



Putting on a “Human Face” for Medical Experience Using AI: The Case of Prescription Weight Loss Drugs

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Abstract

This paper introduces the use of AI as a potential tool for education of medical professionals. The specific topic is the case of prescription (Rx) weight loss drugs commonly marketed directly to patients in a variety of media. The paper introduces the method of a “fly on the wall,” which brings to life the interaction among professionals dealing with specific medical issues, with simulations of patient reactions woven into the simulation. The paper then brings to life the organizing principle of mind-sets and how they deal with the topic. The paper finishes by instructing AI to create a set of 10 issues and comparing the full narrative format to a more conventional clinical description. The contribution of the paper is the effort to give medical professionals a sense of the personal experiences of those involved in the topic, doing so by AI simulation using ChatGPT 3.5 and accessed through the Idea Coach feature of the Mind Genomics platform, BimiLeap.com.

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Keywords

AI simulation; medicine; Mind Genomics; prescription weight loss drugs

Abbreviations

AI: Artificial Intelligence; ChatGPT: Chat Generative Pre-training Transformer; FDA: Food and Drug Administration; Rx: Prescription

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Introduction

In recent years, there has been a growing public interest in prescription (Rx) drugs targeting weight loss, fueled in large part by aggressive marketing campaigns, medical endorsements, and rising obesity rates. These drugs, often designed to suppress appetite, affect metabolic processes, or regulate hormones, are presented by pharmaceutical companies as effective solutions for weight management. With social media platforms, targeted advertisements, and influencer collaborations, weight loss drugs are now prominently featured in conversations about health, self-image, and body confidence. But underneath the surface of these ads, there is a complex web of motivations and considerations among various stakeholders: drug manufacturers, marketers, doctors, regulators, users, and their families [1- 3].

Pharmaceutical companies recognize that the weight loss sector offers immense financial potential. Obesity is a widespread issue, with millions of people actively seeking ways to shed extra pounds. For drug manufacturers, the weight loss industry represents a golden opportunity to corner a market where desire

often meets desperation [4]. From a corporate perspective, pharmaceutical companies face a delicate balancing act: marketing their drugs as safe, effective, and life-changing while minimizing conversations about potential side effects or long-term consequences. Marketers within these pharmaceutical companies play a crucial role in carefully crafting the narratives around these weight loss drugs. Their advertisement strategies center on promise, hope, and transformation [5].

They effectively capitalize on societal pressures, using visuals of slim, vibrant models alongside inspiring success stories. While the ethics of embedding personal insecurity and societal beauty standards into marketing are debatable, these advertisers highlight the aspirational appeal of achieving an “ideal” body. Their efforts also increasingly intersect with the world of influencers and social media, allowing the consumer to see people like themselves using these drugs—further enhancing the connection people feel toward these products [6].

Doctors, meanwhile, find themselves caught in a dilemma. On the one hand, these weight loss drugs offer a medical solution to

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a real problem—one that has potentially significant health consequences, such as diabetes and cardiovascular disease. On the other hand, physicians must grapple with the ethics of prescribing a drug that may carry risks of side effects or become an easy shortcut for patients rather than a broader lifestyle change. Doctors must critically evaluate each patient's needs, balancing the potential benefits of medication with concerns about long-term health effects. Regulators at government agencies, such as the Food and Drug Administration (FDA) in the United States, have the crucial task of ensuring that these weight loss drugs are safe and effective before they reach consumers. The balancing act for regulators is complex: while they're entrusted with public health and safety, they face immense pressure from pharmaceutical companies eager to expedite drug approval processes. Moreover, there is ongoing scrutiny about whether current regulations around weight loss drugs are stringent enough, particularly when many patients use these medications over the long term without having been fully informed of potential risks [2,3,7].

For the users of these drugs, the mind-set is often one of hope and relief. Many individuals struggling with weight issues have tried diet plans, exercise routines, and non-prescription supplements, often with limited success. Prescription medications represent a new frontier—something that feels scientifically validated and doctor-approved [8].

However, their motivation is not just about improved physical health; for many, the desire to lose weight intertwines with deeply rooted emotional and social factors, such as self-esteem, societal acceptance, and even personal worth. Users are often juggling the hope of achieving transformative results with underlying fears about side effects or dependency [9]. The families of those who use these weight loss drugs often experience a range of emotions when their loved ones decide to start on such medications. On the one hand, they may be supportive, hoping that this medical path offers an answer to long-standing weight-related health issues. On the other hand, concerns about the physical, psychological, and financial toll of being on prescription weight loss drugs may quietly linger. They fear possible negative outcomes, or even worse, that their loved ones may suffer from disillusionment if the drug does not deliver the anticipated results [10].

Putting a Human Face on the Experience—The “Fly on the Wall Simulation”

Historically, medical professionals maintained a profound and personal connection with their patients, frequently understanding not only their medical history but also their emotional, social, and familial backgrounds. The family doctor embodied a role that extended beyond merely prescribing medications; they fostered conversations that cultivated a deep understanding of the patient's psyche. Nonetheless, the healthcare landscape has evolved over time, increasingly emphasizing objective measures and quantifiable outcomes. This shift is influenced by the emergence of contemporary healthcare bureaucracy, insurance frameworks, and the need for efficiency—compelling doctors to allocate less time to each patient [11]. Furthermore, medical training has progressively emphasized scientific data, laboratory tests, and clinical procedures over comprehensive patient engagement.

