DIGITAS HEALTH

SHOULD MARKETERS BE CONCERNED WHEN PATIENTS DOUBT THE DOCTOR?

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Doctors are just like other humans – we're fallible.

In fact, To Err is Human: Building a Safer Health System" a report issued by the Institute of Medicine in 1999, blamed medical errors for between 44,000 and 98,000 deaths in U.S. hospitals every year. Equipment and system failure accounted for some of those fatalities. However, the report also drew attention to the impact of communication errors and cognitive mistakes made by medical personnel.

A significant reduction of the rate of errors in the provision of healthcare will require substantial changes in healthcare, including a re-evaluation of thought processes that led to the lapses in clinical judgment.

Enter Jerome Groopman, MD. In his recently published book, "How Doctors Think," the hematologist/oncologist focuses on the snap judgments, biases and habitual thought patterns that contribute to misdiagnoses. Groopman describes several such cognitive mistakes, including:

- "Anchoring:" making a quick diagnosis and sticking with it, despite evidence to the contrary;
- "The Recency Effect:" diagnosing a condition because of its similarity to other cases that the doctor has recently treated;
- Affection Bias: letting positive feelings toward a patient impair thorough evaluation, including the consideration of worst-case diagnosis/scenarios;
- Specialization Bias: the tendency to attribute an illness to a disorder involving the physician's area of expertise;
- Over-trusting the Consultant: abdicating responsibility to a specialist consultant whose reassurance about a difficult case ("we see this often") may not be in the patient's best interest.

Groopman's work is illuminating…and disturbing. Like the Institute of Medicine report, it shatters the comforting delusion that doctors are infallible. Roughly 100 years ago, Sigmund Freud shed light on our tendency to put physicians on a pedestal. He described the process of transference, in which a person displaces an emotional attachment from one person onto another in a therapeutic relationship. Couple transference with regression—a tendency for childlike behaviors and feelings to re-emerge under stress (i.e. illness, or fear of illness) -- and you have a recipe for a paternalistic doctor-patient relationship.

In some circles, physicians are still viewed as utterly dependable, masterful, powerful—a kind "uber-parent" that we turn to when our health, or life, is on the line. However, in recent years, four key trends have diminished American physicians' power and autonomy.

First, managed care factors economics into the healthcare equation. Today, physicians often have had to cede control to an organization with a perspective that is broader, and more financially dependent, than what is best for the individual patient. Doctors, with rare exception, no longer exert exclusive control over their patient's diagnosis, treatment and follow-up.

Second, the rise in malpractice litigation has contributed to an era of "defensive medicine"—doctors, particularly in some specialties, are anxious about worst-case scenarios and feel compelled to order unnecessary tests to protect themselves from future lawsuits.

Third, the 1997 Food and Drug Administration's loosening of restrictions on DTC advertising has had a profound impact on the general public's awareness of prescription medications. Patients were suddenly empowered to initiate discussion of new medications, rather than waiting for their doctor to broach to subject. While the debate about the costs and benefits of pharmaceutical DTC advertising continues, industry spending continues to increase. Spending on TV commercials climbed from about $650 million in 2001 to $1.19 billion only four years later, according to *Media Week*. And some research suggestions that American physicians' initial resistance to DTC marketing is softening. According to the results of a study recently published in the Journal of the American Board of Family Physicians, more doctors felt DTC ads had a positive, rather than a negative, effect on their connection with patients.

Finally, the fourth major impact on physician autonomy results from the explosive expansion of the World Wide Web in the past decade. From a simple document-exchange medium, the Internet has evolved into an ubiquitous repository for every facet of human knowledge. The Internet has significantly altered how, where and when patients and their families get medical information. By virtue of its ever-expanding scope and versatility, the Internet has brought social networking technology and strategies to bear in the healthcare information arena. Websites have no time constraints for viewing—unlike broadcast DTC commercials—and are voluntarily accessed by the public. The range of medical information on a website typically far exceeds the content condensed into 30- to 60-second clips.

The combined effect of widespread DTC product promotion and easy access to a wealth of healthcare information online is the "democratization" of medical knowledge. This directly affects many doctor-patient relationships; surveys indicate that most patients tend to consult the Internet both before and after their doctor visit. Indeed, all of the educational materials once available in doctor's office waiting rooms, or dispensed by physicians at the end of a visit, can now be readily accessed on the Web.

Anyone can learn a great deal about healthy living, disease states, and every possible treatment option on the Web. But what about the type of healthcare advice that Dr. Groopman advocates: learning how to speak up when you're concerned that your doctor may be missing something important? This is a new topic area in the on-going healthcare dialogue in this country, and one that poses some delicate issues for pharmaceutical marketers.

The question for those marketers who have embraced DTC promotion (with the ample opportunities for patient education, made possible by the Web) is this: Should the industry incorporate Groopman's recommendations into their patient-centric marketing materials? How will this affect physicians/prescribers?

Some physicians will undoubtedly take umbrage at patients questioning their clinical reasoning, whether they came upon that knowledge from reading Groopman's book, or a newspaper article, or a pharmaceutical brand's website. So be it.

In contrast, many physicians in practice today began their professional careers during this era of DTC advertising and Internet evolution. Accordingly, many are likely to accept this type of highly-informed questioning. It would be another reflection of the trend toward more educated and empowered patients, willing and eager to be more actively involved in their own healthcare. Some physicians may appreciate the opportunity to enter into a more meaningful dialogue with their patients.

Whether or not marketers choose to offer advice on how to most effectively communicate with doctors ultimately hinges on a company's (or brand's) underlying marketing philosophy and goals.

Jerome Groopman has opened our eyes to a new and important aspect of the physician-patient dialogue. Do pharmaceutical marketers have an ethical responsibility to patients to help model effective physician-patient communication? What if doing so made a positive contribution to healthcare in the United States? What if the practice could help foster trust in your company and its products?

For brand managers and their agencies crafting patient-centered healthcare content, these questions merit serious consideration.

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