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The Best Budgeting Apps for Doctors of Every Career Stage

BY JONATHAN FORD HUGHES



Budgets are a lot like toilet paper: Unglamorous, but indispensable. Yes, even high-earning, late- and mid-career physicians need budgets. In fact, a budget might be even more important for higher-earning doctors. Here's why.

When you're a resident, you most likely need every dollar you earn. There's little buffer between that iced coffee and an overdraft fee. Then, you start earning that post-residency paycheck. Suddenly, your financial buffer is bigger and the need to be vigilant fades. But it shouldn't.

More dollars are more difficult to track than fewer dollars. Without a budget, those dollars can get away. You may spend upward of \$1,000 a month on takeout, [lose hundreds to fees for services you don't actually use](#), or [under-save for retirement goals](#). Without a budget, you can slip into what financial author [Ramit Sethi](#) calls "unconscious spending."

What you want is conscious spending, Sethi argues (and we agree). You might *love* takeout and spending \$1,000 a month won't break the bank. Because you've made takeout a priority and know it fits into your financial plan, spending that money on delivery becomes conscious spending. Substitute takeout with clothes, concerts, travel—whatever you want. It's OK as long as you account for it and spend consciously.

That requires having some form of a budget.

You can make your budget as granular or as general as you'd like. Early-career physicians and residents may want to go the granular route, setting specific dollar amounts for finite categories because your margins are tighter. Mid- and late-career physicians may do fine with broad categories. For both, we suggest starting with the following percentages (adjusting to suit your needs):

- Expenses (The indispensable stuff: mortgage, rent, utilities, groceries etc.): 60%

- Fun money (The discretionary stuff: whatever you do for fun): 20%
- Savings (Accumulate cash in a liquid account until you have 3-6 months of expenses covered): 10%
- Investments (Employer-sponsored retirement accounts, such as a 401(k) or 403(b), taxable accounts, such as a Roth IRA, and finally a taxable brokerage account) 10%

Once you have an [emergency fund](#) amassed, we suggest funneling that money into your investments. After you've established your categories, it's time to start budgeting. Here are some doctor-friendly digital options.

Spreadsheets

This is the ultimate DIY budgeting approach. Experience has shown that many physicians are drawn to it—especially surgeons. Using a spreadsheet to budget gives you total control over the process. The downside is that spreadsheet budgeting is labor intensive. Before you choose this method, consider that you'll need to spend at least thirty minutes each week manually entering expenses and monitoring cash flow. It's 2021, and there are apps that will do this for you! That being said, if spreadsheet budgeting is cathartic for you, go for it.

Pocketguard

[Pocketguard](#) may be a good option for mid- and late-career physicians who have enough of a financial buffer that you don't need to track every dollar. This app, which is free with some in-app purchases, provides a high-level overview of your cash flow. At a glance, Pocketguard will tell you how much money you have available for discretionary spending. It does this by linking your checking and savings accounts, then detecting recurring bills and income. If you want to get granular, you can export your data onto a spreadsheet.

Mint

[Mint](#), a free budgeting app from Intuit, has been around for a while. Its staying power is a testament to its ease of use. Just link your accounts, set spending limits for each category, and Mint will keep tabs on your spending, alerting you when you exceed limits. Mint does require a bit more active monitoring than Pocketguard as you'll have to manually categorize some transactions. And while it's free, in theory, there is no free lunch on the internet. Mint makes money from credit card recommendations and other financial products. Regardless, Mint is a good budgeting solution for residents and early-career physicians who need to run a tight financial ship.

You Need A Budget (aka, YNAB)

YNAB is a [zero-based budgeting](#) app, operating on the principle that your income minus your expenditures should equal zero. Every dollar has a job, whether that's paying your cell phone bill, funding your retirement account, or taking your special someone out on a date. Zero-based budgeting may be a good solution for residents or early-career physicians who are operating with less financial wiggle room. Much like Pocketguard, YNAB will tell you how much money you have available at a given moment, accounting for upcoming bills. The big difference is that it will not account for upcoming income. What you have is what you can spend. If you use credit cards for everyday purchases and pay off the balance at month's end, YNAB may be tricky. However, it's a good solution for any doctor who is serious about taking control of their financial life.

Honeydue

[Honeydue](#), a free budgeting app, solves a common personal-finance problem: Budgeting for couples. It's a good solution for doctors of any career stage who have merged finances with their partner. After some initial setup, which includes linking your accounts with the app, Honeydue will monitor your spending, keep tabs on account balances for joint and individual accounts, and monitor your budget across categories of your choosing. Again, there's no free lunch on the internet. These days, Honeydue is pushing users toward its Visa debit card.

Goodbudget

While not as draconian as YNAB, Goodbudget is another option for any early-career doctor or resident looking to tighten their belt. It uses an [envelope budget](#) system, which you can do physically or digitally. With this cash-based approach, each envelope corresponds with a spending category, such as rent, utilities, or dining. The cash you have in the envelope is what's available for spending. Unfortunately, Goodbudget does not sync with your accounts. You'll have to add your balances and subtract any expenditures manually. There's a free version, but by spending \$7 monthly or \$60 annually, you can have unlimited envelopes and accounts on up to five devices. As a bonus, Goodbudget is like Honeydue in that it works for couples with merged finances.

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How the Pandemic Affected Physician Romance

BY LARA BECKER



For frontline physicians, the COVID-19 pandemic presented an existential crisis, and in some ways, a crisis of the heart, too. No aspect of physicians' lives escaped unscathed, and this includes the love lives of doctors.

Whether in their first month, first year, or 27th year of their love stories, the five physicians we interviewed for this story all shared this common theme. Due to the sensitivity of the subject matter, names have been altered, and last names have been omitted.

New love during COVID

New relationships provoke anxiety under normal circumstances. The pandemic only heightened that anxiety.

Jake is a single doctor in Nashville, Tennessee, and entrenched in the high-stress environment of surgical medicine. Marriage and kids have always been on the horizon for him, and something he's searching for now.

Jake has worked hard his entire life to build the foundation of his career, and wants to share a bright future with someone special. But, he's also new in town and doesn't yet have a close group of friends.

Jake says he's struggled with contradictions: He wants to meet people, but what's the risk? Not only is the prospect socially daunting, but he feels that by going out, he exposes himself or others to the virus.

Then he transitioned to Zoom dates, outdoor walks, and tried to be creative with his date ideas. Little came of this thoughtful approach, he said. He doesn't think people were turned off by him working in medicine during a pandemic, but it is possible they didn't meet up because of it.

"I don't think the past year or so clarified anything for me on dating," Jake said. "It was pretty much a waste of time. Maybe I know what I don't like."

Also feeling in limbo is Ashley, who is recently single after the end of her first marriage. Ashley is in Emergency Medicine and Critical Care in Portland, Oregon, and felt passionate about her career from the beginning.

Between social justice and healthcare work, Ashley felt this was the most exciting time she may ever see in her field. But unfortunately, dedication to pandemic care ultimately ended her marriage in divorce.

“He didn’t feel like he could obtain his dreams in our marriage, because I was so focused on mine,” she said. “The past few years made it clear where my loyalties lie: In medicine.”

Ultimately, even after the divorce, Ashley felt lucky that the pandemic taught her how to be a better physician.

“I could never plan for this scenario, obviously, but I know I’m doing what I want to do,” she said. Perhaps she found a new love for the career she has dedicated herself to so tirelessly, and for the better of her community.

In the thick of it: Kids, marriage and more

As doctors, the priorities you juggle are enough to make anyone’s head spin. Add in diaper bags, family dinners, and a global pandemic while working in medicine, and your head may as well fall right off.

One physician dealing with these daily pressures is Derrick, a father to two kids younger than 5. He’s also in an emergency medicine residency in Atlanta.

Due to his possible exposures at work, Derrick moved into his basement at the start of the pandemic and didn’t see his wife and children indoors for several months. The couple also pulled their children out of daycare, putting additional pressure on Derrick’s wife, who has a career of her own.

What emerged were deep feelings of loneliness and confusion, but Derrick said this was also one of the most exciting and affirming times in his life—quite the maelstrom of emotion.

“I was honored to be a part of that team and I believe in the decisions that my family made to let me be here,” Derrick said. “It was a really important time to dedicate myself to.”

Also in a difficult position was Clare, who was pregnant during much of the pandemic. Clare was in an oncology residency at a Brooklyn hospital.

From the beginning, she took PPE and hand hygiene seriously. Clare avoided public transportation, spending the entire pregnancy (including the first half of her third trimester) biking or taking the ferry to work—even during the winter.

Despite her efforts, she infected her husband with COVID, causing her a lot of guilt. When her baby was born, Clare took an extended leave. Without her work, she felt a loss of identity, feelings of failure and confusion, and doubts about her choices.

“It’s not so much, ‘This isn’t what I signed up for,’ because it is,” Clare said. “It’s more that we don’t have systems and protections in place where humans with vulnerabilities can practice medicine safely in this environment.”

Seasoned professionals in love and COVID

Mary found herself frustrated by the decisions of unvaccinated patients, worrying she would get sick. Mary is a widow, over 65, and caring for aging parents with her kids out of the home. At the beginning of the pandemic, she was a cardiologist in the Detroit metro area.

Afraid she could infect her immunocompromised parents, Mary became a telehealth provider in Florida. She felt frustration by how the nation responded to the pandemic:

“I had to remove myself from direct patient interaction because I can’t live my life hating people for the decisions they’re making and putting on me and my family,” she said.