Consequently, numerous doctors today may be proficient in grasping metabolic rates, blood work, and pharmacology, yet overlook the emotional complexities surrounding their patients' challenges, especially for those facing chronic conditions such

as obesity [12]. Emotional turmoil frequently becomes a mere checklist item in short consultations, eclipsed by the urgency to fulfill quotas or adhere to billing codes. The emergence of prescription-based (Rx) medications for weight loss illustrates this transition, where the approach shifts to a pharmaceutical solution rather than one rooted in genuine empathetic care. The process leaves the patient feeling like just a name on a list, instead of being truly seen and understood. Reviving the idea of truly understanding the patient, instead of merely addressing symptoms, would necessitate that healthcare professionals reestablish a connection with the personal experiences and emotional struggles of those they aim to assist [13].

In contemporary society, an increasing gap between physicians and patients has emerged, leading to a diminished comprehension of the patient's emotional experience. Adopting a “fly on the wall” perspective could transform how doctors perceive and engage with their patients. Envision situations where, rather than being confined to clinical offices, physicians have the opportunity to observe their patients in everyday settings: at home, in the workplace, or during social gatherings. This viewpoint would offer exceptional understanding of the significant pressures and intricate emotions that a patient confronting weight loss, or any chronic condition, may experience. For instance, observing a patient as they manage social interactions in environments rich with food or witnessing the impact of work-related stress on their emotional eating patterns could provide physicians insights that are not obtainable through blood tests or lab results [14-16].

By employing simulated immersive technologies, such as AI-driven vignettes, healthcare professionals could “be there” with the patient without physically intruding on a person's life—a form of modern empathy. AI may be able to replicate individualized experiences through virtual role-playing, allowing a physician to experience life as their patient does, offering a new layer of empathy and understanding to medical care [17]. AI-driven medical insights can restore the metaphorical “family doctor” relationship, now enhanced by advanced technology that provides deeper psychosocial understanding. AI can use data to model not just patient health in terms of test results but also design vignettes that show how daily life interacts with the psyche of a patient [18]. By simulating situations that might trigger overeating or create feelings of inadequacy leading to weight gain, AI could allow practitioners to experience health not just as something measurable but as something lived through emotions and behaviors [19].

Bridging this gap could do more than simply improve patient relations—it could lead to more targeted treatment plans, where the emotional and psychological conditions are treated alongside physical ailments. In the case of obesity and Rx weight loss medications, understanding the emotional drivers could lead to better compliance, reduced side effects, and, in turn, more effective treatment. Doctors could observe, for instance, how the stress of daily life leads to emotional overeating and incorporate strategies for emotional well-being into the prescription of pharmacological solutions. The restoration of empathy in medicine thus doesn't rely on going back to old methods but instead embracing new, technologically enhanced ways to deepen the patient-doctor relationship [20-22].

Table 1 shows the “fly on the wall” approach to give readers, especially medical professionals, a sense of how AI can bring some of the experience to life.

Table 1. “Fly on the wall” simulation of a discussion among interested parties regarding Rx weight loss drugs**Observing the Discussion: A Meeting on Weight-Loss Medications**

