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The Curse of the Excellent Doctor

DR. DAMANE ZEHRA



The reward for good work is always more work. The employer becomes dependent on the quality of work that you do because he knows that you, as a person, are a workaholic and perfectionist. You put your heart and soul into everything you do. No other employers can do the kind of work that you do. But don't ever think that you would be appreciated for your hard work. You are digging your own grave, and you will be burdened with the clumsy work done by your co-workers as well.

This concept is equally applicable in the lives of our doctors and nurses in our hospitals. The doctors and house officers who perform better than their colleagues always get more work to do than others. I don't know if this happens in the West as well, but it happened everywhere that I worked.

I am a perfectionist and a very efficient doctor. My documentation is a lot better than my coworkers'. I can write more precisely and legibly than many other doctors and that too in a very minimum time. My

consultants depend on my notes and clinical skills more than most of my coworkers in the department. They just come and countersign the plans that I make.

Since my internship days, I have been considered a very heavy-footed doctor. A heavy-footed person is used as slang in our hospitals, meaning a person who always attracts more work. Whenever I entered an OPD or ward, more and more patients started coming in. I always had to manage a lot more patients than my colleagues. Nurses and paramedics were always worried about my duty because they always noticed that I attracted more patients on my duty, like a magnet. Stable patients became very sick on my call. We have limited ICU beds in our hospitals, which are always full. In my duty hours, wards were literally turned into ICUs. The case is still the same with me. When I was working in a public sector hospital, a lot of patients who were stable in the ward always suddenly became so sick that I had to start them on inotropic support in my ward with only a dial flow because we didn't have fancy infusion pumps nor could we afford them in the public health care setup. I had to go to ICUs frequently just to ask them for vials of Dobutamine and Dopamine because my patients needed them. I had to do this so frequently that whenever I entered the ward with my friend, who was always on call with me, a nurse would jokingly say, "Here comes the pair of Dopa/Dobuta."

There were always a lot of expiries on my duty. I had to sign a lot of death certificates, and the staff was always ready to perform CPR at any moment. A staff nurse used to call me 'Azrael' (the angel of death). I always used to do the triage first on any call, and I still do this to date. I always figured out who would be needing my care the most and which patients could wait a little bit. That has become my habit and my skill.

These kinds of incidents improved my clinical examination, history-taking, documentation, and communication skills a lot more than other doctors. Whenever a fussy attendant came in my duty, I was sent to the spot because my seniors knew that being an attentive and non-judgmental person, I was able to make the situation a lot better. And I handled patients with such love and care that our patients still come to thank me when they get better and are discharged home. I listen to all kinds of stories of the patients without any judgment, whether they are about their disease or irrelevant. I can never interrupt or scold them when they are speaking their heart out. My consultants are always complaining that I waste a lot of time listening to the irrelevant stories of the patients. Writing all this means that I have a lot of confidence in my skills, and I know that my work is always up to the mark.

But unfortunately, the people who do a lot of hard work always attract more work in return. There is a verse in Urdu poetry:

"Maktab-e-ishq ka dastoor niralā dekha,
uss ko chutti na mili jiss nay sabaq yad kia."

that translates into

"The school of love has strange ways,
The brightest ones are always put in detention."

In my limited understanding of the words, this verse shows how the rules of the schools of love are mysterious. In the real world, once you are done with school, you graduate. You don't have to go back to school if you don't want to. In fact, there is only so much schooling you can engage in before they kick you out.

On the other hand, for the more mythical/mystical schools, you can stay in and will probably be kept in if you are good at what you do. This is equally applicable in the real world too.

This was my case. I sometimes felt so frustrated that I considered my luck as bad. I became irritable as I saw a lot of patients. But I never compromised on the quality of my work. But it drained me out at the end of the day. It sucked out my happiness and my liveliness at my workplace. I started getting burdened by more and more work and rectifying the mistakes of my coworkers. The only good side to this story is that I learned more than anyone else, and that too in a limited time. I just want to appreciate all the doctors and health care workers, the brilliant nurses who are so good at their work that patients become comfortable in their duty hours, who are dependable and trustworthy for their employers. These people learn faster than anyone and never compromise on the quality of their work. I want to convey the message that no matter how much you love your work, please take some time for yourself as well. Your health is important. Your lunch break is important. Your bathroom break is important. Otherwise, you will burn out faster than anyone else. You need that compassion for yourself the most, that love that you distribute so easily amongst your sick patients, you need that selfless love for your own self too.

Damane Zehra is a radiation oncology resident in Pakistan.

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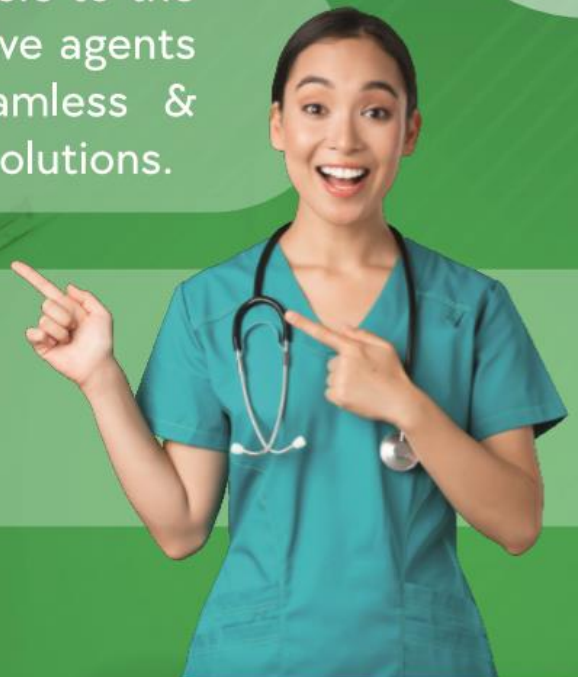
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Airplane Wi-Fi: Dos, Don'ts and Security Pro Tips

BY KIM KOMANDO, KOMANDO.COM



When Barry and I were on the (very long) flight to Japan, he leaned over and asked, “I want to check our Morgan Stanley account. Do you think it’s OK to do it using the plane’s Wi-Fi?”

How did we live without Wi-Fi on a plane? Oh, yeah, we read magazines! Sorry to be the bearer of bad news — Wi-Fi isn’t as protected as we hope.

Fear not. I’ve got some tips on protecting yourself and surfing safely in the skies.

Up in the air

Hackers use all kinds of [sneaky tactics](#) to hijack your privacy in flight. One thing in their favor: VPNs are more likely to drop in and out in the air than on the ground. (More on that below.)

Without that layer of protection, cybercriminals using the same airline Wi-Fi can easily tap into your devices, access your information and spread malware.

“S” for security: Only visit encrypted websites — the ones that start with “HTTPS” (that “S” is important!). In general, this blocks a hacker from viewing your activity on a given site, like the password or credit card number you typed in.

Beware of AirDrop: Keyloggers keep track of every single thing you type, and criminals love to pass them along using Apple's AirDrop feature. Don't accept drops from strangers in flight. [Steps here to disable or limit AirDrop](#) if you need help.

Name game: Crooks can create fake Wi-Fi networks with almost *identical* names to the airline's. If you're not careful, you could plug into a copycat network instead of the legit one.

Sky-high safety

I know you're not going to skip the Wi-Fi altogether. That's OK — just be smart about it!

- **Update your phone,** computer, tablet or any other connected devices before your trip to ensure the tightest security possible.
- **Turn on your VPN** and double-check it's active before doing anything that involves your personal information or financial details. FYI, I used [ExpressVPN](#)* on my way to and from Japan and was always connected. My link gives you three free months.
- **Verify names.** If you notice multiple Wi-Fi networks with similar names, check with the airline staff and confirm which is the right one.
- **2FA, my dear.** Use two-factor authentication when logging into websites that have any tie to finances.
- **Secure your devices.** Invest in antivirus and malware-protection software. My pick is [TotalAV](#).* Get a year for \$19 for up to five devices.
- **Stop looky loos.** Get a [privacy screen](#) for your laptop to prevent nearby shoulder snooping. A def need when traveling.

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Doctors Are Turning Medical Generative AI Into a Booming Business

By Ashley Capoot



The hottest new technology for doctors promises to bring back an age-old health-care practice: face-to-face conversations with patients.

As more than 30,000 health and tech professionals gathered among the palm trees at the HIMSS conference in Orlando, Florida, this week, ambient clinical documentation was the talk of the exhibition floor.

This technology allows doctors to consensually record their visits with patients. The conversations are automatically transformed into clinical notes and summaries using artificial intelligence. Companies like Microsoft's Nuance Communications, Abridge and Suki have developed solutions with these capabilities, which they argue will help reduce doctors' administrative workloads and prioritize meaningful connections with patients.

"After I see a patient, I have to write notes, I have to place orders, I have to think about the patient summary," Dr. Shiv Rao, founder and CEO of Abridge, told CNBC at HIMSS. "So what our technology does is it allows me to focus on the person in front of me — the most important person, the patient — because when I hit start, have a conversation, then hit stop, I can swivel my chair and within seconds, the note's there."