She believes COVID brought to the surface many of the broken aspects about the medical system and how it prevents a healthy work/life balance outside medicine.

“I worked my whole life to create an environment of peace and simplicity,” Mary said. “COVID-19 added a layer of complexity within healthcare that will have impacts for years and generations to come. From managing chronic conditions to trust in the medical system, we have a lot of work to detangle public health from COVID-19. I am too old to deal with it anymore,” she said, laughing.

- COVID-19 upended the lives of physicians—including their love lives.
- We interviewed five physicians of different ages and career stages to determine how. I know it’s a lot to ask, but should we get the various ages of the other four physicians interviewed for this story?
- Some struggled to find love in the pandemic, with conventional dating almost impossible.
- Others lost love during the pandemic, with the added strains of their medical career ending long-term relationships.
- Those who made it through, with their relationships intact, had to struggle to hold their families together while keeping everyone healthy and safe.
- Finally, senior physicians had to keep their hearts in their work, all while facing the uncomfortable fact that they are in the at-risk category.

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Advice for Physicians: Should You Prioritize Investing or Paying Off Debt

By Chris J. Roe, CPA, PFS

It's not uncommon for physicians to carry loads of debt. From student loans to business startup costs, it's expensive to become a doctor and run your own practice. Realizing the full return on your investment often takes time. So if you are struggling to decide whether to focus on paying debt down aggressively or investing more money for the future, you're not alone.

You can choose one of two divergent paths, both of which have their merits. Prioritizing debt payments over investing allows you to become debt-free quicker. On the other hand, making minimum debt payments frees funds to invest in a market where opportunities are volatile, but earnings may exceed the cost of your debt. Alternatively, there is an approach that takes the middle ground: pay down some of the debt quicker and have some money left over for investing.

The below illustrates three alternatives with hypothetical examples. First, let's explore strategies for prioritizing debt payment.

Strategies for Paying off Debt for Physicians

Most people are happier being debt-free. It provides both emotional relief and a sense of security. Research shows a direct relationship between debt and psychological well-being. (1) However, it's important to note a person's attitude toward debt also depends on the nature of indebtedness. For example, individuals have more debt tolerance for a \$500,000 home mortgage than for \$20,000 in credit card debt. The mortgage is on an asset that should be growing in value and is held at a lower interest rate, while the credit card debt is generally held at a relatively high interest rate and the funds are less likely to be leveraged.

While various strategies for prioritizing debt payments exist, Trent Hamm writing for The Simple Dollar describes three approaches to consider in becoming debt-free. (2)

1. Pay off loans by lowest to highest balance.

Author and radio show host Dave Ramsey calls this the “debt snowball” strategy. The idea is to get a quick psychological win by paying off the lower debt amounts. Ramsey points out that these wins can create motivation that becomes life-changing start to becoming debt-free.

2. Pay off loans by highest to lowest interest rate

For this strategy, you make the minimum payment on all debts, but make a higher payment on the highest interest debt. This can be a better approach mathematically in terms of saving interest rate costs. The drawback is that your highest interest debt could be the largest debt amount. It could take a longer time to pay that debt down and you will have to delay the aforementioned psychological win.

3. Pay off credit cards first

This approach recognizes that lower credit card balances improve your credit score. It’s about credit utilization—or the percentage of what you owe against the credit limit of the card—the lower the percentage, the more positive impact on the credit score.

When Physicians Should Prioritize Investment Over Debt Payment

An anesthesiologist and blogger at Another Second Opinion offer an interesting perspective on investing by describing three strategies specifically for physicians, using examples of three hypothetical young doctors. The author made some assumptions (and did the math accordingly): (3)

- Each doctor carried \$100,000 student loan debt with a 4 percent interest rate (with a monthly payment of nearly \$2,000)
- Their incomes were too high to deduct the loan interest from their income taxes
- Each had a stable income and could stick to their plan
- Market gains continued at an average rate of 8 percent
- Inflation and dividend taxes were negligible because of tax sheltering, etc
- Investments were not tax-deferred (Note: factoring in tax benefits when investing pre-tax dollars could skew the outcome in favor of investing vs. debt pay down)

Doctor #1 prioritized paying off debts. She paid off the student loan in three years and began investing \$3,000 every month thereafter. After 10 years, Doctor #1 is debt-free and accrues an investment amount of \$334,976.84.

Doctor #2 paid only the minimum toward his debt and invested the remainder. After 10 years, Doctor #2 is likewise debt-free and has an investment account worth \$360,209.42.

Doctor #3 employed a combination of tactics. She paid a little more than the minimum on her student loans and invested at the same time. Her student loan was paid up in 4.5 years. After 10 years, her investment net worth is \$345,529.58.

So, our anesthesiologist blogger did the math and showed how risk-taker Doctor #2 came out ahead. Doctor #3 hedged her bets and saved some interest payments on her student loan, but earned slightly

less. Doctor #1 settled for the lower return, but went for the positive psychological payoff of being debt-free quicker.

Because physicians are high earners, you can avoid falling into the trap of ballooning student debt, which lower earners find themselves in when they choose income-based reduced payment plans. When you hear stories about student loan borrowers owing more than they started with a decade after graduation, this is why. Your investment in education is paying off at a better pace.

There is no single answer to solve the riddle of investing versus paying off debt. Each physician's personal situation is unique, and the right approach for one physician may not be right for another.

Should you want to discuss your particular situation and what approach is right for you, we are here to help.

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[3] <http://www.anothersecondopinion.com>

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BARBECUE CHICKEN STUFFED SWEET POTATOES

Thefoodiephysician.com

My Barbecue Chicken Stuffed Sweet Potatoes are the perfect weeknight dinner - they're nutritious, delicious and the whole family will love them!

I start by roasting the sweet potatoes in the oven until tender. Then I cut them open and mash the flesh with a fork to soften it. Packed with nutrients, flavor and color, sweet potatoes are the perfect edible bowl!

For my barbecue chicken, I take a shortcut and use rotisserie chicken from the grocery store, which I shred and toss with my quick and easy barbecue sauce. The tangy BBQ chicken works perfectly with the sweet potatoes. And to top it all off, I sprinkle on some crushed Southern Style Barbecuervest Snaps. The Snaps add smoky flavor, a bit of heat and just the right amount of crunch. Yum!

INGREDIENTS

4 medium sweet potatoes washed
½ cup southern Style Barbeque Harvest Snaps
4 cups shredded, cooked chicken (can use rotisserie chicken)
2 scallions sliced

Barbecue Sauce:

1/3 cup ketchup
2 tablespoons cider vinegar
1 tablespoon molasses
1 teaspoon smoked paprika
½ teaspoon Worcestershire sauce
½ teaspoon kosher salt
½ teaspoon black pepper
¼ teaspoon onion powder
¼ teaspoon garlic powder
¼ teaspoon cumin
1/8 teaspoon cayenne pepper



INSTRUCTIONS

Preheat oven to 400°F.

Pierce sweet potatoes all over with a knife. Place them on a lined baking sheet and bake in the oven until soft, about 45 minutes. Remove from oven and let cool slightly.

Place the Southern Style Barbecue Harvest Snaps in small plastic bag and crush them with a mallet or rolling pin.

While the sweet potatoes are baking, make the barbecue sauce. Combine all of the sauce ingredients in a small saucepan and simmer over medium heat for 5 minutes. Set aside a small amount of sauce to drizzle on top. Add the chicken to the remaining sauce and toss to coat.

Cut a slit lengthwise down the sweet potatoes and spread them open. Mash the flesh with a fork to soften it and spoon the barbecue chicken on top. Sprinkle the crushed Southern Style Barbecue Harvest Snaps on top and garnish with sliced scallions. Drizzle extra barbecue sauce on top.



Dr. Sonali Ruder DO is a board-certified Emergency Medicine physician, trained chef, mom, and cookbook author. She is a graduate of Brown University, Northwestern University- Chicago College of Osteopathic Medicine, and the Institute of Culinary Education. Dr. Ruder is a contributing writer, recipe developer, spokesperson, and health and wellness expert for several national magazines, cookbooks, websites, and companies. She is a frequent guest on both national television like The Dr. Oz Show as well as the local South Florida news where she does regular healthy cooking segments. She is the founder of The Foodie Physician website and the author of several cookbooks including the [Natural Pregnancy Cookbook](#) and [Natural Baby Food](#). Her goal is to give people the confidence and the tools to take control of their health, starting in the kitchen!

You started it.

- Karma

The Business School Mindset Doesn't Mind Physician Burnout

PATTY FAHY, MD

Even those of us with a meditation cushion and a gong app are likely to recoil when mindfulness practices are suggested as solutions for physician burnout. Sure, these practices are important. No, they do not address the causes of physician burnout.

Certainly, a more genuine effort by organizational leaders would be to respond to the data. There's lots of it. The burnout — now “wellness” — data is collected endlessly and sliced and diced to populate hundreds of published articles. None of the survey results I've seen clamor for resilience retreats or new wellness infrastructures.



On the other hand, where is the swift investment and action on those career-wrecking problems that do emerge in one physician survey after another? Where is the big dollar investment required to fix the “death by a thousand clicks” EMR? And where have organizational leaders mustered the political will to mitigate the toxic sinkhole of prior authorizations or arrange staffing that facilitates (rather than impedes) excellent patient care? Now those are issues that show up as flashing neon headlines year after year when burnout (I mean “wellness”) surveys are tallied.

