Supplementary material

Appendix 1: database search strategies

MEDLINE

1	(MH "Placebo Effect+")
2	(MH "Placebos")
3	1 OR 2
4	(MH "Health Personnel+")
5	doctor* OR clinician* OR nurse* OR GP* OR physician* OR "medical practitioner*"
6	(MH "Patients+")
7	patient*
8	4 OR 5 OR 6 OR 7
9	3 AND 8
10	(MH "Health Facilities+")
11	(MH "General Practice+")
12	primary care OR primary health care OR primary healthcare OR family practice OR general practice OR clinical practice OR clinical setting
13	10 OR 11 OR 12
14	9 AND 13
15	(MH "Randomized Controlled Trials as Topic+")
16	"randomi?ed controlled trial*" OR RCT OR trial OR double-blind
17	15 OR 16
18	14 NOT 17

PsychINFO

1	DE "Placebo"
2	DE "Health Personnel" OR DE "Allied Health Personnel" OR DE "Medical Personnel" OR DE "Mental Health Personnel"
3	doctor* OR clinician* OR nurse* OR GP* OR physician* OR "medical practitioner*"
4	patient*
5	2 OR 3 OR 4
6	1 AND 5
7	DE "Treatment Facilities" OR DE "Clinics" OR DE "Community Mental Health Centers" OR DE "Halfway Houses" OR DE "Hospitals" OR DE "Nursing Homes" OR DE "Therapeutic Camps"
8	DE "Clinical Practice"
9	DE "Primary Health Care"
10	primary care OR primary health care OR primary healthcare OR family practice OR general practice OR clinical practice OR clinical setting
11	7 OR 8 OR 9 OR 10
12	6 AND 11
13	"randomi?ed controlled trial*" OR RCT OR trial OR double-blind
14	12 NOT 13

Embase Classic + Embase

1	placebo effect/
2	exp health care personnel/
3	(doctor* or clinician* or nurse* OR GP* or physician* or "medical practitioner*").mp.
4	patient*.mp.
5	2 OR 3 OR 4
6	1 AND 5
7	exp health care facility/
8	general practice/
9	(primary care or primary health care or primary healthcare or family practice or general practice or clinical practice or clinical setting).mp.
10	7 OR 8 OR 9
11	6 AND 10
12	randomized controlled trial/
13	("randomi?ed controlled trial" or RCT or trial OR double-blind).mp.
14	12 OR 13
15	11 NOT 14

CINAHL Plus with full text

1	(MH "Placebo Effect")
2	(MH "Placebos")
3	1 OR 2
4	(MH "Health Personnel+")
5	doctor* OR clinician* OR nurse* OR GP* OR physician* OR "medical practitioner*"
6	(MH "Patients+")
7	patient*
8	4 OR 5 OR 6 OR 7
9	3 AND 8
10	(MH "Health Facilities+")
11	(MH "Primary Health Care")
12	(MH "Family Practice")
13	primary care OR primary health care OR primary healthcare OR family practice OR general practice OR clinical practice OR clinical setting
14	10 OR 11 OR 12 OR 13
15	9 AND 14
16	(MH "Randomized Controlled Trials")
17	"randomi?ed controlled trial*" OR RCT OR trial OR double-blind
18	16 OR 17
19	15 NOT 18

Web of Science

1	TS="placebo effect*"
2	TS=(doctor* OR clinician* OR nurse* OR GP OR physician* OR "medical practitioner*")
3	TS=patient*
4	2 OR 3
5	1 AND 4
6	TS=(primary care OR primary health care OR primary healthcare OR family practice OR general practice OR clinical practice OR clinical setting)
7	5 AND 6
8	TS=("randomi?ed controlled trial*" OR RCT OR trial OR double-blind)
9	7 NOT 8

