

reported the least pressure to demonstrate effectiveness ( $M=2.45$ ), whereas those who practiced Chiropractic ( $M=5.72$ ), Naturopathy ( $M=5.83$ ), and Reiki ( $M=6.33$ ) reported more pressure. Age was the only demographic variable associated with pressure perceptions ( $r=-.14$ ). Greater pressure was also associated with less client AS. Thematic content analysis revealed the general public as the most common source of pressure (33.9%), and the medical community as the least mentioned source (14.7%).

**Conclusion:** Our findings suggest that some CAM providers feel pressured to prove that their modality is effective, and that this pressure may impact how they interact with their clients.

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### OA12.02

#### **Ethical Dilemmas and Scientific Misunderstandings: Exploring General Practitioners' Views on Placebo Effects**

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**Purpose:** Surveys show general practitioners (GPs) use placebos in clinical practice. Reported prevalence rates for such placebo prescribing vary widely. This study aimed to explore GPs' perspectives on clinical uses of placebos in more depth using qualitative methods.

**Methods:** We conducted a web-based survey of 783 UK GPs' use of placebos in clinical practice. The survey showed that 97% of UK GPs have used placebos in clinical practice, and that pure placebos are used rarely but impure placebos are more common. This paper expands our understanding of these results by reporting a qualitative descriptive analysis of written responses ("comments") to three open-ended survey questions.

**Results:** Comments were classified into three categories: defining placebos and their effects in general practice; ethical, societal and regulatory issues faced by doctors; and reasons why a doctor might use placebos and their effects in clinical practice. GPs typically defined placebos as lacking something, be that adverse or beneficial effects, known mechanism of action, and/or scientific evidence. Some GPs defined placebos positively as having potential to benefit patients, primarily through psychological mechanisms. GPs described a broad array of possible harms and benefits of placebo prescribing, reflecting fundamental bio-ethical principles, at the level of the individual, the doctor-patient relationship, the National Health Service, and society. While some GPs were adamant that there was no place for placebos in clinical practice, others focused on placebo effects, and saw these as ubiquitous and potentially beneficial in primary care. GPs' comments also revealed some misunderstandings about placebo effects.

**Conclusion:** This study has elucidated specific costs, benefits, and (for some, insurmountable) ethical barriers to placebo use as perceived by a large sample of UK GPs. Stand-alone qualitative work would provide a more in-depth understanding of GP's views. Continuing education and professional guidance could help GPs contextualize their knowledge of placebos and their effects.

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### OA12.03

#### **The Association Between Women's Choice of Birth Setting and Their Use of CAM During Labor and Birth**

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**Purpose:** Contemporary maternity care often means women are able to choose a number of settings for their birth including hospitals, birth centers, and community settings. There is also evidence that many women utilised complementary and alternative medicine (CAM) during pregnancy and birth. The purpose of this study is to examine the association between women's choice of birth setting and their use of CAM during labor and birth.

**Methods:** Longitudinal data from a sub-study of women ( $n=2445$ ) from the nationally-representative Australian Longitudinal Study of Women's Health (ALSWH) was analyzed for relationships between women's birth setting (hospital, birth center, or community) and their demographics, attitudes towards maternity care (including CAM), and use of CAM during pregnancy and birth.

**Results:** The characteristics associated with women's choice of birth setting include some demographic features such as employment status, health care subsidy, and level of education. Women's birth setting choice was also linked to a preference for CAM practitioner by women birthing in birth centers and community settings. In contrast, women birthing in hospitals held more positive views towards obstetric care. There was a higher use of CAM during pregnancy by women birthing in birth centers and community but this was not consistent across all CAMs investigated. Naturopaths, herbal medicines, homeopathy and flower essences were more commonly used by women birthing in community compared with those in a birth center. There was also a higher rate of CAM use for intrapartum pain management for women birthing outside of a hospital setting, although women attending a birth center were more likely than those birthing in community to use pharmacological pain management techniques.

**Conclusion:** There are characteristic differences between women birthing in different birth settings which seems to be influenced as much by preference for maternity care and interest in CAM use as it is by demographics.

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### OA12.04

#### **Cancer Patients' Stories about CAM-Use: The Ongoing Work to Shape as Good a Life as Possible During Cancer Illness and Treatment**

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**Purpose:** The purpose of this paper is to give a qualitative analysis of how and why 5 patients treated for colorectal cancer related to CAM during a one year illness trajectory.

**Methods:** The data are drawn from the Norwegian arm of the international mixed method "PATH-study" (Patients Accounts

**This article has been cited by:**

1. Bettina Berger, Christiane Schwarz, Peter Heusser. 2015. Watchful waiting or induction of labour – a matter of informed choice: identification, analysis and critical appraisal of decision aids and patient information regarding care options for women with uncomplicated singleton late and post term pregnancies: a review. *BMC Complementary and Alternative Medicine* 15. . [[CrossRef](#)]