



Envy

A malicious drive
to possess what
another has

Envy has an uncomfortable relationship with one of the ways human beings learn.

We watch other people, notice what works for them, and compare their choices and results with our own. Then we borrow, adapt, and improve. This social learning begins remarkably early in life with parents and caregivers, extends to teachers and peers, and into the broader world. Emulating behaviors and patterns from people we admire helps us acquire skills, understand social behavior, and figure out how to operate in the world.

It naturally translates into our work. If we see a competitor do something well, we pay attention. We try to understand why it worked and whether there is something useful we can learn from it. When our attention shifts from lessons we can apply in our own way to possessiveness and duplication, that's where Envy begins.

Someone else has something successful or admired, and suddenly we want our version of it. We may not stop to ask whether it fits our organization, solves one of our problems, or matters to the people we're trying to reach.

Healthcare marketing rarely reaches the malicious heights Pope Gregory probably had in mind. Mostly, we encounter its milder and considerably more respectable cousin, competitive anxiety.

Another health system launches something impressive, and somebody asks the question almost every marketer has heard, "Why aren't we doing that?"

It's a reasonable question, but also a dangerous one if we don't ask what comes next. Why did *they* do it? What problem were they solving? What made it right for their brand, market, audience, or strategy? What, if anything, should we learn from it?

Emulation is inspired by and learns from someone else's success. Envy does its best to copy it.

When everybody watches everybody

Healthcare marketers watch their competitors closely and the competitors are watching right back. Agencies bring examples from across the category. Leaders see work they admire in another market and ask whether we could do something similar. Research identifies attributes consumers value, and multiple organizations quite reasonably decide those attributes belong in their messaging.

One decision at a time, none of this is particularly troubling. Collectively, it pulls the category toward the middle. Similar claims appear with similar photography, similar language, and often a similar earnest tone.

In healthcare, there is a great deal of overlap in what an organization can claim. They'd all say they care for their patients and want to improve access and outcomes. Would any say their doctors are less than excellent? If five organizations can credibly say the same thing, it may reassure people about the category without giving them much reason to remember who said it.

Competitive anxiety makes this worse because nobody wants to surrender a desirable attribute. If they claim expertise, we need expertise. If they're innovative, we're innovative. If they lead with compassion, we can't leave compassion uncontested. Eventually, everybody has claimed everything.

The harder organizations work to keep pace with one another, the less distinguishable they become.

The visible answer isn't necessarily the lesson

The factors that drove a successful strategy may not be fully visible.

A campaign may look simple from the outside. Behind it may sit years of brand investment, strong research, an unusual organizational culture, a particular market position, disciplined media spending, or an experience that makes the promise believable. All we see is the execution.

Copying that execution is a bit like trying to recreate a restaurant dish from the description on the menu. We know what it looks like and roughly what's in it, but we don't have the recipe. We might produce something perfectly edible, perhaps even quite good, but it won't be the same dish.

We can reproduce the visible ingredients of a campaign, but the research, strategy, investment, organizational culture, and accumulated brand meaning aren't sitting there on the plate.

Emulation asks a more useful question: what made it work?

Perhaps they found a patient tension nobody else was addressing, made a complicated experience remarkably simple, or expressed a familiar benefit in a way people hadn't encountered before. Perhaps they committed to a distinctive idea long enough for people to associate it with them. Those lessons can travel. The execution usually shouldn't.

A useful competitive review should leave us with questions, not a shopping list. What genuinely works? Why does it work for them? What does their success reveal about the audience or market? Where are competitors beginning to converge? Where does that leave room for us?

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Differentiation and distinctiveness

We define Distinction as the commitment to express what makes you uniquely valuable. It requires an organization to understand itself well enough to make choices based on its own strengths, character, strategy, and relationship with the people it serves.

**How you say
something can
be as distinctive
as what you say.**

Marketing people have been arguing about differentiation and distinctiveness for years.

Traditional differentiation says we have something materially different from what competitors offer, giving people a reason to choose us. In healthcare, that might be a clinical capability, technology, physician, outcome, access advantage, or model of care. Those differences can be powerful, although many are difficult to own indefinitely as competitors recruit, invest, and catch up.

Distinctiveness helps people recognize and remember the brand through assets and patterns associated with it: name, colors, imagery, voice, sounds, recurring creative ideas, experiences, and behaviors.

[Research from Byron Sharp and his colleagues at the Ehrenberg-Bass Institute](#) challenged the assumption that brands need to be perceived as meaningfully different to compete successfully and made a strong case for building distinctiveness instead. That's particularly liberating in healthcare.

You may not be able to own “compassion.” Plenty of competitors care deeply about their patients. You can still express compassion in a way that feels unmistakably characteristic of your organization.

You may not be the only organization with excellent physicians. How you introduce those physicians, tell their stories, and connect their expertise to patients' lives can become recognizably yours.

How you say something can be as distinctive as what you say.

Recognizably different

The sweet spot is the middle ground between indistinguishable from your competition and peculiar.

A [2022 study in Strategic Management Journal](#) offers an interesting illustration. Looking at more than 250,000 mobile apps, researchers found that for paid apps, performance improved as products became more differentiated — but only to a point. Beyond that, greater differentiation began to hurt performance. The context is very different from healthcare, but the tension is useful: stand apart enough to reduce direct comparison without becoming so unfamiliar that people struggle to understand what you are.

I think of that as being **recognizably different**. People should understand immediately that you belong in healthcare. They should also have reasons to recognize *you* within healthcare.

Start with things that belong to the organization: its history, personality, role in the community, characteristic patient experiences, strengths, and ambitions. Decide how those truths should show up in voice, visual identity, language, creative ideas, experiences, and behavior.

Competitors may share individual ingredients, but their combination and expression can still become recognizably yours.

Then give recognition time to build. If something remains authentic to the organization, relevant to the audience, and distinctive in the market, don't discard it because a competitor launched something dazzling.

Occasionally, look farther away. Healthcare isn't the only category trying to build trust, simplify complicated decisions, or create loyalty. Other industries can expose us to entirely different approaches to familiar problems. Study the principle, bring it back to your own reality, and make something that belongs to you.

Keep this in your pocket

Take several pieces of your current marketing and remove the logo, organization name, URL, and other obvious identifiers. Put them alongside work from your closest competitors.

Could someone who knows the market identify yours?

Then put a competitor's logo on your work. If it fits comfortably, look harder at what belongs specifically to you, the truths, assets, behaviors, experiences, and ways of communicating that another organization couldn't easily adopt.

Become unmistakable within healthcare.

The next temptation

Envy turns our attention toward what somebody else has and tempts us to follow their lead. Distinction brings our attention back to what we can credibly and memorably make our own.

Our next sin begins when frustration takes over and judgment gives way to emotion.

Gregory called it **Wrath**.