



Learning from the experts

How much of your daily work is about getting someone to change their behaviour? For most of us, it must be close to 100%. Whether it's persuading someone to stop smoking, to take up a few more hours of physical activity, to change from taking nothing to taking aspirin daily, or even to change from watching re-runs of the *Bold and the Beautiful* to bringing little Jonny in for his needles, behaviour change is a core part of our profession. Even teaching students is pretty useless if it doesn't result in some sort of change in action. If trying to persuade people to change behaviour is a core part of what we do, then presumably so is moaning about how frustrating it is! So how can we become more effective at it? As it happens, we often work very closely with experts in the field. Drug companies have a demonstrated ability to change behaviour — ours. The reason they are so profitable is that they can persuade us to use their latest me-too no-more-effective-than-any-other-drug-on-the-market statin. No, I know it doesn't persuade you, dear reader. I know you're immune to their charms. But the evidence shows your colleagues are not.

So what would this world look like, where we have learnt from the Masters? Imagine a consultation with Elsie Smith (not her real name) about her smoking habit:

Doctor: *'Hi Elsie. I've brought you some sandwiches.*

Elsie: *Oh, thanks Dr Pfiz Kline-Beecham. I prefer those bagel things. But I'll have some juice.*

Doctor: *Would you like a pen, too?*

Elsie: *Ooh, yes please. I keep losing mine.*

Doctor: *Now, about your smoking. Tell me, what would persuade you to change your mind?*

Elsie: (wiping cream from her mouth) *Well, it won't be this beautiful cake you brought.*

Doctor: *No, of course not. But are you the sort of person who likes to see the evidence? I can show you the research just published in OK magazine.*

Elsie: *No, not really.*

Doctor: *Or would you be interested to hear how good Robert Jones is feeling after he tried giving up? Or would you like to see what the mayor thinks? (Opens flip chart)*

Elsie: *Robert Jones? Has he stopped? I didn't know that.*

Doctor: *How about you come and chat with him over dinner next week. I'll pay. We might invite the mayor too!*

Elsie: *Now you're talking.'*

Of course, we'd also be making sure that Elsie and all her network of friends were exposed to smoking cessation messages on radio and TV and in newspapers, advertising, and sports events. We'd have paid up lobbyists influencing politicians in local and national politics and key opinion leaders available for interviews and to press the flesh. And we'd have a well-funded research programme showing how effective the change would be.

Intuitively, I feel this might just work. It shows awareness of the personal networks that influence people. Perhaps the frustration that comes about from the black box we call 'patient education', is that we know that much more is required to be effective. And perhaps that requires a huge marketing budget. Can we imagine the huge (non-monetary?) profit it might return to us investors?

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