The fixes are not forthcoming. Instead, a new chief wellness officer is appointed in a high-profile display of leadership largesse. A resilience retreat follows soon thereafter.

The fixes are not forthcoming because there is a clash of ideologies: Medicine vs. the Business School Mindset. And the “BSM” is winning.

Another term for the BSM is managerialism. This is the ideology promulgated inside the gleaming towers of business schools. I use the term “Business School Mindset” rather than specify the MBA degree because the ideological mindset can exist with or without an MBA. And of course, there are people with graduate business degrees who have not adopted a BSM.

The BSM is characterized by the belief that management is a learned profession with a body of knowledge and special “scientific” tools. I suppose a fly in the “learned profession” ointment is those pesky pop-up ads for “fully accredited/fully online MBA degrees — no GMAT/GRE required.” Nevertheless, graduates are assured that an MBA degree has prepared them to manage in any industry: a tattoo parlor, a government entity, or a hospital system.

Other BSM elements:

- Managers are an elite caste, separate from those who are managed, monitored, and controlled.
- Efficiencies gained by controlling the behavior of professionals and other workers garner financial rewards and power for the elite caste.
- The principle of rational egoism that declares an action is rational only if it maximizes self-interest (witness super-sized CEO salaries in not-for-profit health care systems, lay-offs while

executives collect bonuses, and private equity decimation of medical practices, community hospitals, and nursing homes).

While physicians, the health care industry, and other swaths of society have been left swirling by subjugation to the managerial caste system, we haven't named it. But brethren inside business schools have sounded the alarm for decades.

Martin Parker wrote a 2018 article for the Guardian titled, "[Why we should bulldoze the business school](#)" with the subtitle "There are 13,000 business schools on Earth. That's 13,000 too many. And I should know—I've taught in them for 20 years." Parker states that "business schools have a huge influence, yet they are also widely regarded to be intellectually fraudulent places, fostering a culture of short-termism and greed."

Henry Mintzberg, the author of 150 articles and 15 books, says management is not a profession and not a science. He said that you can't teach management in a classroom outside the context and culture of an actual business — and telling graduates that they are "managers" creates hubris.

Warren Bennis and James O'Toole wrote a 2005 Harvard Business Review article "[How Business Schools Lost Their Way](#)," describing comprehensive failings of business schools to be effective or ethical. That article foreshadowed the 2007 subprime mortgage crisis—attributed in part to the opportunism fostered in graduate business education.

So back to burnout.

The BSM in our health care institutions is what causes burnout.

The BSM and the profession of medicine are incompatible.

The steps to address physician burnout are anathema to managers who prioritize profits over patients. Monitoring, controlling, and cost-cutting are reflexive necessities when leadership doesn't fully understand the industry. The current EMR is a revenue collection system with a remarkable feature from the BSM perspective: The data entry clerks work all hours, and they double as doctors! And since the work always gets done, why increase support to physician practices or attempt to mitigate the crazy-making prior authorization demands?

We can't expect those with a BSM to solve physician burnout. What is needed is leadership throughout health care organizations by those with expertise in the core business, deep commitment to health care workers and patients, extensive tacit knowledge, and credibility. Physician CEOs have better outcomes in all critical metrics, including engagement among staff. And physician leaders have an ethical and fiduciary responsibility to serve patients. Those with a business school mindset do not.

[Patty Fahy](#) is an internal medicine physician and founder, [Fahy Consulting](#). She can be reached on Twitter [@pattyfahyMD](#).

HOW TO SPEND A WINTER WEEKEND IN STOWE, VERMONT

NICOLE ROSANIA

Hey again everyone! Today's post is going to be all about a winter weekend in Stowe! I've been to Stowe a few times now, both in the fall and winter, and am so excited to share this guide. While I couldn't recommend a [New England fall leaf peeping trip](#) to Stowe more, I highly encourage you all to plan a winter getaway here. Not only does Stowe have Mount Mansfield, aka Stowe Mountain Ski Resort, there's also ice skating, cross country skiing, and snow shoeing in the area, making it the perfect winter weekend destination. Let's get into the details of how to spend a winter weekend in Stowe, Vermont!

HOW TO GET TO STOWE

Stowe is located in northern Vermont, about 5.5 hours from NYC, 3.5 from Boston, and only about 2 hours from Montreal! No matter where you're coming from, you'll want to drive to Stowe. If you're flying, I recommend flying into Boston Logan Airport, the largest airport in the region, and driving the 3-3.5 hours north to Stowe. You could also fly into a smaller, regional airport like Manchester, NH or Burlington, VT if you're able to find a flight! If you live locally, definitely just hop in your car and drive. Having a car in Stowe is crucial to visit the different sites I'm going to cover below.



WHERE TO STAY FOR A WINTER WEEKEND IN STOWE

STOWE MOUNTAIN RESORT

Now for the fun part... where to stay for a winter weekend in Stowe, Vermont! There are tons of options in the area, ranging from quaint [New England](#) B&Bs to cheap chain inns to luxury mountain resorts. Because of this, Stowe is a wonderful destination for both families and couples alike. If you're skiing in Stowe, which I recommend doing since Stowe is one of the [best ski resorts in New England](#), you should consider staying right in Stowe Village. Stowe Village sits at the base of [Stowe Ski Resort](#) and is a central location to all of the shops, restaurants, and activities in this area. The Lodge at Spruce Peak is one of the nicest hotels here. It's also a ski-in, ski-out lodge! If you're looking for something a little more adventurous, listen up!

TRAPP FAMILY LODGE

Everyone NEEDS to visit the [Von Trapp Family Lodge](#) at some point in their lifetime. The Trapp Family Lodge is located right in Stowe, Vermont, about a 15 minute drive from the base of the ski mountain, and is very unique. First, it's owned by the Von Trapp Family. I mean THE Von Trapp Family- you know, the *Sound of*

Music peeps? The Von Trapp family were an Austrian family with 10 children (yup, not 7), who escaped Europe during World War II and performed their way around the world. The family sung in their home, Salzburg, Austria (where the movie takes place), along with Vienna, before escaping to Italy and then the US. In the early 1940s, the family bought a farm in Stowe, Vermont and settled here. Over the years, they began to host visitors on the farm who vacationed in the area and eventually opened a lodge. This lodge, the Trapp Family Lodge, is still in use today!

Another reason why I highly recommend staying here is because it feels like Europe. The lodge's slogan is quite literally "A little bit of Austria, a lot of Vermont". The lodge is built in an alpine-Austrian style, plus there's an authentic bierhall on site. There are several accommodation options here, including rooms, suites, villas and guest homes for rent. This resort also has tons of year-round activities for its guests to enjoy throughout its 2,500 acres, which I'll talk about next!

Cost: A standard two-person room here is going to cost between \$200-\$250 a night. It's not the cheapest option in Stowe, but it's worth it for a night or two! I split the cost with a friend, so it was really only \$100 a night. I'd do it again!



WHAT TO DO IN STOWE, VERMONT DURING THE WINTER

This post is going to focus on winter activities only, although Stowe is a wonderful destination to visit year-round. For example, there's several hikes and bike routes in the area for you to enjoy. Now onto the bucket list of activities to do during a winter weekend in Stowe, Vermont:

GO SKIING

Stowe offers both cross-country and downhill skiing. Most people prefer to downhill ski in Stowe because of the Stowe Ski Resort. Stowe Ski Resort is definitely one of the best ski resorts in New England! With over 115 trails and 12 lifts, Stowe is a fairly large mountain with varying terrain. It's a great mountain for both families and small children, along with more advanced skiers. I love the set up of Stowe too- it's basically shaped in a bowl/horseshoe shape, with the parking lot located right in the center. Across the parking lot from the mountain is where Stowe Village is located, forming one giant circle of fun! An interesting characteristic about Stowe is that the gondola here doesn't bring guests up to the summit of the mountain like most do, it actually travels horizontally. The gondola at Stowe, called the Over Easy, connects the base of the ski mountain to Stowe Village, so guests can easily access the lifts from the resorts, lodges, and shops. After several hours of skiing, I really enjoyed taking the gondola to the village for lunch! I highly recommend doing this if you visit.

Cost: A lift ticket at Stowe is going to cost over \$100, since it is one of the bigger ski mountains in New England. We paid \$110 for a Friday when we visited.



SHOP IN THE DOWNTOWN

Downtown Stowe is going to pass by in a blink of an eye. It's tiny. A few local shops, restaurants, a church, post office, and that's about it. But, it's worth seeing! There's a nice covered bridge located downtown that I recommend checking out. If you're hungry for lunch, head to Cafe on Main! I love their soup.

Pro-tip: Want to see the iconic view in Stowe? Capture an amazing photo? Plug "Salon Salon" into your GPS and head to the parking lot to snap this pic!





GO SNOWSHOEING AT THE TRAPP FAMILY LODGE

Circling back to why this lodge is the best place in Vermont, they offer so many winter activities! A must-do is to snowshoe here! As mentioned above, the Trapp Family Lodge sits on 2,500 acres of beauty. Meaning, there are tons of snowshoe trails here! You can rent snowshoes right in the outdoor activity center, which is adjacent to the hotel, for about \$25 for the day. There are maps and marked trails all around the property if you're interested in a self-guided walk.

WANT A TOUR?

The Trapp Family Lodge offers private tours for guests for \$65 per tour! My friend Mairin and I were pleasantly surprised to discover it's \$65 per tour group, not per person, so we both paid ~\$30 for 2 hours of fun!

