MD Life

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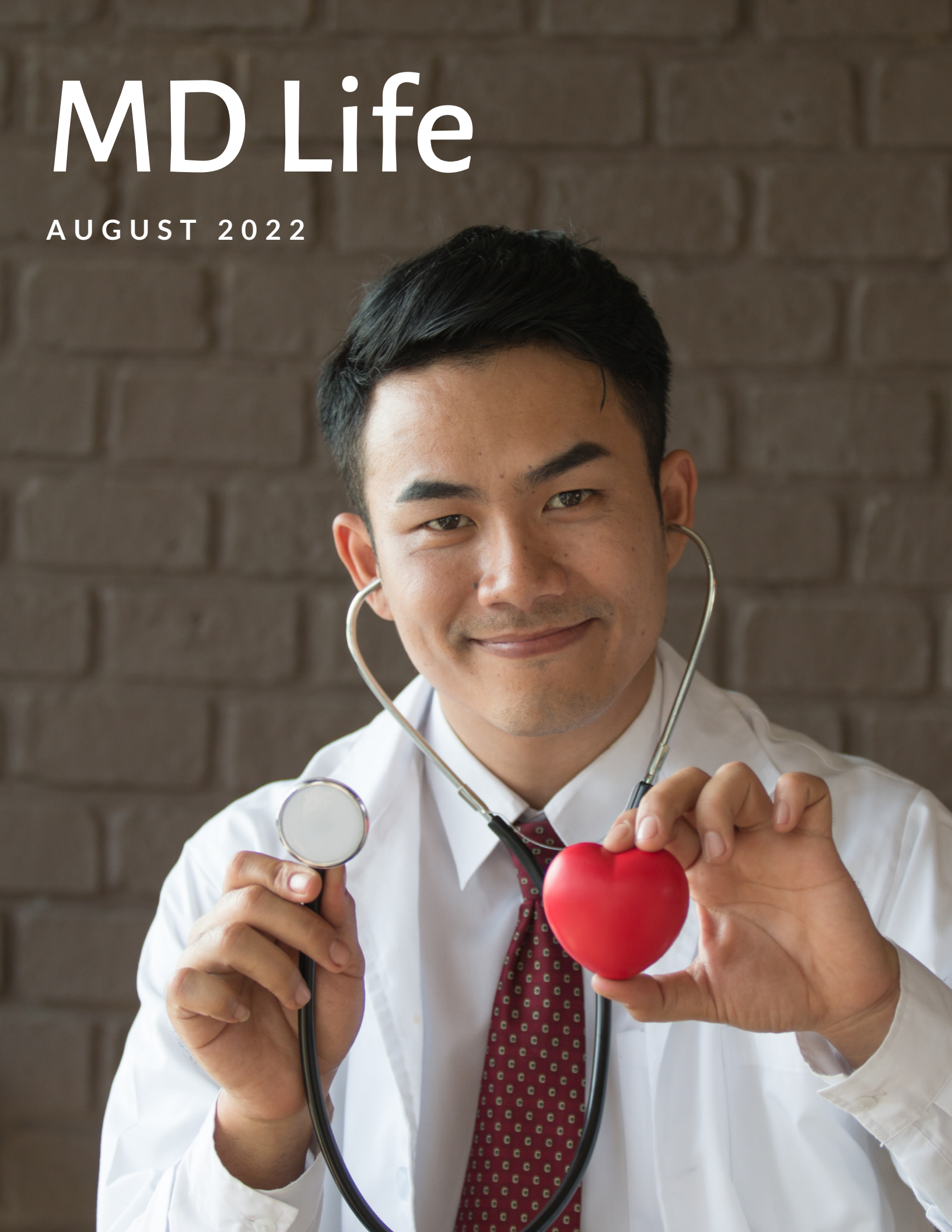

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Contents in This Issue

I’m a Physician, Not a Provider

DIANA LONDOÑO, MD

Your parents likely spent months searching through baby name books, polling the family, and looking through the photo albums of ancestors to pick the perfect name for you.

Maybe your parents had to see your face before they could pick the perfect one. Names have history, they have power, and they embody your personality.

My daughter was officially named Daniela, yet we called her Bimbi months before she was born. That is her true name; it suits her. She is spunky, she is bubbly, she is powerful, and she is beautiful. It was carefully chosen by my older daughter Paloma when I was five months pregnant when she declared proudly that we should name her Bimbi. We agreed, and the rest is history.

As physicians, our title, which has been taken under the Hippocratic Oath, is equally powerful. It states how we will do no harm or injustice to patients, and if I carry out this oath, may I gain a reputation among all men for my life and my art forever. But if I break it and forswear myself, may the opposite befall me.

Our title is powerful. It is important. It was given under an oath as we were cloaked in our ceremony to become physicians. Yet our title has slowly been eroded throughout time. We are no longer called physicians — we are now providers.

This is a powerful tool to confuse and dehumanize a physician. When you no longer know who you are, you will be lost. Think of someone with delirium or psychosis. They can’t even tell you their name. They are no longer oriented to names. Think about that for a moment. When we do not know who we are as physicians, when we do not know and use our own title that was anointed to us when we assumed this role, we will be left confused, delirious, and lost without a sense of purpose.

Psychological erosion is sneaky, it is insidious and seems innocuous, but it is powerful.

When you are confused about who you are, how can you honor who you are? How can you be a healer, an advocate for your patient, and a teacher? If you don’t know who you are and where you are going — how will you get there?

This is an important time to rise up, come together, and understand that it is our time to remove the confusing veil put on us. We are not delirious. We are not psychotic. We are physicians. We are the ones who took an oath to benefit patients according to our most extraordinary ability and judgment to keep pure and holy both our lives and our art.

It is time to take back what belongs to us. It is ours. It is time to rise and start the revolution. Our title will not be taken away. You would never accept being called Laura when your name is Sarah. Our title has power. It is our healers’ birthright. Start the revolution. It starts with your title. Reclaim your power. Hi. My name is Diana Londono, and I am a physician — #notaprovider.

Diana Londoño is a urologist and can be reached on Twitter @DianaLondonoMD.

The Best Labor Day Weekend Destinations For 2022

BY REDWEEK

With Memorial Day behind us, we're on the cusp of one of the biggest summer travel seasons in recent memory. Want proof? RedWeek bookings for Labor Day weekend are currently *over 5 times higher* than the pre-pandemic summer of 2019.

Sunshine State Perfection: Palm Beach

The Destination: Florida is filled with excellent options when it comes to Labor Day travel, whether you're in the mood for the magic of Disney or the mellower delights of the Gulf Coast. But one spot to consider this year is Palm Beach, located in south Florida on the Atlantic side of the state. Here, you'll find everything you're looking for in a Sunshine State vacation, from golden tropical beaches to legendary golf courses.

Palm Beach Travel Tip: Every September brings Flavor Palm Beach, a month-long celebration of Florida cuisine, with the area's best restaurants offering great prix-fixe menus.

Where To Stay: One of RedWeek's Top Picks for 2022, Marriott's Ocean Pointe is situated in the exclusive Palm Beach Shores enclave, offering easy access to the picturesque Singer Island Beach.

A Caribbean Escape: Aruba

The Destination: Many Caribbean islands have been tough to get to, thanks to various travel restrictions over the past few years. Now with more streamlined health requirements, Aruba is welcoming visitors once again to this island paradise. Offering 70 square miles of gorgeous beaches, luxurious resorts, and unique Dutch-Caribbean culture and cuisine, Aruba is an ideal escape from the stresses of modern life. If you're in the mood for sun, sand, relaxation and a touch of glamor, it can't be beat.

Aruba Travel Tip: Aruba's famed Natural Pool is a must-visit for those with a taste for adventure. Located in Arikok National Park, this remote spot features a unique volcanic rock formation that creates a serene pool. *Discover more great things to do in Aruba*.

Where To Stay: Voted RedWeek's Top Pick Resort for 2022, Marriott's Aruba Ocean Club is perfectly placed right alongside Palm Beach, Aruba's most iconic sandy shore.

Late-Summer Aloha: Maui

The Destination: Another island very much worth considering, Maui is everything you've dreamed about in a Hawaiian vacation. Whether it's your first trip or you've visited a dozen times, this destination is nothing short of breathtaking, with lush rainforests leading to spectacular waterfalls, and secluded beaches that seem too beautiful to be real. Maui is also filled with opportunities to discover authentic Hawaiian cuisine, from roadside fruit stands to catch-of-the-day seafood restaurants.

Maui Travel Tip: The Road To Hana is an unforgettable road trip, taking you on a scenic 52-mile journey along Maui's northeastern shore. *Check out RedWeek's Maui Travel Guide.*

Where To Stay: Located on the world famous Ka'anapali Beach, the Kaanapali Beach Club is an ideal Maui timeshare resort, offering charming tropical landscaping, a one-acre pool and family friendly amenities.

A Coastal Carolina Gem: Hilton Head Island

The Destination: Hilton Head Island is a bit less tropical than the places we've mentioned so far, but this South Carolina favorite is no less enticing. Here, you'll explore more than 12 miles of beaches, sample the region's famed Low Country cuisine, and play a few rounds on some of the best golf courses in the country. Hilton Head is known as "America's Favorite Island" — and after a vacation here, it'll be easy to understand why.

