

---

# Editorial

## Sometimes we need ‘a blank slate’

‘Let us then suppose the mind to be, as we say, white paper, void of all characters, without any ideas. How comes it to be furnished? When comes it by that vast store which the busy and boundless fancy of man has painted on it with an almost endless variety? Whence has it all the materials of reason and knowledge? To this I answer, in one word, from experience’.

John Locke (1632–1704), *An Essay Concerning Human Understanding*.

The famous 17th century English philosopher quoted above was struggling with an issue of the day, the origins of human nature. His ideas that we are all born as a *tabula rasa* (blank slate) still dominate much social and political thinking today, although they are challenged by some neuropsychologists (see Pinker, 2002). More recently, the sources of organisational knowledge and, therefore, competitive advantage have come under the same scrutiny. How does an organisation learn? How do we know if it has learned the right things? How do the pre-formed minds of our customers impact on our business?

In this issue of the *International Journal of Medical Marketing*, we carry several useful papers that examine the strengths and weaknesses of the organisational mind. Linda Coleman and Michael Wood, for instance, adopt a provocative and controversial position in regard to what some see as the ‘evil’ in the corporate personalities of many pharmaceutical companies. The authors take a critical view of the activities of the industry in the ‘Third World’ and their ideas deserve to be read by those involved in this field. Incidentally, if any reader would care to

challenge the authors’ ideas by way of another paper, we would be delighted to consider it.

Just as thought provoking is the rigorous piece of empirical research presented by Carly Fink and her colleagues. Coming from a psychological perspective, they analyse the content of websites, relating to the menopause. Their work suggests the mind of the customer in this area is already pre-shaped and far from blank. Several segments exist among the target audience, each with different implied responses to marketing propositions. The work is interesting and valuable in its own right, but the implications for other areas of DTC marketing are obvious and an important consideration for medical marketers.

An already formed mind, of course, faces difficulty in changing situations. One of the more interesting changes facing UK medical marketers has been the rise of the National Institute for Clinical Excellence. This is a government body responsible either for spreading best practice by assessing new technologies or for cost control of technologically driven inflation, depending on your point of view. The paper by Mark Duckenfield looks at how the industry, across all sectors, might learn to respond to this change by changing its mindset to the euphemistically named NICE.

Still on the theme of preformations in customer minds, Andrée Bates and Edwin Bailey look at the role of doctor sentiment and benchmarking. This work gives a useful insight into how sentiment impacts

on our business, perhaps far more than we expected.

Finally, I have included some of my own work in this issue. I have just completed my PhD into the effectiveness of strategy making processes in medical markets (if anyone would like to know more, you are welcome to mail me on PragMedic@aol.com) and this issue contains the first of three papers summarising the five years of research it has taken. This first paper suggests that many medical marketers create very weak strategies. The succeeding papers (in future

issues) describe the reasons for this and the practical steps we can take to improve strategy making in medical markets. Much of the answer lies in the fact that our organisational minds are anything but blank slates, but too many of us fail to allow for that.

BRIAN SMITH  
Managing Editor

**Reference**

Pinker, S. (2002) *The Blank Slate*, Penguin/Allen Lane, London.