We chose to snowshoe to the highland cows as part of a tour, and then snowshoed up to the Trapp Family Chapel on our own. This chapel sits on a hill right behind the lodge and was built by Werner Von Trapp himself. He swore that if he survived the war, he would build a chapel to commemorate his family on the property. It took him about 4 years to complete by hand, and is so charming! The loop is short, it's only about 0.5 miles from the lodge, so definitely check it out!





VISIT THE HIGHLAND COWS AT THE TRAPP FAMILY LODGE

This was the highlight for me during my winter weekend in Stowe! The Trapp Family owns a herd of Scottish Highland cows that reside on the property. There's only one bull and a few dozen females. Every year, they birth a new calf or two right next to the lodge! The cows are located in the Orchard Pasture, about 0.5 miles from the Outdoors Center. This breed is the hairiest domestic breed of cow, and survive the cold temperatures of Stowe quite comfortably. The cattle are used for beef.



Aside from the two routes mentioned above, there's also a maple sugar snow walk and a "meet the sheep" tour. You can book any of these by calling or at the front desk when you check in.

ICE SKATE IN STOWE VILLAGE

The last activity that I highly recommend checking out if you're enjoying a winter weekend in Stowe is to ice skate in Stowe Village! If you drive to Stowe and pack your own skates (which you should), you can actually ice skate for free. The ice rink is open daily from 12-6 pm during the week and 12-9 pm on the weekends. If you'd like to rent, helmets costs \$12 and skates are \$17 per person. This ice rink is fun because it sits at the base of the Spruce Camp Base Lodge, right in the middle of all the action!

BONUS: NEARBY ATTRACTIONS

BEN & JERRY'S FACTORY

While this post focuses on Stowe specifically, there are a few nearby attractions I want to call out! The first is the Ben & Jerry's Factory in Waterbury, VT! Not only is this place an ice cream shop with take-out options available, there's also a gift shop, and a full tour you can take! In the fall, there's a flavor graveyard of all the retired flavors over the years- how cute! For group reservations, call in advance.

COLD HOLLOW CIDER MILL

During a New England fall leaf peeping trip, be sure to add a visit to Cold Hollow Cider Mill to your list! Also located in Waterbury, VT, Cold Hollow offers apple cider donuts, apple cider slushies, has a demonstration room that shows how the cider is made, and a nice gift shop! Definitely swing by here on your way into town. This place is open daily from 8-6 pm, but definitely has the most going on during the autumn months.

WHERE TO EAT & DRINK IN STOWE

Cafe on Main: Cute cafe located right downtown offering a variety of sandwiches, salads, and yummy soups. Take-out only with limited outdoor seating during the warmer months.

Spruce Lodge: The main lodge at Stowe Ski Resort. I recommend grabbing lunch here while skiing. If you're not skiing, I would avoid it because it can get crowded!

Picasso: Fun and affordable Italian-American restaurant located on your way into town. Great sandwiches, salads, and pizzas for lunch and dinner.

Stowe Bee Bakery & Cafe: Located right downtown, this spot is super quaint and is a great place to grab a cozy brunch or sweet treat! We grabbed hot cocoa here after a day of skiing.

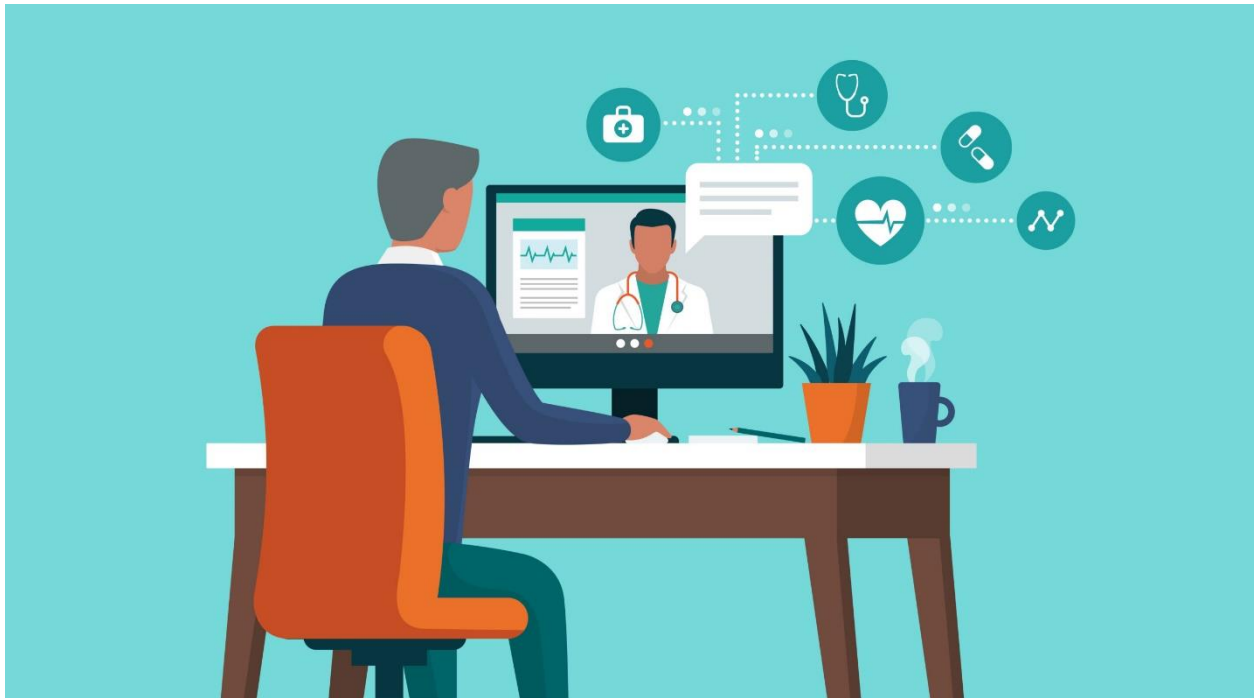
Von Trapp Bierhall: Check out the Von Trapp Brewery and Bierhall, located on the property, for authentic Austrian lager and meals. I recommend trying their pretzel and schnitzel!



If Today's "Virtual Care" is Not the Answer for People with Chronic Conditions, What is?

By CYNDI WILLIAMS

In the future – virtual care 2.0 – must build upon this understanding and focus on a new KPI (key performance indicator): patient autonomy, the ability of a person to treat themselves effectively and feel confident in their decisions.



The Covid-19 pandemic pushed the medical industry to offer high quality care at a distance, and many patients are finding it easier to consult their physician than ever before. This is undoubtedly a positive development, but it is not a paradigm shift. Contemporary virtual care is not the revolutionary change that the industry needs.

Today's "virtual care" makes use of technologies – video, chat, security, privacy – to mediate the time-constrained relationship between overloaded medical professionals and patients. But it fails to acknowledge the fact that most chronic care is actually done outside that relationship, during day-to-day life, leaving patients to take on their everyday health decisions without adequate support.

Where does modern virtual care go wrong?

Virtual care 1.0 – which we can think of as a first attempt – does offer significant benefits to patients. Not having to travel to see a doctor, especially for people who are busy, unwell or have mobility issues, is a major improvement over the default assumption that appointments occur in person. It is also a great solution for regular check-ins.

However, virtual care runs into the same fundamental issue as analog care when it comes to more complex cases such as chronic conditions. Chronic care patients need 24×7 support, yet they only receive minutes of expert attention per month. They are then released into the world to make complex medical decisions by themselves.

Consider, for example, the case of a person with type 1 diabetes, a condition which affects over 1.6 million Americans. Research by [academics at Stanford University](#) has found that they must make an average of 180 consequential diabetes-related decisions every day.

Leaving these people to make these decisions unsupported is simply not working. Eighty percent of people with type 1 diabetes don't achieve the recommended HbA1c target, and they're two to three times more likely than other members of the public to experience fatigue, anxiety, stress and depression.

The human capacity required to genuinely assist people with type 1 diabetes in their daily life is beyond comprehension – and that's just one condition. There simply aren't enough professional doctors in the world to take on this amount of care delivery, no matter how much technology is provided to optimize their workflow.

Centering the patient

Genuinely improving the care that people with chronic conditions receive requires reimagining the care system, not simply digitizing the traditional analog healthcare delivery model. One concept that the current system neglects is that people with long-term conditions already act, in many ways, as their own care providers. They take in expert advice through their interactions with the medical establishment and then learn what works for them through trial and error.

The future – virtual care 2.0 – must build upon this understanding and focus on a new KPI: patient autonomy, the ability of a person to treat themselves effectively and feel confident in their decisions.

What needs to change to get to virtual care 2.0?

We have the data, technology and ingenuity needed to dramatically improve patient autonomy, but the industry needs to change in three critical ways to achieve it. The first is respect for the patient. A paternalistic “doctor knows best” attitude often permeates the entire care process at the expense of the patient. While many industries have been obsessed with consumer engagement for over a decade, the medical industry is still stuck on “adherence” and “compliance.”

Adopting an attitude where the patient isn't just a “passenger” in their own care, but the driving force, will produce better outcomes and move the industry forward.

The second area that the industry needs to work on is curiosity. Rather than blaming patients for not adhering to or complying with proposed solutions, we need to investigate *why* they aren't following recommendations (often because it's not possible) and reframe problems in solvable ways. This will take us well beyond purely medical problems into the complex and messy world of reality. Only by

engaging with the challenges that patients face – medical and otherwise – can the industry hope to provide effective solutions.