Administrative workloads are a major problem for clinicians across the U.S. health-care system. A [survey published](#) by Athenahealth in February found that more than 90% of physicians report feeling burned out on a "regular basis," largely because of the paperwork they are expected to complete.

More than 60% of doctors said they feel overwhelmed by clerical requirements and work an average of 15 hours per week outside their normal hours to keep up, the survey said. Many in the industry call this at-home work “pajama time.”

Since administrative work is mostly bureaucratic and doesn’t directly influence doctors’ decisions around diagnoses or patient care, it has served as one of the first areas where health systems have seriously begun to explore applications of generative AI. As a result, ambient clinical documentation solutions are having a real moment in the sun.

“There isn’t a better place to be,” Kenneth Harper, general manager of DAX Copilot at Microsoft, told CNBC in an interview.

Microsoft’s Nuance [announced](#) its ambient clinical documentation tool Dragon Ambient eXperience (DAX) Express in a preview capacity last March. By September, the solution, now called DAX Copilot, was [generally available](#). Harper said there are now more than 200 organizations using the technology.

Microsoft acquired Nuance for around [\\$16 billion](#) in 2021. The company had a two-story exhibition booth in the exhibit hall that was often packed with attendees

Harper said the technology saves doctors several minutes per encounter, though the exact numbers vary depending on the specialty. He said his team gets feedback about the service almost daily from doctors who claim it has helped them take better care of themselves — and even saved their marriages.

Harper recounted a conversation with one physician who was considering retirement after practicing for more than three decades. He said the doctor was feeling worn out from years of stress, but he was inspired to keep working after he was introduced to DAX Copilot.

“He said, ‘I literally think I’m going to practice for another 10 years because I actually enjoy what I do,’” Harper said. “That’s just a personal anecdote of the type of impact this is having on our care teams.”

At HIMSS, Stanford Health Care [announced](#) it is deploying DAX Copilot across its entire enterprise.

Gary Fritz, chief of applications at Stanford Health Care, said the organization had initially started by testing the tool within its exam rooms. He said Stanford recently surveyed physicians about their use of DAX Copilot and 96% found it easy to use.

“I don’t know that I’ve ever seen that big a number,” Fritz told CNBC in an interview. “It is a big deal.”

Dr. Christopher Sharp, chief medical information officer at Stanford Health Care and one of the physicians who tested DAX Copilot, said it is “remarkably seamless” to use. He said the tool’s immediacy and reliability are accurate and strong but could improve at capturing a patient’s tone.

Sharp said he thinks the tool saves him documentation time and has changed how he spends that time. He said he is often reading and editing notes instead of composing them, for instance, so it is not as though the work has disappeared entirely.

In the near term, Sharp said he’d like to see more capabilities for personalization within DAX Copilot, both at an individual and specialty level. Even so, he said it was easy to see the value of it from the start.

“The moment that that first document returns to you, and you see your own words and the patient’s own words being reflected directly back to you in a usable fashion, I would say that from that moment, you’re hooked,” Sharp told CNBC in an interview.

Fritz said it is still early in the product life cycle, and Stanford Health Care is still working out exactly what deployment will look like. He said DAX Copilot will likely roll out in specialty-specific tranches.

In January, Nuance announced the general availability of [DAX Copilot within Epic](#) Systems’ electronic health record (EHR). Most doctors create and manage patient medical records using EHRs, and Epic is the [largest vendor](#) by hospital market share in the U.S., according to a May report from [KLAS Research](#).

Integrating a tool like DAX Copilot directly into doctors’ EHR workflow means they won’t need to switch apps to access it, which helps save time and reduce their clerical burden even further, Harper said.

Seth Hain, senior vice president of R&D at Epic, told CNBC that more than 150,000 notes have been drafted into the company’s software by ambient technologies since the HIMSS conference last year. And the technology is scaling fast. Hain said more notes have already been drafted in 2024 than in 2023.

“You’re seeing health systems who have worked through an intentional process of acclimating their end users to this type of technology, now beginning to rapidly roll that out,” he said.

A company named Abridge also integrates its ambient clinical documentation technology directly within Epic. Abridge declined to share the exact number of health organizations using its technology. It announced at HIMSS that California-based UCI Health is rolling out the company’s solution system-wide.

Rao, the CEO of Abridge, said the rate at which the health-care industry has adopted ambient clinical documentation feels “historic.”

Abridge announced a [\\$30 million](#) Series B funding round in October, led by Spark Capital, and four months later, the company closed a \$150 million Series C round, according to [a February release](#). Rao said tail winds like physician burnout have turned into a “tornado” for Abridge, and it will use these funds to continue to invest in the science behind the technology and explore where it can go next.

The company is saving some doctors as much as three hours a day, Rao said, and is automating more than 92% of the clerical work it focuses on. Abridge’s technology is live across 55 specialties and 14 languages, he added.

Abridge has a Slack channel called “love stories,” which was viewed by CNBC, where the team will share the positive feedback they get about their technology. One message from this week was from a doctor who said Abridge helped them take their least favorite part of their job away and saves them around an hour and a half each day.

“That’s the type of feedback that absolutely inspires everybody in the company,” Rao said.

Suki CEO Punit Soni said the ambient clinical documentation market is “sizzling.” He expects rapid growth to continue through the next couple of years, though, like all hype cycles, he said he thinks the dust will settle.

Soni founded Suki more than six years ago after hypothesizing that there would be a need for a digital assistant to help doctors manage clinical documentation. Soni said Suki is now used by more than 30

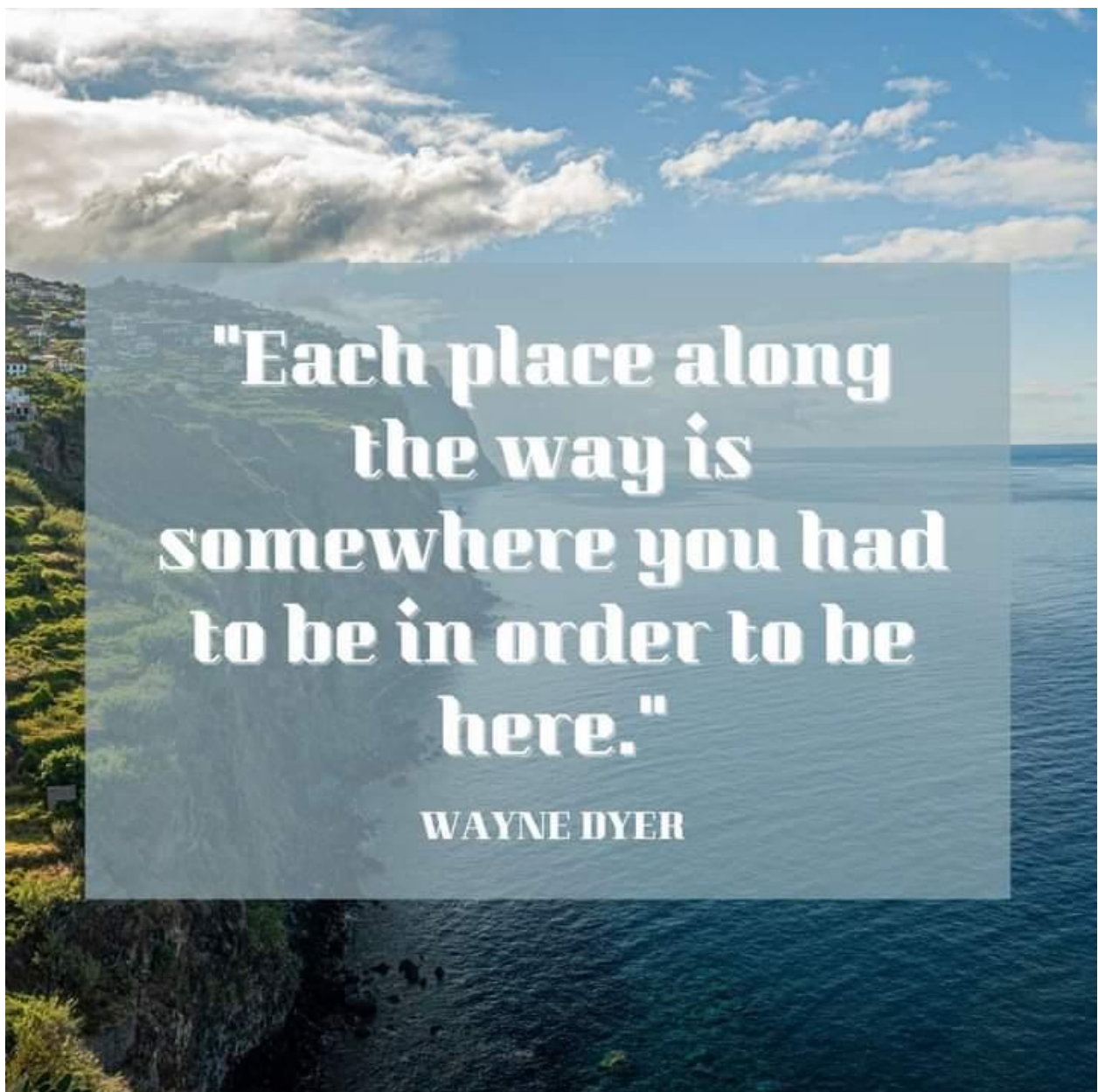
specialties in around 250 health organizations nationwide. Six “large health systems” have gone live with Suki in the past two weeks, he added.

