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

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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.

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[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