

LETTERS



The Need for “Vintage” Advertising

Until healthcare companies spend the resources to create, then reward advertising connoisseurs, and until ad agencies find some creative leaders that know their way around a positioning statement and marketing plan — we’re doomed to keep repeating the script so painfully chronicled in your article.

— *Matthew R. Seymour*
DML CONSULTING

The Creative Challenge

I read your roundtable on the challenges of creativity with keen interest.

In a perverse way it’s good to see not much has changed in the last 25 years: clients are risk averse, agencies are greatly misunderstood

and under appreciated, DDMAC is a bunion on the big toe of progress, etc. The dynamics which describe this malaise are too tedious for even me to recount.

A hundred ad lives ago small Norwich Eaton Pharmaceutical Company became experimental fodder for Procter & Gamble’s interest in pharmaceutical marketing. At that time, I was taken in by the missionaries from Cincinnati to be washed, fed, and baptized in the religion of customer-centric advertising. To this end, a bow-tied curmudgeon, apprenticed in the Holy Temple of Moon and Stars, rode into town bearing the principles of good advertising.

Mr. Dick McKinney, a brilliant apologist for the advertising arts, came to Norwich to help us, young and old, to begin to under-

stand: how to spot great advertising when we saw it; how to articulate and demand the key criteria for great advertising (on strategy, simple, relevant and real, stopping power, and the big idea); and that healthcare advertising isn’t exempt from the rules of human behavior that are at play in the creation of great package goods advertising.

More importantly, Mr. McKinney’s interest in and patience with us pygmies communicated the importance the company (then Norwich Eaton Division of Procter & Gamble) was now going to place on the nurturance of good advertising. Mr. McKinney helped make the point that great advertising, like great wine, needs learned tasters as well as learned vintners.

Until healthcare companies spend the resources to create, then reward advertising connoisseurs, and until ad agencies find some creative leaders that know their way around a positioning statement and marketing plan — we’re doomed to keep repeating the script so painfully chronicled in your article.

We know better.

Matthew R. Seymour
SENIOR MARKETING COUNSELOR
DML CONSULTING

What’s Your Opinion?

THE CHALLENGES OF PRACTICING PHYSICIANS

Today’s practicing clinician faces many challenges. Time constraints, prescription formularies, referral processes, multiple expectations of third-party payers, increasing reliance on computer technology, and managed-care guidelines are just a few of the issues faced by physicians today. These challenges are not only as intrinsic elements of patient care. Physicians are working with continuously shrinking reimbursements, escalating paper charting, authorization requests, appeals and checking drug files before prescribing medications. Physicians also face the challenge of high overhead, lack of available office space, finding and keeping and being able to compensate good employees. Above all, time is a major constraint — paradoxically, the availability of physicians is decreasing, while patients’ expectations have increased.

PharmaVOICE wants to know how physicians can better marry quality care with cost-conscious, evidence-based decision making. Can management techniques and information technology improve the clinical practice?

WHAT’S YOUR OPINION?

Please e-mail your comments to feedback@pharmalinx.com.



-of-the-Box

and the article (March issue) on the creative challenge very interesting. We are a full graphic design firm located in sunny Seattle.

Our client, Radiant Research has welcomed the creative process, allowing us to develop effective marketing tools that have set them apart from their competition. It’s refreshing to work with a company that understands the importance of good creative, out-of-the-box communication materials.

John Zimmerman
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