

## **The Neverending Cycle of Prescription**

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## The Neverending Cycle of Prescription

A patient sits across from a clinician.

The clinician glances at a screen and says, “Your results are in. High.”

A pause.

“I’ve written a prescription. Pick it up at the pharmacy.”

In many cases, that is the whole encounter. No inquiry into the patient’s life. No curiosity about what high might mean in the ecology of their days. No exploration of stress, sleep, food, fear, family, work, or the quiet burdens that shape a body’s chemistry. No invitation to reflect on causes, patterns, or possibilities.

Only a number, a label, and a prescription.

It is medicine reduced to a monologue. But health is not a monologue. It is a conversation, between biology and biography, between science and culture, between experience and lifestyle, between the body and the world that presses upon it.

When a clinician speaks only in results and prescriptions, they treat the patient as a malfunctioning mechanism rather than a meaning-making being. They offer answers without asking questions. They intervene without understanding. They treat the lab value but not the life that produced it.

To practice medicine without this curiosity is to treat symptoms while ignoring the soil.

A clinician sits in a room with a patient, but the room is not really theirs. It is shaped by timers, checklists, billing codes, and the quiet hum of a system that measures efficiency more easily than understanding.

Ten minutes.

Equity removed in favor of equality.

Ten minutes to review a chart, interpret numbers, reconcile medications, screen for depression, remind the patient about a colonoscopy, a mammogram, a vaccine, a foot exam, a retinal exam, a lab test for another condition entirely.

Ten minutes to document it all in a way that satisfies the invisible auditors who will never meet the patient but will judge the visit nonetheless.

In such a space, curiosity becomes an extravagance. Wonder becomes a risk.

Listening becomes an indulgence the system does not reimburse. So, the clinician does what the system rewards: checks boxes, updates lists, orders tests, renews prescriptions. Not because they lack compassion, but because compassion has been crowded out by throughput.

The deficiency is not in clinicians failing to ask, “What in your life might be speaking through this number?” The deficiency is in the structure of care leaving them almost no time to ask it.

Patients are left feeling unseen.

Clinicians are left feeling complicit.

Both are caught in a machinery that treats health as a sequence of tasks rather than a relationship. The philosophical insult here is systemic: a healthcare model that confuses completeness with care, and productivity with healing.

To restore humanity to the encounter, the system itself must remember that a person is not a checklist, and a clinician is not a conveyor belt operator. Both are meaning-making beings trapped in a process that has forgotten its purpose.

The patient arrives at the pharmacy carrying not just a prescription, but a quiet hope. Maybe here someone will explain what this medicine actually does. Maybe here someone will help me understand what my body is trying to say, or if this medicine is my best option. Maybe here someone will see me.

But the pharmacists, too, are bound to the same machinery. They have one minute, sixty seconds, to fulfill their role in the production line. Not sixty seconds to teach, or to explore, or to understand.

Sixty seconds to comply.

So the pharmacist recites the script: Take this much. Take it this often. Take it with or without food. These are the common side effects. And the deeper questions, the ones that could change a life, remain unasked: What does this medication do inside the body? What might it heal, and what might it disrupt? What habits might make it unnecessary someday? What patterns in a lifestyle are whispering beneath this prescription?

The patient leaves with a bottle, but without understanding. The pharmacist stays with a conscience, but without time. Both are caught in a system that treats knowledge as a

luxury and speed as a virtue. It is not that pharmacists fail to or cannot teach. It is that the structure of care gives them no room to be teachers.

The patient wanted a conversation.

The system delivered a transaction.

The patient goes home with the bottle in his hand and a kind of resignation in his posture. He does not wonder how the medication works. He does not ask what changes in his life might help his condition. He does not explore the meaning of the number that started this whole chain of events.

Why would he?

Every signal he has received, from the ten-minute visit, to the one-minute counseling, to the conveyor belt of reminders and prescriptions, has taught him that health is something done to him, not something done with him. That understanding is the clinician's job.

That curiosity belongs to someone else.

His role is simply to comply.

