Informing Patients About Drug Effects
Using Positive Suggestion
To the Editor:
Informed consent, as codified by statutory law in many nations, refers to the permission given by a person before surgery or other kinds of medical treatments. The patient, or a parent/guardian, must understand the potential risks and benefits of the treatment and legally agree to accept those risks, in writing. Furthermore, the risks and possible side effects must be explained in easy-to-understand language.

Informed consent is essential to the clinician’s ability to diagnose and treat patients, as well as the patient’s right to accept or reject clinical evaluation, treatment, or both. Informed consent should be an exchange of ideas that strengthens the fiduciary patient-physician relationship. Clinicians must recognize that informed medical choice is an educational process and has the potential to affect the patient-physician alliance to their mutual benefit. It is particularly important for a large number of interventions whose merits remain uncertain or whose benefits and risks may be viewed differently by different patients. One patient might find a side effect intolerable while another is willing to risk it, even if the benefits of the treatment are uncertain.

Clinicians and patients should discuss the treatment, weighing its risks and benefits together, and then the patient can make an informed decision. When clinicians and patients take medical informed consent seriously, the patient-physician relationship becomes a true partnership with shared decision-making authority and responsibility for outcomes. It is fundamental to the patient-physician relationship that each partner understands and accepts the degree of autonomy the patient desires in the decision-making process.

Informed consent in drug therapy was not common many years ago. When initiating treatment, it has been shown that only one quarter of the physicians would discuss potential side effects with patients. There were several possible reasons, but, in particular, many physicians were concerned that the power of suggestion might lead some patients, especially suggestive ones, to experience an increase in side effects if they are fully informed about them. Yet, a few studies, conducted to determine whether providing patients with information about potential side effects increases the reported incidence of those side effects, found no relationship between informed consent and side-effect occurrence rates.

Morris et al. pioneered a study more than 25 years ago on informing patients about drug side effects. Two hundred forty-nine newly diagnosed hypertensive patients prescribed thiazide medication were recruited for their study. Two thirds were given a leaflet or patient package insert that described the drug and its possible side effects, and one third were given no written information. At a revisit about 1 month later, patients were asked whether they had experienced any of 17 different “health problems.” Patients who received the package insert reported experiencing about the same number of side effects as the patients who had received no written material.

Howland et al. (1990) investigated whether patient education caused drug side effects. Ninety-eight adults treated with erythromycin for a variety of illnesses were randomized to 2 groups: the informed group received patient education about drug side effects, and the uninformed group was given no such information. Overall, 10% of the uninformed and 8% of the informed group felt that the erythromycin bothered them in some way. There were no significant differences in the occurrence of various individual side effects.

Lamb et al. (1994) designed a study to determine the outcome of providing patients with information about potential side effects of 2 new medications. Two hundred three clinic patients receiving new prescriptions for angiotensin-converting enzyme inhibitors, trimethoprim/sulfamethoxazole, or nonsteroidal anti-inflammatory drugs were recruited and randomly assigned to 1 of 4 teams. Each team consisted of faculty, residents, and nurses. Two teams served as the intervention group and 2 teams served as control groups. Intervention patients (n=104) received verbal instructions and a handout describing the name, purpose, dose, and 3 most common side effects of the drug. Control patients (n=99) received usual discharge instructions. Patients were interviewed 14 to 21 days later, using a standardized questionnaire. The results showed that there was no difference in incidence of targeted side effects for specific medications between the study groups (38% vs. 37% for intervention patients vs. control patients, respectively; P=0.87).

Things have changed with the passage of time. Today, because of the threat of malpractice liability, many physicians are practicing defensive medicine and “overtreating” their patients. Defensive medicine is one of the largest contributors to wasteful spending, and it can manifest in many forms: unnecessary CT scans, MRIs, cardiac testing, and hospital admissions. Nearly all (93%) physicians practicing in high-risk specialties (emergency medicine, general surgery, neurosurgery, obstetrics/gynecology, orthopedic surgery, and radiology) reported, in a mail survey, that they practice at least 1 form of defensive medicine, measured by the survey as prescribing unnecessary drugs, tests, or invasive procedures; making unnecessary specialty referrals; or avoiding certain high-risk procedures or patients. In such a social, political, and economic environment, medical professionals have to be careful to fully inform patients. They are prone to informing patients about all matters regardless of importance, attempting to maintain the safest legal position possible. The subtext of providing a patient with full information from any medical professional inevitably leads to this question: Are we providing patients with information that is clinically helpful or harmful?

