

## STRATEGY & PRACTICE

### Lung diseases

# Patient empathy as a solution for treatment successes

**Since the introduction of non-smoker protection laws, smokers have experienced exclusion in niche spaces. As a result, the incidence of new smokers decreased significantly, while the image of the smoker continued to have negative connotations. For COPD therapy, physicians have to overcome emotional hurdles for treatment success in smoker-patients.**

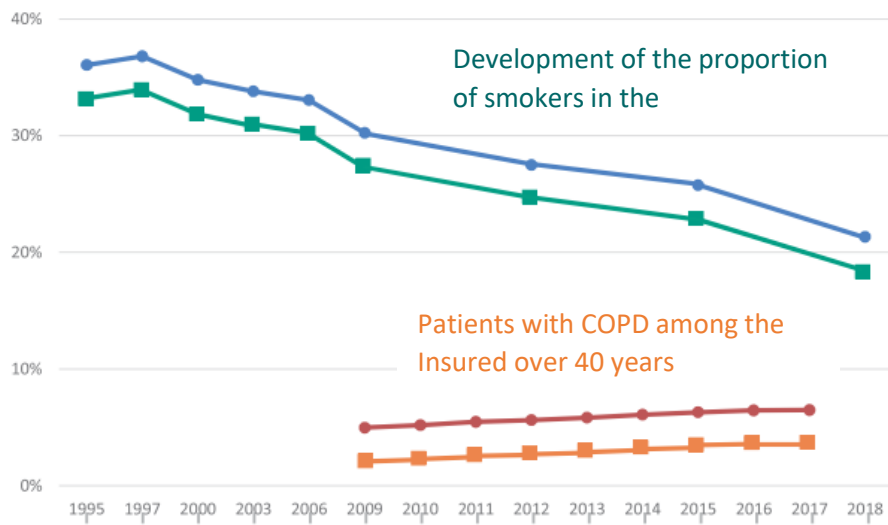
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According to the Robert Koch Institute (RKI), chronic obstructive pulmonary disease (COPD) is a common disease (especially from middle age onwards), the cause of which is mainly due to many years of smoking. As easy as it may be to find the cause, it is difficult to eliminate it and treat it causally. Even in times of crisis, such as during the current Corona pandemic, it is difficult for smokers to give up cigarettes or even to quit. According to study results from the USA (including Gallus et.al., 2015), the addiction factor is simply too great to be able to react to additional crisis effects with renunciation.

### Decreasing smoking rates

While smoking was an expression of freedom, independence and non-conformism for many people in Germany and Europe until the 1980s, the rate of new smokers began to fall as early as the 1990s.

FIG. 1: DEVELOPMENT OF SMOKING RATES AND COPD IN GERMANY



Quelle: <https://www.rauchfrei-info.de/informieren/verbreitung-des-rauchens/raucherquote-bei-erwachsenen>; <https://www.ver-sorgungsatlas.de/themen/alle-analysen-nach-datum-sortiert/?tab=6&cuid=99>; K&A Brand Research, © Healthcare Marketing

With the Millennials and especially with Gen Z, youth generations have grown up for whom tobacco & co. are losing personal relevance. The Europe-wide discussion about the health risks of smokers, their excess mortality and the resulting consequences for health care systems brought about a change in perspective. Above all, the introduction of non-smoker protection laws (in Germany in 2007) led to smoking in public being severely restricted (for example, to demarcated smoking corners). In addition, tobacco advertising has been banned (throughout Europe except in Germany) and the consequences of tobacco consumption are highlighted on packaging in an attention-grabbing way. Since the turn of the millennium, the incidence and prevalence of smokers in Germany has been declining (Fig. 1). The rates of new smokers among young adults are falling. Bundeszentrale für gesundheitliche Aufklärung (BZgA) (Federal Centre for Health Education): For example, only 19 percent of all women and 26 percent of all men between the ages of 18 and 20 smoke today, compared to 43 percent across all genders in 2008. In addition, only about seven percent of all adolescents aged twelve to 17 smoke, compared to 29 percent in 2001.

Today, more than 80 percent of all adolescents do not smoke before they reach the age of majority. In contrast, the prevalence of COPD, which is strongly correlated with smoking, increased between 2009 and 2017 (Fig. 1). While the prevalence among SHI-insured persons over 40 years of age was still 4.98 percent (about two million sufferers) in 2009, it already reached 6.5 percent (2.6 million sufferers) in 2017, according to the Central Institute for Health Insurance Physicians. By 2050, an increase to eight million sufferers is expected. The reasons for the growing numbers are seen in the increasing life expectancy and the ageing of the baby boomers. Epidemiologically, however, fewer and fewer people are joining the basic population of smokers. As a result, the emerging cohorts of smokers are thinning out, i.e. the smoking prevalence is predominantly composed of older people and those who have survived for longer with years of smoking (Gen X, baby boomers).

## COPD stereotypes: Unteachable patients

For more than 20 years, K&A BrandResearch has been using psychodrama research to investigate how doctor-patient behaviour changes in the context of treatment routines in everyday practice. In the beginning, doctors described treatment as frustrating and sometimes as a "waste of medication for incorrigible, incorrigible patients". Even today, the majority of patients are experienced by the treating doctors as "passive", "demotivated", even "mouthy", "indolent and renitent". In addition, they are often described as "below average intelligence" and above average in adherence. And they continue to smoke despite worsening symptoms of the disease. In short: COPD patients are intuitively not sympathetic to treating physicians, because they often call up the stereotypical schema of people who are sluggish, obtuse and uncooperative in treatment. Many COPD practitioners therefore feel powerless and frustrated. The motivating factor of being able to make a difference in the therapy and in the patient's state of health rarely comes to fruition - even though a wide range of effective COPD preparations and therapies are now available. In the COPD context, the pulmonologist sees himself as the "undisputed expert" compared to other medical colleagues. He is familiar with diagnostic procedures and combinations of substances of which general practitioners, practitioners and internists (API) may have no idea. He tinkers (even if mostly only mentally) with tailor-made COPD therapy plans and focuses on substances or devices rather than (combination) preparations. For him, prescribing these would mean lowering himself to the level of the "simple APIs" and the "simple-minded" patients. For APIs, it is important to be efficient all-rounders. Simplifying is not only a must in the busy daily routine with its various diagnoses, but a learned adaptation strategy. Having an understanding of the circumstances of long-term patients contributes significantly to efficiency in general practice - quick and implementable therapy decisions pay off in terms of time. In contrast to pulmonologists, they do not want to fiddle and are much more interested in efficient combination preparations.

