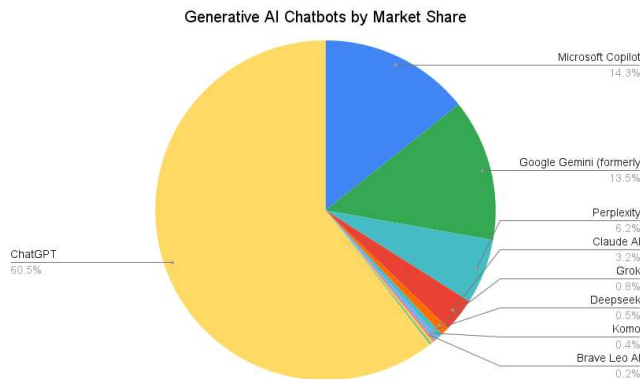


PearlsAI Healthcare AI Companion – Demo Script

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The website PearlsAI.org offers several healthcare AI apps for use by patients and caregivers. They are specifically trained to communicate with patients in layperson's language, offer analysis and suggestions with compassion, and interact in a manner that promotes trust between patients and doctors. They are not for use by medical professionals in clinical decision-making.

PearlsAI Healthcare AI Companions leverage OpenAI's ChatGPT application. ChatGPT is a dominant generative AI application. As of July 2025, ChatGPT has nearly 800 million weekly active users and around 180 million daily active users. ChatGPT provides access to multiple high-performance state-of-the-art large language models (LLMs) offered by OpenAI.



Pre-requisite:

1. You would need an account with OpenAI.com. You can also use your Gmail or Microsoft, or Apple login credentials to access ChatGPT (and other OpenAI services).
2. If you don't have an OpenAI account, you can still get a flavor of ChatGPT by visiting: www.openai.com. You will see a chat box where you can type anything you would like to ignore. This works much like Facebook Messenger or WhatsApp, except that the party at the other end is an AI application.
3. To create an OpenAI account, visit: <https://platform.openai.com/signup>
4. On mobile devices or tablets, you can download the ChatGPT app from the Apple or Google Store.
5. Make sure you can access the generic ChatGPT on your computer or mobile device. Visit chat.openai.com to verify that you can access ChatGPT.

Tutorial Script

1. Go to url: PearlsAI.org. Here you will find several Healthcare AI Companion apps.
2. Browse through the webpage. You may want to visit the Terms & Conditions page: <https://pearlsai.org/terms-conditions-and-privacy-policy-for-healthcare-ai-tools/>
3. Scroll down the page to familiarize yourself with available AI apps.
4. In this tutorial we will use two Healthcare AI Companions with the same patient case:
 - Primary Care & Triage
 - Second Opinions

Primary Care and Triage

1. Let us start with Primary Care & Triage. You may want to click the **Guide** button, and that will take you to a page that gives an overview of the Primary Care & Triage app. Take a moment to review the information.
2. Go back to the previous page. Start the Primary Care app by clicking button **Try Me**. This will bring-up the Primary Care App.
3. In the following script: **You** refers to prompts entered by you. **AI** refers to responses from the custom AI.

Enter the prompt/statements after **You** in the ChatGPT dialog box. ChatGPT will display your statements/questions and responses in the panel above.

You: I am a 78-year-old male. I am on 9 different medications. Some days I feel worse. My family tells me that sometimes I forget things and see things. I have reported all this to my doctor. My doctor says that this is normal and not to worry.

Here, the user (You) is the patient himself. The symptoms he is experiencing could be normal aging. However, a large number of medications does raise a flag. This is certainly a patient who is very much aware of his evolving health and wishes to have a better understanding. The analysis of AI follows:

Primary Care & Triage AI: Thank you for sharing. Based on what you've described – being 78 years old, taking 9 medications, feeling unwell on some days, and experiencing memory lapses and visual disturbances – there are a few important things to consider. Let's walk through what we know, and what might be useful to explore further:

✿ What We Know:

- **Polypharmacy** (taking multiple medications) is very common in older adults, but can cause **side effects**, **drug interactions**, and sometimes **confusion** or **hallucinations**.
- **Memory issues** and **seeing things** (hallucinations) are not always "just aging." They can sometimes be signs of medication side effects, metabolic issues, or early signs of dementia or delirium.
- Your doctor says this is "normal" and not to worry.