Dyck et al. (2005) conducted a descriptive study of pharmacists’ discussions of medication side effects with patients. Ten community pharmacists were videotaped while providing their customary patient counseling to 2 standardized patients.
receiving new prescriptions within staged scenarios. All of the pharmacists discussed side effects and management strategies. They found that pharmacists focused most on safety aspects of using medications and spent far less time discussing potential therapeutic benefits.

The problem is that, if a pharmacist provides more information about the risks of a drug than the benefits of that drug, he might ‘overinform’ the patient into risks instead of benefits. Thus, a suggestion that was intended to be helpful to the patient might actually be harmful.

Suggestion transcends both verbal and nonverbal communications. Usually, a suggestion reaches the conscious mind, is examined critically, then is either accepted or rejected. But during a highly emotional or stressful time, the suggestion may bypass the conscious mind and go directly to the subconscious, where it is accepted uncritically and literally, especially by suggestible persons.

There is a saying that if you think something is going to happen, it will. The power of suggestion can be very strong. I was reminded of this many years ago when I went to donate blood with my friend, M. Ying, in Beijing. It was the first time Ying gave blood. She was a healthy young woman. Before we went, I told her it was “a piece of cake.” At the Congwen donations center, one phlebotomist inserted the needle and initiated the blood flow on her, and another did the same to me. Ying didn’t look pale or diaphoretic. We chatted together, and Ying seemed just fine with the entire process. All was well until I happened to mention that Ying was a first-time donor. Immediately, the phlebotomist asked a volunteer to bring a glass of water for Ying. Ying asked why, and the phlebotomist said that she wanted her to get some fluid right away and asked her how she felt. The phlebotomist continued to hover over Ying and asked how her stomach was feeling and if she felt light-headed. Well, you can guess the rest.

Years later, Ying still remembers that she felt fine initially, but the more the phlebotomist hovered and questioned, the more she had second thoughts. Surely the phlebotomist was worried because Ying was a first-time donor, but she should not have made Ying feel her worry. Simply continuing to keep Ying at ease by discussing the weather, current events, or any other light topics would have kept her mind occupied on other things. If Ying became ill despite these reassurances, the phlebotomist could have dealt with the problem then.

I often think of the power of suggestion when informing patients. We should not “inform” patients into drug side effects. If the new medication has a reported side effect, I prefer to mention its specific incidence and add, encouragingly, that with a proper diet and good sleep or rest, you probably would not experience it. I would never tell a patient to expect a headache, nausea, or vomiting, nor would I make any other potentially discouraging suggestions.

The power of suggestion is a strange phenomenon that can sometimes lead to negative outcomes. However, if used correctly, positive suggestion works to the advantage of a clinician and patient. For example, a young lady diagnosed with breast cancer suffered from self-described depression and reported that she had not been able to sleep for a couple of nights. She asked for antidepressant therapy but doubted the effectiveness of treatment. I reviewed the many new antidepressant agents with her—fluoxetine to venlafaxine to paroxetine. I promised her that these antidepressants were safe and effective, had been used successfully in large numbers of patients, and since her depression appeared not to be severe, she would experience symptom relief. After a month, she revisited and reported great improvements in emotion and sleep.

My goal here is not to discuss the benefit or risk of fully informing patients. Rather, I would like to raise concerns regarding the potentially negative consequences of suggestion when informing patients and encourage all clinicians to remember that the power of positive suggestion can be used to attain beneficial outcomes.

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DISCLOSURES
The author discloses no potential bias or conflict of interest relating to this letter.

REFERENCES