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The Ethical Homeopathic Placebo?

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Should doctors be allowed to prescribe homeopathic treatments on the NHS?

[John Worrall](#) looks at the scientific and ethical status of homeopathy.

GPs were long able to prescribe homeopathic preparations on the NHS. Within the past few months, the UK government has banned this practice (though the ban is currently subject to appeal). Is the ban on NHS prescriptions for homeopathic preparations justified? In [a previous post](#) I showed that there is, surprisingly, an evidence-based argument for allowing such prescriptions – though I never, of course, suggested that the argument was, on its own, compelling. Here I reconsider that argument, and also introduce ethical issues into the debate alongside the scientific ones to come to a view of whether or not the ban is justified.

As before, let me be clear: I do *not* “believe in homeopathy” – the theory behind homeopathy is as pseudoscientific as can be; and, so far as whether or not it works is concerned, there is no evidence that homeopathy outperforms placebo.

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However, homeopathic treatments, of course, do no worse than (acknowledged) placebo; and there *is* evidence for a real placebo effect for conditions like mild-to-moderate depression, irritable bowel syndrome (IBS), the common cold and (especially) pain (though also Parkinson's Disease and some other neurological conditions). So, while you certainly do *not* want to be taking homeopathic preparations if you are unlucky enough to have lung cancer, or congestive heart failure or any other major, non-neurological disease, there is evidence that those preparations can be effective if you suffer from one of the limited range of conditions I just cited (depression, IBS, pain ...); and so, contrary to a widely held view, prescribing placebos, in particular homeopathic placebos, is *not* (always) the equivalent of doing nothing.

But, even if homeopathic treatments can be effective, why should it be NHS practitioners who prescribe them? Why shouldn't patients be required to access those treatments *via* a private homeopath instead? Well, for one thing, a properly qualified NHS practitioner is much more likely than a homeopath to spot conditions that will not respond to a placebo and so more likely to ensure proper treatment of such conditions. But the central part of my earlier argument depends on an interesting, and again evidence-based, fact about placebos: that the effect of taking a placebo is, in general, greater if you don't know that what you are taking *is* a placebo. This is because a major part of the placebo effect is caused by *expectations* of recovery – expectations that activate the body's internal pharmacopeia (principally via discharge of endogenous opiates into the bloodstream). Patients who already have some degree of belief that homeopathic treatments are not simply placebos may have those expectations raised, and hence may experience a better result, if the treatment is prescribed, under the NHS, by an authoritative fully-qualified doctor.

In sum: there is scientific evidence that a homeopathic placebo may help a limited range of patients (those who are not sceptical about the theory of homeopathy but nonetheless accord greater respect to orthodox, rather than "complementary" practitioners), suffering from a limited range of conditions (depression, IBS, pain ...); and there is scientific evidence that the help those patients receive will be greater if they are not told that what they are getting is a placebo; that is, if they believe, against the scientific evidence, that taking the homeopathic preparation has some "specific" or "characteristic" effect beyond

placebo (and therefore qualifies for prescription under the NHS).

But surely medical practice needs to be ethical as well as evidence-based. Is it ethical to prescribe a placebo, even if it is likely to be effective? More specifically, is it ethical for a GP to prescribe what s/he believes to be a placebo while encouraging the recipient to believe that what s/he is receiving is a “regular medicine” with a “real” (more accurately: specific or characteristic) effect?

There is a widespread view that prescribing placebos is, in fact, downright unethical. Many would agree with Singh and Ernst (*Trick or Treatment: Alternative Medicine on Trial*, p.55) that “almost any form of treatment that relies heavily on the placebo effect is fraudulent”. But can a treatment of a patient really count as fraudulent or unethical if the evidence indicates that the treatment is effective for the patient’s condition? Naturally, if there is a treatment with a specific effect on the patient’s condition then, since that treatment can safely be assumed also to carry the non-specific placebo effect (especially if delivered by an empathic doctor), that treatment should, generally, be preferred to a “mere” placebo. And there is in fact now evidence that, for example, certain antidepressants are effective for IBS – a placebo-responsive condition. But what if you are a GP and your IBS patient does not want to take an antidepressant; or tries one and suffers unduly from side effects? Since there is strong evidence that placebos are somewhat effective for IBS, it would not only seem ethical to prescribe one for such a patient, it would seem unethical not to. (After all, one good thing about placebos is that they do not carry side-effects.)

