

Maurer's Healthcare Insight (139)

Where Has All the Passion Gone?

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End of the year, a faster recurring phenomenon, is a good time to slow down and reflect on the past. This year, for some reason that may be associated with age, my thoughts go back over a 47-year career in the pharma industry, 41 of which were spent in Japan.

Two factors permeate my thinking. One is not a surprise because so much of what we do in this industry involves people, i.e. colleagues, patients, care givers, university scientists, regulatory authorities, and politicians. Yes, people versus machines make the pharma industry work. The second is passion for a mission.

People

For 22 years almost evenly split working for Lilly and Merck, and subsequently my good fortune to work with people across a wide spectrum of affiliations in government, academia, and industry, I can say with only a few exceptions, Americans, Europeans, and Japanese have been civil, polite, and most important, ethical.

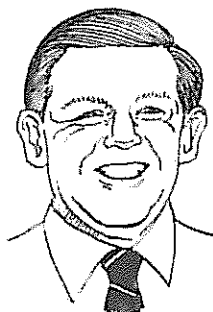
A very high percentage of these people have advanced degrees. They are well qualified for their respective responsibilities. Most often they are humble and are respectful of other people irrespective of their nationality. They are hard workers, do not spend money foolishly, and are honest. In short, they are nice people and a pleasure to be with.

One reason for these definite opinions is my experience on the other side of the tracks. I owned five businesses in Honolulu and only one is left. The other four were disasters in one way or another. Because of my pharma experience I trusted people not to steal money, to tell the truth and to work for mutual benefit. How naïve!

But it was a learning experience. I learned if you want to do business in Hawaii you must live in Hawaii and sit next to the safe in your office. Far better is to visit Hawaii and enjoy the weather.

What about the people exceptions in the pharma world. My pet peeve is with those who have oversized egos. CEOs who fly to Japan in a corporate jet with two bodyguards, then preach to local management about the need to cut expenses, or ex-pat managers who missed their calling as politicians. They promote themselves at the expense of others.

I believe the reason there are nice people in the healthcare industry is the nature of our mission. It



takes good people to do good things and it doesn't get much better than helping people to be healthy in both mind and body.

This attitude would be refuted by some fine people I consulted for in P&G and Elizabeth Arden. For them keeping hair and skin clean and beautiful is a mission from a higher being. OK. So the pharma industry is not the only good game in town, but it is definitely among the leaders.

Mission and Passion

My first assignment as an MR with Lilly was in North Carolina in 1964. This was an exciting time because we launched Keflin, the first injectable cephalosporin antibiotic. Our mission at the MR level was not about achieving X percent market share or Y amount of dollar sales, or to call on a certain number of doctors over a defined period of time. The mission was about saving lives. The mission was about saving legs ravaged by infections resistant to old antibiotics and would need to be amputated to save the patients.

Sales of Keflin went far beyond the most optimistic forecasts causing a supply shortage. Messages from the home office to stop our promotion were ignored because the story was so compelling we just had to make sure every doctor knew the benefits of Keflin.

In 1966 I transferred to a hospital territory in Washington, D.C. I called on large teaching hospitals like Georgetown and George Washington University Hospitals. A very large D.C. General Hospital, smaller hospitals, and Washington Sanitarium & Hospital, a psychiatric hospital.

The latter hospital used Lilly's Brevital, a short acting anesthetic, to put patients under while administering electronulsiive therapy (ECT). A couple of psychiatrists invited me into the treatment room to observe the procedure because their patients were complaining of arm pain when Brevital was injected into their veins. Watching patients receive ECT was not entertaining.

I observed that Brevital was taken out of the refrigerator just prior to administration. The effect was like pumping iced water into veins, a painful process. I suggested they let the Brevital reach room temperature before administration. Voila! No more complaints of pain.

Needless to say, I was a welcome visitor to this hospital. But my action was just one part of the mission drilled into MRs by district managers. In a few short words, solve the doctors' problem. The mission was not to solve our problem, i.e. more prescriptions leading to more sales.

One of my doctors, a busy pediatrician, also helped me to understand the priority of problem solving. I was well into a detail on the virtues of an oral suspension of the antibiotic called Ilosone when he cut me off. He said, "The best thing about this antibiotic is it comes in a bottle with a lip that prevents spilling when measuring out a teaspoon of the liquid. Why? Because I do not get phone calls from mothers about dropping medicine all over the floor."

Reflecting on those experiences I wonder if this industry has the same passion today or has it been hijacked by bean counters, financial analysts, cost effectiveness gurus, and MBA gatekeepers of formularies?

It is painful to see pharma companies accused of illegal, off-label promotion and paying huge sums of money when found guilty. Are so many product liability suits due to aggressive lawyers, or are MRs promoting drugs for the wrong patients?

Maybe it is due to the rise of generics. How can an MR be passionate about promoting a 15-year-old drug? Or be passionate about how much money it will save some insurance company?

There are times when it is easy to believe smart people in the pharma industry work it all out in their respective heads with the help of consultants who know how to classify doctors 50 different ways to measure the impact of internet promotion.

These people have good heads but lack something in the heart called the passion to save lives or at least make life worth living.

P. Reed Maurer believes doctors are trained to help patients not drug companies.

