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How Hospitals Are Quietly Taking Control of Physicians

Allan Dobzyniak, MD

Doctor, if you have recently had occasion to be granted a visit with upper hospital management in the plush executive suite, most surely it was you who stood out quite conspicuously. Being greeted, hopefully politely, by one of the administrative secretaries, you were asked to be seated and wait along with others—consultants, lower-level

management, salesmen, business associates, insurance executives, and maybe even golf buddies. Notable was that you, the physician, were the only one not appearing in tonsorial splendor, groomed to the hilt, well-rested, and adorned in a three-piece suit. You were the person blurry-eyed from the night shift or up all night with an emergency, dressed in a white coat with pockets full of papers and baggy greens, maybe blues. Curious though, it is you, the physician, who is responsible for all of their incomes.



Granted, as health care has become a complex, shifting, and regulatory nightmare with falling reimbursement rates and myriad payment mechanisms, hospital management has become more complicated. Looking for the easy way out of bottom-line revenue erosion, all of management's expensive consultants have likely suggested cost reduction. And the most important driver of costs in virtually all hospitals is the medical staff. Even though physician compensation accounts for only 8 percent of health care spending, their decisions are estimated to account for up to 80 percent of the nation's health care budget. Therefore, to cut costs, hospitals must either gain control of their physicians or collaborate with them to create value. With the ongoing obsession to employ physicians, it can be concluded that, in general, the approach preferred by the occupants of the posh offices of hospital executives is the former, control being the goal.

No matter how it is nuanced, the clinical decisions of physician employees are increasingly influenced by hospital management and its growing bureaucracy. How is it possible to transform an independent clinician with years of commitment to developing their craft, with the desire to hold onto their professional autonomy and who continues to cherish the patient-doctor relationship as foundational both to the very practice of medicine as well as its enjoyment, into a supplicant "worker bee?" Certainly, linking compensation to the egregious, impersonal wage equivalent of an hourly worker via some formulaic RVU (relative value unit) is a good start, but not enough. What must be done is to create circumstances that convince doctors that they are really not as important as they think they are—just another member of the team. That precious doctor-patient relationship must be relegated to peripheral importance or even of no importance at all.

Create physician dependency by introducing complex systems outside of their expertise and make them dependent on such. EMR, other IT, coding, and billing puzzles meet this goal. And remember to change these systems frequently—be sure they are costly, idiotically complex, quite unreliable, and, of course, user-unfriendly.

Physician confidence must be undermined. Confident physicians are comfortable and difficult to control. Undermine the independence of the Organized Medical Staff. Express irrelevance for the Medical Staff Bylaws. Hire a few competitors to the successful private practitioners. Fire a few of the employed physicians, not because of clinical incompetence but for not getting with the program and not acting as subservient team players. Absolutely necessary is designing a variety of schemes to put physicians' compensation at increasing

risk. Population-based, algorithm-driven decision-making according to “evidence-based” hospital guidelines must replace professional judgment, intuition, experience, and compassion that is individually patient-focused. No promotions, imperiled compensation, and any additional physician rewards must rely on these hospital mandates. Ah yes, just like assembly line workers, productivity standards must be unrealistically designed to be just out of reach if empathetic clinical care is not compromised. This may be the ultimate conundrum for physicians.

But this is the one I really love. Doctors, here, we administrators are going to give you physicians the responsibilities you have asked for; in fact, we demand you assume these. But then—ha-ha—no authority is allocated or tools provided. For example, physicians are made responsible for patient satisfaction scores but given no authority to control staffing, staffing attitudes, the workability or selection of IT, cleanliness, operating room efficiency, or even parking.

Also, there must be a hurried goal of driving a wedge between physician and patient. Create a design whereby the patients come to identify the hospital, not a particular physician, as their source of care. Centralized scheduling is one of the magic tickets here, among others. Phrases such as “refer to ortho,” “refer to dermatology,” “refer to pediatrics” show the desired outcome has been met.

If any of this sounds familiar, do not be surprised. Such tactics are well known to those who seek to control health care, know virtually nothing about medicine, are sopping up ever more health care dollars, and are increasing in numbers far in excess of physicians.

If you enjoy economics, this might be of interest. Max Weber (1864–1920), a political economist, was a champion of hierarchy: “Precision, speed, unambiguity, knowledge of files, continuity, discretion, unity, strict subordination, reduction of friction and of material and personal—these are raised to the optimum point in the strictly bureaucratic administration.” Then there is the view of the more contemporary Gary Hamel, who firmly believes that in order for organizations to prosper, bureaucracy must die and that it actually bears key blame for discord. He states, “By their very nature, bureaucracies are inertial, incremental and uninspiring. That’s a problem because today operational efficiency is just the price of entry, a necessary, but far from sufficient, condition for competitive success.” I choose Hamel, but surely, in many hospital executive offices, Weber is still their guy.



[Allan Dobzyniak](#) is an internal medicine physician

Your Bank Wants Your Voice. Just Say No

By Kim Komando



When I told my bank I didn't want them using my voice as a biometric security measure, they pushed back — *hard*.

"It's for your protection," they insisted.

But here's the deal: I didn't ask for it. I didn't consent to it. And I definitely don't want a recording of my voice floating in some database I have zero control over.

Your voice is you

We've all seen the headlines. AI voice cloning isn't some futuristic sci-fi threat. It's happening right now. You've heard my voice a thousand times. It would be *nothing* to clone it.

But guess what? It's just as easy to clone *yours*.

All it takes is 10 seconds of audio. Just enough for a scammer to say, "Hi, I forgot my password," in your voice. Once you hand over your voiceprint, there's no taking it back.

The identity arms race

Here's what to do, and it's super simple: Call your bank's customer service line and ask to opt out of voice authentication.

It takes two minutes. Can't do it now? Set a reminder. You'll thank yourself later.

Pro tip: Never Google your bank's number. Scammers plant fake listings. Use the number on your debit card or go directly to the bank's official website.

Want even better protection?

You're probably already doing a lot right:

- ✓ Strong password
- ✓ Two-factor authentication
- ✓ Only banking on secure Wi-Fi
- ✓ Checking your transactions often

High five! Now, here's how to go even further:

- **Secure keys:** Physical or app-based tokens that generate 30-second passcodes. Safer than SMS.
- **Real-time alerts:** Get notified about logins, charges or changes instantly. I do, and it's saved my butt.
- **Account lockouts:** Automatically lock your account after failed login attempts.
- **Advanced login protection:** Some banks (like Morgan Stanley) require a one-time code if you log in from a new location or device.

☕ Don't do this at Starbucks

Too many people get this wrong, and it's a big risk.

If you've ever logged into your bank account at a coffee shop, airport, hotel or anywhere on public Wi-Fi ... yikes. You might as well be handing your info to a stranger at the next table.

If you *have* to bank away from home, there's one smart move: [Use a VPN](#).

I use ExpressVPN because it's fast, simple and with one click, it locks down your connection.

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- **Customized Financial Planning:** We provide bespoke tax planning that considers your unique financial situation, helping you optimize your income, investments, and overall financial health. Your plan is managed with the precision and care you would expect from a specialist.

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- **Personalized Service:** Unlike traditional firms, we provide a hands-on, personalized approach, ensuring that your tax strategy aligns perfectly with your financial goals.
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From Burnout to Balance: 5 Stages of Career Transformation

Kara Pepper, MD



Not long ago, my husband and I had a sobering realization: If we did not make major changes, we would regret spending our best years using every ounce of our energy on work. We accepted that exhaustion from our jobs was normal. Burnout became our status quo, and even a sabbatical didn't create lasting well-being.

Unwilling to live with the regret of overworking, we ultimately made major changes and created careers that were fulfilling and healing. I started my own practice, and he took a job with less travel and more autonomy.

Now, after coaching hundreds of physicians through career change, I know that there are very predictable stages of change that doctors go through when transitioning from overworked and exhausted to a place of autonomy, purpose, and sustainability. I want to walk you through the stages of change that many doctors go through when transitioning from employed, overworked, and exhausted to a place of autonomy, purpose, and sustainability in their careers. Whether you're building a practice or leading within an organization, this transformation follows a predictable pattern.

Stage 1: Stuck – This is just how it is

At this stage, burnout feels like your default state. You're exhausted, drowning in admin tasks, and may feel like there's no way out. First step? Edit what no longer serves you. If you're severely burnt out, consider taking FMLA leave.

My number one recommendation for anyone in your position is to connect with someone outside of your circle. This can be a therapist, coach, or friend who can objectively offer help. It's really hard to make good choices that aren't reactionary when we're depleted.

Decide what an ideal day would be like for you. Write it down. How does it feel? What are you doing and not doing? Compare what you've written to where you are. How big is the gap between what you want and where you are?

Then, something shifts. You start to notice.

Stage 2: Noticing – Something has to change

Here's where you start realizing: I deserve a better life.

You recognize you're suffering, but you may not know what to do about it yet. Noticing our suffering in medicine is like spotting a crack in a dam. At first, it's barely visible—just a hairline fracture, easy to ignore. But once you see it, you can't unsee it. You realize the pressure has been building for years. If you ignore it, the dam will eventually break. Something has to give. You don't have to have the solution yet, but you know change is coming.

The act of noticing is like the first crack in the ice. It defrosts you. It starts to thaw the numbness, making space for self-compassion. You recognize that you don't want to live like this.

Start by identifying your core values—what makes you you—and ask yourself if those values show up in your daily life. Who are you? This can be tough, but I promise you that you exist outside of what you do for a living.

- What do you love doing?
- What lights you up?
- What is your zone of genius?

Pay attention to resentment—it often points to misalignment with your values. If you feel it, lean in. It can be a huge clue to what really matters to you. When I was at this stage, a group of women in my neighborhood invited me to play tennis with them at 10 a.m. It was impossible for me to do it. I had zero white space in my day. I was resentful that I couldn't just do it. This resentment was a compass pointing me to what I wanted and desperately needed.

Not all suffering is the same. The struggle of med school had a clear purpose, but your current grind? Maybe not. I'm grinding day after day, but I'm never, ever getting ahead.

Stage 3: Discovery – There has to be a better way

Now, you're actively questioning whether the way you've been working is the only option. You're realizing that your identity is bigger than your job. You recognize that you're exhausted at the end of the day and have no energy for anyone or anything. You're not living the life you want or expected. You regret where you are but refuse to accept that this is your only option.

Self-compassion is key. It's OK to admit that your current situation is not OK and that you deserve better.

Fear of change will creep in. It's normal! But this doesn't have to be an all-or-nothing decision. The suffering we recognize can feel less terrifying than making a change.

Start researching alternatives, talking to people who've made career changes, and exploring what's possible. Who is living the life you want? Who is doing this well? Get curious even if it feels wobbly.