Hilton Head Island Travel Tip: The destination's coastal location makes it easy to get out on the water, whether you're kayaking, standup paddle boarding, deep sea fishing or setting out on a fun dolphin cruise.

Where To Stay: Set within Hilton Head's renowned Sea Pines Plantation, Marriott's Monarch at Sea Pines offers guests six acres of oceanfront beauty to enjoy. For more outdoor exploration, the Sea Pines Forest Reserve is just moments away.

Rocky Mountain Majesty: Vail

The Destination: If you're looking for a spectacular Labor Day vacation option that's nowhere near a beach, Vail will do the trick. Located in the heart of Colorado's awe-inspiring Rocky Mountains, Vail is known the world over for its ski slopes. But it's just as fun in the summer, including a full schedule of cultural offerings, miles of hiking and biking trails and a charming Alpine-style village with shopping and dining options galore.

Vail Travel Tip: Home to countless exotic wildflowers and plants, the Betty Ford Alpine Gardens is in full bloom during the summer. Open daily from dawn to dusk, it's a refreshing spot to stop and smell the roses (among other flowers).

Where To Stay: Indulge in a little Rocky Mountain luxury at the Ritz-Carlton Club, Vail. The spa here is known as one of the finest in the state, with treatments that will rejuvenate the mind, body and soul.

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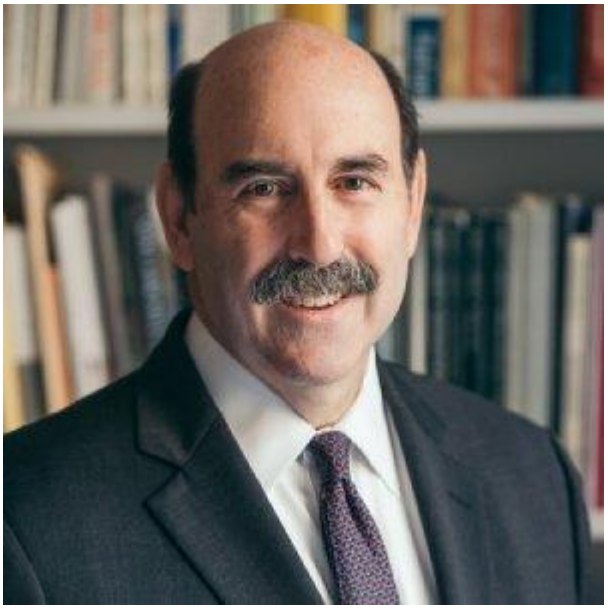
Denying Essential Medical Care Doesn't Save Money — or Lives

Steve Cohen, JD



That health care in the United States is wildly expensive is beyond debate — but the actual numbers are almost beyond belief. In 2010, for example, health care costs amounted to $2.6-trillion. By 2020, those costs had risen to $4 trillion — an increase of more than 50%. Worse, such increases show no signs of slowing.

Health insurance premiums, out-of-pocket expenses, and direct government expenses all add up to a nearly $12,000 per person cost-per-year — every year — to keep us healthy. That is 77% more than Germany, the world's third highest spender. (Switzerland is second, slightly higher than Germany, but the latter is a better comparison.)

The economic and psychological burden on families is significant and often tragic. The cost to companies makes them less competitive and their goods and services more expensive for all of us. And the impact on state and federal budgets is becoming catastrophic.

Political rhetoric often hinders understanding why medical care costs so much more here than in other advanced countries (which, notably, have better health outcomes). Cries of "Medicare for all means socialized medicine" compete with "pharma companies put profits over people." Thus, any chance to dig into the real drivers of costs is often obscured. But if we are to have any success at all in controlling health care costs, we would be wise to limit the cant.

Health care costs more in the U.S. because we pay doctors far more than any other country. The average doctor in the U.S. earns $316,000 annually, 73% more than in Germany, where it is $183,000. And part of the reason doctors command more here is that there are far fewer physicians per capita in the U.S. than in Germany: 2.6 per thousand population in the U.S. versus 4.3 in Germany.

Another difference is the cost of prescription drugs. In Germany, individuals and their insurance companies pay approximately $825 per year on meds, while Americans pay 37% more for the same drugs: $1,127. (Compared to insurance companies, the portion individuals pay is more than twice as high in America.)

Perhaps the most significant contributor to health care costs in America is administrative overhead. It is estimated that administrative costs account for about to one-third of the total health care expenditures in the U.S., but only about 17% In Canada, 4.8% in Germany, and an astounding 1.6% in Japan.

It is tempting to say that such staggering sums spent on bureaucracy add little value to actual health care. But there is more to it than that. Many of those administrative costs harm patients and, sometimes, kill them.

Two-thirds of Americans are covered by private health insurance. And virtually all of them are subject to a bureaucratic ordeal known as "prior authorization." That means that after a doctor prescribes a particular test,

procedure or medication, the insurance company reviews it and decides not just whether the plan covers it, but more significantly, whether in its judgment, it is “medically necessary.”

Ostensibly, insurance companies use prior authorizations to fight “waste and abuse.” And that could be a legitimate reason, as fraud by dishonest providers is real. The insurance industry estimates that between 3% and 10% of health care expenditures are fraudulent. Even at the low end, that adds up to real money. Similarly, doctors admit that they order tests largely as defensive measures against malpractice suits. Securing prior authorizations is a daily ordeal for most doctors’ offices. Doctors report that, on average, they must get insurance company approvals 41 times every week. Of the authorization requests that are denied, fully 73% ultimately get reversed and approved, but the delays cause many patients to abandon treatment.

More significantly, many contested prior authorization requests cause serious harm — even when they are ultimately approved. In surveys done by the American Medical Association, 24% of doctors report that delays in prior authorization have led to serious adverse events for their patients. And 16% report that such delays have led to hospitalization.

“Jennifer” and her family learned that the hard way. Jennifer, a 47-year-old teacher, had pain in her leg and consulted her doctor, who examined her and took an X-ray. Seeing nothing of concern in the films, he prescribed pain killers and six weeks of physical therapy, which Jennifer completed. When she went for a follow-up and complained that the pain was worse, the doctor took a second X-ray, still saw nothing, and ordered an MRI. But when the orthopedist sought the insurance company’s prior authorization for this basic diagnostic test, the insurer said it wasn’t medically necessary and that Jennifer first had to complete six weeks of PT.

The doctor immediately pointed out that Jennifer had finished the PT, and the insurance company had also paid for it. Nevertheless, the insurer said no to the MRI and told the doctor he could appeal. He did, and the insurer finally reversed its earlier denial after 38 days.

The MRI showed that Jennifer had a fast-growing sarcoma in her hip. She immediately saw doctors at Memorial Sloan Kettering who told her, “If you had come to us a month sooner, we would have treated you with just chemotherapy. We’ll still use chemo, but first we must amputate your leg, hip, and pelvis.”

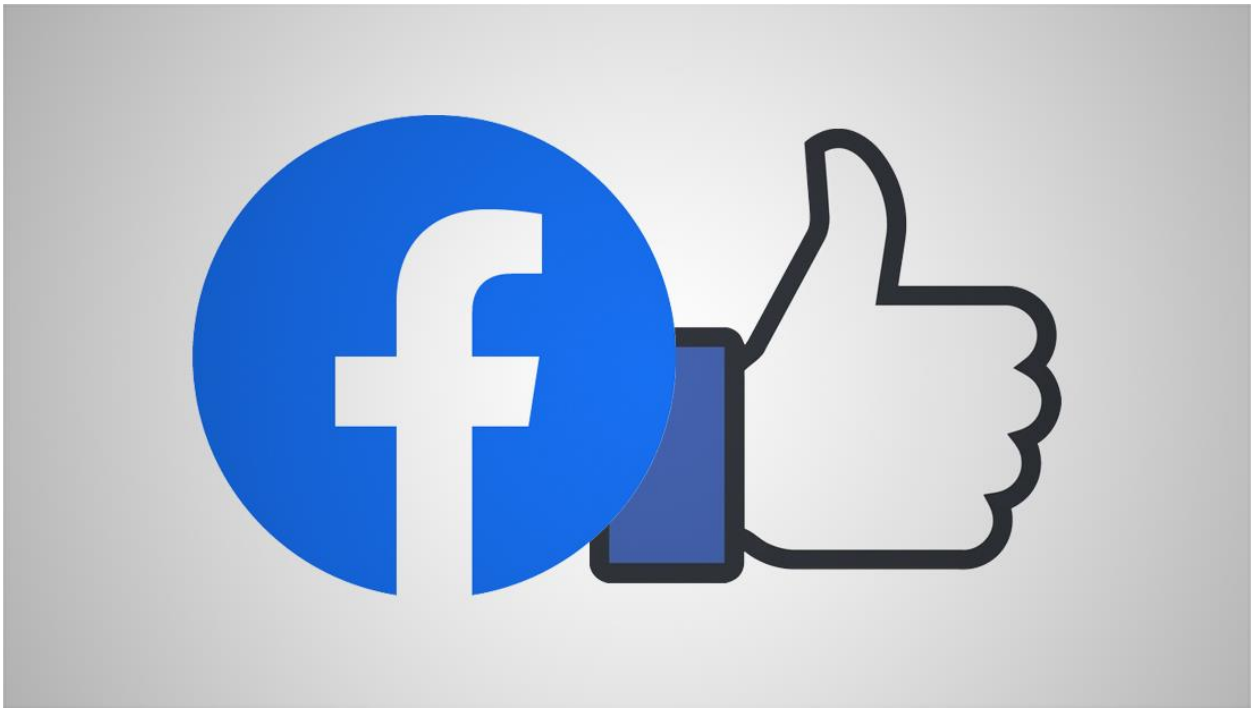
Jennifer died two years later. Her family sued the insurance company, alleging that their prior authorization negligently caused a critical delay in diagnosis and treatment. A federal judge dismissed the case and said while tragic, there was no law holding insurance companies accountable when they allegedly commit medical malpractice. That was up to the New York State legislature to remedy.

