NEW APPROACHES

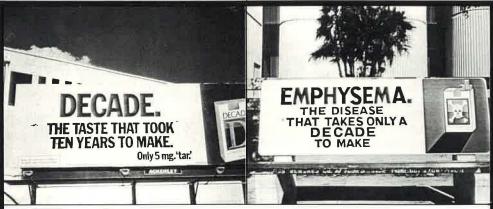
DOC Sells Health

An attractive young man strides confidently down a wooded country road. He looks very tough and very sexy; this man obviously knows how to get what he wants. He turns toward you, about to speak. Is he going to tell you what he wants from life and which brand of beer helps him get it? Will he tell you what he looks for in "his" woman and which brand of cigarettes she should smoke? No. This symbol of the successful and sought-after man turns to you and says, "Kick the cigs. You've coughed up long enough, baby."

This advertisement is just one example of the efforts of a Florida based nonprofit organization called Doctors Ought to Care, DOC. Started in 1977 by a group to be in the process of experimenting with and developing a new self-image, is particularly vulnerable to this type of advertising.

If you are looking for causes of the current epidemic of cigarette and alcohol abuse among teens, DOC feels that attributing it all to peer pressure would be selling Madison Avenue short. If well done, they say, advertising can purchase peer pressure. DOC suggests trying a quick name game with your next few teenaged patients. Ask them to name ten brands of cigarettes or beer or hard liquor. Easy. Now ask them to name one or two of the major risk factors for heart attacks (the major three are smoking, high blood pressure, and high cholesterol). Ask the name of our Surgeon General. Not so easy.

The problem as DOC sees it is that right now the commercial advertisers essentially have a monopoly on communication to consumers. Dull public service announcements simply cannot compete with slick Madison Avenue techniques of persuasion for the attention of the consumer. DOC wants to end that



DOC exploits modern advertising techniques to convey its own anti-smoking message.

of family practice physicians, DOC has now spread to over 17 states and includes hundreds of health professionals throughout the country.

Exactly what is DOC? One of the founders and current President, Dr. Alan Blum, says, "I'd say the main thing we're doing in most of our effort is being a consumer-oriented organization." Dr. Blum maintains that the public is being indoctrinated by a multimillion-dollar commercial industry which, through its sophisticated advertising techniques, is promoting products and lifestyles that may be harmful to the consumer's health. How can consumers make wellinformed choices about products and lifestyles while being constantly bombarded by images of seemingly healthy, sexy, intelligent, and successful people who smoke, drink, and eat junk food, and tell us to do these things too! The young teenager, who is likely

monopoly. After taking a close look at the advertising techniques that are designed to encourage consumers to adopt unhealthful lifestyles, DOC is using this information to help young consumers turn the tables; using the same techniques—sexy role models, catchy slogans, flashy billboards—DOC sells health. "Lung cancer," says Blum, "doesn't mean anything, it's a very abstract term...what we can do is talk about what the commercial advertisers talk about: talk about looks, talk about sex, talk about money. We're turning it around."

The media are not DOC's only target. DOC goes into schools with the hope of making teens more aware of what they can do to promote their own health, thereby making them less easy victims of unhealthful advertising practices. DOC has already talked with thousands of teens and is helping *them* take the lead in their school and community in educating their peers. It works: high school kids are often more credible in the eyes of their peers than are teachers and doctors.

One group that DOC is trying especially hard to reach is practicing physicians. Dr. Blum feels strongly that many people have forgotten a very important fact: the word "doctor" actually means teacher. As a distressing example, he points out that only one in four physicians counsels adolescent women on smoking. To help change this situation, DOC is developing positive health strategies for physicians. They have patient education materials, posters and a lot of ideas for your waiting room. For example, DOC suggests replacing some of the magazines in your waiting room that run cigarette ads with some that do not. Blum says, "A physician can feel satisfied in managing a problem, but to create a continuing care relationship with that patient he or she is going to have to know a lot about communication skills. These are not taught in medical schools, or in continuing education today."

If you would like more information about the activities of Doctors Ought to Care, write: DOC, 924 West Webster Street, Chicago, IL 60614.

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reality that most adolescents visit a physician infrequently, in contrast with younger children who have periodic pediatric checkups. Nonetheless, on such occasions when adolescents experiencing the effects of divorce do use medical services, the physician should be mindful of the following guidelines:

(1) Update the patient's social history. Since adolescents are often embarrassed by the divorce, they may not volunteer information about their family disruption.

(2) Be extra-sensitive to any situations that may prompt iatrogenic disturbances. Discussions pertaining to body image and sexual functioning require delicacy.

(3) Be aware of the adolescent's continuing need for sex education and information. Provide opportunities for adolescent patients to express sexual concerns.

(4) Be receptive to the adolescent's need to discuss present emotional distress and vocational or academic plans. A physician can serve as an example for the adolescent trying to reformulate acceptable adult role models.

(5) Encourage the adolescent to participate in rap groups, counseling sessions and other forms of preventive interven-