Now it's time to make some plans.

Stage 4: Data collection – I have options

This is where you move from idea to action:

- Can you adjust your current job to make it more tolerable?
- What organizations might align better with your values?
- Could you start your own practice in small, manageable steps?
- Begin financial planning and gathering the people and tools you'll need.

“But the pension!” my husband would say whenever I came home from work and said, “I don’t think I can take this anymore.” My previous job had a great pension plan (or so I thought). I kept telling myself that I just needed to stick it out a little longer, and one day, I’d have financial security.

I dug into the numbers. After 15 years, I had vested for \$1,200 per month. Is that enough for me to sacrifice my mental health to stay in an organization that no longer aligned with me?

It’s time.

Stage 5: Action – I’m really doing this!

Now, you’re making real moves—launching a business, switching jobs, or reclaiming control over your career. The key here is momentum:

- Set a launch date and work backward to map out your steps.
- Track your progress with key performance indicators (KPIs).
- If starting a practice, implement a marketing strategy and start building your patient base.
- Surround yourself with people who are making changes. The people who are stuck want you to stay stuck with them. Seeing you launch means they have to reconcile their own stuff. Miserable people are challenged when they see someone make changes that make them happy.

Where are you?

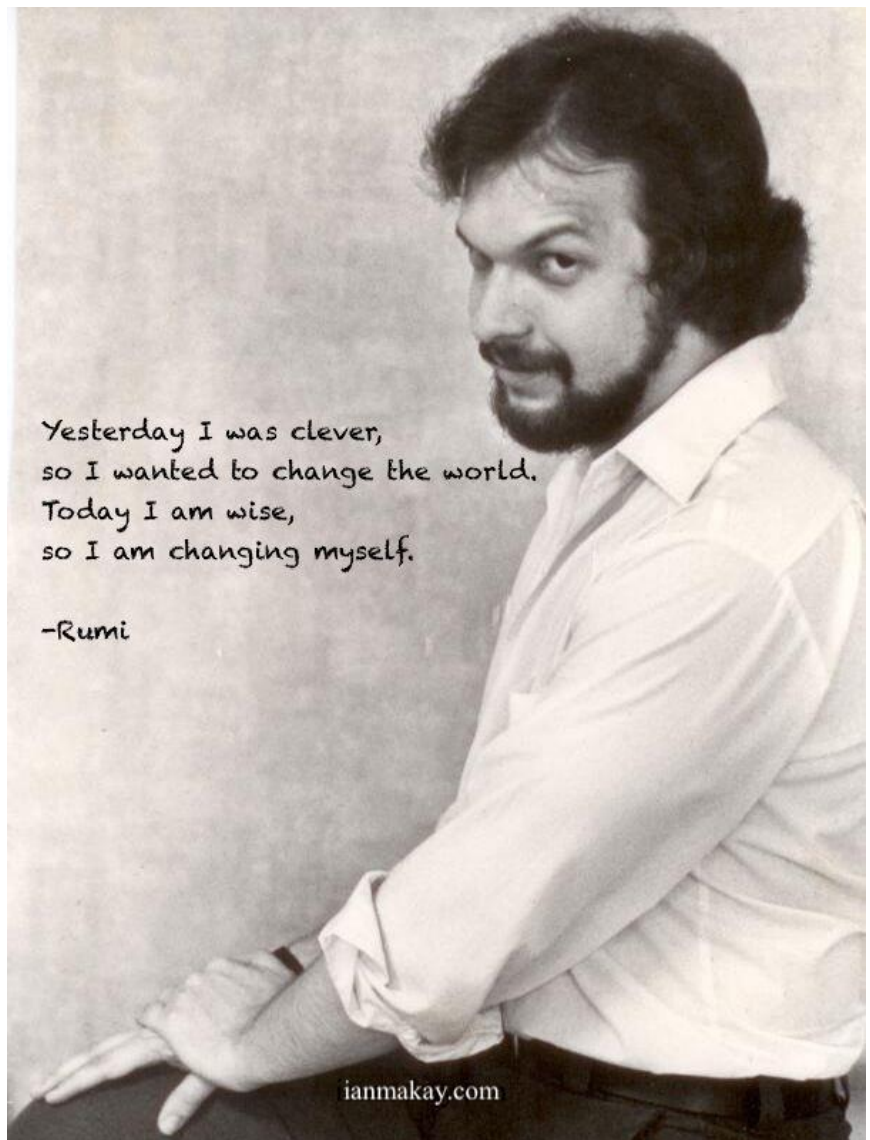
Do you recognize yourself in any of these stages?
What do you need to do? What’s your next step?

You know how to manage complex illnesses.
Starting a business or making a career change is not really that hard, and it’s certainly not as hard as anything else you’ve done.

Take one step today. Block time on your calendar.
Make a call. Write down your vision. You’ve handled far tougher challenges. This is just the next one.

If you’re feeling stuck, know this: You are not powerless. Change doesn’t happen overnight, but taking even one small step today can start shifting you toward a career that cares for you and your patients.

[Kara Pepper](#) is an internal medicine physician.



Top 5 Retirement Mistakes for MDs

Incomplete financial planning or gaps in your projections, can reap havoc on an MD's financial life and subsequent retirement income. MD's can be subject to financial blind spots given the nature of their immense personal and professional time constraints. The following will help to illuminate some of these hidden retirement mistakes that every MD needs to pay attention to maximize the odds they can meet their retirement goals and preserve the quality of their lives.



#1 Failing to Identify Core Wealth Versus Surplus Wealth

It should come as no surprise that high earning physicians and medical doctors have robust retirement savings potential. With healthy savings rates, a high amount of capital can be accumulated within a much shorter time span compared to the average income earner. Therefore, it can be easy to become complacent in having a proper financial plan in place, lacking the sense of urgency to plan and invest substantial free cash flow.

As a result of this complacency, medical doctors may delay and fail to fully harness the power of their wealth. Many medical doctors would like to do more with their money than just sustain their retirement – they might have charitable inclinations, or they may want to start a gifting plan for their children and grandchildren while living. Or you may have an interest in creating a business. (You may want to consider identifying your core “values.”)¹

It is critically important for those who want to align their wealth with their values to identify how much money is needed to maintain their retirement. In addition, they should also have an idea how much surplus (or excess) wealth may exist so they can create a strategic plan to maximize that “excess” portion of their wealth. That “excess” wealth may help you satisfy other goals that mesh with your values (i.e., gifting to charity or family).

We recommend you create a careful analysis with projections that incorporate your retirement goals and lifestyle spending needs. Once these projections are made you can identify that potential “excess” wealth.

#2 Underestimating Retirement Expenses

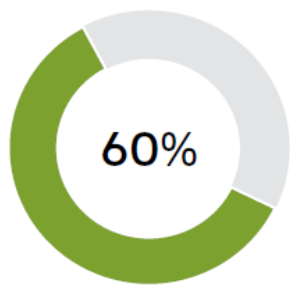
One of the biggest mistakes we see is not taking the time to thoroughly review and anticipate retirement expenses. Frequently missed expenses are variable expenses, including, but not limited to:

- Future car purchases
- Weddings
- Medicare expenses and surcharges (“IRMAA”)
- Increased travel and vacation budget for the early (“Go-Go”) retirement years
- Grandchildren college funding
- Business funding/home down payment for children/annual gifts

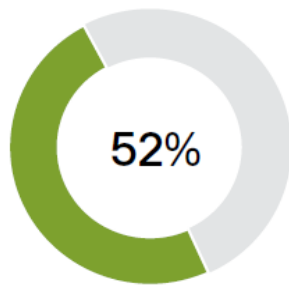
Spending fluctuates more than 20% per year for a considerable number of retirees according to JPMorgan.

¹ <https://www.think2perform.com/values/>

A comprehensive financial plan is only as good as the quality of its data inputs – especially, estimated retirement expenses. A study published by JPMorgan² found that there is significant variability in spending year to year for many retirees. Building spending flexibility into your plan and stress testing (higher inflation, a bear market, etc.) is essential to making informed decisions.



Compared to the year before retirement, 6 in 10 new retirees experience spending volatility in the first three years of retirement...



...and this continues throughout retirement with half of those age 75-80 experiencing spending volatility from year to year

Once you determine what your retirement expenses may be, it would be advisable to project your future retirement income and inflation adjusted expenses. Most retirement projections utilize straight line projections (where an average rate of return is to be the same each year). The planning profession has moved away from relying on those types of unrealistic assumptions. Instead, most planners use a statistical analysis that takes the variability of investment return and inflation each year and they simulate thousands of trials.

#3 Using Past Stock Market Performance Assumptions

The S & P 500 has averaged over 10% (including dividends) annual return since its inception in 1957³. However, the S & P 500's performance has been **abnormally inflated** over the last 15 years (over 13% annualized return). Many financial projections that are made may default to using the past 25 years' worth of data when considering the future. The last few years have been unusually favorable to large cap domestic stocks-something less likely to continue.

For the savvy MD, it may be prudent to impose forward looking market assumptions that are more conservative in nature. We are always careful when trying to project future market returns since the variability of average returns for periods less than 25 years is quite wide. **We suggest though that you look at the long-term average of 10% and assume it could be closer to 8-9% over the next 25 years.** One key point, this average return is for well diversified combinations of stocks - our studies show that very few stocks contribute to the markets return overall. The odds are choosing those winners is low; almost akin to buying a lottery ticket therefore we always recommend avoiding overconcentrated stock positions and instead buy an index fund.

#4 Over Allocating to Fixed Annuities/Fixed Accounts/Stable Value

For medical doctors nearing retirement, they may have a high allocation to Fixed ("General") Accounts within their safe bucket of their 401(a) or 403(b) (for all those in university hospital or government plans) or a "stable value fund" in a 401K if you are working for a private sector employer or are a business owner. These accounts offer guaranteed or fixed rates of return and are like fixed annuities. Most consider them to have negligible risk since the insurance company that offers them guarantees the principal and interest.

It is common to receive a fixed rate of interest in these accounts somewhere in the range of 2-5% annually. Stable value accounts are usually liquid where some fixed accounts require lock up periods upon distribution. Many fixed accounts can have a 5, 7, or even 9 year lock up period. This can often be quite surprising for those who are not aware of these liquidity restrictions.

² J.P.Morgan Asset Management, "Guide to Retirement 2025 – Retirement Insights"

³ Since 1926 the market has been over 10% including dividends.

Most financial experts agree that you should NOT have more than 20-30% in guaranteed accounts/income sources (i.e., fixed accounts, pensions, social security income) and the rest should be in a well-diversified stock or bond portfolio.