“For four to five years I’ve sat around, basically with the shop open, hoping somebody will show up. Now the entire mall is here, and there’s a line outside the door of people wanting to deploy,” Soni told CNBC at HIMSS. “It’s very, very exciting to be here.”

Suki’s [website](#) says its technology can reduce the time a physician spends on documentation by an average of 72%. The company raised a [\\$55 million](#) funding round in 2021 led by March Capital. It will likely raise another round in the latter half of the year, Soni said.

Soni said Suki is focused on deploying its technology at scale and exploring additional applications, like how ambient documentation could be used to assist nurses. He said the Spanish language is coming to Suki soon, and customers should expect most major languages to follow.

“There is so much that has to happen,” he said. “In the next decade, all of health-care tech is going to look completely different.”



Savoring the Season: Perfect Spring Wine & Food Pairings

As the chill of winter melts away and nature awakens with colors, it's time to celebrate the arrival of spring with delightful wine and food pairings. Spring brings forth a bounty of fresh ingredients and flavors, offering a perfect opportunity to explore a variety of culinary combinations that complement the season's spirit. Here's a guide to help you elevate your spring dining experience with perfect spring food and wine pairings.

1. Crisp Whites:

Spring is synonymous with fresh greens, fresh poultry or seafood, and fresh fruits, and what better way to enjoy them than with a crisp white wine!



Wine Pairing: Sauvignon Blanc or Pinot Gris

Notes: When it comes to white wine and food pairings, particularly spring foods, look for varieties that are crisp, refreshing, and vibrant to complement the light and fresh tastes of the season. Wines with zesty acidity and citrus notes pair beautifully with fresh spring salads. Sauvignon Blanc offers hints of pineapple and citrus, while Pinot Gris boasts delicate fruitiness and crisp acidity.

Food Pairings for Sauvignon Blanc or Pinot Gris:

Asparagus and strawberry salad with lemon vinaigrette – The crispness of the wine accentuates the flavors of fresh asparagus and sweet strawberries, while the citrusy vinaigrette adds a refreshing finish.

Seasonal grilled vegetable salad with tangy goat cheese - The wine's acidity and citrus notes will complement the salad's freshness, creating a harmonious balance of flavors.

Wine Pairing: Chardonnay (Unoaked)

Notes: Without the influence of oak, unoaked Chardonnay typically showcases the natural fruit flavors of the grape which can result in vibrant, crisp, and refreshing wines with bright acidity, and notes of citrus.

Food Pairings for Chardonnay:

Classic white fish in white wine sauce - Lightly prepared seafood dishes, such as grilled or roasted fish, shrimp, scallops, or crab cakes, are classic food pairings for Chardonnay, particularly unoaked Chardonnay. The wine's acidity and fruitiness can balance the delicate flavors of seafood without overpowering them.

Herb and citrus oven roasted chicken - Grilled or roasted chicken is an ideal food pairing for Chardonnay (unoaked). The wine's crisp acidity and subtle fruit notes complement the savory tastes of this poultry dish cooked with fresh herbs and citrus.

Roasted seasonal squash risotto - Creamy, cheesy and filling, this roasted seasonal squash risotto is easy to make and pairs beautifully with our unoaked chardonnay with its very balanced acidic backbone and wonderful creamy texture.

Wine Pairing: Riesling

Notes: Riesling is known for its versatility, ranging from bone-dry to lusciously sweet styles. Food pairings for Riesling are often on the spicier side, so opt for a dry or off-dry Riesling and you'll find the aromatic profile and balance of sweetness and vibrant acidity make it a delightful wine pairing with spicy spring dishes.

Food Pairings for Riesling:

Thai basil chicken - Thai cuisine is known for its bold flavors and often incorporates spicy, sweet, sour, and savory elements, making it a great food pairing for Riesling, particularly off-dry or slightly sweet styles as these provide a natural balance to the spiciness.

Seared scallops with spicy papaya sauce - Consider choosing a Riesling with a touch of sweetness for this food pairing. This sweetness will complement the dish without overpowering it. Additionally, serving the Riesling chilled will further enhance its refreshing qualities and make it an even more enjoyable pairing with the dish.

2. Rosé All Day:

Rosé wine is a quintessential springtime beverage. Its delicate fruitiness and refreshing acidity make it an easy drinking, versatile wine, and therefore food pairings for rosé wine are wide and varied, from spicy, to fruity, to herbaceous.

Wine Pairing: Hush Rosé

Notes: Look for a rosé wine with an aromatic profile, which often includes floral and fruity notes as this can add complexity and depth to the wine and food pairing. These aromatic qualities can enhance the overall enjoyment of the meal by engaging the senses and providing a delightful sensory experience.

Food Pairings for Rosé Wine:

Spicy garlic sun-dried tomato shrimp - The pepper and chili flakes in this zesty dish give it a fiery kick and a crisp, light-bodied rosé wine with refreshing acidity can help to cool the palate and provide relief from the heat, balancing out the spiciness.

Melon, snap pea and whipped feta salad - This salad is a show-stopper for your next BBQ. Salty feta pairs perfectly with the sweet melon and the peppery radish and arugula. The combination of rosé wine's refreshing acidity, fruitiness and texture contrast makes it an excellent wine pairing for salads featuring crisp vegetables, juicy fruits, and creamy elements like whipped feta.

Whole roasted chicken with lemon and rosemary - Many rosé wines exhibit citrusy and herbal flavors, which can echo and enhance the citrus and rosemary notes in the dish. The rosé wine's acidity will also complement the tangy acidity of lemon used in the roasted chicken. With the addition of the pungency of the herbs and garlic, a full flavor rosé make this combination a perfect wine and food pairing.

3. Light Reds:

For those who prefer red wine, opt for lighter-bodied varieties that won't overpower the delicate notes of spring dishes.

Wine Pairing: Pinot Noir

Notes: Look for a pinot noir that is light to medium-bodied. A light red offers bright acidity and soft tannins that complement the earthy, herbaceous notes often found in springtime fare.

Food Pairings for Pinot Noir:

Spring vegetable risotto with parmesan crisps – The pinot noir enhances the earthy flavors of the risotto, while the parmesan crisps add a savory crunch that complements the wine's fruitiness.

BBQd quinoa burgers - Quinoa burgers often have a hearty texture and nutty taste. A light pinot noir can complement these characteristics without overpowering them. In addition many light red wines exhibit fruity notes such as red berries, cherries, and plums which can complement the earthy flavours of the quinoa burger and add complexity to the food and wine pairing.

4. Sparkling Wines:

Spring is a time of renewal and celebration, making it the perfect excuse to indulge in sparkling wines. Whether it's a festive brunch, a garden party, or simply a leisurely afternoon, sparkling wines are made for warm spring days and add a touch of elegance and effervescence to any occasion.

Wine Pairing: Let's Get Fizzical Sparkling wine

Notes: Determine the sweetness level you prefer. Some sparkling wines are bone-dry (brut), while others have varying levels of sweetness. Check the wine's label or description for information on sweetness level. When considering spring wine and food pairings, opt for a sparkling wine with crisp acidity as this can refresh the palate and complement the fresh, vibrant flavors of spring dishes. Look for a sparkling wine that is light-bodied and delicate with notes of citrus, green apple, pear, and floral aromas, which can enhance the flavors of the lighter spring food.

Food Pairings for Sparkling Wine:

Smoked salmon and asparagus tart – The bubbles in the sparkling wine cleanse the palate between bites of the rich smoked salmon and delicate asparagus, creating a harmonious balance of flavors.

Spring pea and mint soup - A light and refreshing soup made with fresh peas, fragrant mint, and a touch of cream is a perfect starter for a springtime meal, and makes for a great food and wine pairing with sparkling wine. The brightness of the peas and mint is enhanced by the crisp acidity of sparkling wine.

5. Port Wines:

Port wine, with its rich, sweet, and fortified nature, is typically associated with cooler weather and hearty dishes rather than springtime meals. However, there are some delightful spring food and wine pairings that incorporate port wine.

Wine Pairing: A Girl in Every Port (Ruby Port style)

Notes: Port wine comes in various styles, including Ruby, Tawny, and Vintage, varying in age and maturity. Vintage Ports are made from grapes harvested in a single exceptional year and aged in the bottle, Tawny Ports are aged in wooden barrels for extended periods developing drier, nutty, and caramel flavors, while Ruby Port is typically aged for a shorter period or not aged at all leading to sweeter and fruitier notes.

