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**Symmetrical Public Relations Surgery: Two-Way Symmetrical  
Suggestions for Physicians and the Medical Device Industry**

**APPROVED BY  
SUPERVISING COMMITTEE:**

**Supervisor:**

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Ronald Anderson, Supervisor

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David Warner, Co-Supervisor

**Symmetrical Public Relations Surgery: Two-Way Symmetrical  
Suggestions for Physicians and the Medical Device Industry**

**by**

**Eric Jonathan Faulk, B.A.**

**Report**

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## **Dedication**

This report is dedicated to my wife, Kelley Stripling Faulk, for her continuous support and to my grandfather, H.V. Schulz, for his steadfast example.

## **Acknowledgements**

Express gratitude is offered to Dr. Ron Anderson for his public relations guidance and mentoring and to Dr. David Warner for his healthcare policy advice and insights. Dr. Anderson knows what he is talking about at every turn, and Dr. Warner has forgotten more about healthcare than I will ever know.

## **Abstract**

### **Symmetrical Public Relations Surgery: Two-Way Symmetrical Suggestions for Physicians and the Medical Device Industry**

Eric Jonathan Faulk, M.P.Aff., M.A.

The University of Texas at Austin, 2012

Supervisor: Ronald Anderson

Co-Supervisor: David Warner

The public relations field is rapidly adopting two-way symmetrical communications as a way to achieve excellence and win-win solutions for multiple publics. This paper focuses on activism and industry public relations approaches involving a group of expert physicians in Houston and the medical devices industry. After exploring two-way symmetrical communications and the Excellence Theory of Public Relations, the paper explores these physicians' viewpoints and provides an overview of the medical device industry. The discussion then provides public relations suggestions for the physicians to symmetrically approach the industry to create change. Next, the paper recommends how the medical device industry can respond to work with the physicians and to prevent possible public relations damage and crisis. The paper concludes by expressing the importance of applying symmetrical communications methods to solve challenges and create win-win solutions.

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## Chapter 1: Introduction of Public Relations and Case Study

Since publics ever had to relate—as individuals united to form groups, groups joined to form organizations and organizations combined to form industries—the communication gap between industries and individuals has grown into a canyon. At best, an individual’s voice echoes off the rock-face opposite them when seriously addressing concerns with a large organization or industry. A communications *modus operandi* for some organizations when communicating with individuals has become to remain silent when talked to and to “talk at” individuals that have no significant influence or threat to operations. Asymmetrical communications behavior is the norm.<sup>1</sup>

As a result, individuals and small groups with legitimate concerns or suggestions, but with little resources, have resorted to radical activist tactics and stunts to create awareness of their stances. These stunts are a result of not knowing how to address the opposite side of the cavern and attain results. There are two-way symmetrical communication methods and effective activist public relations approaches that can bring industries and large organizations to work toward mutual goals.

In fact, there are effective ways that activist groups can promote their agendas that will help an industry pay attention to small groups with important agendas. Effective activist public relations, well executed, can bring small groups and large organizations to communicate symmetrically—one-on-one on equal ground—to accomplish mutual goals,

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<sup>1</sup> Two-way symmetrical communications and two-way asymmetrical communications are largely differentiated in that two-way symmetrical communications involves the most powerful participant validating and listening to the other party and exhibiting a willingness to change; two-way asymmetrical involves the dominant party defending its own stance with no consideration of the other party and fighting against change, while the other party takes similar asymmetrical approaches. Two-way symmetrical communications involves both parties using communication to move to a “win-win” zone (Grunig, 2001).

and one case of physicians seeking to change the medical devices industry shows exactly how these techniques are needed to achieve goals.

As we will see, in the long run, it is in an organization's best interest to work symmetrically with activists, listening and working with the groups to avoid crisis situations activists can cause. Validating and partnering with activist groups can save time and resources spent on public relations damage control from when activists are ignored. An activist group has tools to ethically make its voice heard if it is not worked with by a large organization or industry.

It is important, however, that activist groups learn to manage their communications effectively to approach large industry groups or organizations first symmetrically and then asymmetrically. Activists can ethically use the media, government or courtroom as necessary if a larger entity is not willing to listen. Asymmetrical approaches can help an activist organization gain a symmetrical audience with industry representatives.

## **Activism**

It is important for the purposes of this paper to define activism. The traditional image of activists waving signs or performing stunts to gain attention is not the form of activism identified or discussed in this paper. For the purposes of this report, activists are more closely aligned with passionate advocates seeking to affect change. As Holthausen says, "Activists are 'people who join small activist groups [and] are characterized by their motivation, even fervor'" (358). By nature an activist group has fewer resources to engage their mission, but this report, using public relations theory posited by J.E. Grunig

and L.A. Grunig, suggests means through which a less powerful activist can ethically create change.

For the purposes of this paper, we will specifically define activism as

a group of two or more individuals who organize in order to influence another public or publics through action that may include education, compromise, persuasion, pressure tactics, or force. (504)

One activist group that has strong opinions and passionately advocate a wide list of issues they believe require change is a group of two physicians in Houston. Dr. Carol Ashton and Dr. Nelda Wray with the Methodist Hospital System have partnered to publish and educate about the need for increased scrutiny and reform of the medical devices industry. To date, they have been a strong activist group with serious suggestions for change, but they have not implemented effective activist public relations methods that can help to create the change they want to see. This paper will explore these tactics to empower activist groups to create change and then recommend how traditionally asymmetric organizations can work symmetrically with activist publics to mitigate damage and find win-win solutions that meet their mutual goals.

One example of Dr. Ashton and Wray's publications and education efforts to raise awareness about improvements necessary in the healthcare industry includes a controlled study conducted by several physicians including Dr. Wray and Dr. Ashton. Published in the New England Journal of Medicine, it tested the effects of arthroscopic surgery on symptoms experienced by patients with osteoarthritis of the knee (2002). With hundreds of thousands of these surgeries conducted each year at a cost of thousands of dollars each, the researchers sought to discover if the surgery was having the intended effects on patients. Reportedly, roughly half of patients were experiencing relief from the symptoms

of osteoarthritis as a result of surgery, and this study tested for the effects of surgery against a placebo group. Final results of the study concluded there was no significant difference between the surgical patients and the control group of placebo patients. The physicians concluded that

[i]f the efficacy of arthroscopic lavage or débridement in patients with osteoarthritis of the knee is no greater than that of placebo surgery, the billions of dollars spent on such procedures annually might be put to better use. (Ashton, Wray, 2002)

With placebo effects having the same results as surgery, results like this cause physicians to question the necessity of surgery. These kinds of findings also cause these doctors to assume that the large influx of medical devices onto the market is causing widespread use of unnecessary devices requiring unnecessary surgeries. This is only one issue Dr. Wray and Dr. Ashton have with the medical devices industry—that company motives are more profit driven than public health driven. Of course, the medical devices and healthcare industry would stand to lose a lot of money if these doctors were able to effectively stop hundreds of thousands of surgeries because they do not create positive health outcomes, so the industry has a vested interest in these studies but no real cause to act on the findings because the healthcare system continues to allow physicians to call the shots on procedures and the use of medical technology involved.

This report will explore more issues these doctors have with the industry, some ways they can mobilize their voice through public relations strategies to affect change and then explore some ways the medical devices industry can work symmetrically to resolve these issues and achieve win-win outcomes for all parties involved. This is extremely important because these experts have legitimate concerns and expert opinions that need to be considered and acted on, but they do not have the public relations expertise to leverage

them into change. This paper will explore more about the medical devices industry specifically, what the physicians believe and how they can act on it, and what the industry can do to resolve the issues before they start.