While guaranteed return fixed accounts can be good for a small portion of your portfolio, many high-net-worth medical doctors may be getting a guaranteed low rate of return for years. A study done by Morningstar⁴ found that annuities (like fixed/general accounts) offered little benefit to wealthier retirement savers. Specifically, they found that if an investor's wealth is thirty-six times their needed annual retirement income, **adding more to annuities and fixed accounts offer little upside.** For example, if you accumulated \$3.6M in assets and needed \$100k from your portfolio, there may be better strategies for income.

We have found that most medical doctors choose to delay collecting their social security benefits. Social Security is unique in that it is the equivalent of having a bond worth twenty times the annual payments you receive with guaranteed adjustments for inflation. The Morningstar study suggests exploring social security bridging strategies before adding more to annuities and fixed accounts.

Our team regularly projects what percentage of your future retirement expenses can be covered from guaranteed income sources so one can determine if they have too much in fixed accounts.

#5 Failing to Have a Tax Efficient Withdrawal Strategy

We have found that many physicians do not have a tax-smart way of distributing their retirement accounts at retirement. Conventional wisdom and many big discount investment firms advise to draw down your taxable/brokerage accounts first, tax deferred IRAs/401(k)/403(b) second, and last any Roth IRAs.

Rather than follow conventional wisdom, our team has found that a customized, yearly approach works best. Perhaps a combination of taxable and tax deferred accounts should be drawn down to optimize for taxes. There is certain academic research that shows that performing Roth conversions – during low tax brackets (prior to the start of social security and required minimum distributions), can **prolong the life of a portfolio by up to 5% longer** than the conventional wisdom approach. In this strategy, depleting one's taxable account to pay the Roth conversion tax bill would be ideal.

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⁴ Morningstar, "Annuities Offer Little Benefit to Wealthier Retirement Savers" Nov 2022



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Mortgage

4 Fabulous Dinner Party Ideas with Wine

By Rachel Thralls, CS



It's time to get creative with your dinner party plans! We've got some tips and tricks for hosting four fabulous dinner parties all incorporating great wine ideas!

What's not to love about a dinner party filled with food and wine? Your friends will love the idea of themed dinner wine parties and chances are everyone will get to experience some new food and wine pairings!

Homemade Pizza Dinner Party

Everyone loves pizza. And guess what goes with pizza? Pizza loves wine. Dress up your homemade pizza party with wine and salad. Or better yet, add those greens right onto the pizza! Making homemade pizza is easy and you can use different types of crusts, including Naan bread or purchase pre-made dough from the grocery store. Have guests bring ingredients for their favorite homemade pizza and a bottle of wine to reduce the work for you!

Suggested wine picks:

Red Wine blends pair wonderfully with pizza. Try the Coppola Rosso & Bianco red blend! Another classic pizza wine pairing is Zinfandel, especially for a BBQ sauce pizza! Try the Coppola Director's Cut Zinfandel, a complex and well-structured wine.



Finger Foods Dinner Party for Larger Groups

Everyone loves finger foods and they are the perfect food to host a dinner with! Especially when you have a larger crowd! Your guests can spend more quality time mingling around and visiting with friends while trying different bites of flavorful foods. The key to larger dinner parties is crowd control. Set up different tasting stations around your house that focus on variety and put different wines at different stations. Choose a variety of sweet, savory and healthy bites so that everyone is happy.

Suggested wine picks:

For a finger foods dinner party, it's important to have all different types of wines since there will most likely be many different food flavors. Stock up on a variety of popular, food friendly wines such as this variety of sparkling wines, Sauvignon Blanc, Chardonnay and Pinot Noir. Not sure how much wine to have on hand? Depending on the size of your party, prepare for over a half-bottle per person. 20 people? 12 bottles. 40 people? 2-3 cases of wine (12 bottles per case).

Local Ingredients Dinner Party

Regional dinner parties are fun to plan and easy to do when it comes to food and wine pairings. Ever heard the saying, "What grows together goes together?" Italian foods pair well with Italian wine, Greek food pairs well with wine from Greece, and you guessed it, locally grown produce, cheese and other ingredients from Sonoma County go well with wine from Sonoma County! So instead of doing a traditional regional cuisine party that has been done a million times, such as Mexican or Italian, why not try a party themed around all locally-sourced food from Sonoma County!

Suggested wine picks:

Choose a delicious local Sonoma County creamy cheese to pair with Chardonnay. What's not to love about cheese and charcuterie together? You can't go wrong with local salami and other meats paired with a Pinot Noir from the Russian River Valley in Sonoma County.

Elegant and Posh Dinner Party

I like to keep an elegant dinner party small, usually no more than 6 to 8 people. I like starting the evening off with sparkling wine paired with small bite size appetizers. Keep it simple, such as a nice cheese and charcuterie board. Once seated at your table, serve a starter course, an entrée and of course dessert. Set your table ahead of time, including all of the glasses you will need for different wines. Wine place settings should be done left to right in the following order; red, white, sparkling, water. Also, keep the table centerpiece short so that guests can see each other. Think low candles with scattered flower petals.

Suggested Wine Picks:

Méthode Champenoise sparkling wine, Chardonnay, Pinot Noir and Cabernet Sauvignon. You will need 8 bottles of wine: 2 sparkling wine, 2 white and 4 red.

Rachel Thralls is a Certified Sommelier and is studying to be a certified Nutrition & Holistic Health Coach through the Institute for Integrative Nutrition in New York City. She is the owner of FitSomm Rachel.

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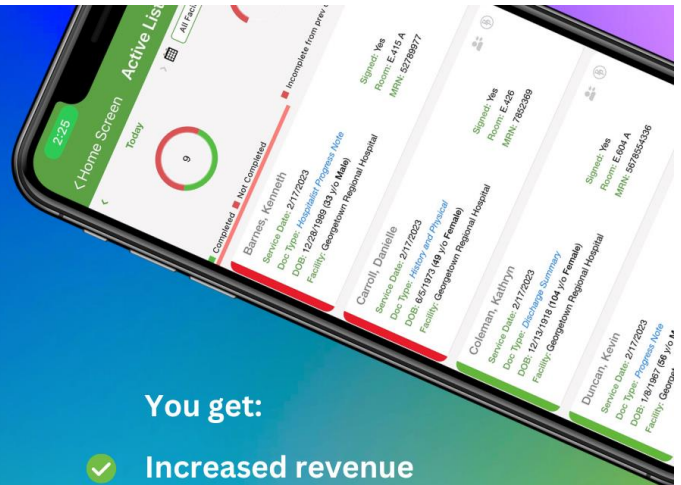
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AI Agents in Healthcare: What to Expect?

By Dr. Bertalan Meskó & Dr. Pranavsingh Dhunnoo

What is the hype behind AI agents? Is it just new technobabble or is it transformative technology? And what to expect from AI agents in healthcare? We address these questions and more in this article.

Key Takeaways

The tech industry's latest fascination is artificial intelligence (AI) agents, tools that can automate tasks on behalf of the user.

AI agents for healthcare purposes are already on the market and can perform tasks such as appointment booking, medication refills and referral workflow management.

We can expect the technology to mature over time and we consider its potential impact and barriers to integration in the healthcare sector in this article.

In early 2025, OpenAI started to roll out its latest product, [Operator](#), an artificial intelligence (AI) agent that can perform online tasks on behalf of the user. Major players in the AI space like [Google](#) and [Anthropic](#) also have their AI agents in this new technological race; and it's even expected that [over 80% of organizations](#) will integrate the technology in their midst within the next 3 years.

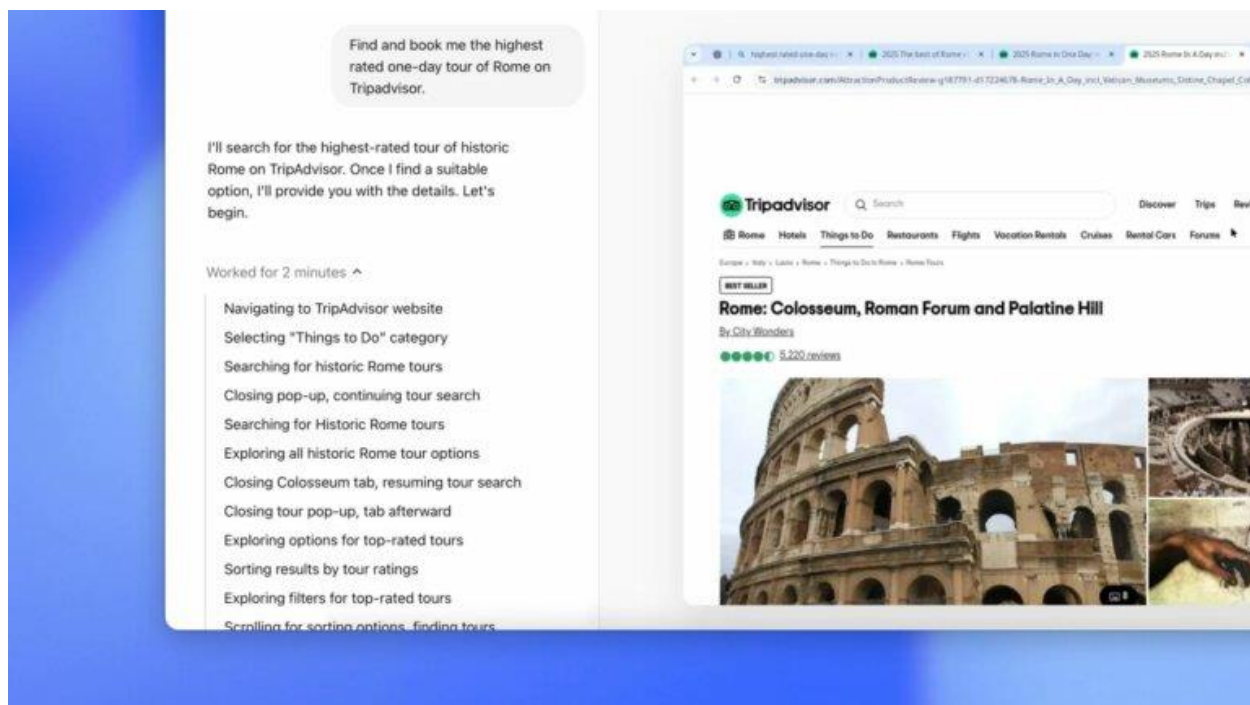
So what is the hype behind AI agents? Is it just new technobabble or is it transformative technology? And what to expect from AI agents in healthcare? We address these questions and more in this article.

Are AI Agents simply AI assistants?

In simple terms, an AI agent is a tool that can perform tasks on behalf of humans. On the surface, AI agents sound similar to AI assistants such as Siri or Google Assistant. However, AI agents rely on more complex algorithms to perform multi-stage tasks autonomously according to the user's request. Rather than a simple rebranding of AI assistants, it might thus be more appropriate to consider them as super-charged AI assistants.

