MD Life

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How Telemedicine Ruined a Physician's Career

ANONYMOUS PHYSICIAN

Doing side gigs is in vogue now. I want to tell you my story. It has to do with how one of the leading telemedicine companies ruined my career. I hope that my story will help many of you navigate this tough economy, especially those who are coming out of residency.

I started working as an independent contractor about ten years ago when it first came to the forefront. I worked with many telemedicine companies in this manner, and it was nice to have some side income. Most of the patients were pretty nice at the beginning. But, pretty rapidly, it turned into an antibiotic dispensary service, which is something that I didn't quite care for. All of these companies emphasize customer satisfaction. Patients were now customers, another thing I did not care for. Then, physician scorecards were introduced to curtail any kind of complaints that customers demanded. This was quite different from any other care setting that I practiced in before; now, the patients told the physicians what to do.

During the height of the pandemic, I noticed that there was increased usage of these platforms, leading to many glitches on the website. I pointed these out to the staff, who completely ignored me. Then, much to my surprise, I received a letter from the company that stated that I would be put on a performance plan because I was using templated notes. Coincidentally, this notice arrived after the company started accepting insurance for payment. Before this, they had been mostly a cash-based service. The letter stated that if I did not do the performance plan, I would be reported to the National Practitioner Data Bank (NPDB). This was not a choice and rather was an ultimatum. The rules of the performance plan were quite vague, and I asked for clarification about this. I was limited to only ten consults per day over a 30-day period. I was told to not use any templated notes. At the end of this, I performed over 200 patient encounters. I was notified that I failed the plan because I did not work 30 days back to back. Thinking this was not reasonable, I wrote to the company's chief medical officer. He seemed unaware of any of this but quickly arranged a peer meeting which was supposed to be objective and review the whole process. Of course, it was anything but that. The report in the data bank remained in place.

Since I didn't know much about the data bank, my research revealed quite a bit. It was created by now Senator Wyden, who is in the news currently for his proposed tax on billionaires. Back in the 1980s, he created this bill to prevent physicians who were practicing bad medicine from going from state to state without being caught. This data bank was created as part of the Health Care Quality Improvement Act as proposed by Senator Wyden, and it allowed any health care entity to report any physician. The language is all legalese, and terms for which one could be reported are broad and

vague. The NPDB also allowed for a dispute resolution process, which sounded equitable, except it did not look into anything aside from the spelling of the physician's name and other objective data such as date of birth and social security number. This was only to ensure that the physician's identity being reported was correct. It did not look into the veracity of any complaints and was prohibited, as dictated by this bill, from questioning or investigating the entity reporting the physician. In addition to this, the only way to remove the report would be for the physician to go back to the reporting entity and ask them to remove it.

So, faced with these choices, I was essentially left stranded, not only by a multi-billion dollar telemedicine company that chose to report me for using templated notes and not working 30 days back to back but by my own government who created such a system that would not allow anyone, including myself to challenge the veracity of the report. As I looked into other physicians who had been reported, I discovered a deep dark chasm where physicians who had been reported essentially had no way to challenge the reports, and some of them even tried to take their case to court. Unfortunately, for many physicians, the courts do not uphold the side of the reported ones and stick to the law as enacted by the NPDB.

I want to write this to increase awareness on the part of physicians, many of whom are graduating from training or looking to make side income to help make ends meet and pay off their debts. Unfortunately, these side gigs come at a cost, many of which are not discussed or made known to all of us. This one side gig managed to entirely ruin my career. It damaged my professional reputation, suffered financial devastation, and has been having a hard time securing work. I am facing a choice as to whether I should leave medicine entirely. The NPDB is a system that has been weaponized against physicians, even those who are advocating for patients.

As if this wasn't bad enough, I turned to position advocacy groups such as the American Medical Association and American College of Physicians. Both of these organizations said that there was absolutely nothing they could do. I also wrote to my local congressman and legislators, and none of them could do anything, aside from getting the same generic response I received from the data bank itself.

This pandemic has been very hard, but working with these side gigs has been a difficult experience. I fear that they are encouraging patients to demand inappropriate care only to assuage the company's profit margin. This will come at the cost of providing good medical care to patients. On top of that, I came upon more physician forums that pointed out these technical issues, which I had reported to tell several years ago, are still occurring and with more frequency. So, the problem remains on the telemedicine company's platform. In the meantime, I have an uncertain medical future.

The author is an anonymous physician.

10 Tech Gadgets You'll Want to Try in 2022

By Lauren Wadowsky, thegadgetflow.com

2022 is here, and with it comes a host of new tech gadgets that can make life easier. What are they? Check out our list of tech gadgets to try in 2022.

Ready to see what tech gadgets you'll want to try in 2022? From household robots to VR glasses that support your well-being, consumer tech products in 2022 are poised to make our lives healthier, more efficient, and more sustainable than ever.

In 2022, we should see a continued trend toward work that doesn't take place in a traditional office. So gadgets like a smart monitor or a professional 2-in-1 laptop might be just the tools to add to your workspace.

We'll also see a slant toward sustainable products. For that reason, we've included the Fairphone 4 on this list because, with it, you won't have to buy a new phone so often.

Read about the great new tech you'll see next year in the list below.

1. The Microsoft Surface Pro 8 2-in-1 laptop has the versatility of a tablet and the power of a laptop. You'll love its fully adjustable kickstand.

Microsoft Surface Pro 8 on a desk

For a tablet/laptop combo in 2022, check out the Microsoft Surface Pro 8 2-in-1 laptop. It has powerful 11th-Gen Intel Core processors and 16 hours of battery life. Super lightweight, it starts at just 1.96 pounds and has Surface Slim Pen 2 storage.
Get it for $999.99 on the official website.

2. The Amazon Astro household robot helps you see all around your home when you're not there with a periscope cam that raises and lowers.

Amazon Astro in its charging dock

With the Amazon Astro household robot, you can check on pretty much anything at home. The periscope camera extends 42 inches from the floor, showing a live activity view.
This product costs $999.99 and is available by invitation. Learn more about it on Amazon.

3. The Apple MacBook Pro with M1 Pro & M1 Max chip has the ports you need in 14″ and 16″ sizes. It's a powerhouse for the workplace.

Apple MacBook Pro with a photographer

Want a new laptop in 2022? Get pro-level speed with the Apple MacBook Pro with M1 Pro & M1 Max chip. It comes with ports, a beautiful Liquid Retina Display, a chip made just for Macs, and so much more. Get it for $1,999 on the official website.

4. The DJI Mavic 3 and Mavic 3 Cine drones have Hasselblad cameras and omnidirectional obstacle sensing for collision-free flights.

DJI Mavic 3 Cine flying

For worry-free drone flying in 2022, go for the DJI Mavic 3 and Mavic 3 Cine drones. They both have a pro-level Hasselblad camera system and sense objects in all directions. The Mavic 3 Cine works with Apple ProRes 422 HQ encoding for premium-quality footage. Get it for $2,199 on the official website.

5. The Fairphone 4 5G sustainable smartphone is an eco-friendly solution for mobile connectivity. Yes, its modular design is repairable.

The Fairphone 4 5G sustainable smartphone is on our list of tech gadgets you'll want to try in 2022 because you—yes, you—can repair it. The modular design makes changing a battery or the display simple. As a result, you won't have to get a new phone every other year. Get it for about $658 on the official website.