### **Excellence Theory**

The Excellence Theory of Public Relations is the result of a study of thousands of international businesses and organizations conducted and published by J.E. Grunig and L.A. Grunig (1992). The bottom line results of this study were that organizations that practiced excellent public relations shared characteristics that made them excellent. Some of these characteristics include managing public relations strategically, having an unmediated relationship with upper management and excellent readiness and preparedness from dealing with activist groups. These practices and conditions result in meeting strategic public relations objectives, lower costs of business such as from government regulations or pressures or litigation and a satisfied workforce.

The excellent application of public relations also included the use of two-way symmetrical communication and later works by J.E. Grunig and L.A. Grunig indicated that the Excellence Theory applied to activists as well. Throughout this paper, best practices pointed out from the Excellence Theory will come forth as suggestions for Dr. Ashton and Dr. Wray, as well as for the medical devices industry to achieve win-win goals.

## **Chapter 2: An Overview of the Medical Devices Industry**

The medical device industry is innovative and constantly evolving. In the midst of continuous growth, it faces a changing environment with regard to health reform as well as an increased interest in altering its regulatory environment. Congress, FDA, and small activist publics would like to increase pre-market scrutiny and post-market reporting and raise taxes on the industry.

There are several publics involved in this pressure, including physicians, patients, manufacturers, advocates, Congress and regulators. These diverse publics have varied interests including health outcomes and financial gain. To bring the interests of these publics onto common ground and work to make mutual benefits for all involved, small groups—such as physicians with viewpoints that the industry needs more regulatory scrutiny—will pursue activist approaches. The industry will in turn need to practice public relations tactics to deal with these activist publics—and in the final analysis, all sides will need to work together through two-way symmetrical communications to find win-win solutions.

The U.S. medical device industry is a large manufacturer and employer. In 2007, there were more than 5,000 medical device companies in the United States, the vast majority being small or medium sized businesses, with nearly 75% employing less than 20 people (International Trade Administration, 2010) Roughly 15% of makers employ up to 100 people. Generating revenues of \$148 billion in 2009 and employing more than 422,000 people in 2007, the medical device industry is responsible for about 6 percent of the U.S. healthcare industry's \$2.5 trillion in annual revenue (The Lewin Group, 2010).

The medical device industry's revenue doubled from 2005 to 2009, from \$74 billion to \$148 billion (U.S. Food and Drug Administration, 2011). This represented a 9% growth rate per year. Looking into the future, industry revenue is projected to increase by 7.4% in 2012, but it is expected to rise at a slower rate of 6.4% over the next five years (IBISWorld 2011). This decreasing rate of profitability is attributed largely to the excise tax imposed on the industry by the Patient Protection and Affordable Care Act of 2010 and an increasingly stringent regulatory environment. As industry analyst Nima Simadi of IBISWorld says,

The changing regulatory environment will be the main hindrance for growth in the medical device industry.... For example, the Patient Protection and Affordable Care Act of 2010 will place an excise tax on medical devices, reducing industry profitability.... Also, potential reform to the approval process for new devices will likely hamper innovation and encourage more companies to shift functions overseas. (IBISWorld, 2011)

Some, however, such as Dr. Nelda Wray and Dr. Carol Ashton, are not as concerned with decreasing profits for the medical devices industry and instead attribute rising healthcare costs to the industry because each year, for example, thousands of device-related injuries and hundreds of product recalls or defective devices worsen health problems. Others believe the industry is in a position to absorb a tax and that increased scrutiny is necessary to ensure the safety of devices (Wray, Ashton, 2011).

These experts point to numbers that tell the story of needing higher regulatory standards. In 2009, patients and medical device users filed more than 200,000 adverse event reports related to medical devices with the U.S. Food and Drug Administration (U.S. Food and Drug Administration, 2011). This was an increase of 22% per year since 2005. There were also 190 patients injured in serious, adverse device-related events in 2009 per \$1 billion spent on medical devices. In total, according to FDA, there were more

than 28,000 patients injured in “serious adverse events” related to medical devices that year. As we will discuss later, this is a reason for concern, among others, for physicians to call for greater scrutiny and oversight of the industry.

Given the number of adverse events and related costs, there are medical success stories as well. The industry is developing new technologies and providing advanced healthcare solutions with high technology, such as hip replacements allowing grandparents to walk when a life in a wheel chair or scooter was the only alternative, magnetic resonance imaging that identifies cancers so they can be removed and parents can spend more years with their families, and minimally invasive nanotechnology that targets diseases in hard to reach areas of the body today where treatment was impossible yesterday, allowing children to live fulfilling lives. AdvaMed, the largest association advocating the medical device industry points out that .16 percent of medical devices are involved in a “serious recall event” (Battelle Memorial Institute, 2010).

The U.S. medical device manufacturing industry is the world’s leader in many categories of innovation and economic impact and is a key exporter of devices to other countries. The industry can be broken down into several categories and ranked by value of shipment to other countries. According to the International Trade Administration, the industry’s largest sub-group of devices by value of shipment includes supplies and appliances used for surgery, such as manufactured limbs and joints like knee replacements; surgical dressings and medical kits; and orthopedic appliances like braces (International Trade Administration, 2010). The second largest group is instruments used for anesthesia, orthopedics, optical diagnosis and others such as needles, syringes and catheters. The third largest by value of shipment is electro-medical devices powered by

electricity such as pacemakers, diagnostic imaging machines, and scanning devices. The fourth largest includes in-vitro substances such as biological, radioactive and chemical matters and accompanying testing and diagnostic equipment. The fifth largest group by value of shipment includes the X-ray devices tomography equipment such as to provide CT scans, and other diagnostic imaging equipment. Each sharing about five percent of value of shipment and sharing the rank of sixth are optical goods composed of frames and lenses and magnifying objects. Seventh are dental devices, including “crowns, dentures, bridges and other orthodontic products.” This ranking of U.S. medical device exports by value of shipment helps paint a picture of international demand for U.S. medical device products that shows a wide and diverse variety of use of American products internationally, from surgical supplies to dental equipment. Table 1 exhibits this breakdown and shows the correlative flow of imports of medical devices into the United States.

**Table 1: U.S. Exports and Imports by Medical Device Type (in Billions)  
(International Trade Administration, 2010)**

<b>Medical Device Type</b>	<b>2007 Exports</b>	<b>2008 Exports</b>	<b>2007 Imports</b>	<b>2008 Imports</b>
Electro-medical Apparatus	7.2	8.08	6.8	7.22
Irradiation Apparatus	3.1	3.34	3.6	3.72
Surgical and Medical Instruments	8.8	9.98	8.8	9.14
Surgical Appliances and Supplies	6.8	7.39	7.3	9.01
Dental Equipment and Supplies	1.1	1.22	1.2	1.28
Ophthalmic Goods	1.3	1.39	3.3	3.26
<b>Total</b>	<b>28.3</b>	<b>31.4</b>	<b>31</b>	<b>33.63</b>

The U.S. medical device industry has grown significantly since the turn of the century. For example, from 2001 to 2009, U.S. medical device revenues doubled from \$74 billion to \$148 billion (U.S. Food and Drug Administration, 2011). This was a growth of 9% per year, on average. Despite its position as the world's leader in medical device manufacturing technology, the industry is facing increased tax and regulatory

burdens that may stifle growth and allow foreign competitors to encroach on that lead. The medical device industry faces a true public relations dilemma, and it needs to tell its story and work with its publics to decide future directions for the industry. Congress, regulators, healthcare providers and the public will all play a significant role in this process, and it is in the industry's best interest to collaborate to negotiate win-win solutions for all involved.