Jennifer’s husband is appealing the ruling and has argued that case law and the public interest — if not statute — make his wife’s insurance company accountable. Whether the Second Circuit Court of Appeals agrees, it won’t be decided for months. But the larger issue of whether prior authorizations really root out waste and abuse or merely bolster an insurer’s bottom line bears closer scrutiny. It shouldn’t be dependent on a triple amputation.

Steve Cohen is an attorney.

How To Easily Transfer Your Photos and Videos Off of Facebook

BY KIM KOMANDO, KOMANDO.COM



Are you thinking about breaking up with Facebook? Well, you have plenty of reasons to do so. The social media site has been plagued with issues for years, and a recent massive six-hour outage is just one example.

It was the most prolonged outage since 2008, affecting users across Facebook, Instagram and Whatsapp. **Tap or click here to find out how it happened**. After being unable to access their accounts, many users want to break up officially.

But first, you should figure out what to do with the content you've uploaded over the years. If you shut your account down without a plan, you risk losing all of your content. A tool makes it easy to transfer important content off the platform. We'll show you what it is and how to use it.

This tip is brought to you by our sponsor, **IDrive**. Get secure, easy-to-access storage for all your photos and videos for just a few bucks a month for the first year.

How to pull the plug on Facebook without losing your content

Breaking up with Facebook is a wise move, considering its issues. Some of us have been with Facebook for years, meaning we have several years' worth of content tucked away on the site.

If you've been using Facebook as a digital photo album, you may not have copies of old photos and videos posted on your page. Fortunately, you don't need a backup copy to part ways with Facebook. You can use the **Data Transfer Project** tool to export and store images and videos safely.

If you're unfamiliar with **the Data Transfer Project**, here's the gist. It was announced in 2018 to create an open-source, service-to-service data portability platform so people could quickly move data between online service providers whenever they wanted.

DATA TRANSFER PROJECT

Shortly after the project was announced, Google rolled out a data portability tool to allow you to export images and videos from platforms like Facebook to Google Photos. The capabilities were limited to just Google Photos, though.

That changed recently, however, when Facebook expanded the use of the tool to let you export images and videos directly to Dropbox. This makes it easy to move and protect your content to a safe site when pulling the plug on your Facebook account.

If you want to move your photos and videos from Facebook to Dropbox via this tool, it's easy to do. Let's take a look.

RELATED: **How to deactivate your Facebook account without deleting it**

How to transfer videos and images

Before you begin, you'll need to confirm that you have a Dropbox account. If you need a Dropbox account, it's easy to set one up. **Just tap or click this link and follow the steps.**

Once you've set up your account, follow the instructions below. Make sure you have your Facebook password on hand before you start — you'll be asked to input it during the process.

To import photos or videos from Facebook.com or the Facebook mobile app:

- Log in to Facebook.com or open the Facebook mobile app.
- Click the downward arrow in the top-right corner (web) or the three-line menu at the bottom of the screen (mobile).
- Select **Settings & Privacy**.
- Click **Settings**.
- Scroll down to the **Your Information** section.
- Click **Transfer a Copy of Your Information**. You may need to re-enter your password.
- Click **Next**. This takes you to the **Choose Destination** section. Select **Dropbox** from the dropdown menu.
- Choose whether you want to export your photos or your videos and click **Next.**
    - You can only export one media type at a time. If you'd like to transfer both photos and videos, complete the process for one and repeat the steps to export the other.
- Sign in to your Dropbox account and allow **Facebook Data Transfer** to access your Dropbox account.
- Click **Confirm Transfer.** All your photos or videos uploaded to Facebook will be transferred to Dropbox. You can monitor progress on the "Transfer a Copy of Your Photos and Videos" page of your Facebook settings, and Facebook will send you a notification when the transfer is complete.

Once the transfer is complete, your imported images and videos will be saved in a new folder in your Dropbox account.

To find the folder on Dropbox.com:

- Sign in to dropbox.com.
- Click **All files** in the left sidebar.
- Select the **Apps** folder.
- Tap the **Facebook Data Transfer** folder.
- Click the **Photo Transfer** or **Video Transfer** folder. Photos and videos will be sorted by album, if applicable.

Now that you have safely transferred all of your essential files, are you ready to delete your Facebook account?

Sure, it's a scary prospect since you've probably been using the site for years. But think of all the free time you'll open up. Not to mention not having to worry about its security issues. **Tap or click here to find out how to delete your Facebook account**.

Health Care Takes Its Toll. Look For the Moments That Remind You Why You're in It

Karina Chavez, MD

Completing my second year as an attending during a pandemic has been, well, interesting. It has brought up a variety of emotions. It's all you've dreamt about for the past 7+ years of training, finally making it — the ability to "call the shots." It is exhilarating yet mortifying, all wrapped in one!

You have those occasional cases you have never been exposed to during training. You lean on colleagues for advice and reach out to friends in their respective specialties to ensure you are doing the right thing for your patient. There are days you spend educating on lifestyle changes, how narcotics, although quite the magical drug, aren't safe for long-term pain management and why we care so much about your A1c number so that your kidneys don't irreversibly go on strike.

Training does not prepare you enough for the unrelenting, slow, but steady mistrust of patients and how the Google search becomes an opportunity for "research" and lends itself to contention on medical management. Or, as I have observed, it's a defensive dance similar to the tango.

Sometimes you go in already losing, walking into an encounter where your patient already has a clear agenda. Despite inviting an open dialogue to peek at the root of this mistrust, it's quite perplexing how a 20-minute interaction can discount your countless hours spent banging your head into your medical textbooks.

There are weeks where your efforts feel like clockwork — trying to plow through emails and lab results inbox before your first patient, between patients, during your lunch hour, and after dinner when you are at home. I was once told by a mentor, "To be in primary care, you have to be OK with always running late." This means encounters may run over the 20-minute allotted time. It is out of your control if patients show up late or, god forbid, you need to send someone to the ER and call in a warm hand-off. You roll with the punches. I would be lying to say that my "why" is not questionably blurred at times.

During our monthly department check-ins over a table full of goodies and sweets, we discuss themes: "what is your purpose," "teamwork," "showing up," and "what is your why?"

Occasionally, we are treated to our incredible medical assistant's marvelous homemade cupcakes. I picked one with a little note that read: "Life is just better with sprinkles." I smiled. Sprinkles: they remind me of my inner child and bring back fond memories.

The week had been incredibly mentally and emotionally draining. Coming home late and ordering take-out, reduced time with my son, limited exercise/self-care, going to bed at midnight trying to respond to 50+ emails, addressing lab results, and closing out my patient notes for the day.

Walking into my 9th exam room, I was pleasantly surprised to find a 71-year-old Latina woman eagerly waiting for me. She was a bit anxious. I could tell in the cadence of her speech, her demeanor and her body language.

Inadvertently, during your training, you learn how to read the room, a concept in psychiatry known as "transference." The way patients project their emotions is moved or transferred into your own mirrored response.

She was initially shy, but as she began speaking in Spanish, her posture relaxed and eased up, her voice less trembly. The conversation focused on her recent COVID-19 infection one month prior, despite being fully vaccinated.

"When I heard about my positive test result at my age, I thought it was going to take me out." She began to cry. "I was scared I could get my family sick. I had to be strong and not show how terrified I felt."

It reminded me of my beloved tios who had recently passed away right as vaccinations were beginning to roll out. Would they still be around if that vaccine had come out sooner for them? I teared up, apologized, and shared why her comment had moved me so much.

Somewhere along the discussion, she looks over and says, "Ay gracias por verme, me dio tanto gusto que eres de nosotros, eres de nuestra cultura." ("Thank you for seeing me, I am so happy you are one of us and of our culture.") There's nothing like expressing yourself in your own language, describing yourself in words that do not exist in English or are translated correctly. She shared her immigration story to the U.S., settling roots in the Bay Area, noting what each of her daughters were up to now as adults.