"Unlike today's bots, which mainly respond to input, agentic AI can be capable of planning ahead, prioritizing tasks, and executing complex workflows with minimal human intervention," Jim Rowan, head of AI at Deloitte Consulting, [explained to ZDNET](#).

For example, OpenAI's Operator [relies on a new model](#) called Computer-Using Agent (CUA) that combines GPT-4o's vision capabilities with advanced reasoning through reinforcement learning. It has been trained to "see" and "interact" with on-screen features such as buttons, menus and text fields, and undertake adequate actions based on a user prompt. In healthcare, such an AI agent could run through prescriptions, identify any adverse effects based on the patient's history, make adequate changes and order the appropriate drugs.



However, the vision for true agentic systems lies beyond clicks, scrolls and text input. Current tools like Operator are still in their early stages and [can encounter challenges](#) with tasks such as creating slideshows or managing calendars. The [ultimate aim](#) is likely that of truly autonomous and independent AI agents which are interoperable across systems and anticipate user needs. The technology will evolve to adopt more of these roles, and we consider their potential healthcare contributions in the next section.

What can AI Agents bring to healthcare?

Even if the hype around AI agents has only recently been building up, there are already companies that offer such tools for healthcare purposes.

Innovacer has released [a suite of AI agents](#) aimed at reducing administrative burden. They can automate tasks such as patient appointment booking, referral workflow management and routine patient inquiry support. Another company, Eleos, has developed an AI agent to [assist in mental health sessions](#). By running in the background, it [provides proactive insights](#) to assist clinicians in analysing their patients and also in identifying documentation errors.

AI company [Amelia](#) provides bespoke AI agents for healthcare that can automate tasks such as scheduling and managing appointments, patient payments and medication refills. Their solution has been used to deploy [MUSC Health's AI Agent](#) for patients to manage their appointments and get answers to non-clinical questions.

As agentic systems mature over time, we can expect them to handle tasks beyond administrative ones and have cross-discipline uses. They will be able to draw insights [from diverse data sources](#) such as past medical records, test results and medical scans. From these, advanced AI agents will further indicate potential diagnoses, recommend specific tests, book the adequate appointment, and suggest treatment pathways while taking into consideration potential allergies and side effects. They could take it one step further by guiding patients along the way with tasks such as medication and appointment reminders.



Will our healthcare experience become agentic soon?

We might be a long way from fully autonomous AI agents in healthcare as described in the previous paragraph. Instead, we are more likely to experience more contained agentic systems focused on automating repetitive, administrative tasks in the near future. These could evolve into [multi-agent systems](#) where several AI agents interact with each other as they move towards more advanced, “all-in-one” agents. Moreover, deploying such tools in the healthcare space will come with a number of challenges that range from financial hurdles to ethical concerns.

“Implementing AI agents can be costly,” Deloitte’s Jim Rowan [told ZDNET](#), and highlighted the need for adequate data infrastructure. “These necessary systems include scalable cloud platforms, advanced data analytics tools, and robust cybersecurity measures.”

Furthermore, the recent concerns brought to light by the advent of generative AI also apply to the case of AI agents. In fact, a [report from Deloitte](#) notes that the complexity of agentic systems makes barriers such as regulatory uncertainty, risk management, and data deficiencies more important.

Even among those interested in adopting AI agents, there is a general sense of caution. For instance, at The Wall Street Journal’s CIO Network Summit, attended by major US information-technology leaders, [attendees expressed concerns](#) about cybersecurity, data privacy, and the lack of reliability when it comes to AI agents.

By having AI agents automate healthcare-related processes, clinicians will have to be ensured of the reliability of their output while also maintaining its validity with human supervision. The use of such tools should further adhere to strict data privacy regulations. Only by undertaking such measures can we expect our healthcare experience to be aided by AI agents.



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A Dog's New Life

Today is a special day. Today, I went to the shelter—a place where too many lost souls wait for a second chance. Among all the pleading eyes, the tiny paws trembling behind bars, there he was. Sitting in the corner of his cage, head down, his gaze lifeless.

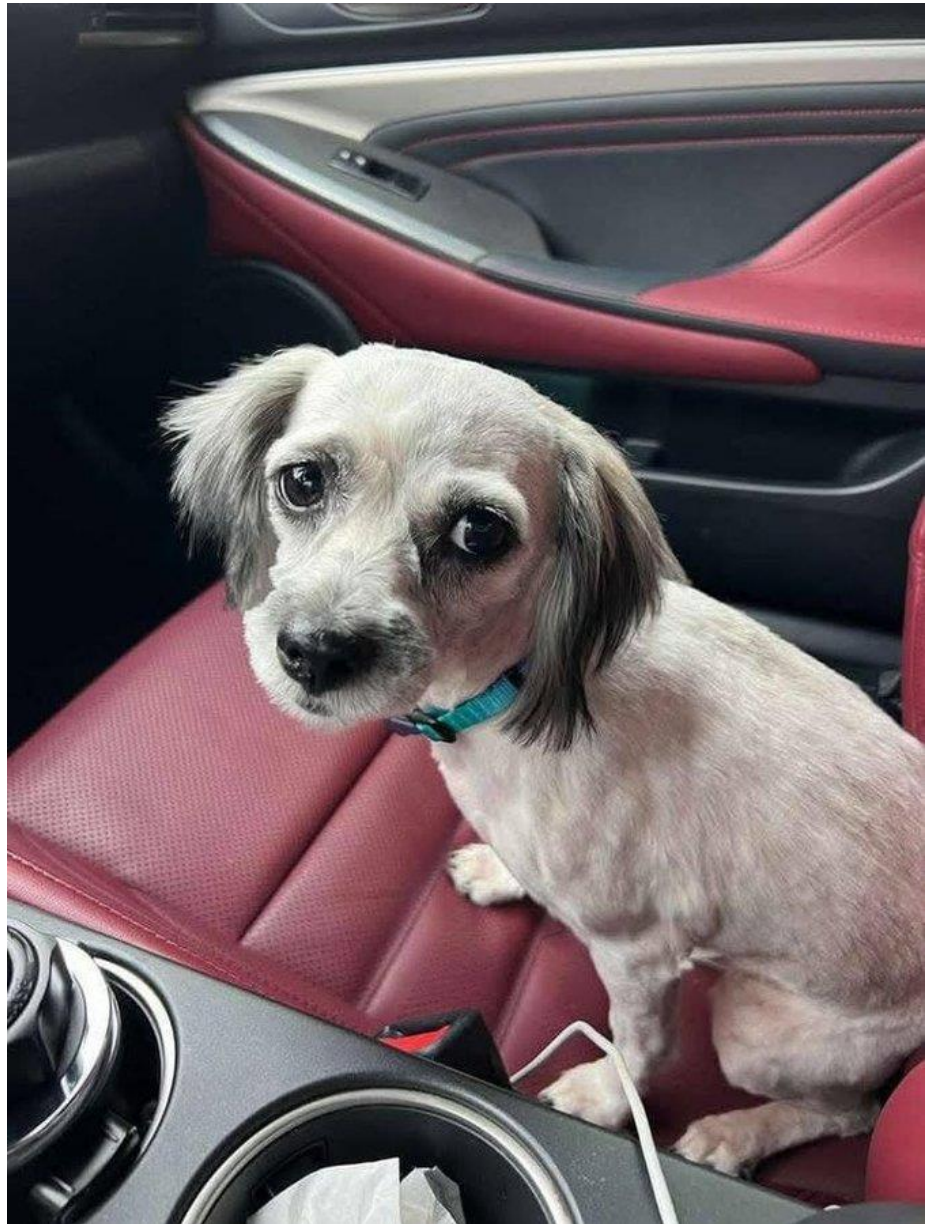
He didn't bark, he didn't jump, he didn't ask for anything. As if he had accepted his fate, as if he knew no one would ever come for him. They told me his story. He was found wandering the streets, skinny, his fur matted, scared of every little sound. He had known hunger, cold, abandonment.

At the shelter, they had taken care of him, fed him, but his heart still seemed broken. He watched the other dogs leave, day after day, while he remained, forgotten.

I knelt down in front of him. He didn't lift his head immediately, as if he no longer believed in the possibility of being chosen. So I reached out, whispered his name, and that's when I saw it—a tiny flicker of hope in his tired eyes.

In that moment, I knew I couldn't leave without him. The car ride was quiet. He sat in the passenger seat, staring out the window, his eyes wide as if discovering a world he had long believed lost. From time to time, he looked at me, as if making sure this was real.

Today, he has a home. Today, he has a name. Today, he has a family. And never again will he have to wonder if someone will come for him—because I am here. Forever.



The Medical Malpractice System is Broken: Who Really Benefits?

Howard Smith, MD

Today, a doctor's chance of being sued for medical malpractice is 8.5 percent per year. The chance that the lawsuit is frivolous, meaning the alleged injury is from a random error of nature and not from an accidental medical error, is 66.6 percent.

[Complications are](#)

[inevitable.](#) Medical errors

occur during medical interventions. So do random errors of nature. At first glance, an error of nature is a

medical error until proven otherwise. Therefore, it is reasonable for an unfortunate victim to suspect that the practitioner is at fault. For the practitioner, it is also reasonable for the complication to produce a suspicion of impending litigation.



Whether from a random error of nature or a medical error, an [attorney is sure to follow.](#) As long as there is a settlement value, a plaintiff attorney could care less if a claim has merit. For them, all lawsuits are legitimate. Legitimate or not, when a disproportionate number of all lawsuits have no merit, there is a problem.

The practitioner is usually the first to know of an unfortunate result and should respond accordingly. Nevertheless, most are hapless and helpless because leadership in the medical profession regards self-advocacy as selfish. After all, practitioners have protection. They have medical malpractice insurance.

Self-advocacy, however, is not selfish. Asserting so is delusional. Malpractice insurance pays for a defense attorney; it does not protect from a malpractice lawsuit. To make certain that a practitioner complies with whatever the defense has prepared, the carrier includes a cooperation clause in the policy. The defense attorney is paid by the carrier. It matters not if the defense attorney has a conflict of interest between the defendant and the malpractice carrier. Yet, for leadership in the medical profession, as long as practitioners have malpractice insurance, they are protected.

For carriers, because premiums are always paid, practitioners are “the gift that keeps on giving.” As long as there is a steady cash flow, malpractice carriers could care less about protecting a practitioner. For carriers, the only thing that matters is the cost-to-premium ratio. As long as costs of litigation do not exceed premiums, carriers remain protected. As a doctor, are you protected by your malpractice carrier?