Appendix 2: Expanded study characteristics table with summary of main findings

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
1	(Shapiro and Struening, 1973a)	USA	General practice Hospitals Research	Psychiatrists (119) Internists (50) GPs (14) Surgeons (16)	Quantitative survey	To investigate differences in the definition and conception of placebos among physicians.	Physicians tended to align placebo use with other physicians and with specialties other than their own. Physicians tended to define placebos so their speciality would be excluded from the definition. GPs included active drugs in the definition of placebos more frequently than other specialties.
2	(Shapiro and Struening, 1973b)	USA	General practice Hospitals Research	Psychiatrists (117) Internists (50) GPs (14) Surgeons (14)	Quantitative survey	To assess ethical attitudes towards the use of placebos in treatment and research.	Older physicians and those who spent more time in private practice were more critical of placebo use. Physicians who were more research active were less critical of placebo use. GPs were generally critical towards placebo use.
3	(Shapiro and Struening, 1974)	USA	General practice Hospitals Research	Psychiatrists (114) Internists (48) GPs (15) Surgeons (14)	Quantitative survey	To assess the tendency of physicians to attribute the use of placebos or nonspecific treatment to other physicians.	Physicians generally attributed the use of placebos or nonspecific treatment to other physicians and specialties more than themselves. However, GPs were less likely to do this. Physicians tended to exclude their own specialty from their definition of placebos.
4	(Comaroff, 1976)	UK	General practice	GPs (51)	Qualitative observation Interviews	To investigate how doctors, as placebo prescribers, perceive and employ the placebo concept.	Placebo use was primarily identified as a process by which physicians managed patients, maintained their social role or coped with medical uncertainty.
5	(Thomson and Buchanan, 1982)	New Zealand	General practice	GPs (44)	Quantitative survey	To determine GPs' basic understanding of the placebo effect and their views on the use of placebo treatments.	Most GPs would deliberately use a placebo treatment in some circumstances. However, GPs tended to downplay their use of placebos compared with that of colleagues.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
6	(Lynoe et al., 1993)	Sweden	Primary healthcare centre University	Physicians associated with a university (47) GPs (47) Patients (83)	Mainly quantitative survey with some open ended questions	To investigate the attitudes of patients and physicians toward placebo treatment.	Regarding placebo treatment, patients were generally more paternalistic than physicians. For GPs, the use of 'impure placebos' was more acceptable than 'pure placebos'.
7	(Hróbjartsson and Norup, 2003)	Denmark	General practice Private practice Hospitals	GPs (182) Hospital physicians (185) Private specialists (136)	Quantitative survey	To investigate the proportion and types of placebo intervention, conditions of use, and attitudes towards use.	86% of GPs used placebo interventions at least once, and 48% used placebo interventions more than ten times in the last year. 46% of GPs found placebos ethically acceptable. 30% of GPs believe placebos affect 'objective outcomes'. The main reason for using placebos was to avoid a confrontation with a patient.
8	(Nitzan and Lichtenberg, 2004)	Israel	Hospitals Community clinics	Hospital physicians (31) Head nurses (31) Family physicians (27)	Quantitative survey	To gauge the frequency and circumstances of, and attitude towards, placebo use in clinical practice.	60% of participants used placebos. 94% found placebos 'generally or occasionally effective'. Family physicians' most common reason for use was to manage patients.
9	(Chen and Johnson, 2009)	New Zealand	Primary Care Clinics	Patients (211)	Quantitative survey	To examine patients beliefs about the placebo effect, views on the use of placebos in clinical practice, and their willingness to participate in a placebo-controlled RCT.	Patients thought placebo use appropriate when it is for therapeutic benefit, requested by the patient, or when no other treatments are available. Patients thought placebo use inappropriate when it is for the benefit of the physician or when it 'seemed dangerous'.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
10	(Fässler et al., 2009)	Switzerland	General practice Private practice	Paediatricians (67) Urban GPs (41) Suburban GPs (55) Rural GPs (70)	Quantitative survey	To investigate to what extent and in which way Swiss primary care providers use placebo interventions.	More participants used impure placebos (57%) than pure placebos (17%). Paediatricians used pure placebos and deception more than GPs. The most common premise for placebo use was that they can be used in partnership with patients. Impure placebos were deemed more ethically acceptable than pure placebos, although participants were uncertain about the ethical legitimacy of placebo use.
11	(Ferentzi et al., 2010)	Hungary	General practice	GPs (94)	Quantitative survey	To investigate how GPs in Hungary perceived some important aspects of their own placebo use.	(Preliminary report) Over 80% of GPs used placebos, most commonly for symptoms such as 'anxiety, fatigue, sleep disorders and functional problems'. Most GPs (84%) considered placebo use ethical when conducted for therapeutic benefit. Physicians called for official guidance on placebo use.
