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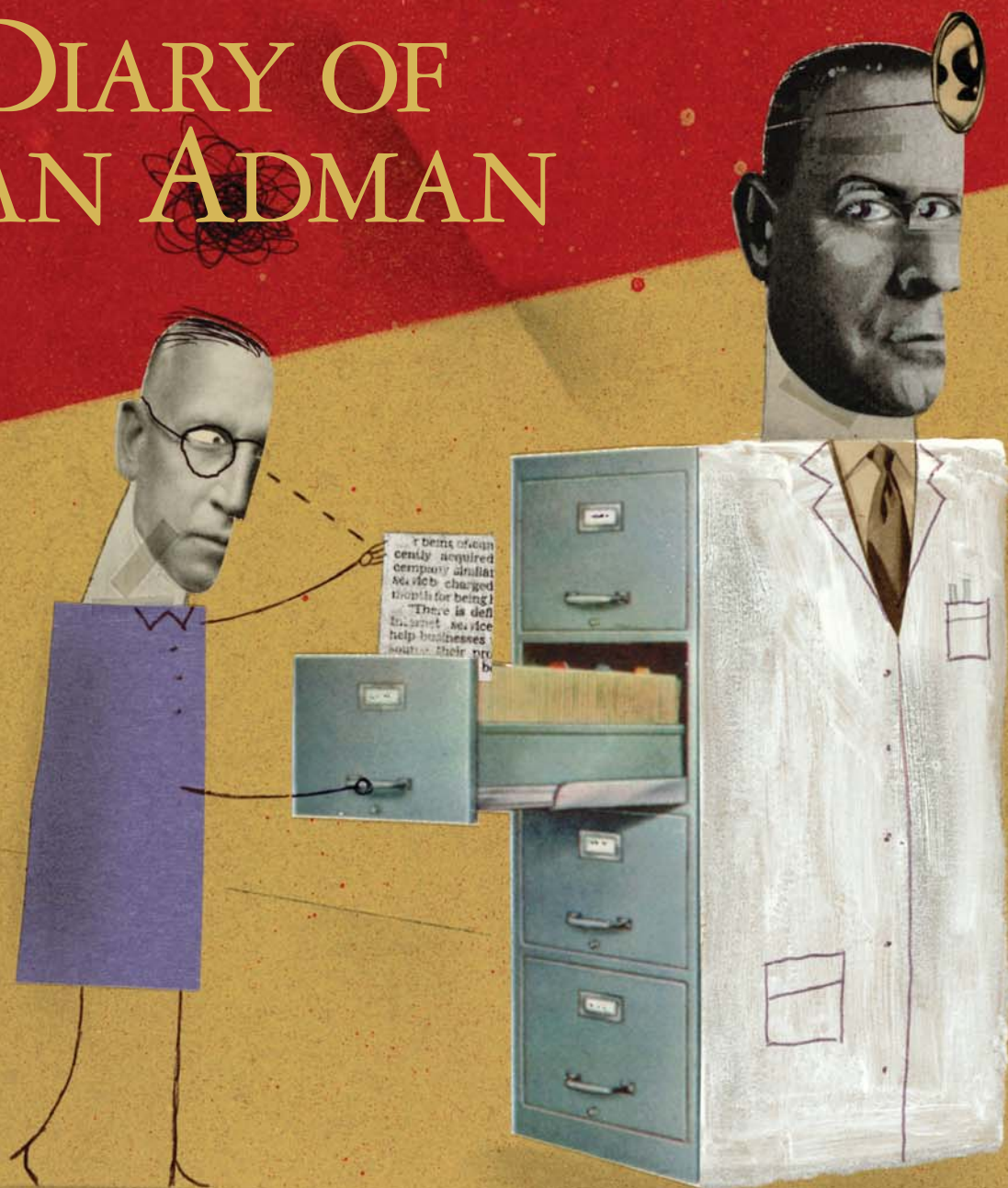
# Medical

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# Marketing & Media

## DIARY OF AN ADMAN



# Diary of an Adman

The impressions of a consumer advertising veteran who wandered into the world of healthcare

After 30 years in consumer advertising, John Scott accepted an offer to become executive creative director of a highly regarded and long-established healthcare agency. For the first six months in his new position, he kept a diary noting not only events but opinions and reflections, particularly on how his new environment contrasted with what he was used to. Going back over his entries, he has summarized his key impressions in this frank and at times provocative retrospective article.

by John Scott, Jr.