She was delighted to say her grandson studied at "UC El Lay." She asked me about my son Elias, and I showed her a picture of him. I was running late, yet spending twice as long on this encounter was refreshing. I needed this.

I soon realized this was my sprinkle. Although she wanted to give me a hug, in COVID times, we opted for the fist bump instead.

These moments are one thing I have always held onto dearly during medical training, residency, and now in practice. These are what I now call "sprinkles." They show up seemingly when we most need and least expect them.

This type of underappreciated and bidirectional healing in the patient-physician relationship is something we should discuss more with one another. In such unprecedented times, where isolation and mental health issues are at their peak due to the pandemic, it's imperative to find these sprinkles no matter how subtle they can be. Particularly in primary care, it can help significantly transition the tango undertones into moments of synchrony, grounding, and resetting as you find yourself waltzing from room to room.

I have now made it a point when running chronically late, the workday is long, and when it seems difficult to shake away the fatigue or impending burnout, instead of asking myself, "What is your why, Karina?" I make a mental note of reflection: "What are your sprinkles?"

Karina Chavez is an internal medicine physician.

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Wine Reviews: What to Know

Vinology.com

Modern Wine Critics

Wine writers, critics, and specialized publications rate, review, and recommend thousands of wines every year. As we know it, the wine industry wouldn't be the same without these information channels. Instead of Pliny the Elder, we have Robert Parker. Wine reviewers set trends and guide customers' preferences; they are an essential part of the industry.

Wine Magazines

Specialized publications are often the link between winemakers and consumers. High points and accolades can change the future of a wine producer, but as a wine connoisseur, one must be careful not to get influenced by a single good review. The following are the most influential critics, publications, and wine reviewers. Getting to know them will broaden your wine knowledge. They may even inspire you to write your reviews.

Wine Preferences

But wine is also personal; its enjoyment depends on your tastes and experience. Your favorite wine might not earn high scores, and that's OK. On the other hand, one hundred pointers might not be your cup of tea, either.

Each of the wine magazines listed here rates wine slightly differently. However, you may find that the wine ratings of specific critics align closely with your preferences.

The 100 Point Scale

The scale used for reviewing wines is pretty straightforward. Quality wines will be graded between 87 to 100 points. Anything below an 87 is not worth buying. A wine rated above 91 is exceptional, and a wine rated above 95 will be insanely good.

The sweet spot for quality for value typically ranges from 88 to 91 points. But what does the scale mean? It's all about typicity. A Cabernet from Napa is a very different wine than a Sauvignon Blanc from New Zealand, so they are rated differently. A 95-point Napa Cabernet that costs $100 means it is an exceptional Napa Cabernet *for the price*.

How to Get Wine Reviews for Free

Most wine magazines have put their wine reviews behind a paywall because many wine buyers are willing to shell out money. But what if you want to access them but aren't willing to pay for those reviews? A few wine databases offer their wares for free (like we do).

What if you want access to all the wine reviews without shelling out hundreds of dollars? That is pretty easy. Wine reviews sell wine. That's something everyone in the wine trade knows. That's why most wine shops (and wineries) post positive reviews about their wines.

Using a service like wine-searcher will show you how many reviews a specific wine gets, and if you go to a wine shop that sells the wine, more likely than not, they will post all the positive reviews verbatim.

Ukraine: The British Doctors Who Have Traveled to a War Zone to Help

Bmj.com

More than 11 million Ukrainians have been forced from their homes as a result of Russia's invasion. **Chris Stokel-Walker** speaks to some of the UK doctors who have travelled to Ukraine and its bordering countries to help.

Andy Kent was in Yemen on 1 March 2022, working with local doctors to try to treat patients, when he received a call asking him to travel to Ukraine. Kent, an orthopaedic trauma surgeon based at Raigmore Hospital in Inverness, has worked for the past decade with UK-Med, a frontline medical aid charity. Russia's invasion of Ukraine prompted fears that medical support would be needed to treat patients who were caught up in the fighting or fleeing for their lives.

Kent accepted, and he began the three day trip from Yemen back to Inverness, via Addis Ababa and London. He arrived home but couldn't stay long. "There was literally just time to swap out my clothing from warm weather clothing to cold weather clothing," he says. He was on the next plane to Poland, where he met up with colleagues from UK-Med at the border and crossed into Ukraine.

It was an eye opening experience. As Kent and his colleagues entered Ukraine, millions streamed in the opposite direction. For the 7.1 million Ukrainians who have been forced to flee their homes for elsewhere in Ukraine as a result of war, as well as the 4.5 million who have left the country entirely,[1][2] getting treatment for ailments has taken a back seat to survival. But it's still needed.

Ukraine's medical system has held up admirably and is the envy of many countries, say UK doctors who have travelled to Ukraine and its neighboring nations. "They are excellent," says Paul Ransom, consultant in emergency medicine at Brighton and Sussex University Hospitals NHS Trust, who is currently in eastern Ukraine with UK-Med. Ukraine has 7.46 hospital beds per 1000 people,[3] nearly three times the UK's number.[4] And their medical professionals are well trained. "They've had eight years already with the

hostilities in the Donbas, and they've got very good, well trained surgeons and a pretty good ambulance service," says Ransom.

Reluctance to share information

However, nothing can truly prepare you for an armed invasion. Freda Newlands, an emergency medicine doctor at Dumfries and Galloway Royal Infirmary, who is also working with UK-Med, says, "Although the health service is standing up very, very well under the circumstances, they agreed they could do with a little bit of help with primary health and looking after the chronic medicine of people who moved [within Ukraine]."

Many internally displaced people had a need for mental health and psychological support, as well as more prosaic treatment such as monitoring blood pressure, diabetes, asthma, and other chronic diseases that were "slipping through the net because they hadn't been monitored, or they didn't have their medication, or they missed follow-up appointments because of being on the move," says Newlands.

The visiting doctors have been compelled to move from staying in children's orphanages to rented apartments, and they initially struggled to convince some Ukrainian doctors to discuss how they could be supported. Kent says, "Ukraine had gone under martial law, which meant that all the hospitals essentially were under military control.

"There was a reluctance for them to talk about their plans for military casualties, and they were definitely not willing to talk about the number of casualties they were hearing about in the east of the country."

Connections and collegiality were eventually brokered and built, such that UK doctors are helping to offer training and support to Ukraine's existing infrastructure. Doctors including Ransom and Kent have also been asked to provide "CBRN" training, which equips medics to handle patients who have been subjected to chemical, biological, radiological, or nuclear attacks—a grim reminder of the reality of Russian offensive capabilities.

Mixed motivations

All of the doctors who travelled to Ukraine had their own reasons for making the journey. Newlands didn't become a doctor until she was 48, and her motivation was always to do something humanitarian through her work. "A lot of my friends here in the UK feel that they don't have a skill they can help with necessarily, and they feel frustrated," she says. "I'm lucky enough to have a skill I can transfer and to have the time to be able to do it."

For Ransom, who's recently gone part time with NHS work, his circumstances coincided with concern for a country he'd previously visited. "I've been here before," he says. "I know the country. And I've got really fond of some of the towns I've been to before. When it's a place you know that's at risk like this, it brings home the human cost."

Kent's motivation is a desire to help based on his 20 years in the army, knowing what could happen in a conflict. The fact that it meant him missing a family holiday to the United States is no matter. "I felt that my leave would be better used in Ukraine than in Washington DC," he says.

For some doctors, the Russian invasion has hit closer to home. Roman Clegg, a Ukrainian born doctor who works at University College London Hospital, has parents living in the western city of Lviv. When Russian troops crossed the border in February he and other British doctors of Ukrainian heritage set up a charity, British-Ukrainian Aid,[5] to send medical supplies. From a depot in Essex from which they collected equipment including burn dressings and antibiotics, Clegg and his colleagues travelled to the Ukraine-Poland border.

Clegg is a former president of the Ukraine Medical Association, and when the war began he started receiving phone calls offering help and donations. “We had to face the challenge and start facilitating all these efforts, channeling them to the proper channels,” he says.

He and his colleagues who travelled to the border began treating patients for the first few weeks of the war. “There was nothing acute like trauma but a lot of exacerbation of chronic conditions,” he explains. “Someone off insulin for a few days waiting in the queue on a train, asthma dissipation, heart disease.”

While the humanitarian crisis is just beginning, the expected huge flow of injured and sick people has yet to come. Clegg says that the Ukrainian doctors he speaks to are discouraging volunteers from showing up at the border or in Ukraine, as so many would-be patients have fled the country. Instead, his efforts in the near future may be directed to building a field hospital to support the existing healthcare system.

The medical situation is comparatively calm, at least for now. While Russia claims to be stepping down offensive operations in the country and evidence shows that its soldiers are beating a hasty retreat, having failed in their goal of capturing the country, they are causing chaos as they leave, massacring thousands of people in cities such as Bucha.[6] And there’s no guarantee that hostilities will cease entirely—on top of which the country has to rebuild, including its health service, which has been targeted.

“The number one priority is to say thank you to all the medical community, who have been absolutely outstanding,” says Clegg. “Secondly, we’re grateful for foreign assistance and help. But this is a long term thing. We just want people to be mindful that help will be needed for quite some time.”