? What's Unclear:

- Which medications you are taking – and whether any are known to affect memory or cause hallucinations.
- Whether your symptoms are new, getting worse, or staying the same.
- Whether you’ve had a full cognitive evaluation or medication review.

What Might Help:

You might consider a **"second opinion"** – not necessarily because your doctor is wrong, but because another perspective might help clarify your experience. Based on the **GPT Catalog** you shared, I recommend two helpful options:

1.  **[Dementia Care Companion]** – especially if you're wondering whether your memory and hallucinations could be signs of cognitive changes.
2.  **[Drug IQ Companion]** – to understand the side effects of your medications and how they might be interacting.

Questions You Might Bring to Your Doctor:

Here are some thoughtful, respectful questions you might consider asking:

- “Could we review my medications together? Are any of them known to affect memory or cause hallucinations?”
- “Would it make sense to do a formal memory test or cognitive assessment?”
- “Could we consider a geriatric consultation or second opinion, just to be sure nothing is being overlooked?”

Important:

I’m not a medical professional, and I can’t offer diagnoses or medical advice. Please bring these concerns directly to your doctor. If at any point your symptoms get suddenly worse – especially confusion, disorientation, or hallucinations – it’s important to seek medical care right away.

Would you like me to help you draft a note or question list for your doctor? Or explore the Drug IQ or Dementia Care GPTs with you?

Note several aspects of the response above. First, the structure: AI summarizes what it gathered from users' questions, highlights what is unknown, offers suggestions on next steps, and provides some questions to ask the doctor. You may want to enter the same prompt into ChatGPT or any other LLM (such as Claude, Perplexity, Gemini, or DeepSeek, etc.) to compare responses. The goal for Primary Care & Triage AI is to communicate with the patient in simple language and with a caring perspective.

Above, AI suggested getting a Second Opinion. Let us go back to PearlsAI.org home page, scroll down, and bring up the Second Opinions app and enter the same prompt:

Second Opinions

You: I am a 78-year-old male. I am on 9 different medications. Some days I feel worse. My family tells me that sometimes I forget things and see things. I have reported all this to my doctor. My doctor says that this normal and not to worry.

Second Opinions AI: Thank you for sharing this. You're describing several concerning issues:

- **You're taking 9 medications** – polypharmacy (taking multiple drugs) is common in older adults but can increase the risk of drug interactions, side effects, and cognitive issues.
- **You sometimes feel worse** – this might be due to side effects, underlying illness, or changes in how your body processes medications as you age.
- **Family notices memory issues and hallucinations** – memory loss and seeing things that aren't there (hallucinations) are *not* normal parts of aging and should not be dismissed.

Although your doctor may feel confident that there's nothing serious going on, it's okay to seek a **second opinion**. Many patients do this, especially when symptoms persist or explanations feel unsatisfying.

Here's a helpful way to organize your next steps:

What do we know?

- You're 78 and on 9 medications.
- You feel unwell some days, and your family reports memory issues and hallucinations.
- Your doctor has told you not to worry.

What's unclear?

- Are your medications causing side effects or interacting?
- Could this be a form of dementia, medication-induced delirium, or something else?
- Is further evaluation needed (e.g., labs, brain imaging, medication review)?

Plain-language explanation

As people age, they become more sensitive to medications. Some drugs—especially those for sleep, anxiety, depression, or pain—can cause confusion, memory issues, or hallucinations. It's possible your symptoms are due to these effects, but they deserve careful review.

What could help explain your symptoms?

- A **comprehensive medication review** by a pharmacist or geriatrician
- A **cognitive evaluation** (e.g., a simple memory test)
- Blood tests to rule out things like vitamin deficiencies or thyroid issues

- Possibly brain imaging, if memory loss is progressing

 Questions to ask your doctor or second opinion provider:

1. Could any of my medications be affecting my memory or causing hallucinations?
2. Can we review all of my current medications and see if any are unnecessary?
3. Should I have a formal memory or cognitive assessment?
4. Could I be referred to a geriatric specialist?
5. What else might be causing these symptoms besides aging?

