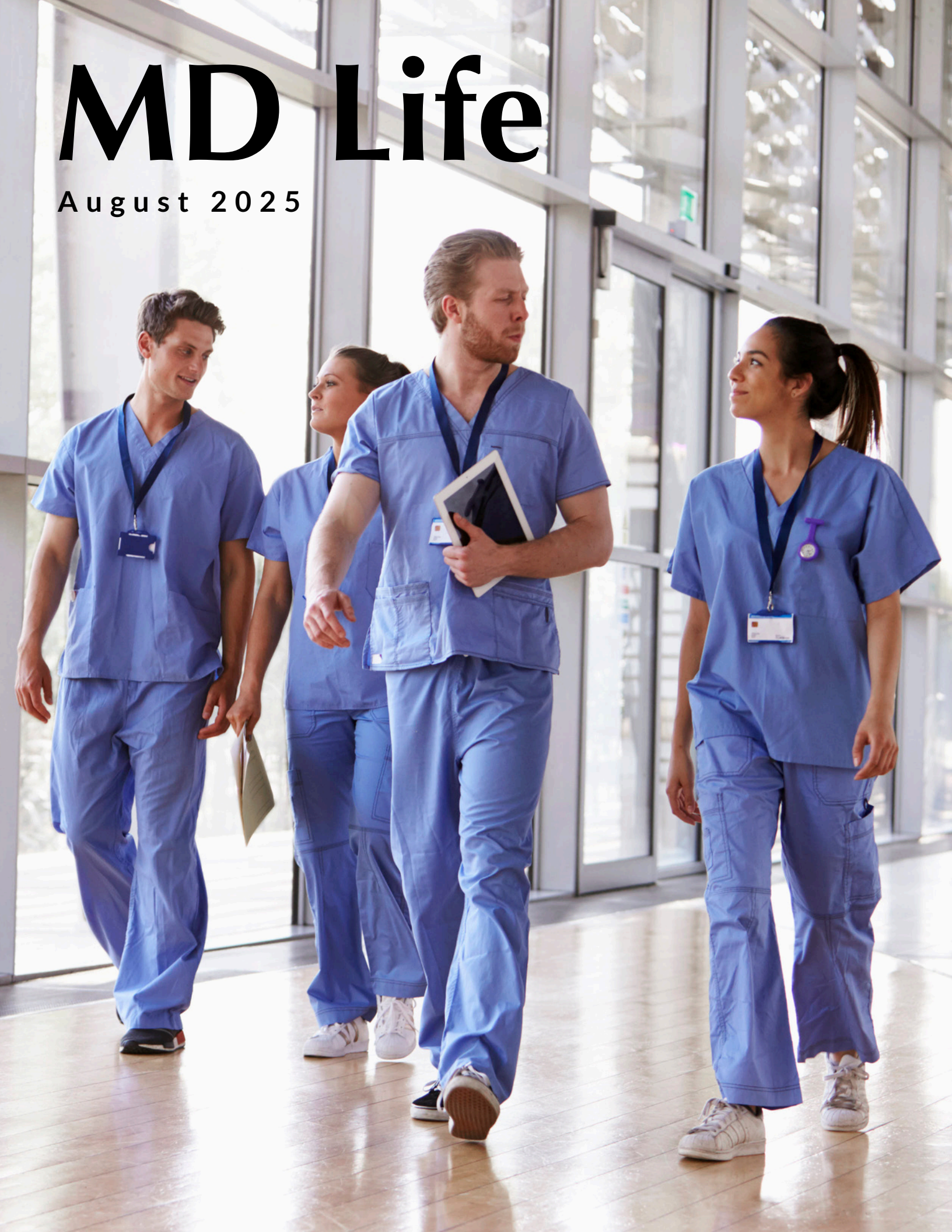


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Contents in This Issue

Innovation Is Moving Too Fast For Health Care Workers To Catch Up
Best Smart Glasses in 2025

The One Big Beautiful Bill: What MDs Need to Know from a Personal Financial Planning Perspective
The Ultimate Chicken Quesadillas

Physician Burnout: A Crisis of Conscience, Calling, and Collective Responsibility
Brain Food for August 2025