6. The XGIMI Aura 4K laser projector is ultra-short throw. It produces clear images just 17.3″ away from any wall for better viewing.

Maybe your next TV isn't a TV, but an XGIMI Aura 4K laser projector. This stylish tech gadget to try in 2022 saves you space, shines 2,400 ANSI lumens, and displays 4K UHD resolution for an impressively detailed viewing experience. Get it for $2,499 on the official website.

7. The Samsung M7 Smart Monitor connects with AirPlay 2 and lets you get work done without a PC. It also serves as a smart TV screen.

Samsung M7 Smart Monitor on a desk

Upgrade your monitor to a smarter one in 2022 with the Samsung M7 Smart Monitor. This spiffy monitor lets you work on it without a PC and connects to the Voice Assistant or SmartThings App. It also has popular entertainment apps and can work remotely on an office or school desktop.
Get it for $379.99.

8. The Peloton Guide AI-enabled workout camera shows you on the TV screen, letting you compare your moves to your instructor's.

Ensure you have proper form during workouts in 2022 with the Peloton Guide AI-enabled workout camera. It lets you track your movements on the screen and gives you access to customized workout recommendations.

This gadget is coming soon and is priced at $495. Learn more about it on the official website.

9. The HTC VIVE Flow VR Glasses support your health and well-being. They have a comfortable, lightweight design for easy portability.

HTC VIVE Flow VR Glasses on a woman meditating

Another great tech gadget to try in 2022 are the HTC VIVE Flow VR Glasses. Unlike most VR glasses, they aren't really for playing games or business purposes. Instead, you can watch meditation apps, brain training apps, or movies and TV. Get them for $499 on the official website.

10. The Capstone Smart Mirror gets you ready for the day. Use it to check the weather, view traffic reports, watch a YouTube video, and more.

Multitask while getting ready in the morning when you have the Capstone Smart Mirror. Its proprietary touchscreen tech makes searching for information easy. You can even mirror content to it from your smartphone. Get it for $799 on the official website.

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Why Health Care Delivery is an Exceptionally Different Industry: Why Does it Matter?

Joe Mandato and Ryan Van Wert, MD

Md

We expect that most readers have noticed the differences in health care delivery compared to other industries that we discussed in part 1 and part 2. Those differences relate to board governance, health care leadership, infrastructure, and operations. Readers probably also noticed that these differences are negative, not positive. The big question is, why these structural and strategic differences exist and what can be done about it. We believe that the differences in health care versus other industries have arisen because of the economic differences in health care–those differences we cited at the beginning of this article. The study and emphasis of those economic differences started in 1963, when economist Kenneth Arrow (who later won a Nobel Prize) wrote a seminal paper in the American Economic Review, "Uncertainty and the Welfare Economics of Medical Care." The paper gave birth to modern health care economics and thus many attempts to determine how different American health care is from other American industries. Some of the explanations of economic differences in health care developed a name—economic exceptionalism. Here's an excerpt from a 2016 paper in the American Economic Review: "… 'health care exceptionalism' has a long tradition in health economics. It dates back at least to the seminal article of Arrow (1963), which started the modern field of health economics by emphasizing key features of the health care industry that distinguish it from most other sectors and therefore warrant tailored study …"

Note that the economic differences in health care are not just differences, they are a sense of exceptionalism. Exceptionalism is a loaded term, and so let's define it.

Exceptionalism: The condition of being exceptional; uniqueness; a theory that a nation, region, or political system is exceptional and does not conform to the norm. Exceptionalism can imply either a) a sense of being different, like "an exception to the rule," or b) something extraordinarily good, like an "exceptional athlete," or c) both. In his venerated 1840 treatise, "Democracy in America," Alexis de Tocqueville described America as "exceptional," which eventually led to the coining of the

term American exceptionalism. That's where or how you may have heard the term used, and politicos debate ad nauseam whether the term means a, b, or c in the above.

We believe that economic exceptionalism in health care, which began around the 1960s, connoted essentially the first sense—different or unique, but not better. And we further believe that this economic exceptionalism gave rise to a sense of strategic and cultural exceptionalism—because health care delivery system leaders operated economically exceptional (different) organizations in an economically exceptional (different) industry, they slowly came to believe that they themselves, their teams, and their organizations generally, were and are strategically and culturally exceptional. Further, we believe that they believe they are culturally exceptional in the "better than" sense of the word.

Why do we believe that? Because health care leaders' behavior and words often show us their beliefs. There is a well-known term, medical narcissism, studied at length by John Banja and covered in his book, Medical Errors and Medical Narcissism. He shows that MDs often have "fantasies of omnipotence" and feelings of "specialness" that have developed to help them cope with their jobs' high levels of pressure and stress. In many cases, the MDs in leadership positions at health care delivery organizations personify a situation of factual economic exceptionalism plus medical narcissism. They often show through words and behavior that they believe that because they are economically exceptional in the first sense of the term (different), they are also generally exceptional in the second sense of the term (better).

For instance, in the face of generally poor industry and organizational performance, health care leaders carry on making relatively minor changes in their organizations and the industry. For instance, a colleague of ours attended a "fireside chat" with the CEO of a top-ten largest health care delivery organization in the U.S. only to hear from the CEO that the main thing that can be done better for improved outcomes is . . . for citizens to take better care of themselves. In other words, he did not say clearly or strongly that health care overall or his organization should change to serve citizens better. He spoke as if he and the health care delivery industry uniquely face that pesky difficulty of human beings wanting good service and results and if they don't receive it, it's their fault. To us, that is an example of an attitude of exceptionalism in each sense of the word.

We believe that leadership's ingrained culture of exceptionalism drives today's situation in which patient satisfaction is low, inefficiency is high, and patient outcomes are poor. We further believe that the industry can only solve its deeply entrenched problem through making a fundamental, long-term, steady shift. It must recognize that its economic exceptionalism (being different) does not make it culturally or organizationally exceptional (being better). We believe that the best course of action would be for the industry to become economically unexceptional, i.e., normal. In other words, we think the industry should economically restructure to have for-profit providers that pay taxes, easily available quality metrics, clear and transparent pricing, and payers and customers that are well informed and aligned. We have written previously about health care delivery organizations that are economically non-exceptional and therefore, ironically, quite exceptional. These are organizations such as Devoted Health and One Medical (in which we have no financial stake).

Yet, we acknowledge that health care industry leaders will not agree to shift the economic structure of the industry. As such, leaders must urgently and importantly work on values and culture in their organizations. Beyond Hippocratic Oath and patient privacy being driving aspects of the MD-leader's deeply engrained operating style, medical narcissism also lurks. A leadership style infused with medical narcissism intersects with economic exceptionalism to the great detriment of patients everywhere. Effective large company leaders have been shown to be modest, self-effacing, quiet, and reserved, uncharismatic to the point of unremarkable, but with indomitable will. Thus, medical narcissism must be replaced with this Level-5 Leader type of humility.

In summary, leaders in health care need to come to terms with and fix their beliefs in their own, their organizations', and their industry's exceptionalism at the strategic and cultural levels. Yes, we do know this is an exceedingly large and difficult undertaking, but we're convinced it's worthwhile, meaningful, and better than the alternative of the industry continuing as is and inadequately serving patients.

