Becoming a “Medical Salesman”

Stephen Brunton

When I was in medical school, for the first 2 years, I lived at home. Home was behind my mother’s medical office. Both of my parents were physicians, and my entire life was spent surrounded by their patients. But it was not until the summer between my preclinical and clinical years, when I took a job as a salesman in a men’s clothing store, that I learned the most important lessons to prepare me for my role as a physician—the training of a consummate salesman. During that summer, I learned to:

- Give a sincere greeting
- Size up the customers
- Ask what was needed (and listen to and acknowledge the answers I received)
- Assess customers further, taking all the measurements I needed, finding out what selections might best fit their lifestyle, and then negotiating to provide them with appropriate solutions
- Deliver the product that best fit my customers’ needs
- Follow up a few days later to assess customers’ satisfaction with their purchases and with my service

In short, I learned that doing my job well and caring that my customers felt well-served created loyalty, and in creating loyalty, created additional business.

Many years ago, during my medical training (when the only therapy we had was leeches), we did not receive any education in effective commu-

nication, let alone in motivational interviewing. I assumed that, as the physician, when I imparted my best advice, the result would be appropriate patient behavior, or “compliance,” as we later termed it. I assumed, as I was taught to assume, that patients would do what I told them.

We now recognize that patients are human and make their own health behavior decisions, and we use what is thought by some to be a more enlightened term, “adherence.” I feel this term still implies a top-down authoritarian interaction and prefer the term coined by the British—“concordance.” This term recognizes a shared decision-making approach, in which the clinician is the consultant and the patient ultimately makes the choice about whether he or she agrees with what has been suggested and is willing to take the appropriate course of action.

I am the salesman; after sizing up my patients/customers, undertaking the tests I need, and hearing and listening to them express their concerns, needs, and desires, I can suggest what I feel will be appropriate. The question of whether they decide to buy the suit, buy the shirt and tie, or say they are “just looking” and leave the store is up to them and dependent on my ability to connect with them and make appropriate recommendations, thereby proving that I have their best interests at heart.

As I have grown older and grayer (OK . . . balder!), I have become more enthusiastic about embracing my role

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as a medical salesman. I am also more willing to lose sales today in the hope that, when patients are ready to make a decision, they will come back to me because they know I won't necessar-

ily do a "hard sell," but ultimately will have their best interests at heart and that the "suit"—or the course of treatment—I recommend and the advice I give is tailor-made for them.

Duality of Interest

No potential conflicts of interest relevant to this article were reported.