Food Pairings for Port Wine:

Fresh fruit tart - The tartness of citrus or berries can balance the richness of the port. Fresh berries such as strawberries, raspberries, or blackberries and port are also a wonderful wine and food pairing - the crisp, flaky crust of the fruit tart contrasts beautifully with the velvety mouthfeel of port wine.

Chocolate mousse - Port tends to have a pronounced sweetness that complements the rich, indulgent sweetness of chocolate mousse. When it comes to a food and wine pairing, the sweetness of the wine enhances the overall dessert experience without overwhelming the palate. Despite its sweetness, Port often retains a refreshing acidity that helps balance the richness of the chocolate mousse. The acidity in the wine can cleanse the palate between bites, preventing the dessert from feeling too heavy.

In addition, port wine makes an excellent accompaniment to cheese platters and charcuterie boards featuring fresh, mild cheeses such as goat cheese, Brie, or Gouda, cured meats, nuts, olives, and dried fruits. The port wine's sweetness and complexity can enhance the savory and salt of the meats, and the sweet and nutty flavors of the wine complement the creamy textures and subtle tastes of the cheese.

In conclusion, spring offers a myriad of culinary delights waiting to be explored, and creating spring food and wine pairings is not only fun, but will also elevate your dining experience to new heights. Whether you're enjoying a leisurely picnic in the park or hosting a lavish dinner party, these spring wine and food pairings are sure to delight your palate and celebrate the season in style. Cheers to the joys of springtime dining!

PHYSICS IN HISTORY

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Confessions of a Disruptive Physician

BEVERLY JOYCE, MD

At the lowest depths of burnout, I was a “disruptive physician.” I got away with a lot. I frequently lashed out in anger with inappropriate comments to nurses and staff. I yelled at my husband and my kids. I was in full “victim” mode and I let everyone know it.

As an OB/GYN, I was available to my patients 24/7/365. This was the way it was in my private practice. I didn’t push back because, initially, I loved it. I had full control over the medical decision-making with my patients. I had a continuity with them that was rewarding for them and for me. The “private practice way” of OB management was actively trying to deliver patients on clinic days. We would strip membranes and schedule labor inductions that would work for our schedules. Then we would rupture membranes, use Pitocin to optimize labor, and try to get the baby out before dinner.



As time went on, that level of control became difficult to maintain. Labor and delivery would refuse to admit scheduled inductions; there were too many patients, not enough nurses, or there wasn’t an ACOG-approved indication to induce. No, you can’t induce your mom of three at 38 weeks six days, even if she’s already dilated to 4 cm and lives 45 minutes away. She’s not 39 weeks and does not have a medical indication.

Often, when I would call to check on a patient’s progress in labor, the nurse would tell me that she hadn’t started Pitocin because it was too close to a change of shift. She would leave it for the oncoming nurse. When I asked to have the cervical exam updated on the AirStrip app, and it wasn’t, I was frequently told, “The patient was sleeping, so I didn’t want to check her,” or “She has ruptured membranes, so I didn’t want to check her too often.” These actions clearly put the nurse in charge of my patient’s medical management instead of me. Yet, they were working their 10-hour shift and could go home and sleep when they were off. I was ON until my patient was delivered.

Sometimes I would call and ask, “How’s she doing?” meaning, “Is she making progress? How’s the fetal heart rate tracing? Has anything changed in her clinical status?” and the answer would be, “She’s doing great!”

And that means what, exactly?

Often, this meant the patient was still comfortable, not in active labor, and had not been examined. Sure, she felt great. This answer infuriated me, and I did not hold back my feelings about the inadequacy of the nurse’s assessment or her incomplete answer to my question. She should know how to give a report.

When it became commonplace to refuse to admit a scheduled induction, the charge nurse might get on the phone and offer me the option to admit her the following day or on my day off. This was not met with an

agreeable demeanor on my part. I would ask her to tell me about every nurse's census and every patient currently in labor. Given that information, I would defend my position that they COULD indeed admit my patient and then start the induction later.

But as much as I needed to be, I was not the one in control. My life was at the mercy of these shift workers. They did not care that a delayed admission might lead to a 4 a.m. delivery on a day I had surgery or a full day of patients in the clinic or on my day off; they would be home in bed. At the peak of my OB career, I had 15 to 20 patients due each month and had two active kids who needed rides to and from after-school activities, doctor and dentist appointments, and a husband who sometimes traveled. I could not afford to have no control over my life.

So, when my receptionist would say, "Good morning, Doc!" I might reply, "We'll see," or "Not yet," or just scowl and say nothing. When the offer would come to admit the patient on my day off, I would exclaim, "Well, let's see you come in on your day off!" When I would grumble about the various inadequacies of nursing care, loud enough for all to hear, I think I was secretly hoping that someone would report me. Maybe then I could explain why my life was so difficult, and someone would understand. As it was, I was tortured, and I felt like there was no way out. I was drowning. I was burning out.

Why was I burning out? Because I was experiencing a lack of control, autonomy, and fairness. My innate desire for these things was being eroded by people and factors outside of my control. More importantly, my values were being tested. My commitment to my family was being challenged by that deep-seated oath of "The patient comes first." I was conflicted. My patients needed me. My family needed me. I couldn't do it all. How was everyone else doing it all? I was failing. I felt inadequate. And I was deeply ashamed of my incapacity to manage it all.

Finally, I was called out. It wasn't pretty.

It came from one of my practice partners. She read me the riot act. I had to change my behavior, or I was OUT of the practice.

As painful as it was, this tongue-lashing was my ticket out of pain. If it hadn't happened, something far worse might have. After some time away and much soul-searching and self-reflection, I recognized the problem— a conflict of values, a need for control, and the accumulation of stress inside my body that led to chronic sympathetic nervous system overdrive and anxiety.

I slowly made my way out of that dark hole. With some new-found mental, emotional, and physical tools for self-regulation, I rededicated myself to my values, self-care, and a life in service to other physicians who may be struggling. If this is you, please ask for help. There is a way out.

*Beverly Joyce is an obstetrician-gynecologist and physician coach. She is the author of *The Birth of Joy: A Female Physician's Healing Journey through Childhood Trauma, Midlife Burnout, and the Rediscovery of Passion and Purpose*.*

A HOT NEW TREND IN LUXURY REAL ESTATE - SELLING AT AUCTION

Courtesy of Sotheby's

In the U.S., we've traditionally thought about the auction process as "the sale of last resort". Selling real estate at auction evokes images of a property being sold to this highest bidder on the steps of the county courthouse. Over the past few years, everything has changed. For many sellers, the auction process has become a convenient and efficient alternative that is vastly superior to the way homes are commonly listed and brought to market. This has long been the case in Europe and other parts of the world. The U.S. is finally catching up.



WHY IS THE AUCTION PROCESS BETTER FOR LUXURY HOMES?

In a limited local geography, the pool of potential buyers for a luxury home is likely to be limited. To find a qualified buyer, you're likely going to have to market a property regionally, nationally or even globally. Especially in the current interest rate environment, you may have to look to the Middle East or Asia to find prospective cash buyers for your multi-million dollar home. Your typical local real estate agent simply doesn't have the resources or capabilities to effectively market your home around the world.

6 REASONS TO CHOOSE A SALE BY AUCTION

Other reasons why luxury sellers are choosing the auction process are driven by the way the process has evolved. Here are six features of the process that strongly appeal luxury home sellers:

A SHORT DEFINED TIMELINE

The process offers an auction sale that is 60 days in length, from the initial marketing push to closing day. With a traditional sale, luxury properties can sit for months and even years, waiting for that unicorn buyer. Sellers often agree to price reductions in hope of hastening the sale, meanwhile expensive monthly carrying costs continue. With an auction sale, you can literally pick a date and know with certainty that 60 days later, you'll be moving on.

NO CONTINGENCIES

Luxury home sales can often be complicated with contingencies. Offers are made contingent on home inspections, appraisal or financing -- any of which can fall through on the way to closing. With an auction, buyers are forced to do all their due diligence before the auction. When they bid and win on auction day, the sale is final, and you are done selling your luxury home.

ACCESS TO A GLOBAL NETWORK OF ULTRA HIGH NET WORTH BUYERS

Most high-end real estate auction houses already have a global database of ultra-high net worth individuals. Your property is directly marketed to the most qualified audience possible.

A HIGHER RETURN

Sellers often net a substantially higher return with an auction sale. With a traditional sale, qualified prospective buyers come along infrequently and have no incentive to move quickly. The auction process forces prospective buyers to compete driving up the final sales price. The shorter sales cycle also means less carrying costs and maintenance, resulting in a higher net return.

A LUXURY EXPERIENCE

The auction process has been designed as a convenient luxury experience. From the moment you engage an auction company, you are assigned a dedicated project manager who is solely focused on your property. An entire marketing team is devoted to executing a comprehensive multi-channel marketing campaign to create awareness of your property globe. These campaigns include digital advertising, email campaigns, print ads and signage. You can sit back and relax or get started working on your new life in a new place, knowing that every detail will be attended for you.

