

Rx Machina

By Caity-Shea Violette

SYNOPSIS:

An ambitious pharmaceutical sales representative's relentless pursuit of a rigidly principled pain management doctor leads to an intoxicating, forbidden connection that comes with a cost. Ethical boundaries are blurred in a literal manifestation of doctors being in bed with drug reps, forming a love triangle fueled by money, sex, and power. Illuminating the everyday impact of pharmaceutical marketing in the opioid epidemic, *Rx Machina* searches for humanity in a healthcare system that profits from pain and asks who gets to get better and who gets left behind.

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~~We have to do something, I feel bad.~~

~~STEVIE~~

~~And this is making me feel bad, which feels like opposite of the point~~

~~MAREN~~

~~Okay. Sorry.~~

~~STEVIE~~

~~I said it's fine, can we please just stop talking about it?~~

~~MAREN~~

~~Yeah.~~

~~*Stevie disappears back into her laptop.*~~

~~MAREN~~

~~So I guess I'll just get ready for bed then.~~

~~STEVIE~~

~~I'll meet you in there in a bit.~~

~~*Stevie remains glued to her laptop as Maren exits to the bedroom.*~~

ACT I – SCENE 3:

A spotlight reveals Deb, the office manager of the pain management clinic speaking to unseen clinical staff at their weekly morning meeting.

DEB

Gooooood morning everyone, how are we doing today? Super. Alrighty I'm gonna get you out of here as soon as possible, just a few things to cover.

I know there's been a lot of talk about the merger with Medplus. I would like to restate that it will *not* affect your job security in any way. You'll still get the same paycheck you were getting before, it'll just be signed by someone else.

Some of you may have noticed additional meetings on your calendar, as part of their measures to increase patient satisfaction and promote provider education, Medplus has made these meetings mandatory. I know, I know, I talked them down to four per week.

Alright- that's all I got for ya, go get 'em.

The stage is illuminated in white sterile light and other unseen meeting attendees slowly go back to work. Nina catches up with Deb.

NINA

Could I talk to you for a second?

DEB

As long as you're quick. I'm late for an appointment with a cheese danish.

Nina follows Deb down a maze of hallways, represented by the women quickly walking around the stage in an identical grid pattern, tightly turning at corners, like they're in a Viewpoints exercise.

NINA

I noticed the front desk is still scheduling all of my patients as follow-ups instead of new patients.

DEB

They're not new, you are.

NINA

Right. But it's hard to accurately evaluate anyone in that amount of time.

DEB

That's what the files are for.

NINA

About that— I requested that they block off Tuesday afternoons while I'm still reviewing patient files, but I just checked and I have drug rep meetings scheduled back-to-back.

DEB

Guess that's why they call it a request. Look I get where you're coming from, but we're already booked two months out and your predecessor was popular around here.

NINA

(Under her breath) I'm starting to understand that...

DEB

What was that?

NINA

I've just been noticing some, uh- patterns with his care plans.

DEB
Like?

NINA
The opiate dosages for his patients are way above the recommended measures for long-term use.

DEB
Then it's a good thing you're in charge now.

They arrive at Deb's office. She sits at her desk and opens a small paper bag sitting on top of a newspaper.

DEB
Do the words "cheese" and "raspberry" sound anything alike to you, Robinson?

NINA
They do not.

DEB
Is there a national dairy crisis of which I was not aware? Third time they've messed it up in two weeks.

NINA
I don't think there's real dairy in a cheese danish.

DEB
That makes me feel much better, thank you.

Deb crumples up the bag with the pastry in it and tosses it in the trash.

NINA
Did I do something to upset you?

DEB
Not that I'm aware of.

NINA
Because I feel like we might have gotten off on the wrong foot.

DEB
You just haven't made me like you yet.

NINA
I wasn't aware that was something I needed to do.

DEB

Your generation tends not to, but it's generally a good idea to not make every interaction with your new boss a request.

NINA

Right.

DEB

Was there something else I could do for you, Dr. Robinson? I have exactly 17 minutes before my next conference call, I'd love to get to my paper before tomorrow's comes out.

NINA

You buy a newspaper every single day?

DEB

This better not be leading to a lecture on the environment...

NINA

(grasping at straws) No— no, no. I actually prefer a hard copy too. Just isn't the same without feeling that paper in your hands.

DEB

That's... specific.

NINA

Guess that's something we have in common.

DEB

Oh god, is this you bonding with me?

NINA

I just feel like I never see them around anymore. It's nice to find someone who appreciates them too.

DEB

Whatever does it for you. Tell you what, if you like it so much I'll drop it off in your office when I'm done.

NINA

Oh, I wouldn't want to take yours.

DEB

Might as well get one more use out of it, they empty the recycling bins into the garbage cans at night. Look, MedPlus is watching us close during the transition, but if you can ride out the drug rep meetings for a few more weeks, I'll see what I can do. Deal?

NINA
That would be great, thank you.

Nina walks back through the maze of hallways until she arrives at an exam room in the clinic where Hannah sits waiting for her. She knocks at the door.

HANNAH
Come in!

Nina enters.

NINA
Hannah?

HANNAH
That's me.

NINA
Hi, I'm Dr. Robinson. It's nice to meet you. I'll be taking over your care from Dr. Bescher.

HANNAH
Nice to meet you.

Nina pulls up Hannah's chart on a laptop.

NINA
I'm going to take notes in your chart while we're talking, is that okay?