**T**he first question the CEO of one of America's most venerable pharmaceutical agencies asked me when I decided to switch from consumer to healthcare advertising was pointed: "Why in hell would you want to do this?"

He was making a cogent point. Why would someone who had been strictly a consumer advertising specialist for 30 years, an executive creative director and member of the board of one of the world's top consumer agencies, choose to enter what is effectively a different field — the arcane world of healthcare advertising?

The short answer is, for the same reason that I got into advertising in the first place after wandering into a copywriting course in journalism school at the University of Georgia. I found it fascinating. Irresistible. To quote Jerry della Femina, "The most fun you can have with your clothes on."

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I was hooked. I went to the University of Illinois for my M.S. (in advertising, with a minor in psychology) and moved to Chicago. The winters were brutal, the Cubs were in last place, and I loved my work. Since then nothing much has changed — except, of course, the rest of the world, which advertising always reflects. And one of the most exciting changes I'd observed was in the field of healthcare.

Legend has it that a Spaniard named Ponce de Leon landed in the vicinity of what is now St. Augustine, Florida, in the early 16th century announcing that he was seeking the Fountain of Youth. Five hundred years later, we are still obsessed with living longer, healthier, and more “youthful” lives. That search for better health has driven the creation and growth of companies that spend billions of dollars each year in constant search for more and better medicines for any ailments we have or might contract.

In a peculiarly American way, the desire for life-giving, life-extending, life-improving products has intersected with capitalistic opportunity. The result has created miracles of hope and recovery and has spawned unimaginable economic growth, opportunity, and enormous wealth; as well as creating exciting, even frightening implications for the future in such fields as biotechnology and genomics. As a result, Americans are taking more medicines than ever (often self-diagnosing themselves), buying prescription drugs on the Internet; consulting *Physician's Desk Reference (PDR)* on the Web; and keeping copies of the *PDR* on millions of nightstands.

Not all the results are positive. The changes in healthcare have also spawned the American healthcare “crisis” — defined by rising costs, the formation of HMOs, limited access to doctors, and limited or unavailable medical insurance coverage. Add to all this the ultimate fuel to the fire — an aging population: 35 million Americans are now age 50 or older, 15 million will

reach age 60 in this decade. The baby boom generation, nearing retirement, is well-heeled and in no mood to live out its “golden years” in sedentary, declining health as their grandparents did. With the oldest Americans having the largest proportion of disposable income of any age group (coupled with the greatest need for medicines), this spells opportunity on a huge scale, for the future of the healthcare industry.

**Reviewing professional publications and awards for healthcare advertising. I have a sinking feeling. So little good work, it seems. So much lost opportunity. But also, so much more complicated than I had thought — so many rules and restrictions. Could I, could anyone, do better?**

So why would a man who had spent his career constantly ginning up enthusiasm for the likes of hot dogs, sport utility vehicles, breakfast cereal, glass cleaners, beer, and processed cheese want to work on the likes of anti-HIV drugs, hypertension therapies, migraine headache remedies, and treatments for glaucoma? It's a no-brainer. Because it represents an opportunity to participate in one of the fastest-growing, most dynamic industries

in America, during a period of historic growth and change. And because I can think of no greater challenge.

### **Exploring a new environment**

As a newcomer, I first need to find out what's going on in the world I've joined. Reviewing professional publications and awards for healthcare advertising I have a sinking feeling. So little good work, it seems. So much lost opportunity. But also, so much more complicated than I had thought — so many rules and restrictions. Could I, could anyone, do better? Reviewing several campaigns, I wondered: Why can't we talk about our differences, differentiate ourselves more? Why do we keep information away from consumers — and even doctors — in our advertising messages?