YOU CAN STILL WORK WITH YOUR LOCAL AGENT

One of the best things about the Auctions is that you still get to work with your local agent. The auction process is thoroughly integrated with the real estate broker. You still have me as your advocate to ensure that local knowledge is incorporated in the marketing of your home. You still have a local advocate who will oversee everything and be accountable to you in person.

COMMON CONCERNS

HOW IS THE FINAL SALES PRICE DETERMINED?

One of the most common questions people have is about how the final sales price is determined? Where does the bidding start? Does my home get sold at any price if there aren't enough bidders? There are two auction formats:

Without Reserve - The property will sell to the highest bidder on auction day. There is no minimum bid that must be exceeded to purchase the property.

Reserve - The property will sell at or above a pre-determined price threshold on auction day. In the Reserve format, the auctioneer will use a Counter Bid to move the bidding closer to the Reserve price. Counter bidding is common practice throughout the auction industry to help buyers and sellers reach a price that works for both parties.

WHAT ARE THE COSTS OF AN AUCTION SALE?

Sellers do not pay an up-front Engagement Fee, but are responsible for the title search and title insurance. Buyers pay a premium on the high bid amount and any applicable transfer fees. The seller pays broker commissions.





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Doctor Charged After Treating a DEA Agent

L. JOSEPH PARKER, MD

As I wait for the next patient to be brought in, I start reviewing their chart. Past medical records have been received and scanned in per protocol, I see. This won't be the first time I've seen his chart as he had to submit medical records and be approved before he could get an appointment to see me.

A forty-something African American male has been complaining of chronic back pain for several years off and on. It has been hurting now for several months this time, an old sports injury. He can't be as active as he once was. There are no current prescriptions, but he has been treated with oxycodone for this in the past, as confirmed by past medical records. Currently, he is taking NSAIDs over the counter without relief. He has no allergies, holds a GED, and is self-employed. He travels a lot and lives with his girlfriend. His mother died in her fifties from heart problems, and his father died at fifty from a stroke. He has medical records from a physician a few hours north of us. Here's an MRI taken several years ago showing degenerative disc disease and a central herniation at L3-4 without canal stenosis or epidural defect. He had been on Roxicodone 30 mg QID and oxycodone 10 mg TID PRN last time. That doctor is no longer in practice, and we can't get any more information there.



I look a little closer at the last appointment chart. It's a little sparse. It might be a former surgeon or ER doctor; they learn to be succinct or just old school, only putting what's relevant to the issue at hand. It's not the best, but I've seen worse.

The point of this entire meeting is that I need to give him some news he may not like. Having reviewed his chart, I'm not convinced that he needs anything nearly that strong for this problem. It's intermittent, and he's on nothing now, so this is the time to try to make a change.

If he's used to 210 MDE a day, I'm not sure how he will respond to 50 mg of tramadol four times a day. Using the old conversion factor, that would be about 20 MDE. However, since the CDC just recommended doubling the calculation factor, it's now 40 MDE, which is ridiculous. There is no way that 50mg of tramadol equals 10mg of hydrocodone for most people, but what can you do?

The paradigm has shifted, and it is now politically correct to "power taper" people off of medications they have been on for decades. Power taper means cutting the dosage drastically, risking withdrawal complications, and putting the patient at risk of overdose and death from self-medication and the street. It may be a shock for some doctors to hear, but people don't tolerate agony well. Who knew? Well, except for all doctors going back to before the Civil War. Those doctors knew that pain could kill you. They had a few tens

of seconds to get someone's leg cut off without anesthesia, or the patient's heart would stop. None of those doctors were stupid enough to say, "Pain never kills anyone." They saw it happen.

But today, the physician is only in danger if someone dies while ON a medication he prescribed. It doesn't matter what they died of. No one gets prosecuted when their patient blows their head off or overdoses on the street. That's just used to justify having cut them off.

So the patient comes in, and I discuss his past history, do a physical exam adequate to the visit purpose, and give him the bad news. I don't feel that the records I have justify the medications used by the other doctor. Perhaps he saw something I don't, but we will need an outside expert opinion recommending that treatment. I also wrote for a new MRI as it had been a while. Surprisingly, he took it well. I didn't think much of it until later.

When I found out he was an undercover DEA agent and that his medical records were fake. That previous doctor had gone to prison. But then it was my turn. Charged with prescribing "without a legitimate medical purpose," despite the fact that we only treated patients who were already on opiates and who had been seen and treated by specialists. But at trial, none of that mattered, and neither did my treatment of the undercover agent. The jury was told that I shouldn't have charged the agent for a visit at all. Clear proof of my greed. Ignoring the fact that if you only charge when someone gets medication, that can be used as evidence that you're selling the prescription and not getting compensated for your time. You can't win. But in today's environment, you're not supposed to. They are. And they do. Almost every time.

L. Joseph Parker is a distinguished professional with a diverse and accomplished career spanning the fields of science, military service, and medical practice. He currently serves as the chief science officer and operations officer, Advanced Research Concepts LLC, a pioneering company dedicated to propelling humanity into the realms of space exploration. At Advanced Research Concepts LLC, Dr. Parker leads a team of experts committed to developing innovative solutions for the complex challenges of space travel, including space transportation, energy storage, radiation shielding, artificial gravity, and space-related medical issues.

**Logic will get you
from A to B.
Imagination will
take you everywhere
- Albert Einstein**

A Conversation with David T. Yu

President, DTY Wealth Planning Solutions

We had the pleasure of interviewing David Yu, who specializes in advising physicians on financial planning, retirement strategies, income growth and other financial-related matters.

How did you come upon a path of people with their financial planning needs?

Initially starting in the financial services in the mortgage banking sector, I realized and recognized the importance of helping people navigate their financial futures and saw a need for trustworthy guidance. My commitment to integrity and personalized service led me to specialize in financial planning, aiming to empower individuals with the knowledge and tools they need for a secure future.

What services specifically do you offer your clients?

At DTY Wealth Planning Solutions, we offer a variety of services tailored to our clients' needs. This includes personalized financial planning, retirement planning, investment management, estate and tax planning and tax mitigation strategies, insurance needs, college education planning, and specialized in business owners personal and their business financial service's needs. Being a pilot, we cater and specialize in retirement planning for airline pilots.

DTY Wealth also provide second opinion services for those who want a fresh perspective on their financial situation. Our goal is to empower our clients to make informed decisions and achieve their financial goals with confidence.

How do you differ from other financial planners and wealth advisors that offer similar services?

We stand out by taking a personalized approach, understanding our clients' goals, and tailoring solutions to fit their needs. Our expertise covers financial planning, investment management, tax planning and tax mitigation strategies. We prioritize building trust through open communication and transparency, fostering long-term relationships. Continual education keeps us up to date, allowing us to provide innovative solutions. Our ultimate objective is to not just manage wealth, but to help our clients achieve financial security and their peace of mind.



What do you feel a person should be most concerned about regarding their financial situation, tax strategies, planning for the future and building wealth during these uncertain times?

During uncertain times, focus on building and maintaining liquidity for emergency funds as well as having the ability to participate in opportunities, managing cash-flow, and budgeting effectively. Definitely consider tax-efficient strategies, diversify investments, and stick to long-term financial goals. Seeking professional advice can provide personalized guidance and confidence in navigating these challenges.

Can you share how you approach advising and assisting your clients?

We approach advising and assisting our clients by prioritizing their individual needs and goals. Through open communication and understanding, we tailor personalized solutions across financial planning, investment management, tax mitigation strategies, and more. We always plan through the tax lens. It's not what you make but what you get to keep that ultimately matters. It is important for us to empower clients to make informed decisions and achieve financial security with confidence.

What are key areas or opportunities that you feel affluent individuals need to pay attention to from your perspective in 2024?

Affluent individuals and business owners should focus on maintaining a diversified investment through adding alternative investments in their portfolios to help navigate market volatility successfully. They should also prioritize tax planning to optimize financial outcomes and ensure their estate plans are up to date to protect assets and minimize tax liabilities now and for future generations. Additionally, evaluating retirement goals and adjusting savings and investment strategies accordingly is crucial for maintaining financial security in retirement. Considering philanthropic endeavors aligned with personal values can also maximize tax benefits, while planning for potential future elderly care expenses ensures protection of assets and cashflow.

Why should a person with high income or assets consult a financial planner?

Consulting a financial planner is crucial for individuals with high income and assets because they can provide personalized guidance and expertise to optimize financial and tax mitigation strategies. A financial planner can help navigate complex financial situations, such as cashflow, and tax planning, investment management, retirement, and estate planning, tailored to the individual's or family's specific needs and goals. By leveraging their knowledge and experience, financial planners can identify opportunities to maximize wealth growth, minimize tax liabilities, and ensure long-term financial security, providing invaluable peace of mind and confidence in achieving financial objectives.