### **Example of Activist and Medical Device Industry Public Relations**

On April 7, 2012, Dr. Robert Hauser of Minneapolis published the results of a study (Hauser, et al., 2012) that identified a significantly larger number of deaths related to St. Jude Medical's (SJM) heart defibrillator than Medtronic's similar device. Appearing in the medical journal, *HeartRhythm*, the study was based on FDA data on reports of deaths related to the defibrillator; the study says the device's wiring has a tendency to come unsheathed and shock patients internally, sometimes leading to death. SJM's stock price dropped 1.7% on the day the study was published.

SJM's CEO began a public relations campaign to smear Dr. Hauser's methodology, saying the physician did not pay requisite attention to facts about Medtronic's similar device. SJM also demanded that the medical journal retract the article, but the journal's editor refused. Then, in a classic public information model approach—which is one-way asymmetrical by nature—the company released data about the number of deaths related to Medtronic's device to show there was not a significant difference in the rate of death between SJM's device and other devices. Through the

release of the data, SJM also sought to fill the gaps it said were present in Hauser's methodology and information.

SJM's approach was asymmetrical in public relations terms because they never addressed the fundamental issue of initial reports of deaths from their device or sat down with independent studies of the issue with the goal of correcting the situation. Initial independent studies beginning as early as 2010 showed up to 30% of SJM's defibrillators in patients having wires protruding from their protective coating. An article by Dr. Hauser on the topic article says,

As single and multi-center studies continue to report double-digit incidences of externalized cables for Riata leads, one has to be concerned that SJM's postmarket surveillance data may substantially underestimate the number of Riata malfunctions and major adverse clinical events. This is a grave deficiency for a life-sustaining device, but unfortunately the paucity of scientifically sound performance data at a critical time is not new in this industry. (Hauser, 2012)

True to their public information, asymmetric approach, the company released a statement of facts to physicians about the potential danger from exposed wires in patients and said it was looking further into the issue through a study. Although SJM halted sales of the device, there were no recalls of devices or results published of the promised studies.

Dr. Hauser's activist approach of publishing the results of his study to educate and influence the industry was approached asymmetrically through a journal publication, but, as we will see, asymmetrical approaches are vital tools that work when symmetrical approaches do not. St. Jude's could have helped prevent the public relations as well as financial disaster, however, if it had symmetrically approached the situation and proactively taken action to resolve the issue before it became a crisis. Therefore, it is important to study the implementation of two-way symmetrical public relations in the

context of the medical devices industry to show how financial costs and human deaths can be prevented.

### **Chapter 3: Two-Way Symmetrical Public Relations as a Win-Win Solution**

A major part of maintaining a progressive industry that is growing, not shrinking, is the ability to maintain a positive perception of the industry for its publics, including regulators, legislators, physicians, and the general public. Each audience has its specific characteristics, and, as the industry manages its perception amongst these publics, its public relations, communications and advertising strategies need to paint a positive picture of the industry as an innovator, healer and employer as opposed to a purely profit-driven industry selling devices with no pre-testing or desire to create a good for humanity. The industry needs to reposition itself in publics' minds as a contributor to human health—an altruistic creator of human benefit. A way to accomplish this is through two-way symmetrical public relations approaches. Two-way symmetrical public relations, according to Hunt and Grunig,

is a model of public relations that is based on research and that uses communication to manage conflict and improve understanding with strategic publics.... It allows the question of what is right to be settled by negotiation, since nearly every side to a conflict—such as nuclear power, abortion, or gun control—believes its position to be right. (1984)

Current issues facing the medical devices industry involve human life and billions of dollars. Where publics fall on either side of such issues is often a deeply seeded view that requires a change before there is reconciliation. Two-way symmetrical public relations allows a conversation to open up that makes each side vulnerable to change and in turn opens each party's eyes to the possibility of new understandings about one another.

Whereas one-way asymmetrical public relations approach issues by “talking at” publics, two-way symmetrical approaches “talk with” publics to achieve win-win solutions.

Dozier, L.A. Grunig and J.E. Grunig suggest:

In the interest of building long-term relationships with key publics, communicators may choose to forego asymmetrical practices as an investment in future returns in the form of more symmetrical behavior from the publics involved. (1997)

As the medical devices industry moves forward it is entering a hostile environment—an environment of increased taxation, regulation and physician and public distrust—for the industry to navigate this terrain it must be prepared to symmetrically approach publics, relate to them on their level and negotiate mutually beneficial solutions. Therefore, a deeper exploration of the issues faced by the medical devices industry is necessary to tell the full story and decide future directions for the industry, regulators, healthcare providers and the public, while leaving the medical device industry poised to grow and reflect positively in the minds of those it serves.

It is also necessary to explore the nature of two-way symmetrical public relations to fully understand the theory behind the medical device's ability to reposition itself in the minds of its publics.

## Chapter 4: Activist Public Relations

Public relations by definition is “*the management of communication between an organization and its publics*” (Hunt and Grunig, 1994). When considering the medical device industry, it is important to understand that most of the publics it deals with are “active” publics, including most physicians who use medical devices, Congress and federal regulation authorities. They are simply doing their job to create best outcomes; they do not take hard stances or seek to drastically change the medical device industry in an organized fashion; rather their active work affects the medical device industry as part of their larger goals. Congress and legislature, federal regulators, and physicians impact the industry—i.e., increasing taxes and regulation or using products—but most of these publics are not activists by definition. According to L.A. Grunig and J.E. Grunig, activism is defined by

a group of two or more individuals who organize in order to influence another public or publics through action that may include education, compromise, persuasion, pressure tactics, or force. (1997)

Congress, regulators and most physicians have not formed groups to actively seek change in the medical devices industry; however, Dr. Wray and Dr. Ashton do meet the definition of activists seeking to change the medical device industry through research and education. They have stances that are based on opinions and research that could change the industry fiscally or otherwise if implemented. They have organized to influence health outcomes by influencing the healthcare industry, including the medical devices industry. Therefore, the medical devices industry would be wise to practice some public relations strategies to communicate or negotiate with this public.

For the medical devices industry, a role of public relations is to manage communications with this activist public to influence outcomes the physicians could have. Industry would prefer to be left without the excise tax and with little regulatory scrutiny and have physicians deliver and use their devices, trusting they are adequate for the medical need. Realistically, however, the industry is facing activists that are seeking to hold them more accountable and make them more transparent. The Houston physicians would like to see increased regulation and demand their products are tested with greater premarket approval measures, while also ensuring post-market data is released. Through excellently executed activism, using the power of the media if necessary, the physicians could cause greater concern for the industry than if it had worked symmetrically with the physicians in the first place to listen and negotiate. Therefore, where the medical device industry can make a difference in its future is through an approach that engages in two-way symmetrical public relations that seeks to accomplish win-win scenarios amongst its activist publics.

As L.A. Grunig and J.E. Grunig say related to the Excellence Theory, “Communications Excellence seems to mean that activists do not fail to achieve their goals when organizations achieve their goals” (1997). The industry needs to approach its activist publics with a two-way symmetrical approach that seeks to achieve a greater good for all parties, owns up to its responsibilities and proposes solutions to issues that allows everyone involved to succeed. Approached effectively, activists have the power to create change, and it is in the medical device industry’s best interest to communicate with these activist publics and negotiate with dispute resolution techniques to seek win-win solutions that avert financial disaster for itself and still achieve the other parties’ goals.