To afford premiums and maintain malpractice coverage, practitioners enter into all sorts of network arrangements in order to find some [sanctuary.](#) Networks often require adherence to “resource-based practice guidelines.” Practice guidelines are not standards of care. As long as there is compliance with these resource-based practice guidelines, the network could care less if a practitioner departs from a standard of care to remain in compliance with a practice guideline. The only thing that matters to the network is keeping health

care “cost-effective.” As long as they do, the network is protected. For practitioners, instead of a sanctuary from malpractice, these networks make them even more vulnerable. As a doctor, are you protected by your agency in a network?

The rules for medical malpractice are recently restated in the [AMA’s Journal of Ethics](#). The rules consider a practice guideline as the standard of care. The AMA declares that the evidence for practice guidelines, just as the standards of care, is based on competence. Cost has nothing to do with a practice guideline. Leadership in the AMA could care less about its rank-and-file membership. The only thing that matters to them is justification for their new classification of these guidelines. In truth, if practice guidelines were based on competence, this would be a step in the right direction. As a doctor, are you protected by the AMA?

The natural instinct for any practitioner under such threat should be advocacy for the standard of care. To vindicate oneself only requires evidence based on competence to prove with 95 percent confidence whether an inevitable complication is from a medical error or from a random error of nature. This is competence.

A [medical error](#) has a distinct fingerprint. Any complication following a medical intervention, on which this fingerprint is found, exemplifies a medical intervention that departs from the standard of care. However, any complication on which the fingerprint of an error of nature is found exemplifies a medical intervention that is the standard of care. This is a fundamental principle in medical malpractice. Knowing this, as a doctor, does this make a difference for you to be protected?

Nevertheless, haplessness and helplessness are the trends the medical profession takes for the sake of a “safe harbor.” Otherwise, self-advocacy asserts competence. Asserting competence points to a practice guideline that departs from a standard of care. Frankly, if any doctor knowingly complies with a practice guideline that departs from a standard of care, they are committing medical malpractice. Yet, leadership in the AMA expects the rank and file to comply, if for no better reason than to justify the AMA’s assertion that a practice guideline is the standard of care.

Under what possible circumstance would an oracle or soothsayer in ancient times advise, “A conflict is coming. Do nothing.” Yet, this is exactly what is happening today when a lawsuit will likely follow a medical intervention.

It is not that the problem in medical liability goes unrecognized. On the contrary, an entire industry of plaintiff attorneys, defense attorneys, medical experts, malpractice insurance companies, networks, risk managers, and, yes, the AMA, develops to exploit the problem.

The problem in medical malpractice today is that, in each of the 85,000 medical malpractice lawsuits filed per year, there is a distinct inability to objectively determine which mal-occurrence is a medical error and which is a random error of nature. The reason why 8.5 percent of doctors in the U.S. commit medical malpractice is because these so-called “risk managers” determine they do. The problem is their legacy. As a doctor, what are you going to do about it?

I know what I am going to do; I have already done it. Eight-point-five percent of all doctors reading these words are or will be sued for medical malpractice this year. Doing nothing makes the problem their legacy.

[Howard Smith](#) is an obstetrics-gynecology physician.



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Outdoor Living Trends 2025 – What’s Hot

funoutdoorliving.com



Your backyard should be more than just a lawn and a patio—it should be a **true extension of your home**.

In 2025, outdoor living spaces are all about **sustainability, versatility, and seamless indoor-outdoor integration**. Homeowners are investing in **eco-friendly materials, wellness-focused designs, and multifunctional spaces** that work for **relaxing, entertaining, and everyday living**.

So, what’s trending in outdoor living this year? Here are the **top backyard trends for 2025**—straight from industry experts at *Martha Stewart, Southern Living, and Tradition Outdoor Living*.

1. Sustainable & Eco-Friendly Outdoor Design

Sustainability is no longer just a buzzword—it’s a **must-have** in outdoor design. More homeowners are making **eco-conscious choices** that reduce waste, conserve water, and create **low-maintenance landscapes** that look great all year.

What’s Trending?

- **Drought-Resistant Native Plants** → More people are choosing **low-water, native landscaping** instead of thirsty lawns. ([Southern Living](#))

- **Recycled & Reclaimed Materials** → Expect to see **pergolas, patios, and decks** built with **reclaimed wood, composite decking, and repurposed stone** for a sustainable, stylish look. (Shrubhub)
- **Artificial Turf & Smart Irrigation** → To reduce water use, homeowners are installing **realistic artificial turf** and **high-tech irrigation systems** that only water when needed.

Why It's Hot

These eco-friendly upgrades **lower maintenance costs, conserve water, and help create a greener planet**. Plus, they look stunning with minimal upkeep.

2. Indoor-Outdoor Integration: Seamless Transitions

Backyards are no longer separate spaces—they're **extensions of the home**. The latest trend in outdoor living is **designing spaces that blur the line between indoors and outdoors**, making outdoor areas feel just as cozy and functional.

What's Trending?

- **Oversized Sliding Glass Doors & Retractable Walls** → Homeowners are **removing barriers** to create a **seamless flow between the kitchen, living room, and outdoor patio**. (Martha Stewart)
- **Matching Indoor & Outdoor Flooring** → **Using the same flooring inside and outside** creates a **visual connection** that makes outdoor spaces feel like part of the home.
- **Outdoor Living Rooms with Weatherproof Furniture** → Think **sectional sofas, outdoor fireplaces, and fully functional entertainment setups** that make backyards feel like cozy lounges.

Why It's Hot

Seamless indoor-outdoor living **maximizes space, improves functionality, and makes outdoor entertaining effortless**.

👉 [See how we create seamless outdoor living spaces.](#)

3. Outdoor Kitchens & Smart Tech Upgrades

Backyard cooking is getting **bigger and better**. In 2025, **high-tech outdoor kitchens** are on the rise, featuring **luxury appliances, built-in seating, and smart home integration**.

What's Trending?

- **Pizza Ovens & Smokers** → More homeowners are upgrading their grills to **wood-fired pizza ovens, smokers, and rotisseries**. (HGTV)
- **Smart Lighting & Sound Systems** → **Voice-activated outdoor lights, Wi-Fi speakers, and motion-sensor path lighting** make backyard entertaining effortless. (Martha Stewart)
- **Built-In Bar Seating & Outdoor Bars** → The newest outdoor kitchens aren't just for cooking—they're for **socializing, with bar-height counters and cocktail stations**.

Why It's Hot

A high-end outdoor kitchen **increases home value, makes entertaining easier, and turns any backyard into an all-season destination.**

👉 [Explore our custom outdoor kitchens.](#)

4. Wellness-Focused Backyard Retreats

Your backyard should be a **place to escape, recharge, and relax.** That's why **wellness-focused outdoor spaces** are one of the biggest trends of 2025.

What's Trending?

- **Outdoor Yoga & Meditation Spaces** → Homeowners are designing **serene areas with yoga decks, meditation gardens, and built-in seating for quiet reflection.** ([Better Homes & Gardens](#))
- **Plunge Pools & [Outdoor Saunas](#)** → Cold plunge pools and infrared saunas are **bringing the spa experience home.**
- **Water Features & Natural Elements** → **Fountains, koi ponds, and trickling waterfalls** add a **soothing ambiance** that promotes relaxation.

Why It's Hot

More people are **prioritizing mental and physical well-being,** and these outdoor features help create a **personal retreat right at home.**

5. Resort-Style Outdoor Spaces

Who needs a vacation when you can **bring the luxury resort home?** More homeowners are creating **high-end, resort-inspired outdoor spaces** that feel like an everyday getaway.

What's Trending?

- **Sunken Lounge Areas & Fire Pits** → **Built-in seating around fire features** creates an intimate, high-end aesthetic. (HGTV)
- **LED Mood Lighting & Poolside Cabanas** → **Color-changing LED lights, shaded pergolas, and cabanas** give backyards a true **resort feel.**
- **Swim-Up Bars & Outdoor Daybeds** → For those with pools, **swim-up bars and plush outdoor daybeds** are the ultimate indulgence.

Why It's Hot

More people are **choosing to invest in their homes instead of traveling,** and these features **turn any backyard into a personal paradise.**

Book Review: Has Medicine Lost Its Mind? by Dr. Robert C. Smith

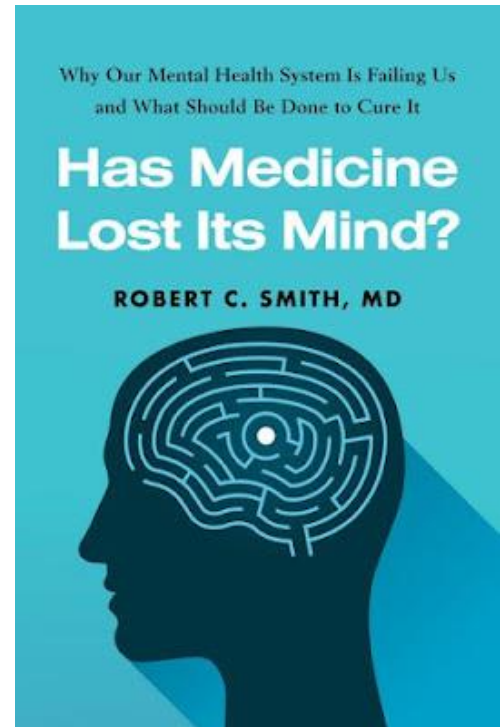
Reviewed by Dr. Kenny Lin

The COVID-19 pandemic and the isolation caused by public health measures to slow its spread exacerbated a mismatch between the need for mental health care and the number of professionals trained to provide that care. Even though stigma prevents many persons with mental health problems from seeking care, there has never been enough go around. In [Has Medicine Lost Its Mind? Why Our Mental Health System is Failing Us and What Should Be Done to Cure It](#), Dr. Robert C. Smith, a general internist and professor of medicine and psychiatry at Michigan State University, explains why our medical system consistently prioritizes physical over emotional health and presents some ambitious proposals for how to rectify this harmful disparity.

This relatively slim volume is divided into three parts. The first few chapters discuss the problems with mental health care in the U.S. and the suffering that they cause. Dr. Smith shares the stories of several patients he met during residency and his early years in practice who illustrate the bad outcomes that accompany not attending to patient's emotions and focusing solely on their physical problems. These experiences motivated him to complete a two-year fellowship in behavioral health and psychiatry, where he learned the [biopsychosocial model](#) and decided to make primary care mental health the teaching focus of his academic career. Dr. Smith notes that less than 5 percent of the preclinical and clinical curricula in medical school, absent electives, is devoted to teaching students about behavioral health or psychiatry. Thus, he argues, physicians were ill-prepared to confront the opioid epidemic, increasing rates of depression and anxiety in conjunction with chronic illness, and the negative effects of COVID-19 on mental health.