Why Doctors Striking May Be the Most Ethical Choice
This Experienced Designer Knows What Works For Dream Homes

Guinness Envy – Adventures of a Sick Doctor

The Future of Elite Real Estate is Private: Private Listings and Luxury Big Island Lead as NAR Catches Up

Why Kratom Addiction Is The Next Public Health Crisis

Last-Minute Road Trips Because It's Still Summer

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Innovation Is Moving Too Fast For Health Care Workers To Catch Up

Tiffany Black, DM, MPA, MBA



I recently spoke with close friends—both physicians—who admitted something quietly alarming: They’re not resisting change in health care. They’re just tired of constantly adapting while losing the essence of what brought them into medicine in the first place.

“I spend more time documenting than actually caring for my patients.”

“Every time I adjust to one system, a new one replaces it.”

These comments stayed with me—not as complaints, but as confessions. As a doctor of organizational development and change, I immediately recognized the deeper issue: We’re not just asking clinicians to adopt new systems—we’re asking them to grieve what’s been lost, with no time to process.

In health care, the integration of technology has brought remarkable progress: Digital records, AI-assisted diagnostics, virtual care. But it has also introduced a new layer of emotional and psychological strain. Behind the streamlined systems are people—clinicians who must carry the burden of constant transition while still trying to be present, human, and effective.

It’s not resistance to progress. It’s resistance to disconnection.

According to JAMA Internal Medicine (2023), physicians now spend nearly twice as much time in electronic health records as they do face-to-face with patients. The shift is transforming medicine into a screen-driven, protocol-heavy profession where human connection often takes a back seat to compliance.

And it’s not just the older generation feeling the weight.

Veteran physicians are retiring early—not due to inability or reluctance to learn, but because the heart of their profession feels lost. A 2022 study found that 63 percent of physicians over age 50 listed loss of autonomy and relational care as reasons for stepping away.

Younger physicians may be more tech-savvy, but they're entering a workforce with fewer opportunities to develop their bedside manner or build trust with patients in a system optimized for speed, not soul. According to Pew Research, newer clinicians feel less prepared to manage emotionally complex patient encounters—even as they excel in digital environments.

We've normalized burnout instead of preventing it.

Hospitals implement new platforms every 6 to 18 months, often with little regard for emotional impact or psychological onboarding. Training is fast. Integration is shallow. Debriefing is rare. And the result is chronic, low-grade resistance—where clinicians feel worn down, not willfully defiant.

As someone who's researched psychological transition and change resistance, I believe the solution isn't just about better tools—it's about honoring the human transition behind every system upgrade.

What we can do, now:

- Plan for emotional shifts, not just technical ones.
- Use frameworks like William Bridges' Transition Model to understand what people must let go of—not just what they must learn.
- Make space for processing.
 - Regular check-ins or team debriefs—even brief ones—reduce burnout by giving staff a place to voice concerns and reconnect.
- Model vulnerability.
 - When leadership acknowledges difficulty and supports questions, psychological safety grows.
- Bridge the generational gap.
 - Veteran physicians bring empathy and insight; newer physicians bring innovation and speed. Mentorship can unite them.
- Reground clinicians in their “why.”
 - Storytelling, patient impact moments, and shared values help clinicians reconnect with purpose.

Let's build better—not just faster.

Health care innovation isn't going away, and it shouldn't. But if we don't create systems that care for the people using them, we'll continue to lose talent—not to incompetence, but to emotional exhaustion.

Technology can move us forward—but only if we're also moving with empathy.

[Tiffany Black](#) is a health care consultant.

Best Smart Glasses in 2025

Devices like the Meta Ray Bans can be surprisingly good, but they're evolving fast, so you'll probably want to wait right now.

By Scott Stein, cnet.com

I've reviewed virtual and augmented reality tech for [well over a decade](#), going all the way back to [Google Glass](#) in 2013. Yet the category of smart glasses still feels strange and new. Part of that is because smart glasses take many different forms. They're all lightweight things that have tech in them and rest on your nose for your eyes to see through. Beyond those similarities, clear differences emerge.