For many, the crucial issue will be what the patient is told while being prescribed a placebo and specifically a homeopathic placebo. A “principle of autonomy” is nowadays widely considered to be an important ethical constraint on medical treatment. This principle, roughly speaking, requires the doctor to act, not as an external, decisive decision-maker, but rather as an advisor to her “patient” whom she must consider as an autonomous agent. What the principle more exactly entails is not at all clear, but it surely does ban as unethical outright lying to a patient, even if lying would be in the patient’s interests.

However, there is no need for a physician to lie to a patient when prescribing a

placebo. Kaptchuk pointed out some years ago that IBS patients, for example, could quite honestly be told the following:

I am prescribing you placebo pills made of an inert substance, like sugar pills, that have been shown in clinical studies to produce significant improvement in IBS symptoms through mind-body self-healing processes.

Kaptchuk's recommendation can be greatly improved (i) by dropping the implied endorsement of Cartesian mind-body dualism (a doctrine that has long been accepted as unscientific); (ii) by recognising that it is not the *pills* that produce the effect (how could they if they are 'inert'?) but rather the treatment (or "treatment ritual"); and finally (iii) by bringing it better in line with current conceptions of patient autonomy. Taking these into consideration, a patient in the situation we are positing can truthfully be told the following:

I am offering you a treatment involving taking placebo pills made of an otherwise inert substance, like sugar pills – a treatment that has been shown in clinical studies to produce significant improvement in IBS symptoms through activating and enhancing the body's self-healing processes.

This is undeniably honest and the evidence – perhaps surprisingly – indicates that giving that information to such patients will not entirely eliminate the placebo effect that the patient would have experienced had s/he been unaware that what they were receiving was a placebo. However, giving the information that the pill is inert, because it generally lowers expectations of a positive outcome, will very likely reduce that effect, and perhaps reduce it greatly.

Is this reduction in the placebo effect the unavoidable price of practising ethically? This is a tempting view, but I am not so sure. First, let's recognise that, since Kaptchuk made his recommendation for how to prescribe placebos ethically using IBS as his example, evidence has arisen that some antidepressants (marginally) outperform placebos for IBS. Suppose, however, that an IBS patient has not flourished on the antidepressant; and suppose that the GP knows that the patient is positively inclined toward homeopathy, and

says:

We tried you with the anti-depressant and you suffered side effects that you were unhappy with, so I would like to offer you instead a homeopathic pill that has been shown in clinical trials to have a positive effect on the symptoms of IBS. It seems to work via the activation of the body's self-healing processes, but, in any event, the evidence is that the treatment does work; and, certainly, it is unlikely to carry any side-effects.

Is it an affront to the patient's autonomy that this fails to add that the evidence-based view is that the homeopathic pill is a placebo, and that it might just as well be a sugar pill? It is not clear to me that it is.

On the other hand (philosophers, of course, possess an endless supply of other hands), what seems ethical often depends on how widely we construe the decision problem at issue. Perhaps if we concentrate simply on whether or not the treatment is likely maximally to ameliorate the patient's condition, we might be inclined to answer the above question "No: withholding information is not on an ethical par with outright deception and if, as in this case, withholding the information (that the homeopathic pill is a placebo) will likely increase benefit to the patient, then that's compatible with the autonomy principle and therefore ethically acceptable". Notice, however, that by acting in this way, the GP is knowingly exploiting a false belief that the patient has: the belief that homeopathic potions have effectiveness beyond the placebo effect. If the outcome of the treatment is indeed some relief of the patient's symptoms, then acting in this way is very likely to reinforce that false, indeed pseudoscientific belief. That, in itself, seems ethically suspect.

So, when we take a wider-screen view – one that takes into account the impact of the decision to prescribe a homeopathic preparation not just on the patient's symptoms but, more widely, on the health of his/her intellect – the ethics again become murkier. Indeed, my own view is that the ethical misdemeanour of giving encouragement to pseudoscience and of missing an opportunity to challenge a pseudoscientific belief outweighs any advantage to the patient of, say, an extra degree of relief from their symptoms of IBS.

