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THE DECISION TRAP

How to Sell When Buyers Freeze,
Distrust, and Overthink.



Breakthrough Strategies from Behavioral
Psychology to Win in a Noisy, Skeptical Market

BE LABS

The Decision Trap

How to Sell When Buyers Freeze, Distrust, and Overthink

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First Edition – 2025

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Introduction: The Hidden Barrier in Pharma Sales

Let's be honest.

We've got the data. We've got the studies. We've got the reps trained and the CRM loaded. And yet... **the needle doesn't move.**

Prescribing stays stuck. Physicians hesitate. Competitors with weaker evidence continue to dominate.

It's not because our product isn't strong.

It's because we're playing the wrong game.

The Sales Playbook Is Broken

Most pharma sales strategies still follow a tired formula:

Present the data → Handle objections → Ask for commitment.

But here's the reality I see every day:

The physician isn't objecting.

They're avoiding.

They're busy, overwhelmed, uncertain—and frankly, on autopilot.

In our world—where we might get 2 or 3 face-to-face conversations per year—we can't afford to rely on outdated models built for a time when access was easy and evidence was king.

Today, **decision-making is messier, riskier, and more emotional** than any clinical algorithm would admit.

We're Not Selling Products. We're Navigating Minds.

The real bottleneck in sales today?

Human behaviour.

Physicians, like all of us, are guided by mental shortcuts and invisible pressures. They're influenced by:

- Fear of making a mistake
- Peer norms and senior role models
- Habits that feel safe
- Formularies that make change painful

They're not irrational. They're human.

What looks like resistance is often just **inertia**, shaped by **loss aversion**¹, **status quo bias**¹, and **decision fatigue**¹.

I call this *The Decision Trap*:

When a physician nods along—but doesn't act.
When the evidence lands—but behaviour stays the same.
When your best pitch is met with a polite, 'I'll think about it.'

The Missing Link: Behavioural Science

This eBook is my invitation to rewire how we think about selling—especially in high-stakes, high-regulation environments like pharma.

I'll show you how to apply insights from **behavioural economics**, **decision science**, and **psychology** to:

- Unstick decision-making
- Trigger meaningful prescribing behaviour
- Win back market share—ethically and effectively

We'll unpack a framework I've developed and refined in the field—whether you're launching a new product, repositioning a mature one, or dealing with skeptical SD-physicians.

And no, this isn't theory for theory's sake. These ideas have shifted mindsets, closed the gap between intent and action, and turned stagnant territories into growth stories.

How to Use This Book

This is the first in a multi-part series. Think of it as your **foundation**.

In each chapter, you'll find:

- A **Leadership Insight** to sharpen your strategic thinking
- A **Field Tactic** to apply immediately in real-world interactions

Future editions will go deeper into tools like **framing**, **nudging**, **social proof**, and habit formation, tailored for pharma.

But first—we start with what matters most:

Understanding how decisions really happen—and how to guide them.

Ready?

Let's break out of the decision trap.

Chapter 1: Why Buyers Don't Buy – The Psychology of Stagnation

Every great salesperson knows the pain of a great conversation that leads... nowhere.

The doctor seemed engaged. They even agreed the product made sense.
And yet—no prescriptions.
No movement.
No change.

You didn't lose to a competitor. You lost to **nothing**.

This is the real competitor in today's market: **inaction**.

The Real Battle Isn't Product vs. Product—It's Action vs. Inertia

Let's stop pretending decisions are made on a clean mental spreadsheet.

In the real world, physicians are overloaded with:

- Clinical complexity
- Time pressure
- Formulary headaches
- Fear of getting it wrong
- A waiting room full of patients

When faced with complexity or uncertainty, most default to status quo. Why? Because doing nothing feels safer than risking regret.

And in behavioural terms, that's exactly what we're up against:

- **Loss aversion¹**
- **Status quo bias¹**
- **Social proof⁴**
- **Cognitive load¹**

Sales Isn't a Battle of Facts. It's a Battle of Frames.

We don't need more evidence. We need better framing².

The way you present options, sequence your conversation, and address hidden fears **shapes how the physician feels** about the choice in front of them.

- Presenting your product as a low-risk continuation instead of a risky switch
- Using **contrast** to make competitors look outdated
- Reframing “change” as “returning to clinical intention”
- Highlighting how **other physicians** are navigating similar decisions

This is decision architecture² in action—and it's where great reps separate themselves.

Case Example: From Stuck to Start

A senior internist kept prescribing a competitor despite clear data favouring our product.

After months of polite agreement and no action, the sales rep changed her approach:

Instead of re-sharing data, she asked:

> **“When you see patients who are borderline symptomatic—what’s your biggest concern?”**

That question unlocked the real barrier: **fear of adverse events and hospitalizations.**

So she reframed the discussion: not as a new treatment, but as a way to reduce future complications.

That week, we got our first prescriptions.

Leadership Insight

Your team isn't losing because they lack product knowledge. They're losing because they don't understand the emotional architecture of the physician's decision.

Start measuring emotional friction⁵, not just message delivery.

Field Tactic

Before your next visit, write down:

1. What might feel risky or effortful about your product?
2. How can you lower that psychological cost?
3. What's one way to reframe the conversation to make action feel easier than inaction?

About the Author

Robert Makra is the founder of BE Lab, a consulting and thought leadership platform that brings behavioural economics, decision science, and psychology into real-world sales. With 20+ years of experience in the pharmaceutical industry, he equips commercial teams to shift prescribing behaviour in complex, regulated markets—without manipulation.

Robert holds a Certificate of Advanced Studies in Applied Psychology for Strategy, Marketing, and Communication, and another in Organizational and Personnel Development. His executive education includes programs from LSE, INSEAD, Cornell, Columbia, and MIT, as well as training in innovation and human-centered design from IDEO.

As a former Sales Director and team leader, and now an independent strategist and coach, Robert blends scientific rigor with pragmatic frontline experience. Through BE Lab, he trains and challenges sales organizations to move beyond persuasion—and toward behavioural impact.

Endnotes

¹ Kahneman, D. (2011). **Thinking, Fast and Slow**. New York: Farrar, Straus and Giroux.

² Thaler, R. H., & Sunstein, C. R. (2008). **Nudge: Improving Decisions About Health, Wealth, and Happiness**. Yale University Press.

³ Ariely, D. (2008). **Predictably Irrational: The Hidden Forces That Shape Our Decisions**. HarperCollins.

⁴ Cialdini, R. B. (2009). **Influence: Science and Practice** (5th ed.). Boston: Pearson Education.

⁵ Rock, D. (2008). SCARF: A brain-based model for collaborating with and influencing others. **NeuroLeadership Journal**, 1(1), 1–9.