12	(Kermen et al., 2010)	USA	Family practice	Family physicians (412)	Mainly quantitative survey with some open ended questions	To gain a better understanding of the role of placebos in clinical practice on a national level.	56% had used a placebo in clinical practice. 40% had used an antibiotic as a placebo and 11% had used 'inert substances'. 85% believed placebos have both 'psychological and physical benefits'. 61% recommended a placebo rather than no treatment. 97% believed that doctors' rituals and/or behaviours contribute to placebo effects. The most common reason for placebo use was 'after unjustified demand for medication'.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
13	(Fässler et al., 2011)	Switzerland	Primary care	GPs (232) Patients (414)	Quantitative survey with one open-ended question	To compare the proportions of patients and physicians who would accept therapies that work by enhancing self-healing capacities and by exploiting contextual factors.	87% of patients and 97% of GPs thought that belief in a therapy can improve 'physical complaints'. Patients supported placebo treatment more than GPs. 90% of GPs admitted to using treatments that take advantage of 'non-specific effects'. 70% of patients wanted to be informed about non-specific treatments, yet GPs thought this figure would only be 33%.
14	(Fent et al., 2011)	Switzerland	Primary care	GPs (8) Internists (2) Paediatrician (1) Psychiatrist (1)	Semi-structured interviews	To explore physicians' views on the use of placebos in daily practice.	Most participants described placebos as 'pure placebos'; most 'impure placebos' were not regarded as placebos. Participants used placebos mostly when there was 'no satisfactory somatic explanation'. Participants generally were unclear on the ethical status of placebo treatment, were uncertain how to communicate such treatment to patients, and would welcome more guidance.
15	(Ferentzi et al., 2011)	Hungary	General practice	GPs (169)	Quantitative survey	To provide a detailed description of physicians' attitudes toward, and knowledge of, clinical placebo use.	(Full report of no.11) 83% of participants had used placebos. Most participants regarded placebos as both ethical and effective.
16	(Kisaalita et al., 2011)	USA	University	Members of the public (103)	Quantitative survey with experimental component	To examine the acceptability and ethics of placebo treatment for pain.	Placebos described as 'medication shown to be a powerful analgesic in some people' were perceived to be as deceptive as those described as 'standard drug treatment'. Participants 'tolerated moderate effectiveness and considerable negative consequences in an acceptable placebo'.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
17	(Babel, 2012)	Poland	Primary care	Primary care physicians (190)	Quantitative survey with experimental component	To identify factors that contribute to the high variability of the rates of use of placebo interventions reported in questionnaire surveys.	Participants asked about 'placebo interventions' said the never used them significantly more than participants asked about 'nonspecific treatment methods'.
18	(Kisaalita and Robinson, 2012)	USA	University	Members of the public (100)	Quantitative survey with open-ended question	To examine the acceptability, efficacy and knowledge of analgesic placebo treatments.	Participants mostly thought of placebos as inert and had differing views regarding the effectiveness of placebo treatment.
19	(Koteles and Ferentzi, 2012)	Hungary	Online news site	Members of the public (6104)	Quantitative survey	To assess the attitudes of laypeople toward deceptive clinical placebo use.	Participants thought 'helping patients is more important than avoiding deception' illustrating a pragmatic view towards placebo treatment.
20	(Meissner et al., 2012)	Germany	General practice	GPs (208)	Quantitative survey	To collect data on the use of placebo interventions by GPs in Germany.	88% of GPs had used a placebo at least once. The use of 'impure placebo's was more common than 'pure placebos'. The main reason for placebo treatment was 'a possible psychological effect', although patient expectation was also a common reason. Most GPs thought placebo treatment ethical if used to elicit a psychological effect.
21	(Babel, 2013)	Poland	Primary care	Primary care physicians (169)	Quantitative survey	To investigate the behaviour beliefs and attitudes of Polish primary care physicians concerning the use of placebo interventions.	80% of participants used placebo interventions. The most common placebos were vitamins and homeopathy. 84% thought placebos effective, but 54% thought them only effective for patients with 'subjective symptoms'. 73% thought individual traits were important for effectiveness. 65% thought patients' expectations important.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
22	(How ick et al., 2013)	UK	Primary care	GPs (783)	Quantitative survey	To investigate the prevalence of placebo use in UK primary care.	12% of GPs had used pure placebos and 97% had used impure placebos, at least once. 1% used pure placebos and 77% used impure placebos at least once a w eek. Most (66% for pure, 84% for impure) GPs thought placebos ethical in 'some circumstances'.