In the end, then, I support the government's decision to ban NHS prescriptions of homeopathic preparations. But, as we have seen, the considerations in favour of the ban are much more complex and nuanced than the ban's supporters have supposed. Those supporters invariably claim that the ban is justified because homeopathic remedies have been "proven not to work". But this is plain false. What is true is that there is evidence that homeopathic remedies do not work any *better than placebos*. But placebos, and so in particular homeopathic placebos, do work – for a limited range of conditions. What the pro-ban lobby needs, and what the above supplies, is an argument for banning NHS prescriptions of homeopathic treatments, even though they work for the condition presented by the patient – that is, an argument for banning prescribing such treatments *despite the fact that they work*.

By **John Worrall**

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Further reading

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- Singh, Simon and Edzard Ernst, 2009. *Trick or Treatment?: Alternative Medicine on Trial*. Corgi.
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UK Homeopathy Regulation 20th June 2018 at 6:22 pm - [Reply](#)

“An authoritative, fully-qualified doctor”?

Having analysed NHS England GP prescribing data, I know pretty much who the handful of GPs are that routinely prescribe homeopathy are. They are unusual to say the least. The most enthusiastic prescribers seem to be adherents of Anthroposophic medicine. To quote –
“Anthroposophic medicine departs from fundamental biological principles in several respects. For example, one anthroposophic physician claims that the

heart does not pump blood but that blood propels itself along. Anthroposophic medicine also proposes that patients' past lives may influence their illness and that the course of an illness is subject to karmic destiny.”

Anthroposophic medicine is also associated with various herbal concoctions such as the infamous Iscador – an extract of rotting mistletoe often cited as a cancer treatment – as well as bizarre formulations of conventional medicines. On top of that, it is known that many adherents of Anthroposophy are anti-vaccination. Several outbreaks of measles in Europe have been linked to Steiner schools. To be fair, most of the time these GPs will prescribe conventional medicine in conventional formulations (although there is evidence to suggest that on a number of measures they are poorer quality prescribers than the general GP population).

The point is, GPs who frequently prescribe homeopathy are “true believers”. They don't think that they are prescribing placebo, so from a practical point of view, the question of the ethics of prescribing placebo would not enter their heads. It is not a question of a GP exploiting the false belief of patients because they share the false belief.



Alan Hennessey 25th June 2018 at 12:41 pm - Reply

“GPs were long able to prescribe homeopathic preparations on the NHS. Within the past few months, the UK government has banned this practice (though the ban is currently subject to appeal).”

The UK Government has not banned the prescribing of homeopathic products. NHS England issued guidance to primary care providers (essentially CCGs) that they should not prescribe homeopathy. They also recommended that the Department of Health add homeopathic products to its ‘blacklist’ – it is that that would result in homeopathic products being banned but the DoH has still to consider this and will probably launch a consultation on this before coming to a decision.

There was a Judicial Review against the NHS England decision by the British Homeopathic Association but they lost. I am not aware of any further court action.



Bob Anderson 30th July 2018 at 5:46 pm - [Reply](#)

“Indeed, my own view is that the ethical misdemeanour of giving encouragement to pseudoscience and of missing an opportunity to challenge a pseudoscientific belief outweighs any advantage to the patient of, say, an extra degree of relief from their symptoms of IBS.”

There is a very real risk of a patient coming to the generalised conclusion that “Homeopathy helped my IBS, so that means that it works”. This then opens the door to them seeking homeopathic cancer treatment or homeopathic protection for trips to countries with a risk of malaria (as has been seen in the past) with potentially deadly consequences.

Take, for example, my experience.

I live in France, I'm 59 years old and I'm treated with Humira for ankylosing spondylitis. The specialist advised me to have the flu vaccination every year because of a weakened immune system from the Humira (+ age, as I'm nearly 60). When I went to the Pharmacy last year, the pharmacist asked me if I wouldn't prefer a homeopathic vaccine instead of the regular one....

Needless to say, I pointed out (rather loudly, I'm afraid) that a homeopathic remedy is not, and could never be, a vaccine and that he was potentially putting my life in danger by suggesting that I forego the real thing. The sad thing is that he really didn't understand why I was so outraged, and I bet that he continued to push his sugar pills onto other customers (mainly OAPs, because the flu jab is free for those over a certain age).

So yes, the danger of pseudoscientific homeopathy does outweigh the one or two cases of relief due to the placebo effect.