1. At 5:30 p.m., the meeting room buzzes with a subtle tension as all the stakeholders enter. The spacious round table is adorned with paper-work, brochures, and pharmaceutical samples, all prepared for a discussion on the contentious topic of prescribing Rx weight-loss drugs. In the room, there is a mix of excitement, skepticism, and frustration among the attendees. As the door clicks shut, the atmosphere shifts dramatically, with both overt and covert intentions flooding into the space.
2. “Alright, let us get started,” the doctor states with confidence. She takes the lead, yet a subtle furrow appears on her brow. Her words are articulated clearly, yet her body language betrays a sense of hesitation. She is acutely conscious of the ethical dilemma before her—should she distribute scripts for these weight-loss drugs without hesitation, given the numerous potential side effects? Or does she advise caution, aware that refusing could drive more desperate patients towards dangerous online alternatives?
3. The pharmaceutical sales representative to her right is the first to speak up. Attired impeccably, he leans in with the poised intensity of a feline poised to strike. “These medications have been proven to be safe, thoroughly tested, and effective. We can significantly enhance the quality of life!” His words flow with a rhythmic cadence,
4. both practiced and urgent. His eagerness to promote the medication is clear. Not just for the sake of patients, but because high sales numbers mean expanding markets—and fat bonuses. Still, there’s an undercurrent to his enthusiasm: he knows his pitch has to break through a room filled with ethical and moral resistance.
5. “However, what about off-label use?” the government regulator interjects. Her voice cuts through, sharp and authoritative. She leans back, arms crossed, showing her skepticism. It’s not just about safety trials for the approved use of the medication—it’s about the inevitable off-label exploitation that doctors or patients could pursue. “We’ve seen this happen before. The public health consequences when drugs get marketed widely, off-label, are dire.” Her eyes flicker, perhaps even thinking of the opioid crisis that once started with good intentions but spiraled into a disaster.
6. The patient fidgets in her seat, clearly uncomfortable. She’s lost in the middle of this labyrinth of red tape, regulations, and commercial interests. “I’ve tried dieting, I’ve
7. tried all the gyms—nothing works! These drugs might be my last resort,” she says, her voice cracking with vulnerability. Her emotional plea is earnest but also tinged with desperation—a feeling that weight-loss drugs represent, for her, a way out of years of societal pressure and personal battles with body image.
8. Her family—her mother and sister—sit beside her. They exchange nervous glances. “But what if these pills hurt you? What will happen if you... rely on them too much?” The sister’s question hovers like smoke in the air. She’s trying to balance empathy for her suffering sibling while also worrying deeply about potential health risks down the line. For the family, it’s not just about their loved one looking or feeling better. It’s about protecting her from harm, even if she doesn’t see it yet.
9. Meanwhile, the psychotherapist takes in a deep, measured breath. He’s been silent thus far, watching the interplay of emotions around the room. “Has anyone here considered the psychological aspect of these medications? Relying on a quick fix might address
10. the physical, but what about the mental toll it could take?” He asks this, knowing weight management has deep psychological roots. Is the patient tying her self-worth to her weight? How will she cope if the drugs don’t work—or worse—if they cause long-term issues?
11. The doctor leans forward now, reopening the floor: “We really have to be wary of long-term side effects.” Her voice is firmer this time. She sweeps her gaze between the sales rep and the regulator. “Some of these Rx-weight-loss drugs have been in the market for only a few years. We don’t know what else could show up, five, maybe even ten years down the line. I don’t want my patients calling me in a decade suffering from something we couldn’t predict today.” Her concern is legitimate, rooted in the ethics of her profession, but she knows some of her patients won’t wait for long-term studies before jumping in.
12. Across the table, the sales rep’s frustration is becoming palpable, even though he smiles through it. Shedding clients and slowing momentum for the company is not a preferable option in his mind. “There’s a lot of demand right now,” he argues. “We’re in the business of improving lives. These women and men need options; they need results quickly. The demand is unprecedented.” Underneath his words, it’s clear that financial incentives are playing a large role in shaping his stance. Increased patient
13. interest means higher market penetration for his drug, and he’s here to ensure the patients in this room hear every benefit without becoming entangled in parsimonious discussions on ethics.
14. As the patient’s eyes dart around nervously, her family presses their concerns further, “Long-term, what happens if you start gaining the weight back? You know, like so many others we’ve heard about.” The sister adds. Her thoughts drift to friends who had tried crash diets, quick fixes, and gimmick medications before, only to end up in worse shape mentally and physically. While they hate seeing their loved one suffer, they don’t want her trading one burden for another. They sense a hollow promise around the table, though they can’t yet put their finger on it.
15. The government regulator, finally feeling some momentum building, jumps in again. “Speaking of long-term consequences,” she says, “let’s not forget the fallout we’ve seen with other drugs: opioids. Sure, no one thought those were life-threatening right away either, but look at where we are now. We need to tread lightly.” Her words hang in the air, pressing into the realities that haunt the room. The colossal wave of opioid addiction that started similarly with pharma-backed assurances of safety looms as a quiet specter in everyone’s thoughts.
16. The psychotherapist senses the rising tension and adds a final layer: “What I want to stress, more than anything, is that weight is often a symptom of deeper, more complex issues. The quick-fix approach can leave patients returning to old habits or developing new ones rooted in anxiety or addiction.” He looks directly at the patient now, his neutrality a thin veil over the growing concern he feels for her emotional fragility. He knows that without digging into the root cause of her struggles, the weight won’t be the only issue that remains down the line. Quick fixes may help drop pounds, but not necessarily heal minds.
17. As the meeting wraps up, there’s a palpable unease in the room. People shuffle their papers but avoid each other’s gazes. It’s clear: each stakeholder has walked in with different interests. There hasn’t been full agreement, just the sense of a temporary ceasefire. The doctor promises to “consider” prescribing the medication for the patient, who, by all accounts, still seems determined to use it. The sales rep hur-

ries out with hollow smiles. The regulator leaves, cautious as ever. The family, psychotherapist, and patient trickle out last—professing both hope and worry.

Analysis as Suggested by AI

1. The conversation underlined the complexities of medical treatment when various stakeholders are involved. Each participant acted from different motivations. The doctor faced an ethical tightrope, balancing patient autonomy against her medical responsibility to do no harm. To her, the biggest concern was long-term side effects, a worry compounded by the regulator's consistent reminders of public health disasters like the opioid crisis.
2. The sales rep's eagerness was driven by financial incentives, even as he framed it as "improving lives." His covert message emphasized revenue growth rather than genuine patient well-being, revealing how corporate motives can overshadow ethical considerations.
3. The psychotherapist's interjections formed a subtle, compassionate voice of reason. He questioned the psychological toll, addressing how quick fixes might only exchange one set of mental health challenges for another. His underlying motive reflected care for the patient's entire well-being—body and mind.
4. The patient's emotional vulnerability was clear as day. Her desperation to lose weight clouded some of the concerns raised, but her family played an important role, advocating for caution despite her evident pain. The dynamic encapsulated how family input can either reinforce or counteract a patient's pursuit of risky solutions.
5. Ultimately, the dilemma remained unresolved. Financial incentives, corporate interest, emotional desperation, and government caution all clashed in a room, where the short-term goal of losing weight butted heads with concerns about long-term well-being.

