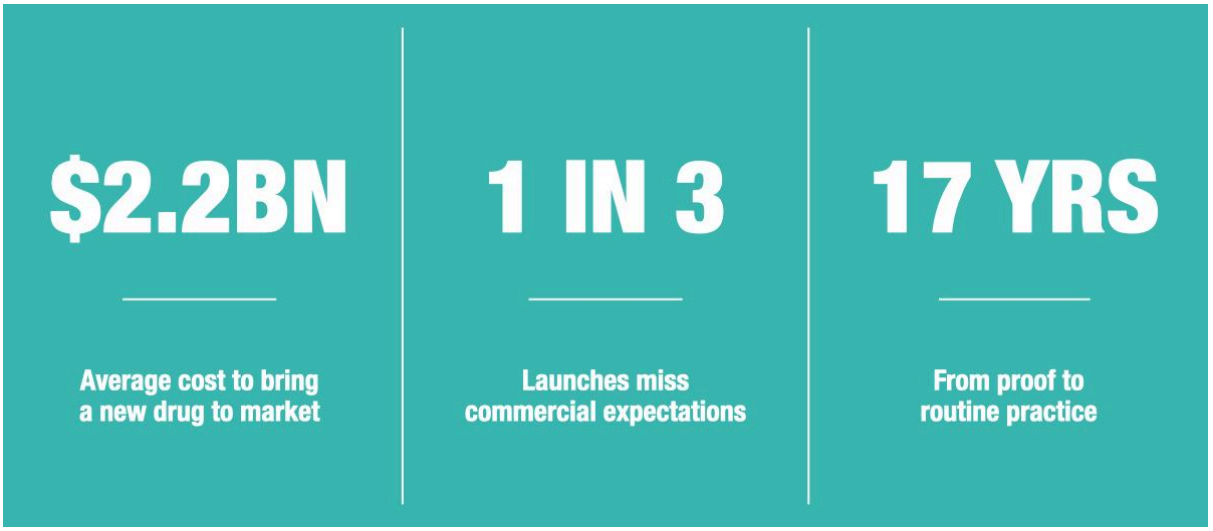
Why the most expensive failures in healthcare aren't happening in the lab.

It costs, on average, $2.2 billion to bring a single new drug to market.

Yet, after a decade of rigorous research, clinical trials, and regulatory approval, a third to half of all new treatments fail to meet commercial expectations at launch. These are not drugs that failed in the lab; they failed in translation, because the communication of their scientific merit was inadequate.

This is the costly, uncomfortable truth at the heart of modern healthcare: clinical breakthroughs need communications that break through and disrupt the status quo.



A failure to launch

According to Deloitte's analysis of 284 US drug launches between 2012 and 2021, a third missed analyst expectations at launch. Of those that missed, only one in four recovered in year two. And few failed launches go on to achieve the rest of their goals.

McKinsey puts it higher: 40% of worldwide launches between 2009 and 2017 fell short of their two-year sales forecasts. L.E.K. Consulting's Launch Monitor found that

roughly half of all products launched over a fifteen-year period underperformed pre-launch consensus by more than 20%.

These aren't drugs that failed in the lab. They passed clinical trials. They received regulatory approval. The science was sound.

So what went wrong?

The persuasion gap

When ZS Associates examined 340 launches spanning nearly two decades, they found something that should unsettle every R&D team preparing for a commercial milestone: clinical differentiation (the actual scientific superiority of the drug) explained only 10–20% of prescribing behaviour. The rest came down to field engagement, patient support, and manufacturer reputation. In other words, it came down to communication.

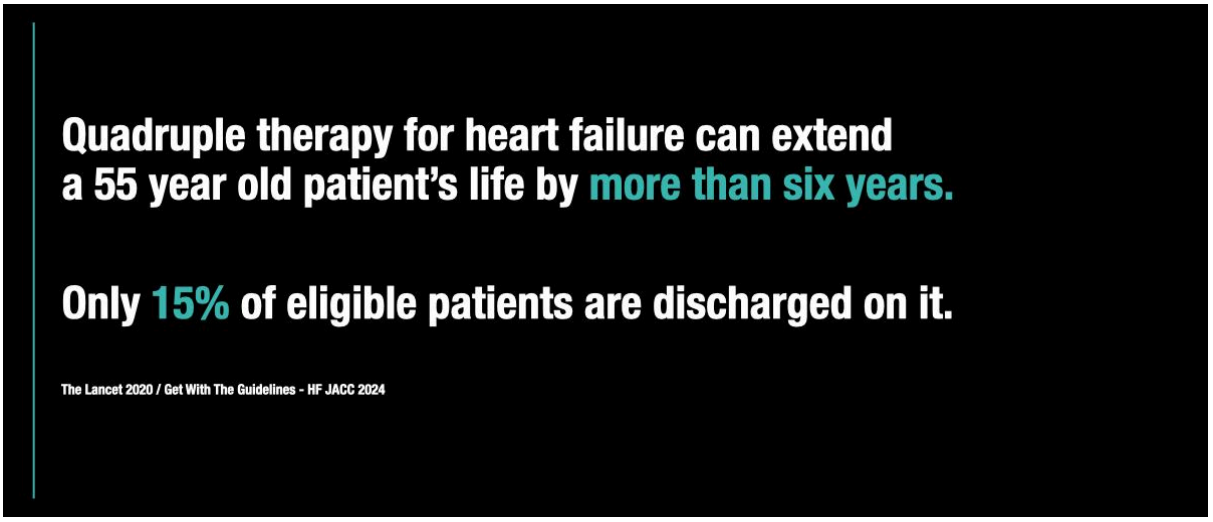
And Bain & Company found that healthcare professionals give pharmaceutical companies an average Net Promoter Score of minus eleven. Hardly a ringing endorsement.

