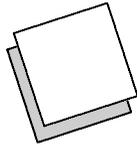


*An executive summary for managers and executive readers can be found at the end of this article*



# Misplaced marketing

## “It hurts. Fix It.” The patients’ lament and unhealthy medical care marketing

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**Keywords** Health care, Marketing

**Abstract** Focuses on the dilemma for health care professionals of providing customer satisfaction without being significantly influenced by the advertising claims of pharmaceutical manufacturers and other commercial concerns. Notes that marketing could be a tool for encouraging patients to be more involved in their own health care, resulting in a possible doctor-patient therapeutic alliance of joint decision making toward a goal of long-term improved health. Also notes that there are limits to the benefits of seeing medicine as a business in the strictest sense of the word. Warns that, in health care, the customer does not always know best.

**Restriction on advertising removed**

Almost three decades ago, a series of US Supreme Court decisions began to limit and, eventually, they virtually removed the ability of medical, legal and “learned” professionals’ trade associations to prevent their members from advertising. While consultants and educators readily provided practitioners with an explosion of research on medical service marketing, some health care providers tentatively experimented with advertising to attract new patients and customer satisfaction gradually became a watchword for physicians.

Of course, a “patients as customers” view is preferable to the “patient as stupid cattle” attitude that many doctors were once criticized for following. Marketing could be a tool for encouraging patients to be more involved in their own health care, resulting in a possible doctor-patient therapeutic alliance of joint decision making toward a goal of long-term improved health (e.g. see Pinto and Barber, 1999). Yet there are limits to the benefits of seeing medicine as a business in the strictest sense of the word, especially as medicine service remains for many people a series of discrete transactions between physicians and customers that need to be satisfied.

A medical customer’s short-term perceived needs often are for some quick fix even when the therapeutic solution is not so simple. A patient comes to the office wanting something for the trouble, a cure or something that looks like a cure, and the situation creates a pressure for the marketing-oriented physician to make prescriptions that might be useless, and possibly even harmful to society as a whole.

For example, a common cause for a doctor visit is a sore throat which is usually due to a viral upper respiratory tract infection. After testing with a throat culture, 5 to 17 percent of these infections might be found to be caused by bacteria and the rest are caused by viruses. Antibiotics can help treat bacterial-caused sore throats, not those caused by viruses, yet more than half of US adults are treated with antibiotics for sore throats (Linder and Stafford, 2001). Aside from the financial waste, the frequent overuse of broad

**Use of antibiotics to treat sore throats**



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**Failure to recognize inaccuracies**

spectrum antibiotics has been blamed for the rise of various drug-resistant strains of highly infectious and potentially-deadly bacteria (*Consumer Reports*, 2001). The antibiotics are used so often when not needed, that in the future they will not work when they are needed. In this case, patients and society could both be losers because of patients that are always given what they might want or think they need.

Since medical doctors are people, not decision-making machines, they are not always as rational in their prescribing decisions as we might like to presume. As with any other product, the physician's primary source of pharmaceutical drug information is provided by the manufacturers. One study found that a significant number of statements from the sale representatives contradicted information readily available to them, and that the physicians generally failed to recognize the inaccuracies (Ziegler *et al.*, 1995). Our personal doctors might claim that they use only research articles for finding information on prescription decisions, these industry contacts do have an influence (Wazana, 2000). Research repeatedly finds that once a company starts selling a drug to assist a certain condition, the number of people diagnosed with the problem increases by several times the original rate. Patients must at least wonder about the medical decision when their new prescription is pre-printed on the doctor's note pad, or when the brand name is emblazoned on coffee mugs around the nurse's desk.

**Consumers increasingly bombarded with direct to consumer advertising**

Adding to the pressures on doctors, consumers are increasingly bombarded with direct to consumer (DTC) advertising for various prescription drugs. The print versions of DTC advertisements are filled with the same pages of print-heavy data on indications, contra-indications and precautions found in medical journal advertisements, and the television voice-overs and superimposed print disclaimers are themselves providing enough warnings of side-effects to make the audience members nauseous.

Yet you have to wonder about just what impact all this DTC advertising must have or what the companies hope to accomplish. On the one hand, the advertisements could make for better informed and knowledgeable patients. But on the other hand, it must be admitted that the drug companies produce the advertising campaigns to increase demand for their brand name product. Since the brand names often are patented or otherwise unique, they would also like to see an increase in generic demand for this form of pharmacological treatment.

Since the advertisements often make emotional appeals based on general symptoms, people are encouraged to rush to doctors for what could be minor non-medical concerns. Not every case of sneezing, feeling depressed, sleep loss or lowered sex drive should be treated by expensive drugs. Even highly-educated medical students tend to spot in their own bodies each new disease studied. Freshman psychology students tend to suddenly find all sorts of neurotic difficulties in themselves or their friends. DTC advertisements can readily play on many consumers' uncertainty about their own health.

**Inherently difficult issue to study conclusively**

In theory, the medical practitioners remain as gatekeepers on the drug purchases. Food and Drug Administrations officials repeatedly insist that the DTC advertising does not prompt unnecessary prescriptions, and the research does support such a skeptical open-minded view. Yet this is an inherently difficult issue to study conclusively and we know that a sizable percentage of patients would respond negatively if their physician refused to prescribe the DTC drug the medical consumer believes will solve the problem (Bell *et al.*, 1999). Physicians must feel the pressure (Spurgeon, 2000), and a possibly

**Not all consumer needs  
should be satisfied**

misplaced marketing orientation insists that the customers needs be satisfied. It would be unrealistic to think that many doctors would not give the requested drug, even when the advertised brand might not be the physicians' first choice for treatment, or even when the patient might be better off not taking any drug at all.

There are many intuitively obvious benefits for doctors taking a marketing orientation toward patient relations, but they call doctors a "learned profession" for a reason. Not all consumer needs should be satisfied. In some cases, the customer does not always know best, and reading the drug companies' literature does not make a patient a medical expert.

**References**

- Bell, R.A., Wilkes, M.S. and Kravitz, R.L. (1999), "Advertisement-induced prescription drug requests: patients' anticipated reactions to a physician who refuses", *The Journal of Family Practice*, Vol. 48, June, pp. 446-52.
- Consumer Reports* (2001), "Super-germ alert", Vol. 66, January, pp. 60-1.
- Linder, J.A. and Stafford, R.S. (2001), "Antibiotic treatment of adults with sore throat by community primary care physicians: a national survey, 1989-1999", *Journal of the American Medical Association*, Vol. 286, September 12, pp. 1181-6.
- Pinto, M.B. and Barber, J.C. (1999), "Consumer satisfaction and consumer responsibility: toward an alternative model of medical service quality", *Health Marketing Quarterly*, Vol. 17 No. 2, pp. 75-86.
- Spurgeon, D. (2000), "Doctors feel the pressure from direct to consumer advertising", *The Western Journal of Medicine*, Vol. 172, January, p. 60.
- Wazana, A. (2000), "Physicians and the pharmaceutical industry: is a gift ever just a gift?", *Journal of the American Medical Association*, Vol. 283, January 12, pp. 373-80.
- Ziegler, M.G., Lew, P. and Singer, B.C. (1995), "The accuracy of drug information from pharmaceutical sales representatives", *Journal of the American Medical Association*, Vol. 273, April 26, pp. 1296-8.