The third area to change is humility. We know far less than we think we do about many chronic conditions such as diabetes, let alone about the people who live with these conditions. For instance, the widespread imagining of people with diabetes as unconcerned about their health, or “fat and lazy” doesn’t reflect a person’s lived experience – many people follow their doctor’s directions to the letter and still don’t achieve their desired health outcomes. Innovator arrogance is a major blocker to innovation here.

The future of care is patient-focused

Simply expanding the medical status quo into the virtual world doesn’t resolve some of its deepest limitations, particularly in chronic care. Using technology to empower patients to effectively manage their own care will deliver better results and potentially end the unacceptable trend of poor outcomes in chronic care.



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Should Volkswagen, Walmart or Best Buy Provide Primary Care?

medicalfuturist.com

In October 2021, Best Buy announced it had acquired a UK-based remote care service. And that the company would keep on focusing on health services with a keen interest in serving senior citizens.

Only a few days later, fitness company CrossFit declared it would launch a fully digital primary care service in an attempt to provide an “*individualized approach to health.*”



Tobacco company Philip Morris showed similar interest this summer by buying health firm Ventura claiming they are getting ready to create a “*smoke-free future.*”

Have all these companies lost their minds?! Suddenly everyone that produces technology or has empty retail space wants to get into healthcare. It’s obvious that retailers and other industries don’t want to miss out on this lucrative segment of the economy. But will we be better off with or without them in medicine?

Let’s find it out

Healthcare is indeed a money-making business. The global health industry was worth \$8.45 trillion in 2018. Global healthcare spending could reach over **\$10 trillion by 2022**. So it is clearly big business. But the thing is – it’s not a business.

Doing healthcare “right” is a complex and challenging task similar to taking off to the sunset on a galloping blind horse through a minefield. Due to regulations, the principles of evidence-based medicine and the huge responsibilities that come with developing healthcare solutions, it is so much more difficult than anyone would previously imagine. No wonder 150-year-old pharmaceutical companies with exceptionally skilled scientists and researchers sometimes have a hard time figuring out how to do it.

At the same time, medicine is ripe for disruption, and tech companies have the ability, innovation and financial background to enter this industry – and even be successful in it. This is why we extensively covered the journey of [Amazon](#), [Apple](#), [Google](#), [Microsoft](#), [NVIDIA](#) and [IBM](#) into healthcare.

But retail companies providing primary care service is something completely different than just selling certain healthcare products.

It’s as if your favorite cashier from Tesco could also test your blood. These companies (Best Buy, Walmart, CrossFit or, through the Oculus headset, Facebook and the others) wouldn’t just want to get a slice of the healthcare cake, and, say, offer accessibility to at-home lab tests or sell healthcare devices. They want to be a part of the solution. A part of healthcare.

What's worrying is how these companies have never had experience with healthcare before. Everybody wants to provide healthcare services as if it was a simple technological matter. But this is very different from Big Tech dedicating billions of dollars to set up their own branch of healthcare-related businesses.

Real-life examples of non-healthcare companies aiming to provide care

Walgreens announced in 2020 that it would open over 700 primary care clinics throughout the U.S. in the coming years, cooperating with VillageMD, having in-house doctors in the facilities instead of nurse practitioners.

Pharmacy chain CVS Health aims to open 1,500 HealthHub stores, in an attempt to make healthcare down to the local level; the chain already offers vaccinations and pharmacy-related matters, but also wants to provide primary care.

Best Buy also builds on its 125,000 employees. This non-clinical workforce would, according to news, provide healthcare and support while the company focuses on remote care solutions. In 2018 Best Buy was said to have spent over 1 billion USD on healthcare-related acquisitions.

As early as this year, CrossFit Precision Care is said to launch in the U.S. (and is said to have a global rollout after the U.S. launch). CrossFit-trained doctors and health coaches will guide patients towards a healthier lifestyle, but at the same time offer primary care solutions through telemedicine.

Based on all these, it is absolutely plausible that a few years from now, sitting in your car, with the push of a button you could ask for medical help; a dispatcher would then ask you to cough in the microphone, analyze your vocal biomarkers and connect you to a telemedicine service where you'd receive a few diagnostic solutions. Finally, the dispatcher would set your GPS to take you to the nearest pharmacy, or clinic, that's in partnership with the car manufacturer.

Looking at the reasons

There are quite a few other companies that aim to try their luck in healthcare. What these companies don't understand is that due to its sensitive nature, healthcare is a very special sector. You can't just start providing primary care out of thin air. Even if you have amazing VR technology. There's a complex regulatory system in place and a need for experience from qualified experts. You can't just outsource telemedicine to a call center at the other end of the world.

But why do companies like Best Buy or Crossfit think they could do so? Because for the man of the 21st century, healthcare looks almost like a purely technological question. These companies seriously believe that offering a technological solution is akin to providing quality healthcare.

The thing is that if all we get from this healthcare-frenzy as patients and consumers is some more competition and innovation in medicine – we are all better off. Ultimately, we might as well benefit from this new trend.

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The 28 Best Coffee Table Books to Gift or Keep

Courtesy of Mina Habchi, niodd.com

Whether you are buying a book for someone who has just bought a house, or you are looking for a gift for your best friend, the coffee table book meets any need. niodd has compiled a list of the 28 Best Coffee Table Books to buy and keep or give away.

1. Gstaad Glam by Geoffrey Moore

This icy-blue hardcover book is penned by Geoffrey Moore – the restaurateur who spent his childhood in Gstaad with his father, the late actor Roger Moore. Published by Assouline, it celebrates the ski resorts, food spots, boutiques and festivals of the upscale resort town in the Swiss Alps. It will make a lovely gift for those who escape to snowy mountains at every opportunity.



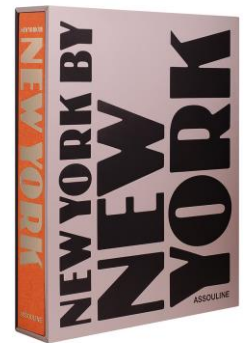
2. Marrakech Flair by Marisa Berenson

Assouline's *Marrakech Flair* celebrates the rich cultural history of the North African city. This beautifully presented tome captures everything from the colorful sandstone architecture of the "Ochre City" to the bustling Jemaa el-Fnaa square and its tantalizing markets brimming with local delicacies to try and treasure troves to explore. A destination that has attracted icons like Yves Saint Laurent, Mick Jagger and Talitha Getty, the wonders are depicted in the most beautiful photographs that you'll want to pore over for hours.



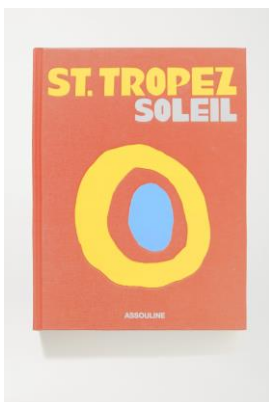
3. New York by New York

The city so nice, they named it twice. With a DNA that comes from all over the world, New York is a wonderfully unique place and with such a strong cultural personality, it only deserves a book. Revealing New York through the expert eyes and iconic images of leading photographers, together with texts and quotes from top writers, it's a treasured piece for any lover of The Big Apple.



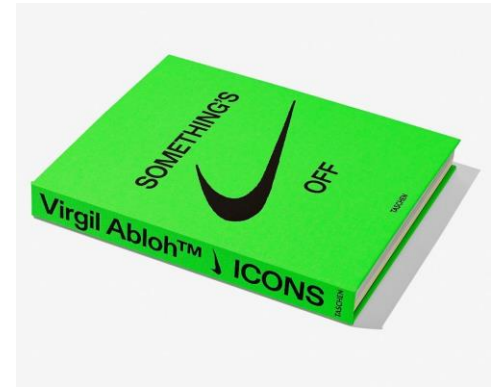
4. St. Tropez Soleil by Simon Liberati

The legend of St. Tropez starts with a dog, a rooster, and a martyr; and it leads to movie stars, world-renowned artists and distinguished writers. Located on the sparkling French Riviera, St. Tropez has enjoyed the spotlight for more than half a century, for better or worse, with celebrities flocking to this idyllic locale for its beaches and a dose of Mediterranean sun. A picturesque oasis, St. Tropez has served as inspiration for a who's who of notable writers from Françoise Sagan to Colette; as well as renowned artists Paul Signac and Henri Matisse; and even filmmakers. However, St. Tropez would not be the same without then belle du jour Brigitte Bardot, her films and lovers and many other famous couples including Annabel and Bernard Buffet and Bianca and Mick Jagger.



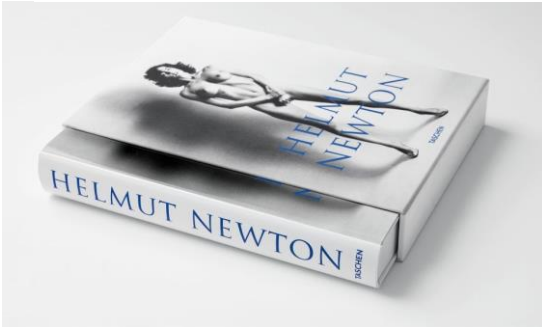
5. Virgil Abloh. Nike. ICONS

Bringing together all the greats—from Air Jordan 1 to Air Presto—Nike and Virgil Abloh reinvented sneaker culture with the collaborative project The Ten and redesigned 10 sneaker icons. Experience engineering ingenuity and Abloh's investigative design process: each shoe is a piece of industrial design, a readymade sculpture, and a wearable all at once. The artful Swiss bindings showcase an open spine, reflecting Abloh's deconstructive vocabulary and disclosing the production of *ICONS*.



