

## Placebo therapy for cancer-related pain: an alternative to psychotherapy or health misinformation?

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"The art of the physician is to keep his patient amused until she either gets better or dies."

Voltaire (1694-1778)

Maindet and colleagues advocate complementary and integrative therapies with an interdisciplinary team approach to offer optimal, personalized cancer pain management; as well as high-quality clinical trials to investigate their sustainability.(1) These proposals deserve robust comment.

First, most of the practices referred to in this review (e.g. acupuncture, healing touch, yoga, tai chi/qigong, mind-body therapies...) are neither rational nor supported by evidence for any effectiveness on relevant clinical outcomes.(2) Belief, however sincere, and high expectations cannot replace a physio-pathological basis for treatment.

Further, there is no justification for spending precious tax-payer money on futile research. While high quality clinical trials are always desirable, there is already a huge body of research which shows these interventions to be, at best, no better than placebo.(2)

Second, these practices create ethical hazards:(3) a) patients have a right to make therapeutic choices based on objective information. The placebo effect is weak and does not last long, even if theatricalized. Clinicians who provide such treatments are failing in their duty unless patients give informed consent to being treated by placebo. Placebo administration strengthens medical arrogance and infantilises patients, without providing an effective solution.

Third, the promotion of so-called complementary medicine nurtures misconceptions. Complementary practices are a slippery slope towards alternative practices which can have devastating consequences in patients suffering from cancer.(4)

“The truth is that healthcare systems too rarely provide adequate care for patients with cancer suffering from chronic pain. There is often limited availability of physical rehabilitation, psychological support and, above all, evidence-based behavioural therapy.(5)” Accordingly, the origin of this review, France, deserved specific comment. In France there is poor access to Medical Psychological Centres and psychotherapies are not reimbursed in private practice. (6) France has been ignoring the results of the English program "Improving Access to Psychological Therapies" launched in 2008 with an open access service without the intermediary of an attending physician (7). The health ministers of Quebec and Belgium quickly adopted this programme, investing 35 and 23 million Euros a year respectively. In Switzerland, health insurance reimburses psychotherapy. Worse, the French health insurance scheme has begun an experiment whose conceptual and methodological limits are such that one can reasonably ask the question whether it is not in fact a deliberate programmed failure.(8) Moreover, France has an abiding affection for unproven treatments. Unlike the English system, the mandatory French health care scheme continues to reimburse homeopathy. The French agency for drug safety (ANSM) has even recommended mind-body interventions, a practice without evidence for effectiveness for any condition, yet they propose it for patients with alcohol use disorders, a most serious condition where social and psychological support are again the cornerstones of the treatment.(9)

Medicine has proved effective, and in rising cadence, because it has adopted systematic evidence-based approach. It has learned to shun the sort of authority-based and anecdote-based approaches which dominated for thousands of years leading to treatments like cupping and bleeding which, even if popular with patients, probably killed more than they cured. How to justify that too many medical schools are still harbouring training about practices based on credulity, superstitions or faith in non-specific effects?

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