Joe Mandato is a venture capitalist investing in the life sciences and a faculty lecturer in biodesign at Stanford University. He is former CEO, and current and former board member, of a number of health care and medical device organizations. He can be reached on Twitter @josephmandato. Ryan Van Wert is CEO, Vynca Health, and a critical care physician, clinical assistant professor in the department of medicine at Stanford University, and associate director of Stanford's Byers Center for Biodesign. He can be reached on Twitter @ryanvanwertmd.

Balancing Risks and Returns

Adapted from David Katz' book, "A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals"

How large a return would you like to achieve on your investments in the coming years? Back in the early 2000s, a common target for an investor was 7 to 8 percent annual returns. But today, a more realistic goal is 4 to 5 percent annual returns.

That may seem like a small difference in rates, but over time even a 1 or 2 percent change can make a big difference in how quickly your investments grow. There's a common approach called the "rule of 72" that illustrates this concept. If you divide 72 by the current interest rate, the result will be the number of years it will take for your money to double in value (assuming it stays in your account). Using that estimating method, if your portfolio earns 8 percent interest, you can expect to double your money in about nine years. If the interest rate drops to 5 percent, it will take more than 14 years, and if the rate is just 1 percent, you'll have to wait 72 years. Of course, the "rule of 72" provides an estimate. It is not a guarantee of results, does not represent any specific investment and does not consider fees and expenses.

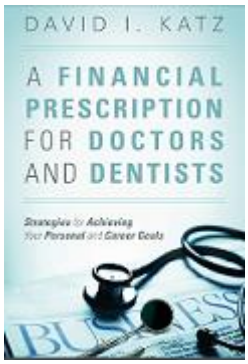
Understanding the impact of rates on the growth of your investments is vital when making decisions about constructing your portfolio. If you are starting to invest for retirement when you in your early 30s, you will have three decades for your assets to grow in value before you reach a typical retirement age. But if you are in your 50s and just starting to invest, you will need to achieve a higher return on your portfolio to achieve a similar result because retirement is much closer in time.

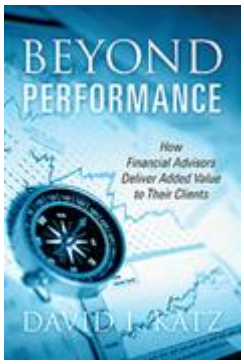
However, there's another key issue to consider: the question of risk. How much overall risk are you willing to tolerate in order to achieve potentially higher returns on your investments? Some people are very risk averse and want to be sure that their money is "safe," regardless of the daily ups and downs of the stock market. For instance, retirees often prefer to own assets that are unlikely to lose value, even if their returns are lower. In contrast, other investors are comfortable with a higher level of risk, particularly younger professionals who may not need to tap those funds for several decades.

When most people think about risk, they are primarily concerned about losing money. But, there are many different types of risk – just as there are different kinds of returns. But the important thing to

remember is that there are trade-offs in the investment world, just as there are in other parts of life. If you want higher returns, you should be prepared to accept a higher level of risk.

** Investing involves risk and you may incur a profit or loss regardless of strategy selected





David Katz is an Accredited Investment Fiduciary® (AIF) and an Accredited Asset Management Specialist (AAMS®) who advises professionals, retirees, families and other clients on personal financial strategies along with his partner Eitan Esan. They focus on financial planning and asset management. David has more than 27 years of investment and wealth management experience, and is the author of two books “A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals” (2015) and “Beyond Performance: How Financial Advisors Deliver Added Value to Their Clients” (2018) Eitan received a Bachelor of Arts in economics from Yeshiva University, a Master of Public Administration from CUNY John Jay and a Master of Business Administration from Arizona State University, where he graduated cum laude.

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I Hate to Encourage Pharmacy Shopping, But I Have to

By Hans Duvefelt, MD

In a perfect world, patients have one primary care doctor who knows what their specialist doctors are doing, prescribing and recommending, and one pharmacy that watches out for interactions between their treating physicians' prescriptions.

But sometimes I just have to tell my patients to shop around for their medications, even though that creates some risks.
I have many patients without prescription insurance. Some of them are on our sliding fee program and also qualify for free drugs from the pharmaceutical companies. We call that prescription assistance. A coordinator within my organization helps patients apply for this and they may get several different brand name drugs from different companies. It is obviously up to me to make sure there are no interactions between the drugs I prescribe. But if such a patient fills a new medication at the pharmacy from an emergency room or specialist doctor, there is no one watching over this, because no one has that kind of information.

The other day I saw a new patient who had quit his job and moved to Maine. Six months from now he will have Medicare, but right now he is without insurance. He is a diabetic and takes half a dozen medications. He uses Walmart, which made sense to him as he was moving from one state to another and was able to transfer his prescriptions. But one of his latest prescriptions was an expensive diabetes medication. Alogliptin was one I had never heard of, but because sister drugs usually end with the same syllable, I deducted that it was a generic in the same family as Januvia.

This drug costs over $300 per month at Walmart. The discount website GoodRx has coupons for different pharmacies. The Walmart coupon brings the cost down to $160.63, but there is a better deal at $94.57 with Walgreens.

So I refilled his metformin and glipizide at Walmart and sent the alogliptin to Walgreens. The next day I got a call from the Walgreens pharmacist, asking why I had a diabetic on such a fancy drug as monotherapy instead of something more basic like metformin or glipizide. I told him the patient was on both, but at Walmart.

Continuity of care isn't just a provider issue. It is also a pharmacy issue. We sometimes forget that. But it can come with a cost to the patients because of wide variation in drug prices. And this isn't just for people without insurance. Medicare patients regularly end up in the benefit gap we call the doughnut hole, when their Medicare D prescription benefit is exhausted partway through the year. Those people, too, will find the best deal they can with competing pharmacies.

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Top 10 Digital Health News of 2021

by Dr. Bertalan Meskó & Dr. Pranavsingh Dhunnoo, medicalfuturist.com

From the approval of a new prescription VR treatment to renewed privacy concerns, 2021 has been full of digital health developments. Indeed, some news might have gone under the radar or might require a quick refresher; so we're wrapping up 2021 with a round-up of 10 of the most important digital health news of this year.

1. FDA-approved prescription VR treatment for chronic back pain

In mid-November, the FDA authorized a virtual reality (VR) system as a prescription treatment for chronic back pain. Called EaseVRx, it combines cognitive behavior therapy techniques and breathing exercises to help relax, distract and improve awareness of internal signals. The system was used in an 8-week study, where those who used EaseVRx were found to have significant pain reduction.

It's a clear trend that the FDA has been taking lately regarding digital therapeutics (DTx). In 2020, it approved EndeavorRx, a prescription video game for the treatment of children with ADHD. In October 2021, the regulatory body cleared a VR treatment for lazy eye in children. It could be issuing approvals of more research-backed DTx in the near future.

2. Study finds pandemic-induced telehealth adoption

It was touted that the COVID-19 pandemic led to the widespread adoption of remote healthcare, but now we have the hard science to back up this claim in a study published earlier this year that involved over 36 million people in the U.S.

In it, researchers found that in the first four months of the pandemic, 23.6% of ambulatory care contacts were made through telehealth. In the same period in 2019, the number of such visits was only 0.3%. "By undertaking this study, we sought to gain an understanding of the patterns of virtual care during this initial phase of the COVID-19 era," wrote the researchers.

3. Amazon planning to expand its healthcare reach

Amazon has not been shy of its healthcare endeavors; and kept on expanding its reach in this sector. According to a *Business Insider* report, the tech giant is working on bringing its telehealth as well as in-person services to 20 major U.S. cities through 2022 to its employees. The latter include the likes of follow-up blood draws and exams.