“The consumer is not an idiot. The consumer is your wife,” David Ogilvy, famously said. For medical advertising, the “consumer” is no idiot, either. He's your doctor. Yet, I found out, advertisers are not allowed to talk about their products in any way that emphasizes their differences — ostensibly, because the mere emphasis is interpreted as “inferring superiority.” Does this mean doctors, of all people, are incapable of determining whether differentiating characteristics are meaningful or advantageous?

To a lesser degree that also applies to the consumers' right to know what products are available to them. Doesn't someone suffering from hypertension, diabetes, migraine headaches, cancer, or AIDS have the right to know what products are available, and everything about those products? The medical industry's answer seems to be yes, *but*. Yes, but that information is best filtered and managed through physicians. At first glance, it is hard to argue that doctors should not be the final arbiters of which hypertension drug, for instance, is best for their patients. But the state of healthcare at the beginning of the new

millennium throws that logic into serious question. How busy are doctors? How good? How distracted? How current are they on the latest products, their relative strengths and potential side effects? Scarier yet, how good is the HMO? Does the patient get to see the same physician consistently, someone who knows both patient and family? Who evaluates doctors? Who knows when a doctor simply hasn't the time to keep up with new products, or to understand them, and to prescribe with even a modicum of confidence the medication needed? My background reading on the industry yields some fascinating facts: in one case, an FDA "black box" warning preceded (or precipitated) an actual increase in that product's prescriptions; in another, FDA warning letters about the prescribing of a drug outside its indications had no effect on its contraindicated use and the product had to be withdrawn.

The doctor is not an idiot, but neither is he or she God. We do both doctors and their patients a disservice by leaving the responsibility for discriminating among, evaluating, selecting, and introducing every prescription drug administered to their patients exclusively in their hands. While the ultimate drug recommendation should always be the province of the prescribing physician, it is time to place part of that responsibility on the manufacturers and their communications programs, including responsible advertising, to provide intelligent, descriptive, differentiating input to patients about the products that they, after all, will ultimately be taking.

Doctors would also benefit by providing them with informed patients who are better able to participate in their own treatment and to understand and take responsibility for following the doctor's instructions.

### **Stops along the learning curve**

Boy, did I have a lot to learn — about mechanisms of action, titration, efficacy,

and comorbid conditions, to name a few initially terrifying terms. For me, the world of healthcare was like my first visit to Paris — totally confusing, very exhilarating, but imbued with the certain sense that I was in the right place. It did have the tendency to inhibit my contributions in meetings, which is not altogether a bad thing. In due course, I would become my old, loquacious self, and at least a few of my new colleagues may recall those early days with fondness.

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Yet arcane terms and esoteric acronyms aside, I am acutely aware that at its core, what I am doing now, what I am expected to do, and what I believe I am good at, is essentially the same as what I have always done. A good idea is a good idea. An insightful strategy is an insightful strategy.

A kiss is still a kiss. The fundamental things apply, as time goes by...

And nothing speeds up the learning process like preparing for a new business presentation. In my first six weeks, I was able to participate in what was the most critical new business effort, by all accounts, in years. In one week, two days apart, we were to make two completely different presentations, one a classic new business pitch, one a broader-scale, visionary "command performance" for one of our major clients. Here was an opportunity to prove our value as a current agency and to make our case, tacitly, for the opportunity to handle additional business.

Two such major efforts, so close together, inevitably puts strains on everyone's nerves and test the mettle of management, leadership, and support staff. As still pretty much of an outsider, I was extremely impressed with our performance. Most of all, I was impressed with the grace under pressure displayed by everyone on the team. Not a crack in composure — a minor miracle and, hopefully, a harbinger.