Simulation 2 — The Human Face Shown by Three Mind-Sets of Prospective Users as Seen Through the "Fly on the Wall" Simulation

Mind Genomics is an emerging science that looks for basic mind-sets in the population in topics of everyday life, doing so by a systematic experiment involving the responses to vignettes, which are combinations of messages about a topic. The medical literature contains a number of papers showing the approach, listing the mind-sets, and explicating the rigorous statistics used to create these mind-sets (experimental design, ordinary least square "dummy variable" regression modeling, k-means clustering) [23-28].

The Mind Genomics output is easy to understand and easy to use. This approach helps doctors understand the reasons behind a patient's commitment to a specific diet or skepticism towards any intervention. However, this analytical framework lacks the human element that AI-powered simulations can offer. By placing scientific models within an emotionally relatable

context, such as a "fly on the wall" vignette, doctors can better understand how different mindsets might be perceived by patients [29].

Table 2 continues this "fly on the wall" approach, assuming that Mind Genomics has identified three different mind-sets for the particular issue of taking Rx-based weight loss medicines. These are: Desperate Seeker, Cautious Skeptic, Pragmatic Strategist. These three were synthesized by AI when it was asked to generate mind-sets about individuals seeking to lose weight by taking the aforementioned Rx-based weight loss medicine. Table 2 provides an immersive experience, allowing medical professionals to observe various mindsets and make decisions influenced by their contexts. This shifts the approach to treatment prescriptions and the nature of discussions in medical settings. By merging the thoroughness of Mind Genomics with the promptness of AI-driven simulations, database-driven medicine can reconnect with its human roots, providing effective treatments and empathetic ones tailored to each unique life journey [30-32].

Table 2: Three mind-sets for taking Rx weight-loss drugs, as synthesized by AI and put into the "fly on the wall" simulation.

First Impressions: The meeting begins in a sleek, modern doctor's office. Three patients, all approaching the same topic—prescribed weight-loss drugs—but from very different perspectives. Emily (The Desperate Seeker) begins, shifting nervously in her chair, her hands clenched. "I've tried everything. Everything. This has to be my last chance." Across from her, thumbing through an expensive handbag, is Sarah (The Pragmatic Strategist). "I just want something that works efficiently. I don't have time for things that don't produce results," she states flatly. Michael (The Cautious Skeptic) leans back in his chair, arms crossed, listening more than speaking. "I've seen what happened with opioids," he mutters under his breath.

Emotions vs. Strategy: Emily (Desperate Seeker) can barely hold back the emotion in her voice as she speaks about years of failed diets, exercise regimes, and the toll it's taken on her self-esteem. "I need this," she says, wiping a tear. Sarah (Pragmatic Strategist), in contrast, is all business. She's done her homework. "It's about increasing my productivity. If this helps me feel better and work better, I'm in." Michael (Cautious Skeptic), however, is doubtful. "Is there data on this? Look, I want to lose weight, but I'm not putting something in my body unless I know it's not going to ruin me long-term."

Ethical Dilemmas for the Doctor: The doctor sits quietly as the conversation begins; air of responsibility heavy upon him. For Emily (Desperate Seeker), the pressure is intense. "There's an ethical dilemma here," the doctor explains, "prescribing these drugs can help, but it's not a miracle cure." Emily looks disheartened. "But I can't do this on my own." Sarah (Pragmatic Strategist) cuts in. "It's a tool, like anything else. We just need to weigh the pros and cons rationally." Michael (Cautious Skeptic) glances at the doctor. "Yeah, but what if we're looking at, like, future lawsuits and scandals, like with Oxycontin?" The doctor nods knowingly but remains cautious in his responses, mindful of these ethical tensions.

Sales Rep's Influence: The tension in the room grows palpable as the pharmaceutical sales rep enters, her high heels clicking on the tile floor. "This new drug has revolutionized weight loss in the last six months," she beams, passing out pamphlets. Emily's (Desperate Seeker) eyes widen—you can see her hope rising. Sarah (Pragmatic Strategist) flips through the pamphlet casually, always looking for efficiency. "Sounds promising." The rep turns to Michael (Cautious Skeptic), sensing his hesitation. "The data is solid. Approved by the FDA!" Michael stays unimpressed. "Yeah, but so were opioids..." His suspicion is clear.

The Role of Government Regulators: The conversation intensifies as government concerns surface. “Look, a big issue here is off-label use,” says the doctor, eyebrows furrowed. Emily (Desperate Seeker), panics. “Wait, you mean this might not even be approved for weight loss?” Sarah (Pragmatic Strategist) shares no such worry. “Off-label happens all the time. Everything gets regulated eventually. I’m not too bothered.” Michael (Cautious Skeptic) leans forward, skeptical. “Once off-label becomes a trend, what’s stopping it from turning into another national health crisis?”