So he swallows the pill without swallowing the responsibility. He trusts the system not because it has earned his trust, but because it has trained him not to question. Therefore, a system too rushed to educate ends up with patients who do not seek education. A system that treats people as passive recipients produces passivity. A system that reduces care to transactions cultivates a population that expects nothing more than transactions.

The patient's lack of curiosity is not a personal failing. It is the predictable outcome of a structure that has replaced dialogue with directives. Sometimes the patient is curious. He gathers knowledge like kindling, hoping it will spark transformation.

But then he goes home.

And home is not a laboratory of self-improvement. Home is a battlefield of obligations. There is a demanding job, sometimes two, sometimes three. The patient can be a mother who works all day and then works again when she gets home, caring for children, cooking meals, managing the invisible labor that never appears on a paycheck.

The patient can also be a caregiver who cannot leave the house because someone depends on her for every basic need.

There are bills, deadlines, commutes, exhaustion, and the quiet erosion of energy that comes from living in a world that never pauses. Lifestyle change is not simply a matter of choice. It is a matter of capacity.

And capacity is shaped by forces far larger than the individual: economic pressure, family structure, social expectations, the architecture of work, the scarcity of time, the cost of healthy food, the absence of rest. So the patient knows what to do. He even wants to do it.

But wanting is not the same as being able.

A healthcare system that tells people to change their lives without acknowledging the lives they actually live. A system that prescribes discipline without addressing the conditions that make discipline impossible. A system that treats barriers as excuses rather than realities.

The patient is not failing. He is navigating a world that leaves little room for the slow, deliberate work of healing. Until health advice accounts for the gravity of real life, it will remain an ideal spoken in clinics and a burden carried at home.

Before taking the first dose, on occasions, the patient turns not to the pharmacist, nor to the clinician, nor even to the written leaflet, but to the glowing oracle of sixty-second videos.

There, in that carnival of compressed attention, and at the mercy of his individual algorithms, he encounters a strange epistemic marketplace. Some clips offer genuine insight, distilled with care. Others provide fragments, truths severed from their context, like seeds scattered on barren ground. Still others confidently proclaim falsehoods dressed in the costume of certainty. And among them lurk the most dangerous voices: charismatic charlatans who urge the patient to abandon the prescribed path and instead purchase whatever false miracle they happen to be selling that day.

In this moment, the patient is not merely “researching.” He is navigating a crisis of knowledge, one in which entertainment masquerades as expertise, and confidence is mistaken for truth. The prescription becomes a test of trust, discernment, and the fragile relationship between professional wisdom and the seductive noise of the digital bazaar.

Yet sometimes the patient is not resisting advice or neglecting his health; he is simply swimming uphill in a river carved long before he was born. He fights currents made of ancestry, biology, and chance, forces that do not negotiate, do not bargain, and do not yield to good intentions alone.

He takes the medications, adjusts his diet, walks the miles, and still the numbers rise like a tide that refuses to obey the moon. It is not laziness. It is not ignorance. It is the quiet physics of a body shaped by genes that insist on their own story.

To care for such a patient is to recognize the dignity of his effort. It is to see that some battles are not won by force but by companionship, by walking with him, not blaming him, as he navigates a terrain tilted against him from the start.

Sometimes the patient does understand.

He has read the pamphlets, watched the videos, listened to the clinician. He knows what foods to avoid, what habits to adopt, what routines might help. He can recite the recommendations as easily as the dosage instructions. But knowledge is not transformation. And understanding is not capacity.

He looks at his life, its demands, its fatigue, its relentless pace, and realizes that taking a pill is easier than reshaping the architecture of his days. The pill asks nothing of his schedule. The pill does not require time, or energy, or the rearrangement of family responsibilities. The pill fits into the life he already has.

Lifestyle change does not.

So no changes occur.

Weeks pass. Months pass. Then the phone rings. "You are due for labs." He goes. Blood is drawn. Numbers are produced. A few days later, another call: "The doctor wants to make an appointment with you."

And so the cycle repeats:

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The clinician glances at a screen and says,

"Your results are in. High."

A pause.

"I've written a prescription. Pick it up at the pharmacy."