23	(Hull et al., 2013)	USA	Primary Care	Patients w ith chronic illness (853)	Quantitative survey	To examine the attitudes of US patients about the use of placebo treatments in medical care.	50-84% of participants thought placebo treatment acceptable depending on 'doctors' level of certainty about the benefits and safety of the treatment, the purpose of the treatment, and the transparency w ith w hich the treatment w as described to patients'. 22% of participants thought placebo treatment unacceptable.
24	(Linde et al., 2013)	Germany	General practice	GPs (84) Internists (3) Orthopaedists (1)	Quantitative survey (n=80) Cognitive interview s (N=7)	To develop a questionnaire.	The questions on 'typical placebos and complementary treatments' w ere understandable and 'easy to answ er'. How ever, interviews suggest that these issues are 'difficult to grasp in a quantitative survey'. The concept 'non-specific treatment' w as thought vague. Study authors suggest direct observation would be a useful data collection method.
25	(Nitzan et al., 2013)	Israel	Academic centres	Students (344)	Quantitative survey	To investigate the opinions of healthy students regarding the acceptability of placebo treatment if they w ere to experience depression.	70% of participants w ould agree to placebo treatment as 'a first-line treatment'. 88% of participants did not think placebo treatment deceitful.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
26	(Bishop et al., 2014a)	UK	Community	General public (58)	Focus groups	To identify when and why placebo-prescribing in primary care might be acceptable and unacceptable to patients	Participants had two broad perspectives: 'consequentialist', whereby they focussed on the potential benefits of placebo treatment; and 'respecting autonomy', whereby they focussed on the negative effects of deception in treatment. 'Placebo' was generally thought to mean 'ineffective'. Some participants thought the careful use of language may enable ethical placebo treatment.
27	(Bishop et al., 2014b)	UK	General practice	GPs (783)	Qualitative survey	To explore GPs' perspectives on clinical uses of placebos.	GPs generally defined placebos negatively, as in 'lacking something'. GPs described myriad possible' harms and benefits of placebo prescribing'. Some GPs thought placebos beneficial, although some thought they should not be used for ethical reasons.
28	(Linde et al., 2014)	Germany	Private practice	GPs (319) Internists (311) Orthopaedists (305)	Quantitative survey	To investigate the use of placebos and non-specific treatments among physicians working in private practices in Germany, and how such use is associated with the belief in and the use of complementary and alternative treatments.	30% of GPs had used non-specific therapies; 35%, had used placebos or 'non-specific therapies'. Use of pure and/or impure placebos was associated with 'being a GP, being an internist, and having unorthodox professional views'.
29	(Tandjung et al., 2014)	Switzerland	Community	Patients (12)	Semi-structured interviews	To explore patients' conceptualisation, experiences and attitudes regarding the use of placebos in daily clinical practice.	Participants mostly defined placebos as something matching the definition of 'pure placebos'. Most participants believed placebos' mainly worked via psychological effects'. The acceptability of placebo use was generally related to treatment success.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
30	(Linde et al., 2015)	Germany	Private practice	Family physicians (319) Internists (311) Orthopaedists (305)	Quantitative survey	To investigate to what extent family physicians, internists and orthopaedists working in private practice in Germany believe in the efficacy of, and use, CAM therapies.	Family physicians' agreed more with statements on the need of more time and the patient–doctor relationship'. Family physicians were more positive about utilising placebos than internists or orthopaedists.
31	(De Gobbi et al., 2016)	Italy	General practice	GPs (62)	Quantitative survey	To investigate placebo use by general practitioners throughout their everyday practice: in particular the frequency of use, placebo features, instructions, and conditions of use.	84% of GPs had used a placebo in the last 6 months. Placebo were mainly used for 'problems of low clinical significance' (85%). 13% of GPs had given 'pure placebos'. Reasons for giving placebos included for 'frequent attenders' and for patients with 'unexplained symptoms'. None of the GPs used placebo treatment openly.
32	(Feffer et al., 2016)	Israel	Outpatient clinic	Patients with depression (96) Healthy members of the public (114)	Quantitative survey	To assess the acceptability of placebo usage among depressed patients	57% of patients with depression and 71% of healthy members of the public would give consent for placebo treatment for future depression 72% of patients with depression and 78% of healthy members of the public would give consent for placebo treatment for general medical conditions.
33	(Ortiz et al., 2016)	USA	Primary care	Patients (853)	Qualitative survey	To examine qualitative responses regarding the use of placebo treatments in medical care in a sample of US patients.	'Lack of harm' and 'potential benefit' were the most common acceptable justifications for placebo use. Participants who did not think placebo use acceptable most commonly thought that doctors are obliged to 'do more'. The following other themes emerged: 'the issue of whether a doctor was transparent about placebo use, including honesty'; patients' 'right to know'; and the 'power of the mind'.