The second part of the book traces the history of the "mind-body split" in medicine, starting with Hippocrates, through the [Flexner Report](#) (1910) to the present day. In contrast, he presents the infrequently taught patient-centered interview as a [paradigm shift](#) (a la Thomas Kuhn) with the potential to revolutionize medicine. In the concluding chapters, Dr. Smith proposes a pathway to redirect the [medical-industrial complex](#) "back to a more humanistic orientation," which involves commissioning a "New Flexner Report" and federally-led reforms to medical education to require schools to fully embrace the biopsychosocial model. Primary care medical and residency faculty will learn the principles of mental health care via a [train-the-trainer](#) approach.

Although I dispute Dr. Smith's assertion that primary care physicians receive next to no training in mental health care (though I can only speak to my specialty of family medicine), I agree that structure of our health system discourages meaningful doctor-patient interactions, and that the assembly-line mentality of traditional primary care practice incentivizes drug prescribing over active listening. Medicine could do a far better job of diagnosing and treating mental health conditions, but absent a robust public health structure, their root causes - worsening economic and political inequality, a deteriorating environment, and a weak social safety net - will remain. And having the federal government or the Association of American Medical Colleges (AAMC) lead a national effort to dramatically expand the footprint of behavioral health in medical education is likely a pipe dream. This is not to say that this book is not worth reading - far from it. But I fear that it is too far ahead of its time.



How to Get Started with Sailing

By Daniel Wade, lifeofsailing.com



Have you ever looked at a sailing regatta from the shore and wished you could get onto one of those boats? The yachts look picturesque, glamorous, unreachable. You briefly entertain the idea of being at the helm of one of those boats but close out your daydream with a sigh; it seems like you'd need a million bucks and just the right outfit to talk (and buy) your way into a yacht club.

But here's the best-kept secret about sailing: you don't actually need deep pockets to get started. There are a thousand and one ways to learn how sail on a budget, because the majority of sailors *are* on a budget. It doesn't cost a million bucks—all it takes is a little research, some time, and a lot of persistence!

To get started with sailing, you'll probably either take a sailing course, get invited onto a boat, or rent a boat. Most sailors learned through some combination of the three. And while most have strong opinions about sailing, they all agree that there is no one "right" way to learn.

Here's a peek into how three sailors got started on their journey:

An East Coast Sailing Journey

Vinay, a 35-year-old engineer, had been wanting to learn how to sail ever since he moved to Boston from Kansas. The Boston area has an abundance of sailing opportunities on the Charles River, the bay, and the ocean. During spring, summer, and fall, the waterways are filled with sailboats of all shapes and sizes. The river is a collage of boats crisscrossing and heeling at different angles and speeds. Dozens of two-person [FJ race boats](#) with colorful sails used by college sailing teams look like a swarm of butterflies as they swoop around from one racing buoy to the next. A scattering of four-person keelboats with beat-up sails mill tightly near the esplanade, bounded by an invisible fence defined by the boating club they belong to. The gaff-rigged Lynx Catboats from the MIT boathouse lumber along, dragged by the weight of too many people on board.

Their turning radius is as tight as a bus and they technically seat 8 people. Apparently, the unofficial record is 20 undergraduates.

A year after he moved, Vinay met a sailor named Liza at a party. She was a member of [Community Boating](#), a nonprofit whose motto is “Sailing for All” that makes learning how to sail easy and accessible to locals. Liza was skippering a keelboat the next day and had an open spot for crew. Vinay joined her group, and the four sailors split the \$89 boat rental fee for the 19-foot boat.

“It took a lot of control to stop myself from blurting out the lyrics to ‘I’m on a Boat’ by The Lonely Island—I was so stoked to be sailing! I signed up for a sailing class that day,” he said.

Vinay learned [the basics of sailing](#) by taking courses at Community Boating and renting their boats that summer. There, his social network expanded, and he started meeting more sailors. He was having fun with Community Boating, but being a competitive guy and an engineer, he was drawn to racing. When he learned about the dinghy racing program at the [Boston Sailing Center](#), he signed up for their crew list and was soon learning to rig and maneuver different boats. He loved the challenge of getting the boat to go as fast as possible by trimming the sails, hunting for the best lane on the race course, and [tacking](#) and jibing strategically.

“I learned so much more through dinghy sailing than I did on the big keelboats. With a dinghy, you feel every movement of the boat and the wind—you actually feel the physics. Even today when I’m racing big keelboats, I always choose crew who learned on a dinghy,” Vinay said.

After three race seasons—including a season of “frostbite racing” on J-24s every Saturday during the freezing Boston winters—Vinay became curious about bigger boats and started networking his way to crewing for captains of larger race boats. At the same time, he wanted to learn to skipper bigger boats as well, so he began taking [American Sailing Association](#) (ASA) courses at the Boston Sailing Center. Ten years later, he’s still happy sailing other people’s boats—as a guest, crew member, or skipper.

“You learn so much when you sail on different boats and I don’t want to deal with maintenance! My advice to anyone who wants to sail is to just do it—go out there and find a sailing club and figure out their system. Loads of places have boats you can use—you just have to look for them,” he said.

A Midwest, Middle Eastern, and European Sailing Journey

Meanwhile, Kylie, a 42-year-old teacher, learned to sail in sprints separated by long pauses. She grew up in Michigan, where her family rented the same one-room cottage near a small lake each summer. Her mother loved learning how to sail on the ocean when they lived in San Diego when Kylie was a toddler; she was determined that her 12-year-old daughter have a chance to learn. When she saw a Sunfish dinghy for sale for \$100, she snapped it up and brought it to the cottage.

“We had no idea how to rig this thing, but the Sunfish is a simple boat so we kind of just figured it out. I’m sure we didn’t get everything right,” Kylie laughed.

Kylie's mom taught her the basics. This is the steering thingamajig. You can't sail straight into the wind—that's called the “no-go zone.” Watch the boom so you don't get hit in the head. Kylie shoved off from the beach, pushed the centerboard down, and it was love at first gust.

“You’ve got to understand that this was a tiny lake. It had never seen a sailboat. There were a few canoes and rowboats that people would take to get to the other side of the lake, which was probably 500 feet away. But sailing was totally different! I’d go back and forth, and back and forth—if there was a good wind, I’d have to tack or jibe about every two to three minutes because there was just this tiny radius in the center of this lake that was deep enough for a two-foot [centerboard](#). People thought I was crazy. It was a blast,” she said.

When she went to college in Connecticut, she jumped at the chance to learn how to sail “for real” through the sailing program at school. It was also a small lake, but at least 20 times bigger than the one she had learned on, and here they could teach her how to rig the boat properly. The 14-foot dinghies were perfect for learning, and for the first time she found out that everything on a boat had a name. And even on a small boat there were a lot of things with names!

“I’m terrible at remembering names and new words. I’m not great at the theory either—I barely passed the written portion of the college’s certification test for the dinghies. I just feel my way through the wind and the boat—I’m more of an intuitive sailor than a technical one,” she said.

After college, Kylie lived in places where there wasn’t much sailing and she didn’t make an effort to find opportunities to sail. Until one day, when she found herself living and working in Dubai.

“Sailing was my sanity there. It’s not a place with a lot of access to nature, so when I found out there was a sailing club that had its own boats I could rent, I was determined to join. The waiting list was long, and I tried to ingratiate myself by being useful at the club. I’d volunteer on the race committee boat, help the instructors put stuff away, and all that jazz. It was one of those places where you had to get three members to sign your application to join the club. I was a little shy about asking people for a favor. My friends found out I was too shy to ask, and they teased me so severely (and still do, 10 years later!) that the next day I marched into the club and asked three strangers to sign my form. And they did! That was the first of many life lessons I’d get from sailing!”

Kylie started sailing 14-foot Lasers and J22’s out of the club, sometimes solo and sometimes with friends. One day she and her friend Silvia took out a new boat—the Laser Vago—which has a trapeze that allows a sailor to counter the weight of the wind on the sail.

“The Vago was probably my most fun day sailing ever. We had a good strong breeze, and Silvia and I just had this perfect chemistry — it was like a ballet. I was out on the trapeze, and every second we needed to slightly adjust the tension on the trapeze, the trim of the sail, or the angle of the boat. I controlled the weight, and she controlled the sail and the angle, so if one person moved, the other one was affected. And, of course, the wind was constantly shifting. But somehow, we were totally in sync. Until we weren’t and we capsized! Normally on a dinghy it’s really easy to get back upright, but for some reason this one was really hard. Neither of us weighs that much, so righting the boat took effort. One of the yachts from the club cruised by asking if we needed help. It was full of guys, and there was no way Silvia and I were going to admit we couldn’t do this on our own! We regretted it briefly thirty minutes later when we were still turtled. But we righted the boat in the end and had a good laugh and a cool beer after we sailed back to the club.”

Kylie got more into sailing over time and decided to get certified so she could charter a cruising yacht someday. Over two years, she took two week-long courses accredited by the [Royal Yachting Association](#) in Croatia and kept sailing through the [Dubai Offshore Sailing Club](#). After she left Dubai, she never let a sailing hiatus last that long again.

“There’s just something special about being out there. I like to say that troubles can’t follow you onto the water—whatever is happening in your life on land, it doesn’t make it out onto the boat. It stays ashore and your mind clears.”

And what about learning on dinghies versus big boats?

“I love sailing on both, but they are different. For me, big boats are fun because it’s a social thing and few vacations compete with chartering a cruising yacht in some gorgeous warm place. But you lose some of the feel of what’s going on with the wind on a big boat—I love the intensely physical nature of dinghy sailing. If you’ve had a good day out there, hiking out on a Laser, your abs should be seriously sore. I love that feeling!”

A West Coast Sailing Journey

Moving on to California, Bob, a 55-year-old software sales guy, first found himself on a sailboat when he was ten and his brother Jim was twelve.

“Somehow we’d scraped together enough savings and coins to rent this 12-foot dinghy on Pinecrest Lake. We didn’t tell anyone—least of all our parents—what we were up to. This was the seventies, so there wasn’t any of that liability nonsense you have going on today.”

The brothers figured out the boat well enough to potter around the lake for an hour or two. Their parents eventually figured out it was their kids out there on the boat, and they seemed to be doing just fine.

“It was so much fun! That day stuck in my memory enough to drive me to find sailing classes nearby a few years later. But that was a waste of time. I didn’t learn anything there,” he said.

Fast forward fifteen years. One day, Bob found himself on a 14-foot Hobie Cat with his friend Cliff in the ocean near San Diego.

“That boat was the bomb! Soon as I got on, I wanted one.”

Soon after, Bob was at a party in San Francisco. He told Jose, a guy he met there, that he was looking to buy a Hobie Cat. Serendipity swooped in. It just so happened that Jose had a Hobie 16 for sale.

“Cool. How much?” Bob asked.