As Grunig says, activists can achieve their goals through asymmetric goals such as the media or the government, but in the final analysis, a symmetric approach from both sides that seeks to create a win-win relationship of trust is the most effective for both sides in the long run.

The medical device industry has a public perception it has the opportunity to change: where there is a general perception that the industry only seeks to make money and live up to as little of its premarket testing responsibilities as possible, the industry needs to reposition itself as a partner in public health that seeks to obtain mutually beneficial health goals with all parties involved. It then needs to follow through with actions that reinforce that perception. As we will see, an effective way to deal with activist publics to meet mutual goals and also create a better public perception is to apply the Excellence Theory in Public Relations related to effective organization responses to activism (1997) and to apply Linda Hon's relationship maintenance strategies from her "Model of Responsible and Effective Advocacy with Activist Publics" (2006). First, it is important to understand the activist public the industry faces—Dr. Nelda Wray and Dr. Carol Ashton—and some effective techniques these physicians can employ to accomplish their goals with the industry.

## **Chapter 5: Physician Activists' Opinions about the Medical Device Industry**

Dr. Carol Ashton and Dr. Nelda Wray are physicians in Houston with a long history of actively voicing their opinions about the need for transparency, accountability and honesty in the medical devices industry and the need for increased scrutiny of this industry. As current senior members of the Methodist Hospital Research Institute in Houston and the Methodist Hospital Institute for Technology, Innovation and Education, the physicians actively pursue ways to improve healthcare. Their history of influential positions and publications recommending healthcare and health policy improvements, the two physicians are experts and authorities to comment and recommend improvements of the medical devices industry.

Specifically, Dr. Wray has won multiple awards for her research and has been appointed to several federal, state and not-for-profit advisory roles, including at the U.S. Agency for Healthcare Research and Quality, the Texas Board on Aging, the Veterans Administration and the Robert Wood Johnson Clinical Scholars Program. She has also been a professor and Chief of Health Services Research at the Baylor Hospital of Medicine and a professor at the University of Alabama at Birmingham. As an acknowledged health policy research authority, her focus has been on areas of monitoring and improving healthcare through the use of electronic data, improving empirical evidence to justify surgeries, and the arduous collection of post-operation outcome data. She is recently published in the *Journal of National Medicine*, *Implement Science*, *Psychosomatics*, *Primary Care Companion*, and *Social Science Medicine* on issues ranging from patient ethnographics to post-operative physician-patient communication.

Dr. Ashton has also held faculty positions at the Baylor College of Medicine and the University of Alabama prior to joining the Methodist Hospital Research Institute. She was also the Director of the National VA Center for Quality of Care and Utilization Studies and was the Deputy Associate Chief of Staff for Research and Development at the Houston VA Medical Center. She has held multiple positions with federal agencies including the U.S. Agency for Healthcare Research and Quality, the VA Health Service R&D Research Enhancement Award Programs and the National Institutes of Health's National Center for Complementary and Alternative Medicine. She was the recipient of the Outstanding Lifetime Achievement in Health Services Research given by the VA Undersecretary. Her major areas of research include care improvement, access, efficiency and effectiveness, and she has been published in publications including the *Journal of Trauma and Stress*, the *Journal of General Internal Medicine*, *Implement Science*, and *the Journal of the American College of Surgeons*.

As leading authorities in the improvement of healthcare, the two physicians have very strong opinions and beliefs regarding the medical devices industry. The physicians believe surgeries are serious things. Bad things can happen if these procedures are improperly conducted or if there is patient incompatibility with medical devices. The doctors believe that with relaxed standards for approval such as the “substantial equivalency” test that allows predicate devices onto the market with little to no scrutiny, there is a cause for skepticism about medical products.

The physicians point to one recent case involving the death of three patients. These patients died after receiving bone cement in their spinal vertebrae (Pearson, Milford, 2011). The bone cement was a Synthes Inc. product; the company is the largest

producer of bone-related medical devices. Company officers pleaded guilty in a Pennsylvania federal court of violating the corporate officer doctrine of the Food, Drug and Cosmetic Act. The company conducted unapproved clinical trials of the cement, injecting it into the vertebrae of 200 patients. Three patients died after experiencing rise in blood pressure during the spinal surgeries. The cement was not approved for clinical trials in spinal surgeries.

Dr. Wray and Dr. Ashton say, “It is just one of the many [cases] that leads us to be cautious [about] the practices of the device industry.” The physicians have concern about the degree to which there is a balance between true medical motivations and profit. They say many healthcare providers are in a precarious position with the imbalance in the industry between medical and profit motivations: at once they are skeptical of new medical devices but are morally obligated to use them to attempt to improve health. Years of device failure dating back to the instance sparking need for an FDA approval process—such as heart valves with low durability in the 1970s that failed briefly after implantation—require more stringent industry oversight. They say that the companies make their main responsibility to shareholders, but that their first priority should be to public health. They say an unspoken contract is necessary—a foundation of trust that is lacking. They say it is “appalling” that there is limited monitoring of devices on an ongoing basis. Some devices like knee prostheses make symptoms worse, not better, and it is necessary to have post-approval processes in place to see how devices are working once on the market place and used in patients.

Financial incentives given to physicians in the form of “kick-backs” are also of concern for Dr. Ashton and Dr. Wray. They cite an April 2011 article (Meier) in the New

York Times that points to payments to hospital physicians in Las Vegas. Device maker Biotronik was paying doctors up to \$5,000 per month to act as advisors. 250 of 263 patients received Biotronik defibrillators. Accordingly, the company had 95% market share in the hospital heart implant market for these devices and effectively had the monopoly. Dr. Ashton and Dr. Wray say these and other kick-backs paid to physicians create an immoral and asymmetric environment where doctors are acting as agents for medical device manufacturers. Patients are not provided all necessary information regarding risk and post-surgical implications. These kinds of biases patients are faced with exclude patients from the decision making process and are asymmetrical, in the sense that patients are not included in the decision-making process because doctors are pushing particular devices. Symmetrical approaches that take the patients' long-term health in mind and involve the patient in the decision making process are necessary. This is not likely to happen when device makers are paying doctors or treating them to lavish conferences or dining experiences.

Greater buy-in from patients in the device-implant-choice process is necessary, Dr. Wray and Dr. Ashton say. It is necessary to have a physician-patient relationship that emphasizes patient participation. For example, if a device has a 13% failure rate, the patient ought to be notified of this fact and made aware of risk. As another example, if an operation has the possibility of leaving one leg longer than the other, there needs to be a joint-decision making process that involves the patient and notifies him or her of post-surgical difficulty and risk. According to the doctors, information needs to be presented to patients in an unbiased fashion that educates patients and involves them in decisions prior to surgery.

Dr. Wray and Dr. Ashton have concerns and believe there is an opportunity to strengthen the role today of the FDA. They believe there is an opportunity to expand knowledge in a fair way that creates transparency between regulators, legislators and device makers. The physicians acknowledge that device testing is extremely expensive, but they say that without testing the costs would be greater—including financial and health costs.

Regarding the excise tax imposed by the Affordable Care Act, the physicians say the industry can learn lessons from other industries that face an excise tax. Tobacco, alcohol and fuel companies have all overcome the imposition of excise taxes, and the companies should be able to overcome this tax applying lessons learned from other industries.