In the future, smart glasses are likely to be full-fledged augmented reality devices much like Meta showed off last fall with the [Orion prototype](#) I test-drove. But in the present, and for the purposes of this list, the most popular products in this space are either AI-enabled audio and camera-equipped glasses, or tethered display glasses. They're very different sets of products and experiences, but down the road their roles are likely to blend. While we have favorites in the category right now, it's also a good time to pause before grabbing a pair of smart glasses. Better products might be right around the corner.

What are the best smart glasses?

Today, the best pair of smart glasses you can buy are [Meta's Ray-Bans](#). These nearly normal-looking camera and audio glasses are fully wireless, have surprisingly good off-ear audio and microphones for playing music or taking calls, and can capture photos and vertical video clips that can be shared via your phone. They also have a growing and surprisingly functional set of AI features that can use the camera to assist in seeing and translating the world around you. [Oakley Meta glasses](#) are also out now with even better battery life and improved video recording, but we're still testing them. Will Meta update the Ray-Bans with a better battery soon, too?

Another pair of glasses-like hardware you should consider are the [Xreal One](#) and [One Pro](#). They're not all-day glasses. Instead, think of them as wearable wired displays that plug into nearly any USB-C device such as a phone or a laptop. The Xreal One can be a portable monitor or on-the-go movie screen, and they do a great job at it. [Viture's Luma Pro](#) and upcoming Beast glasses offer brighter displays, although with fewer onboard display settings.

Best smart glasses of 2025

Best smart glasses overall

Meta Ray-Bans \$299.00

Pros

- Great audio and microphone quality
- Truly look like regular glasses
- Good photos, videos have solid stabilization



- Meta AI has useful assistive features that keep evolving

Cons

- Won't last a day on a charge
- Needs case to recharge
- Only shoots vertical wide-angle video
- Won't work with other AI platforms

Meta's second-generation smart glasses have proven to be a relatively big success, and for good reason. The normal-looking glasses have a familiar Ray-Ban look but include surprisingly good onboard audio for phone calls and music listening, as well as a camera that records photos and wide-angle vertical video clips up to three minutes in length. A side trackpad and shutter button control the glasses manually, but you can also use voice controls to operate everything. They come in a large range of styles and colors, and optional sunglass lens finishes and prescription lens support.

The more evolutionary feature on these glasses is the [AI assistance](#), which works not only via voice chat, but can "see" what your glasses record and provide descriptions, translations and other feedback on the fly. Meta's AI is constantly evolving new functions. Right now there's a live AI mode that burns up battery life, or a version that can take photos from your glasses and analyze them seconds later. As assistive glasses, they've got a lot of potential.

The off-ear audio quality is very good, and so are the microphones, but they're not noise-cancelling and can be hard to hear in loud areas. The camera can be great too, but the wide-angle shots can't zoom in close.

A big limit is battery life. Ray-Bans last a few hours on a charge and need an included battery-enabled glasses case to charge up on the go. Meta's newer [Oakley Meta glasses](#) have longer battery life, but also a higher price and a more limited range of designs. For now, Meta's glasses are unmatched for their overall quality and design.

Best wearable displays

Xreal One \$499.00 at Amazon

Pros

- Vivid displays
- Improved in-glasses audio
- Can pin displays in place while working
- Work with nearly any USB-C type device to mirror your screen



Cons

- These types of display glasses still need to be tethered to work
- Not 4K

For \$500 and \$600 respectively, Xreal's newest line of display glasses called [Xreal One](#) and [One Pro](#) offer excellent-looking microOLED displays to play back movies and games or mirror your laptop or tablet monitor. The killer feature, though, is an ability to fix displays in place so you can turn your head around without the display feeling glued to your face. For working on a laptop, it makes it feel a lot more like a real monitor is floating in front of you. Xreal added support for a wider-screened curved monitor mode on laptops, too. The electrochromic outer lenses can dim to three levels to help block out outside light while you're wearing them.

Xreal has multiple other onboard display settings that give these glasses an advantage, like changing display size and an auto-transparency mode that turns the sunglass opacity off and on as you turn away from a pinned display. The step-up Pro glasses have a slightly larger-looking field of view and flatter, less reflective lenses for projecting the display to your eyes that are worth the upgrade. But both glasses only have 1080p display resolution, which is good enough but not 4K.

