

THE PHILOSOPHY OF PLACEBO WORKSHOP

PROGRAMME AND ABSTRACTS



SENATE HOUSE, LONDON

26 – 27 NOVEMBER 2018



**UNIVERSITY
OF LONDON**



Department of
Anthropology

INTRODUCTION

Long dismissed as an ephemeral product of the naive imagination, the 'placebo effect' has finally come of age as a phenomenon worth studying in its own right. Whilst medical science becomes increasingly open to the role of the mind in illness and healing, a growing community of researchers is grappling with the implications of the placebo phenomenon. This exploration, at the limits of medicine, provokes deep questions about philosophy of mind, ethics, anthropology, and more broadly what it means to be human.

This renewed interest in the phenomenon has sparked a surge in scientific research over the previous two decades. It is clear, however, that an integrated philosophical understanding of the phenomenon remains elusive. Basic questions endure: What is a placebo? Is placebo treatment ethical? How do placebo effects betray the limits of modern medicine? How is the phenomenon situated within modern theories of the mind? How can the insights of placebo studies be translated into practice?

This two-day collaborative workshop brings together cognitive scientists, philosophers, artists, anthropologists and clinicians to explore and advance the philosophy of placebo. The workshop consists of three sessions, each of which includes two talks and ample time for discussion. The workshop is oriented towards fostering dialogue among scholars, with the aim of generating new theory.

LOCATION

Court Room
Senate House
Malet Street
London
WC1E 7HU



PROGRAMME

Monday 26th November 2018

0900 – 0945		Registration
0945 – 1000		Welcome and introduction
SESSION ONE: Definitions and epistemology		
1000 – 1040	Are placebo effects a distinct class of effects?	Dr Jennifer Corns (University of Glasgow)
1040 – 1120	The ethics and epistemology of nocebo effects in trials, and what to do about it.	Dr Jeremy Howick (University of Oxford)
1120 – 1140		BREAK (tea and coffee provided)
1140 – 1300		Group discussions
1300 – 1400		LUNCH (not provided)
SESSION TWO: Value		
1400 – 1440	Pseudoscience, placebo effects and complementary and alternative medicine.	Dr Phoebe Friesen (University of Oxford)
1440 – 1520	Healing atmospheres: a proposal for sidestepping the instrumentalisation of experience in placebo studies.	Dr Hannah Drayson (University of Plymouth)
1520 – 1540		BREAK (tea and coffee provided)
1540 – 1700		Group discussions
1700 – 1715		Wrap up day one and introduce day two

Tuesday 27th November 2018

0945 – 1000	Welcome and introduction to day two	
SESSION THREE: Culture		
1000 – 1040	Placebo responses as a class of medically significant responses to the lifeworld and how to explain them: ethnomethodology, ecological psychology and (radical) enactivism.	Dr Phil Hutchinson (Manchester Metropolitan University)
1040 – 1120	Placebos and the limits of medicine: from the modern clinic to shamanic healing.	Giulio Ongaro (London School of Economics and Political Science) Doug Hardman (University of Southampton)
1120 – 1140	BREAK (tea and coffee provided)	
1140 – 1300	Group discussions	
1300 – 1315	Close of workshop and description of next steps	

ABSTRACTS

SESSION ONE: Definitions and epistemology

Are placebo effects a distinct class of effects?

Dr Jennifer Corns (University of Glasgow)

Despite the conceptual problems in identifying the placebo effect, an increasing number of multidisciplinary inquiries rest on the assumption that there is a distinct class of effects, placebo effects. In this talk, I argue against this assumption. I present cases and characterisations of the placebo effect as offered in the literature, and argue that the latter are subject to insurmountable problems. Moreover, I argue that identification of placebo effects as such is not useful for the three main purposes offered in the literature. I then briefly offer suggestions for why it may remain intuitive that some effects are placebo effects and close by noting the potential benefits of ultimately explaining away these intuitions.

The ethics and epistemology of nocebos and nocebo effects.

Dr Jeremy Howick (University of Oxford)

The placebo concept and placebo effect have received a great deal of attention in the philosophical, medical, and other academic literature. By contrast, the nocebo effect has been all but ignored. In this talk I outline what is known about the ethics and epistemology of placebo effects, with a focus on the ethics of nocebo effects in clinical trials. I support my philosophical arguments with empirical studies, using the increasingly popular method of 'empirical philosophy'. A recent systematic review found that almost half of participants who take placebos in clinical trials experience drug related adverse events (AEs), with 5% of participants dropping out due to 'drug related' intolerance. However the placebo *per se* cannot be the cause of these adverse events. Instead, there are two overlapping likely explanations:

1. **Misattribution.** A patient may have an underlying condition whose natural history produces some event (such as a headache), then the patient *misattributes* the event to the placebo.
2. **Nocebo effects.** Having been warned about side effects in the patient information sheets, the patient may expect an adverse event. This negative expectation could then produce the event.

In this talk I examine the tension this phenomena raises for two apparently competing ethical requirements. On the one hand, autonomy demands that patients be fully informed about treatment adverse events. While on the other hand, non-maleficence (demanding that unnecessary harm be avoided) needs to be rethought. I argue that the current focus on fully informed consent is likely to cause harm, and suggest how unnecessary harm can be avoided in future trials.