Overall, Dr. Ashton and Dr. Wray believe the grandfathering process for medical devices does not meet the levels of device scrutiny and oversight necessary to ensure a safe and effective medical culture of trust involving makers, regulators, providers and patients. In the doctors' opinion, public health should be driving decisions, not company profit. (Ashton, Wray, Nov. 1, 2011)

## **Chapter 6: Two-way Symmetrical Communications and Excellence Regarding Organization / Activist Public Relations**

According to L.A. Grunig and J.E. Grunig's definition of activism (1997), Dr. Wray and Dr. Ashton are activists. Through their positions, research and use of authority they seek to influence and affect change in health outcomes through voicing their opinions and educating audiences. Their wide range of concerns about the medical devices industry includes injuries and fatalities caused; fraud; the need for regulatory scrutiny and an increased role of FDA oversight; the effectiveness of medical devices; the balance between medical innovation and profit; the physician moral bind of creating health benefits versus profits; shareholder versus patient loyalty; the lack of ongoing post-market monitoring; physician "kickbacks"; the need for patient buy-in to the care process; the need to inform and educate patients; opinions about the excise tax; and the desire for and concern about the medical culture of trust. They are publishing, educating and voicing their strong opinions where possible to create awareness and change.

According to the Excellence Theory of Public Relations applied to Activism, there are specific public relations strategies they can take to enact activism with excellence to help achieve their goals. The physicians' continued desire to cause change would best be applied in part through two-way symmetrical communication. As we will see, first the physicians need to organize and approach the industry symmetrically, but, if the industry does not respond, there are asymmetric techniques the doctors can apply to cause the industry to work with them one-on-one, symmetrically.

## **Organize Publics with Shared Values**

As L.A. Grunig and J.E. Grunig say, “Publics begin as loose groupings of individuals, but as they become active and communicate with each other they begin to function as a collectivity” (1997). The doctors are not alone in their viewpoints. The physicians are part of a larger public of doctors and others that distrust the medical devices industry, and Dr. Wray and Dr. Ashton can decide to organize themselves into a group with other publics with shared values.

Elliot, et al, identified four types of publics: “conservative-issues public, a liberal-issues public, an all-issues public, and an apathetic public” (1997). Although the two doctors are not both politically liberal, they are a liberal-issues public because they seek to change the status quo when it comes to the medical devices industry. There are other physicians that seek to do the same thing. Dr. Hauser publishing studies about deaths related to St. Jude’s Medical’s heart defibrillators in one example (2012). As another example, in the United Kingdom, Dr. Ashley Blom and other physicians published a study that warns of the risks and dangers of metal-on-metal hip implants (MRINetwork, 2012). The study of more than 400,000 hip implants showed that metal-on-metal hip implants run the risk of metals leaking into the patients’ blood stream and that the implants last only about 10 years or less. This group of doctors seeking to educate against metal-on-metal hip implants are an activist group that the Houston doctors could organize with to publish more or communicate regularly. Together, the physicians could share research findings to educate and warn about the risks, dangers or ineffectiveness of particular medical devices and the industry that makes and sells them. Overall, the point is to “identify potential publics that share problems” (Grunig, Grunig, 1997) so that the

groups can combine knowledge, information, research and voice to accomplish a mutual mission.

### **Coalition Building to Join Complementary Activists**

From here, the physicians find other doctors or organizations that complement them and build a coalition. For example, patient advocacy groups that seek to protect from faulty or failing medical devices would complement the physicians very well because they both have a mutual goal of improving health outcomes. As complementary activists unite, their voice grows stronger. This helps in “enlarging and empowering the group” (Grunig, Grunig, 1997). A larger group can deal more symmetrically with a large group like the medical devices industry.

### **Communicate Symmetrically**

Once the physicians have united forces with similar and complementary publics, the third step for the physicians is to communicate symmetrically with the medical devices industry. The physicians approach the industry with other activist publics together and attempt to resolve the issues. The medical devices industry representative and advocate, AdvaMed, could choose to sit down and work with the activist group to listen and see what ways they could work together to accomplish their mutual goals. It is here that the ball is in the industry’s court; a decision needs to be made whether or not they validate the activist public and are willing to work with them or if they choose to ignore the activists’ requests. If the industry sits down and works with the physician group then they have accomplished their public relations goal. If the industry association

agrees to volunteer to implement some self-imposed pre-market testing or engage in more physician and patient disclosure about the results of this testing, for example, the physicians can walk away from the table with a win-win solution that benefits all parties involved. However, if the industry ignores them, they have other means to be heard.

### **Asymmetrical Methods**

If the medical device industry chooses not to recognize the activist public, the physicians have other means by which to garner attention and persuade the industry to work with them symmetrically. Asymmetrical methods through the media, lobbyists and lawyers can help the industry to sit down and take the needs of the activist public more seriously. For example, earned media exposing medical device-caused injuries from devices that did not receive sufficient pre-market testing, government lobbying to increase 510(k) approval standards and litigation that holds companies accountable for deaths from medical device failure can help the activists gain a seat at the bargaining table. When the industry sees it can mitigate damage caused by the activists by negotiation and limit media exposure and the strong arms of the government and law, it will behave more symmetrically. It takes the activist more seriously. As L.A. Grunig and J.E. Grunig point out, these asymmetrical tactics are ethical “if the activist group discloses its persuasive intent at all times” (1997).

### **Return to Symmetrical Communication**

Building win-win, long-term relationships can now occur through symmetrical communications if the medical device industry is now willing to negotiate and resolve

conflict. Seeing that the activist group has the power through third-party methods to leverage change, the medical device industry would be better off had it worked with the physicians in the first place. Now, policy changes can occur between the parties because the physicians ethically caused the medical devices industry to respect and validate their concerns. These strategies allow for symmetrical communications and conflict resolution to take place, where otherwise asymmetrical relationships formerly existed.

Overall, we see a method that these physicians can implement to cause change according to their legitimate and expert opinions. We see that, although a small group, they are not without a way to leverage their agenda to secure change. The methods require that they actively engage the industry instead of only asymmetrically publishing. Though asymmetrical communications in activism have their place when seeking to shine attention or secure government or legal approach, symmetrical communications are the alpha and omega of activist public relations. Asymmetrical communications are a second resort and ultimately ineffective on their own. This lesson is applicable to activist publics in other areas as well.

## **Chapter 7: Excellent Public Relations Management for the Medical Device Industry**

We have seen how an activist public can secure a seat at the table to initiate symmetrical negotiation toward mutual goals. Knowing how this works, there are ways that the medical devices industry can best manage activist publics symmetrically to avoid activists from taking asymmetrical actions. The medical devices industry can best manage this activist public through two-way symmetrical communications. Through truly listening and negotiating with Dr. Wray and Dr. Ashton, the industry can minimize future threats the two pose as activists. If the physicians are symmetrically valued and worked with there is no need to organize, build coalitions and asymmetrically create change, so the industry saves its public perception, reduces government and legal intervention and moves toward mutually beneficial goals without crisis.

### **Listening**

The first symmetrical strategy the medical device industry can apply is to listen. According to L.A. Grunig and J.E. Grunig's Excellence Study on Activism, "The first proposition holds that *listening* to all strategic constituencies is an important way to learn the consequences an organization has on its publics" (1997). Industry associations like AdvaMed can take an active role in listening to activist groups like the two doctors. Through listening, the organization has the opportunity to learn about oppositions and possibly forge partnerships or friendships through listening. Listening can take several forms, including board involvement, tracking complaints, qualitative and quantitative research, tracking media reports, disclosing and receiving reciprocated information, forming amicable relationships, and forming lasting partnerships. Specifically, the

medical devices industry can take an active approach to listening to the physicians by offering key industry representatives' time to serve on working groups with Dr. Wray and Dr. Ashton; disclosing important information, such as internal reports and studies on products and testing; reading the physicians' published articles and forming partnerships with the Methodist Institute for Technology, Innovation and Education. These activities can help the industry better understand the physicians' point of view, partner to solve issues and contribute to solutions. As L.A. Grunig and J.E. Grunig point out, listening can garner gains that outweigh their costs (1997).