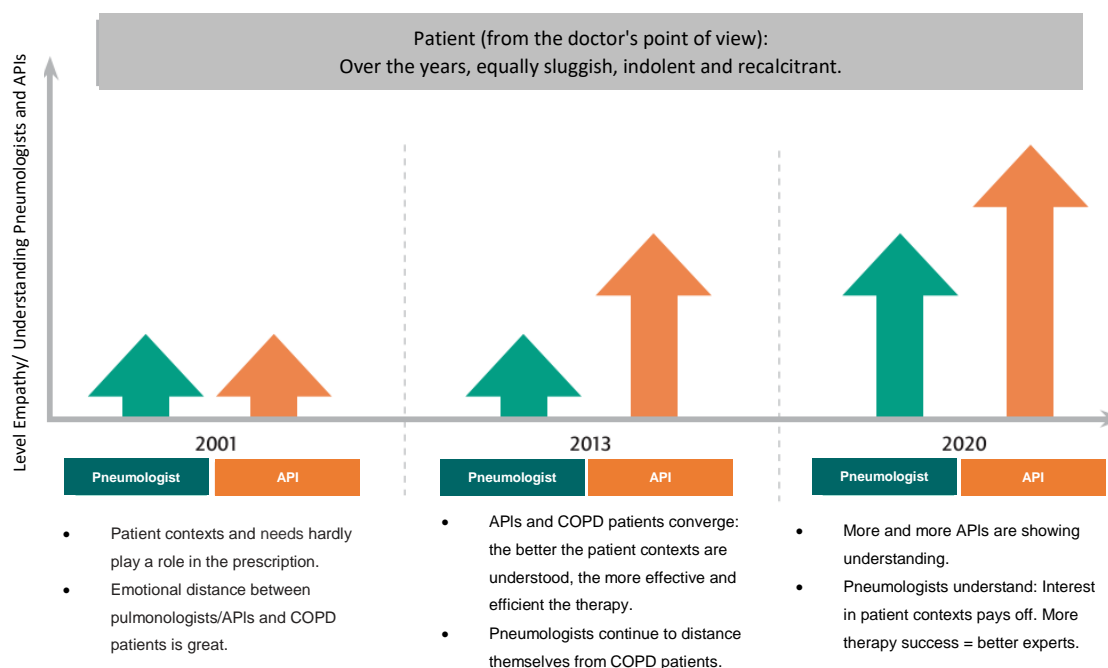
FIG. 2: PERSONA OF THE TYPICAL COPD PATIENT FROM THE PERSPECTIVE OF APIS AND



## Simply more empathy, easier everyday working life

20 years after the first K&A psychodramas on COPD, doctors still take it for granted that patients are to blame for the disease themselves and are also limited in their cooperation due to their smoking habits. Nevertheless, patients (of the better educated baby boomer generation!) are perceived to be more detached. The insinuation that patients refuse therapy and therefore deserve more effective medication only later is slowly giving way to an understanding of smoking as an addictive disease and the sometimes depressive loneliness of many COPD patients. About ten years ago, we could see that APIs were the ones who first communicated themselves more empathetically towards COPD patients. Two reasons led to this: Greater willingness to be empathetic and the possibility of achieving greater therapeutic success in the medium term by prescribing new combination drugs. As "non-experts for lung diseases", the APIs had dared to take a look behind the smoker's facade earlier. And have thereby discovered that an actual understanding of the reality of life of COPD patients has a positive effect on later therapy successes. After all, the patients themselves suffer from their nicotine addiction, the restricted social life and the doctors' reproaches. It is therefore more effective if the therapy is adapted to the patients' everyday contexts: Better adherence and building a basis of trust before teaching towards smoking abstinence.

FIG. 3: DEVELOPMENT OF EMPATHY AND UNDERSTANDING IN THE COPD



When therapy is adapted to patients' everyday contexts, adherence increases and improves the basis of trust with the doctor

The change of perspective to perceive COPD patients as psychologically biased and not "themselves to blame" promoted APIs' openness to easily understandable therapies and simplified treatment plans. The strong tendency to always see themselves as experts has long prevented pulmonologists from taking an interest in COPD patients and their everyday contexts. However, this way of thinking is beginning to show cracks: The pulmonologists are realising that COPD patients do not necessarily have to be regarded as abusers of their own expert ego, but ultimately contribute positively to their own self-image. Because if the pulmonologist succeeds in creating a good fit between COPD therapy and patient, he can celebrate better therapeutic successes due to his COPD expertise. The contextualisation of our everyday lives is increasingly influencing medical practices. The better the reality of life of COPD patients is understood in their everyday contexts, the better a therapy can be adapted and the greater successes can be expected in the medium term. Bringing this closer to the treating physicians via training and psychodramatic techniques is not only a motivator for one's own self-efficacy in everyday practice, but also a potential guarantor for successfully selected therapy options in the context of COPD treatment.

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