The problem isn't that the science is unconvincing. It's that the communication of that science - to clinicians, to payers, to patients - consistently falls short. Not because the information isn't available, but because availability has never been the same thing as persuasion.

The 17-year wait

In 2011, a systematic review published in the *Journal of the Royal Society of Medicine* confirmed what many in translational research had long suspected: it takes approximately 17 years for research evidence to reach routine clinical practice. That seventeen-year gap isn't just a statistical lag - it represents an entire generation of patients missing out on better outcomes while we wait for the information to finally become persuasive.

The consequences of that delay are real.



Take heart failure. Quadruple therapy for heart failure with reduced ejection fraction can extend a 55-year-old patient's life by more than six years, according to a comparative analysis published in *The Lancet*. The evidence is robust. The drugs exist. And yet, according to recent data from the Get With The Guidelines registry - covering more than 33,000 newly diagnosed patients across 373 US hospitals - only 15% were discharged on quadruple therapy. Earlier registry data found that just 1% of eligible patients received triple therapy at recommended doses.

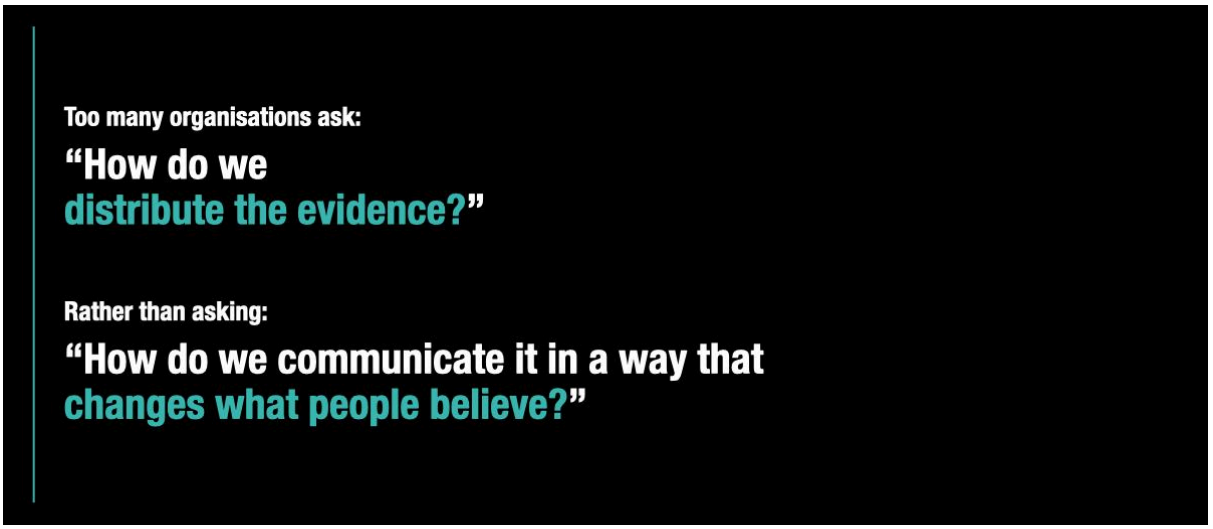
These patients aren't being denied treatment because of cost or access. They are being undertreated because the communication between evidence and practice has broken down.

The pattern repeats across therapeutic areas. Among patients with established cardiovascular disease and elevated cholesterol, fewer than a quarter had their lipid-lowering therapy intensified within two years - despite being well above target. In atrial fibrillation, over half of Medicare patients at significant stroke risk received no anticoagulant at all. Among people with type 2 diabetes and cardiovascular disease, more than half were prescribed neither of the two drug classes shown to significantly reduce their mortality risk.

The wrong question

The pharmaceutical industry spends billions on communication. Globally, the healthcare marketing and communications market is estimated at nearly $25 billion. In the US alone, pharma invested over $6 billion on direct-to-consumer television advertising in 2024.

Yet the evidence-to-practice gap persists. Launches continue to underperform. Patients continue to receive suboptimal care.



When communicating their latest innovation, too many organisations ask: *how do we distribute the evidence?*

Rather than asking: *how do we communicate it in a way that changes what people believe?*

There is a fundamental difference between evidence transfer and belief change. Publications, congress abstracts, and medical writing ensure that information enters the system. They do not ensure that it changes behaviour. Clinicians have a huge amount on their plates and, given the implications, are naturally risk averse. Payers are sceptical by design. And patients are filtering everything through their personal experience & emotional state. None of these audiences are likely to be persuaded by better formatting.

They are persuaded by communication that understands the barriers to belief - and addresses them directly. Communication that finds the reframe, the analogy, the visual narrative that makes someone's existing assumptions feel insufficient.

The case for a different kind of communication

Companies invest $2 billion and a decade developing each new treatment. A third to half of those treatments then fail commercially - not because the science was wrong, but because the translation was inadequate. Meanwhile, proven therapies sit underused while patients receive care that falls short of what the evidence supports.

Clinical breakthroughs deserve breakthrough communication.

Not more noise or volume - communication that respects the rigour of the science, but is human enough - and creative enough - to actually change a mind.

That is what we believe at Art&Medicine. We bring 25 years of expertise in the craft of persuasion - honed across entertainment, branding, and commercial communications - to a sector where evidence transfer has too often been prioritised over belief change. Combined with 15 years of clinical collaboration and anatomically precise visualisation, it gives us something the traditional med comms world doesn't offer: the ability to make complex science not just understood, but believed.

And that is not just a science. It's an art.

ART&MEDICINE

Seeing is believing

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