



Voices of Medicine



By Del Meyer, MD

Vague health care instructions, saluting old soldiers (and MDs), advertising vs. marketing.

The first two articles below are excerpted from the The Bulletin of the Humboldt-Del Norte Country Medical Society of March 2008. The complete articles can be viewed at www.humboldt1.com/~medsoc/images/bulletins/MARCH%202008%20BULLETIN_for%20web.pdf

Not Doing Everthing

"Do Everything (...*that makes sense!*)" is a piece by Ken Meece and Scott Sattler, MD.

Among the common but unhelpful phrases people use when talking about their preferences for intensity of healthcare interventions are "No heroics" and "Do everything." "Heroics" is obviously vague, and we naturally go on to name the specifics. "Everything" doesn't seem so vague, and can seem clear enough to be taken at face value.

It's very hard for people to specify preferences about life-prolonging measures, not only in a crisis or stressful moment but also (for different reasons) pre-need, ahead of time as in completing one's Advance Directives. So it's natural to use quick, global phrases to try to circumvent difficult details. Unfortunately, the actions encompassed by the phrase "Do everything" often have unintended negative consequences, sometimes unanticipated and severe...

Interestingly, there is a way of hearing and dealing with a "Do everything" request that can lead to helpful, detailed communication and reasoned choices, rather than to truncated communication and frustration. This approach was shared with me years ago by Dr. Albert Jonsen, a medical ethics pioneer and current Emeritus Professor of Ethics in Medicine at the University of Washington. He suggested that whenever we hear "Do everything," we always add 'in our mind's ear' the phrase "...that makes sense". Presuming that people are never asking us to do things that don't make any sense is nearly always safe ground. Then respond: "Yes, we'll do everything possible that makes sense. Let's talk about what options make sense medically, that might work to help you at this point. And please, you tell me what makes sense personally to you. We'll work out together what makes sense medically and personally. How does that sound to you?"

Without adding on the phrase "...that makes sense," the global "Do everything" leads to what is called the technological imperative: If it can be done it must be done. This is ethical nonsense, and can lead to avoidable tragedy...

The Disappearing Generation

"There They Go" is the title of an article by George Ingraham, MD.

On election day last month I had stopped just behind a pickup truck near the polling station. Out of the pickup stepped an old gent: ninety at least. He made his way back along the bed, supporting himself with his hands, and reached into the bed for his cane.

Securing this, he walked around the back of his truck and squared up with the curb: a step up of maybe eight inches. He took several seconds to prepare himself, and then with great care and evident pain levered himself up onto the sidewalk, paused, squared his shoulders, raised his head, turned and marched ("walk" doesn't cover it) painfully towards the poll: leftright... leftright... leftright. It took only a little effort to look back almost seventy years and imagine the soldier of twenty; the determination and the pride were still there. Oh yeah. It may not have been much of an election, but he'd fought in the war, he was going to walk to the polls, and he was going to vote. So it hurts. Tough.

Tom Brokaw called his book *The Greatest Generation*. And maybe they were. In and out of uniform, they took on the worst Europe and Asia had to offer, fought them on two oceans and three continents...and won.

I have wondered, thinking about those years, about the physicians of that time, and the challenges which they faced. Not the least of these was the sudden disruption of their education, their careers, and their family life...

We are to consider that they had, in 1941, only small, very small, quantities of a new drug called Sulfa, which could actually kill bacteria without killing the patient. Otherwise, there was not much they could do about contaminated wounds and compound fractures, let alone burns, beyond offering hope and comfort...

We are losing this age group; I read somewhere, at the rate of around a thousand a day. Which reminds me of a traditional Scottish toast: "Who's like us? Damn few, and they're all dead!"...

Why Advertising Fails

David Zahaluk, MD, discusses the "Top Ten Reasons Why Medical Advertising Doesn't Work" in the San Mateo County Medical Association *Bulletin* of January 2008.

"My advertising doesn't work!" I hear those words of lament frequently.... The incorrect use of marketing and advertising is the key reason why many practices fall far short of their potential.

Marketing is not advertising. According to Webster's online dictionary, advertising is the "the action of calling something to the attention of the public, especially by paid announcements." It is the broadcast of specific messages through specified media, like newspaper, Valpak and Yellow Pages.

Marketing, on the other hand, is "an aggregate of functions involved in moving goods (services) from producer to consumer," also according to Webster's online dictionary. Marketing is an overall process of deciding who is in your target market, what their needs are, how your service fulfills those needs and how to best orchestrate the process.

Ads send a specific message. Marketing calibrates the message to market to media match-up and delivers the right message to the intended target. Said differently, the way your receptionist answers the phone is not necessarily part of your advertising, but it is part of your marketing.

However, advertising is not bad, if it is done strategically and in the context of a larger marketing plan. So why does advertising frequently fail?

Reason #1: People Don't Want to be Sold

Patients (and the referring doctors that send them to you) are ever-inundated with advertising messages.... The typical patient weeds out the sales messages and instantly discounts them as being "just advertising."

Reason #2: Being Boring

Perceptual studies have been done on the behavior of reading the newspaper. The reader

scans the page quickly and separates news stories from advertising content. Then, headlines are scanned, with about four seconds devoted to each headline. After that, articles of interest are read and boring articles are skipped. Finally, ads are scanned and interesting ones are read, while most are not...

Reason #3: Lacking Credibility

I have always maintained that the best advertising for a physician is a full waiting room. The public tends to ignore claims that we make about ourselves and looks to the opinion of other people like themselves as validation of their opinion...

Testimonials, third party and celebrity endorsements and guarantees all greatly increase credibility. An enormous amount of credibility is implied if you are the official physician for a local team...

To see the entire article, go to
www.smcma.org/Bulletin/BulletinIssues/Jan08issue/BULLETIN-0801-Zahaluk.pdf.

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