

Let's Play Buzzword Bingo

This is dedicated to our friends in pharma...and you know who are.



Every industry has its own vocabulary and script. In medicine, especially in dermatology training, the fundamentals start with vocabulary. Morphology, pathology, and physical exam findings all have unique descriptions and words that take practice to apply, and even longer to understand. But in essence, it is how we communicate, and our jargon sets us apart from other clinicians and allows us to stay one step ahead of pharmacists, insurance people, and patients.

Obviously, we communicate differently with colleagues than with “customers,” as patients now want to be thought of. We all use buzzwords to make explanations simpler or to get certain points across for discussing diseases and treatments: “pre-cancerous” for AKs, “change the architecture of the skin” for using retinoids, “modifying the process” and “turning off the faucet instead of mopping up the mess” for explaining biologics over steroids are a few of my favorite, and probably way overused, buzzwords.

Corporate speak is another matter altogether, especially in sales. If you are involved with pharma at all, you hear it all the time...and it can absolutely make you bananas the more you listen to the scripts. Moreover, as big pharma permeates dermatology while derm-only pharma nears extinction, and familiar faces are either retiring or being replaced with big pharma transplants, the echoes of corporate speak are getting louder. Phrases and words like “feedback,” “unmet need,” “put a pin in it for now,” “align on it,” and “30,000-foot view” now permeate the derm airwaves.

These scripts often become routine, just as in medicine. But doctors hate these scripts because they are often interpreted as dismissive, inexperienced, or detached, mainly because the relationships are transient compared to the ones we develop with patients and colleagues. When was the last time you replied to a patient “You waited five minutes and you’re upset? That’s great feedback!” or “Let’s put a pin in that Merkel Cell Carcinoma diagnosis until your next visit.”

My favorite buzzword over the last 20 years has been “feedback” because it is the easiest cop-out word for any

uncomfortable or challenging conversation. To me, feedback is something you are asked for when someone presents something for review, whereas advice is something solicited when there is no concrete answer. If I ask you if you like this editorial and you say it stinks, I would say thanks for the feedback. But if you came to me on your own and said “Neal, don’t quit your day job,” I would say thanks for the advice.

I recently participated in an advisory board and one of the newbies to derm came up politely and said, “Thanks for the feedback.” So I thought about it for a minute as we were at an “advisory board” not a “feedback board,” and my reply was, “Feedback is something you give when you are presented with something to reply to, this was a meeting about advice for marketing a product to your new customer base.” Holy moly, you should have seen the deer in the headlights look on that one!

Needless to say, in that encounter I took away the script and made it real, but in many cases in the corporate world, especially in pharma, everyone already knows what they can or cannot do, given the “30,000-foot view.” Many conversations with the new derm pharma (and I call it new because we are losing touch with traditional derm pharma that was part of the family), often end in futility because the corporate base doesn’t understand dermatology and how we think and operate. However, when an advisor actually gives suggestions on how to make things better, and the only reply is, “That’s great feedback!” or “Thanks for the feedback!” it really just means, “I could not care less. I already have a plan so save your breath and stay tuned.”

So in the spirit of the old *Bob Newhart Show*, which inspired a drinking game where everyone had to drink when they heard “Bob,” there should be some kind of tally of how often the word “feedback” comes up in a sentence, how many meanings it has, what context it comes from, and how many times the same source says it. So I offer some simple advice—not feedback! Just be genuine, shred the script, and be yourself. ■

—Neal Bhatia, MD
Chief Medical Editor