	Source article	Country	Setting	Participants (n)	Methods of data collection	Aims	Main findings related to primary care
34	(Faria et al., 2017)	USA	Community	Parents (1000)	Quantitative survey	To assess parental attitudes regarding placebo use in paediatric randomized controlled trials and clinical care.	86% of parents considered placebo use acceptable in some paediatric care situations. 6% of parents found the use of placebos in children 'alw ays unacceptable'. The acceptability of placebo treatment w as influenced by factors including: doctors' opinions on the therapeutic benefit of the treatment; the conditions of use; transparency; safety; and the 'purity of placebos'.

Appendix 3: Quality assessment

MMAT Methodological Criteria Assessment

http://mixedmethodsappraisaltoolpublic.pbworks.com/w/file/fetch/84371689/MMAT%202011%20criteria%20and%20tutorial%202011-06-29updated2014.08.21.pdf

Initial screening questions for inclusion in MMAT assessment

Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?	**Yes**	**No**	**Can't tell**
Do the collected data address the research question (objective)? E.g., consider whether the follow-up period is long enough for the outcome to occur (for longitudinal studies or study components).	Yes	No	Can't tell

Overall score

No of studies	Percent	Rating
33	97	Yes
0	0	No
1	3	Can't tell

Total number of included studies

Number	**33**
Percent	**97**

MMAT criteria

Types of mixed methods study components or primary studies	Methodological quality criteria (Yes/No/Can't tell)
1. Qualitative	1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?
	1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?
	1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?
	1.4. Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?
2. Quantitative randomized controlled (trials)	2.1. Is there a clear description of the randomization (or an appropriate sequence generation)?
	2.2. Is there a clear description of the allocation concealment (or blinding when applicable)?
	2.3. Are there complete outcome data (80% or above)?
	2.4. Is there low withdrawal/drop-out (below 20%)?
3. Quantitative nonrandomized	3.1. Are participants (organizations) recruited in a way that minimizes selection bias?
	3.2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?
	3.3. In the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?
	3.4. Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?
	4.2. Is the sample representative of the population understudy?
	4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?

	4.4. Is there an acceptable response rate (60% or above)?
5. Mixed methods	5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?
	5.2. Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?
	5.3. Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?
	Criteria for the qualitative component (1.1 to 1.4), and appropriate criteria for the quantitative component (2.1 to 2.4, or 3.1 to 3.4, or 4.1 to 4.4), must be also applied

Key

Criteria met (%)	Rating
100	****
75	***
50	**
25	*
0	

Overall Score

No of studies	Percent	Rating
6	18	****
15	46	***
12	36	**
0	0	*
0	0	

NB: 'Can't tell' (C) is scored as 'No' (N).