Brightest, highest-res gaming glasses

Viture Luma Pro \$499.00 at Amazon

Pros

- Bright, vivid microOLED displays
- Magnetic tethering cable just snaps on
- Included onboard camera
- Vision adjustment up to -4 via included diopters

Cons

- No extra display setting modes on-glasses beyond color temp
- Like all display glasses, still needs tethering to work

Viture's newest glasses have an edge on Xreal in the display department, with notably brighter microOLED displays at a slightly higher resolution and a taller aspect ratio (16:10 vs 16:9). For plugging into handheld game consoles or other game devices, their vividness stands out.

Luma Pro also has onboard adjustable prescription support for up to -4 myopia via diopter dials on both lenses. The USB-C cable to tether with your own device also has a magnetic pin end to snap onto these glasses to charge, which makes it easier to pop on in a pinch than others, but requires that proprietary cable. The electrochromic outer lenses can auto-dim the outside world if needed at three levels of opacity.



A lack of extra display settings on-glasses makes these feel less versatile than Xreal One, but as a pure display experience for rich gaming color, these stand out.

Other smart glasses we've tested

[Oakley Meta HSTN glasses](#): Meta's newest pair of smart glasses has better battery life and improved video recording, but a higher price and more limited set of designs.

[Xreal Air 2 Pro](#): Xreal's older pair of display glasses lack the extra settings that make the One more useful, but could be a good deal on sale.

[Rayneo Air 2S](#): These display glasses didn't wow us as much as Xreal's and Viture's offerings.

[Viture Pro XR](#): Viture's last-gen glasses could still impress if on sale at the right price.

[Snap Spectacles](#): These developer-focused augmented reality glasses should be arriving [in a new consumer form](#) next year.

How I test smart glasses

Right now, each pair of smart glasses often feels like a window into a different type of product. In the early days of a tech category, there aren't always consistent parts to compare across all devices. But I take on AI glasses and display glasses pretty differently.

I review products ambiently, using them as much as I can in my everyday life and noting when the features are particularly attractive and when there's awkwardness or friction. I also aim to use them enough to see if features that seem exciting at first lose some of their sparkle after a week or two.

I pay attention to daily battery life on wireless glasses, using them to play music, take photos and videos and make AI requests. On different days I alternate the patterns to note changes in battery life. I make phone calls, listen to music and use them as I normally would. Can I use them instead of taking out my phone? If so, for how long?

For display glasses, I compare the visual quality to VR headsets like the [Meta Quest](#) and [Apple Vision Pro](#), both for field of view, and for color quality and brightness and observed resolution quality. Display types vary widely on glasses and headsets, and I prefer to note how good the displays seem compared to TVs and screens everywhere else in my home. Would I prefer these displays over using something else?

The Oakley HSTN glasses (left) next to Meta's Ray-Ban Wayfarers (right). Similar size and camera placement, pretty different styles.

Factors to consider when buying smart glasses

There's one big question looming over anyone who considers smart glasses tech right now: Do you want to wear something with tech on your face? And, for how long? The decision when it comes to

