Rigorous scientific evaluation of the overall effectiveness of implementing this type of strategy in the short and long term, although challenging, could be achieved.

J.R. (Dick) M. Smith
HIV Primary Care Physician
Winnipeg, Man.

Reference

1. Remis RS. HIV incidence among injection drug users in Vancouver [editorial]. *CMAJ* 2002;166 (7):908-9.

Principles of influence

The recent article on the principles of influence in medical practice[1] applies to other important areas related to patient care. The authors focused on patient–physician interactions, but I have found that an understanding of the same principles is very helpful in understanding interactions between pharmaceutical representatives and physicians.

Over the past 10 years I have used video and structured interaction to help explain the process of the "drug detail" to students and physicians.[2] For the past year, this has been enhanced by the concepts discussed in an article by Cialdini[3] on the 6 basic behaviours that influence response.

"Reciprocation" applies to gifts, favours and concessions. The impact of gifts on attitude and behaviour is well documented[4] and may lead to bias in favour of a drug product. "Consistency" is best seen in the closing statement of an interaction, for example, "Will you be able to use product X in your practice?" An affirmative response is not irrelevant. Good data show that compliance with a request increases when agreement is acquired. In addition, "social validation" occurs through the drug company dinner. When a doctor hears that many colleagues are using a product, they are more likely to change their prescribing habits.

"Liking" is fundamental to representative–physician interaction. The skillful detailer can be described as a "stranger who co-opts the trappings of friendship."[1] This is the secret of the Tupperware party. The stranger in that situation is the seller, but the meeting is arranged by friends and conducted in the home of a friend.

Doctors, like others, respect and respond to authority figures. "Authority" is exemplified by opinion leaders. Opinions might be given during a sponsored talk, or perhaps a name is dropped during an interaction.

Finally, there is "scarcity." Drug sampling is one way of creating that feeling. By giving out a few small samples the representative makes it seem that the medication is something new and special.

Changing behaviour is difficult. Physicians know that from their work. Changing a behaviour in doctors, such as prescribing practices, is also difficult. Understanding the process can help physicians decide what they feel is in the best interests of their patients. Being aware is the best preparation.

Neil H. Shear
Professor of Medicine
Dermatology and Clinical Pharmacology
Sunnybrook & Women's College Health Sciences Centre
University of Toronto
Toronto, Ont.

References

1. Redelmeier DA, Cialdini RB. Problems for clinical judgement: 5. Principles of influence in medical practice. *CMAJ* 2002;166(13):1680-4.
2. Shear NH, Black F, Lexchin J. Examining the physician–detailer interaction. *Can J Clin Pharmacol* 1996;3:175-9.
3. Cialdini RB. The science of persuasion. *Sci Am* 2001;284:76-81.
4. Stelfox HT, Chua G, O'Rourke K, Detsky AS. Conflict of interest in the debate over calcium-channel antagonists. *N Engl J Med* 1998;338(2): 101-6.

[One of the authors responds:]

Neil Shear's letter is one more development in a memorable series of exchanges over our article.[1] We agree completely with his insights: the basic point is that advanced training in medicine does not immunize clinicians against the forces of social influence. In this response, we focus on this last issue.

Before we submitted our manuscript to *CMAJ* we had received 5 dissenting external reviews at other journals. One reviewer said, "employing tactics of social influence violates principles of biomedical ethics." Another wrote, "medicine does not usually operate this way." And a third said, "social influence techniques will ultimately undermine autonomous motivation."

We recognize that researchers have

Pour écrire à la rédaction

On peut envoyer une lettre à la rédaction par notre site web, par la poste, par messager, par courriel (pubs@cma.ca) ou par télécopieur. Les lettres doivent compter au plus 250 mots et être signées par tous les auteurs. Les lettres se rapportant à un article publié dans le *JAMC* doivent nous parvenir dans les 2 mois de la publication de l'article en question. Le *JAMC* ne correspond qu'avec les auteurs des lettres acceptées pour publication. Les lettres acceptées seront révisées et pourront être raccourcies.

Cyberlettres

Nous encourageons les lecteurs à écrire à la rédaction par le service Cyberlettres de notre site web (www.jamc.ca). Nous visons à publier au plus tard le jour ouvrable suivant les lettres qui apportent une contribution importante à la discussion. Les lettres électroniques seront annexées à l'article pertinent du *JAMCél* et on pourra les publier dans la version imprimée du *JAMC*. Pour envoyer une lettre électronique (cyberlettre), cliquez sur «Lettres électroniques : répondre à cet article» à la droite du texte HTML de tout article du *JAMCél*.

not attempted to replicate these studies in real medical settings, that influence strategies are only one factor in human decision-making and that ethicists could raise major concerns about the potential for abuse. None of these limitations, however, justifies a lack of awareness.

