editorials

When Cancer Centers Mislead Prospective Patients

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Progress in cancer research has been rightly lauded; new treatments are available, patients with some diagnoses live longer, and early-stage detection has improved for some cancers. But, as is the case with many strides in medicine and science, the hype can outpace the reality.[1]

The media and drug companies are major contributors to the hyperbole, of course, but they are not the only culprits. Cancer care centers also get in on the game. In fact, from 2005 to 2014, US cancer center spending on advertising more than tripled, from $54 million to $173 million.[2,3]

This marketing occurs against the backdrop of the lived realities of patients with cancer, as they and their families search for health information in the face of justifiable, often intense, anxiety.[4,5] But many patients with cancer lack an accurate understanding of their illnesses[6-8] and the ability to distinguish credible from unreliable sources.[9-11] Moreover, patients often have optimism bias—a tendency to seek information about positive treatment outcomes, however unlikely those outcomes may be.[12]

When cancer centers themselves feed optimism bias, they make patients with cancer more vulnerable.[13] That is because hope often drives patient decision making, and placing trust in physicians (and, by extension, the places where they practice) is often a default coping mechanism.[14] Research by Truth in Advertising, Inc.[15] found that 90% of the 48 cancer centers that spend the most on advertising "deceptively used patient testimonials in their marketing materials by promoting anecdotal, atypical patient results without clearly and conspicuously disclosing what the generally expected results for a patient in a similar situation would be."[16] (TINA.org compiled a database for each of these cancer centers to support its claim.) Similarly concerning findings appear in earlier studies.[9,17]

Medical professionals and patients alike often want to think of themselves as uninfluenced by the noise of marketing—that science, facts, and independent choice govern their behavior. But marketing in health care works as it does in many other domains, just with potentially more severe consequences when advertising claims mask or exaggerate the truth.[9,18,19]

ADVERTISING IMPLICATIONS

Determining whether an advertisement is misleading,[20] in the legal sense,[21] is controversial and difficult. In general, for a message to be evaluated as misleading, its claim (or implication thereof) should meet the following conditions: It is attended to by the consumer, affects people's beliefs, is important and becomes represented in long-term memory, and departs sufficiently from fact to deceive people and materially influence their behavior.[22] A discrepancy between what a consumer believes and fact is especially likely to occur for a service such as cancer care, because patients typically lack the knowledge and expertise to make an accurate assessment of claims. Claims that promote atypical, rather than statistically likely, patient outcomes—and that are designed to influence patient behavior (such as the selection of a cancer center)—may or may not meet the legal definition of misleading. Nevertheless, merely attaining the standard of legality does not make this type of advertising appropriate.

Patients often want the sense of control that active treatments offer, even if they show uncertain statistical efficacy.[23,24] So, too, do many patients seek the control that seems to come with choosing a cancer center that has extended or improved the life of a patient featured in advertising, even if that patient's disease and clinical profile differ in important ways from those of most patients viewing the ad. The potential misimpression that "this patient is like me," intended or not, is one that a reputable cancer center should not, and need not, seek to cultivate.

PITFALLS OF OVERPROMISING

Any organization that provides a service wants to showcase the quality and desirability of its offerings—and gain the trust of customers.[25] Patients with cancer and their families, perhaps more than any other seekers of a service, need confidence that a cancer center is clinically excellent and worthy of their trust. After all, cancer care is a unique service, in that no person wants to get cancer and experience the turmoil that coping with the disease entails.

Truthfulness in advertising is part of the long-term trust building in which a cancer center can engage.[26] Overpromising—promoting atypical patient profiles and clinical outcomes—undermines trust over the long term, in a variety of ways:

1. Overpromising raises false hopes. Misleading communication directed at people with high-stakes

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health needs who require expensive services is especially insidious. As such, cancer centers have an increased ethical and fiduciary duty not to overpromise. In a National Public Radio story about health care advertising, the reporter noted that a woman with metastatic breast cancer named Lori Wallace says that "the ads spread false hope, and for a patient like her, they are a slap in the face."[13]

2. Overpromising can add unnecessary burdens for physicians in communicating with patients. A physician who already faces the challenges of explaining a diagnosis, reviewing therapeutic options, developing a treatment plan with a patient, and involving family members does not need the additional burden of explaining why the cancer center's advertised success story does not actually pertain to the patient sitting in front of him or her.
3. Overpromising is incongruent with the professionalism expected of medical care, and it invites regulatory and media scrutiny.[11] Pharmaceutical advertising is heavily regulated by the US Food and Drug Administration. Cancer centers have avoided such regulation—for now. Self-regulation is preferable.

AN ALTERNATIVE TO MISLEADING PATIENTS

Cancer center executives and marketing staff who agree with the need to eliminate advertising that promotes atypical results may think they face a prisoner's dilemma. Specifically, if one program forgoes misleading advertising, other programs that persist with such advertising may continue to influence and attract patients. This unfortunate situation will indeed occur in some cases, just as some patients with cancer seek unproven (even harmful) alternative providers. Nevertheless, the underlying assumption in the perceived prisoner's dilemma—that fact-based advertising will place a cancer center at a disadvantage—is misguided. Marketing that weakens stakeholders' trust also weakens the brand; the alluring short-term gains are simply not worth the greater cost of longer-term harm to the brand.

Much non–health care advertising encourages present-time transactions, such as when retailers promote a sale. Cancer center advertising, in contrast, typically aims to build a distinctive, compelling brand today so that people recall the brand if cancer strikes them or a loved one tomorrow. The advertising market for patients who are already diagnosed with cancer is small; the bigger prize is the population who may get cancer in the future.

Oncology advertising should not skimp on factual information and promise what it cannot deliver. Fundamentally rethinking how (or even whether) to advertise oncology care is necessary. Moreover, health care marketers must acknowledge the brand-building limitations of advertising. The services marketing literature makes clear that for a pure service, such as oncology care, advertising can help to create brand awareness and an initial brand impression for people who have not yet experienced the service. However, actually using the service (eg, at a cancer center) predominates in creating brand meaning—a customer's primary perception of the organization's reputation or image. If advertising promises an experience that differs from a customer's actual, meaningful service experience, the latter carries more power. In short, brand meaning matters more than brand awareness in shaping brand equity, the brand's cumulative effect on customer behavior.[27-29]

A customer's actual experience in using a service also directly influences both person-to-person and electronic word-of-mouth advertising.[30] Such word-of-mouth recommendations are common in services, especially services that are highly important to customers, difficult to evaluate, and variable in quality—all of which are characteristics of cancer care.[31]

Cancer centers that invest heavily in advertising may wish to consider reallocating many of those funds to improving clinical quality and the overall patient experience. Improvements that can bolster a cancer center's brand formation include timely access to appointments[23,25,32,33]; operational efficiency[34-40]; multidisciplinary treatment planning and care coordination[41-46]; excellence in nonclinical services such as parking, front desk reception, financial counseling, and transportation assistance[47-51]; inclusion of family members in treatment planning and preparation for in-home caregiving[52-55]; and an overall service culture infused with kindness.[56-61]

When cancer clinics do advertise, they should strive to present factual information that is important to prospective patients and influencers (such as referring physicians) and that resonates with their own staff members who deliver the services to patients and their families. Advertising campaigns often overlook the fact that an organization's own employees are a second audience for the advertising; in service organizations, internal branding is important. Aligning advertising with objective information on quality and service strengthens trust in the brand and builds a sense of pride among employees, thus creating an institutional incentive for further improvements in quality and service.

The bottom line for cancer centers: The better the quality, the better the ads, the more frequent and favorable the word of mouth, and perhaps, the less need to advertise at all.

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