6. Helmut Newton. SUMO. 20th Anniversary Edition

The Helmut Newton SUMO was a titanic book that towered above anything previously attempted. Twenty years later, we celebrate the legacy of this publishing venture in an XL edition, the result of a project conceived by Helmut Newton and revised by his wife June. Gathering 464 images and a new booklet that takes us through the making of the SUMO, it's a spectacular tribute to the larger-than-life photographer.

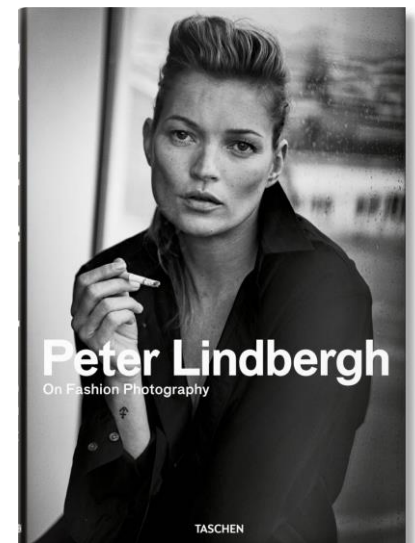


7. Zaha Hadid. Complete Works 1979–Today. 2020 Edition

From Olympic venues to a world-class airport, this monograph gathers the complete works of the first female architect ever to win the Pritzker prize and one of the greatest architects of the 21st century: Zaha Hadid. Photographs, in-depth texts, and Hadid's own drawings trace her integrated universe of building, furniture, and interior design, including the astonishing Port House in Antwerp.

8. Peter Lindbergh. On Fashion Photography

Follow Peter Lindbergh across four decades of pioneering fashion photography. Through countless collaborations with the most venerated names in fashion, the German photographer created new narratives with his humanist approach, which resulted in iconic shots at once introspective and appealing. This book features more than 300 images, many previously unpublished, as well as an updated introduction in which Lindbergh establishes his sentiment on “so-called fashion photography”.

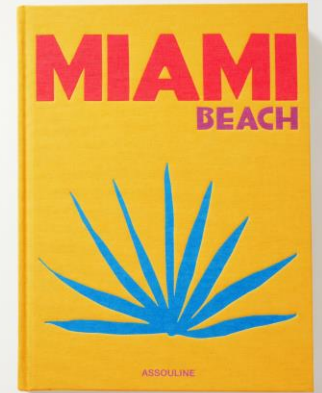


9. Jean-Michel Basquiat

Get up close to the bold brushwork and scribbled words of Jean-Michel Basquiat, one of the most successful artists of his time. This XXL-sized monograph gathers Basquiat's major works in pristine reproduction. Texts by editor Hans Werner Holzwarth and curator and art historian Eleanor Nairne introduce us to a legend synonymous with 1980s New York.

10. Miami Beach by Horacio Silva

Assouline's *Miami Beach* is a love letter to the palm tree-lined Floridian city. Penned by Horacio Silva, it's filled with glossy images, quotes and anecdotes that bring to life the metropolis' hotspots, both old and new – we're talking the Ritz Carlton of the '50s, the legendary Art Basel fair and the white sands of lively South Beach. Display it on your coffee table with other colorful titles in the series.



11. Interiors (Orange Edition): The Greatest Rooms of the Century

Phaidon's *Interiors: The Greatest Rooms of the Century* is a celebration of residential interior design and decorating. Now available in a stunning green cover, the book features everything from chateaux, town houses, and penthouses – to desert ranches, beach houses, and tiny apartments in more than 25 countries. With 400 rooms organised by designer from A– Z, the book goes beyond decorators, designers and architects to highlight exquisite interiors designed by fashion designers, artists, style icons and film stars, each of whom has made a unique contribution to the world of interior design.

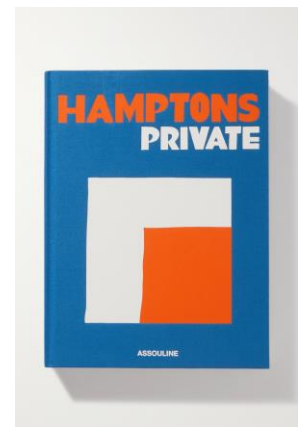


12. Chanel Catwalk: The Complete Collections

Escape to one of the world's leading fashion houses with this luxury book from Thames & Hudson. Written by Alexander Fury and Adélia Sabatini, it boasts a complete overview of Karl Lagerfeld and Virginie Viard's iconic creations for Chanel. Featuring over 180 collections with original catwalk photography, this impossibly chic book is a must have addition to your coffee table.

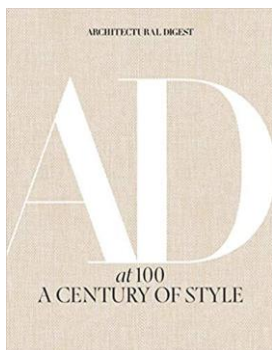
13. Hamptons Private by Dan Rattiner

Assouline's *Hamptons Private* grants you unprecedented access to the grandiose waterfront estates, storied polo clubs and exclusive white sandy beaches that are frequented by the likes of Beyoncé, Gwyneth Paltrow and Sarah Jessica Parker. Lovingly curated by Dan Rattiner – who's lived on the island since he was a teenager – it's filled with over 200 images depicting the locales lush greenery and famous lobster roll eateries. Flip through the pages for anecdotes and quotes.



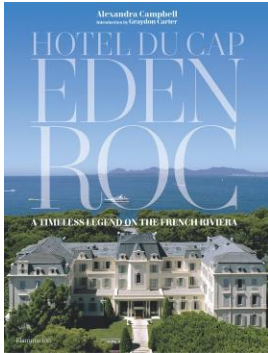
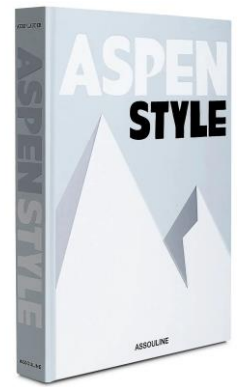
14. Architectural Digest at 100: A Century of Style

Architectural Digest at 100 celebrates the best from the pages of the international design authority. The editors have delved into the archives and culled years of rich material covering a range of subjects. Ranging freely between present and past, the book features the personal spaces of dozens of private celebrities like Barack and Michelle Obama, David Bowie, Truman Capote, David Hockney, Michael Kors, and Diana Vreeland, and includes the work of top designers and architects like Frank Gehry, David Hicks, India Mahdavi, Peter Marino, John Fowler, Renzo Mongiardino, Oscar Niemeyer, Axel Vervoordt, Frank Lloyd Wright, and Elsie de Wolfe.



15. Aspen Style

What began as a small mining camp during the Colorado Silver Boom of the late nineteenth century has since become the preferred getaway of the world's elite. Treasured for what's above ground rather than below, Aspen, Colorado has a storied history almost as dense as the directory of A-listers who have adopted the jewel of Pitkin County as their second home, or who have settled in its slopes indefinitely.

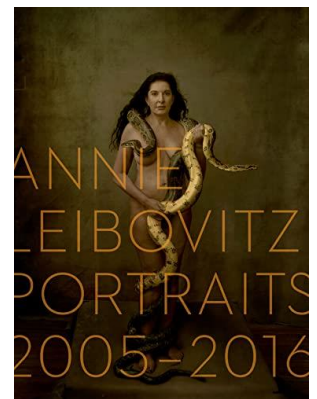


16. Hotel du Cap Eden Roc: A Timeless Legend on the French Riviera

The hotel will commemorate its milestone birthday this spring with a coffee-table book, *Hotel du Cap-Eden-Roc: A Legend on the French Riviera*, to be published by Flammarion in May in the U.S. The book features 300 pages of historical anecdotes and iconic images, from Jacques Henri Lartigue's moody shots at the opening of the Eden-Roc restaurant in 1920 to Slim Aarons's famous pool scenes and portraits of John Lennon and Yoko Ono posing near the rocks in 1970.

17. Annie Leibovitz: Portraits 2005-2016

Annie Leibovitz: Portraits 2005-2016 is the photographer's follow-up to her two landmark books, *Annie Leibovitz: Photographs, 1970-1990* and *A Photographer's Life, 1990-2005*. In this new collection, Leibovitz has captured the most influential and compelling figures of the last decade in the style that has made her one of the most beloved talents of our time. Each of the photographs documents contemporary culture with an artist's eye, wit, and an uncanny ability to personalize even the most recognizable and distinguished figures.



18. Vital Voices by Alyse Nelson and Gayle Kabaker

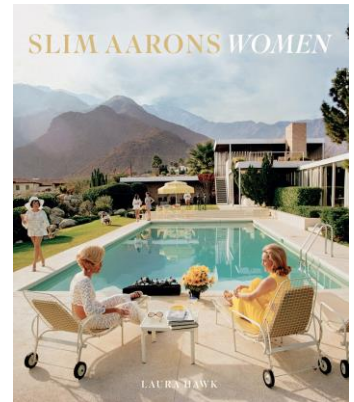
Vital Voices, edited by Alyse Nelson and illustrated by Gayle Kabaker, documents the stories of 100 women who are using their power to make a difference. This hardcover book includes portraits of some of the world's most influential public figures, as well as first-person narratives that explore their activism, leadership and fight for equality. Discover the perspectives of everyone from Tarana Burke to Justice Ruth Bader Ginsberg.

