to find a doctor willing to care for him, and no longer trust any healer. A breakdown in the doctor-patient relationship can produce far-reaching nocebo consequences.

### **What Can a Patient Do**

Impersonal delivery of even very effective health care may be damaging. What can individuals do to remedy this? To be sure, medical schools need to emphasize the ideals that created their students' chosen profession. While understanding new medical technology, the rapidly increasing medical literature, and evidence-based medicine is called for, doctors who neglect the humanities do so at our peril. Young doctors need to understand how it feels to be a patient and to be fearful and ill.

Moreover, much of the problem is structural – a source of physician as well as patient dissatisfaction. Education and empathy takes time, and yet visits with primary care doctors may last as little as five minutes. Short medical encounters may lead to bad decisions such as unnecessary tests, or inappropriate prescriptions for, say, antibiotics. Lack of time has many causes; doctor shortages, fee for service where more visits yield more income, or health care organizations who need to serve many patients to satisfy their bottom line. As citizens, we can demand more time with our doctors and seek out health care that offers a steady relationship with a personal physician as well as access to specialist care. More time for interaction can save time and money through a more satisfactory relationship and more efficient use of medical technology.

As patients, we need doctors who will seek to understand our illnesses and fears, take the time to explain the therapeutic options, wisely offer judgment as to the best course of action, and maintain a relationship to us throughout the illness.

### **Conclusion**

Just as an empathetic, confident, and positive physician can elicit therapeutic benefits beyond those of a treatment, so a physician seen by a patient to have the opposite characteristics can impair them. As doctors, citizens, or patients we should seek out health care systems and physicians that provide time for successful doctor-patient interaction.

### **Further Reading**

Thompson WG. *The placebo effect in health: combining science and compassionate care*. New York: Prometheus, 2005.

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### **Tips on Talking to Your Doctor**

Research shows that a positive relationship with your doctor might lead to more satisfaction with your treatment. People get more benefit from a doctor's appointment if they have a good relationship with the doctor.

What can you do to help prevent a nocebo effect during your next doctor's appointment? The key is often good two-way communication.

Your doctor needs to understand your symptoms and concerns. Be prepared for the appointment by having key information ready and by asking questions. Here are some things you can do:

1. Begin by educating yourself. Learn as much as you can about the disorder or symptoms you are experiencing. Make note of any questions your doctor might be able to clarify for you.
2. Be ready to talk about your symptoms and other illnesses affecting your health.
3. Bring a list of any prescription medications, over-the-counter medications, or herbal supplements you take.
4. Consider bringing a written list of your concerns so you will not forget to ask an important question.
5. Do not be afraid to take notes during the appointment.
6. Be sure to discuss a treatment plan that is fitting for you.
7. If your doctor has already made a diagnosis, stop worrying that it is “something else.”
8. Do not hesitate to ask questions. It is imperative that you walk away from your doctor's appointment with a clear understanding of what he or she tells you.

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### **About IFFGD**

The International Foundation for Gastrointestinal Disorders (IFFGD) is a 501(c)(3) nonprofit education and research organization. We work to promote awareness, scientific advancement, and improved care for people affected by chronic digestive conditions. Our mission is to inform, assist, and support people affected by gastrointestinal disorders. Founded in 1991, we rely on donors to carry out our mission. Visit our website at: [www.iffgd.org](http://www.iffgd.org) or [www.aboutIBS.org](http://www.aboutIBS.org).

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