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The Good, the Bad, and the…Empathic

To the Editor:

Greville-Harris and Dieppe[1] are rightly concerned by patient-doctor communication, but their claim "nocebo is more powerful than placebo" deserves comments.

First, opposing placebo and nocebo is a misconception, and one cannot be more powerful than the other. Indeed, conditioning and expectation are the factors triggering a response, whether it is positive or negative. It is the cognitive information that produces the response, for both the level and the direction. Therefore, placebo and nocebo must not be opposed. Placebo is Latin for "I will please"; the doctor's duty is not to please but to help. Using placebo is disease-mongering.[2] Placebos do not have long-lasting or powerful objective clinical effects: The subjective patient-reported alleviation is small, observed in only one third of the subjects and only under certain conditions. In contrast, placebos strengthen medical arrogance and infantilize people; the backlash is quite damaging. The best way to help patients is by providing explanations and reassurance to promote autonomy.

Second, compassion must not be confused with empathy. Compassion is the emotion that anyone can feel in response to the suffering of others. Tearful thoughtfulness has never helped patients, and it is not taught. In contrast, empathy relies on a very effective method, the basis being motivational interviewing.[3] It includes reflective listening, reinforcing the patient's own expressions of problem recognition or concerns, and affirming the patient's freedom of choice.[3]

Several skills are pivotal for professional relationships with patients: Take time; be open and listen; remove barriers; let the patient explain; share authority; be committed…placebo cannot replace them. Last, poor professional relationships are not nocebo, they are malpractice.

Alain Braillon, MD, PhD
University Hospital
Amiens, France

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