

Good Advertising

Stephen M. Perle, DC, MS

When I teach ethics or risk-management courses around the country, as well as at the University of Bridgeport College of Chiropractic, I usually ask, "What makes an advertisement good?" The most common answer is that a good advertisement brings in a lot of new patients. I remind people that this is a risk-management or an ethics class and ask the question again. Often I get the same answer.

If the class were in marketing, one might say a good advertisement, an effective advertisement, is one that brings in new patients. An effective advertisement actually might be a bad one.¹ However, in a class on ethics, "good" implies "morally excellent." There are various characteristics that make a health care professional's advertisement morally excellent. (Please keep in mind that in this era, a Web page also is a type of advertising.)

Truthful - Not Deceptive

The advertisement must provide truthful information about the doctor. Most states require that chiropractors include the fact they are a chiropractor in their advertisements. Thus, the advertisement must

- note that the doctor is a DC; a doctor of chiropractic or a chiropractor;
- use the word "chiropractic" in the practice name; or
- in some states, use the term "chiropractic physician."

I'm sure all of you have seen the advertisements that say, "Dr. John Doe, clinic director," but do not use the word "chiropractic" or "chiropractor" in the title of the clinic. Why doesn't this doctor acknowledge their chiropractic degree? This is deceptive because most consumers will assume "Dr." means MD, given their dominance in the health care marketplace.

I have seen advertisements that provide many credentials for the doctor that are not valid. One ad had a list of credentials. It said the doctor was a graduate of a chiropractic university that doesn't exist. He also was "licensed in physiological therapeutics," even though there was no such license; it was just that his chiropractic license allowed the use of physiological therapeutics. There have been many chiropractors and other health professionals who actually have violated federal law ("Ted Stevens Olympic and Amateur Sports Act") by claiming to be an Olympic doctor. There are several cases of doctors claiming to have earned degrees in addition to their DC, which in fact, they did not have. Padding one's resume seems to be a common problem in all professions, not just ours.

Claims of superiority or specialization are common. New York, for example, has specific regulations on claims of professional superiority. Unprofessional conduct is, among other things, advertising that is not in the public's interest, which can be when one "makes claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof."²

Advertising about spinal decompression has become very common. There are three such ads regularly in my local newspaper. In June of this year, Oregon Attorney General Hardy Meyers

reached a settlement agreement regarding advertising concerning spinal decompression. The press release on the settlement notes that claims of an 86 percent success rate for treating various conditions were deceptive, as there was no "competent and reliable evidence to support the claim." They also found there was no relationship between the decompression device and NASA discoveries.³

A key point from the attorney general was, "Oregon chiropractors must do their own homework before purchasing and promoting medical devices." He further stated, "Medical professionals cannot simply rely on the sellers' claims without investigating for themselves."³ I think one must always keep in mind that people who sell you equipment are not there to benefit you but to make money for themselves. Thus, one cannot necessarily trust that what they say the literature shows is valid. Keep in mind that our relationships with the equipment/device/instrument seller ought to be guided by *caveat emptor*, not the *credat emptor* of our patients' relationship with us.⁴

No Scare Tactics

Scare tactics are in a sense still an issue of truth. It is a lie to use the advertisement to make the patient believe they are at risk for significant harm or even death. I've gathered a collection of advertisements that present the "danger signs." These typically are numbered; I have advertisements that have a minimum of five to a maximum of 24 "danger signs." While these might be signs and symptoms of neurological disorders, calling them - in big letters - "danger signs" is intended to evoke fear in the public.

We have all seen the "killer subluxation" charts and the subluxation degeneration posters in advertisements and on chiropractors' Web sites. These are intended to scare patients. Despite their common usage, there is no evidence these are valid.⁵ Common usage does not ensure validity.

An interesting story about this concept comes from an NPR radio commentary by Dr. John Lienhard. In one segment titled "Old Knowledge," Dr. Lienhard talked about a fact in fluid dynamics that has appeared in textbooks since the 1940s. Unfortunately, this "fact" was not actually factual. A 1940 paper was misread for the source of this fact. The 1940 paper had cited an error in a 1906 paper. To understand this fluid dynamics problem, one needed to read the 1906 paper.⁶

Each doctor has the burden of determining the validity of anything they use in an advertisement. I recently heard a presenter say the Merit chart was only 50/50 valid. Despite his belief that the chart was only half true, the doctor had given it to a patient. This reminds me of a Yiddish proverb: "A half truth is a whole lie."

Resources

1. Perle SM. Poisoning the Well. *Dynamic Chiropractic*, 2006. Available at: www.chiroweb.com/archives/24/09/15.html.
2. NYS Rules of the Board of Regents, Part 29. Unprofessional Conduct. 29.2: General Provisions for Health Professions. Available at: www.op.nysed.gov/part29.htm#hp.
3. Press release, Office of the Attorney General, State of Oregon, dated June 28, 2007. "AG Stops Out-of-State Companies From Using 'Junk Science' to Promote Chiropractic Devices: Oregon Chiropractors Disseminated Deceptive Advertisements." Available at: www.doj.state.or.us/releases/2007/rel062907.shtml.
4. Perle SM. Credat Emptor. *Dynamic Chiropractic* 2003. Available at: www.chiroweb.com/archives/21/01/16.html.

5. Keating JC, Jr., Charlton KH, Grod JP, et al. Subluxation: dogma or science? *Chiropr Osteopat*, Aug. 10, 2005;13:17.
6. Lienhard JH. "Old Knowledge." Episode 631 in the NPR radio show "Engines of Our Ingenuity." Available at: www.uh.edu/engines/epi631.htm.

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