Medical errors occur 35% of the time
The majority of these errors are in cognition

Melanie Swan
MS Futures Group
650-681-9482
m@melanieswan.com
http://www.melanieswan.com
Summary: Marketing and Soul

- Science, tradition, financial incentives and personal bias mold the thinking of doctors
- Best treatment incorporates the character of the patient and the physician’s rapport
- Evolving role of medicine and physicians
  - Aggressive pharmaceutical marketing
  - “New conditions” - cure or enhancement?
  - Increasingly complex medical environment
- Patients can manage doctors better through more rigorous questions
Aggressive pharmaceutical marketing tactics

- Example: Dr. Karen Delgado, thought leader endocrinologist

- Aggressive pharmaceutical representative marketing tactics
  - Carrot/stick, gifts/bullying
  - Doctor prescription history easily obtained

- Claim: concerted effort by pharmaceutical companies to change the way doctors think

- Doctors banning gifts from drug companies
Results of aggressive pharmaceutical marketing

- Aggressive pharma marketing leads to:
  - Unnecessary invasive expensive procedures
  - Incentive for financial gain (doctor & patient)
  - Incentive to block patient studies
  - Systemic challenges
  - Grey area: doctor wants to believe

- Example: breast cancer: radical mastectomy was the standard treatment 1895-1970

- Example: spinal fusion vs. discectomy
  - Necessary for 2% cases (Dr. X, 2-3/week)
  - $20,000 vs. $5,000 insurance reimbursement
  - Only 1/6 report significant improvement
Perspective of the ethical pharmaceutical CEO...

- Most doctors only prescribe about **24** drugs, the “golden oldies”

- Also depends on the condition and existing solutions
  1. Low efficacy: arthritis
  2. High efficacy: blood pressure
  3. Cultural shift conditions: Viagra

- Pharmaceutical marketing should:
  - Accurately educate the physician regarding the side effects and potential benefits of drugs

Douglas G. Watson
Former CEO, Novartis Corporation
Director, Dendreon
“New” conditions, medicalizing of aging

- Personality ‘disorders’ and hormone replacement therapy, medicine or marketing?

- Testosterone replacement therapy
  - Health is not impaired
  - Studies indicate
    - no medical basis for andropause/PADAM
    - no improvement from testosterone therapy

- Estrogen replacement therapy
  - Began in 1960s from pharma-financed book
  - Ongoing conflicting medical results
    - Nurse’s Health Study
    - NIH’s Women’s Health Initiative 1991-2002
    - Heart & Estrogen/Progestin Repl Study (HERS)

http://www.antiaging-aesthetics.com/

http://www.andropause.com/diagnosis/quiz.asp
In service of the soul, treating the whole patient

- Best care factors patient character into clinical judgments
  - Example: Memorial Sloan-Kettering, Elizabeth Dashiell, sarcoma 1890
  - “best thought and continued study”

- Patients are PEOPLE
  - Perceive the tangible vs. intangible
  - Focus on short-term costs rather than long-term benefits
  - May not know what they want
    - Cure vs. comfort
Physicians are PEOPLE

- Physician personality influences cognition and treatment
  - Aggressive vs. soft-spoken
  - Phrasing information to patients
    - 30% success vs. 70% failure
    - Percent vs. absolute numbers

- Physician psychology
  - Shift of responsibility
    - “Bad disease”
  - Fear of failure
    - Physicians refusing to take patients, surgeries
Evolving role of medicine and physicians

Traditional Model: Health impairment cure

Evolving Model: Health cure and enhancement advice
Doctor, a couple of questions…

- How did you select that drug to prescribe?
- Do you have a relationship with the drug manufacturer? Has the company ever given you...
  - any gifts, support to attend or speak at a conference, educational grants or clinical trials sponsorship?
- Is the treatment you propose standard? Are there less invasive, simpler alternatives?
  - How does your insurance reimbursement vary for the treatment options?
- How time-tested is this treatment?
- Do different specialists recommend different approaches?
- Is there another course of treatment we could try?
- What do you mean by improvement?
- References: may I contact some other patients who have seen you for this condition? Check: www.yelp.com
Summary: Marketing and Soul

- Science, tradition, financial incentives and personal bias mold the thinking of doctors
- Best treatment incorporates the character of the patient and the physician’s rapport
- Evolving role of medicine and physicians
  - Aggressive pharmaceutical marketing
  - “New conditions” - cure or enhancement?
  - Increasingly complex medical environment
- Patients can manage doctors better through more rigorous questions
Thank you

Melanie Swan
MS Futures Group
650-681-9482
m@melanieswan.com
http://www.melanieswan.com