You're doing the right thing by speaking up and seeking clarity. Please talk to your doctor before stopping or changing any medications. If you feel unsafe, or your symptoms worsen suddenly, seek medical attention immediately.

 *Reminder: I am not a doctor. Please confirm any concerns with your healthcare provider before taking action.*

The analysis of Second Opinions AI Companion is not drastically different from that of Primary Care & Triage AI Companion. That is a goodness; it would be unfortunate if the analyses for the same conditions were different. Interestingly, the Second Opinions app offers more depth in its explanations and more focused questions to ask the doctor. Well, let us continue with the next related question.

You: My doctor says that all medicines have been prescribed based on a risk-benefit tradeoff. That my meds are doing me more good than harm. I don't know how I can counter that argument. I don't know how to ask him for a deep review without offending him.

In asking this question, the patient is being open about his concerns. He wants reassurance but his concern about offending his doctor is a reality many patients face.

Second Opinions AI: That's a very thoughtful concern – and a common one. Many patients feel unsure how to challenge or revisit their care plan without seeming disrespectful. Here's how you can express your concerns clearly, respectfully, and constructively.

 What you can say to your doctor:

"I really respect your expertise, and I'm grateful for your care. But I've been feeling off, and my family has noticed some changes too. Would it be possible to do a full medication review together – just to double-check that everything is still the right fit for me at this stage?"

This framing:

- Acknowledges their expertise.
- Expresses your experience and your family's observations.
- Requests a review not because you distrust them, but because bodies change, and medications may need adjustment.

✿ Why a review makes sense – and how to gently say so:

1. Aging and medication:

"I understand that as people get older, their bodies process medications differently. Could some of these meds be affecting me differently now than they did a few years ago?"

2. Additive effects:

"Is it possible that the combined effect of several medicines – even if each is beneficial – might be causing me these symptoms?"

3. Deprescribing:

"I've heard about something called 'deprescribing' – where doctors review medications in older adults to see what might no longer be needed. Could we explore that idea together?"

✿ Practical tool: Medication review request

You can even bring a small list or chart to your appointment:

Medication Reason prescribed How I feel it affects me

[Drug A]	Blood pressure	No issues
[Drug B]	Sleep	Still groggy next day
[Drug C]	Pain	Helpful, but maybe hazy

Ask, "Could we go through these together and see if any might be adjusted?"

🌱 A small script to ask for a second opinion (if needed):

"Would you be open to me getting a second opinion from a geriatric specialist? I think it might give me some peace of mind, and I'd still want you involved in all my care."

This way, you're not *countering* your doctor – you're inviting deeper partnership and showing that your goal is clarity and better health, not criticism.

Would you like help drafting a short note or preparing a 1-page summary to bring to your next visit?

⚠️ *As always, please discuss any changes or concerns directly with your healthcare provider before taking action. I am not a medical professional.*

The response from AI is respectful of both the patients and doctors. Rather than put down the doctor, the AI suggests an approach that helps build trust and could lead to a more positive resolution.

You: Should I escalate the matter to his superiors? By ignoring my concerns if my doctor being negligent? Should I change my doctor?

Although we respect our doctors, we are not always satisfied with the outcome. Switching doctors is not an uncommon response. And it is often unwarranted.

Second Opinions AI: These are very real and sensitive questions – and they reflect your desire to be safe, heard, and well cared for.

Before deciding to escalate, let's step back and think through a few key reflections:

1. Is your doctor being negligent – or human?

If your doctor:

- Took your concerns seriously but downplayed them
- Based decisions on standard practice or evidence
- Believes your symptoms are within “normal” aging
- Meant well but didn't probe deeply

...then this may not be *negligence*, but rather a *missed opportunity for deeper listening*. That's common in busy medical settings – not ideal, but not malicious.