In your opinion, what should someone expect from their financial planner or wealth advisor?

Clients should expect personalized guidance, expertise, and a focus on their best interests as well as the ability to communicate effectively and openly from their financial planner or wealth advisor.

Please tell us about you and your firm.

I'm David Yu, the founder of DTY Wealth Planning Solutions. With almost 2 decades of experience in the financial services industry, I'm passionate about helping my clients achieve their financial goals and plan for the future. I've combined my love for aviation with financial expertise to assist airline pilots and other highly compensated professionals with accumulation and distribution planning. At DTY Wealth Planning Solutions,

we pride ourselves on our personalized approach, integrity, and professionalism. We offer a range of services including financial planning, investment management, tax mitigation, retirement planning, all tailored to meet the unique needs of our clients. Our firm is committed to providing added value and building long-term relationships based on trust. With a background in mortgage banking, real estate investments, and aviation consulting, David brings a diverse skill set to the table to help clients navigate the complexities of wealth management. At DTY Wealth Planning Solutions, we prioritize ethics, integrity, and professionalism, advising our clients in a fiduciary capacity to build long-term relationships based on trust.

David embraces life wholeheartedly. He is a certified rescue scuba diver, an avid downhill skier and enjoys a variety of other adventure outdoor sports. Having lived in both Asia and Europe, David is well travelled and speaks fluent Mandarin. His time spent overseas, particularly throughout Greater Asia and other emerging market countries, has thus contributed to his unique, global perspective.

David has been featured in the Money section of the USA Today (2002), the Taiwan Daily News (1996-1997), and can be seen conducting educational financial planning courses and seminars at local universities throughout South Florida.

Between what is said
and not meant, and what
is meant and not said,
most of love is lost.

Kahlil Gibran





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Rise Of Mega Payouts: Physicians Are Now the White Whales

JAY K. JOSHI, MD & RON CHAPMAN II, JD

In recent years, malpractice attorneys have intensified their efforts to target physicians, becoming more aggressive in their pursuit of legal action. This relentless pursuit can be likened to Captain Ahab's relentless quest for the white whale in the famous novel Moby Dick. The landscape has become increasingly challenging for physicians, as recent tort reform legislation in numerous states is rolling back the protections they once enjoyed. This unsettling trend underscores the critical importance of having a comprehensive compliance system in place.



With fewer regulatory safeguards available, physicians must now take proactive measures to safeguard their practice and protect their assets. A robust compliance system is essential in navigating the evolving legal landscape and mitigating the risks associated with malpractice claims. By implementing effective compliance measures, physicians can enhance their ability to defend against allegations, minimize the potential for legal action, and ultimately, safeguard the integrity of their practice.

The need for such a system has never been more critical than it is now, given the changing legal climate and increasing polarization and politicization of health care. These trends have increased the aggressiveness of malpractice attorneys. Physicians should view a compliance system as an indispensable tool that enables them to navigate the complex legal terrain with confidence and protect their professional reputation and financial well-being.



Gone are the days when physicians could enjoy regulatory safeguards through a state's medical licensing board or medical society. These provisions, once the gatekeepers of administrative due process, are now hollow shields, serving more as platforms to enhance legal scrutiny on physicians rather than protecting them. The numbers bear this out.

In 2023, we saw a total of 57 medical malpractice verdicts in the United States exceeding \$10 million. Over half of these cases reached or surpassed a sum of \$25 million. A review by TransRe revealed that between 2012 and 2022, verdicts equaling or exceeding \$10 million increased from just 34 payouts of \$10 million to a peak of 52 in the last recorded year of 2022.

Historically, such substantial verdicts, known somewhat crassly as "mega payouts," were usually concentrated in states such as New York, Illinois, and Florida. However, Robert E. White Jr., president of TDC Group and The Doctors Company (a national medical liability insurer for physicians), noted an unexpected emergence of colossal verdicts from regions like Utah and Georgia—states where they had once been considered rare.

Mr. White attributes this shift partially to widespread rollbacks on tort reforms throughout multiple jurisdictions across the nation. State-led judicial reviews in higher courts have challenged the legality of financial restrictions applied on noneconomic damages claimed in medical malpractice verdicts, and as a result, such restrictions have been declared unconstitutional. Even in physician-friendly states like Utah, though financial caps remain on noneconomic damages, significant sums are still allotted in certain instances of malpractice verdicts, particularly related to wrongful death cases.

This trend coincides with systemic shifts in how malpractice cases are adjudicated in the state. In a landmark decision made by Utah's Supreme Court in 2019, a provision concerning its pre-litigation panel process was struck down, eliminating a crucial stop-gap in the burgeoning floodgate of physician litigation in the state.

Physicians, even in states with favorable legislation, have fewer safeguards available and are now increasingly left to fend for themselves. The strongest defense remains a robust compliance system. Clinical documentation and a framework for regulatory oversight of clinical care are the two strongest pieces of evidence a physician can produce. Most legal arguments against physicians speculate harm or deviations in clinical practice in the gaps in care management. A compliance system fills those gaps.

While colossal judgments are rarely sustained, they provoke long-lasting repercussions on forthcoming claims and remain enshrined in a physician's claims history. These awards serve as legal bellwethers and instigate more substantial settlement demands from future claimants. Moreover, they augment the expense of settling disputes down the road for similar claims.

Such verdicts become benchmarks against which all future settlements are gauged. The legal perils associated with mounting a defense against such potential astronomical rulings can dissuade insurers from even contesting certain malpractice lawsuits, consequently compelling them to propose more generous settlements as a strategic move to avoid courtroom proceedings.

This legal maneuvering, while seemingly rational, escalates the trend toward massive verdicts. But legal proceedings aren't the only reason for this. Public sentiment has significantly been affected due to heightened frustrations stemming from pandemic-related challenges faced by societies worldwide. Divisive issues such as mask mandates or vaccine efficacies seem to have fuelled this collective ire. Initially, everyone celebrated health care professionals who were perceived akin to heroes due to their pivotal roles in frontline services through challenging times.

That celebratory perception has dwindled to the point of now being outright adversarial at times. This collectively fueled anger directed toward the health care system manifests itself most poignantly in liability suits. Jurors often see themselves as righting societal wrongs in health care by making examples out of physicians.

A compliance system allows physicians to clearly defend their actions to jurors who otherwise wouldn't be dissuaded by more clinically erudite arguments. It simplifies the art of clinical care into a system of checks and balances, protocols, and procedures so that anyone, regardless of their political persuasion or education, can see what the physician is doing and understand his or her rationale.

In an era where the legal tides have turned health care into a political referendum of personal belief, emotions carry an outsized influence. Sometimes just appearing relatable is the best argument. Recognizing how physicians appear in court and, most importantly, to the judicial bench and jurors is an essential aspect of crafting a viable legal defense.

A compliance system is the modern equivalent of a Rosetta stone, translating the clinical complexities of medical decision-making into something palatable for the courts. People appreciate what they can understand, and they tend to sympathize with what they understand.



That alone might be the most compelling rationale for why you should upgrade your compliance system.

Jay K. Joshi is a family physician and author of Burden of Pain: A Physician's Journey through the Opioid Epidemic. He is also the editor-in-chief of Daily Remedy, which is on Facebook, YouTube, X @TheDailyRemedy, Instagram @TheDailyRemedy_official, Pinterest, and LinkedIn.

Daily Remedy was founded in 2020. It has quickly transformed into a trusted source of editorialized health care content for patients and health care policy experts. Readership includes federal policymakers and physician executives who lead the largest health care systems in the nation.

Ron Chapman II is a federal criminal defense attorney.

Outdoor Furniture Trends: What's Hot and What's Not for 2024

By Kelly Eddinger



We are dreaming of warmer days ahead. Let's explore the hottest outdoor furniture trends for 2024, as well as those trends that the sun's setting on.

What's Hot ...

Mixed Materials

Blending different materials like wood, metal, and rattan is all the rage this year. Combining textures and finishes adds visual interest and creates a modern, eclectic look. We are all about the mix and match trend - whether it be within a single piece of furniture, or pairing pieces of furniture from a number of different collections.



The Spencer Lounge Chair by Kingsley Bate

Sustainable Choices

With a growing focus on eco-conscious living, sustainable outdoor furniture made from recycled materials or responsibly sourced wood is gaining popularity. Consumers are increasingly seeking environmentally friendly options without compromising on style or quality.



Photo courtesy of Jensen Outdoor

Modular Seating

Versatile modular seating allows for customizable configurations to suit any outdoor space. From sectional sofas to modular loungers, these pieces offer flexibility and comfort for entertaining or relaxation.



Frances Collection by Kingsley Bate

Outdoor Rugs

Just like indoor spaces, outdoor areas can benefit from the warmth and definition provided by rugs. Outdoor rugs in bold patterns or natural textures help to anchor furniture arrangements and define separate zones within the outdoor space.