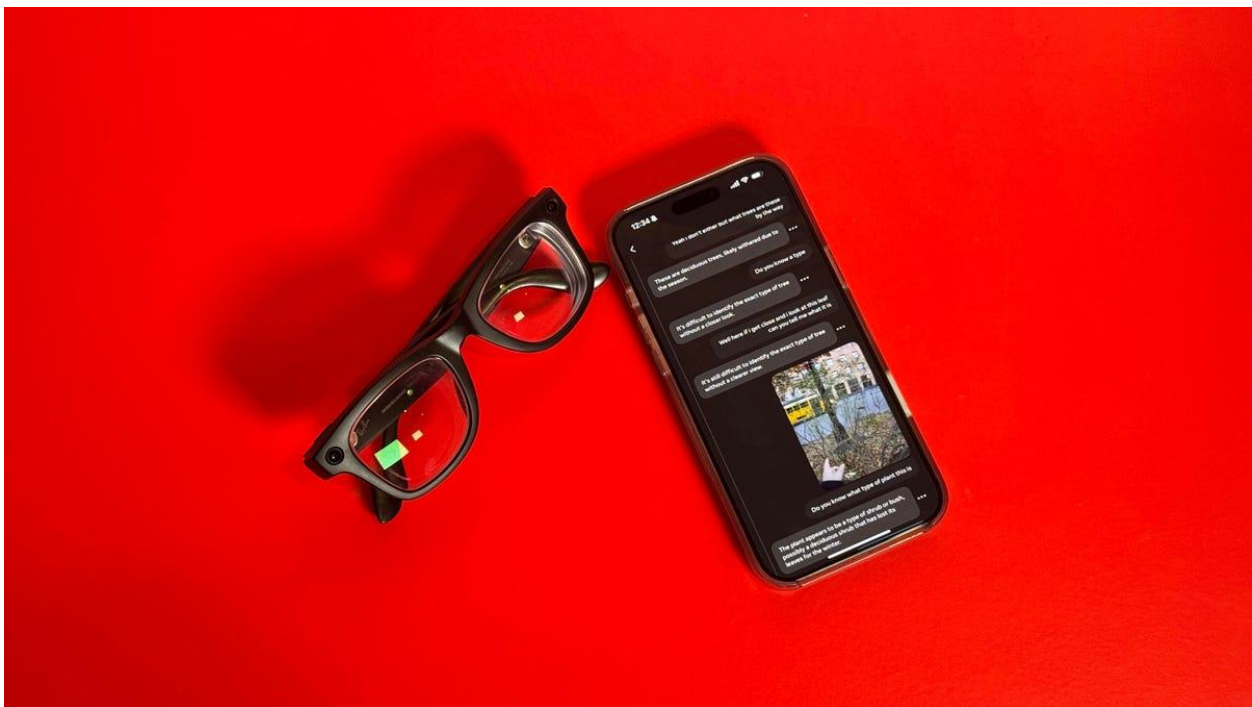


display-enabled tethered glasses and wireless glasses is pretty different.

Display glasses vs. camera and audio glasses

Tethered glasses are really more like eye headphones that you're perching on your face over your eyes. Although they have somewhat see-through lenses, they're not made for all-day wear. You'll put them on for movies, playing games or doing work, and then take them off. The commitment level might be a couple of hours a day at most.

Meanwhile, wireless smart glasses aim to be true everyday glasses. They'll likely replace your existing glasses, become an additional pair or maybe act as smart sunglasses. But if you're doing that, keep in mind you'll need to outfit them with your prescription... or, get used to the limited battery life of wireless glasses. Meta Ray-Bans last several hours on a charge, depending on how they're used. After that, they need to be recharged in their case, so you'll need to wear another pair of glasses or just accept wearing a pair with a dead battery.



Live AI, Meta's newest Ray-Bans feature, can keep a constant camera feed on the world. I tested it out.

AI and its limits

You'll also want to consider what you'll use the glasses for, and what devices or AI services you use. Wireless audio and video glasses like Ray-Bans need a phone app to pair and use with, but they can also act as basic Bluetooth headphones with any audio source. However, Meta Ray-Bans are limited to [Meta AI](#) as the functioning onboard AI service, with a few hook-ins to apps like Apple Music, Spotify, Calm and Facebook's core platforms. You're living in Meta's world.

Google's next wave of devices should be more flexible, tapping into Gemini AI and more Google apps and services. But we still don't know the limits of those glasses and headsets, either.

AI-enabled glasses can often use AI and the onboard camera for a number of assistive purposes like live translation or describing an environment in detail. For those with vision loss or assistive needs, AI glasses are

starting to become an exciting and helpful type of device, but companies like Meta -- and [Google next year](#) -- need to keep introducing new features to help. Meta's AI functions on glasses aren't as flexible as the AI apps on phones and computers -- you can't necessarily add documents and personal information into it in the same way you can with other services. At least, not yet.

Display glasses have limits, too

Display-enabled tethered glasses use USB-C to connect to gadgets that can output video via USB-C, like phones, laptops, tablets and even handheld game consoles. But they don't all work the same. Phones can sometimes have app incompatibilities, preventing copyrighted videos from playing in rare instances (like Disney+ on iPhones). Steam Decks and Windows game handhelds work with tethered display glasses, but the Nintendo Switch and [Switch 2](#) don't, and need proprietary and bulky [battery pack "mini docks"](#) sold separately to send a signal through. Some glasses-makers like Xreal are building more custom chipsets in-glasses to pin displays in space or customize display size, while others lean on extra software only available on laptops or certain devices to perform extra tricks.