19. St. Moritz Chic

Nestled in Switzerland's alpine Engadin Valley, St. Moritz stands on its own amidst a sea of celebrated ski resorts in that it has long maintained an elusive allure. The winter home of personalities from Gunter Sachs and Gianni Agnelli to Sofia Loren, Elizabeth Taylor, Audrey Hepburn, John Lennon, and Claudia Schiffer, there are few places in the world that manage to unite so many of the top names in cinema, art, and fashion all in one place, year after year.

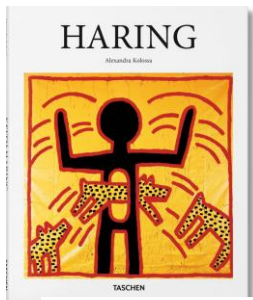
20. Slim Aarons: Women

Slim Aarons: Women explores the central subject of Slim Aarons's career—the extraordinary women from the upper echelons of high society, the arts, fashion, and Hollywood. The book presents the women who most influenced Aarons's life and work—and the other remarkable personalities he photographed along the way, including Audrey Hepburn, Jackie Kennedy, Diana Vreeland, and Marilyn Monroe, all featured in unforgettable photographs. The collection contains more than 200 images, the majority of which have not appeared in previous books, along with detailed captions written by one of Aarons's closest colleagues.



21. Cartier Panthère

Silently stalking its way through Cartier iconography for a century, the panther is the proud leader of the pack of precious animals that make up the famous Cartier menagerie. No other creature or jewel is quite so indissolubly and emotively connected to outstanding 20th-century women of style, to ideals of modern femininity, and has become Cartier's most iconic motif for a century. A symbol of power, seduction, and triumph since ancient times, the image of the panther never fails to arouse fantasies and dreams.



22. Keith Haring

Keith Haring spent little more than a decade in the spotlight, but in his singular blend of street art, graffiti, a Pop sensibility, and cartoon elements, he created stalwarts of modern pop culture as much as vivid social and political statements. From his first subway drawings through to his Pop Shop in SoHo, this concise introduction explores Haring's innovation and activism at the heart of the 1980s New York art scene.

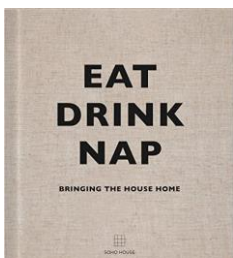
23. Tom Ford

Tom Ford has become one of fashion's great icons. In the past decade, he transformed Gucci from a moribund accessories label into one of the sexiest fashion brands in the world. His designs have increased sales at Gucci tenfold and have helped build the Gucci brand into the luxury goods conglomerate that it is today. Ford brought a hard-edged style synonymous with 21st century glamour to his clothes, and Hollywood sat up and took note.

24. The French Riviera in the 1920's

The French Riviera was the center of creativity during the 1920s and early '30s. Artists and writers from the far reaches of the world gathered to fashion a new way of life—among them Scott and Zelda Fitzgerald, Gerald and Sara Murphy, Picasso, Picabia, Stravinsky, Cocteau, Diaghilev, and Anna de Noailles. A photobiography of this carefree era, *The French Riviera in the 1920s* revitalizes the now-legendary tale of these mythic personalities caught between a desire for creation, the quest for happiness, and the looming darkness of World War II. With extraordinary images taken from personal archives, these pages depict firsthand the lifestyles and artwork of some of the most influential artists of the 20th century.



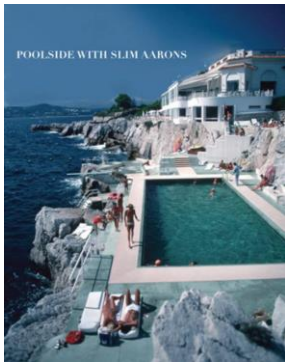
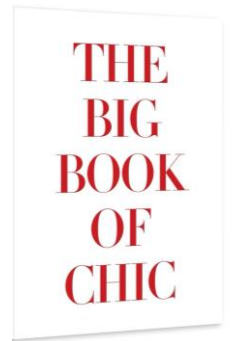


25. Eat, Drink, Nap: Bringing the House Home

If you're looking for inspiration for interior design, party hosting or catering, this stylish lifestyle guide is perfect... a fascinating look behind the closed doors of this celebrated private member's club — *Seven Days Sunday Mail*

26. The Big Book of Chic

An internationally acclaimed interior design sensation, Miles Redd is known for his quirky brand of cozy glamour. This lavishly illustrated volume features a diverse selection of his unique interiors, an inspiration to anyone interested in spirited, eclectic design.

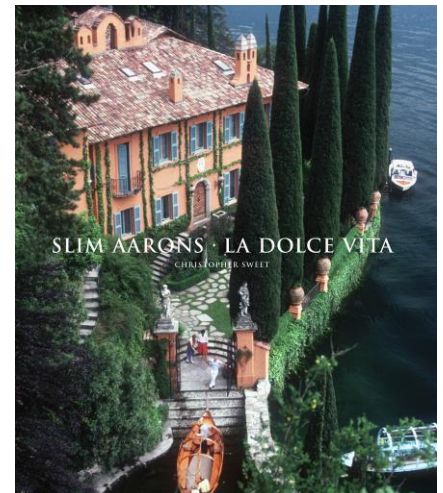


27. Poolside With Slim Aarons

Slim Aarons is regarded as one of the most influential magazine photographers of his generation. His photographs appeared in many magazines, including Holiday, Town & Country, Life, Look, Harper's Bazaar, Vogue and Travel & Leisure. His first book A Wonderful Time is considered a classic. His book Once Upon a Time was published to great acclaim in 2003.

28. Slim Aarons: La Dolce Vita

This lavish fourth volume in Abrams' Slim Aarons collection revels in his longtime love affair with Italy. From breathtaking aerials of the Venetian canals and Sicilian countryside to intimate portraits in the villas and estates of celebrities and the beautiful people, Slim's photography captures the essence of the good life of the rich and famous of Italy. Italy undeniably held a special place in Slim's heart. As a photographer for Yank magazine, he witnessed the Italian campaign during World War II and was present at the liberation of Rome. Later, after the war, he abandoned Hollywood to travel to Rome as a photographer for Life magazine.



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Why Your Malpractice Policy May Be Inadequate

BY RICHARD CHACHOWSKI



For physicians, few things are quite as scary as the “M” word. Like any profession, medical accidents happen, especially in a high-stress environment where the slightest mistake could mean dire consequences—including a [medical malpractice lawsuit](#).

Malpractice suits are common. According to the [AMA](#), more than 34% of physicians face a [malpractice lawsuit](#) at some point in their career, and nearly 50% are sued by the time they’re over the age of 55.

The best defense against a malpractice claim is comprehensive malpractice insurance. While your employer may offer coverage, that policy may not fully protect you from lawsuits, according to two experts who spoke to *PhysicianSense*.

To understand more about the type of malpractice insurance offered by employers and how it differs from policies you can acquire independently, we spoke with [Jordan Fensterman](#), a partner in the Health Law, Corporate, Physician License Defense, Litigation, and Employment Law departments at Abrams, Fensterman, Fensterman, Eisman, Formato, Ferrara, Wolf & Carone, LLP. We also spoke with [William Crutchlow](#), a medical malpractice and personal injury lawyer at Eichen Crutchlow Zaslow, LLP.

Employer’s malpractice insurance

[Medical negligence](#) is the third leading cause of death in the United States, resulting in approximately 250,000 fatalities each year. According to [National Trial Law](#), as many as 19,000 malpractice claims are filed against physicians annually.

Malpractice insurance is your best line of defense—but picking the right policy is crucial. There are [two basic types](#): claims-made policies and occurrence policies. To understand the difference:

- **Claims-made:** Provides full coverage if the policy was in effect when an alleged malpractice incident took place and when the lawsuit itself was filed.
- **Occurrence policy:** Provides coverage even after a policy has lapsed and a lawsuit has been filed, so long as the event took place when the physician was under an active coverage plan. For example, if a patient were to sue you 10 years after a procedure, as long as you had an active occurrence policy when the procedure took place, you're covered, even if the occurrence policy itself is no longer active.

Nearly all physician employers offer malpractice insurance. The type of policy you obtain depends largely on your employer and the contract you negotiate, as well as the size of the healthcare organization. Either way, it's important to bring up the issue when speaking with any potential employers to verify what kind of coverage you'll be receiving.

“For large hospital systems, the malpractice coverage is almost always included as part of the contract,” said Fensterman. “In other circumstances, it may be up to the individual physician to confirm/negotiate if an employer will provide malpractice insurance coverage.”

Having the right kind of insurance

According to Fensterman, many legal experts recommend occurrence policies for their more robust coverage. However, most employer-offered insurance policies are claims-made policies, which are less expensive.

If you have a claims-made policy, you may want to consider obtaining “[tail coverage](#).” Tail coverage provides additional malpractice insurance even after your claims-made policy has expired. It's like a mini-policy you add on to your claims-made policy for further protection. For example, if a patient sues you 5 years after you have retired, this will also be 5 years after your claims-made policy has expired. Tail coverage would provide some financial and legal protection. Without tail coverage, you'd essentially be uninsured against malpractice claims.

