HUMANISM & PRESCRIBING

to accompany the 2025 book

"Rethinking Medications" by Dr. Jerry Avorn

This guide was prepared by Nora Jones, PhD, and Jerry Avorn, MD.

THE ARNOLD P. GOLD FOUNDATION
Keeping Healthcare Human

INTRODUCTION

Prescribing a medication is one of the most crucial — and frequent — acts a clinician performs. At its best, it combines scientific expertise concerning the benefits and risks of a drug with the patient's expertise on how that medicine relates to their own symptoms, goals, concerns, understanding, routines, and preferences. These different areas of expertise can and should converge in conversations between prescriber and patient about why a medication is needed, the expected outcomes and possible side effects, whether the drug is affordable, and how it fits into a person's overall health care and preferences. These decisions and interactions can bring together the best in scientific knowledge and humanistic patient care, defined by the Gold Foundation as clinically excellent care that is kind, safe, and trustworthy.

The realities of modern practice mean that many critical aspects of the doctor-patient interaction often get short shrift or are skipped over entirely in increasingly pressurized health care settings. This is not efficiency: failure to address these issues adequately helps explain why up to half the prescriptions doctors write are either not taken as directed or not filled at all. In the process, the doctor-patient relationship is degraded and much preventable suffering and even death can result.

This Gold Reading Guide to the book "Rethinking Medications" addresses questions that arise constantly in everyday practice: how to weigh a drug's benefits, risks, burdens, and costs in relation to one another; how to incorporate patient preferences into prescribing decisions; and the role of the clinician when the health system fails their patients.

Users of the series will explore how Humanism and Prescribing critically interrelate, how kindness, safety, and trustworthiness interact with evidence-based clinical excellence, and how each can be operationalized in the prescribing encounter.

For example:

- **Clinical excellence:** Thoroughly understanding the evidence base underlying a particular medication choice is the foundation of every humanistic prescribing decision.

- **Kindness:** Asking "How has it been getting and taking this medication day to day?" instead of "You're taking all your prescriptions as prescribed, right?" Kindness creates space for a patient to say something difficult without fear of judgment.

- **Safe**: Treating non-adherence driven by cost or logistics as a safety issue, not just a pharmacologic one. A medication a patient can't reliably afford or access isn't safely prescribed, however well it matches the evidence.

- **Trustworthiness**: Responding to a patient's disclosure about cost, concerns about side effects, or anything else by visibly acting on it during the encounter — looking up a price, adjusting a plan — rather than simply acknowledging it and moving on. Trust is built by what happens after the patient reveals something relevant.

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PLANNED MODULES:

- **"Whose risk is it, anyway?"** Talking with patients about possible adverse effects and other burdens of treatments they may experience — what is the best way to learn about their values and concerns, choose among therapeutic alternatives, and support long-term adherence? And what if a patient requests a treatment that hasn't received full FDA approval?

- **"Doctor, I can't afford that!"** What is the responsibility of the prescriber to understand a patient's coverage and prescribe accordingly? Is the doctor responsible only for making the scientifically best choice, or does appropriate care require more?

- **I don't understand why my patient isn't taking this medicine!"** Since up to half of medicines prescribed for chronic use are not taken as directed, who is responsible for identifying and addressing non-adherence — and how?

- **"Who decided what a year of her life is worth?"** Many health care systems outside the U.S. cover medications based on which drugs best maximize "quality-adjusted life-years" across the whole population. Should prescribers consider themselves stewards of scarce resources, or focus solely on the patient in front of them?

- **"My patient just lost his insurance. Now what?"** Between 5 and 10 million people are projected to lose their Medicaid coverage in 2027 because of federal budget cutbacks. What is the role of the physician here — with their own patients, and at a higher systems level?

Each module is linked to a section of the book, "Rethinking Medications," that will be provided to faculty and trainees by the Gold Foundation. Each provides a clinical vignette and a series of questions that can be used as a discussion guide for a single session with trainees, combined with the others as a more comprehensive course, or anything in between.

The book was written by Dr. Avorn, Professor of Medicine at Harvard Medical School; the Reading Guides are prepared by Dr. Avorn and Dr. Nora Jones, a bioethicist and consultant to the Gold Foundation.

SCAN FOR NEW MODULES
Modules will be released on a rolling basis. Visit https://bit.ly/GoldPrescribing for future modules and reading guides.

REQUEST A BOOK
Through the Humanism and Prescribing Program, the Gold Foundation is pleased to be able to distribute free copies of "Rethinking Medications" (Simon & Schuster, 2025) to students, faculty, and healthcare professionals. Print, ebook, and audiobook formats are available. Use the QR code or URL above to request books.