“I’ve listed it for \$1400, but it’s really only worth \$700,” Kevin replied.

A handshake and a few beers later, Bob had himself a boat. He had no idea how to sail it.

A week later, he called his friend Andre, the one who is always up for an adventure, and asked if he wanted to go sailing with him. Andre showed up with a cooler and two 6-packs, ready for a good time. Aware that his sailing skills were a little rusty, Bob had chosen a place to put in where there wasn’t much traffic or wind. Richardson Bay is a calm, shallow bay tucked into a northwestern corner of the San Francisco Bay. Their destination was Chevys, where the laughter and margaritas were plentiful. Between Richardson Marina, where they set the Hobie 16 afloat, and Chevys, there happens to be a 1200-foot-long bridge supporting a major thoroughfare. The Hobie 16 needed to sail under the bridge to get to the destination.

At nearly 27 feet, the Hobie 16's mast is impressive. It takes a strong sailor to bring that mast up and down, but Bob and Andre had no trouble rigging the boat and bringing her into the water. They got the sails up, and the light breeze made for a perfect sail. Bob and Andre were thrilled, enjoying their beers and their new hobby until Andre looked ahead and said, "Bob, I don't think we're gonna make it!"

"Not gonna make what?"

"We're not gonna clear the bridge!" Andre yelled a second before the mast hit the bridge. Luckily the breeze was light, and they hadn't been going too fast, so no one was hurt. But they were certainly in a pickle! The wind was pinning them against the bridge, and the top of the mast poked above the guardrail. Cars began to slow down as drivers rubbernecked to check out the bizarre pole and sail emerging from the guardrail.

As the two scratched their heads to figure out what to do, traffic was building up on the bridge. Eventually they heard a voice call down from the top of the bridge. "You two alright down there?" It was a highway patrolman. Andre looked at the policeman, opened up the cooler of beer and counted out loud: "One, two, three, four, five, six, seven, eight—Yeah thanks, we're good for at least another hour!"

Bob and Andre found a solution. First, they dropped the sails, which decreased the pressure of the mast on the bridge. Next, they lowered the 26-foot mast, resting it lengthwise across the 16-foot boat. Now they could paddle the boat away from the bridge.

So, did they turn around and go back to the Marina?

"Heck no! We still had to pay homage to Chevys. We'd brought the boat all the way out there so we could rock up to the bar in a boat. No way we were turning around!" Bob said.

After his maiden journey on the Hobie 16, Bob began to take the boat to a slightly more challenging place each time. When he mastered Richardson Bay, he moved on to Redwood Shores, where there was a little more wind. Once he felt comfortable there, he moved to Lake Elizabeth. After a few months he took the boat to Redwood Creek, where he'd launch and tootle around in a mile-long creek that ended in the San Francisco Bay. Eventually he made it out to the bay.

"After that, I was off to the races. The San Francisco Bay is one of the hardest sailing environments there is, so once I felt good there, I knew I could go anywhere."

The next season, Bob began taking his Hobie 16 to Santa Cruz, where there is an active Hobie racing and ocean sailing community. He'd usually sail once a week, getting to know the other sailors and learning how to land the boat in the surf. He'd had the Hobie for 25 years before he started to get tempted by bigger boats. He took a few American Sailing Association courses, building up to the ASA 114 Cruising Catamaran Certification, and chartered his first 45-foot Bali 4.5 Catamaran out of the Sea of Cortez in La Paz.

"It's the same and totally different! The sailing is easy—there are a lot more ropes and such than the Hobie 16 but it's the same kind of thing. I'm totally comfortable with that. The stuff I need to learn now is all the boat systems and navigation and such. Now I want to buy a broken diesel engine and fix it, so I know everything about marine diesel engines."

Your Sailing Journey - So how do *you* actually get started sailing?

First, find a way to get on a boat! Tell everyone you know that you want to learn how to sail, search for local sailing communities, and if there aren't any communities nearby, consider planning your next vacation around sailing. Look for dinghy or small boat sailing classes either through the [ASA](#), the [Royal Yachting Association](#), or perhaps through a sports-oriented resort that has a few sailboats. Protip: If you're scheduling a vacation around dinghy sailing, do it someplace warm! Not having to contend with wetsuits or feeling cold makes a big difference when you're learning. Make it a priority, and you'll find yourself on a boat soon enough.

Second, meet other sailors. The more your social network includes other sailors, the more opportunities will come your way. It's easy if there are sailing communities nearby that has classes, boats you can rent, and other sailors to meet. Most sailing communities are far more down-to-earth than the Ralph Lauren advertisements would make you think. If there aren't any communities close to home, start using holidays and weekend getaways to get sailing.

Third, figure out your long-term strategy for sailing regularly. If there's a community with boats you can borrow or rent, that's a great way to get to know lots of different boats. If that's not an option, consider buying a dinghy. Check out Craigslist for [Lasers](#) and [Sunfish](#). Even if you're looking to race or charter big boats, starting on a small boat for a season or two will make you a better sailor. If you're into racing, find ways to crew. Tell everyone you know that this is your passion, and the word will get out.



One thing is clear from Vinay's, Kylie's, and Bob's stories: learning to sail is incremental. It doesn't really matter where or how you start—chances are you'll try a few different types of boats and like some more than others. Eventually you'll find your groove and before you know it, you'll be reminiscing about those first sailing experiences with a big smile.

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25 Best Things to Do in the Finger Lakes Region, NY

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Eleven, long, narrow north-south oriented lakes, in central New York state, are officially termed The Finger Lakes. Also in the area, are several smaller narrow lakes and Oneida Lake, to the northeast, which is regarded as the thumb. They were formed by glacial activity which caused deep valleys. North flowing streams have created spectacular waterfalls throughout the region. The Finger Lakes formed the central part of the Iroquois homeland. Several smaller tribes moved into the area during the colonial era, seeking protection. Various sites on the abolitionist Underground Railroad escape route are noted in the region and it is the birthplace of the Women's Rights Movement. Certain attractions may be temporarily closed or require advance reservations. Hours/availability may have changed.

1. Cornell Botanic Gardens



Cornell University is based in Ithaca, south of Cayuga Lake. The Cornell Botanic Gardens comprise a third of the university campus and natural areas off campus, totaling 3600 acres. The gardens on campus are

cultivated and received recognition for the best college-run arboretum. Twenty diverse habitats make up the natural areas in the Gardens' portfolio, including woodlands, wetlands, wildflower preserves and lake shores. The Gardens are fertile grounds for teaching and research. Outreach programs include plant sales, guided hikes, craft workshops and exhibitions. There is something to observe each season and story-telling tours are held during the summer solstice.

2. Seneca Lake Wine Trail



“Grown Here. Made Here.” is the slogan of the winelands. Wine has been made in the hills around the lake for more than a century. Thirty wineries participate in the Wine Trail, offering hundreds of diverse wines. These are made from classic European cultivars and local varieties. The highlight of the year is the harvest season, when the vineyards become a patchwork of autumn foliage and the celebrations begin in earnest. Activities include the annual pig roast, 'Bite and Flight' food and wine tastings, photography classes and a packed schedule of live music events.

3. Finger Lakes Cider House



Kite and String Cider is the brand produced at the Finger Lakes Cider House. The kite symbolizes the lightness of the cider and the string its earthy connection. The award-winning ciders are aged for 6 to 12 months. The fruit is grown on the eastern slopes of the farm, overlooking Cayuga Lake. The fertile glacial soil, rich bedrock and seasonal variances in climate make the farm ideal for growing apples and peaches. Excess fruit is sold at

the farm. Visitors can choose to pick their own or to buy it from the store. Lunch and small plates of eats are sold on the premises. Flights of 10-15 ciders accompany the tasting menu.

4. Cayuga Wine Trail, Finger Lakes Region, New York



Known as America's first wine trail, this tourism destination offers much in the way of wining and dining. The 14 wineries have received national and international recognition for their produce, which includes cider, port, sherry and ice wines. Some wineries have experimented with making vodka, gin and other spirits. Several lakefront restaurants are dotted along the scenic drives and a limousine is on hand to transport those who wish to imbibe. Concert series, live music performances and weddings are regular events taking place on the trail. Shops, bakeries and bed and breakfast establishments make visitors want to linger.

5. Montezuma National Wildlife Refuge



The glacial activity that created the Finger Lakes left extensive marshy deposits at the northern and southern ends of the system. This was an extremely important stopover point for migrating birds. Over time, the land was reclaimed by creating canals and straightening rivers. The Montezuma National Wildlife Refuge seeks to redress the situation by rehabilitating the wetlands so they can serve their original purpose. Ten thousand

acres was set aside between Rochester and Syracuse, north of Lake Cayuga. A wildlife drive traverses 1600 acres of wetland affording visitors opportunities to observe and photograph the birds and other wildlife.

6. Three Brothers Wineries, Finger Lakes Region, NY



There are three wineries, a micro brewery, four tasting rooms and a café in this complex. A tasting passport allows access to all the tasting rooms. Beverages include hand-crafted beers and wines, ciders, seltzers and sodas. Wine-slushies are also available. Each winery has a distinct character and product range. Passion Feet Wine Barn produces semi-dry to sweet wines. Bagg Dare Wine Company is the most photographed and produces sweet wine. The War Horse Brewing Company makes ales, lagers and seasonal brews. They honor warriors and display photos and other memorabilia of family and friends who have served in the forces.

7. Bristol Mountain Ski Resort, Finger Lakes Region, NY



There are 138 acres of skiable terrain in this premier ski resort. The 38 slopes offer a variety of inclines for beginners to experts. The snow making machines ensure that skiing conditions are suitable from late November to early April. The resort offers lessons, adventure camps and 'stay and ski' packages. They operate a snow sports club as well as a race club and league. For dining, there are two base lodges, a mid-mountain waffle house and the Summit Grille which offers a bite to eat between ski runs. The event center at the base is used for race events. It is available for weddings and other functions.

8. Fox Run Vineyards, Finger Lakes Region, NY



This family-run winery, overlooking Seneca Lake, has been producing estate wines since 1989. Every hour during opening time, 7 days a week, all year round, they conduct walking tours around the vineyards and winery. From April to December, the café is open, offering home-cooked meals with ingredients grown in the vegetable garden or sourced from local suppliers. In the barrel room, which was formerly a dairy barn, weekly guided dinners of food and wine pairing are held. Diners meet the chefs and wine-makers who collaborate to bring out the best of both wining and dining.

9. Glenn H Curtiss Museum



The museum at the southern end of Kueka Lake celebrates the achievements of Glenn Curtis, who was primarily an aviation pioneer and a motorcycle manufacturer. He was declared the fastest man on earth in 1907. The 8 cylinder motorcycle that he used to clock 136.4 mph is one of the exhibits in the museum. There are a total of 22 original, restored and reproduction aircraft on display and 16 automobiles that were manufactured between 1900 and 1942. The first aircraft to fly in Canada and the navy's first seaplane are among the aircraft exhibited. There are also boats and bicycles at the museum, including the velocipede or boneshaker.

