

All I Want For Christmas Is Truth In Medical Advertising



By Jamie Wells, M.D. — December 20, 2017



Credit: Pixabay [1]

All I want for Christmas is for people just to tell it like it is in medical advertising in all its forms. Promise nothing more and nothing less than what they, their institution or product actually do or mean. Stop the selling. If it or you are the real deal, then allow that to speak for itself. Whatever isn't won't last anyway, so being authentic will serve everyone in the long run and expedite the process.

Think *Theranos* (see [here](#) [2]). Or, the ability to [keep your doctor with Obamacare](#) [3]. The hubris of company *23andMe* which warranted FDA intervention and sanction. And on and on.

I, like most medical professionals, value the sanctity of the doctor-patient relationship. But, uninvited and endless profit centers self-proclaiming their leadership, services or products as “innovative” and “revolutionary” are actually contributing to the fragmentation of healthcare by further eroding and undermining patient safety. Wasting tons of money in the process.

Whether it be the promised “breakthrough” of electronic medical records that never was or diluting the term “doctor” by marketing all personnel of rather disparate levels of expertise as “providers,” “clinicians” or “advanced practitioners” so as to confuse the public which in any other field would be deemed consumer fraud, my Christmas wish would be to eliminate branding from the medical sphere and involve those on the front lines of care before involuntarily thrusting technologies that amount to adverse “disruption” as opposed to genuine transformation. (See [here](#) [4]).

Ingenuity and inventiveness should always be encouraged, but dismissing the significance and realities of the core relationship that is provider-patient serves to engender chaos, tangible harm and propel a financial feeding frenzy that does more harm than good by depriving the most

vulnerable.

Physicians take seriously the pledge to first do no harm and are driven to do the best we can to assuage suffering, properly diagnose and optimally treat patients to support their healthiest life, be a reliable source throughout their disease course and promote their longevity. We provide informed consent (and recognize its fluidity) in a manner that respects patient autonomy to guide shared decision-making.

Here are some examples of how saying what things actually are is honest and, as opposed to an emphasis on selling and embellishing, could have yielded better results:

The debacle that is the electronic medical record

Presented as a savior and thrust onto physicians without their input under threat of onerous penalties, the electronic medical record (EMR) has caused more tumult than gain. For one, it has converted physicians into data entry specialists which you will note was not their chosen vocation, led the charge in reports of causes of job dissatisfaction and eroded the doctor-patient relationship. Nearly 1 in 50 expect to leave the field entirely in the next 2 years to focus on a different career, mainly due to the following: excessive clerical burden, electronic medical records and computerized physician order entry, loss of autonomy, flexibility and control as well as diminished balance in life (read [Want To Fix Healthcare? Start Valuing Doctors!](#) [5]).

Lesson not learned

Due to the horror show that was the roll out of burdensome EMR, now fixes to it are being sold as the future is **Interoperability**. This refers to the basic ability of computer systems to interact, communicate and engage with one another. Also known as what EMR was supposed to be. Now, *interoperability* is the latest buzzword. Don't get it twisted, this is not new, nor is it some breakthrough. It is an attempted fix to the nightmare of EMRs without being honest enough to acknowledge that EMRs were supposed to possess it in the first place. While we are at it, proclaim in their current form that they are little more than glorified billing platforms.

Devaluing of Physicians to Mislead Public

Mass spread of the term "provider," "clinician" or "advanced practitioner" terminology was a tactic to control costs, not ensure patient safety -- in fact, it often undercuts it. It was a move to devalue physicians and enable hospitals and the like to use personnel with less rigorous training and expertise at the top of their ticket, all the while confusing the public about who is in charge of their care and diluting the term "doctor." There are untoward consequences to patients as a result, see [here](#) [6] and [here](#) [7].

Given that not every member of their treatment team has interchangeable training, when it comes to invoking the term doctor it is important for patients to be informed of disparate levels of expertise (see [The Word 'Doctor' May Not Mean What You Think It Means](#) [8]). The [American Medical Association \(AMA\)](#) [9] has gone so far as to start an initiative, the "AMA Truth in Advertising Campaign is designed to ensure health care providers clearly and honestly state their level of training, education and licensing."

“Value-Based Care”

Value-based care is an effort to incentivize health care providers to reduce costs. Let’s be clear it is neither based on value nor the highest quality care. It is about money.

This Christmas Wish...

Yes, this wish to be better and do better is perhaps a bit naive, but it proves my hopefulness and optimism that at least some strides toward it are possible.

In medicine, we are deeply held to the Hippocratic Oath we take. But these perverse incentives and hollow tactics often undermine that and what is at the core of the health system, the patient. Consider not being so focused on the selling that the caregivers and, most importantly, the patients get cast aside. In actuality, their input and understanding should be the main event. Integrity and truth in the process holds endless value. It better serves the short and long game. The cost is priceless.

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