Gelled Thoughts

When the Rain Falls: Reflections on Patient-Centered Drug Development

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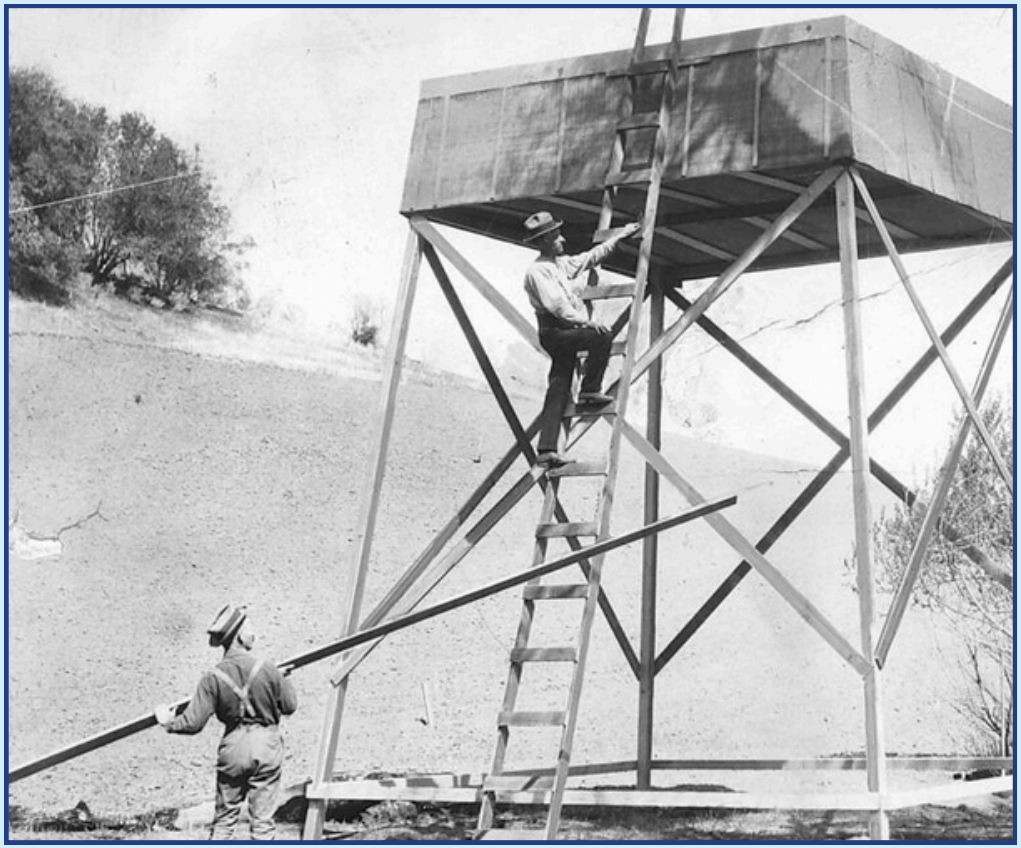

Hubris is the word that comes to mind.

In 1915, Charles Hatfield promised he could make it rain. A self-proclaimed "moisture accelerator," he convinced the city of San Diego to pay him to end a long drought. Hatfield mixed a secret blend of chemicals, climbed a tower, and released his formula into the sky.

And it worked—sort of.

Within days, the skies opened. But the rain didn't stop. It turned into a flood that destroyed homes, bridges, and livelihoods. Nearly 20 people died. When the city refused to pay Hatfield, he claimed he had delivered exactly what was asked: rain.

It's a story that lingers because it perfectly captures the danger of tunnel vision—of being so focused on the technical outcome that you forget the human cost. That kind of hubris still surfaces today, especially in biopharma. We build brilliant science. We make the rain. But we don't always ask: what happens when it falls?

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In 2020, the FDA issued guidance on Patient-Focused Drug Development under the 21st Century Cures Act. It was a clear call to action: to systematically include patient perspectives and preferences in every stage of drug development and regulatory decision-making. So, while the concept of patient-centric development isn't new, it's being articulated with far greater clarity and urgency today—and for good reason.

But even as the industry shifts towards patient-centered care, there's still a prevailing belief that if the science is sound and the therapy is strong, people should simply accept what's available. And when their preferences don't align with what's feasible, those preferences are often dismissed—seen as obstacles rather than insights.

Because biopharma has historically been disease-centric, we've always focused on targets and endpoints. We've talked about the "patient experience," but often in abstract, sanitized terms. The truth is, we're not building treatments for patients in sterile rooms—we're building for people navigating daily life.

These are your parents. Your kids. Your neighbors. People trying to make it through work, raise families, deal with insurance, recover from grief, go to therapy, play kickball, hike on weekends, watch their favorite sports teams. Their lives don't pause for dosing schedules, side effects, or complicated instructions. They aren't clinical profiles or adherence risks.

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They're people.

Our job isn't just to solve complex health problems. It's to make life better—for people.

DuPont, for all its complexities, said it well: Better living through chemistry. Not better metrics. Not better P-values. Better living.

That's the bar. That's the responsibility.

If your legacy product or acquired asset has not yet accounted for these considerations, now is the time to pursue lifecycle management activities that better align with patient needs.

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