But Amazon does not plan to stop there. The report also notes that the company is planning to provide the service to insured people on top of its own employees.

4. Zoom testing telehealth mobile browser client

Given the recent surge in popularity of telehealth services, other companies will likely want in on the trend. One such company is Zoom, which tested a telehealth mobile browser client on iOS devices. Launched in August, the service simplifies the telehealth approach as it does not require an app. Providers can share a link to patients via text or email which they can use to join a meeting.

"Downloading an app was a struggle for some patients, particularly the elderly or those who don't want to clutter their phones with apps," said Heidi West, head of healthcare at Zoom. "We needed to be able to support our clients to remove any friction points that make the engagement a challenge."

5. 23andMe's plan to leverage its genetic database for drug development

Over the years since it started its operation, 23andMe has become synonymous with consumer genetic tests. Its DNA testing kits have been bought by over 11 million people; and this has led the company to amass a significant genetic database. According to a *Bloomberg* report from November, the company never intended to stop at that. Anne Wojcicki, the company's CEO, founded 23andMe with the intention to develop drugs based on genetic profiles.

This is what the company is now in the process of doing. 23andMe is leveraging these genetic data to work on clinical trials for a new cancer drug. It is also exploring other potential medications for neurological, cardiovascular and other conditions. While 23andMe's findings could be promising, it will face a host of ethical challenges with this plan given the highly sensitive nature of genetic data and the question of whether its clients were fully aware of such potential use of their data.

6. 3D printed drug for rheumatoid arthritis treatment gets FDA clearance

3D printing technology company Triastek's first 3D printed drug, the T19, received FDA approval in February. T19 is aimed at patients suffering from rheumatoid arthritis; an autoimmune condition characterized by swelling and stiffening of joints. Triastek uses a 3D printing technique that enables it to customize T19 to boost its therapeutic effects. This technique is also said to minimize side effects.

7. Apple-funded study shows remote heart monitoring potentials of iPhones and Apple Watches

As with its Big Tech counterparts, Apple is also eyeing the healthcare industry. In particular, its focus seems heavily fixated on turning the Apple Watch into a point-of-care device. In 2021, one of the company's funded studies further underpinned this vision. The study, conducted by Stanford University researchers, used sensor data from iPhones and Apple Watches to assess the frailty of patients with cardiovascular conditions. They found that the data was accurate and could allow them to monitor patients' frailty remotely.

8. NHS' sharing of patient record raises privacy concerns

As the medical landscape turns digital, we are bound to come across privacy issues; and one of the major events in 2021 came from the NHS. The latter plans to make a database containing the medical records of over 55 million patients that could be made accessible to third parties. The aim of this project is to support healthcare services, plan for relevant policies and enable research. Those requesting data access would need proper approvals and cannot be used "solely for commercial purposes".

Patients were also given the opportunity to opt out of the scheme earlier this year. But this understandably raised privacy concerns, given the rapidly-evolving nature of digital health.

9. Tech-focused diabetes clinic approach shows significant reduction in patients' blood glucose level

Dubai's GluCare Integrated Diabetes Center describes itself as the "world's first healthcare provider to employ integrated continuous data monitoring" and the "region's first healthcare provider to use digital therapeutics". The institute issued the first report regarding the outcomes of its tech-focused model this year. It reported that its patients could reach an average HbA1c reduction of 1.7% points over 90 days. Such a reduction can lead to a 21% lower risk in diabetes-related end-point diseases, other studies have found.

While these are great results, the tech-focused approach should not overshadow the fact that digital health is not about giving technologies to patients, but rather about using those technologies to improve the doctor-patient relationship.

10. Multi-year study shows digital health tools help patients manage their blood pressure

Digital health is all about empowering patients with their health data and making them more proactive in managing their health, and a study published in October further backed this importance. Researchers equipped hypertensive patients with an at-home blood pressure (BP) monitor and a companion smartphone app. In addition to keeping track of their health metrics, the latter also provided advice to better manage BP. The participants were tracked for a period of 3 years, and over 85% were found to have lower BP within a year through this approach and maintain it.

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The Absolute Best Places to Ski in North America

By Noelle Alejandra Salmi, matadornetwork.com

Ski resorts from Vermont to California to British Columbia are slated to open for the season at the end of November, which means it's time to start making those winter skiing and snowboarding travel plans. While there are plenty of trendy ski destinations that get a temporary buzz, they don't always last to the next season, and even some of the mainstays aren't all they're cracked up to be. To guarantee the most epic ski vacation this year, travel to the ski areas in the United States and Canada that actually live up to the hype.

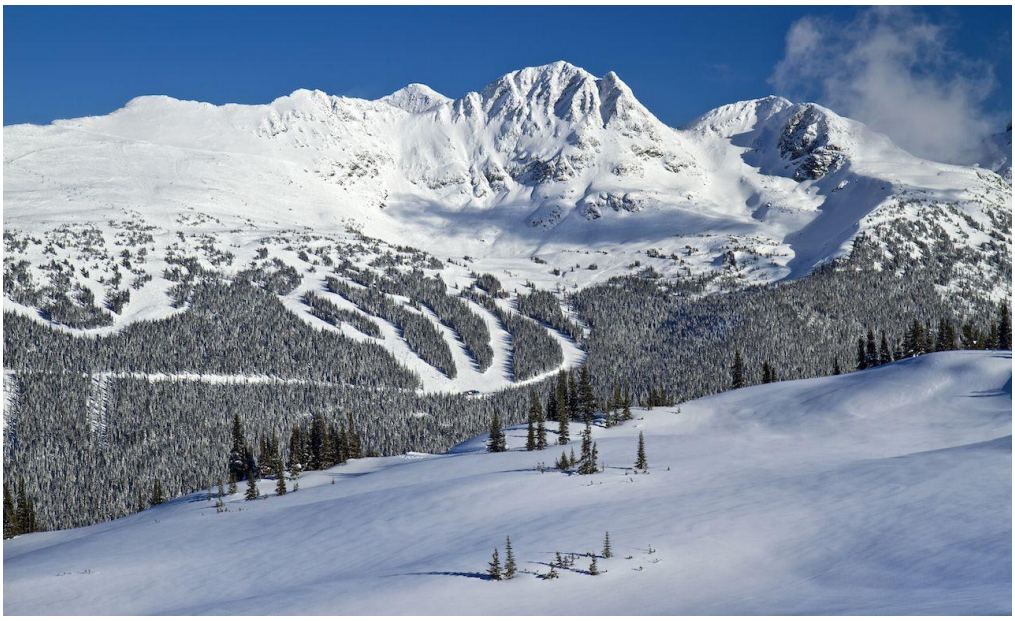
First, a note on season passes

Your choice of mountain might be dictated by whether or not you've already purchased an Epic Pass or IKON Pass, both of which grant access to several of the mountains on this list. Last season we wrote about planning ski trips around your ski pass. If you don't want to go all in on a season pass, the Mountain Collective Pass doesn't give you unlimited access to its mountains but does offer steep discounts.

If you don't have any pass, be sure to buy your lift tickets online in advance. While lift prices can change by day of the week and week of the month, it's always cheaper to buy online than heading to the ticket window on the morning you plan to ski.