### **Telling or Disclosing**

The second way the medical device industry can symmetrically communicate is to tell its story to the physicians. Dr. Wray and Dr. Ashton have worked very closely with the industry's products for years and have formed strong opinions about the need for the industry to reform. The two physicians regularly tell an unfavorable story about the industry. Wherever possible, the industry needs to tell their own story and emphasize the positive health outcomes the industry creates. Especially directly to the physicians, the industry needs to emphasize statistics like the fact that only .016 percent of devices result in a product incident or recall. It needs to share that it is responsible for positive outcomes every day in surgery rooms, nursing homes and in patients' daily lives—the stories that the doctors may not always consider or take into account because they are focused on creating improvements in the industry.

We learned that effective organizations rarely if ever turn down the opportunity to tell their story, even to the activist groups opposing them.... Whatever the tactic for reaching concerned publics, the message must convey *openness*. Only

relationships based on the resultant trust or creditability can withstand the crises we heard about so often. (Grunig, Grunig, 1997)

Sharing information and disclosing it to this activist public would help manage the relationship because the doctors would be presented with the positive information as well as a degree of transparency they do not already receive. An improved relationship and better perception from this public would result. As of now, AdvaMed's industry reports are often accessible and free, but they are also very much focused on FDA approvals, dollar reports and professionals' career moves—the business side of the industry—reports about positive health benefits that are accessible and directly delivered to these physicians and those with similar opinions would be a valuable public relations management tool.

### **Continuous Communication**

Whether listening or disclosing, it is very important that the communication between the industry and the physicians is consistent and regular. L.A. Grunig and J.E. Grunig found in their excellence study that excellent communicators communicated openly and regularly and avoided costly consequences of ignoring activist publics:

[Excellent communicators] mixed one-way and two-way approaches in their constant attempts to establish a reputation for integrity, to limit negative publicity about their organizations, and to generate favorable coverage. (1997)

Less excellent communicators went silent during conflict or sought to avoid conflict by stopping communication with publics. It is necessary for the medical device industry to work directly and continuously to establish a relationship with the activist doctors through communication. The industry could set up regular conference calls with the physicians, send weekly or monthly reports about progress toward goals related to the

physicians' reform efforts, or an industry representative could systematically visit with the doctors in person to ensure they communicate continuously.

### **Acknowledge Legitimacy**

It is important that the industry acknowledge the legitimacy of the physicians' opinions and stances on these critical issues. Regardless of the size of the two-person activist group, the physicians are two experts and recognized authorities on health policy. They are experts; and they are activists. They need to be taken seriously as a vociferous group that through activism could enact change. As J.E. Grunig and L.A. Grunig say,

[A] few determined protesters can seem like an army on the nightly newscast.... [S]avvy organizations acknowledge they can learn from all their publics, small as well as large. [A]ll strategic constituencies have the potential to limit their autonomy. (1997)

While dealing with Congress and FDA, it is important to take small activist groups into account as well and communicate symmetrically with them as well. Executed well, an activist group can leverage the media and the government to influence the future of an organization. If the physicians are not taken into account as a public and communications managed with them, the activist public can invest their time and energy in voicing their opinions in asymmetrical ways, lobbying for bills that impact the industry or earning media stories that paint a negative perception of the medical device industry. That is why it is important to validate even small groups and acknowledge their legitimacy, because even the smallest group can have large influence.

## **Necessary Background for Practitioners**

Just like performing a total hip replacement surgery requires a trained and practiced surgeon and designing a hip joint requires an educated and experienced biomedical engineer, executing effective two-way symmetrical public relations requires a learned and skilled public relations practitioner. It is important the communications professional has the relevant “background and education” (Grunig, Grunig, 1997). The communicator needs to be able to bridge the gap between the industry and physicians with public relations knowledge and also knowledge of policy and the medical issues involved. The communicator would need to have experience with both industry and physician parties and be sensitive to the issues and intricacies involved.

The expertise our interviewees mentioned most frequently included boundary spanning and other types of formative research, appreciation for cultures different than one’s own, the ability to communicate with diverse groups, skill in interpersonal communication, and crisis management. (Grunig, Grunig, 1997)

Overall, the public relations manager would need to balance the communications and context while navigating this relationship terrain. The communicator would need to learn Dr. Wray and Dr. Ashton’s language and know the policy issues at play as the relationship landscape were formed. In other words, communications and healthcare policy background and experience are necessary for the job of symmetrically communicating with this activist public.

## **Determine Effectiveness over the Long Run**

Conducting beneficial public relations is not a sprint but a marathon. A long-term perspective that seeks to develop a positive relationship over time is necessary for the medical device industry. Obviously, Dr. Wray and Dr. Ashton have made it their life’s

work to ensure quality care and research ways to ensure positive health outcomes. Initial direct conversations between the medical devices industry and them may not be fruitful. However, over time, with continuous communication, effective listening and disclosure through experienced and knowledgeable public relations professionals, the tone can change as the two publics seek to reach goals with mutual benefits. Symmetrical communications over the long run can prove beneficial here because “positive changes in relationships happen at an almost glacial rate” (Grunig, Grunig, 1997).

### **Keep Public Relations as a Function Very Close to or Part of Top Decision Makers**

Organizations like AdvaMed and other large medical devices corporations need to keep public relations as a top management function, and those practicing it need to be at or in the top of the organization. Their function is so important to managing public perception and preventing future damages that the public relations manager needs a top spot in the organization to be able to monitor, provide feedback and cause change in decisions and policies when necessary.

With this configuration, the boundary-spanning public relations practitioner brings the voice of the publics into organizational decision-making. That senior-level executive serves more as a counselor to top management than as a technician or even supervisory manager of the communication function alone. (Grunig, Grunig, 1997)

AdvaMed’s Executive Vice President of Public Affairs position is an example of the type of position that needs to manage this responsibility, communicate with the activist physicians and be informed through environmental scanning. In this organization, public affairs implies public relations and policy communications, which is a healthy way to achieve communications excellence in this arena. It is important that the activist group is

not neglected or sectioned into an area far from management because of the critical importance of managing relations with activist publics. It would be easy for small activist publics to be delegated or relegated to simple environmental scanning, but it is important that the relationships are formed and maintained near or at the top of the organization.

These methods can help prevent activist publics from building coalitions and acting out asymmetrically to achieve their goals. It is ultimately more effective for the industry that recognizes an activist public to symmetrically approach that public with communication to develop a relationship space within which the two parties can work out their mutual goals. Once this relationship is established, there is one more model that is worth exploring to show how, from there, activist groups and organizations can live in harmony.

## **Chapter 8: Application of Hon's Model of Responsible and Effective Advocacy with Activist Publics**

We have seen how L.A. Grunig and J.E. Grunig's Excellence Theory for dealing with activist publics can help prevent crisis, and now through Hon's model for managing relationships with activist publics we will see how Dr. Wray and Dr. Ashton can live in harmony with the medical devices industry over the long run—in an active and constructive relationship. In this model, Hon applies the fundamentals of personal relationships to dealing effectively with activist publics.

