

# MEDICAL COMMUNICATION. A MATTER OF LIFE AND DEATH.

ART&MEDICINE

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3 minute read.*

**There is a paradox at the heart of medical innovation. Every year, breakthroughs with the genuine potential to improve or save lives fail to reach the patients who need them. And often it's not because the science is weak or the clinical evidence is absent. But because the communication of those innovations confuses *proving something* with *persuading someone*.**

**The medical world has a communication problem. And it is costing lives.**

## THE EVIDENCE DOESN'T SPEAK FOR ITSELF

The prevailing logic in medical communications goes something like this: conduct rigorous trials, publish the data, present at a conference, and the medical community will adopt. Evidence in, behaviour change out.

It doesn't work that way.

Research consistently shows that between 30 and 40 percent of patients in the US still do not receive the benefits of these innovations. Not because physicians are unaware it exists, but because the evidence has not been communicated well enough.

*The gap between what we know and what we do is not a knowledge gap. It is a communication gap.*

## WHAT THE REST OF THE WORLD ALREADY KNOWS

Brand strategists, politicians, lawyers, and technology companies all operate on a different understanding: that humans are emotional, not rational actors, and that the presentation of a message matters as much as its content.

When Steve Jobs introduced the iPhone in 2007, he didn't lead with technical innovation. He led with a problem his audience already felt, then offered the solution. He did not ask his audience to do the intellectual work of understanding why his product was better. He did that work for them.

In a world drowning in information, the communicator's job is not to add to the volume. It is to cut through it. Medical innovators are, almost uniformly, doing the opposite.

**'The job is not to  
add to the volume.  
It is to cut through it.'**

# THREE FAILURES OF MEDICAL COMMUNICATION

## 1. Evidence alone is not enough

A typical product launch follows a predictable architecture: background, methodology, primary endpoint, secondary endpoints, safety data, conclusion. Designed for scientific rigour, not human engagement. It often misses the all-important emotional elements that persuade.

Aristotle identified three modes of persuasion 2,400 years ago: *logos* (logic and evidence), *ethos* (credibility and character), and *pathos* (emotion and connection). Medical communication has mastered *logos*, but largely abandoned the other two.

The result is messaging that is technically unimpeachable but humanly inert.

## 2. The failure to differentiate

In competitive markets, differentiation is not optional - it is the entire game. Yet innovations that represent genuine clinical advances are routinely presented in ways that are indistinguishable from each other.

The question a physician is really asking is not just “do you have data?” It’s “why should I change what I’m already doing?” That is a differentiation question, and it demands a differentiation answer.

## 3. Complexity kills adoption

Medical communication tends to honour complexity rather than resolve it. Dense data packages, multi-arm trials, sub-group analyses presented in full, leaving the clinician to do the hard work of reaching a conclusion. This is not rigour. It is abdication. The communicator’s job is to distil, simplify, and make the argument clear enough that the audience acts on it.

## THE COST: IN MONEY. AND LIVES.

The average cost of bringing a new drug to market is \$2.2 billion[1]. And 1 in 3 launches miss their commercial targets[2]. The human cost is even more sobering. It doesn't take much imagination to understand that communicating game-changing innovations is not a luxury, it's a duty.

Healthcare professionals are exceptionally busy and over-communicated-with. They make dozens of clinical decisions a day, putting huge demands on their attention and bandwidth. In that environment, the communication that is clearest, most differentiated, and most persuasive wins. Not solely the one with the most comprehensive data package.

## WHAT GOOD LOOKS LIKE

- **A single, clear claim** - not a summary of findings, but a proposition. What does this mean for the physician, or for the patient, right now?
- **A differentiated argument** - not "we have data" but "here is why this is meaningfully different from what you are currently doing, and here is the evidence that proves it."
- **Simplicity that respects the audience's intelligence** - not dumbing down, but doing the intellectual work of distillation on the audience's behalf.
- **Narrative, not just data** - a story about a patient, a clinical problem, an unmet need, that makes the evidence feel relevant rather than abstract.

## GREAT MEDICAL COMMUNICATION IS A COMBINATION OF ART AND SCIENCE.

At Art&Medicine, we work at the intersection of scientific rigour and communications craft. The best medical communication doesn't choose between evidence and persuasion - it treats them as inseparable. Differentiation is not spin, but honesty about what makes something genuinely worth adopting. And simplicity is not a concession to a less sophisticated audience, but the highest form of intellectual respect. The evidence, on its own, is not enough. It never was. It's time medical communications caught up.

**Because medical breakthroughs deserve breakthrough communication.**

*Art&Medicine is a specialist medical communication consultancy working with pharmaceutical, biotech, and medical device companies to build communication strategies that are scientifically rigorous, strategically differentiated, and genuinely persuasive.*

## REFERENCES

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