HANNAH
Sure.

NINA
We're trying to get the office fully digitized, but it'll be a bit of a hybrid in the mean time.

As Nina now switches to note-taking mode, Hannah is only able to speak Nina's interpretation of her responses as if reading exam notes from her chart. However, she still delivers the lines with the cadence and intention of her real answer.

NINA
Let's start with a brief health history. Make sure nothing's changed since the last time this was updated. You're still working as a server and a nanny?

HANNAH

Patient confirms employment.

(Just serving now. The Spaghetti Wagon started letting me bartend on weeknights, so I'm just there now.)

NINA

Alright. And you're still living alone?

HANNAH

Confirmed.

(Yup.)

NINA

And medications you're currently taking.

HANNAH

Patient lists current opiate prescription.

(Just the pain medicine.)

NINA

How many, how often?

HANNAH

10 mg, 3 times per day.

(10mg 3 times a day.)

NINA

Any others?

HANNAH

Patient denies additional medications.

(Nope.)

NINA

So you stopped taking the Ativan for anxiety?

HANNAH

Patient expresses interest in decreasing addictive medications.

(Yeah, I'm trying to cut back on the heavier medications.)

NINA

Good, glad to hear that. Okay, so you've been experiencing chronic pain in your neck for the past three years, is that right?

HANNAH

Expands symptomatic region.

(And my back.)

NINA
Upper back?

HANNAH
Expands symptomatic region again, seems uncertain.
(And also kinda mid and lower. And sometimes my hips.)

NINA
But it's most present in your neck?

HANNAH
Immediate confirmation.
(Always.)

NINA
But just sometimes in your back?

HANNAH
Claims back pain is also constant.
(Pretty much always in my back too.)

NINA
And on a scale of 1-10 you would say your average pain level is...?

HANNAH
Claims pain ranges from a 7 to a 9.
(Usually like a 7 or 8, when it's bad it gets up to a 9.)

NINA
Where is it right now?

HANNAH
States pain is currently a 7.5, seems unsure.
(Like a 7.5?)

Nina takes a note.

NINA
Hm... I don't have any official diagnosis listed here. Did Dr. Bescher provide you with one?

HANNAH
Vague non-diagnosis.
(He just said it was like chronic tension from stress.)

NINA

That's more of a symptom...

HANNAH

Expresses confusion, appears defensive.
(I don't know, that's just what he told me.)

NINA

What particular stressors do you feel are flaring up your pain?

HANNAH

Claims pain is both the stressor and the symptom.
(I mean it's pretty stressful to be in pain all the time.)

NINA

Right, but we need to make sure we're addressing the root cause here. I want you to get started back up with physical therapy. I'm also going to set you up with the pain psychology program.

HANNAH

Patient misunderstands how pain manifests in the body.
(Okay um- my symptoms are really just physical though.)

NINA

All pain signals originate in your brain.

HANNAH

Patient refuses to accept explanation.
(Right, mine is really more of a neck and back thing though.)

NINA

You feel it in your neck, but the pain signal starts in your brain- Pain psych will walk you through all of this. You can schedule everything at the front desk.

HANNAH

Patient requests prescription refill?
(Do I still get my prescription from you?)

NINA

Yes, I'll be taking care of that. You are on a pretty high dose for long-term use, though. We can start cutting back today and then-

HANNAH

Startled, fear-based reaction.
(Sorry- what?)

NINA

We'll reduce your dose by 5mg every two weeks- just half of one pill per day, we should have you totally off them within three months.

HANNAH

Patient requests to remain at current dose.

(I can't do that with my job. I have to be on my feet all day.)

NINA

We'll decrease the dose slowly, so it shouldn't affect your ability to work.

HANNAH

Patient strongly objects to care plan adjustment-

(Okay this is just all going really fast and-)

The office phone rings. Nina answers.

NINA

(into the phone)

This is Dr. Robinson.

Yes, I saw that.

I understand.

I'm with another patient right now but tell them I'll be there soon.

Nina hangs up.

NINA

Sorry about that.

HANNAH

Neutral response, appears distant.

(It's fine.)

NINA

Okay let's just go down half of one pill once a day for now. Everything else will stay where it's at. I'll write you enough for two weeks and then we can check in again.

HANNAH

Requests to do monthly appointments.

(I've actually been doing monthly appointments.)

NINA

I'm sorry Hannah, but if I'm prescribing a controlled substance to a new patient-

HANNAH

Refuses to acknowledge change in provider.

(I'm not a new patient.)

NINA

But you're new to me. I'm only comfortable giving you a two-week supply at that high of a dosage.

HANNAH

Expresses concern about scheduling and financial commitment.

(That's just a lot of time to take off work and I'm trying to save up to go back to school—)

NINA

We just need to make sure we're getting you the best care plan possible. If things go well, we can look at moving to once a month. Okay?

HANNAH

Patient is compliant.

(Sure.)

Nina hands her the prescription.

NINA

See you in two weeks.

End Scene

Nina closes the laptop and leaves the exam room and follows the maze of hallways back to her office.

She opens the door to see Maren sitting in her office, waiting for her.

MAREN

Nina?

NINA

What are you- why are you here?

MAREN

Oh my god it *is* you. I saw the name Nina on my schedule today and was like there's no way but then here you are.

NINA

What's happening right now?

MAREN

I should be on your schedule. Maren Deller.

Nina checks her schedule.