...[R]elationship management strategies—positivity, disclosure, access, assurances, sharing of tasks, networking, and dual-concern conflict resolution—are the communication strategies organizations should use to build quality relationships with activist publics. (2006)

For the medical devices industry, Hon's public relations strategy serves a two-pronged purpose: (1) ensuring activist energy is focused on helping the medical devices industry achieve its goals both financially and medically and (2) preventing active and activist publics from becoming negative activists. As we shall see, employing Hon's model to establish symmetrical relationships with activist groups can create mutually beneficial relationships.

Symmetrical public relations strategies encourage multiple parties to collaborate to attain goals that are “win-win” for all sides; each involved can walk away from the situation having gained from it. Yes, the engaging party comes away with their goals attained, but so does the entity's public; one organization may have given up something toward the goal of both parties succeeding, but, as Hon says, and L.A. Grunig and J.E. Grunig collaborate, the medical devices industry has a responsibility to address the consequences the industry has on a public, disclose how its behavior is affecting it, and,

in the end, work with them to achieve mutually beneficial goals through collaboration—that is the most ethical approach and attains the greater total good:

[C]ooperation is the ideal strategy for responsible advocacy because it meets the highest ethical standard and is the most likely to be effective. Here, the organization and activist group work together to negotiate their interest and reach mutually beneficial solutions within the context of the broader public interest. (2006)

By creating a mutually beneficial relationship, the engaged public buys into the organization and, although activist, is more likely to direct that activist energy toward advancing the cause than harming it. The medical devices industry, for example, as we will explore later, can share information with physicians and include them in their pre-market testing efforts to gain an even greater partner than has participated in the manufacturer / physician relationship in the past. A historically strong partner that has used or implanted medical devices becomes even stronger when the physician-public is engaged with Hon's relationship maintenance strategies. As the medical devices industry moves forward, it can use Hon's relationship management strategies of positivity, disclosure, access, assurances, sharing of tasks, networking and symmetrical conflict resolution—symmetrical public relations strategies the industry can take to deal with its activist publics. We will also look at some other symmetrical public relations strategies that will aid the industry as it moves forward navigating the terrain of issues it currently faces.

### **Positivity**

Part of employing Hon's model in this case is reinforcing the medical device industry's positive achievements so its publics understand how they benefit from the

industry's actions. The story the medical device industry can tell is that the United States enjoys the safest, most beneficial healthcare system in the world, thanks in part to the technology and devices created by the medical devices industry and that Americans are able to enjoy the health benefits they have today thanks in part to the hard work and innovation of the men and women in the medical devices industry. As Hon says,

Positivity is the first relationship management strategy that organizations need to practice. This strategy refers to anything an organization or public does to make the relationship more positive or enjoyable for the other party. (2006)

For example, the medical device industry's success rate with successful health outcomes from medical devices is a positive way the medical device industry is working with doctors to ensure public health results. Physicians use this technology every day, and only .16 percent of devices are involved in a serious recall event. There are some injuries and deaths related to the medical device industry, but they are not numerous. Stating this simple fact is a symmetrical reconciliation with this activist public, acknowledging that there are undesirable results but that nearly 99.9% of medical devices have not been involved in a serious recall event, as only .16 percent of medical devices are involved in a "serious recall event" (Battelle Memorial Institute, 2010). Combined with reassurance that the industry is motivated by positive health outcomes instead of pure profit and that it is working to ensure the safety of all devices is the kind of positive message that can work to save the medical device industry from damage in the public's eye as well as future demands for scrutiny from medical experts and decision makers.

## **Disclosure**

The medical devices industry can become more symmetrical in its public relations efforts and improve relationships with activist publics by moving toward disclosing more information that is relevant and informative to activist publics. Obviously there is medical device company information that is classified for a reason and is necessary to keep confidential to protect innovation and intellectual property in a free market system; but there are ways the industry can improve its transparency and gain trust and stronger relationships with activist publics. Hon explains,

Thinking about the public relations context, activist publics want organizations to be open and disclose information about their mission, goals, and intentions. In other words, publics want to understand the organizations that have consequences on their lives as well as the economy and health of their community. (2006)

Techniques such as new product pre-market demonstrations, social gatherings, meetings, release of information from completed pre-market testing and post-release monitoring and plans to prevent injuries and fatalities work to mitigate the perception of “secrecy” about the medical device industry and can help create a perception of openness. With such a vital link to contributing to American’s health, Dr. Wray, Dr. Ashton and other physicians have a vested interest and desire to know what is happening with the medical devices industry.

This openness and transparency with information can help instill trust, believability and credibility for the industry within activist publics. In fact, Grunig and Huang (2002) called trust one of the “essential indicators of quality of organization-public relationships....”, and the medical device industry must embrace that value as a component of its public relations approach.

## **Access**

Not only must the medical device industry work to exchange positive information with publics and disclose more information in symmetric ways, it needs to also be more open and accessible to its publics. It needs to make itself available in symmetric ways. In fact, the more symmetrical the medical device industry is, the more accessible it will need to be because the very nature of symmetrical communications is a two-way conversation:

Any quality relationship is based on the notion that people in the relationship have access to one another. In other words, they make sure they are available to one another.... So, organizations that engage in responsible and effective advocacy with activist publics create opportunities for these publics to have access. (Hon, 2006)

The medical device industry can seek to employ greater symmetrical public relations by making itself an open and reachable part of the manufacturer / physician relationship. This in turn becomes a valuable resource for gaining feedback and constructive criticism that can be used to improve—to show physicians that what they have to say is making a difference, if their suggestions are in line with the mutual benefit of the medical device industry and public health. Change is the essence of cooperation—giving something up and gaining something as well.

Symmetrical access applications can range from establishing points of contact that are always available when particular issues that arise through which the physicians can be guaranteed an unfiltered, honest and informative relationship through which to work; to physician forums where input to the industry is listened to and subsequent changes are made; to an increased and more interactive online presence; to the AdvaMed President Stephen Ubl and corporate CEOs being accessible to phone calls directly from physician experts about issues. At all levels and to activist publics—or active publics who may

become activists—it is important to be accessible for the relationship to sustain itself and grow.

### **Assurances**

As the medical device industry navigates the waters with the activist physicians, several more relationship management techniques can be employed to establish a win-win solution that benefits the industry as well as the activist public attempting to create change. The medical device industry needs to make sure its publics feel valued and are given assurances—“...attempts by parties in the relationship to assure other parties that they and their concerns are legitimate” (2006) can prove dedication to the relationship.

For the medical devices industry, assurances are vital because the diversity of the industry of device makers ranges from imaging devices to knee implants, and the devices are manufactured across geographically diverse locations across the U.S. that get little “naked eye” confirmation from physicians. Physicians including Dr. Wray and Dr. Ashton see devices in the research lab or operating room every day, but for these physicians the industry is made of businesses that are motivated by profit instead of health outcomes. It is important that the medical devices industry deliver mission-statement type messages that let physicians know they are committed to the American public’s wellbeing.

The medical devices industry needs to express in symmetrical ways both the positive aspects of its mission to create health benefits and the deference it has for the patients it benefits. The industry excels in its public information approach to distributing inside-the-industry information from business to business. AdvaMed’s daily e-mail, for

example, often tells of the latest FDA approval or executive promotion, but it hardly tells stories to the public about the health-related successes created by its members and the successful partnerships with physicians who use their products every day. Campaigns similar to the American Chemistry Council's "Essential2Life" strategic advertising campaign could help tell the story of the medical device industry's positive contributions to public health. Although this is a one-way asymmetrical approach, these kinds of stories could be told to physicians in two-way symmetrical ways through visits, phone calls, meetings or in other symmetrical ways. The real potential for the medical device industry is to tell stories of its benefits to the public or to physicians themselves who have received renewed life from medical devices. The general public information model approach the industry takes to distribute information is not effective because it has no two-way implications; it discloses only facts and paints a picture of an industry only concerned about itself and its bottom line.

