When Sabine Dandiguian started her healthcare career in France the percentage of women in senior management positions was hovering around the 20% mark. Those that did manage to get ahead in the 1980s and 1990s often tried to emulate the management styles of their male counterparts.

Times have changed since then, but not as much as they should have given that the proportion of women in senior management positions across the industry remains relatively low.

“We know that more than 80% of decisions around healthcare in the families are made by women, so if we want to understand the healthcare trends, we should have more women at the top of the decision-making bodies in the companies,” says Sabine, who is company group chair EMEA of Global Surgery at Johnson & Johnson.

“We should have more women. We are in Johnson & Johnson paying a lot of attention to that, and more importantly paying attention to diversity, including gender diversity.”

J&J, in common with a number of its peers, has programmes in place to help women achieve their ambitions and to understand why highly skilled women don’t rise as easily in the corporation as their male counterparts.

“But what I fundamentally think is that the best person should be hired, male or female. Now females are probably facing some difficulties, like some constraint on their mobility, some competition in their family if they are having a career, together with the husband. I hope that will change in the future, but most of the time the husband is leading and the wife is abandoning her career.

“The cross-sector move is also an outstanding tool, let’s say, to develop leaders for the future without obliging them to move to another country.”

The road to a ‘cross-sector’ move
Sabine, whose current remit covers the ‘MAR’ region - the 27 European Union countries, Russia, Middle East, Turkey and Africa - and a $3bn business, made just such a move in 2013 when she was promoted to her current role.

The route to this was been a slightly unusual one, encompassing a “pure business school MBA kind of profile” and a chance entry into the pharma industry. During the early stages of her industry career she worked in the field as a sales rep selling antihypertensive drugs.

“I have a lot of respect for our sales people for the way they are able to understand the physicians and present the products in the right way. So it was a fascinating experience.

“To be frank, personally I was not a scientist but a business person. So I thought it was important to build some credibility, and after I became marketing director and business unit director, I could tell them I ‘carried the bag’ - ‘I know what you are facing’.

These business unit positions saw Sabine leading J&J’s Janssen business in first Belgium and then in France. It proved to be a time of great change for the company in France, as Sabine oversaw the transformation of its model from

Inspiring talent
J&J’s Sabine Dandiguian on diversity, innovation and becoming the first European business leader to pick up the HBA’s Luminary Award
a GP mass market business to a highly specialised hospital-based one alongside the development of new capabilities to improve its approach to market access.

"Negotiations with the authorities started to become far tougher with pricing discussions and price volume discussions. And I had the chance to transform the company, creating new capabilities like medical liaison teams, healthcare managers at the hospital level and to create from scratch a health economic team that is able to deal with the clinical and the economic value of our products."

After five years leading Janssen in France Sabine took on the leadership of Johnson & Johnson’s emerging pharmaceutical markets in Europe - primarily Russia and Turkey - as well as the Middle East and Africa, before moving to Global Surgery, the largest part of J&J’s device business.

“I must say that I really love this move. When you are in the pharma industry, you really do make a difference for patients with medicines, and here it’s even more concrete.”

‘We should have more women at the top of decision-making bodies’

Innovation in practice

Despite the massive advances seen in modern medicine there remain many pressing areas of unmet medical need requiring a more innovative approach. Responding to this J&J decided to focus on oncology, obesity, metabolics and the cardiovascular area.

“It’s important to focus, because the driver for J&J is innovation. We were really trying to make a difference for patients and we try to lead our future through innovation.”

“At the same time we would like to leverage on the very unique setup of J&J through the three sectors (pharma, consumer and medical devices/diagnostics), and we really think we can bring value, leveraging our scale.

“Nevertheless, we believe that innovation is the core. It’s part of our DNA, and that will always be rewarded.”

And if being innovative is important, then so too is nurturing the careers of young, talented men and women who can help healthcare companies achieve this. It’s an important subject for Sabine, who cites her children - now in their 30s - as helping her understand the needs and motivations of the young generation of professionals.

“They have different causes, different ways to understand, to value their life. They pay a lot of attention to the sustainability piece, in which we are very good, to the digital world in which we make progress, to the work/life balance that we have attention to.”

But with that comes pressures that companies have to live up to. “They are very, very demanding to the companies which are trying to hire them, and they see life very differently. Obviously, this young talent have different visions and we have to understand them, mentor them, and attract the best of them to Johnson & Johnson.”

“Talk of talent brings us around to the Healthcare Businesswomen’s Association (HBA), whose Luminary Award Sabine won last year to become its first European recipient. The Award, for which her company nominated her, followed an HBA Rising Star Award four years earlier and was a “great, great recognition”.

“I come from an Armenian family for whom having such a career in an international corporation and being exposed to this international recognition was absolutely great. So I must say that my husband, my children, my sisters, my mother were also very inspired by that.”

Dominic Tyer is editorial director at PMGroup

Medical education and the 21st century patient

Ffyona Dawber

The target audience for medical education is always changing. Traditionally focused on communications to primary and secondary care physicians, the pharma industry is recognising the importance of communicating to a wider audience - and that includes educating patients.

More and more patients are taking an active part in their disease management. Many of us consult the web about our condition before we consult the doctor; some seek in-depth information about their condition and treatment options. More motivated patients get involved in patient advocacy, representing others with their condition to improve treatment for all. Some highly-trained patients become experts in their own right, able to communicate on any level about treatment choices and management practices, and they may become active in promoting communication between pharma and patients. It can only enhance medical education programmes to consider these representatives when seeking expert guidance for disease targeting and product development programmes.

We should not view this move towards patient-led information gathering as a failure of the healthcare system; rather a way to add value to it. A 2011 study by Tarn & Flocke showed that only 64% of patients in the US recalled all the information given to them in a doctor visit - older studies have suggested even lower percentages. So it makes sense for patients to seek some way to follow up on information given by the doctor.

Our Client Services Director Sorcha Ferris provides a personal example: “I recently took a family member to an appointment with an orthopaedic consultant. Although I’m familiar with many medical terms in my professional life, the doctor gave me so much information that I was completely overwhelmed. I really wanted a way to follow up on what I was told in that appointment. I think pharma

Ffyona Dawber is managing director at Synergy Vision

can provide a range of value-added services that can complement traditional healthcare to support patients, and help avoid this type of situation.”

Some services are already available, and their use is growing fast. The patient discussion forum HealthUnlocked is the fastest-growing online forum for patients to share information, and it’s visited by 2.5 million users every month. This highlights the value of peer-to-peer communications as a means for information about disease management to spread.

Modern medical communications must take patient education into account if they are to remain current and relevant. As long as communications are balanced, non-promotional and transparent, this can be achieved with net benefit for all parties. The ABPI even encourages collaboration between pharma and patient advocacy groups: “Working in partnership on common objectives, with the patient at the core, better outcomes can be achieved than otherwise might be the case when working in isolation.”

Coming from a nursing background, I am deeply aware that what we do in pharma should have the ultimate aim of improving care for patients. By keeping this at the forefront of our minds, Synergy Vision maintains the patient voice in medical communications and offers our clients a way to enhance their communications programmes. I believe that the future of medical communications lies in combined education of healthcare professionals and patients, a combination that Synergy Vision strives to deliver to our clients.

Ffyona Dawber is managing director at Synergy Vision

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