



# HOW NEWTON'S FIRST LAW OF MOTION APPLIES TO PHYSICIANS

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If you remember Newton from high school physics, you remember that an object moving in a straight line tends to stay moving in a straight line unless something comes along to change its direction.

And so it is with doctors. Once they have decided on a course of treatment, they’re reluctant to change, even when a patient isn’t at goal or the guidelines recommend a more aggressive approach. There are legitimate reasons for this hesitancy and those include time pressures and past experience.

Our behaviorists call this habit-driven reasoning and it’s known throughout the industry as Therapeutic (or Clinical) Inertia. It occurs frequently in the treatment of chronic diseases such as diabetes and hypertension.

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# A Rational Look at IRRATIONAL BEHAVIOR

According to behavioral science, we know there are two basic kinds of reasoning. One is deliberative or cognitive reasoning, when we consider all available evidence before making a decision. The other is habit-driven, based on assumption, experience, and perceived norms.

In marketing, we take pride in strategic thinking based on qualitative and quantitative research and thoroughly tested executions. But before we congratulate ourselves on our rational decision-making abilities, open almost any medical journal and look at how otherwise smart, disciplined people speak to an audience of scientifically-minded professionals. What you'll see, page after page, is the use of visual metaphor, wordplay and mnemonics. Do we choose jigsaw puzzles, padlocks and pouncing tigers because these tested executions are persuasive enough to overcome Therapeutic Inertia?

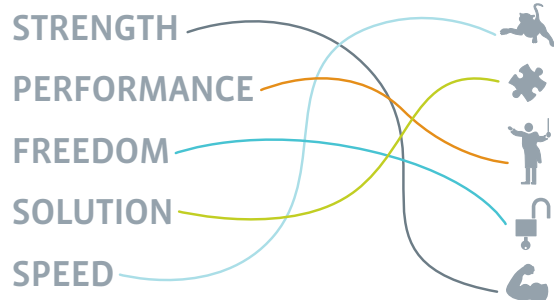
Or is this the way we've always done it?

Traditionally, marketing to physicians has been the "push" from on high, telling them what the brand wants to say rather than what the doctor needs to hear. This push marketing

reinforces habitual behavior by trumpeting brand attributes without addressing what it is about the individual patient that might suggest a different course of treatment. Part of this is due to the regulatory process, part is due to the conservative nature of pharmaceutical companies, and part of it is our own marketing inertia.

After all, it's harder to present a rational argument that convinces a physician to reconsider the way he practices medicine than it is to illustrate power with a speeding locomotive. But the regulatory handcuffs and conservative brand managers should only make pharma marketers work smarter to find innovative ways to break through the physician's natural inertia. They can do that with information that is authentic, empathetic and relevant to the patients they treat.

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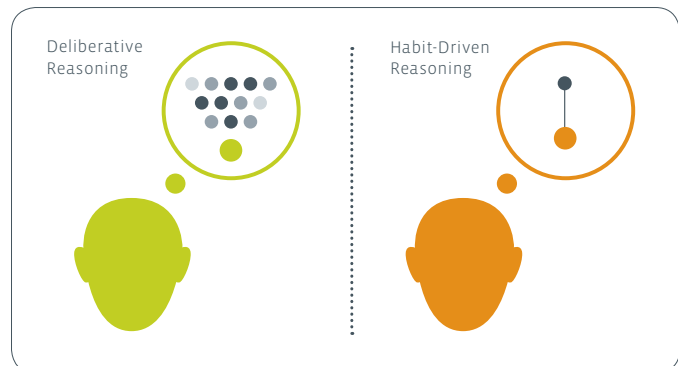


## TREAT YOUR DOCTOR AS YOU WOULD TREAT YOURSELF

There are a lot of assumptions about professional marketing: Doctors don't read copy. They want bulleted facts. They respond to pouncing jungle cats.

And yet, these same doctors drive BMWs and drink Starbucks. Doctors, like the rest of us, respond to advertising, but only if that advertising is relevant to their lives, their profession or their patients. To reach through and shake doctors out of their therapeutic inertia, you have to give them a good reason to consider changing what they've always done.

To do this we have to engage the deliberative side of a physician. We have to understand how physicians come to their decisions. We have to know the steps they take in diagnosis and where in that process they are most likely to stop and reconsider their normal course of treatment.



The scientific study of human behavior offers proven models that not only explain the different ways humans come to a decision, but if studied along with environment, influences, and other variables, can often lead to surprising enlightenment. Through our understanding, we can tell a larger story in context with their real world experience and we can explain the true benefit of our product — to patients and physicians.

## THINK SMALL

Often, the smart thing is not to follow the leader, but to find a parade and get in front of it.

None of what we're suggesting is new. It's just new to pharmaceutical marketing. In the 1960's, Volkswagen ads did something Madison Avenue hadn't done before — they created smart advertising for smart consumers. In the 1980's, Federal Express built a brand and a category with an understanding that just below the surface of the no-nonsense businessman there lurked a consumer with a sense of humor. This was the same businessman we were told didn't read copy and wanted his facts in predigested bullet points.

Sound familiar?

Advertising to professionals is advertising to people. To move them out of their inertia, you tell them something new, something they want to know, something valuable about themselves and their patients.

But, to paraphrase Freud, what do physicians want? What story do they need to hear, what facts do they need to see? What prejudice must be overcome before we can move that physician off the expected path?

Each case, and each product, requires us to make a deeper commitment to understanding the physician's beliefs, assumptions and the challenges faced every day in the profoundly moving and messy world of human care.

We believe that the scientific study of human behavior can show us the way to persuade physicians to look again at the patients standing in front of them and

see not just a disease or condition, but a person in need, a person who may respond better to a different therapy. We trust that what we learn from our research can help us discover new ways to tell our clients' stories, ways that will resonate with a fundamental and irrefutable truth.

We do not sell shoes. We do not sell soft drinks. We sell hope, often to physicians and patients facing cruel and life-changing illnesses. When we understand the magnitude of our industry's calling, we are humbled by the task and yet inspired to find a message that is smarter, more accurate and more substantial than that of the metaphoric tiger or the fast-moving train.

**ROB PETERS, Vice President, Professional Strategy**

Rob possesses a wealth of experience as a strategist and medical promotions specialist. As vice president of professional strategy at MicroMass, he is responsible for development and execution for clients based on strategic and behavioral insights. He has over a decade of experience, both domestically and internationally, in medical marketing, promotion and CME. His range of experience includes work in categories including antibiotics, cardiovascular, HIV/AIDS, vaccines, sepsis, immunology, neurology and general practice management.

Rob received his Bachelor of Science degree in Applied Biology with a focus on Health Sciences and Environmental Biology from the Georgia Institute of Technology.



**About MicroMass Communications, Inc.**

Founded in 1994, MicroMass offers unrivalled capabilities in the application of behavioral science to marketing challenges. The company's approach is founded on the belief that understanding the critical factors that influence individual behavior is the best way to create dialogue and build enduring relationships between customers and brands.

Unlike traditional agencies that are structured by discipline, MicroMass brings together under one roof the expertise and services for building sophisticated, multi-channel programs that span the full marketing continuum.

Headquartered in Cary, N.C., MicroMass is one of the fastest growing agencies in its field. With experience in more than 30 therapeutic categories, the company has a roster of clients that includes some of the most respected names in the pharmaceutical industry.

For additional information on MicroMass, visit [micromass.com](http://micromass.com).