The science of social influence is a new field, and our review is not the final word. Furthermore, this science emerged from the military education programs of World War II and is biased generally toward techniques that are effective on healthy people. More nuanced research about medical care may now be considered legitimate as the focus of this science shifts from military conflict to the war against disease.

A tendency exists to become overly enthusiastic about solutions to difficult problems when faced with positive results from psychology. The studies show, however, that influence strategies rarely make all the difference. Concrete barriers and supports are crucial (e.g., inconvenience, incentives and information). As Shear implies, clinicians should have no aspirations of becoming wizards who can govern a person's behaviour.

Donald A. Redelmeier
Department of Medicine
University of Toronto
Toronto, Ont.

Reference

1. Redelmeier DA, Cialdini RB. Problems for clinical judgement: 5. Principles of influence in medical practice. *CMAJ* 2002;166(13):1680-4.

Circumcision: Time to deinsure?

Charles Wright is certainly on firm ground when he calls for a reduction in the demand for unnecessary and unproven medical services.[1]

One measure that could easily be taken is to stop providing an insurance benefit for nontherapeutic infant circumcision. The Canadian Paediatric Society has discouraged male circumcision since 1975[2] and now says it should not be performed in the absence of a medical indication.[3] Although there is no medical indication in the newborn period,[2,4] the Manitoba Health Insurance Plan, alone among Canadian health insurance plans, continues to provide a benefit for this outmoded surgery.

By withdrawing funds for nontherapeutic neonatal circumcisions (effective July 1, 2002), Arizona now has joined 6 other American states in denying funding.[5] Arizona expects to reduce demand by about 12 000 nontherapeutic operations a year. Surely, it is time for the Manitoba authorities to review their schedule of benefits and eliminate payments for such unnecessary procedures. Doctors everywhere should discourage circumcision.

George Hill
Executive Secretary
Doctors Opposing Circumcision
Seattle, Wash.

References

1. Rich P. "Completely ridiculous" demands ruining medicare. *CMAJ* 2002;166(13):1707.
2. Foetus and Newborn Committee. FN 75-01 Circumcision in the Newborn Period. *CPS News Bull Suppl* 1975;8(2):1-2.
3. Fetus and Newborn Committee, Canadian Paediatric Society. Neonatal circumcision revisited. *CMAJ* 1996;154(6):769-80.
4. Committee on Fetus and Newborn, American Academy of Pediatrics. *Standards and recommendations for hospital care of newborn infants*. 5th ed. Evanston (IL): American Academy of Pediatrics; 1971. p. 110.
5. Griffiths L. Arizona rightly ended funds for circumcisions. *The East Valley/Scottsdale Tribune* [Mesa/Scottsdale, Ariz.] 2002 June 14.

[Editor's note:]

A spokesperson for Manitoba Health confirmed for *CMAJ* that the government pays $19.50 per circumcision. Between Apr. 1, 2001, and Mar. 31, 2002, the cost of 2122 circumcisions was covered by Manitoba Health; 1802 of the procedures involved newborns.

Berries for brains

Severe mental illness such as schizophrenia is rare in children, but it is nonetheless real. The point of Gayle Grass' *Catch a Falling Star* is not to send every child who has trouble concentrating at school to a psychiatric ward, but rather to help that small group of children whose symptoms do not go away but seem to get worse and whose worries grow to the point of acute distress and disorganization. In her review, Jessica Mendes says that the book takes everyday experiences such as restlessness, confusion and frustration and renders them the early signs of mental illness.[1] The fact is that they can be early signs of mental illness. That is not to say that everyone who feels frustrated, confused or worried is mentally ill, but rather when these symptoms persist, when they seem always to be present no matter how much one tries to get rid of them, then it is likely that they signal more than the common ordinary frustrations of everyday life. It is for these children that this book is intended.

Mendes argues that mental health is bred by values we instil. Instead of looking at anxiety as a symptom, we should see it as an attempt to do better. Of course anxiety can be motivating, but Mendes' argument denies the reality of mental illness in children. Nor is mental illness a question of values. To suggest this perpetuates the stigma of mental illness and blames the victim.

Mendes identifies berry-picking for special mention, missing the point that this is a way for the Fish and Iris to connect. The specific activity is not important, but to be active in this way has therapeutic value, even though it is not curative.

Children with mental illness are suffering; they are perplexed and they have no idea why they feel the way they do. Ordinary attempts to assist and console them are not sufficient. It is true that the book does not offer any prescription of how a child in this situation can be helped other than through special doctors. There is no simple prescription or self-help manual for children with mental illness of this kind or their parents; the most therapeutic message that can be conveyed is that there is help and one should not be afraid to ask