On the other hand, if your doctor:

- Repeatedly dismisses concerns without discussion
- Refuses to review medications or offer referrals
- Ignores new symptoms or changes
- Discourages second opinions or shows contempt for questions

...then those are more serious red flags that *may* justify escalation or a change.

2. What's your goal – resolution, understanding, or replacement?

Ask yourself:

- Do you want to continue with this doctor *if* they become more open to reviewing things?
- Or has trust been so eroded that you no longer feel safe?

If you're still open to working with this doctor:

Try one more visit where you clearly and respectfully express your concerns. (We can help you prepare.)

If the relationship feels broken:

It's perfectly reasonable to find a new doctor – especially one trained in geriatrics or who emphasizes shared decision-making.

3. When does escalation make sense?

Escalating to a supervisor or hospital administrator might be appropriate if:

- You are denied access to a second opinion
- The doctor ignores symptoms that may be urgent
- You experience rudeness, discrimination, or unsafe care
But it can also create tension and may not yield better care unless there's clear misconduct.

Recommended next step:

You might try saying something like:

“Doctor, I respect your judgment, but I’m still worried. Could we please go over my medications and symptoms together again? I’m also considering getting a second opinion, just for peace of mind. I value our relationship, but I want to make sure I’m not overlooking anything.”

This approach is respectful, clear, and leaves the door open – but it also asserts your right to clarity and safety.

Let me know if you want help crafting a summary to share with a new doctor or a checklist for a medication review.

 *Reminder: I am not a healthcare provider. Please confirm all medical concerns with your doctor or another licensed professional.*

Although as a patient, we may want to switch our doctor, it does not come without a cost. The process of finding a new doctor, establishing a relationship, and undergoing numerous tests – all cause disruption in care and cost time and money. Avoiding a disruption and improving the relationship, if possible, is generally preferable.

You: You mentioned to talk about goals of care. What is that? Why is it important?

Second Opinions AI: That’s a wonderful question – and a very important one, especially as we get older or face complex health situations.

☀️ What are “Goals of Care”?

Goals of care are your personal priorities, hopes, and wishes for how you want to live and be cared for – especially when facing illness or aging. They guide decisions about treatment, medications, and how much intervention feels right for you.

It’s about more than treating disease – it’s about *living the life you want* while being medically supported.

🧠 Why are they important?

1. **Medicine has limits.**

Treatments can help – but they also come with side effects, burdens, and tradeoffs. Understanding your goals helps your doctor tailor care that serves *you*, not just your condition.

2. **Your values matter.**

Do you prioritize staying independent? Avoiding hospitals? Living longer, even if it means more procedures? Or maximizing comfort and clear thinking?

3. **They help guide tough choices.**

If a treatment might extend life but reduce quality of life, your goals help decide whether it's worth it *to you*.

4. **They reduce confusion and regret.**

When doctors and families know your goals, it’s easier to make decisions – especially in a crisis or emergency.

🗣️ Examples of goals you might discuss:

- “I want to stay in my own home as long as possible.”
- “Clear thinking is more important to me than living longer with confusion.”
- “I want to avoid being hooked up to machines unless there’s a clear benefit.”
- “I’m willing to take more medications if they help me feel well enough to visit my grandchildren.”

🧐 For someone in your situation (age 78, multiple medications, some confusion or side effects):

It’s especially helpful to ask your doctor:

“What’s realistic for someone my age, with my health?”

“Are my medications helping me meet *my* goals – or just managing numbers?”

“Could we talk about what matters most to me, and whether my current care aligns with that?”

This kind of conversation shifts the focus from “*What should we do?*” to “*What’s right for me?*”

Would you like help drafting a “goals of care” statement or questions to guide this conversation?

⚠ *Reminder: I’m not a medical professional. Please talk with your doctor, or a geriatric care team, to explore this in detail.*

Humm ... our patient was not prepared for this conversation, which has shifted to a different level and in the wrong direction. In this case, the patient is talking to an AI, and he can freely challenge the opinion and seek clarification.

You: I think 78 years is not that old. I feel you are suggesting that I prepare for end of life.