1. Aspen Snowmass — Aspen, Colorado

Ski passes: Ikon, Mountain Collective



Aspen conjures images of ritzy snow bunnies, significantly overpriced cocktails, and pretension so strong you could smell it from Glenwood Springs. Full disclosure, all of those things are present in Aspen. But it's what happens between the lines, underneath the façade of trophy homes and Gucci purses, that makes a visit to this mountain town memorable. First, there's the terrain itself. The first chair at Aspen Mountain after an overnight snowfall is the stuff powder dreams are made of: wide-open fields of steep, rolling terrain accessed by high-speed lifts within walking distance of downtown.

If you're there for a while, few ski destinations offer the diversity in terrain of Aspen. Beyond Aspen Mountain, Snowmass alone is enough to keep freeride enthusiasts busy for a week or more. Buttermilk has Colorado's top family-friendly terrain and the X-Games terrain park that brings in top pros each January. Aspen Highlands is steep and offers access to Highlands Bowl, often ranked among the bucket-list ski hikes of North America. No matter which mountain you're on, those million-dollar views of the surrounding 14,000-foot peaks are enough to stop you in your tracks.

2. Whistler Blackcomb — Whistler, British Columbia

Ski pass: Epic

The largest ski resort in North America, with over 8,000 skiable acres, Whistler Blackcomb keeps adding superlatives to the list. It built the world's highest gondola off the ground in time for the 2010 Winter Olympics, making it really easy to hop between the resort's the two mountains: Whistler and Blackcomb. Yet with so much to ski on each mountain alone, you could spend days on just one of them and not ski it all.

Whistler Mountain has plenty of wide-open

bowls that are great for beginners and intermediates. Then again, many have called its Saudan Couloir chute one of the scariest runs in the world. They clearly haven't climbed up Spanky's Ladder on Blackcomb Mountain to access off-piste runs on Ruby and Sapphire Bowls. While those gemstone-named zones usually have great snow, signage is limited, and cliffs are aplenty — so go there with someone who knows the area. Whatever level skier you are, you can fuel up on some of the best on-mountain lunch options we've tried in North America.

Off the mountain, Whistler Village is so packed with great restaurants and bars that Vancouverites will come up for a weekend of partying alone. You've also got miles of cross-country and snowshoe trails, spas, yoga studios, and dozens of other activities — from sleigh riding to zip lining.

3. Jackson Hole Mountain Resort — Teton Village, Wyoming

Ski passes: Ikon, Mountain Collective

Officially, Jackson Hole is named as such because the town of Jackson is surrounded by towering peaks on all four sides and resembles a hole in between them. Unofficially, its name refers to the fact that once you get here, it's nearly impossible to convince yourself to go back home. Beyond some family-friendly runs at the base, Jackson Hole Mountain Resort is a playground for big mountain enthusiasts who typically have to ski up a backcountry peak to find terrain this good. Seeing packs of pro skiers and film crews crammed onto the chair, avalanche pack on their backs, enroute to the resort's renowned backcountry access gates is just another Tuesday in Jackson.

Its most famous run, Corbet's Couloir, is a bucket-list drop for many dedicated skiers and boarders. Riding the tram past it up to Corbet's Cabin is also a must-do experience. The addition of the Teton Quad Chair in 2015 made even steeper, powder-filled terrain easily accessible, and because of the resort's sheer size and the fact that you're skiing in the least-populated state in the union, there's no stress over having to share it.

4. Sun Valley Resort — Sun Valley, Idaho

Ski pass: Epic

Sun Valley Resort opened in December 1936 with the world's first chairlift: the same single-rider style that Stowe adopted shortly thereafter. The hotel itself was a glamorous affair that attracted Hollywood types like Marilyn Monroe and Cary Grant. Warren Miller, the father of the ski film, was a ski bum in Sun Valley — which may explain why he always included an element of the itinerant ski-bum life in his films.

But you don't go to Sun Valley for the history. You go for some of the dryest, powderiest snow on the continent. The home of corduroy (skiing, that is, not pants) doesn't have as many of the steep runs that you'll find, say, in neighboring Wyoming — but Sun Valley's Bald Mountain does have big long cruisers and consistent pitch the whole way down. If you like doing big GS turns, this is the place. And after a day of big, sweeping turns, you can head back to that still-glittery lodge for a cocktail — Sun Valley is still a posh place, after all — or have a beer with the locals in the town of Ketchum.

5. Big Sky — Big Sky, Montana

Ski passes: Ikon, Mountain Collective

Montana is the last stand for the true Wild West ski bum, a place where half-toasted locals ride horseback down the middle of the street when the après action winds down. Big Sky is living proof that the 2001 movie *Out Cold*, arguably the greatest cinematic masterpiece of all time, took place in the wrong state. If Hangman's Peak were a real place, surely it would be here. As far as destination ski resorts go, none are quite as raw and unfiltered, nodding to the days when wearing a cowboy hat up the lift didn't automatically label you as a novice.

There's terrain for everyone, and unlike Colorado's Summit County, there's no worry of bumping elbows should your heelside turn go a little too wide. Like Jackson Hole to the south, carrying avalanche gear on your back is commonplace at Big Sky — just another die-hard en route to Big Couloir. It's a freeskier's paradise, and because it's Montana, that isn't going to change anytime soon.

6. Kicking Horse Mountain Resort — Golden, British Columbia

Ski passes: Ikon, Mountain Collective

The entire Eastern BC region seems to be the talk of the ski world these days, with eight ski resorts available along the Powder Highway. While they all offer runs for beginners and intermediates, this region is best known for really long runs; fluffy, untracked powder; and very steep

lines. Of all of the resorts, Kicking Horse seems to be the buzziest of all.

Don't be fooled by the fact that Kicking Horse has but one gondola and three lifts. It has plenty of skiable acres and that gondola goes far: The mountain offers an astounding 4,133 feet of vertical. Trek on over to Super Bowl and you'll have a dizzying collection of double blacks to choose from. If you're worried about whether the Horse is too much for you, just know that you can stay closer in by Bowl Over or Crystal Bowl and take a blue or black run down (although even these blues don't skimp on incline). You can have lunch, or dinner, at Eagles Eye atop the mountain or head down to the crunchy mountain town of Golden for après beers at the Whitetooth Brewing Company.

7. Squaw Alpine — Squaw Valley, California

Ski passes: Ikon, Mountain Collective

Folks are sometimes surprised that California has produced so many Winter Olympians. In fact, Squaw Valley was the site of the 1960 Winter Olympics and was the home mountain of at least two gold medalists: alpine racer Julia Mancuso and freestyler Johnny Moseley, who can still be found on the mountain on great snow days. If you're lucky, Squaw will reward you with a classic NorCal ski day: a night of snowfall followed by a bluebird morning. When the Headwall lift opens up, it's a race to get to the untracked stuff first.

Buck the crowds and head over to Granite Chief, where you'll find excellent tree runs through the ponderosa pines. Or head to the KT-22 chair, Tahoe's most famous lift; it accesses a ridge, off of which are plenty of steep, mogul-dotted options. Since KT-22 starts at the base, it's kind of a thing to see how quickly you can lap its experts-only pistes.

The après scene is typical chill Californian, with big outdoor fireplaces and pitchers of beer. Go ahead and fill up on nachos because, despite the growing number of restaurants in Squaw, the food is just so-so. For lunch, Wildflour makes tasty sandwiches and the best chocolate chip cookies anywhere. If you want a great dinner, though, drive to Truckee.