You probably should wait

If this all sounds like a bit of a Wild West landscape, that's because it is. Glasses right now remind me of the wrist wearable scene before the Apple Watch and Android watches arrived: It was experimental, inconsistent, sometimes brilliant and sometimes frustrating. Expect glasses to evolve quickly over the next few years, meaning your choice to buy in now is not guaranteed to be a perfect solution down the road.

There are other options coming that are likely worth waiting for. Luma's high-end Beast glasses coming this fall should offer excellent wide viewing areas and improved, anti-reflective prism lenses that will compete with the Xreal One Pro. Google is expected to [release its own line of AI glasses](#) with Warby Parker and other brands next year, offering a true competitor to Meta's glasses line. And Meta is expected to have new glasses this fall, possibly a high-end line with a display and a gesture-registering neural input wristband, and there could be updated Ray-Bans, too.

FAQ

Can I wear these if I have prescription glasses?

Some display glasses like the Viture Luma Pro have built-in adjustment for some eye prescriptions (up to -4). For other display glasses, separately-sold lens inserts can support a wide range of prescriptions. Viture has some as well for higher prescriptions.

All-day smart glasses like Meta Ray-Bans can be ordered with prescription lenses, and retailers like Lenscrafters can service them as well. But there are limits to what Meta will officially support. Online orders won't allow prescriptions beyond -6, but there are some ways of ordering and adding higher-index lenses through other providers, although Meta won't service these lens inserts personally. The short answer is that smart glasses are going to have to be even better about prescription support in years to come.

Can I use all my apps with these glasses?

Not exactly. Display glasses work as monitors that mirror your device display, and sometimes work as a second screen depending on the device. Some apps block video playback, most are fine.

AI-enabled smart glasses like Meta Ray-Bans are limited to working with the pairing app to connect them. Meta's smart glasses have some hook-ins for music playback, phone calls and camera app syncing of photos and videos, but won't work with on-phone AIs like Siri or Gemini, can't control all your phone's functions and can't reply to Apple iMessages. Google's Android XR glasses should be more app compatible next year, but we don't know how much.

What's the difference between smart glasses and VR headsets?

You may be familiar with a different sort of wearable, head-mounted device for your eyes, the [virtual reality headset](#). Examples include the Meta Quest, PlayStation VR 2 and Apple Vision Pro. Smart glasses like the ones on this list are very different. They're smaller and look more like standard glasses people wear every day, and unlike VR headsets they're designed to be worn outside and in public. Most smart glasses can't show immersive 3D graphics or work with hand tracking or controllers.

Things will start changing, though, as smart glasses tech evolves. Xreal, Viture, and most display glasses-makers, have plans to turn their hardware into augmented reality-capable 3D glasses with room tracking in the future. Meta's Ray-Bans and other camera and audio glasses don't have displays at all, but are expected to add displays in the future. Meta's [prototype Orion glasses](#) show how AR could come to these types of glasses years down the road, but not now. For another sense of where AR glasses could be heading, [Snap's Spectacles](#) are another pair of 3D graphics-enabled wearables coming next year, but their battery life and price are unknown.



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The One Big Beautiful Bill: What MDs Need to Know from a Personal Financial Planning Perspective

With the passing of the One Big Beautiful Bill (“OBBB”) Act in early July, there are now many new tax law changes that medical doctors should be aware of. There are more than one hundred tax sections in the new bill which spans 870 pages! While the OBBB extended and made permanent many of the provisions found in the 2017 Tax Cuts and Jobs Act (“TCJA”), some provisions are temporary. We will analyze some key provisions and how MDs can take advantage of the new tax code to enhance their tax minimization wealth strategy.