Assessment

No	Study title	Lead author	Year	Comments	Criteria score (Y/N/C)				Overall score
1	Defensiveness in the definition of placebo	Shapiro	1973	Risk of selection bias.	3.1	3.2	3.3	3.4	***
					N	Y	Y	Y	
2	The use of placebos: A study of ethics and physicians' attitudes	Shapiro	1973	Risk of selection bias.	3.1	3.2	3.3	3.4	***
					N	Y	Y	Y	
3	A comparison of the attitudes of a sample of physicians about the effectiveness of their treatment and the treatment of other physicians	Shapiro	1974	Risk of selection bias.	3.1	3.2	3.3	3.4	***
					N	Y	Y	Y	
4	A bitter pill to sw allow: placebo therapy in general practice	Comaroff	1976	Study is appropriate for the research question. The researcher reflects on how the findings relate to the context and her disciplinary assumptions. The analytic process is not clear.					Did not meet screening criteria
5	Placebos and general practice: attitudes to, and the use of, the placebo effect	Thomson	1982	Participant recruitment methods do not minimise bias. Small sample size.	4.1	4.2	4.3	4.4	**
					N	Y	N	Y	
6	The attitudes of patients and physicians tow ard placebo treatment - A comparative study	Lynoe	1993	The patient group is more heterogeneous than the groups of physicians. Patients sampled consecutively.	3.1	3.2	3.3	3.4	***
					N	Y	Y	Y	
7	The use of placebo interventions in medical practice - A national questionnaire survey of Danish clinicians	Hrobjartsson	2003	Study is appropriate, w ell designed and w ell conducted.	3.1	3.2	3.3	3.4	****
					Y	Y	Y	Y	
8	Questionnaire survey on use of placebo	Nitzan	2004	Sample not representative.	3.1	3.2	3.3	3.4	**

No	Study title	Lead author	Year	Comments	Criteria score (Y/N/C)				Overall score
					N	Y	N	Y	
9	Patients' attitudes to the use of placebos: results from a New Zealand survey	Chen	2009	Low response rate.	4.1 Y	4.2 Y	4.3 Y	4.4 N	***
10	Use of placebo interventions among Swiss primary care providers	Fassler	2009	Low response rate. Demographic information is only available for the whole sample, not each group.	3.1 Y	3.2 Y	3.3 C	3.4 N	**
11	The Therapeutic use of placebos among Hungarian GPs: A preliminary research report	Ferentzi	2010	Very low response rate. Not enough information to determine if the sample is representative	4.1 Y	4.2 C	4.3 Y	4.4 N	**
12	Family physicians believe the placebo effect is therapeutic but often use real drugs as placebos	Kermen	2010	Low response rate.	4.1 Y	4.2 Y	4.3 Y	4.4 N	***
13	Placebo interventions in practice: A questionnaire survey on the attitudes of patients and physicians	Fassler	2011	Well conducted study. High response rate.	3.1 Y	3.2 Y	3.3 Y	3.4 Y	****
14	The use of pure and impure placebo interventions in primary care - a qualitative approach	Fent	2011	Researchers do not reflect in any detail on how their influence may have affected results. Little contextual exploration.	1.1 Y	1.2 Y	1.3 N	1.4 N	**
15	The use of placebos in medical practice. A questionnaire survey among GPs of Hungary	Ferentzi	2011	Very low response rate.	4.1 Y	4.2 C	4.3 Y	4.4 N	**
16	Factors affecting placebo acceptability: deception, outcome, and disease severity	Kisaalita	2011	Sample likely not representative of the population. No response rate recorded.	3.1 N	3.2 Y	3.3 Y	3.4 C	**
17		Babel	2012	No record of response rate.	3.1	3.2	3.3	3.4	***