Emotional States and Desperation: The doctor eyes Emily (Desperate Seeker), noticing just how fragile her emotional state is. “Patients often feel drawn to these drugs when they’ve exhausted all their emotional and physical resources,” he explains. Emily nods, swallowing her tears. “I just want to feel better about myself.” Sarah (Pragmatic Strategist), calm and calculating, doesn’t have the same recent history of stress. “I’m rational about this. Emotion won’t guide my decision.” Michael (Cautious Skeptic) considers his own fluctuating weight. “I think addressing emotions before the drugs might be healthier.”

Family Influence: The doctor then asks about each individual’s family perspectives. Emily (Desperate Seeker) admits, “My family supports anything I do to feel healthier, but they’re also scared for me.” Sarah (Pragmatic Strategist) shrugs, “My husband trusts I’ll make the best decision. We’re both very results-driven people.” Michael (Cautious Skeptic), frowns. “My wife’s concerned—and honestly, I think she’s right to be. There’s just too much uncertainty.”

Psychotherapist’s Role: A psychotherapist has also been brought in, and she encourages each patient to connect with the deeper reasons behind their weight struggles. “Emily (Desperate Seeker), you seem to tie your self-worth deeply into your physical appearance. Maybe we need to explore that more before relying solely on a drug?” Emily nods; her vulnerability is obvious. Sarah (Pragmatic Strategist) rolls her eyes. “Everything’s a deeper issue with you people. This is just a tool, nothing more.” Michael (Cautious Skeptic) says grimly, “No offense, but I think some of this is relevant. If you’re trying to lose weight for the wrong reasons, no drug’s going to fix that.”

Concerns About Long-Term Side Effects: The doctor’s expression turns serious as he discusses potential long-term side effects. Emily (Desperate Seeker) audibly gulps. “But...what if I only use it short-term?” she asks. The doctor shrugs. “We just don’t know enough yet.” Sarah (Pragmatic Strategist) waves it off, “I’ll monitor any small side effects. There’s nothing without risk.” As expected, Michael (Cautious Skeptic) is the most alarmed by this. “This is exactly what worries me—sure it might work now, but what about five, ten years from now?”

Impacts of Public Health Scandals: Suddenly Michael (Cautious Skeptic) decides to voice the thought that’s been nagging him throughout. “How do we even know we’re not headed towards another opioid-type scandal here?” The room falls silent. Emily (Desperate Seeker) grows pale, her hope visibly crumbling. “Surely it can’t be as bad as that,” she whispers. Sarah (Pragmatic Strategist), however, remains unfazed. “I trust the system. Plus, I’m prepared to pivot if it turns sour.” Michael shakes his head—he’s not so sure.

Pharmaceutical Company Motivations. As this discussion unfolds, the shadow of pharmaceutical motivations darkens the room. “These companies don’t care about us—they care about profit margins,” Michael (Cautious Skeptic) says quietly. The rep shoots him a sharp look but says nothing. Emily (Desperate Seeker) fidgets uncomfortably. “I want to believe they’re here to help people like me, not just make money.” Sarah (Pragmatic Strategist) is pragmatic as ever: “Of course they profit. It’s capitalism. But if it benefits me, do I really care?”

Is This a Sustainable Solution? The psychotherapist revisits the big-picture question. “Are quick-fix solutions like this genuinely sustainable for weight loss?” she asks. Emily (Desperate Seeker) clings to the idea. “I don’t care. I just need something now.” Sarah (Pragmatic Strategist) leans back confidently, “I’ll take what works for as long as I need it. Then, reassess.” Michael (Cautious Skeptic), unsurprisingly, sighs. “Sustainable? I don’t think any of this is sustainable.”

Financial Incentives in Decision-Making: Then, as if on cue, the issue of financial incentives comes up. “Doctors, sales reps, even government agencies—everyone has financial positions in this,” Michael (Cautious Skeptic) says pointedly. The rep frowns but masks her reactions. Sarah (Pragmatic Strategist) is more pragmatic. “I don’t really care how they make their money. I’m interested in if my money is being well-spent.” Emily (Desperate Seeker) looks torn. “But can I trust any recommendation if money’s involved?”

The “Last Resort” Mentality: Emily (Desperate Seeker) wipes her eyes. “It’s my last chance. I don’t know what else to do.” The room feels this shift. Sarah (Pragmatic Strategist) sits straighter. “It’s not my last resort,” she says confidently. “It’s just one of many strategies.” Michael (Cautious Skeptic) remains uncertain. “I’m not there yet. I need real data before throwing in the towel on anything else.”

Simulation 3 — The Three Mind-Sets Deal with Patient-Centered Issues

The final simulation is done by instructing AI to create a series of relevant questions for the topic, and in turn, instructing AI to simulate the response of the three mind-sets explicated in Table 2. We move away from the “fly on the wall” because Simulation 3 deals with the response of a single mind-set, rather than with a social situation.

