

**Table S1** Results of the survey\*

Item	Item full	N	Mean	SD	Min	Max
<b>A01</b>	Making use of placebo effects to optimize treatments will ultimately lead to better treatment outcomes.	29	<b>8.7</b>	1.4	6	10
<b>A02</b>	Making use of placebo effects to optimize treatments will ultimately lead to lower treatment side effects.	27	<b>7.1</b>	2.4	0	10
<b>A03</b>	Making use of placebo effects to optimize treatments will ultimately lead to lower costs.	24	<b>6.8</b>	2.4	0	10
<b>A04</b>	Open-label placebos should be officially registered as regular treatments (e.g., FDA approved) if positive evidence and positive replications continue to accumulate.	27	<b>5.8</b>	3.0	0	10
<b>A05</b>	If a treatment shows equal efficacy to a placebo, both should be offered to the patient.	22	<b>6.0</b>	3.3	0	10
<b>A06</b>	If a treatment shows equal efficacy to a placebo, the treatment should not be offered to the patient, since, by definition, it is more invasive and expensive than a placebo.	21	<b>4.1</b>	2.9	0	10
<b>A07</b>	Given that more invasive treatments have sometimes been found to have larger placebo effects, more invasive treatments should be preferred.	20	<b>1.7</b>	1.9	0	7
<b>A08</b>	Patients should be informed about the role of placebo effects in treatment outcomes.	23	<b>8.7</b>	1.8	3	10
<b>A09</b>	It is unethical for doctors not to make use of placebo effects.	24	<b>6.9</b>	2.8	0	10
<b>A10</b>	Treatments should never be hidden, but always be given in an open and transparent manner to make optimal use of placebo effects.]	24	<b>7.3</b>	2.5	2	10
<b>B01</b>	Whenever the evidence base suggests placebos are therapeutically useful, doctors should regularly prescribe open-label placebos in view of their beneficial health effects.	15	<b>5.7</b>	3.2	0	10
<b>B02</b>	Deception is a necessary characteristic of placebo effects. Consequently patients should not be informed when doctors prescribe placebos.	28	<b>1.8</b>	2.0	0	8
<b>B03</b>	Open-label prescription of placebos is preferable to hidden prescription of placebos.	23	<b>8.7</b>	1.6	4	10
<b>B04</b>	It should be possible to authorize concealment of placebo administration.	22	<b>6.6</b>	3.4	0	10
<b>B05</b>	Deceptive placebos should never be used in a clinical setting.	25	<b>6.2</b>	3.2	0	10
<b>B06</b>	When deception plays a role in eliciting and/or magnifying placebo effects, it is unethical for doctors to deceive patients even for therapeutic reasons.	23	<b>6.7</b>	2.6	2	10
<b>B07</b>	Deceptive placebos should only be administered when there are no other effective treatment options.	21	<b>3.9</b>	3.0	0	8
<b>B08</b>	Open-label placebos should be the treatment of first choice in all nonlethal conditions where they have shown efficacy.	23	<b>3.4</b>	2.7	0	10
<b>B09</b>	Insurance companies and pharmacists should encourage the prescription of open-label placebos.	19	<b>4.4</b>	2.8	0	9
<b>B10</b>	A government that does not encourage the large-scale use of placebo effects is wasting taxpayers' money.	18	<b>4.0</b>	3.2	0	10

Implications of placebo and nocebo effects - Supplementary Appendix

<b>C01</b>	Nocebo effects should be explained to patients.	24	<b>8.4</b>	1.9	2	10
<b>C02</b>	In view of possible nocebo effects, doctors should avoid emphasizing possible treatment side effects or risks of a specific treatment.	24	<b>5.9</b>	2.5	0	10
<b>C03</b>	It is unethical not to inform patients about possible nocebo effects.	22	<b>6.6</b>	2.4	2	10
<b>C04</b>	Whenever a treatment is prescribed, information about possible side effects should be presented to patients in such a way as to minimize nocebo effects	25	<b>8.8</b>	1.3	6	10
<b>C05</b>	Patients should be informed about the possible occurrence of nocebo effects and given the choice between complete or limited information about all possible risks and treatment side effects (authorized concealment).	25	<b>7.8</b>	1.9	2	10
<b>C06</b>	It is important to identify patients with fear of treatment side effects as these patients are particularly vulnerable to nocebo effects.	22	<b>7.1</b>	2.9	0	10
<b>C07</b>	Patients with a high fear of side effects should be offered additional treatment to reduce their fear (e.g., psychological treatment) to prevent nocebo effects.	22	<b>7.1</b>	1.9	2	10
<b>C08</b>	Clinicians should be trained in the specific skills involved in minimizing nocebo effects.	28	<b>8,6</b>	1.5	3	10
<b>C09</b>	Clinicians should receive regular education and training about nocebo effects, e.g., how to communicate about the risks and side effects of treatments.	26	<b>8.7</b>	1.1	7	10
<b>C10</b>	Patients should be screened for possible fear of side effects as a risk factor for the development of nocebo effects.	20	<b>6.7</b>	3,0	0	10
<b>D01</b>	Informing patients about the possible effects of their own expectations should be part of every consultation with doctors.	23	<b>6.2</b>	3.0	0	10
<b>D02</b>	A good patient-clinician relationship – characterized by trust, warmth, and empathy – is essential to make optimal use of placebo effects for the therapeutic efficacy of a treatment.	27	<b>8.3</b>	1.9	2	10
<b>D03</b>	A good patient-clinician relationship - characterized by trust, warmth, and empathy - helps to prevent unwanted treatment side effects.	21	<b>7.9</b>	1.9	3	10
<b>D04</b>	Patients should be informed about the health benefits of factors such as trust, warmth, and empathy in patient-clinician relationships to make optimal use of placebo effects.	27	<b>6.1</b>	2.6	0	10
<b>D05</b>	Deceptive placebos harm doctor-clinician relationships.	22	<b>7.1</b>	2.2	2	10
<b>D06</b>	Clinicians should receive regular education and training about how to make optimal use of placebo effects in their treatments.	27	<b>8.5</b>	1.4	6	10
<b>D07</b>	Clinicians should be trained in the specific skills involved in optimizing placebo effects.	28	<b>8.6</b>	1.4	5	10
<b>D08</b>	Clinicians need to receive medical ethics education to harness placebo effects ethically in clinical practice.	26	<b>8.5</b>	1.4	6	10
<b>D09</b>	To optimize placebo effects, it is recommended that clinicians provide clear mechanistic descriptions of how treatments work.	22	<b>7.2</b>	2.2	0	10
<b>D10</b>	To optimize placebo effects, it is recommended that clinicians emphasize the possible treatment benefits, even if they include unrealistic outcomes.	22	<b>2.7</b>	2.2	0	8

\*Survey items of the different themes A-D. Number of participants (N) who responded to the item. Mean and standard deviation (SD) of all items with minimum (Min) and maximum (Max) scores of all respondents.