8. Mammoth Mountain — Mammoth Lakes, California

Ski passes: Ikon, Mountain Collective

There was a time — the 1990s, in fact — when Mammoth Mountain was the hub of the snowboard social scene, home to a legendary and constantly evolving terrain park luring pros and providing endless fodder for the legions of youth flocking to a fast-

growing sport. Even today, the massive resort south of Yosemite National Park is a beacon for boarders from across the country, with stickers of the famous Mammoth crown lining the backs of cars on nearly every freeway in Southern California, depicting drivers' burning desire to ditch the asphalt block for the high country steeps of the Sierra.

All the hype around Mammoth tends to paint an image of a haven for big-city teenage jibbers with pants drooping and headphones blasting, a place where worth is measured solely by how many spins one completes off the mega-booters in the park. This couldn't be further from the truth. In fact, Mammoth deserves every bit of recognition it gets. The mountain is huge and diverse, steep shoots dropping into wide-open bowls that lead into fast cruisers to the base. The views of the Minarets from "The Summit" are as unforgettable as dropping into Paranoid Flats on a pow day. Mammoth is a skier's universe all it's own, and it's no wonder a coworking space was opened in the base lodge — people just don't want to leave.

9. Telluride — Telluride, Colorado

Ski pass: Epic

Both Oprah Winfrey and Tom Cruise have homes in Telluride if that tells you anything about its star power. One could almost say it's the new Aspen in that sense, though it's far tougher to get to. This means that, big names with private jet access aside, the people here are here for one reason: The mountain is damn epic. Revelation Bowl is the best lift-accessed terrain in the San Juan Mountains, and if you dare to push it further, a hike up towards Palmyra Peak will make you feel as though you've walked into a Warren Miller film.

Thanks to the Prospect Express and Apex lifts, casual skiers and riders enjoy access to nearly the entire mountain here, something that often eludes those not keen on bumps, rollers, and steep drops at big-time resorts. The town also does après action right, with two distinct villages to choose from. And be sure to give Tom or Oprah a high five if you see them.

10. Stowe Mountain Resort — Stowe, Vermont

Ski pass: Epic

The oldest ski town in North America is still its most iconic. Back in the day, Stowe's single-chair ski lifts left you feeling so lonely and cold that they gave you horse blankets to cover yourself with. That early lift accessed the Front Four runs, which were cut to follow the terrain of the mountain — winding and really narrow in some spots. They were known as the hardest runs on the east coast. Eventually, Stowe replaced the single-person lift and added two cable cars, as well, so you can get up the hill in much cozier conditions, even in the bitterest of Vermont winters. You've also got plenty of other chairlifts to access a host of intermediate blues, and even a t-bar and people-mover near the beginner greens — making Stowe a very family-friendly ski place today. In fact, the Trapp Family Lodge, as in the Von Trapps from *The Sound of Music*, is just down the road from the mountain, and you'll find other lodging and dining options around, as well.

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The Death of Empathy

JULIE SWARTZ, MD

You used to come to us struggling to breathe and begging for our help, and while we stood over you preparing for intubation, we would feel all the feels while looking into eyes that we knew might never open again. We would break down and cry while telling your family that you didn't make it or celebrate with high fives and exclamations of relief when you pulled through.

You used to wait in our waiting room while we anxiously saw it getting backed up, and we would do everything we could to move the department faster or find ways to get you back to us faster as we fretted and advocated for the seriously sick and injured patients that might be getting worse while waiting for a bed to open.

You, as our family, friends, and acquaintances, used to come to us asking our advice about your Great Aunt Berta's cancer or the rash you've had for a month or to look in your fussy toddler's ear and we would be happy to help, and we would feel a sense of satisfaction that we could give you some relief or peace of mind.

You used to come to us asking us to give presentations at your schools or community events about health care professions or public safety. We would happily volunteer our time to help our community and our community's children.

You used to see and hear us talk with joy as we passed on our trade to the next generation of caregivers. We loved our jobs and couldn't think of anything else we would rather do than care for our communities, and we would pass that on to our trainees. But then COVID denial, anti-masking, and vaccine refusal entered our world, and everything changed. And we became frustrated and angry and sad and horrified. And then, as we became just plain exhausted, we watched our colleagues leave one by one for a myriad of very valid reasons from what we had always considered our second family. And while we don't blame our former colleagues at all for those decisions, it has added to the pain that was already so great that now we are just numb.

Now when you come to us struggling to breathe, we still go through the actions and do what we can to save you. But our empathy and hearts are tucked away and protected to only come out for our own loved ones because we don't have much of it left to spare.

Now when we see our waiting rooms backed up to 5-hour waits and are closed to EMS traffic and are turning away transfers from rural outside hospitals, and patients who have been boarded in our ED for days are deteriorating rather than improving in an appropriate ICU bed, instead of fretting and trying to find ways to get out of the mess, we have learned that there is little more we can do about it (especially when our communities are doing nothing to help us and do not seem to care at all). Our mantra, for our own self-preservation, has become "I just have to get through this 8 or 10 or 12 or 16-hour shift" while trying to turn a blind eye to the madness.

Now when you ask us about your Great Aunt Berta or your rash or your kid's ear, and we know you have ignored the rest of our advice for the past 21 months, instead of feeling a sense of satisfaction that we can help, we feel frustrated, angry, and sad that you only want our advice when it is convenient for you.

Now when we approach our schools or other community groups to advise on how to best approach a public health crisis and keep our community safe, instead of leaving feeling respected and having a sense of fulfillment in giving back to our communities, we leave disrespected and humiliated after being booed down and yelled at while those same people who asked for our volunteered contributions in the past sit there in silence today.

Now when we have trainees, you see our skepticism at their eagerness to learn our trade and hear our mumblings of, "Are you sure you really want to do this?" Soon, there will be too few to take our places. It is not just patients dying within the walls of our hospitals. Empathy is also dying one by one in the hearts of even our most empathetic health care workers and being replaced by apathy. And while all of us would love to get that empathy back, we need help from our communities. Because we have nothing left to give, there will soon be no one left to give it. And we should all care about that.

Julie Swartz is an emergency physician.

AIR FRYER COCONUT SHRIMP

Thefoodiephysician.com

My Air Fryer Coconut Shrimp is a restaurant quality appetizer that you can make at home! It's so easy to make and healthier than the traditional deep-fried version, thanks to the air fryer. It's the perfect New Year's Eve, holiday or Game Day appetizer and can be made gluten free too!

Whether you're looking for an appetizer to serve at your next party or just a quick weeknight meal, this recipe is for you! Coconut shrimp is one of those dishes that's always sure to be a hit. Anytime I put a platter of them out at a party, they're always the first thing to disappear! They're tender and juicy on the inside with an irresistibly crispy, golden brown, coconut crust. Plus, you can pick them up by their tails so they're not messy at all. Coconut shrimp are the perfect finger food! And both kids and adults love them. Having a hard time getting your kids to eat seafood? Make this dish for them!

WHY AIR FRYER COCONUT SHRIMP ARE HEALTHIER

The coconut shrimp you get in restaurants are typically deep fried. That's how they achieve that crispy exterior. While they're delicious, they're not exactly the healthiest. My Air Fryer Coconut Shrimp are a lot healthier because I use an air fryer. An air fryer is basically a mini convection oven that sits on your countertop. It has a fan that helps circulate heat around your food more efficiently, making it nice and crispy, similar to deep fried food. Because of the way air fryers work, you can simply spray a small amount of olive oil on the shrimp before cooking. This cuts back significantly on calories and fat. You can even skip this step altogether and use no oil at all but I prefer to use a small amount to help achieve a golden brown color.