Footnotes

- Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.
- Provenance and peer review: Commissioned; not externally peer reviewed.

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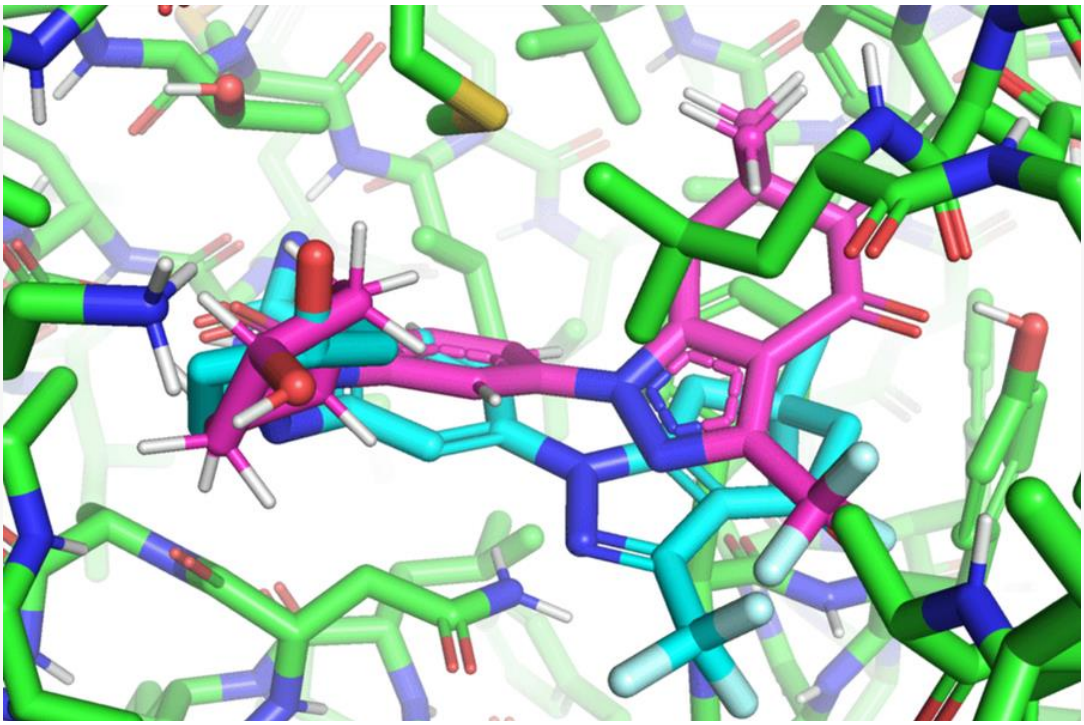
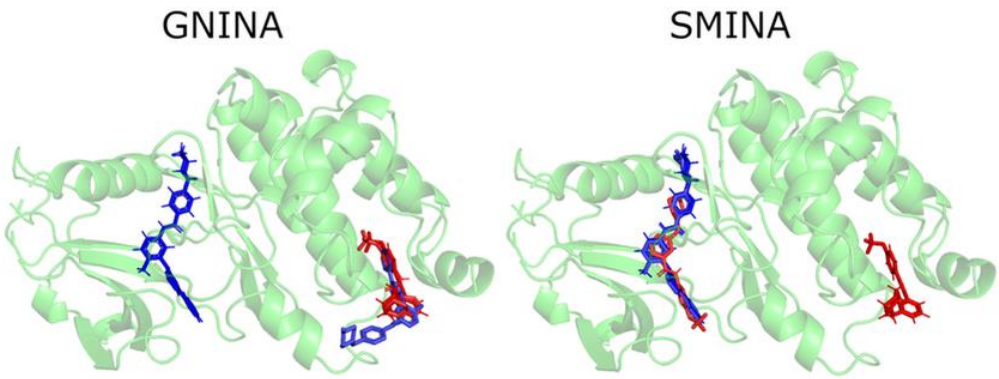
Artificial Intelligence Model Finds Potential Drug Molecules a Thousand Times Faster

Alex Ouyang ,Abdul Latif Jameel Clinic for Machine Learning in Health

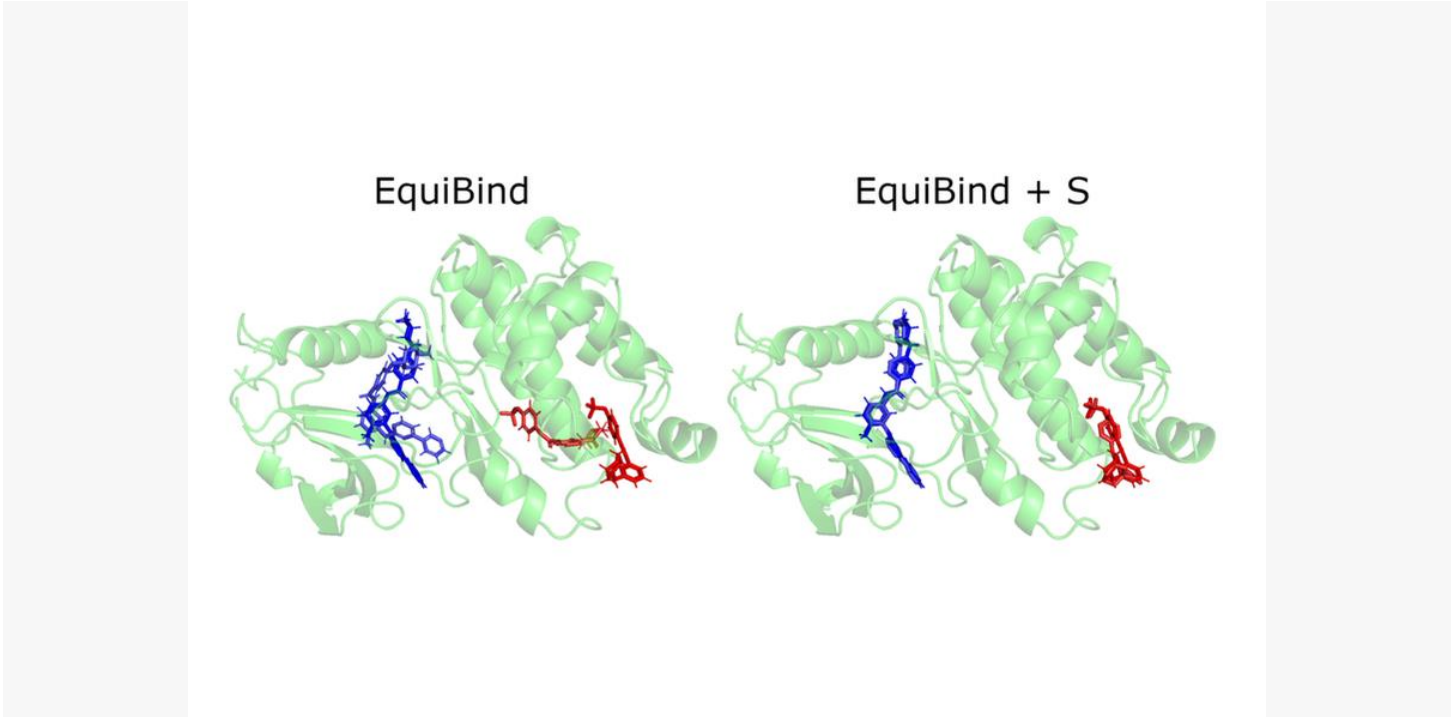
A geometric deep-learning model is faster and more accurate than state-of-the-art computational models, reducing the chances and costs of drug trial failures.



Caption: EquiBind (cyan) predicts the ligand that could fit into a protein pocket (green). The true conformation is in pink.



Caption: Case study showing the protein Tyrosine Kinase 6HD6 (green) and the two inhibitor drugs (red and blue) for lung cancer, leukemia, and gastrointestinal tumors. GNINA and SMINA were not as accurate as EquiBind.



Caption: Case study showing the protein Tyrosine Kinase 6HD6 (green) and EquiBind's ability to successfully predict the ligand structures (red and blue). EquiBind + S uses SMINA for fine tuning and demonstrated an almost perfect prediction of the ligand structure.

The entirety of the known universe is teeming with an infinite number of molecules. But what fraction of these molecules have potential drug-like traits that can be used to develop life-saving drug treatments? Millions? Billions? Trillions? The answer: novemdecillion, or 10^{60}. This gargantuan number prolongs the drug development process for fast-spreading diseases like Covid-19 because it is far beyond what existing drug design models can compute. To put it into perspective, the Milky Way has about 100 billion, or 10^{11}, stars.

In a paper that will be presented at the International Conference on Machine Learning (ICML), MIT researchers developed a geometric deep-learning model called EquiBind that is 1,200 times faster than one of the fastest existing computational molecular docking models, QuickVina2-W, in successfully binding drug-like molecules to proteins. EquiBind is based on its predecessor, EquiDock, which specializes in binding two proteins using a technique developed by the late Octavian-Eugen Ganea, a recent MIT Computer Science and Artificial Intelligence Laboratory and Abdul Latif Jameel Clinic for Machine Learning in Health (Jameel Clinic) postdoc, who also co-authored the EquiBind paper.