Fire Features

Literally the hottest thing your patio needs this summer is a fire feature. Our Glow fire table by Jensen Outdoor Living invites guests to linger later into the evening. For a more portable option, our Anywhere Fireplaces create amazing ambiance.



What's Not ...

Matchy-Matchy Sets

Gone are the days of perfectly coordinated outdoor furniture sets. Instead of purchasing a matching dining set or conversation set, embrace the mix-and-match approach for a more eclectic and personalized look.

Traditional Wicker

Traditional wicker furniture, while timeless in its appeal, is taking a backseat to more practical designs featuring synthetic wicker or rattan that offer greater durability and weather resistance.



Nantucket Collection by Lloyd Flanders

Heavy, Bulky Pieces

Bulky, cumbersome outdoor furniture that's difficult to move or rearrange is falling out of favor. Lightweight and streamlined designs are preferred for their versatility and ease of use.

By staying informed about the latest trends in outdoor furniture, you can create a stylish and inviting outdoor retreat that reflects your personal taste and enhances your outdoor living experience. Whether you're embracing the mix-and-match aesthetic or incorporating sustainable materials, updating your outdoor furniture can breathe new life into your outdoor space and set the stage for memorable gatherings and moments spent in the great outdoors.



All Seasons Dining Armchair by Lloyd Flanders

The Financial Sweet Spot for Doctors

themotivatedmd.com



I firmly believe in the benefits of financial independence, but an overly frugal lifestyle may also expedite physician burnout. Physicians have a complicated relationship with money, and without an appropriate financial education, the use of money on either end of the monetary spectrum (i.e., overspending or over-frugality) may ultimately place doctors in unsustainable situations.

After I published the article above, I thought about what the ideal financial situations look like for physicians. Though we all differ in our financial journey, what does a realistic version of 'the good life' look like for the average physician? This week, we review physician financial priorities, where there is wiggle room, and what the financial sweet spot for doctors may look like.

The Doctor's Dilemma

For starters, it is important to understand the 'doctor's dilemma.' I often write about this concept. However, at its core, what I mean is our interesting financial journey, which ultimately requires physicians to make intelligent decisions early in their careers if they wish to facilitate long-term prosperity.

As many of you know, medical education is long and arduous. This often leaves us accumulating educational debt for the initial four years of our formal education. This is later followed by post-graduate training that can

last between three to seven years or more, depending on the chosen specialty or the pursuit of additional fellowship training. During this time, there are often limited means to generate significant income enough to make a serious dent in one's debt (student loans, credit card debt, etc.). Often, this facilitates nearly a decade's worth of compounding interest accumulation on an already significant debt burden.

Generally, doctors exit formal training in their late twenties to early thirties and reach their true income potential. This is often marred by the societal expectation of the 'physician lifestyle.' Six-figure incomes now fulfill physician's delayed gratification. However, this is simultaneously the time when many in the physician finance niche (myself included) advocate for living below one's means, saving, investing, and taking deliberate actions to get on sound financial footing, even at the expense of changing your lifestyle at all...but who wants to 'live like a resident' for longer than you must?

Herein lies the doctor's dilemma: How can one reap the benefits of their hard-earned income without becoming beholden to their paycheck or living so overly frugal that the expectation of the 'good life' ultimately never manifests?

Budget for Necessary Expenses

The first step in securing the financial 'sweet spot' is largely the simplest: creating a comprehensive and realistic budget. This is easier said than done. It can prove difficult to fully understand your financial pressures if you are unsure what money is coming in and where it is going. Doctors looking to reach financial prosperity should start by mastering the basics. Budgeting is arguably the most important of these fundamental 'basics.'

A healthy budget is honest and transparent about all fixed and variable expenses. This will allow you to understand your fixed expenses as well as help you better understand where you may be overspending or where recurring payments may be eating away at your discretionary income. The purpose of this post is not to tell you how to budget but to make sure all doctors understand the importance of a thorough budget.

If you are looking for a place to start, we offer a **FREE Microsoft Excel spreadsheet budget simply by subscribing to our email list**. The email list can be found on the right-handed sidebar, or the bottom of this blog post. For those more interested in a budgeting app, check out [The 5 Best Budgeting Apps for Doctors](#).

Create an Emergency Fund

As part of answering this fundamental question, we must first address what I believe to be fundamental financial choices that will help one feel secure. Can you enjoy the good life if you anxiously believe a financial disaster lurks just around the corner? No.

The next step in reaching the financial sweet spot for doctors is to guard against the unexpected. Addressing this concern comes in two forms. The first is the creation of an emergency fund. I have advocated for this since The Motivated M.D. was founded in 2021. An emergency fund is a portion of money, generally three to six months' worth of living expenses, housed in a liquid bank account so it is easily accessible in case of...well, an emergency.

There is likely a blog post for another day that would discuss the utility of storing this money in a savings/checking account vs. in an investment account so it has a higher rate of return, but this is beside the point. The point is that you theoretically have enough money to live on if you suddenly lose your job, have a disaster befall your car or home, or have a short-term disability. You get the gist.

If you want to find that ‘sweet spot,’ make sure you have a fund ready for the unexpected. If you wish to learn more, check out our post dedicated to all things Emergency Fund.

Address Your Student Loans

Large student loan burdens have become a right of passage for most physicians exiting training. According to recent data, when combined with credit card debt and/or non-medical education student loans, the average medical student graduates with over \$250,000 in debt. Debts of this magnitude need to be addressed, or they will continually erode one’s ability to generate wealth.

As such, all physicians must create a plan. Generally, how student loans will be repaid is a required part of one’s financial plan. Be it Public Service Loan Forgiveness (PSLF), loan refinancing, or contractual negotiation of loan reimbursement, all options should be considered. I find it near impossible for a physician to reach that ‘sweet spot’ if they have not developed a fiscally responsible roadmap for their debt elimination.

I would be remiss if I did not leave the disclaimer that, for the overwhelming majority of all graduating medical students, please consider all PSLF options first and foremost before choosing an alternative pathway for your loan repayment. For many, loan refinancing with a private lender may disqualify you from the PSLF program. Thus, it is not a decision that should be taken lightly.

Early Asset Protection

I alluded to this earlier when discussing the importance of an emergency fund. Though an emergency fund does protect against unexpected expenses, other unforeseen events can threaten your financial security. These include your untimely death or injuries that make you unable to perform your duties as a physician. Though these are often difficult to discuss, protecting your assets with adequate term life and long-term disability insurance is a must.

I often advocate for obtaining life and disability insurance policies while still in training (i.e., residency or fellowship). You will (likely) never be as young or healthy as you are while in training. As such, it is imperative that you obtain term life insurance and an ‘own-occupation’ long-term disability insurance policy as early as possible. These policies have many nuances, and you should learn from knowledgeable insurance agents to help you navigate this process. We have partnered with many reputable insurance agents specializing in physicians to help you navigate this process.

Lastly, I recommend obtaining an Umbrella insurance policy in addition to the insurance mentioned above. As the name implies, an umbrella policy covers ‘everything else.’ If you wish to learn more about umbrella insurance and what it covers, make sure to check out our prior post on umbrella insurance.

If you want to find the financial sweet spot, ensure you and your family are cared for in case something happens. An emergency fund may help cover short-term disabilities, but the above insurance covers pretty much everything else.

Minimize Fixed Costs

Another aspect of finding the financial sweet spot for doctors is to minimize your fixed expenses. If you followed one of the earlier recommendations and built a comprehensive budget, then you likely know what your fixed costs are and how much of your money is being siphoned to afford these. However, one can often implement certain financial strategies to save money and minimize fixed expenses.

For starters, living in a low-cost-of-living geographic location can help save money. Living in a low-cost area will likely benefit your budget if you are not tied to a particular location for your training or career. Secondly, avoid unnecessary luxury expenses on things like housing and your automobile. Pursuing the McMansion and/or driving a luxury vehicle is not only unnecessary; they are taking significant bites out of your monthly expenses. A car is simply meant to get you from A to B safely; you do not need a six-figure vehicle to achieve this, nor should you suffer monthly payments as a result. The same applies to housing, be it renting or mortgage payments alike.

For less expensive fixed costs, like streaming services, phone plans, and childcare, shop around as best you can and pick the deal that works for you and your budget. Minimizing fixed costs is important in offering your monthly budget some breathing room.

Live Below Your Means

This goes without saying, but I will say it anyway. Make sure you are spending less than you make. This is simple but not easy for most. As I discussed previously regarding the doctor's dilemma, physicians end up in a predicament where they are forced to either live below their means and avoid significant lifestyle creep or expand their lifestyle but suffer living paycheck to paycheck as they are beholden to their career.

There is a sweet spot between these two ends of the financial spectrum, but it requires one to live below one's means. As you navigate your financial life, build your budget, and create your financial plan, make sure you target a sustainable lifestyle on less than you take home.