No	Study title	Lead author	Year	Comments	Criteria score (Y/N/C)				Overall score
	The Effect of Question Wording in Questionnaire Surveys on Placebo Use in Clinical Practice				Y	Y	Y	C	
18	Analgesic Placebo Treatment Perceptions: Acceptability, Efficacy, and Know ledge	Kisaalita	2012	Sample likely not representative of the population. No response rate recorded.	3.1 N	3.2 Y	3.3 Y	3.4 C	**
19	Ethical aspects of clinical placebo use: w hat do laypeople think?	Koteles	2012	Sample not representative.	3.1 N	3.2 Y	3.3 Y	3.4 Y	***
20	Widespread use of pure and impure placebo interventions by GPs in Germany	Meissner	2012	Low responserate	4.1 Y	4.2 Y	4.3 Y	4.4 N	***
21	Use of Placebo Interventions in Primary Care in Poland	Babel	2013	Results might not be representative of the population.	4.1 Y	4.2 N	4.3 Y	4.4 Y	***
22	Placebo use in the United kingdom: results from a national survey of primary care practitioners	How ick	2013	Low responserate.	4.1 Y	4.2 Y	4.3 Y	4.4 N	***
23	Patients' attitudes about the use of placebo treatments: telephone survey	Hull	2013	Low responserate. Demographic data only available for w hole sample. Inferential statistical results not recorded.	4.1 Y	4.2 Y	4.3 N	4.4 N	**
24	Use of Placebos and Nonspecific and Complementary Treatments by German Physicians - Rationale and Development of a Questionnaire for a Nationw ide Survey	Linde	2013	Method of analysis is quite vague. Very little primary data reported.	1.1 Y	1.2 N	1.3 Y	1.4 N	**
25		Nitzan	2013	Sample not representative.	4.1	4.2	4.3	4.4	***

No	Study title	Lead author	Year	Comments	Criteria score (Y/N/C)				Overall score
	Consenting not to be informed: a survey on the acceptability of placebo use in the treatment of depression				N	Y	Y	Y	
26	When and why placebo-prescribing is acceptable and unacceptable: a focus group study of patients' views	Bishop	2014	Well designed and conducted.	1.1 Y	1.2 Y	1.3 Y	1.4 Y	****
27	Placebo use in the UK: a qualitative study exploring GPs' views on placebo effects in clinical practice	Bishop	2014	Well designed and conducted.	1.1 Y	1.2 Y	1.3 Y	1.4 Y	****
28	The use of placebo and non-specific therapies and their relation to basic professional attitudes and the use of complementary therapies among German physicians--a cross-sectional survey	Linde	2014	Low responserate.	3.1 Y	3.2 Y	3.3 Y	3.4 N	***
29	The patient's perspective of placebo use in daily practice: a qualitative study	Tandjung	2014	Appropriate consideration to reflexivity not given.	1.1 Y	1.2 Y	1.3 Y	1.4 N	***
30	Belief in and use of complementary therapies among family physicians, internists and orthopaedists in Germany - cross-sectional survey	Linde	2015	Low responserate.	3.1 Y	3.2 Y	3.3 Y	3.4 N	***
31	Placebo in general practice	De Gobbi	2016	Sample not representative.	4.1 Y	4.2 N	4.3 C	4.4 Y	**
32	A comparative study with depressed patients on the acceptability of placebo use	Feffer	2016	Well designed and conducted.	3.1 Y	3.2 Y	3.3 Y	3.4 Y	****

No	Study title	Lead author	Year	Comments	Criteria score (Y/N/C)				Overall score
					5.1	5.2		5.3	
					Y	Y		N	
33	Patient attitudes about the clinical use of placebo: qualitative perspectives from a telephone survey	Ortiz	2016	Low response rate. No contextual or reflexive consideration for qualitative component.	1.1	1.2	1.3	1.4	**
					Y	Y	N	N	
					4.1	4.2	4.3	4.4	
					Y	C	Y	N	
34	Parental Attitudes About Placebo Use in Children	Faria	2017	Well designed and conducted.	4.1	4.2	4.3	4.4	****
					Y	Y	Y	Y	