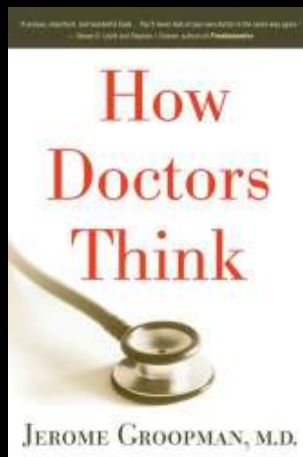


How Doctors Think – Jerome Groopman, MD

Chapter 9 . Marketing, Money, and Medical Decisions
Chapter 10. In Service of the Soul



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

**BCIG NIH
September 27, 2007**

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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



Doctor with patient



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/>

Are you suffering from Andropause?

Many men begin to suffer from andropause beginning in their early to mid thirty's. Andropause is defined by a decline in the male body's hormones

Diagnosis

Do I Have Andropause?

1. Do you have a decrease in strength and/or endurance?
2. Do you have a lack of energy?
3. Do you have a decrease in your sex drive (libido)?
4. Are you more sad and/or grumpy than usual?

<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

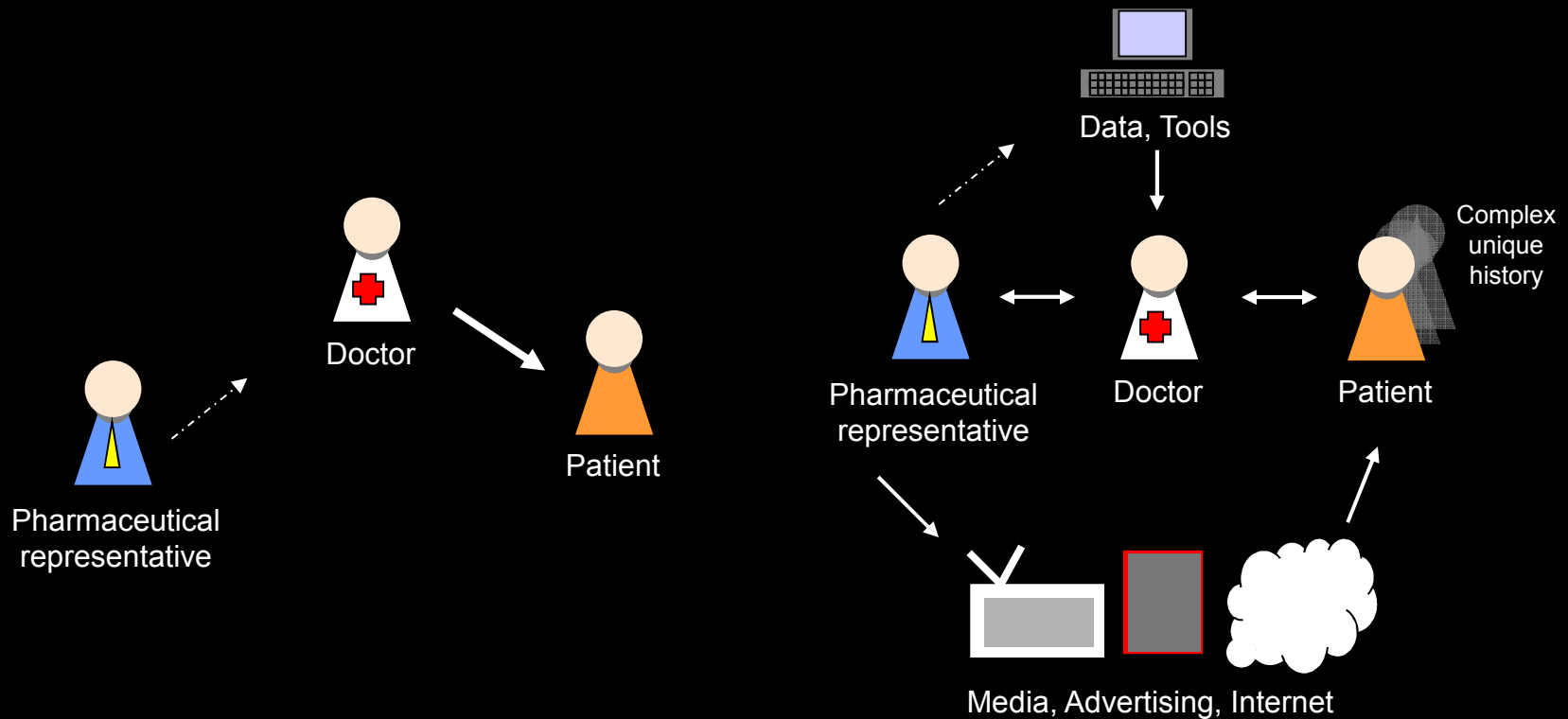


Dr. Stephen D. Nimer
Head of Hematologic Oncology
Memorial Sloan-Kettering



Dr. Jeffrey Tepler
Hematology, Internal Medicine and Oncology
New York-Presbyterian

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

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Thank you

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