Before drug development can even take place, drug researchers must find promising drug-like molecules that can bind or “dock” properly onto certain protein targets in a process known as drug discovery. After successfully docking to the protein, the binding drug, also known as the ligand, can stop a protein from functioning. If this happens to an essential protein of a bacterium, it can kill the bacterium, conferring protection to the human body.

However, the process of drug discovery can be costly both financially and computationally, with billions of dollars poured into the process and over a decade of development and testing before final approval from the Food and Drug Administration. What's more, 90 percent of all drugs fail once they are tested in humans due to having no effects or too many side effects. One of the ways drug companies recoup the costs of these failures is by raising the prices of the drugs that are successful.

The current computational process for finding promising drug candidate molecules goes like this: most state-of-the-art computational models rely upon heavy candidate sampling coupled with methods like scoring, ranking, and fine-tuning to get the best "fit" between the ligand and the protein.

Hannes Stärk, lead author of the paper and a first-year graduate student advised by Regina Barzilay and Tommi Jaakkola in the MIT Department of Electrical Engineering and Computer Science, likens typical ligand-to-protein binding methodologies to "trying to fit a key into a lock with a lot of keyholes." Typical models time-consumingly score each "fit" before choosing the best one. In contrast, EquiBind directly predicts the precise key location in a single step without prior knowledge of the protein's target pocket, which is known as "blind docking."

Unlike most models that require several attempts to find a favorable position for the ligand in the protein, EquiBind already has built-in geometric reasoning that helps the model learn the underlying physics of molecules and successfully generalize to make better predictions when encountering new, unseen data.

The release of these findings quickly attracted the attention of industry professionals, including Pat Walters, the chief data officer for Relay Therapeutics. Walters suggested that the team try their model on an already existing drug and protein used for lung cancer, leukemia, and gastrointestinal tumors. Whereas most of the traditional docking methods failed to successfully bind the ligands that worked on those proteins, EquiBind succeeded.

"EquiBind provides a unique solution to the docking problem that incorporates both pose prediction and binding site identification," Walters says. "This approach, which leverages information from thousands of publicly available crystal structures, has the potential to impact the field in new ways."

"We were amazed that while all other methods got it completely wrong or only got one correct, EquiBind was able to put it into the correct pocket, so we were very happy to see the results for this," Stärk says.

While EquiBind has received a great deal of feedback from industry professionals that has helped the team consider practical uses for the computational model, Stärk hopes to find different perspectives at the upcoming ICML in July.

“The feedback I’m most looking forward to is suggestions on how to further improve the model,” he says. “I want to discuss with those researchers … to tell them what I think can be the next steps and encourage them to go ahead and use the model for their own papers and for their own methods … we’ve had many researchers already reaching out and asking if we think the model could be useful for their problem.”

This work was funded, in part, by the Pharmaceutical Discovery and Synthesis consortium; the Jameel Clinic; the DTRA Discovery of Medical Countermeasures Against New and Emerging threats program; the DARPA Accelerated Molecular Discovery program; the MIT-Takeda Fellowship; and the NSF Expeditions grant Collaborative Research: Understanding the World Through Code.

This work is dedicated to the memory of Octavian-Eugen Ganea, who made crucial contributions to geometric machine learning research and generously mentored many students — a brilliant scholar with a humble soul.

Design Trends Fall and Winter 2022

Homestolove.com

The autumn / winter decor trends to embrace for chic and cozy interiors

A new season brings a slew of new trends. Here’s how to breathe new life into your interiors with as little effort and as much impact as possible.

While this shift in seasons often tends to prompt an update of our own sartorial style (who doesn't love indulging in a new coat or pair of boots?), it's not just our wardrobes that need adjusting and updating come the cooler months. As we prepare to close our doors and ready ourselves for a season full of hearty home cooked meals and plenty of hot chocolates, it's time to turn our attention to our interiors.

"Autumn is a time of year where there is the perfect mix of warm sun and cool breezes, coupled with the beautiful colors of the turning landscape," says Vault Interiors Director and Principal Stylist Justine Wilson. "When it comes to interiors, autumn is the perfect time to embrace this transitional feeling – and use it as a time to reset, refresh, and prepare your abode for the cooler months."

Here, Justine shares the autumn/winter decor and design trends for 2022 and how to embrace them in your own home to create a chic and cozy haven.

COMFORTING COLORS

Autumn is all about embracing earthy and warm tones and this year we're seeing a resurgence in these tones in our abodes. Think hues of mustard, brown and deep greens. "You can introduce color through a variety of ways, such as artwork, accessories, florals, and soft furnishings, the trick is to not overdo it, rather work in small accents throughout your home," says Justine.

Earthy tones of mustard and dusty pink inject warmth into this boho style bedroom. Photography: Dylan James / Styling: Sarah Ellison / Story: real living

EMBRACE TEXTURE

"Autumn styling is all about layers, think heavy coverlets and blankets on your bed, snuggly throws on your sofa, lots of plush cushions and warm rugs underfoot," Justine explains. "You can layer many textures together also, think of materials such as velvet, wool, cashmere and flannel and thick natural linens. By including these materials, you will create an inviting and cozy feel in your space."

PATTERN APLENTY

We're just going to come right out and say it: pattern is officially back. And we, for one, couldn't be more excited. "This year I think we will see lots of pattern in autumn decoration trends, classics such as tweed and tartan will be back with force, especially as many embrace the cottage core aesthetic," Justine says. But it's not just the classics that are experiencing a renaissance. According to Justine, we can expect to see a lot more floral prints adorning our interiors this season. And no, not the pretty pink kind you're thinking of. "I also think floral patterns will be popular, but unlike spring and summer they will be more moody, muted colourways, in dark emeralds, navy tones, and warm rust tones," she says.

From checks to bold florals, pattern is back and bigger than ever. Photography: Dylan James / Styling: Sharon Robinson / Story: real living

BRING THE OUTSIDE IN

"Autumn is about feeling cozy and being prepared, so why not have your interiors overflowing with fresh produce displayed in pretty ways, think pears in a bowl, jars of nuts and herb cuttings displayed on your counters," Justine says. "You can also bring the outside in with beautiful vases of greenery, the last bright blooms of the summer season, and pretty branches displayed simply in urns or vessels. As the light fades, having pretty muted lighting can really help create an atmosphere, so use table and floor lamps and candles to create a cozy scene."

Bring the outside in with beautiful vases of greenery, branches and seasonal fruits. Photography: Marnie Hawson / Styling: Hannah Brady / Story: Country Style

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Retirement Plans for Doctors

by Andrew Newhouse, thefinitygroup.com

The most common questions that I receive from my physician clients are on retirement plans. Every employer offers something a little different. Utilizing tax-advantaged retirement plans is attractive for highly compensated doctors, but it can be a little daunting learning the ins and outs of these plans.

Each employer has a different retirement plan for doctors that can be utilized. Typically, retirement plans for doctors will fall into two categories: plans available for W2 employees and plans for independent contractors or self-employed individuals. We will look at both sets of options and talk about the details of retirement plans for doctors.

Retirement Plans for Doctors Who Are Employees

Retirement plans for physicians who are employees of a hospital, or group, are going to be determined by the company. Some employers may offer more than one retirement plan to pick from, but unless you are one of the decision makers for the company, you won't have much say what the employer offers. You will simply have the option to enroll and participate in the plan provided or not.

For-profit entities and non-profit entities have different plans available, based on the parts of the tax-code they are governed by. Ultimately the options are pretty much the same, but we will look at them all.

Retirement Plans for Doctors at Hospitals

If you are employed by a hospital, you will likely have access to a 403(b) retirement account. This is a retirement account offered by non-profit entities. This is similar to the 401(k), which is commonly offered at for-profit companies.

Believe it or not, most hospitals are non-profit businesses. How they maintain their non-profit status is a discussion for another day.
Your employer may also have a 401(a) account and possibly offer a 457(b) account too.

403(b)

A 403(b) account is a retirement account that allows you to make elective salary deferrals. This means you can elect to have a certain amount withheld from your paycheck and deposited into the account. The contribution limit for 2022 is $20,500.

Deposits can be made on a pre-tax or post-tax (Roth) basis (As we have mentioned in previous blog posts, not every employer offers the ability to contribution on a Roth basis, but it is becoming more and more popular). If you make pre-tax contributions, money is deposited before taxes are taken from your paycheck.
For example, if you earn $250,000 in a year, and deposit the maximum $20,500 into your 403(b), the IRS will only tax you on $229,500 of income. Pretty cool! Nice government we have. It's like the government is giving you a fist-bump for saving for retirement.

Once in the 403b, any investment gains are tax-deferred, meaning you don't pay any taxes as long as the money stays in the account. You have to wait until you are 59.5 years old before you can withdraw the money, otherwise you are penalized and pay extra taxes. In retirement, when you withdraw the funds from a pre-tax account, the amount withdrawn is treated as earned income in that year and taxed accordingly.