SESSION TWO: Value

Pseudoscience, placebo effects and complementary and alternative medicine.

Dr Phoebe Friesen (University of Oxford)

This presentation investigates the link between the placebo effect and complementary and alternative medicine (CAM), as well as how this link might impact discussions within philosophy of science regarding how one might demarcate between science and pseudoscience. In response to frequent characterizations by demarcationists of CAM as pseudoscientific, it is argued that this characterization may not be so straightforward. An overview is given of evidence indicating that practices within CAM are especially capable of producing robust placebo responses, and it is argued that this distinguishes these practices from other domains that are typically thought of as pseudoscientific, such as astrology and creationism. In light of this, it is suggested that CAM may be better thought of as a protoscience, a budding science which has yet to establish the terms, tools, and theories that will make it a truly scientific endeavor, but that has the potential to become one. Finally, a brief sketch is offered of what a theory of protoscience might look like, and how CAM might fit within it.

Healing atmospheres: a proposal for sidestepping the instrumentalisation of experience in placebo studies.

Dr Hannah Drayson (University of Plymouth)

Given that placebo effects offer scientific evidence for the medical significance of meaning and culture, they might be seen as a support for increased interest in these realms and their effects on health or use in medicine. However, while contemporary scientific investigations of placebo effects range across many disciplines, biology, psychology, neuroscience, the discussion is often still underpinned by the analytical goal of identifying (increasingly) numerous mechanisms for placebo responses. This talk takes its lead from work suggesting that a phenomenological or enactivist approach offers a resolution for the epistemological problems associated with the placebo effect (Frenkel, 2008; Ongaro and Ward, 2017). Given the apparent benefits of this approach, here I will present work that uses phenomenological theory and method. I will ask if it is possible for the “non-specific” nature of placebo effects to be conceptualised as phenomenological atmospheres; making specific reference to literature and music. I will also present preliminary microphenomenological interviews exploring pre-reflexive experiences associated with one of medicine's most powerful treatment symbols; the tablet. This shift in approach to an aesthetic conceptualisation of placebo effects may offer an alternative to an increasing instrumentalisation of aesthetic and experiential realms in response to their perceived health benefits. Connecting placebo effects to the experiential domain in this way allows for speculate on what the experience of openness to healing might be like, and how it may be enhanced as part of the aesthetics of the medical encounter.

SESSION THREE: Culture

Placebo Responses as a class of Medically Significant Responses to the Lifeworld and How to Explain Them: Ethnomethodology, Ecological Psychology and (Radical) Enactivism.

Dr Phil Hutchinson (Manchester Metropolitan University)

In a recent paper (Hutchinson and Moerman 2018), Dan Moerman and I discussed the merits of two prominent explanations for the phenomenon that goes by the name of the placebo response: the medically significant response to being administered pharmacologically inert pills or sham surgery. The two explanations we critically discussed were Conditioned Response (e.g. Ader 1988) and Response-Expectancy (see Kirsch 1985, 1997). We argued that both these explanations fail for a number of reasons. Having rejected Conditioning and Response-Expectancy, we suggested that what the data, from randomised controlled trials, from anthropological fieldwork and from the historical record, show is that humans (and perhaps also some non-human animals) exhibit medically significant responses to meaningful loci of significance in their lifeworld, which we might call meaning responses. Rather than being a third candidate explanation for what has been referred to as the 'placebo' response, the Meaning Response instead serves as an invitation to reorient and refocus one's gaze away from postulating underlying causes, mechanisms and models and to the meaning the world and social practices have for members of societies and how some of these have medical significance. Understand this and we'll understand the nature of the responses in which we're here interested, in ways which might help us predict them, harness them, facilitate and maintain them. To explicate the Meaning Response there are a number of explanatory paradigms we might explore. In this talk I will advocate and say a little about Ethnomethodology (Garfinkel 1967; Heritage 1991). While also proposing that we might fruitfully make use of the analytic tools afforded us by Ecological Psychology (Gibson 2014; Costall 1995), to provide us with a way of understanding the meaning response in non-linguistic non-human animals.

Placebos and the limits of medicine: from the modern clinic to shamanic healing.

Giulio Ongaro (London School of Economics and Political Science)

Doug Hardman (University of Southampton)

The theoretical foundations of modern medicine prime its practitioners to think about illness and healing almost exclusively in terms of somatic, mechanistic causes. Despite its unquestionable success, this epistemological approach has made 'medically unexplained symptoms' and 'placebo effects' uncomfortable by-products that are difficult to account for. These phenomena, we argue, betray some fundamental limits of modern medicine. This talk is constructed around two ethnographic accounts of how two different medical cultures deal with such limits. The first, from a doctors surgery in southern England, shows how practitioners struggle to extend mechanistic medicine beyond its efficacious boundary, and how this struggle can affect both patients and practitioners. The second is an ethnographic exploration of healing among the Akha in northern highland Laos, an animistic society whose medical system has been largely unaffected by modern medicine. Here, people seem very aware of the limits of mechanistic approaches to health, but deal with what we call 'medically

unexplained symptoms' and 'placebo effects' in an entirely different way, in so doing avoiding the conceptual and practical problems these terms engender in the West. Through this cross-cultural conversation, we aim to inform an understanding of 'placebo effects' and their place in modernity.