One half of patients with chronic illness do not take their medication as prescribed. Lost pharmacy sales and Behavior 2003:79;351 Cost of hospitalization and $100 billion in healthcare costs each year.

A medication adherence technology that connects taking medicine to the well-being of another person. The technology is based on social neuroscience research that points to empathy and guilt as effective modifiers of behavior. Nearly 50% of Americans suffer from a chronic illness

Neuroeconomics: Consequences must be immediate, concrete, and emotional. Social Neuroscience: Relationships have the most potent effects on the motivating centers of the brain that trigger reward (satisfaction) and punishment (guilt).

The Technology. The emotional state of a “reacting individual” is contingent on adherence.

The reacting individual can be a loved one, a pet or licensed character for children, an avatar, or an actual impoverished child who receives aid contingent upon adherence.

The Science. How can behavior be changed?

Neuroeconomics: Consequences must be immediate, concrete, and emotional. Social Neuroscience: Relationships have the most potent effects on the motivating centers of the brain that trigger reward (satisfaction) and punishment (guilt).

Selected Research

“Is social attachment an addictive disorder? There is a considerable literature on the neurobiology of reward, based largely on studies of addiction or substance abuse. This review considers the possibility that the neural circuits that modulate reward evolved for ethologically relevant cues, such as social attachment.”

“Thomas Insel (former Director of the National Institute of Mental Health) Is social attachment an addictive disorder? Physiology and Behavior 2003;79:351-357.

“The Social Brain Hypothesis: The evolution of unusually large brains in humans and other primates was driven by the need to develop intense social bonds within complex societies. Relationships and cooperation provide the key to fitness benefits at the group level.”


“There are many examples to show that people will work more for a cause than for cash. A few years ago, for instance, the AARP asked some lawyers if they would offer less expensive services to needy retirees. The lawyers said no. Then the program manager from AARP had a brilliant idea: he asked the lawyers if they would offer free services to needy retirees. Overwhelmingly, the lawyers said yes.”


“Detonation of suffering in another individual strongly correlates with activation in the amygdala (the alarm/anxiety producing structure in the brain). Additionally, self-reports of compassion toward sad faces produced greater activation in dopaminergic reward signaling areas (substantia nigra and ventral striatal area). This finding provides preliminary evidence that there is an intrinsic reward to compassion, one that could outweigh any costs or risks perceived in helping behavior.”


“Further evidence that decisions involving social preferences are associated with activity in reward circuitry comes from fMRI studies of charitable donations. Decisions to donate whether costly or not, activate the subgenual area, a region densely connected with mesolimbic, dopaminergic, and serotonergic pathways.”

Neuroeconomics: Decision Making and the Brain by Ernst Fehr, Institute for Empirical Research in Economics, University of Zurich

Neuroeconomics: Consequences must be immediate, concrete, and emotional. Social Neuroscience: Relationships have the most potent effects on the motivating centers of the brain that trigger reward (satisfaction) and punishment (guilt).

Effective ways to help people follow medical treatments could have far larger effects on health than any treatment itself.”

- The Cochrane Collaboration, Interventions For Enhancing Medication Adherence