That came as another lesson on the learning curve. I have to admit that having seen what was running in the journals, I didn't expect much of the creative people in healthcare advertising. I figured creatives would be mediocre at best. Recruiting would be near impossible, and my odds of improving the work problematic, if not impossible. At my first meeting with senior agency creatives, I was therefore surprised at how much I liked everyone. But I also knew from past experience that likeable, articulate, even brilliant people I had met in this business often turned out to be untalented as conceptualizers, ungifted as writers and art directors. The better they talked, the less I thought of their creative output. The best creatives, I had often found, were introspective, shy, intense, insecure; often with a chip on the shoulder or cynical and untrusting. Yet here was a group that, to a

person, was funny, personable, witty, and aware. I hardly dared to hope that the model wouldn't hold in healthcare advertising, too. It was a great relief to find out I was wrong: I discovered that even if the work was sometimes mediocre, the people who created it were not. The fault had to lie elsewhere, which leads me to another lesson about the peculiarities of healthcare marketing.

### A tale of two regulators

The lesson was this: a prescription drug with far greater potency in dealing with migraine headaches is threatened by the launch of an over-the-counter (OTC) competitor. This is not a case of a superior agent turning a market upside down. Instead, it's a case of communications changing the landscape as a far less expensive product becomes readily available without a prescription.

That might not be a problem if research didn't indicate that people are reluctant to go to a doctor with migraine-type complaints, and that in addition many doctors are less than interested in treating migraine headaches, considering it a relatively trivial, if not potentially imaginary, problem not worthy of their time.

But that's not the worst part. The worst part is that the less potent and less effective OTC product is allowed to make claims and promises that are not allowed on behalf of prescription drugs. Thus, OTC products calling themselves "migraine" headache products, without clinically supported efficacy data, make a killing, while the truly effective prescription products have their hands tied by inconsistent regulation.

This anomaly is a tale of two regulators — the FTC, which regulates OTC products, and the FDA, which regulates prescription drugs — and an almost total lack of consistency and compatible rules. The result is a wildly uneven playing field — a case of selective capitalism. And, of course, this situation is not unique to the migraine headache cate-

gory. It also applies to weight loss products, antihistamines, and many others.

It's enough to give you a migraine.

### The unkindest cut of all

Let's forget about regulatory quirks for a moment and look at how healthcare agencies differ from their consumer counterparts. Even though they operate in different environments, many of the basic factors that determine failure or success are the same.

**All too often, an agency that fails to assert itself in pushing its recommendations, and instead settles for the false security of temporary client contentment, compromises its work. That first mediocre effort in the attempt to buy peace becomes like the cracks in a papered-over plaster wall; it never goes away; over time it just gets worse.**

Take the issue of client service. It's supposed to be the magic ingredient in the multifaceted mix that governs an agency's fate, but what happens to the agency that diligently adheres to the role of pleasing the client, but not itself? The agency that makes "client service" its mantra, that consistently puts good meetings ahead of good

work and consensus ahead of creative excellence, that turns creativity into a "process" instead of a priority, runs a substantial risk. Eventually, it will lose the account.

It may not happen immediately, but progressively the life-support system gets unplugged. When an account is lost, it's rarely because of one event, one meeting, one series of disagreements. It's cumulative, and it's usually the result of a long series of misjudgements, miscommunications, and missed opportunities, both creative opportunities and opportunities to engage the client in tough, challenging dialogue about strategy, tactics, and other critical choices.

All too often, an agency that fails to assert itself in pushing its recommendations, and instead settles for the false security of temporary client contentment, compromises its work. That first mediocre effort in the attempt to buy peace becomes like the cracks in a papered-over plaster wall; it never goes away; over time it just gets worse. It's hard to rectify the damage without starting over, and since that can lead to client discomfort, it is likely never to be addressed. The agency rationalizes its position in terms of good meetings and client satisfaction, but both can disappear in the glimmer of one bad sales report. Then one day, when new product managers take over, they look around, see the shape the walls are in, quite rightly look at the agency and say, "Is this the kind of work you do?" *Hasta la vista*, baby.

The alternative, however, can be very uncomfortable. The sad fact is that the unfamiliar, the unexpected — the very qualities that draw us in as people, as readers, as audience members — often utterly terrifies those responsible for presenting or approving the campaign initially.