If you make Roth contributions, the opposite happens. Money goes into the account *after* taxes have been withheld. If you make $250k in a year and make a Roth contribution to the 403(b), you are still taxed on $250k of earnings for the year. There is no incentive on the front-end to save on taxes in that year you contribute. Money still grows tax-deferred, and you still must wait until you are 59.5 to touch it. Once eligible, qualified withdrawals are tax-free! How big is that! Tax-free money in retirement! Boo-yah!

Important note*: there is no income limit on being eligible to make Roth contributions into employer retirement plans. The income limit is only for Roth IRA's. Hence why the Backdoor Roth IRA is so popular amongst physicians.*

Within a 403b, the employee gets to choose how to invest the money within the account. This is considered a *participant-directed* account. The retirement plan will have a menu of mutual funds to pick from that you can invest in.

A newer addition to employer retirement accounts are self-directed brokerage accounts. This gives the participants access to additional investment options outside of the retirement plan's core investment options while still staying within the plan and receiving the associated tax benefits. This may not be the right fit for every investor but can be appropriate for some. There are a few pros and cons to the Self-Directed option.
Pro:

- Greater investment flexibility
- Access to low-cost options
- Available to have professional help from an advisor

Con:

- You manage your investment account
- Can have additional costs
- Not available with every plan sponsor

To determine if a self-directed brokerage account within your 403(b), 401(k), or 457(b) is a good fit for your situation, please reach out to us to discuss your situation, goals, and concerns. We would be happy to discuss this with you further.

403(b) accounts are also highly protected in most states and it is hard for creditors or litigators to go after money in those accounts.

401(a)
Not all employers offer a 401a, but many hospital systems do. In this account, the employer sets the contribution rules and it is mandatory. The employer could make all the deposits into this account, or they could mandate the employee deposit a percentage of their paycheck as well. Whatever the amount is, it will be fixed…. until the employer decides to make a change.

For example, the employer may have a 401(a) plan that dictates you will deposit 6% of your paycheck pre-tax into the account and the employer will also deposit the equivalent of 6% of your salary into the account. As mentioned above, every account is different. If you have access to a 401(a), it will be important to review the rules set by your employer.

Contributions are made on a pre-tax basis (no Roth option available). Participants get to decide how to invest the money within the plan, similar to a 403(b). You also must wait until age 59.5 until you can touch the money.

457(b)
Not all non-profit employers offer 457(b) accounts. If your employer does offer a 457(b) plan, it could be worth taking advantage of if you are already maxing out the 403(b) and still have additional dollars that you want to set aside for retirement.

The contribution limits are the same ($20,500 in 2022). Contributions are made on a salary-deferral basis – meaning the money is withheld from your paycheck if you elect to contribute to the plan. You can also choose how to invest the money from the menu of options. Some employers allow Roth contributions, in addition to pre-tax.

The main differences between the 457(b) and the 403(b) are the age restriction and the asset protection component.

With 457(b) accounts, you don't have to wait until you are 59.5 until you can withdraw the money. Typically, the employer only requires you to be "separated from service," meaning you don't work for the company anymore. When looking at retirement plans for doctors, the 457(b) can be attractive for people who do a good job saving for retirement and are positioned to retire early.

The major downside to 457(b) plans is the money isn't as highly protected as other qualified retirement accounts. For example, if the hospital declares bankruptcy, they could potentially dip into the 457(b) plan assets in order to pay back creditors. This means they could potentially take the money you saved in your account. Therefore, you probably only want to use the 457(b) account if your employer is financially stable. Lastly, 457(b) accounts are sometimes difficult to take with you when you leave the employer. Most can only be rolled to another 457(b) as opposed to an IRA or other retirement account.

Also, some employers are quite restrictive with what you can do with the money when you leave the employer. Some require you to liquidate and distribute the entire account balance when you stop working. If you have a large balance, this could create quite the tax bill for you in that year. Before contributing to a

457(b), it will be important to review the distribution options to see what is available to you if you end up changing employers.

Retirement Plans for Doctors at Private Groups or For-Profit Companies

Instead of the 403(b), for-profit companies offer 401(k) accounts. For all intents and purposes, these accounts are identical. These accounts have the same contribution limits. Again, it will vary between employers, but often times you have the flexibility to select between pre-tax or post-tax (Roth) contributions. You also get to pick your investments from a menu of options. Like the 403(b), we are seeing more and more 401(k) plans have the ability to utilize a self-directed option.

The employer can make additional profit-sharing contributions into the employees' accounts as well. The maximum amount that can go into a 401(k) in 2022 between employee and employer contributions is $61,000.

In special circumstances, there may be other retirement plans offered, but these are less common unless you are an executive in the company.

Retirement Plans for Doctors at Small Groups

If the group is profitable and generating good revenue, the practice will likely want to implement a 401(k) plan. This will enable the owners to deposit up to $61,000 in 2022, plus an additional $6,500 if age 50 or over. Now, maxing out the 401(k) at $61,000 requires the business to also deposit some money into the employees' accounts as well. Depending on the number of employees, this may create quite a cost burden for the company.

For the less profitable groups, or for practices that do not want to deposit very much into employees' accounts, a SIMPLE IRA is a commonly used plan. SIMPLE IRA's are, as the name implies, quite simple. Each employee, including the owners, sets up their own account and can defer up to $14,000 of salary pre-tax in 2022 (plus $3,000 if over age 50). The employer is required to match contributions, usually up to 3% of wages in most circumstances. That's it. Super easy. Very inexpensive for the business.

Often new practices will start with a SIMPLE IRA and then migrate over to a 401(k) as the practice grows.

Retirement Plans for Doctors Who are Self-Employed

If you are self-employed, you have a several options available to you. Below is a little more detail on retirement savings accounts for self-employed individuals.

SEP IRA

If you want to keep things easy and only make pre-tax contributions, then a SEP IRA is for you. The math works out so you can make pre-tax contributions of 20% of your earnings up to $61,000/year in 2022. You can do less of course, but that is the limit. It's like any other IRA in that you can set it up wherever you want and invest the money however you want.

Do be aware that this does have implications on your ability to do the Backdoor Roth IRA. In order to utilize the Backdoor Roth IRA strategy, you must not have any pre-tax dollars in an IRA. Since this account is a pre-tax IRA, it will eliminate your ability to do the Backdoor Roth IRA. Although this may not be a deal breaker for your situation as you can only contribute $6,000/year as of now into your Roth IRA, it is something to be aware of and confirm with your advisor or CPA before opening the SEP IRA as opposed to a Solo 401k.

As mentioned, with each of these options for self-employed individuals, be sure you are reaching out to your financial planner and CPA before making any decisions on which plan is the best fit for you moving forward.

Individual 401(k)

The Individual or Solo 401(k) is similar to a company sponsored 401(k), except when you are self-employed, you are both the employee and the employer. As an employee, you can make either pre-tax or Roth contributions up to $20,500 in 2022 (plus $6,500 if over age 50). As the employer, you can also deposit up to 20% of earnings pre-tax into the account. A maximum of $61,000 ($67.5k if age 50+) can go into the plan in 2022.

A lot of people who utilize the Solo 401k like the ability to make the Roth contributions in addition to pre-tax. This enables them to really build up an account that can be accessed tax-free in retirement. They will often do this in addition to Backdoor Roth IRA's.

The catch with the 401(k) is there are additional tax-reporting requirements that go along with it. You are required to file an IRS form 5500-EZ for accounts with balances over $250,000. Not many accountants will do this, so you will likely need to do it on your own or set up the account with a company that will do this for you (for an additional cost, of course).

With the Solo 401k, as compared to the SEP IRA in most cases, you will be able to contribute more to your retirement plans. Everyone who opens a Solo 401k can contribute the $20,500 for employee contributions along with 20% of income for employer contributions. For the SEP IRA, you are maxed at 25% of your earnings regardless.

Be sure to speak with a professional to help you understand the pros and cons for each of these accounts in order to make an informed decision.

Cash Balance Pension

For the overachievers who are maxing out the Solo 401(k) at $61,000/year and are looking to invest additional monies on a tax-advantaged basis for retirement, then the cash balance pension plan is for you.

Some employers do provide these for their employees, so you may have one if you are an employee at a company.

The cash balance pension plan is a defined benefit plan, as opposed to a defined contribution plan like all these other accounts we have been reviewing. The maximum contribution limit varies by age. More money can be added the older you are. Older participants can contribute upwards of $300,000/year pre-tax! If self-employed, or the owner of a small practice, the goal is to contribute as much as cash flow allows to help reduce your taxable income.

Contributions are made pre-tax. Technically, the employer (ie, *you* if self-employed) provides a guaranteed interest rate on the account. The money can be invested, but if you invest too aggressively and the account goes down in value significantly, the plan may be considered underfunded, and you will be required to deposit extra money into it the following year.

Conversely, if the account outperforms the target return objectives, you may be limited in how much you can add in future years, restricting the tax-deductible contributions you can make.

Long-story short, if you are maxing out the 401(k) and wanting to save a lot of extra money for retirement, it could be worth looking at a cash balance plan.

