Therapeutic Misconception in Clinical Research
Paul Appelbaum, MD

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4:00 pm - 6:00 pm

New York State Psychiatric Institute
Columbia University Medical Center
1051 Riverside Drive
New York, NY

The Center for Bioethics welcomes Dr. Paul Appelbaum to Columbia University as he opens a new division in the Department of Psychiatry as director of Division of Psychiatry, Law and Ethics. Dr. Appelbaum is well known for his ground-breaking work on Therapeutic Misconception.

In his March 22 lecture, Dr. Appelbaum detailed the empirical work done on Therapeutic Misconception since it was first described in the 1980’s. He defined Therapeutic Misconception by saying, “A therapeutic misconception occurs when a research subject, failing to grasp the distinction between the imperatives of clinical research and of ordinary treatment inaccurately attributes therapeutic intent to research procedures.” It is typical for patients to attribute “personal care” to a physician’s motivations, meaning they believe that a clinician’s allegiance is to them as a patient. Despite patient erroneous assumptions, there are several research methods that favor validity over the patients’ interest. For example, random assignment to treatment, placebos, double blind procedures, adherence to protocols to determine dosages, and limitations on adjunctive treatments. The ideas presented were compelling, but Dr. Appelbaum further demonstrated statistically that this is a major public policy issue. Despite giving “informed consent”, 69% of patients were still unaware that their trial was randomized, and 50% believed that dosages would be adjusted to their clinical needs.

Dr. Appelbaum suggested several ways to diminish therapeutic misconception. He believes that the more information given to the patient, the less they absorb, so the informed consent process needs to brief and clear. For example, a patient could receive a list of each visit they will make to the clinic as well as a description of exactly what will occur each visit.