HOW TO MAKE AIR FRYER COCONUT SHRIMP

- Prepare your shrimp (see section below)
- Set up a breading station with flour, eggs and a mixture of shredded coconut and panko breadcrumbs. I recently got this set of breading trays. I love it- it makes setting up the breading station a cinch!
- Coat the shrimp with the ingredients in the breading station
- Cook the shrimp in the air fryer
- Serve shrimp with desired dipping sauce. My sauce of choice is Thai sweet chili sauce.

HOW TO PREPARE THE SHRIMP

Did you ever notice that restaurant coconut shrimp look different than the shrimp you make at home? It's because they butterfly the shrimp before they cook them. Butterflying is a technique that flattens the shrimp out. As a result, they cook faster and you get a larger surface area to add more of the coconut breading. Yum! Plus, the shrimp look cute when you butterfly them because they can stand up on a plate and it makes them easier to pick up. If you don't butterfly the shrimp, that's fine- they'll still taste great. Just cook them a minute or two longer.

HOW TO BUTTERFLY SHRIMP

- Start with extra large shrimp (21-26 count per pound), preferably peeled and deveined with the tails on. Having the tails on makes the shrimp easier to pick up and provides a handle. You can use fresh or frozen shrimp. If using frozen, make sure they're fully defrosted.
- Place the shrimp on a cutting board. Using a small paring knife, cut along the back of the shrimp to open it up. Don't cut all the way through. Spread the shrimp open and flatten it out.
- To watch me butterfly shrimp, be sure to click on the recipe video!
- Once all the shrimp are butterflied, proceed with breading them. Pat them dry first- this will help the coating stick and helps the shrimp get extra crispy.

CHEF'S TIPS FOR AIR FRYER COCONUT SHRIMP

- Preheat the air fryer first to get it nice and hot before cooking.
- You can spray or brush the air fryer rack with oil as well as the food, if desired. You can skip this step but I like to spray the shrimp to get a nice golden brown color and to prevent sticking.
- Don't overcrowd the basket. You want the shrimp in a single layer so that the air circulates around them. This will help them cook evenly and crisp up nicely. If your air fryer comes with a second rack, you can put a layer of shrimp on that as well and cook twice as many.
- Flip the shrimp halfway through to get even browning on both sides.
- Every air fryer is different in terms of how hot they get and how quickly they heat up so you may have to adjust the temperature and cooking time based on your air fryer. There are recipes online that call for cooking coconut shrimp in an air fryer at 400°F for 15 minutes or more however I find that to be way too hot and too long. The coconut will burn at that temperature and the shrimp will get rubbery. I find 350°F for 7-8 minutes to be perfect for my air fryer. If you're not butterflying the shrimp, you can add another minute or two to the cooking time.

INGREDIENTS

1 pound extra large shrimp (21-26 count, peeled and deveined with tails attached)

¼ cup flour (can use gluten-free flour)

½ teaspoon kosher salt

¼ teaspoon black pepper

2 eggs

¾ cup shredded coconut (unsweetened)

½ cup panko breadcrumbs (can use gluten-free panko breadcrumbs)

Olive oil spray

Sweet chili sauce for serving

EQUIPMENT NEEDED

Air Fryer

Breading Trays

INSTRUCTIONS

First, butterfly the shrimp (this step is optional but will give the shrimp a nice appearance). To do this, insert a small knife along the back of the shrimp starting near the head and run it down the center of the shrimp to the tail, cutting about ¾ of the way into the shrimp (do not cut all the way through the shrimp). Using your hands, spread the flesh open until the shrimp lies flat. Repeat with the remaining shrimp.

Set up a breading station. Place the flour, salt and pepper in a tray and mix them together. Place the eggs in a second tray and whisk them with a tablespoon of water. Place the coconut flakes and breadcrumbs in a third tray and mix them together.

Working one at a time, pat the shrimp dry and dredge them in the flour. Dust off any excess flour and then dip them into the egg wash. Finally, press the shrimp into the coconut mixture, coating both sides.

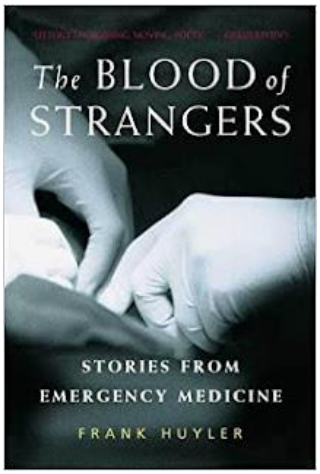
Heat an air fryer to 350°F. When hot, place a layer of shrimp in the basket and spray or brush them with olive oil. Don't overcrowd the basket. Cook for 4 minutes then open the basket and flip the shrimp over. Cook another 4 minutes until done (if you did not butterfly the shrimp, you may need to cook them 1-2 minutes longer). Remove the shrimp from the basket and cook the remaining shrimp.

Arrange the shrimp on a serving platter. Serve them with sweet chili sauce or your favorite dipping sauce.

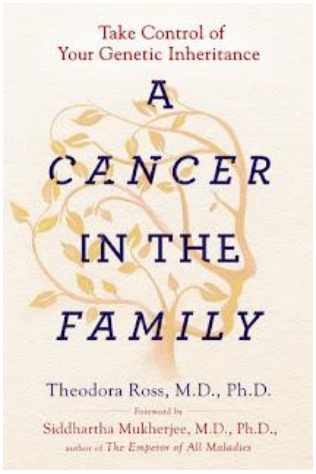
My Favorite Public Health and Health Care Books of 2021

Kenny Lin, MD, MPH

This is my 6th in an annual series listing my 10 favorite public health and health care reads of the past year.

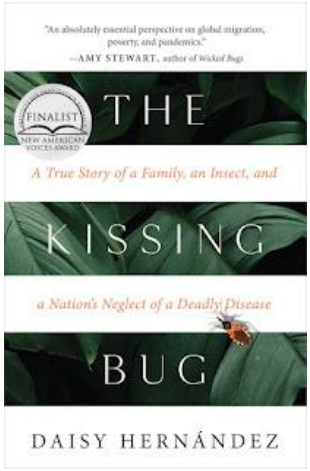


The Blood of Strangers: Stories from Emergency Medicine, by Frank Huyler

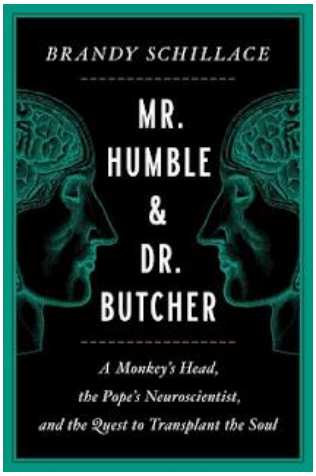


A Cancer in the Family: Take Control of Your Genetic Inheritance, by Theodora Ross

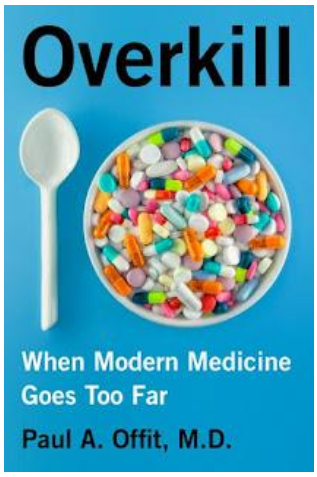
A Country Doctor Writes: Conditions: Diseases and Other Life Circumstances, by Hans Duvefelt