Comparison Between Self-Employed Plans

Solo 401(k) vs SEP IRA vs Simple IRA: Solo 401(k), SEP IRAs, and Simple IRAs all are designed for business owners to save for retirement, but all vary slightly.

Solo 401(k):

- As it sounds, Solo 401(k)s, also known as individual 401(k), are only available to the owner of the business.
- This allows for both employee and employer (as the business owner, you are both the employee ($20,500) and the employer (up to $40,500) contributions (Limit $61,000)
    - For those who are 50 or older, you can make a catch up contribution and contribute an extra $6,500.
- You have the option for both pre-tax and post-tax (Roth) contributions
- With Solo 401(k)'s you must establish this before the end of the calendar year.

SEP IRA:

- This retirement plan is available for the employer and company employees to save for retirement
- The maximum contribution is the lesser of 25% of an employee's compensation or $61,000. One downside if there are employees, is that the owner will have to contribute the same percentage to their employees SEP IRA as their own.
- This plan only allows for pre-tax contributions
- A SEP IRA has the ability to be set up any time before filing your tax return. A CPA would be able to provide a little more insight.

Simple IRA:

- This retirement plan is for small businesses that have 100 or less employees. This can be attractive to business owners because it is easier to set up than a 401(k) but has lower contribution limits (up to $14,000). It is also a more cost-effective way to increase retirement savings for the owner and employees.
    - For those who are 50 or older, you can make a catch-up contribution and contribute an extra $3,000.
- There is also a mandatory employer matching contribution that is required.

If you are curious what might be the most beneficial plan for you and your business, please reach out to connect with us. We would be happy to review your current situation and walk through what might be best for you.

Competing Financial Goals

Along side retirement planning, I get a lot of questions, especially from young physicians, whether to pay off student loan debt faster or save more for retirement. The answer to this isn't always that simple. It really depends on a few different factors. The main factor is the interest rate associated with your student loan. If you went through a student loan refinance, it may not be in your best interest to pay this off aggressively if the interest rate is competitive

The Dakota Studios

10 Best Medical TV Shows of 2022 So Far, According to Ranker

By Chelsea Escamilla

With a plethora of medical shows on television, Ranker users have voted on which scripted and reality shows are the best the profession has to offer. Audiences have a plethora of options when it comes to medical television shows, making it difficult to know what is worth watching. Some are short-lived, while others have stood the test of time and have become household names. With intense storylines and unique medical mysteries, medical shows draw in the viewers with dramatic crises and the occasional sprinkled-in humor.

Whether audiences want to watch a more authentic show following amazing real-life doctors and veterinarians or escape reality with a good old-fashioned scripted medical drama, fans at Ranker have voted for the best medical shows in 2022, so far. These shows are just what the TV doctors have prescribed.

10 The Incredible Dr. Pol

The Incredible Dr. Pol is a reality show that has been following Dr. Jan Pol at his veterinary practice in Michigan since 2011. Though the vet clinic treats domestic animals like deworming puppies, the main focus is on emergency visits and farm animals, even treating a pot-bellied pig for tetanus. Viewers watch as the team of veterinarians treat illnesses, birth farm animals, and make tough euthanasia decisions.

At the ripe age of 79, Dr. Pol has yet to retire because there are no veterinarians nearby to treat farm animals, according to USA Today. His fifty years of experience treating animals is incomparable in Michigan. Audiences can continue to enjoy *The Incredible Dr. Pol* on Nat Geo Wild and Disney+.

9 This Came Out Of Me

This Came Out of Me is a reality show chronicling Texas emergency room patients who have strange objects lodged in even stranger places. Hosted by Dr. Ruby Rose, the show features squeamish moments including a woman getting a glass shard removed from her eye and cockroaches being removed from an ear canal.

The series is not for the faint of heart, but it's an interesting choice for viewers curious about realistic surgeries and medical emergencies. Not all emergencies are gory; the emergency room also treats a child with a bead lodged in her nose. *This Came Out of Me* premiered in 2022, airing on Discovery and is available to stream on Discovery+ for those viewers interested in curious medical emergencies.

8 Dr. Mercy

Premiering in 2021, *Dr. Mercy* follows the dermatological practice of Dr. Mercy Odueyungbo as she strives to make her patients beautiful and comfortable in their skin. One of her biggest cases comes in the form of Ashley, a patient with extensive tumors forming from neurofibromatosis, who gets as many of the tumors removed as safely possible.

Viewers who enjoy watching *Dr. Pimple Popper* will enjoy *Dr. Mercy*. The series features more invasive skin conditions and diseases as Dr. Mercy tries to help relieve her patients of pain and low self-esteem. However, the show is not for the faint of heart and often features graphic images of surgery and skin conditions.

7 Good Sam

Good Sam is a medical drama that premiered in 2022 on CBS starring Sophia Bush and Jason Isaacs. The series is a familiar mix between *House, M.D.* and *Grey's Anatomy*. Dr. "Griff" Griffith is a super doctor able to diagnose any patient with ease, but he falls into a coma, leaving his doctor daughter to take over as Interim Chief at Lakeshore Sentinel Hospital.

The series is more of a slow-burning soap opera than a medical drama, featuring tangled hospital romances and rough family dynamics as Dr. Griff fears losing his identity after he comes out of the coma. Audiences who have fallen in love with the soapy drama will be disappointed to learn *Good Sam* has been canceled after only one season, per Deadline.

6 Call The Midwife

Call the Midwife follows a group of London midwives and nuns in the '50s and '60s. With historically accurate events affecting the lives of the women, *Call the Midwife* is a period drama unlike other medical shows. The series tackles more than just delivering babies with storylines covering poverty,

post-war immigration, the spread of tuberculosis, and the threat of nuclear war.

The women must also deal with babies born with birth defects such as cleft lips and spina bifida, the introduction of contraceptive pills, and abortion. Viewers will experience every emotion possible, from sadness to hope, in just one episode. *Call the Midwife* is a serious show that viewers will enjoy if they need a break from the traditional medical drama in a hospital setting.

5 Transplant

Transplant is a Canadian medical drama that premiered in 2020 that follows Dr. Bashir "Bash" Hamed, a Syrian Civil War refugee who becomes a medical resident at York Memorial Hospital in Toronto. Unlike other medical dramas, Bash must overcome difficulties from being an immigrant to prove his career capability.

Hamza Haq delivers a solid performance as Bash. The well-written character has a strong, developed story that provides the backdrop for his career in Canada. *Transplant* has unique and bizarre medical mysteries that Bash must diagnose while also dealing with racism. The series is a fresh, updated version of traditional medical dramas that has been officially renewed for season 3.

4 Grey's Anatomy

Fans are rejoicing as *Grey's Anatomy* has officially been renewed for season 19. The series has come far since premiering in 2005, having grappled with intense storylines including an active shooter, a plane crash, and numerous Grey Sloan Memorial employees suffering brutal deaths.

Following Meredith Grey from interning to becoming Chief of General Surgery, Ellen Pompeo has led the drama since its inception. Pompeo has portrayed all the highs and lows with intense emotion and the overall development of the series' characters is well done by Shonda Rimes even if audiences do not always agree with plot choices. *Grey's Anatomy* remains a medical drama staple in 2022.

3 Body Parts

Body Parts is a three-part docuseries following Allison Vest, an anaplastologist who creates highly realistic prosthetics for patients who have lost major body parts. The series is incredibly heartwarming as viewers see the raw emotional reactions of patients whose lives are changed by Vest's prosthetics. Some of the prosthetics featured include hands, ears, and a nose.

Making the prosthetics is a true art, and Vest is amazing at making each body part look real. She is truly changing the lives of her patients. One patient lost her hands from sepsis and just wants to hold her child again. With Vest's help, she is able to make that dream become a reality. *Body Parts* is a unique medical docuseries that is currently available to stream on Discovery+.

2 This Is Going To Hurt

This is Going to Hurt is a British medical drama chronicling the lives of a group of junior doctors working in an obstetrics and gynecology ward. With comedic undertones similar to *Scrubs*, the characters regularly break the fourth wall to address the audience as they navigate their personal and professional lives in a stressful environment.

Ben Whishaw's performance as the exhausted Adam Kay feels authentic as he struggles with a lack of support and attempts to move up in the ranks. *This is Going to Hurt* shows a more realistic view of young doctors with the relatable story of trying to balance life and work. The series is currently available to stream on Amazon Prime.

1 The Resident

The Resident premiered in 2018 starring Matt Czuchry as a resident intern at Chastain Park Memorial Hospital. Unlike other medical dramas, the show focuses on the dark side of hospitals. Money and corruption are the focal point as insurance companies try to get the most money from patients and hospitals are run for profit.

The series also touches on overcrowded clinics, politicians using their status to jump transplant lines, and a resident who gives medical care out of her apartment to underprivileged patients. Czuchry brings charismatic cockiness to his portrayal of Dr. Conrad Hawkins as he deals with surgical cover-ups and older doctors who cannot keep up with technological advances. *The Resident* is a solid drama that balances medicine and bureaucracy.

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