When reading the simulations in Table 3 one should notice the “richness” of the explanation, versus what might be noticed were Table 3 simply to present factual information as answers to these questions. Table 4 shows the same type of information—presented, however, in the dry factual format to which most medical professionals are accustomed.

Discussion and Conclusions

The discussion on weight loss Rx products often revolves around scientific or clinical perspectives but incorporating a human element into clinical data can enhance understanding of the patient’s journey. By giving a human identity to patients, stories can be used to connect with the real impacts

of their work beyond mere statistics. Stories engage audiences, providing insights that data alone cannot convey, and can help tailor interventions, follow-up care, and educational resources to better meet human needs.

However, it is crucial to consider the balance between emotional appeal and scientific rigor. Narratives can show bias in certain situations, and focusing on positive outcomes may unintentionally ignore significant challenges faced by patients. Despite potential bias, stories are important in early materials or public outreach, helping patients understand the benefits and drawbacks of Rx products. Sharing lived experiences in research can empower individuals and increase engagement, and focusing on the patient’s perspective can help pharmaceutical companies and healthcare professionals improve drug adherence programs, consultation protocols, and post-treatment care.

Humanizing the journey significantly boosts empathy among healthcare professionals, revealing emotional, mental, and social complexities that must be addressed together. In conclusion, incorporating a human element into clinical data is vital for tailoring weight loss Rx products to better understand patient experiences.

Table 3: AI simulation in the form of narration regarding how the three mind-sets deal with patient-centered issues.

A variety of problems face the three mind-sets who are each trying to lose weight through prescription (Rx) drugs. The three mind-sets are:

1. **Desperate Seeker (Emily)**
2. **Cautious Skeptic (Michael)**
3. **Pragmatic Strategist (Sarah)**

Develop 10 relevant issues regarding health, medicine, weight loss, side-effects, and give us a paragraph for each. In that paragraph, explain what our three mind-sets are experiencing, what are they thinking, what concerns them, what do they do, and then summarize

1. Effectiveness of Prescription Drugs

Desperate Seeker (Emily): Emily eagerly waits for the drug to show results. She's consumed by the idea of immediate change and is obsessively checking her weight every day. If she doesn't see the scale drop quickly, she panics, worrying that the drug is ineffective.

Cautious Skeptic (Michael): Michael researched the drug thoroughly before agreeing to take it. He remains unconvinced about its effectiveness and expects very little. He half believes he's being sold snake oil and observes his progress with a clinical eye, quietly doubting any changes.

Pragmatic Strategist (Sarah): Sarah is methodical in tracking her weight loss. She understands that the drug is only one aspect of the equation and complements it with diet adjustments and exercise. She's focused on long-term outcomes rather than short-term drops on the scale.

Summary: Each reacts differently to the drug's effectiveness. Emily needs fast results, Michael doubts the drug's potency, while Sarah relies on her comprehensive approach to see results over time.

2. Side Effects

Desperate Seeker (Emily): Emily is experiencing nausea and headaches but ignores them. She's willing to accept any side effect if it means weight loss. She justifies it as the price she has to pay for drastic results.

Cautious Skeptic (Michael): Michael is hyper-aware of each side effect. Any minor discomfort leads to immediate consultation with his doctor because he's afraid that the drug may be doing more harm than good. He weighs the risks and is internally debating whether it's worth continuing.

Pragmatic Strategist (Sarah): Sarah understands that side effects are inevitable but not always permanent. She meticulously tracks them and schedules periodic check-ins with her doctor. She's prepared to switch medications if severe, but she remains optimistic that the benefits will outweigh the downsides.

Summary: Emily dismisses side effects, Michael is overly cautious about them, while Sarah takes a balanced approach, proactively managing them.

3. Cost of Medication

Desperate Seeker (Emily): Emily is financially strained but doesn't care. She's willing to put herself into debt to afford the medication because for her, there's no price too high for the possibility of rapid weight loss.

Cautious Skeptic (Michael): Michael sees the price as just another reason not to trust the medicine. He's frustrated that medical solutions are often so expensive, which makes him think the pharmaceutical industry benefits more than the patients.

Pragmatic Strategist (Sarah): Sarah budgets effectively. She's willing to spend the money but evaluates the costs carefully. She compares this expenditure to other long-term investments in her health, like gym memberships and high-quality food.

Summary: Emily prioritizes results over finances, Michael's trust in the system erodes because of the cost, while Sarah incorporates it as part of her overall healthy lifestyle plan.

4. Doctor-Patient Relationship

Desperate Seeker (Emily): Emily expects her doctor to solve all her problems. She doesn't ask many questions and fully trusts the prescription, even when symptoms arise. She relies heavily on her doctor to be the miracle worker.

Cautious Skeptic (Michael): Michael is constantly questioning his doctor's judgment. He seeks second opinions and regularly doubts whether the doctor is giving him unbiased advice due to pharmaceutical pressure.

Pragmatic Strategist (Sarah): Sarah sees her doctor as a partner in her health journey. She asks informed questions and expects clear communication but doesn't place all responsibility for her success on the doctor.

Summary: Emily blindly trusts doctors, Michael distrusts them, while Sarah treats her doctor as a collaborator.