10. Harriet Tubman Home



Harriet Tubman lived from 1822 to 1913. She was born into slavery but escaped and returned to help rescue family members and friends. She ultimately ran 13 missions, freeing 70 enslaved people. She later became an abolitionist and political activist. During the American Civil War she fought on the side of the Union as a scout and spy. In part, due to her efforts, a further 700 slaves were freed. In 1859 she purchased her home in Auburn, New York. She assisted the suffragette movement and saw out her life in a home for the elderly that she had help establish.

11. Museum of the Earth



Through indoor and outdoor activities, this museum enables visitors to explore the earth and its prehistoric past. Exhibitions include skeletons of the Hyde Park Mastodon and a 44 foot Right Whale. A 500 foot mural, entitled, Rock of Ages, Sands of Time depicts the earth through all of history. Activities include unearthing fossils and exploring the old-growth forest in the 32 acre Smiths Wood. The 120 acre Cayuga Nature Center houses live animals in their natural habitats. Through outreaches such as family-friendly programs, summer camps and lecture series, the museum seeks to engage locals and tourists alike.

12. Sciencenter, Finger Lakes Region, NY



The Sciencenter grew out of a volunteer-run science initiative run at an elementary school in Ithaca. Founded in 1983, it operated out of store fronts for a decade. Between 1993 and 2003, 3400 volunteers contributed 50000 hours towards constructing the Sciencenter's new 32000 square foot premises. In 2010, a further 8000 square foot building was added to house the center's traveling exhibits. The center attracts 100000 visitors per annum and reaches a further 1.5 million through its traveling exhibits. With topics ranging from astronomy to zoology, visitors of all ages learn through experiential activities and play.

13. Sonnenberg Gardens & Mansion State Park



As newlyweds in 1863, Frederick and Mary Thompson purchased a farmhouse on 14 acres of land, near the north end of Canandaigua Lake. It was to be their summer estate. In time, they purchased a total of 300 acres and built a 40-roomed Queen Anne-styled mansion. After her husband's death in 1899, Mary Thompson set about redesigning the gardens. She had the means to travel the world looking for ideas and incorporated these into the landscape. Nine formal gardens totaling 50 acres remain of the estate. The gardens and mansion are open from May to October each year.

14. The Windmill Farm & Craft Market



When the Windmill market, between Seneca and Keuka Lakes, opened in 1987, traffic was backed up for five miles with visitors wanting to see the new initiative. The market started with 64 vendors under the cover of two buildings, with 25 vendors outside. More buildings have been erected on the 44 acre site and the number of vendors, who sell a wide variety of goods, has grown to 175. The market is open on Saturdays. Twice a year, the Custom and Classic Car Show is held on site.

15. Canandaigua Lake, Finger Lakes Region, New York



Canandaigua, the most easterly Finger Lake, means 'the chosen spot' in the Seneca language. It is 16 miles long and a mile wide, and is known for the quality of its water. There are several homes and summer cottages in Canandaigua city to the north and Naples lies south of the lake. The annual 'ring of fire' commemorates the

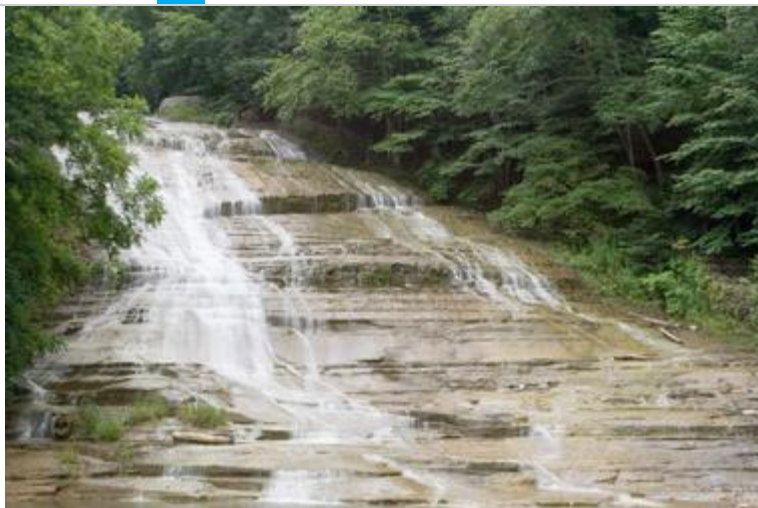
Seneca tribal tradition of burning tobacco on the shores of the lake to celebrate the harvest. Squaw Island, one of two in the lake, was the refuge for Seneca women and children during the Sullivan Campaign of 1779.

16. Watkins Glen State Park



The most famous of the Finger Lake state parks lies south of Seneca, the largest of the lakes. It was rated third best state park in the country in 2015. There are three trails in the park which link up with the 800 mile Finger Lakes Trail. The Gorge trail follows the Glen creek which drops 400 feet in two miles, resulting in 19 waterfalls and 200 foot cliff faces. There is plenty to do in all seasons, including hiking, fishing, hunting and cross-country skiing. There are campsites and picnic facilities for day-trippers. Pets are allowed in certain areas, on leads.

17. Buttermilk Falls State Park



This park is south of Lake Cayuga and Ithaca. In 1924, Robert and Laura Treman donated 164 acres along the Buttermilk Creek to the state. More land has been acquired and the park has grown to 811 acres. The churning waters that cascade down the 10 waterfalls in the steep valley give the creek its name. Visitors can also enjoy the lakefront beach and the natural rock pools. There are several trails in the park which link up with the Finger Lakes trail. The gorge trail follows the creek and the Larch Meadows takes hikers through wetlands. Facilities include cabins, campsites, picnic areas and playgrounds.

18. Taughannock Falls State Park



The 215 foot waterfall in this park is the highest east of the Rocky Mountains and is 33 foot higher than the Niagara Falls. The gorge and rim trails afford spectacular views of the riverine landscape and the cabins, campsites and picnic area overlook Cayuga Lake. The area was a tourist hub until 1925 when travel by rail was at its peak. Steamboats offered rides on the lake and there were several lakeside hotels. It is popular once again with the park offering summer concerts, guided tours and boat rentals. In winter, snowboarding, cross-country skiing and sledding are popular activities in the 750 acre park.

19. Roseland Waterpark, Finger Lakes Region, New York



There are 56 acres of aquatic adventure in this waterpark, north of Canandaigua Lake. There are nine water activities, including the aptly named Twister, Tornado and Hurricane. There is a 6 foot deep wave pool, a 65 foot water slide and a 600 foot river to paddle. At each water attraction there are at least two lifeguards to ensure the safety of participants. There are also several activities on dry land, such as water balloon fights and beach volleyball. Accompanying adults and others who wish to relax can make use of the covered lounge. Refreshments are available in the Roseland Café.

20. Seneca Lake, Finger Lakes Region, New York



Seneca is one of the more popular of the Finger Lakes. The lake is dotted with water sport enthusiasts and the surrounding hills with vineyards. Geneva is situated at the northern end and Watkins Glen at the south, with villages and settlements on either side. The lake is 38 miles long and 3 miles across at its widest point. It is 600 foot deep. Attractions in the area include the winelands, Finger Lakes National Forest and regular farmers' markets. Legend has it that the Seneca Drums are communications from tribal spirits but science suggests that the sounds are made from gas bubbles escaping from the lake floor.

21. Women's Rights National Historical Park



The first Women's Rights Convention was held in a Wesleyan Chapel in Seneca Falls in 1848. An annual convention is still held in July. Three of the organizers lived in the area and houses associated with their residency are part of the park. Elizabeth Stanton's home was a large farmhouse with outbuildings, orchards and gardens, which she inherited from her father. For 20 years May Ann M'Clintock lived in a house that was used as a stopover on the Underground Railroad, the network that helped slaves to escape. The park offers field trips and guided tours for groups.

22. Ithaca Farmers Market



This cooperative market has been in operation at the covered Pavilion market site on the waterfront of the Cayuga Inlet, since 1973. The cooperative rehabilitated the site and built a dock for access from the water. There are more than 150 active members who grow and produce the goods they sell within a 30 mile radius of the pavilion. Goods include fresh produce, prepared foods and beverages, art and crafts. Markets are held at the Pavilion on Saturdays and Sundays and Thursday evening. On Tuesdays and Wednesdays, markets are held at venues in DeWitt Park and East Hill Plaza.

23. Cayuga Lake, Finger Lakes Region, New York



At 40 miles, Cayuga Lake is the longest of the glacial Finger Lakes. Ithaca is at the southernmost end and there are settlements and villages along the eastern shore. Sailing, boating and lake cruises are popular activities. There are two yacht clubs on the western shore. The lake is connected to Lake Ontario by the Erie Canal. Water levels in the lake are controlled by the Mud Lock during winter to minimize ice damage. The mudflats to the north are important as a stopover for migrating birds. Scenic drives and winery tours make this a popular destination for day-trippers.

24. Ithaca Falls, Finger Lakes Region, New York



The Ithaca Falls form a natural amphitheater, 150 feet high and 175 feet wide. Water cascades into a plunge pool which is popular with fly fishermen for the lake-run trout and salmon found there. Swimming is prohibited. In the early 19th century a diversion dam was built above the falls to channel water to several mills. Falls Creek Village sprang up but is now in ruins. The dam collapsed in 2013. The land surrounding the falls is within the city limits. The city acquired the falls from Cornell University in 2000 and additional land to the north when the owner defaulted on taxes.

25. National Women's Hall of Fame



In 1968, Shirley Hartley, retired executive secretary of the president of Eisenhower College, started the drive to establish a national women's hall of fame. She organized the Founders' Tea in the Old Armitage in Seneca Falls. The town was chosen because of its links to the birth of the Women's Rights Movement in 1848. The first 20 honorees were announced at the Inaugural Induction in 1973. To date, 275 women have been inducted for achievements in the arts, business, education, humanities, politics and science. The organization is moving from its historic downtown premises to the 1844 Seneca Knitting Mill, a place rooted in the abolitionist and women's rights movements.

Best Things to Do in the Finger Lakes Region, NY

- [Cornell Botanic Gardens](#)
- [Seneca Lake Wine Trail](#)
- [Finger Lakes Cider House](#)
- [Cayuga Wine Trail, Finger Lakes Region, New York](#)
- [Montezuma National Wildlife Refuge](#)
- [Three Brothers Wineries, Finger Lakes Region, NY](#)
- [Bristol Mountain Ski Resort, Finger Lakes Region, NY](#)
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