In an article by business author Jaron Lanier in the Jan/Feb 2018 edition of WIRED UK magazine, he reminds us that Facebook and Google now account for 75 per cent of online advertising spend, globally. In the same article, there is also a fascinating quote about the current problems with the Internet. Lanier writes: “Something has gone very wrong: it’s the business model. Specifically, it’s what is called advertising. We call it advertising, but that name in itself is misleading. It is really statistical behaviour-modification of the population in a stealthy way. Unlike (traditional advertising), which works via persuasion, this business model depends on manipulating people’s attention and their perceptions of choice. Every single penny Facebook makes is from doing that and 90 per cent of what Google makes is from doing that.”

A prediction for 2018 is that Amazon is determined to get in on the act and carve out a major position for itself in the market. So, if like me, you were busy deleting a flurry of e-mails, between Christmas and New Year, inviting you to partake in all sorts of indulgence and expenditure, please know that those e-mails and other social media messages were not reaching you by chance, but by design. We are all the targets of algorithms, created to watch over us as we surf the web, noting our habits, bookmarking what we watch or read, remembering where we linger and what catches our attention for more than a few seconds—even anticipating our next move with creepy accuracy. The phrase “statistical behaviour-modification” has me thinking that we are all being assimilated into a “consumer Borg” (Star Trek fans will know what I mean). We may think that in healthcare, generally, and dentistry, specifically, we will be protected from this advertising manipulation, whether at the delivery end or as patients, but I suspect not. It exists today, even in a simple context, with the race for Google page one visibility in SEO, whether it is a battle with competitors in a given area code (the more densely populated, the more expensive) or the search for domination of a particular treatment modality.
Many dentists invest heavily in 
SEO and PPC even though the latest 
research by WIRED 
magazine indicates that 20 per cent of people 
searching on Google click on the 
number one result and 12 per cent 
on the second, while the rest are 
not significant enough to track. 
Even so, the attraction of the digital 
advertising drug is difficult to re­ 
sist, especially because it means 
that you can hand over your money 
and get back to work, without hav­ 
ing to think too much about the 
numbers game you are playing.

My best friend is the founder 
of a leading UK digital advertising 
agency and, having spent over 
£1 million per annum of his clients’ 
money on Facebook advertising, 
has a lot to say about the effective­ 
ness of his methods. He sees the 
future belonging to those who can 
tell emotional stories targeted at 
those “personas” that his tribe now 
talk about all the time. Indeed, 
you and I are no longer unique 
individuals. The agencies and their 
algorithms want to categorise us 
by age, gender, education, location 
and a host of other factors.

A couple of years ago, I said in 
jest that Facebook was getting me 
wrong by assuming that, at age 62, 
I was interested in Saga motor 
insurance (even though I did not 
own a car) and Mahabi slippers 
even though I already owned a 
pair. The competition for my 
attention, and yours, has since 
 evolved greatly over a short period 
of time. The algorithms are now 
following the heat map I create as 
I browse the web and now “they” 
know that, as I approach 65, I run 
marathons, read good fiction, take 
adventure holidays, enjoy red 
wine and watch excellent TV dra­ 
mas. My social media channels 
and my online shopping experi­ 
ences are littered with a constant 
stream of interruptions that are 
based on my browsing history and 
buying habits. “People like you are 
buying things like this” has be­ 
come the advertiser’s new mantra.

I admit that the same mantra 
will become more important in 
dental practice advertising and 
marketing over the next year, with 
perhaps only a small change in em­ 
phasis that it could be something 
like: “Patients like you are investing 
in treatments like this.” Will the 
statistical behaviour-modification 
of large cohorts of patients perhaps 
also appear in dentistry?

Frankly, it is already here, with 
the use of the effective recall sys­ 
tem, the daily use of social media 
channels to publish photographs 
and videos, the publication of prac­ 
tice blogs as well as the e-mailing 
of patient newsletters and end-of­ 
treatment interviews. All of these 
are designed to identify the charac­

терistics of our favourite patients 
and include them in the process 
of spreading our brand message. 
So far in dentistry, advertising is 
a manual exercise undertaken by 
committed internal marketers and 
treatment coordinators. Perhaps the 
algorithms created by the larger cor­ 
porates and retailers to protect and 
grow market share will soon also 
arrive in dentistry. This will make 
for an interesting angle, including 
the manipulation of patients’ atten­ 
tion and their perception of choice.

It sounds ominous, doesn’t it? We’ll 
better get ready to compete.

Explore both models at 
The Dentistry Show on Stand H30

“Hi, I’m iTero Element 2 
and I bring innovation to 
visualisation”

My modern scanning system enhances your prosthetic 
capabilities from planning to ongoing monitoring, with powerful 
computing and a high-definition wide-screen.*

“Hi, I’m iTero Element Flex 
and I go wherever you go”

My portable system offers the convenience of on-the-go 
scanning and small space operation.*

One brand. Two powerful options for 
bolstering your restorative capabilities.