5. Lifestyle Modifications in Addition to Prescription Drugs

Desperate Seeker (Emily): Emily is banking on the medication alone to solve her problems—diet and exercise are afterthoughts. She's hoping for a "magic bullet."

Cautious Skeptic (Michael): Michael thinks the drug is probably not enough, but doesn't make additional efforts because, in his mind, if the drug worked, it would work in isolation.

Pragmatic Strategist (Sarah): Sarah incorporates diet and exercise into her routine to maximize the drug's effectiveness. She sees weight loss as a holistic process that cannot rely on medication alone.

Summary: Emily avoids lifestyle changes, Michael is passive, while Sarah actively tries to blend medicine and lifestyle improvements.

6. Fear of Long-Term Dependency

Desperate Seeker (Emily): Emily doesn't think about long-term consequences. All that matters is losing weight now, and she'll deal with any dependency issues later.

Cautious Skeptic (Michael): Michael fears the idea of being stuck on these drugs forever. He sees this as one of the main reasons to avoid them in the first place. He worries about withdrawal effects and dependency.

Pragmatic Strategist (Sarah): Sarah has a long-term plan to wean off the drug once she achieves her goals. She works with her doctor to ensure she's not becoming dependent and focuses on developing habits that will help her maintain weight loss naturally.

Summary: Emily doesn't consider dependency, Michael fears it, and Sarah plans to avoid it through careful weaning.

7. Emotional Rollercoaster During the Process

Desperate Seeker (Emily): Emily feels emotionally tied to every success and failure. If she gains even a pound, she plunges into despair, while losing weight skyrockets her mood.

Cautious Skeptic (Michael): Michael tries to remain emotionally detached, but he finds himself becoming frustrated with the lack of faster progress. His skepticism doesn't shield him from feeling disheartened.

Pragmatic Strategist (Sarah): Sarah expects ups and downs, both in weight and mood. She doesn't let every fluctuation affect her emotional state, maintaining a steady focus on long-term success.

Summary: Emily lives an emotional rollercoaster, Michael suppresses his feelings but struggles, and Sarah stays emotionally balanced throughout.

8. Social Stigma and Judgment

Desperate Seeker (Emily): Emily hides her use of prescription drugs from friends and family, fearing judgment. She worries they may think less of her and view her weight loss as "cheating."

Cautious Skeptic (Michael): Michael anticipates unsolicited opinions from people about prescription drugs. He avoids telling others because he doesn't want anyone making judgments about the methods he's using to lose weight.

Pragmatic Strategist (Sarah): Sarah is transparent about her journey and discusses her decision openly. She believes destigmatizing weight-loss medication is important and sees her story as a way to empower others.

Summary: Emily is secretive, Michael avoids judgment by withholding information, and Sarah embraces transparency.

9. Weight Loss Plateaus

Desperate Seeker (Emily): When Emily hits a plateau, she immediately panics and considers quitting the drug, feeling that it betrayed her. She's in constant fear that the weight will come back.

Cautious Skeptic (Michael): Michael sees a weight plateau as further evidence that prescription drugs don't work. He begrudgingly continues but uses the stagnation as a mental note to find alternative treatments.

Pragmatic Strategist (Sarah): Sarah expects periods of little or no weight loss and collects data to identify what needs tweaking. She patiently adjusts her routine to see if she can jumpstart progress again.

Summary: Emily panics during plateaus, Michael grows more skeptical, and Sarah adjusts her plan.

10. Results vs Expectations

Desperate Seeker (Emily): Emily's expectations are sky-high, and even if she sees some success, she's often disappointed when the results aren't dramatic. Her unrealistic hopes often lead to feelings of discouragement.

Cautious Skeptic (Michael): Michael had low expectations from the start, and when results aren't impressive, he feels validated in his skepticism. However, he's also unsure whether he can trust any "improvement" he sees.

Pragmatic Strategist (Sarah): Sarah adjusts her expectations to align with realistic outcomes. She is happy with incremental progress, knowing that small steps lead to larger gains in the long run.

Table 4: AI simulation in the form of narration regarding how the three mind-sets deal with patient-centered issues.

A variety of problems face the three mind-sets who are each trying to lose weight through prescription (Rx) drugs. The three mind-sets are:

1. Desperate Seeker
2. Cautious Skeptic
3. Pragmatic Strategist

Here are 10 relevant issues:

1. Effectiveness of prescription drugs
2. Side effects
3. Cost of medication
4. Doctor-Patient relationship
5. Lifestyle modifications in addition to prescription drugs
6. Fear of long-term dependency
7. Emotional rollercoaster during the process
8. Social stigma and judgment
9. Weight loss plateaus
10. Results versus expectations

For each topic above, give a paragraph of four sentences:

1. The first sentence repeats the topic.
2. The second sentence tells me, in clinical terms, the reaction of the Desperate Seeker.

