"Doctor, I Can't Afford That!"

Humanism, Cost, and the Prescribing Encounter | Module #1

Reading Guide *to accompany the book "Rethinking Medications."*
Prepared by Nora Jones, PhD, and Jerry Avorn, MD.

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Small group with faculty facilitator, or self-directed
Suggested time: up to 60 minutes

Our case: Ms. Susan Brown, 42

A fourth-year medical student is troubled by something she hears on her in-patient medicine rotation. During rounds, the team had been caring for Susan Brown, a patient with Crohn's Disease; she had been admitted for intractable abdominal pain and diarrhea. The attending physician recommended restarting the biologic Humira (adalimumab) that a gastroenterologist had prescribed for her several months earlier. It is an effective and well-studied first-line medication for her condition though it is costly: Its list price is about $8,000 per month, though patients with health insurance pay less.

The student had spent time with Ms. Brown the day before. She knew that the patient was temporarily employed as a cleaning lady for a janitorial services company, with an unpredictable schedule. She had learned, almost in passing, that the patient had stopped her medication, not because it hadn't worked — it reduced her symptoms markedly — but because she couldn't reliably keep affording and taking it. That gap likely helped to explain why she was back in the hospital now.

The student wondered whether a different, more affordable medication might be a better choice for her situation.

The attending physician's response was measured but clear: "I have been using Humira for years and know how effective it is. We shouldn't compromise our clinical standards because of a patient's circumstances. Our job is to prescribe the best medicine."

The student didn't say anything at the time, but she couldn't stop thinking about it.

Was the attending right?

Don't answer that question yet — we'll come back to it.

Note: throughout the rest of this case you are Ms. Brown's primary care doctor.
She comes to your clinic for a post-discharge follow-up.

You have reviewed Ms. Brown's refill record at the pharmacy and found that prior to her hospital admission, she had filled her monthly prescription for Humira only three times over the past 6 months, instead of all six. You ask her how she's been doing with her medication.

She pauses, and then replies, "I take it when I remember."

Discussion Question 1

What would you do next? What are you thinking, and what do you say to Ms. Brown?

Take five minutes to write down, in the actual words you would use, your response.

Then share with the group.

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Reveal 1

Ms. Brown's answer to your first question didn't give you much to go on, so you decide to try a different kind of question: "How has it been getting and taking this medication regularly?"

There's a pause — longer than you'd expect. Then:

"Honestly, doctor? It's the cost. My insurance covers part of it but my deductible resets every January. For the first few months of the year I have to pay hundreds of dollars for it. Even after the deductible period ends, my co-pay every month is often more than I can handle. I have a mortgage, two kids in college. Some months I just have to stretch it. And if I get laid off, I'll lose my health insurance."

She looks slightly embarrassed and adds: "I didn't think that was something you could help with."

Discussion Question 2

Did anything about Mrs. Brown's answer surprise you? Looking back at your response to Discussion Question 1 — did you ask about cost or logistics? If not, what did you ask about, and what does that tell you?

What do you say next? What would you ask about to move this encounter forward?

Again — write down the actual words, not a description of them.

A note on time: You may be thinking: I don't have time for this kind of conversation. But research suggests otherwise. When patients are left to tell their story without interruption, they finish in about two minutes on average — yet studies show doctors interrupt within 11 seconds, often assuming they already know what the patient needs (Singh Ospina et al., Journal of General Internal Medicine, 2018). The two minutes you think you don't have may be exactly what this encounter requires.

Reveal 2

Mrs. Brown is looking at you. She seems relieved just to have said something out loud.

You have four options for Ms. Brown:

Option A: Switch to an older medication that's more affordable, but is not the recommended standard of care.

Option B: Keep her on Humira and try to help her navigate the cost gap through a manufacturer's patient assistance program. You look it up. She doesn't qualify — her modest income puts her just above the eligibility threshold.

Option C: Try and find whether a less costly version of Humira is available – a biosimilar version of adalimumab – which insurers would pay for which product, what the co-pay would cost your patient, how her coverage might be changed.

Option D: Say to the patient, "I'm sorry you can't afford the medication we're prescribing for you, and I know that's not your fault. But all I can do as your doctor is recommend the most appropriate drug I can; that's what I've been trained to do. I don't have the skills or the time to try and fix these economic problems."

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Reveal 2 continued

You tell her you're glad she said something — that this is exactly the kind of thing you need to know to take good care of her. You say: "Let's look at this together now."

She nods.

You pull up CostPlusDrugs.com on your computer. You type in Humira; in under a minute you can see that a biosimilar version of adalimumab is available at a fraction of the list price, even if she loses her health insurance. You turn the screen toward her.

Her expression shifts.

A two-minute exercise — Do this now:

Pull out your phone. Go to to CostPlusDrugs.com. Look up the prices for Humira biosimilars, and compare them with the list price of brand-name Humira. Note the price range.

What did you find? Does anything surprise you?

You write the new prescription together and ask Ms. Brown to come back in three months.

Before she leaves, you ask one more question:

"Is there anything else about your medications or about your care that you've been managing on your own because you didn't think I could help?"

She thinks for a moment. Then she says softly, "It's just that a lot of the time I don't think I have the strength to go on. Things have really started getting the best of me." This possibility of untreated major depression is beyond the scope of this module. But her response illustrates that once you've opened the door to this kind of humanistic communication it tends to stay open, and your patients can benefit from that.

Discussion Question 3

What just happened in this encounter — and what made it possible?

Reflect individually for two minutes, then discuss:

What did the doctor do differently from the default clinical encounter?

What did it require — in terms of knowledge, skill, and disposition?

What do you think Ms. Brown will remember about this visit?

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Discussion Question 3, continued

What do you think you will remember about it, when you are five years into practice?

And finally: Go back to the opening story. The attending said, "We shouldn't compromise our clinical standards because of a patient's circumstances; our job is to prescribe the best medicine." Having worked through this case — how do you think about that statement now?

Closing Reflection

Take five minutes to write individually before discussing with the group.

The attending in the opening story wasn't wrong that his job is to prescribe the best medicine. He was just working with an incomplete definition of "best."

How would you complete that definition? In one or two sentences, write down what "the best medicine" means to you now, having worked through this case.

For the Long Run

Medical training is long, and the habits and instincts you are forming now will shape how you practice for decades. Research on physician behavior suggests that the dispositions formed early, including whether cost, logistics, and the patient's experience are part of the clinical picture, tend to be durable.

What do you want to make sure you don't lose? And what if anything do you want to start practicing now, before it happens for the first time in an exam room?