Save Like You'll Retire at 65

The article I alluded to at the top of this post discussed how a FIRE mentality may drive early career physicians to burnout. Though I remain an advocate for the pursuit of financial independence, no one said you have to sprint to that financial finish line. Not everyone needs to reach financial independence as soon as possible. For many wishing for a long, prosperous medical career, plan as such. Instead of subjecting yourself to overly frugal savings strategies, plan your savings to reflect your ideal retirement age.

True, some wish to pursue FIRE as expeditiously as possible. That is fine for the motivated few, but it likely is not the best strategy for all. Instead, start your financial journey assuming you will indeed have a long and prosperous career and have your retirement savings plan reflect this. This will mean you likely save less than a FIRE-minded individual but enough to retire securely on a more 'normalized' timeline, and there is nothing wrong with that.

The Financial Sweet Spot for Doctors

Ok, if you are a trooper and have made it this far in the article, let's try to tackle the initial question. What does the financial sweet spot for doctors look like?

Using the financial priorities listed above, we can start to get an idea of what steps must be taken to build a solid financial foundation and guard against the unexpected. For the average physician, it would likely look something like this:

Dr. Works-Hard's Financial Sweet Spot

While in residency training, Dr. Works-Hard decides to educate herself on her finances. She subscribes to The Motivated M.D. and picks up a few of our recommended reads. Because of this, she uses our recommended insurance agents and purchases a term life insurance policy and an own-occupation long-term disability insurance policy before she completes her internal medicine residency.

During her final year in residency, she scours the nation looking for an ideal area to practice hospitalist medicine. She negotiates a contract in a low-cost-of-living area and decides to rent for her first year as she learns about the housing market and her future needs. She doesn't want to rush into anything until she knows this job is right for her in the long term. She creates a comprehensive budget and makes payments in a qualifying PSLF loan reimbursement plan to receive loan forgiveness after 120 qualifying payments. Of course, she started these during her residency.

Now that she has a budget and an idea of her fixed expenses, she decides to put away a portion of money monthly to build up an emergency fund. Initially, she targets creating a fund of only three months' worth of living expenses, with the plan to increase to six months' worth of savings later. She also contacts her insurance agent and purchases an umbrella insurance policy.

With her assets protected, she sits down and ponders what life would be like in retirement. What would her expenses be? Would her house be paid off? Would she travel often? Whose education would she pay for?

With all of this in mind, she would make sure she is contributing enough to her retirement savings to reach the employer match, with plans to max it out once she determines how this affects her budget.

She continues to drive the car she had in residency; even though it has more than 150,000 miles on it, it works just fine, and there is no need to replace it. Further, she is comfortable renting as she does not want to rush a home purchase until she feels confident that she is here to stay for the foreseeable future.

With these simple strategies implemented, she is now in a much more appropriate financial position. The world is her oyster! She can increase her investments to meet her goals, save for a down-payment should she wish, work in vacation savings, determine how a family might effect her trajectory. All of these are made more achievable now that she resides in that 'sweet spot.'

Take Home Points

Though it may not look like much of a financial sweet spot for physicians, it lives here. It involves building a comprehensive and transparent budget, living below your means, protecting your assets early, guarding against financial disaster, executing a sound debt elimination plan, prioritizing a regular retirement timeline, and making conscious decisions to minimize fixed expenses. Once you have achieved this, you can return to your financial plan and make changes as you see fit. Whether a home purchase, a new car, or an earlier retirement, all these things can be achieved from this financial sweet spot. However, I encourage all to start here if possible and adjust accordingly. As always...

Standard Disclaimer: None of the information is meant as individualized financial or medical advice.

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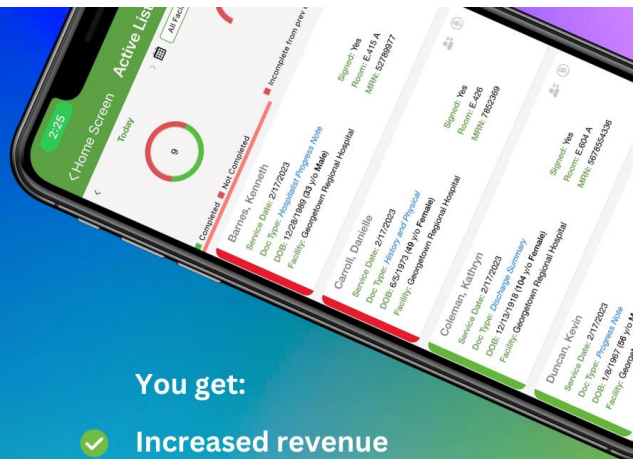
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Luxury Travel Diary

LuxuryTravelDiary reviews the world's best hotels, covers the latest travel news, and blogs about tips every traveler needs to know. We particularly like their heartfelt reviews of top European hotels like Grand-Hotel du Cap-Ferrat, A Four Seasons Hotel, and Hotel Cipriani. They don't just blog about travel. You can also pick up a cheap hotel stay at their eBay style [travel auctions](#), and you can get benefits like free breakfast, room upgrades, and late checkout if you decide to book travel with their friendly [luxury travel concierge](#) agents.

2. The Style Traveller

Bonnie Rakhit, a former fashion editor at Elle Magazine, explores the world's most stylish places, including exotic beaches, spa retreats, and hip festivals. Her blog features hotel reviews, fashion, style, and the best spots to eat, shop, and relax. Find her stylish adventures at [thestyletraveller.com](#).

3. The World of Wonderlust

Brooke Saward's blog combines luxury with money-saving tips. Hotel reviews cover honeymoon favorites like the Maldives, South African Safaris, and boutique hotels in Paris. Visit [worldofwanderlust.com](#) for a blend of luxury and budget-friendly travel tips

4. And a Thousand Words

Merel van Poorten from Amsterdam runs this luxury travel blog that also dives into fashion, food, and beauty. The blog is known for its stunning luxury photos and insightful articles. Check out andathousandwords.com for her luxury travel insights.

5. Silverspoon London

Angie Silver's award-winning blog covers luxury lifestyle, food, and travel, with a focus on Europe, Southeast Asia, Australia, the USA, and South Africa. Visit silverspoonlondon.co.uk for luxury travel destinations.

6. The Hideaway Report

Andrew Harper has been reviewing luxury travel since 1979, featuring unbiased hotel reviews, city guides, and fantastic food ideas. Explore luxury travel experiences at hideawayreport.com. Definitely one of the best luxury travel blogs to follow in 2024!

7. Luxury Lifestyle Awards

The Luxury Lifestyle Awards blog, found at luxurylifestyleawards.com, is a prestigious platform celebrating the epitome of luxury goods and services worldwide. With over 16 years in the luxury market, it has become a vital connector for individuals seeking the pinnacle of luxury, having evaluated more than 5,000 goods and services across 400 categories from various countries.

8. The Luxury Travel Expert

A travel blog by a doctor and travel enthusiast, featuring luxury travel tips, hotel and flight reviews, and guides to luxurious destinations around the world. Find out more at theluxurytravelexpert.com.

9. Mrs. O Around the World

Ana Silva O'Reilly shares her luxurious travels, focusing on business class experiences, cruises, skiing, villas, and luxury resorts. She provides insightful reviews on first and business class cabins across major airlines. Visit her blog at mrsoaroundtheworld.com.

10. A Luxury Travel Blog

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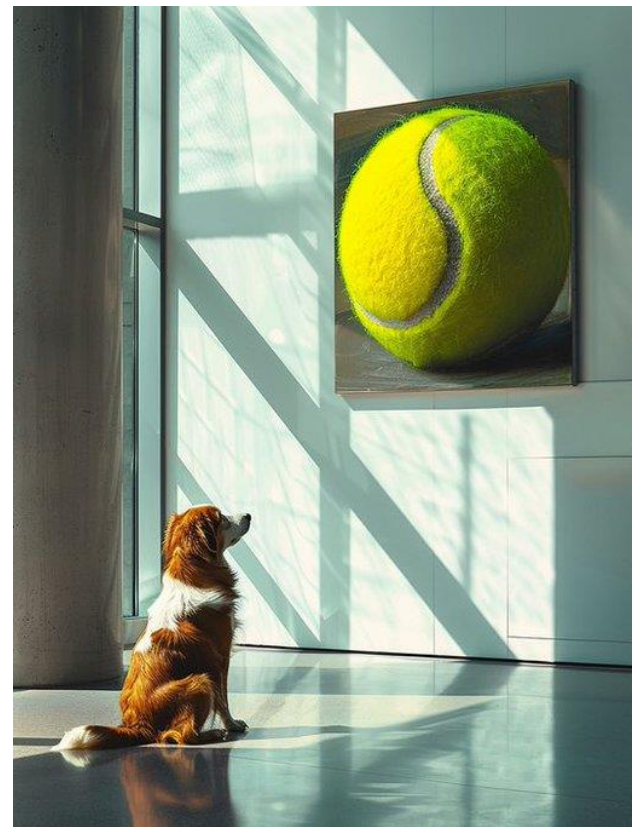


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