It's the classic dilemma: give me something really creative, the client says — but not *that* creative. Remember, creative, by definition, means new. Original. Which means you haven't seen it before. If it's not familiar, if it's not what you were expecting,

if it makes you a bit ... uncomfortable, that's a very good sign. Because the most dangerous word in advertising is "comfortable." It's dangerous for clients and for agencies, too. As agency people we have to keep challenging ourselves. It's very easy to take yes for an answer, to settle for an above average idea when you know you could do better. Good is the enemy of great.

If at least once a year the client doesn't say, "You're kidding. Right?" the agency isn't doing its job.

### **Welcome to the marketing turnstile**

That much is true in the healthcare as in the consumer field, but here is something that's different: pharmaceutical companies don't seem to grasp the importance of marketing skills or experience when it comes to staffing their marketing departments.

Arguably, the two most crucial elements in successful marketing are creativity and commitment. It is fairly straightforward, if not exactly easy, to parse out the requirements of creativity, starting with talent and adding passion, perseverance and resilience. But commitment is more complex, and it can be manifested in many ways.

I'm thinking of client structure. It would seem that healthcare companies sabotage their marketing efforts in a myriad of ways. The most obvious is that many of them view marketing as merely one stop on the management route, not as a serious, long-term management destination in itself. Instead, reps are brought in from the field, are given product management responsibilities, and after a few months are sent off to another assignment. Such a policy says volumes about how critical a role the company sees for its marketing function. Another index is the way it structures the department and positions it within the company, by the level and experience required of marketing personnel, and by delegating or restricting the authority and responsibility it gives to senior marketing

managers. Inevitably, marketing personnel take their cues from all this and act accordingly to fulfill the role the company has designed for them.

If marketing is not treated as a serious priority by the corporation, it is unrealistic to expect marketing personnel to take their role seriously. This leads to ineffectual effort, lack of commitment, lollygagging, political derriere-covering, sophistry, and other perfidies, none of which amount to

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distinctive brand-building or market success. Why bust your back to implement a successful long-term strategy if you're not going to be there to see it through and get the credit; if, instead, you are going to be judged merely by this quarter's results?

### **Where's the bar?**

I am either uniquely qualified or uniquely unqualified to do this, but I

found myself judging an international creative awards show for healthcare advertising, and that experience leads me to some further thoughts on creative standards in medical advertising. There are thousands of entries, and like most award shows I have previously judged, it is immediately apparent that several thousand have absolutely no business having been entered.

As the evening and the entire next day wear on, the question that persistently nags at me: Why would anyone think *this* could possibly win an award? I am only being slightly disingenuous; I know that there are many motivations for entering such competitions. Many agencies insist on entering any and all competitions and establish large budgets for doing so, hoping that a trickle of certificates, medals, or trophies will somehow come of it. The most expensive line in any new business credentials presentation just might be "and last year we won 25 (or 30) creative awards (or awards in every major show, etc.)." Yet, judging from the work that's been submitted, the overall quality of pharmaceutical advertising is abysmally low, something of a scandal; so how committed some agencies and their clients are to doing exceptional work is highly questionable.

The creative bar isn't low. As far as I can tell, there *is* no bar.

It's a bit of a shock. Out of all those thousands of entries, I found fewer than a dozen pieces that I considered excellent, worthy of honoring. As always, there was a fair array of good, even above average, solid professional work that no one would be ashamed of, and which I would have probably approved. In fact, some of our own work falls within this group. But the overwhelming majority of entries were mediocre at best, numbingly boring, amateurish, sophomoric, tasteless, or pedantic. Creatively, it seems, healthcare advertising is definitely under the weather.

### EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT AGENCIES BUT WERE AFRAID TO ASK

If for no other reason than that I've lived and worked through a lot of advertising wars, and with the hope that they might help some of *MM&M's* readers, I respectfully submit the following seven tips for dealing with your ad agency:

1. If you're not a marketing expert, don't pretend to be one. (Hint: Your agency can tell.) You can't wave a magic wand and make your credentials (say, 10 years in sales) appear to be different. Neither will reading one or two books. The most dangerous combination of attributes for anyone in authority is ignorance and arrogance.
2. Listen. You don't have to do anything your agency recommends, but you're a fool not to hear them out; after all, you're paying for their expertise. And by letting them do their job, you're putting yourself in the best position to evaluate them. Give them all the rope they need.
3. Encourage candor. Nothing is to be gained by holding yourself aloof, or by standing on ceremony. Don't give people excuses by not forcing dialogue; again, everyone knows the rules. You are the boss, you make the calls. You deserve a clear, uncensored opinion from everyone on your team and the agency's. Hold their feet to the fire. Make them do their job.
4. Don't be afraid to take calculated risks, especially testable ones. Nothing ventured, nothing gained. One of the most sophisticated clients I ever knew believed in having a campaign in the marketplace, another in reserve, and another in testing at all times. Remember the Scout motto: Be prepared.
5. Keep an open mind. Don't make final decisions until you have all the information. And then, ask for more. Never get bogged down in your own point of view. Change is essential; the key is when to change. Emerson had a point: "Consistency is the hobgoblin of little minds." Just because you did it that way once and it worked doesn't necessarily mean it will work again. The world is constantly changing, and that includes your marketplace.
6. Don't get mired in minutiae. You have people for that. God (like the devil) may be in the details, but you run the risk of missing the big picture and not solving emerging problems fast enough if you focus on low-priority projects. When you keep your nose to the grindstone, it's hard to see beyond it.
7. Respect your agency. Remember, these people will do almost anything to help you succeed, because they have a vested interest. Use them, prod them, implore them, flog them, challenge them, but most of all, respect them. They can help you — a lot.

#### Summing up: a case for artistry

What makes this lack of creative standards particularly disturbing is that there will be a special need to do outstanding marketing and creative work as the healthcare industry evolves. The good old days are going fast.

There seems to be a strongly-held belief in our industry that the only thing that sells is uniqueness: claims that you have the most efficacious product, the first product in its class, the product with the best safety profile. Everything else is, pretty much, chopped liver. There is little sense of the power of marketing, of the advantages of communicating the

benefits of a product that may be at parity, yet is still worthy and able to get its share of business by virtue of a distinctive brand message.

Years ago, one of my heroes and a great icon of the advertising business, Bill Bernbach, pointed out that the rapid growth of R&D capabilities, and the commitments of companies to funding research, would eventually lead to virtual parity in almost every product category. Then he added that the smartest marketers, the ones who would own the future, would be the ones who recognized that the difference they could exploit, the key to their success,

would reside in the "artistry" of their advertising and communications efforts.

Since then, Bernbach's prescient view has been abundantly realized in consumer advertising. Today, in the pharmaceutical industry, after years of success borne of great breakthrough products, the flood of competition has brought companies, inexorably, to the same place. Uniqueness, being first to market, and superior product attributes are always the goal. But increasingly, those goals are harder and harder to reach and maintain, and many very good products, with very good benefits, can still be successfully marketed through intelligent, insightful, and creative use of advertising "artistry."

#### My own medicine

So, after six months, I ask myself how different the healthcare business really is from the consumer side. Given this trend to "commodityzation," I conclude: not all that much. Clients are less marketing-savvy, less experienced, less aggressive; but they are still clients, conservative, protective, sensitive to their customers, experts on their products. On the plus side, they tend to be a tad smarter, better informed. Given the nature of their products, the regulations they work under and the greater sophistication of their target audience, they have to be. Maybe that's why there are fewer of the clever, daring marketing tactics than in the more anything-goes, less-regulated world of consumer goods.

But for someone who loves advertising, loves writing, the similarities outweigh the differences. Creatively, the greatest challenges — and thus, the greatest rewards — always come from the new, the unknown, the most daunting learning curves. Which is why, after six months on the slippery, higher slopes of this learning curve, I find myself exhilarated and renewed, even happier than ever to have made this choice.

After six months of my own medicine, I feel better already. ■