By providing assurances to physicians that the medical device industry's mission is to serve patients and create public health benefits—goals similar to physicians'—it can also win physician support on complementary issues such as the excise tax that will decrease the funding for innovation necessary to optimize benefits to patients. Congressmen taxing a profit center are heroes in the general public's view; however, officials limiting the care physicians provide to the public do not win votes. Physicians supporting the industry—especially physicians that are authorities and experts that would not normally support the industry—would be a valuable public to have on the industry's side when lobbying congressmen to support repealing the tax. The more AdvaMed and independent businesses tell the story of the health successes they create and how essential

they are to every step of the healthcare process, the more difficult it becomes to take asymmetric activist action against them. If the industry provides these assurances that it is acting in the public's interest the same as physicians, then it creates a uniform mission between the two that makes it nonsensical to go against them.

However, looking simply at AdvaMed's mission statement, it is almost painfully obvious that patient health plays a small role compared to the economic considerations involved in the statement:

*AdvaMed advocates for a legal, regulatory and economic environment that advances global healthcare by assuring worldwide patient access to the benefits of medical technology. We promote policies that foster the highest ethical standards, rapid product approvals, appropriate reimbursement, and access to international markets. (AdvaMed, 2012)*

The mission defers to public health and patient access to care, but it spends more time dedicated to business-related policies. While financial gain is a goal of these businesses so they can continue to operate and develop products that provide patient care, there is no symmetrical element to the mission statement regarding physicians. It does not mention the crucial relationship with physicians and healthcare professionals necessary to carry out the use of its products and, instead, tells the story of what would be necessary for the industry to make money.

If this is a reflection of the industry's modus operandi, it is not surprising that physicians feel neglected or are activists looking back at the industry impersonally as a profit center. The mission does not offer a commitment aspect to physicians or any deference to their true customer: the physician recommending and using their products to create health outcomes. A more symmetrical mission statement that includes physicians may start out more like:

AdvaMed's mission is to advocate for physicians to have uninhibited access to the world's best medical technology to increase public health outcomes and patient access to the best care available. AdvaMed promotes policies that foster the highest ethical standards, trusted product approvals, and access to international markets.

This way they would describe the benefits they provide the public and display respect for the physicians that use their products. This is not to say they do not embody these aspects in their actions, but they are not communicated in their fundamental communications statement. The medical device industry could improve their mission statement and other aspects of their communications with these symmetrical assurances.

### **Sharing of Tasks**

The next relationship maintenance strategy the medical device industry needs to employ is the sharing of tasks oriented with its goals. When an organization enlists activist publics to share the responsibility of the mission, it creates the ability for publics to invest in their mission with time and resources. As Hon says,

*Sharing of tasks* is another relationship maintenance strategy needed for effective and responsible advocacy with activist publics. This strategy implies that people in a relationship share whatever responsibilities have been created by the mutual decisions made in the relationships. (2006)

Given, the medical device industry's operations often require highly trained personnel to perform their specific responsibilities to ensure innovation and device safety. However, there are many ways activist organizations can "get behind," buy into and be a part of the industry's mission and product development. For example, the medical device industry can create an advisory board including leaders of key activist organizations to help guide industry in ways that create a win-win with public health in mind. The medical device industry could have an ethics, innovation and transparency board that includes Dr. Wray

and Dr. Ashton to provide best direction about pre-market testing and post-market monitoring. Any way that the industry can work together with activist publics to make them participate in constructive ways – contribute instead of tear down – will be beneficial toward the industry’s goal of building support. As Hon says, it will make the activist public “psychologically shift gears” from an enemy mindset to a friend frame-of-mind.

### **Networking**

Networking is the next symmetrical strategy the medical device industry can employ to maintain public relations with activist publics. In essence, if the industry forms relationships with those whom the physicians identify with, the activist public is more likely to accept, participate and interact favorably with the industry. Hon explains,

In a public relationship, organizations build networks with the same groups that network with their publics, such as employee unions, community groups, and environmentalists. Organizations’ effectiveness at this relationship maintenance strategy is shown through the number and quality of contacts with these groups. (2006)

One tactic to employ to network is gaining support through sponsorships, partnerships or shared situations. For example, the industry could better gain support of physician activists by forming solid relationships with and donating funds to the Methodist Institute for Technology, Innovation, and Education of which the physicians are a part. A grant or research laboratory and dedicated staff to support research efforts toward device safety would show the physicians that they are partnering for mutual goals. This could help the physicians gain ownership and buy-in of the results products create and of technologies developed in the center that then become a part of the industry. They would trust more

the outcomes because they were a part of the research that went into the development of the products. This could help ease physician tensions about products that fail because the physicians feel connected to and responsibility for the incident through an ownership in the process. This kind of networking helps establish relationships based on shared outcomes and mutual goals.

### **Dual Concern**

An important element of Hon's model when applying these techniques is to take a symmetrical approach that values both of the parties' interests. While the industry has a mission to create public health outcomes and patient solutions, it needs to take into consideration the needs of the activist publics it partners with as well. After all, the physicians are using the devices, and taking their interests into account is symmetrical in nature and allows for win-win strategies to happen. Hon specifies that "Dual-concern strategies include cooperating, being unconditionally constructive, and saying win-win or no deal" (2006). This type of situation seeks to allow situations in which everyone benefits or the event does not occur because it would be detrimental to certain parties.

## **Chapter 9: Summary and Conclusions**

As we have seen, it is not always a large organization or industry's instinct to work symmetrically with an activist public. Traditionally activist publics have relied on stunts to promote their agenda, but these tactics create little change and are small cause for a large industry or organization to make change. On the contrary, activist stunts create a defensive reaction with targeted organizations and add little credibility to an activist's effort to be taken seriously.

That is why symmetrical methods of communication are so important. Physicians such as Dr. Ashton and Dr. Wray can approach organizations or industry representatives symmetrically at first as authorities and experts with legitimate suggestions. Then, if the medical devices industry or a select company fails to respond or recognize requests, the physicians can take other measures such as media stories that point out fatalities and injuries that have occurred due to the lack of federal oversight, work with Congress and FDA to encourage and enforce increased scrutiny, or encourage legitimate legal complaints against the industry. These approaches are now ethical because the asymmetric industry would not respond. When these approaches that bring the doctors effectively to the table garner the industry's attention, the industry begin to work symmetrically and negotiate through conflict negotiation techniques to work out mutual win-win outcomes.

This model—applicable to the physicians, but also to thousands of other activist groups—is a method that goes beyond the stunts staged by activist groups and applies effective public relations strategies to accomplish goals. Organizations can also apply the excellence study's recommendations on how to proactively work with activist publics to

avoid any harmful situations that may occur through the activist's ethical asymmetrical public relations strategies.

In the final analysis, if all organizations—small activist groups to large industries—engaged in two-way symmetrical public relations continuously, we would see more win-win solutions, as organizations work toward mutual benefit. Asymmetrical communications practices would not have their place in working with publics because they are ultimately one-sided and only meet one party's goals. True two-way symmetrical communications would allow the best outcome for all publics to occur, which is in the best interest of all involved. This method needs to be practiced unilaterally.

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