3. **The third sentence tells me, in clinical terms, the reaction of the Cautious Skeptic.**
4. **The fourth sentence tells me, in clinical terms, the reaction of the Pragmatic Strategist.**

1. **Effectiveness of Prescription Drugs:** The effectiveness of prescription drugs is often a key consideration for those seeking weight loss. The Desperate Seeker tends to place high emotional hope on the medication being a “miracle cure,” often overlooking the need for further research or multiple attempts. The Cautious Skeptic, however, critically questions whether the drug will work based on scientific evidence and tends to be suspicious of any promise that sounds too good to be true. The Pragmatic Strategist views effectiveness from a practical standpoint, analyzing the data on outcomes and acknowledging that while the drug may help, it must be part of a broader, flexible approach to weight loss.
2. **Side Effects:** Side effects of prescription medication are a major concern. The Desperate Seeker may downplay or ignore potential side effects if they believe the drug can help them achieve fast results, often prioritizing short-term success over long-term health. The Cautious Skeptic is often fixated on the side effects, weighing them carefully against potential benefits and may resist trying the drug altogether if risks are high. The Pragmatic Strategist logically assesses the side effects, weighing them against the benefits in a balanced way, while also planning contingencies like switching medications or adjusting dosage as needed.
3. **Cost of Medication:** Cost plays an important role in accessibility to prescription weight loss drugs. The Desperate Seeker may be willing to pay any price necessary for what they perceive as a quick solution, even if it leads to potential financial strain. The Cautious Skeptic is likely to view high drug costs as a significant deterrent, especially when there is a lack of clear guarantees for success. The Pragmatic Strategist evaluates the cost-to-benefit ratio, measuring how the potential results stack up against the expense, and looks for ways to manage costs through insurance or generic alternatives.
4. **Doctor-Patient Relationship:** The doctor-patient relationship can either foster trust or cause friction when it comes to weight loss treatments. The Desperate Seeker wants the doctor to be a figure who validates their choice of drug therapy and may go “doctor shopping” to find someone who prescribes the medication they want. The Cautious Skeptic values detailed, evidence-driven communication from the doctor and may ask for many second opinions before forming trust. The Pragmatic Strategist views the doctor as a coach or resource, seeking collaborative decision-making and evaluating the physician’s advice in light of multiple perspectives.
5. **Lifestyle Modifications in Addition to Prescription Drugs:** Lifestyle modifications like diet and exercise are usually prescribed alongside weight-loss drugs. The Desperate Seeker may struggle to adopt these changes, hoping the drug alone will do the work. The Cautious Skeptic may question whether such modifications are even necessary or scientifically proven when coupled with the medication, leading to hesitation in fully committing. The Pragmatic Strategist acknowledges that lifestyle changes are critical adjuncts and incorporates new habits pragmatically to complement the drug’s effects.
6. **Fear of Long-Term Dependency:** Fear of long-term dependency on prescription drugs can impact a person’s willingness to start or continue treatment. The Desperate Seeker tends to minimize or ignore concerns about dependency because they are hyper-focused on immediate outcomes. The Cautious Skeptic often fixates on the potential for addiction, and this fear may prevent them from trying the drugs at all. The Pragmatic Strategist is aware of the risk, but carefully monitors drug use and stays open to tapering or transitioning to non-pharmaceutical options over time if necessary.
7. **Emotional Roller-Coaster During the Process:** The emotional highs and lows during weight loss attempts can be intense. The Desperate Seeker tends to experience extreme emotional fluctuations, from euphoria when seeing results to despair during challenges, creating a volatile experience. The Cautious Skeptic is more likely to manage emotions by maintaining a logical distance, although hesitation and reluctance may prevent them from fully engaging emotionally in the process. The Pragmatic Strategist manages emotions by setting realistic expectations and preparing themselves for both victories and setbacks, using these moments as data points rather than emotional absolutes.
8. **Social Stigma and Judgment:** Weight loss drug users often face societal stigma relating to their use of medication for weight control. The Desperate Seeker may feel intense pressure or shame about their reliance on medication, trying to conceal usage from others in the hope of avoiding judgment. The Cautious Skeptic is more focused on avoiding any action that may attract criticism, choosing to distance themselves from medications for fear of societal judgment. The Pragmatic Strategist confronts social stigma head-on, often discussing drug use openly as one rational part of their broader health strategy, and not allowing external opinions to dictate personal decisions.
9. **Weight Loss Plateaus: Hitting weight loss plateaus can be demoralizing.** The Desperate Seeker may react with significant distress, often interpreting plateaus as personal failures or signs of inadequacy, leading to drastic, hasty changes. The Cautious Skeptic may see plateaus as confirmation of their initial doubts about the drug’s effectiveness and consider discontinuing it altogether. The Pragmatic Strategist anticipates plateaus as part of the process, using them as a time to reassess and tweak approaches (diet, exercise, dosage) to re-stimulate progress.
10. **Results vs. Expectations:** Results from prescription drug treatment may or may not align with expectations. The Desperate Seeker often has overly high expectations and is prone to disappointment when results are slower or less dramatic than anticipated. The Cautious Skeptic may set expectations low, conceiving more reasons to validate their doubts if the results are minimal, even if incremental progress is considered medically successful. The Pragmatic Strategist sets realistic, data-based expectations and is prepared to adjust plans if the results differ, aiming for long-term, sustainable health improvements.

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