

Should Advertising be Allowed for Medical Health Professionals?

Introduction

Should medical professionals advertise or not was not even a question until the 1970s, even in the mecca of marketing, The United States of America. Doctors and the medical profession frowned upon any marketing attempts, and not only was it considered unethical amongst the medical profession, but it was also downright illegal. It has now evolved to a stage in Western countries, many marketing companies specialize only in health care marketing.

What is advertising?

Advertising is a subset though essential under the umbrella of marketing in general. I shall restrict my discussion only to the advertising aspect of marketing, focusing on advertising for individual healthcare professionals or non-institutionalized groups of healthcare professionals.

Advertising is a marketing communications method involving the paid use of mass media to deliver messages to desired audiences. It is one of the most common and effective avenues for engaging current and prospective patients.

Marketing is a management process that involves the assessment of customer wants and needs and the performance of all activities associated with the development, pricing, provision, and promotion of product solutions that satisfy those wants and needs.

Status of advertising for healthcare in India

We have a very lopsided system in place currently. The die is loaded against individual medical practitioners. Hospitals and other health-related institutions are allowed to advertise with some minor restrictions. In contrast, health care practitioners cannot advertise themselves in any way. The draft of the NMC bill has only worsened this disparity. I respectfully submit that while healthcare corporatization has resulted in significant benefits for the general population, it has also resulted in highly inflated medical costs. The corporates go to all lengths to cement their position at the top of the healthcare food chain.

Why advertise?

Advertising offers excellent potential for establishing effective dialogues with potential and existing patients, but care must be taken to devise and deploy it effectively. We need to understand its characteristics keenly and must think it through in detail on the operational front. Let us consider the case of Dr Mehta, a recently graduated paediatric surgeon (I have this bias since I am one).

What are her options?

- She can get a job as a full-time teacher/lecturer in a government medical college. It has its advantages, but the government is not one of the best paymasters, and the working conditions leave much to be desired.
- She can join a private corporate hospital – here, she certainly will work in better conditions, but there are limited job opportunities (there are not enough corporate hospitals that specialize in paediatric care. The general corporate hospitals consider the department

of Paediatric Surgery more of a necessity but certainly not worth investing many resources in), but the pay structure is still unreasonably low for paediatric specialists.

- Dr Mehta can get into 'private practice' – She starts a private OPD somewhere, and then if they need surgery, she can take them to some friendly neighbouring nursing home or a hospital that she can get an attachment to.

Most doctors choose either the first or the third option as there are nowhere near enough corporate jobs to employ the number that graduate every year. A newly graduated paediatric surgeon is an unknown entity in most places, and Doctor Mehta will have to rely on age-old techniques to let her referring colleagues know that she has started her practice. One improves one's visibility by meeting them personally or at various scientific meetings and conferences or sending them letters by email or post. Whether we like it or not, this is a form of marketing and advertising where she markets herself to her medical colleagues.

Unfortunately, this is a very time-consuming and expensive process with limited returns. She has to spend the first few years of her precious life getting to know her medical colleagues and making them aware of her results and successes. From her medical colleagues' viewpoint, they have to take her at face value. Even if it is possible to verify her academic credentials technically, almost nobody does this. So essentially, they are at the mercy of her proclamations and claims, which people tout as one of the most significant disadvantages of advertising to the lay public.

Instead, if she or the clinic that she is attached to could use a mix of advertising avenues, she might have more time to take care of her patients at an age where she is most capable surgically and most enthusiastic. Of course, she still has to get well known among her colleagues, but it may be more cost-effective to have a mix of advertising to both colleagues and

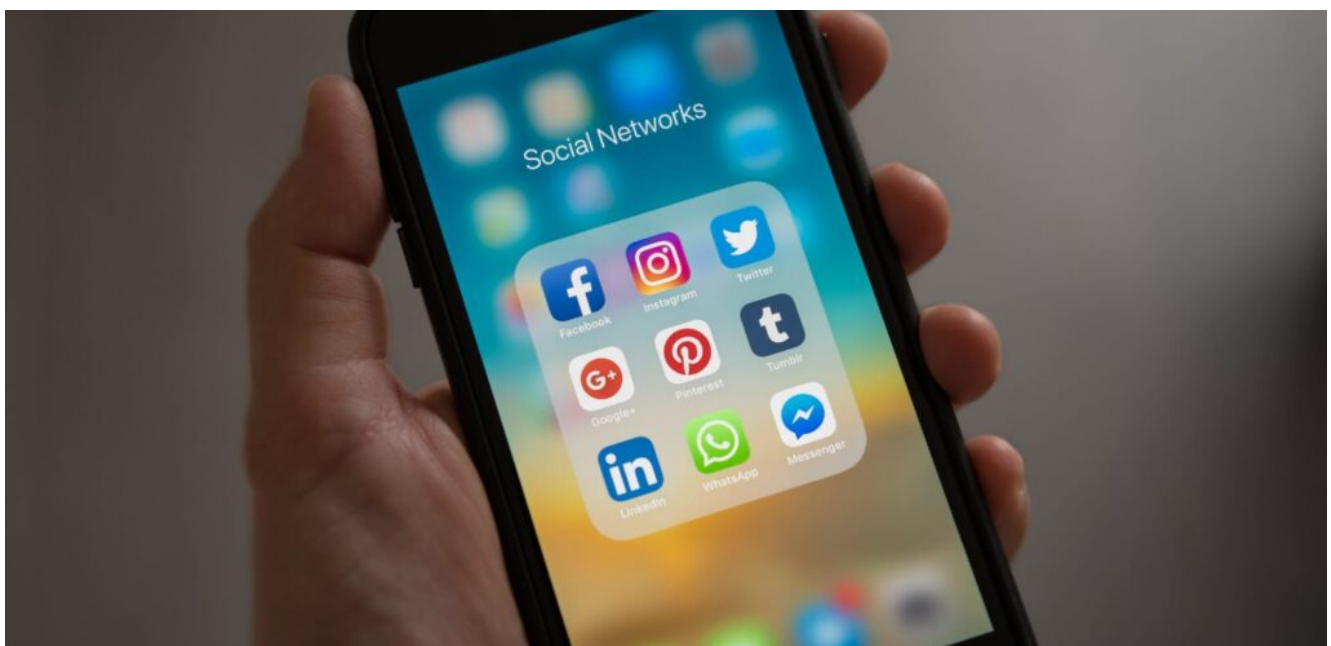
the lay public.

