

Goldacre's argument

1. Administering placebos to patients, and not informing them, has short-term benefits.
2. Administering placebos to patients, and not informing them, has long-term costs if many doctors do it (loss of public confidence).
3. The long-term costs outweigh the short-term benefits.
4. If ... then it is morally wrong for a doctor to do x.
5. Thus, if any doctor administers placebos without informing patients, that doctor has done something morally wrong.

Wells' argument

- i. Concealing side-effects of treatment that are likely to be nocebo effects from patients is beneficial.
- ii. Concealing nocebo effects is consistent with current medical ethics.
- iii. If ... then concealing x from patients is morally permissible.
- iv. Thus, if a doctor conceals likely nocebo effects of treatment from patients, this is morally permissible.

Evidence for ii

“novice doctors often perform procedures on patients without readily explaining their inexperience” (p8)

“A final example of how physicians do not always tell the “truth” to their patients, and perhaps the strongest example, is in regards to the concept of “number needed to treat.” When rigorous clinical trials are done to show the benefits of a medication in the treatment or prevention of disease, the results reveal the total number of patients that need to receive the drug in order to see a benefit in one person (e.g. “number needed to treat (NNT)”). When a doctor then prescribes a drug “to prevent stroke” or “treat hypertension,” she does not reveal the “scientific truth” that 10 (or even 100 or more!) patients need to take the drug in order for only one to receive this benefit. If such a truth of the therapeutic expectations were revealed, patient non-adherence would probably sky-rocket and their willingness to tolerate side effects would likely diminish.” (p9)