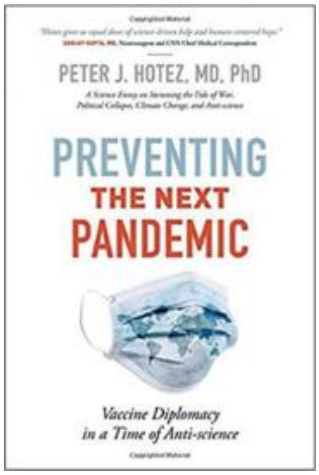
The Kissing Bug: A True Story of a Family, an Insect, and a Nation's Neglect of a Deadly Disease, by Daisy Hernandez



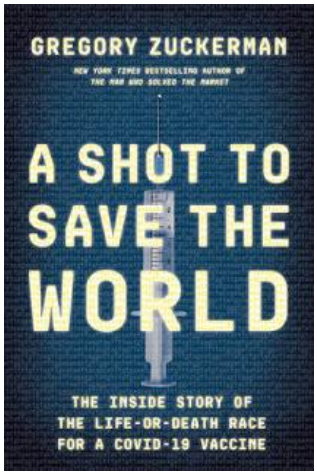
Mr. Humble and Dr. Butcher: A Monkey's Head, the Pope's Neuroscientist, and the Quest to Transplant the Soul, by Brandy Schillace



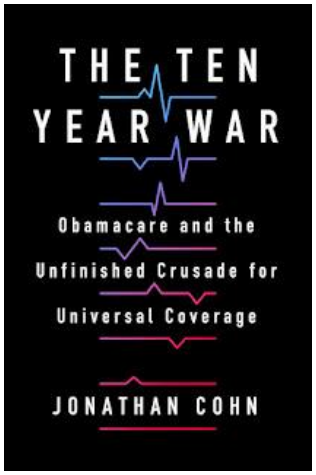
Overkill: When Modern Medicine Goes Too Far, by Paul Offit



Preventing the Next Pandemic: Vaccine Diplomacy in a Time of Anti-Science, by Peter Hotez



A Shot to Save the World: the Inside Story of the Life-or-Death Race for a Covid-19 Vaccine, by Gregory Zuckerman



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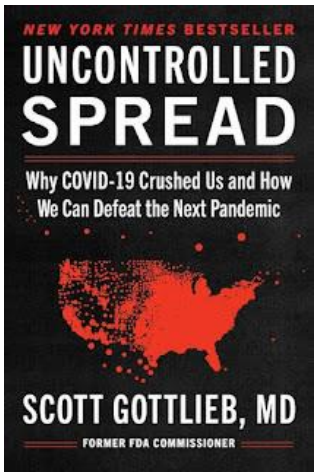

Uncontrolled Spread: Why Covid-19 Crushed Us and How we Can Defeat the Next Pandemic, by Scott Gottlieb

Let's Not Become a Nation of Physician-Robots

DIANA LONDOÑO, MD

My 5-year-old proudly told me during lunch, "Did you know animals don't cry?" When she told me this, I had to think about it and then immediately Google this. Having small kids teaches you many random facts, including that sharks don't blink because they don't have eyelids.

So, when she told me her new fact, I was intrigued. Animals, unlike humans, do not have a prefrontal cortex.

This is an area of the brain involved in planning, decision-making, and processing emotions. Living beings can have primitive needs such as fear, hunger, and need for sleep, but a key difference is that we have feelings such as disappointment, excitement, tranquility, optimism, or motivation, to name a few.

We also can feel extreme sadness or happiness that leads us to tears. While animals produce tears, this is only to lubricate their eyes, not to cry. Animals do not have this complex processing of emotions, and neither do robots.

As much as we can build algorithms for computers, they cannot detect the nuances of what makes us human, which is the ability to have and process feelings.

What have we learned in medical training?

In medicine, we have been trained to be goal-focused, assertive, determined to achieve goals, and have left little space to balance out processing all the emotions that come with being a human and a physician.

As physicians each day seeing patients, we may feel frustrated, grateful, disheartened, defeated, connected, excited, uncomfortable, all within a span of 15 minutes.

However, we are trained like soldiers to stay focused on the task at hand, which is seeing a multitude of patients, finish completing a day-long ritual of a million computer clicks, making sure all requirements are done to reach a certain billing criterion. But are we allowing space to be present and process the patient's fear, doubt or anger as well as ours?

If we do not feel comfortable processing and acknowledging our own emotions, how can we then be present for others? Most patients feel "listened" to when we ask about symptoms but are we truly listening and enquiring about the feelings they are experiencing? Everyone wants to be truly "listened" to and acknowledged, and that goes beyond the superficial: "How are you today?"

Stopping to discuss our feelings with a colleague is usually a process that is not welcomed, as we only have a limited time to discuss what we are doing that day, or maybe to discuss a patient's symptom, diagnosis, or treatment. We repress what we are feeling about our day or a patient's encounter. Yet, if we do not label and process our emotions, they will not go away, but instead, they will show their toll one way or another in due time.

Even in the morbidity and mortality conferences held in surgical departments, we will spend an entire hour, splitting the minutiae of how an error can be prevented but leave no time to discuss how the presenter is feeling not only during but after such presentation.

I know presenting has caused me to feel fear, shame, anxiety, inadequacy, and quickly it will transform into imposter syndrome if left unprocessed. But who is helping us during these normal human experiences? This is never discussed as we are expected to carry on the day as if the tumultuous number of feelings has not coursed through our mind and body.

Why is acknowledging feelings, discussing them, and processing so important?

Because it is the essence of what makes us human and differentiates us from animals or robots. Expressing emotions can connect us because we understand we are not alone in feeling frustrated, nervous, shame or guilt.

We all feel it. We are just not "allowed" to express it. Many times, we have been told in medicine not to be too emotionally involved or overwhelmed by the emotions we are experiencing — as if this makes us a better physician.

How can we proceed?

In medicine and health care, this is a time to train, act, and lead with a goal of focus and determination and compassion.

With compassion, we build awareness and understanding that we are human, imperfect, and full of feelings and emotions, which gives life its richness, depth, dimension, and complexity.

So, the question is: how do we want to continue?

Do we want to continue to be a nation of physician robots devoid of feelings, impersonal, distanced, and aloof to the human in front of us? Or do we want to embrace our own humanity and dive into the essence of who we truly are? It may be uncomfortable, but anything worthwhile is.

So, let's be uncomfortable and change the narrative to truly get to a place where we can fully express our humanity.

Let us incorporate in our days and interactions the awareness of how we are feeling, let us show up in our day, and be given the permission to feel, process, and express our emotions so that we can then do the same for our colleagues and patients. Let's sprinkle these opportunities in our days, activities and meetings so that it is no longer a small part of what we do but becomes the essence of who we are in health care.

Let us bring back the basics of our humanity. Robots have a role, but let them continue to assist us, not replace us.

Diana Londoño is a urologist and can be reached at her self-titled site, Dr. Diana Londono, on Twitter @DianaLondonoMD, and on her blog. She is one of the 10 percent of U.S. urologists who are women, and 0.5 percent who are Latina and female.

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