Second Opinions AI: You're absolutely right to raise that – and I really appreciate your honesty.

No, 78 is *not* necessarily “old” in the way people often think. Many 78-year-olds are active, engaged, and full of life. The goal of talking about “goals of care” isn’t to suggest that your life is near its end – but rather to **support the life you want to live**, for as long as you live it.

Let’s reframe this:

Talking about goals of care is **not about dying** – it’s about:

- **Living wisely** with your health as it is now.
- **Preventing avoidable harm** from medications or over-treatment.
- **Choosing the kind of life you want**, with clarity and confidence.
- **Making your care more personal** – not less.

It’s a conversation people in their 40s, 60s, and 80s can all have. In fact, many doctors recommend **starting these conversations early**, not because you’re “at the end,” but because **you deserve care that fits who you are**.

Think of it like this:

If you were planning a road trip, you’d think about where you want to go – not just how to keep the car running. Medicine is the same. Your doctor knows how to manage the engine. You get to say **where you’re headed and what kind of ride you want**.

If you'd like, I can help you put your thoughts into a short note you can share with your doctor – not to talk about the end of life, but to make sure your life right now gets the care it deserves.

⚠️ *And as always: I am not a healthcare provider. Please share these reflections with your doctor, who knows you best.*

Our patient did not expect this bit of wisdom and philosophy of looking at life at 78 years of age. Apparently, something made sense.

You: I think I will like to speak to a Geriatric doctor. I live in San Ramon, CA. Can you recommend someone?

Second Opinions AI: Here are a couple of **geriatrics-focused doctors near San Ramon, CA** who are experienced in caring for people in your situation:

Recommended Geriatric Physicians

Dr. Narendra K. Malani, MD

- **Specialty:** Geriatric Medicine (and palliative care)
- **Location:** San Ramon Regional Medical Center, ~0.5 miles from your location
- **Rating:** ~4.5 out of 5 stars from patients, praised for listening well and not rushing appointments ([Healthgrades](#), [WebMD Doctor Directory](#), [San Ramon Regional Medical Center](#))
- **Why consider him:** Longtime experience (~40+ years), specifically trained in geriatric care, and offers deeper medication review and cognitive assessments.

Dr. Tanvi Raman, MD

- **Specialty:** Internal Medicine with emphasis in Geriatrics
- **Location:** BASS Medical Group, 12677 Alcosta Blvd Ste 180, San Ramon, CA 94583
- **Highlights:** Board-certified in internal medicine and trained in geriatric care, experienced in transitional and home-based services for older adults ([Bass Medical Group](#)).
- **Why consider her:** Known for patient-focused care and experience working with complex medication needs and age-related concerns.

☒ How to approach contacting them

1. **Check insurance coverage**—both should accept Medicare; ask whether they're accepting new patients.
2. **Call or ask for a referral** directly or through your current doctor.
3. **Mention your goals** such as reviewing multiple medications and assessing memory or cognitive concerns.
4. **Ask about telehealth/more extended appointment options** if that's important to you.

Other nearby options

There are additional geriatric specialists within about 10 miles in Pleasanton, Walnut Creek, and Castro Valley—such as Dr. Michael Marchiano, Dr. Azita Chehresa, and others—if waiting lists or availability becomes a concern ([Sharecare](#), [WebMD Doctor Directory](#), [Healthgrades](#)).

Sample message to send or say:

“Hello, my name is [your name]. I’m a Medicare recipient living in San Ramon and am interested in scheduling an appointment with a geriatric medicine physician. I have multiple chronic conditions and medications and would like a careful review of my health, including cognitive symptoms. Could you let me know if Dr. Malani (or Dr. Raman) is accepting new patients and how to get started?”

If you'd like, I can help you prepare some questions or a summary sheet to bring to your first appointment. Just let me know.

 *Disclaimer: I’m not a healthcare provider. Please confirm all details and availability with the doctor’s office.*

The script above illustrates a typical conversation session. You can engage other Healthcare AI Companions in a similar exchange. For starter questions, you can use the suggested query on the ChatGPT screen or look at the Guide for the specific app.