“Insurance from an employer may be sufficient, but it depends on what type of insurance coverage is provided,” said Fensterman. “If it is an occurrence policy, it should be sufficient. But if it's a claims-made policy, tail coverage is an absolute must.”

While most physicians won't have to worry about adding tail coverage until after they leave an employer, it's recommended that you bring up the subject when working out your initial contract with the employer.

“If a physician has a ‘claims-made’ policy they should know tail coverage will be needed and plan accordingly,” said Fensterman. “It should 100% be negotiated up front if possible. ... Costs of tail

coverage can often be negotiated as part of the compensation package in an employment agreement.”

“It is very important to make sure that tail coverage is provided as appropriate under the circumstances,” said Crutchlow. “This is particularly important when a physician is retiring—he or she wants to make sure that they are covered into the future for claims arising from events that occurred while they were in practice.”

If you’re set to leave an employer and haven’t negotiated tail coverage into your contract, you can find an insurance provider in your state and buy your own coverage. “One can purchase insurance either directly through the insurance companies or, more commonly, through an insurance broker specializing in that type of insurance,” said Crutchlow.

According to [MEDPLI](#), the cost of tail coverage can be as much as 200% of your claims-made policy’s yearly premium at its effective end date. As an example, if your policy premium is \$15,000 at its end date, your tail coverage should cost around \$30,000.

Tail-coverage duration is up to you, but experts suggest having enough coverage to protect you until the statute of limitations for past claims has expired, which varies depending on your state.

While malpractice insurance is a must, there’s no way to stop a malpractice lawsuit once it has been filed. Protective measures like insurance policies are meant more to cover the legal costs you might face.

Effective insurance coverage remains the best line of defense in the event of a malpractice lawsuit. You just need to make sure your employer’s policy covers you as fully as possible, especially through tail coverage if you have a claims-made policy in place.

“Insurance won’t prevent a lawsuit, but it will cover the potential financial exposure up the doctor’s insurance coverage limits,” said Crutchlow. “The insurance company will also generally provide and pay for an experienced malpractice lawyer and will cover all costs associated with the case.”

Summary

- Malpractice lawsuits are common, and there’s a 50% chance you’ll face one at some point in your career.
- The best defense against malpractice lawsuits is malpractice insurance, either in the form of a claims-made policy or an occurrence policy.
- You can often obtain malpractice insurance through your employer. More often than not, though, your employer-offered insurance will be a claims-made policy, which does not cover you as sufficiently as an occurrence policy.
- If you have a claims-made policy, you may want to consider obtaining “tail coverage” that will more adequately cover you in the event of a malpractice lawsuit.



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The Voices of Women Physicians With Infertility

DAWN BAKER, MD

“I wish I had known how common this is. I would have started sooner.”

It is currently estimated that one in four women physicians has infertility (compared to one in eight in the general population). Why do I care? Because I’m one of them. But truly, we should all care. These women are our partners, colleagues, trainees, and friends. Their experiences shape the landscape of physician wellness for all of us.



To better understand the unique issues of navigating infertility and a career in medicine, I conducted an anonymous survey of women physicians with infertility about their experience. Over 150 responded. I want to share their voices with you.

“I didn’t realize how long and emotionally taxing this journey would be.” Many of us suffer in silence for myriad reasons. Being a physician with infertility presents a perfect storm of stress, anxiety, guilt, and shame – all of which we know don’t contribute to managing any medical problem.

Consider what it’s like to undergo a typical cycle of in vitro fertilization. You administer nightly hormone injections to grow your follicles in preparation for an egg retrieval procedure. The process usually takes 1-2 weeks, but you don’t know exactly how fast your follicles will grow. For the first week, maybe you just need to arrange to get away from the hospital or clinic for a couple of blood draws. But during the second half of your stimulation cycle, you must physically go into your clinic for daily transvaginal ultrasounds to monitor the progress.

“Labs have to be done by ten, but I have to be at work at six. At one point, the nurse provided needles and vials, gave me access to the back door, and I drew my own blood and dropped it off on my way to work.”

The final call of when the follicles are mature enough for ovulation trigger and egg retrieval is completely out of your control. Every day you go in and wonder: will I be having a surgical procedure 36 hours from now? And once the trigger injection is given, the clock is ticking. You must undergo your egg retrieval (a surgical procedure with anesthesia) before precious time runs out.

Does this process sound compatible with a typical clinic schedule, ICU or ED shift, surgery schedule, or day in the OR? On top of the timing uncertainty, things sometimes go wrong. Cycles get canceled. Complications occur. Sure, you could use all your vacation time (if you’re allowed to ask on that short of notice) – this is what I did. But if you must start all over, you might be looking at thousands of lost dollars, lost rapport with colleagues previously willing to help you in a pinch, reprimand by administration for last-minute schedule switching, and the worst consequence of all, lost time being pregnant or being a mother.

“This has been the most stressful part of the whole process, the inability to know when my cycle starts and then having to switch my shifts for tentative dates in a cycle.”

It’s difficult enough to get coverage when emergencies come up, and we all know that not taking time off for illness is ingrained in the culture of medicine. Now imagine begging colleagues to switch shifts on short notice for a medical problem you may not really want to talk about. Even among the medically knowledgeable, a diagnosis of infertility still carries shame and stigma. On top of this, the period of life that seems right for building a family often coincides with either residency training or setting down roots in a new job as an attending.

“Many, many hours went into rescheduling shifts/coverage. And it was difficult because I did not want to disclose to everyone why I needed to do this. It was very stressful!”

When it comes to how partners, colleagues, and health care leadership can help, these women most often mentioned the word flexibility. Please know that infertility procedures can’t be scheduled far in advance, so the best thing you can do is help cover shifts and patients without probing too much into why. Please do not design or promote policies that involve punitive consequences for last-minute scheduling changes or vacation requests.

“I work outpatient family medicine. I’m expected to give 90 days’ notice for more than two consecutive days off and 30 days’ notice for one day off. Often impossible to do and resulted in a write-up in my annual review for ‘unplanned absences.’”

In the workplace, we need to move toward treating infertility just like any other medical diagnosis; we help our colleagues with shift coverage when it involves cancer, surgery, or a death in the family. Why don’t we readily do this for fertility procedures or recovery after a miscarriage (a.k.a. death in the family)? It’s time we destigmatize a health problem that is so common amongst physicians.

“I’ve had to work while actively and painfully miscarrying because I don’t have enough vacation time to use (nor is this a vacation).”

“I had to be hospitalized due to a complication and was reprimanded by not telling my boss when I was discharged so I could take over the call he was covering. So I couldn’t take prescribed pain medications and was miserable.”

If you’re a leader in your organization, consider advocating for insurance policies that cover infertility treatments. Among the cohort of women I surveyed, the average cost of their infertility journey has been \$60,000. Better financial health for your physicians trickles down in so many ways: less burnout, more retention, better morale, more effective patient care.

“People with infertility already feel like a burden and nuisance, and they don’t want to cheat anybody so allowing flexibility in scheduling is beneficial for all.”

What can you do as a woman in medicine? The advice these physicians would most commonly give to other women on the path of a medical career is to investigate their fertility earlier rather than later.

“Freeze your eggs before 35!” In addition, because infertility can be very isolating, these women commonly advise against keeping it a complete secret. Consider notifying key players at your workplace, such as a supervisor or scheduling partner. Find a support system; look to trusted colleagues, coaches, therapists, or even physician Facebook groups for help. Advocate for yourself with your fertility clinic and your workplace. Be aware of your present priorities.

Lastly, I want to point out that not all these voices ring cautionary or punitive. While there is no guarantee that it will work out, many of us go on to become physician mothers. Even though the path is not what we expected.

“I wish I knew when I started that I was not alone.” “In the end, it was all worth it.” If you’re a physician suffering from infertility and want someone to talk to, please let me know. You are not alone.

[Dawn Baker](#) is an anesthesiologist who blogs at [Practice Balance](#).

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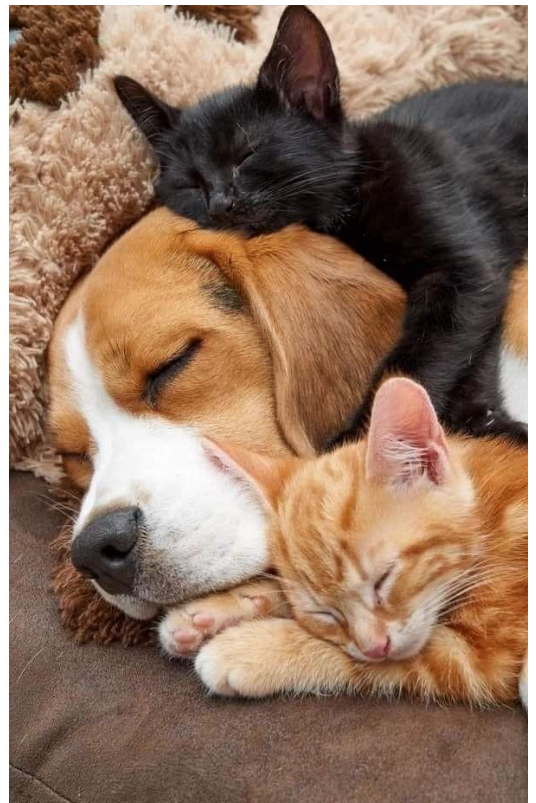
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