BG 3rd December 2018 at 4:12 pm - [Reply](#)

For a time, straight out of University and having only one other (terrible cold-calling) job under my belt, I worked at a privately owned College that offered certificates, diplomas, and even degrees (recognised by the national authorities) in various natural-medicine disciplines. I worked in an enrolment position, eg speaking to prospective students, rather than in any academic form. I took the job because I was already a die-hard skeptic, and it seemed like the last thing I would ever choose to do, but it fell into my lap at a time I was desperate to get out of my previous job, and it felt like the universe

had offered me a chance to find out for myself how such an organization operated.

Much of the activity of the college was vocational-type courses in massage, with a relatively limited degree of pseudoscience creeping in through some “massage-adjacent” courses such as aromatherapy and reflexology. I was surprised to find that the degree level study in subject including nutrition, herbal medicine, aromatherapy, acupuncture and naturopathy (taught effectively as nutrition + herbal medicine) actually had first year classes in fundamental biology not altogether different in content from my own at a reputable University, although I felt the teaching and grading was a little less rigorous. I suppose that was a necessary condition to be nationally recognised. It was in the second, third, and fourth years of study that the pseudoscience came to dominate, although again I found myself surprised at the fairly sound basis for the nutrition degree – and note that it was attended by many massage therapists, personal trainers, or in some cases formally qualified health professionals, who felt that nutrition was a fundamental factor in health that was effectively ignored by the public health system – eg, there was no place in a hospital or health clinic where individuals could get proper dietary advice, short of having certain specified and relatively rare conditions or treatments requiring advice from a dietitian.

The Homeopathy degree was particularly interesting. As per other degrees, it began with a fairly decent introduction to fundamental principles of biology any first year student in a medical or bio field would recognise – cell biology, biochemistry, anatomy etc. How students reconcile this with the following years of study in “pure homeopathy” I can’t imagine, though I note that most students had already made this reconciliation by some means before they even came to the college – in fact, almost everyone I interviewed was dead set on taking on a costly degree in a field that went against mainstream thought and that had poor career prospects (basically you have to start your own business) – despite knowing all this, they had all had some personal experience, either themselves or a loved one, where homeopathy was “the only thing that worked/gave relief”. I remember one instance where a man had watched modern medicine fail to give any relief to his father, dying of cancer, but found homeopathy gave him miraculous relief from pain and symptoms. Even when I told him my personal belief was that homeopathy didn’t work, and that there was no scientific evidence it worked, and that financing the degree would require him to take a

loan and would offer only the opportunity to get into a difficult and unlikely effort to start his own business – he said he understood that but he was determined to become a homeopath.

I even once had the opportunity to attend a lecture evening by two overseas delegates – one was a Cuban public health official reporting on the (I'm guessing fabricated, manipulated, uncontrolled or statistically misunderstood) results of Cuba's efforts to treat/prevent Dengue fever with homeopathic solutions. He at least attempted to fit homeopathy into the veneer of rigorous scientific epidemiology, though I have no doubt there was some error in their work. The second was interesting – a German physicist who took us through his various investigations into what kinds of sub-atomic/quantum effects might cause water to take on properties of substance that had been in it, but weren't any more. Again I was surprised by his intellectual honesty – he took us through his journey of looking into various theories and coming to the conclusion that none of them were possible based on modern understandings of physics. I will always remember his slide at the end of the talk, that simply said "Magick?" – his final conclusion was that something outside of any scientific world-view had to be invoked. Curiously the possibility that homeopathy didn't work at all didn't seem to enter his mind.

My takeaway from my time at the College was that I doubt you can reason people out of these beliefs, and you probably can't (and certainly shouldn't) legislate these beliefs away either. They speak to people on a very deep, emotional level, and often via a connection to a profound experience with their own health and state of mind, and thereby with their very mortality and sense of individuality. But we certainly don't need to give homeopathy any air of respectability or recognition. I absolutely support banning doctors from prescribing homeopathy. People who want it will be able to get it from the many privately owned purveyors, and perhaps fewer people will be "tricked" into believing it works (I say tricked, but not sure that's the right word when the prescribers are just as certain it works as the patient then becomes). But even putting that aside – even if no-one will ever be convinced of homeopathic efficacy – I think it's fundamentally wrong to give homeopathy any legitimacy, even if it improves the welfare of some patients. Maybe that's the anti-authoritarian in me, but I wonder if a doctor was prepared to prescribe this nonsense knowing it didn't work, what other knowledge or decisions might they

deny a patient in “their own best interests”? The health system as a whole should reflect this, so the odd bona fide supporter aside, the health system as a whole should not allow any action that supports or promotes misleading information about health to the general public.

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