Types of advertising

I have already discussed advertising among medical professionals. So, we shall concentrate on advertising to the general population. We can broadly classify advertising into soft and hard sell categories.

Soft advertising

In soft advertising, we are primarily interested in educating the public about health and diseases in general and our facilities and services. We are not trying to or are not inducing the patients to come and avail of our services directly. Whatever benefits accrue to our practice, do so by the benefits of being trusted sources of information and advice to the public. At no point do we claim to be the best in our field or claim that we have the most comprehensive and largest experience in that particular disease or treatment modality. While we may mention the number of years of experience in our field, we do not mean it as a selling point.



Social media advertising

Most doctors who are practicing and have even smattering technical knowledge and skills indulge in some form of soft advertising. Our regulating bodies allow these forms of advertising:

- Websites
- Social Media
- Using Medical Directories
- Email/messaging

Hardcore advertising

In contrast, when we indulge in hardcore advertising, we claim to be the leading/best provider of specific health care and services. Any information or advice provided is purely secondary and aimed to guide or entice patients to our medical facilities. In India, this is where the playing field becomes highly uneven. Corporate hospitals are allowed to indulge in all these forms of advertising, but it is strictly out of bounds to the individual medical practitioner or two small groups. Direct advertising usually takes one of these forms:



Medical billboards

- Print – newspapers, magazines
- Radio
- Television
- Ads on the internet & social media
- Billboards
- Direct marketing by email/messaging

Disadvantages of advertising

Like almost everything in life, there are benefits and disadvantages of advertising. We have all heard the adage, “Nothing kills a poor product faster than good advertising.” This is the primary principle of advertising. We need to ensure that we have a good, if not great, product first and foremost, and then only should we consider advertising.

Improving our services offers long-term, sustainable benefits though it is a long, drawn-out process.

High Cost

Direct advertising, especially in print and high-profile electronic media, can be pretty expensive, and the benefits must be weighed against the costs involved. You need experienced marketers who can run tests to determine the optimal mix of the different modes of advertising that will give the biggest bang for the buck for the allocated budget for advertising. You also need to research and study your target populations and change allocations according to their demographic profile. For example, the older generation tends to be less techno-savvy and rely more on the traditional print media like newspapers, magazines, television, etc., as their source of information and entertainment.

Engagement constraints

The biggest problem with advertising is that it is primarily one-way communication with hardly any interaction with the targeted population. One can circumvent this by using well-designed forms and follow-up questionnaires and interviews to determine how much advertising had on the number of footfalls and revenue generated.

Potential for intrusion

We have all been there and suffered that. I bet that most of us receive more than a couple of phone calls from real estate companies, banks, finance companies, or other marketing companies. We know how irritating and intrusive it can be. We have to make sure that we do not put off our patients by having effective advertising campaigns that are not intrusive and sensitive to our patients' privacy needs. We should remember that the most crucial person in the hospital is the patient, and even now, a happy patient is more likely to bring

in at least 4X number of patients, but an unhappy patient will drive away at least 10 X number of patients.

How to deal with misleading advertising?

There will always be users of ideas and misusers of ideas. "If we do not regulate ourselves, we get regulated by others." Unfortunately, this truth is wasted on most fly-by-night operators and desperate people. So, we need to have an alert watchdog with teeth to pull up any transgressions. Exemplary punishment should be awarded to confirmed flouters of ethics and those indulging in wrongful and misleading advertising.

We can model excellent laws that have been enacted in other countries.

The AMA Truth in Advertising Campaign

- Requires all health care professionals to clearly and accurately identify themselves in all writings, advertisements, and other communications.
- Requires all health care professionals to wear, during patient encounters, a name tag that identifies the type of license they hold.
- Prohibits advertisements or websites advertising health care services from including deceptive or misleading information.

Conclusion

In a country that is as vast as India, where we are still a developing as a nation with limited resources, we need to accept the ground reality that the majority of health services continue to be provided by the small-scale sector, i.e., individual clinics practices, nursing homes, and small hospitals. We cannot have policies that favour corporates who

do not wish to enter most of the hinterland of our country. These organizations use their vast resources and financial muscle to ensure that policies favour them. Unfortunately, all these laws apply uniformly across the country resulting in the unavailability of the benefits of advertising to most health care professionals who are providing yeoman services across the length and the breadth of the country.

We would love to hear your opinions and comments below.