Estate, Gift, & Generation Skipping Transfer Tax Exemption

The new OBBB increases the Estate, Gift, & Generation Skipping Transfer Tax Exemption to \$15 million per person (\$30 million per married couple), which is indexed for inflation annually. It effectively averts the reduction in the amount to 7.14M per person exemption and gift tax exemption that would have been in place with pre-TCJA levels. The higher \$15 million and \$30 million is permanent. The top federal estate tax rate remains at 40%.¹

As a result of the higher limits, this may afford short-term certainty with regards to certain types of wealth transfers. Those MDs with net worths in the \$20-30 million range will be most affected by this and will want to work with an estate planning professional. In many cases assets that are growing in value most rapidly may be candidates for wealth transfers. Deciding which high appreciating assets to shelter from estate taxes and those to leave in your estate to receive a “step-up” in cost basis at death is always a balancing act. It is critical to work with a team of advisors to identify and ensure which assets you should retain to fund your retirement, and which assets can be protected for estate tax purposes. You will have limited ability to control those assets.

Income Tax Rates

The highest federal income tax rate is 37% for individuals. The new tax law makes the TCJA tax brackets permanent, which is good news for MDs since these tax rates are considered low from a historical perspective. (Without this bill the top bracket would have reverted to the pre-2017 rate of 39.6%.)

For MDs with practices operating as pass-through entities (i.e., S corps, partnerships, LLCs, etc.), may qualify for the Qualified Business Income deduction (20% QBI deduction on the net profit from a qualified trade or business. However, there are income phaseout thresholds that may diminish the impact of this deduction. For married joint filers, the applicable taxable income threshold is \$394,600 which is subject to a phaseout range of \$100,000 (once taxable income reaches \$494,600 the deduction is completely phased out) in 2025.

Standard Deduction

The OBBB makes a slight improvement for those who take the standard deduction. The new standard deduction rises to \$15,750 for single filers and \$31,500 for those married filing joint.

However, for those MDs who are both aged sixty-five and over and can keep their MAGI (“Modified Adjusted Gross Income”) below \$150,000 (for married filing joint), can potentially reap up to \$46,700 in deductions!

There is an additional \$1,600 standard deduction per person over age 65. Additionally, there is now a senior bonus deduction worth \$6,000 each. This deduction can be claimed whether you take the standard deduction or itemize deductions. This special new “bonus” tax deduction gets phased out for single filers starting at \$75,000 - \$175,000 (completely phased out) and for those married filing joint at \$150,000 - \$250,000. Congress included this deduction to make the impact of taxes on Social Security less dramatic. Unfortunately, due to rules related to a reconciliation budget, removing taxes on Social Security completely probably would not have been allowed by the Senate Parliamentarian.

Itemized Deduction (SALT Deduction)

One of the more significant tax changes is the increase to the state and local tax (SALT) cap. This has increased from \$10,000 to \$40,000 for certain taxpayers. Specifically, those earning less than \$500,000 (modified adjusted gross income) and filing as married filing joint and \$250,000 for single taxpayers are eligible for the full \$40,000 SALT deduction through 2029.

Once a married filing joint couple crosses \$600,000, they revert back down to a maximum of \$10,000 in SALT deductions that can be claimed. Therefore, at \$550,000 of income, \$25,000 is the maximum SALT deduction.

From a tax planning perspective, if an MD with \$500,000 of taxable income realizes significant capital gains (or performs a Roth conversion) that results in an additional \$100,000 of income, you get hit by a “tax torpedo” that results in increasing your federal tax liability by 30% (as opposed to gaining \$30,000 in deductions) on that last \$100,000. **As a result, what would have been an expected 35% marginal tax rate on that last \$100,000 of income could easily turn into a 45%+ tax rate.**

It has never been more important for an MD to have their tax professional and financial advisor work together to produce the best tax outcomes. This SALT deduction phaseout at \$600,000 will be one your team of advisors should be proactively planning for. Additionally, for MDs who operate practices through pass through entities there is a workaround to avoid the SALT cap.

Charitable Giving

The OBBB now provides charitable deductions for those that do not itemize their deductions the ability to now claim a deduction of \$1,000 for single filers or \$2,000 for those married filing jointly (excluding donations made to Donor Advised Funds). For those that itemize in 2026, there is a 0.5% adjusted gross income floor on the charitable contribution deduction.² Which means that you can only deduct charitable contributions that exceed the 0.5% limit. For example, if you make \$500,000 you cannot deduct the first \$2,500 of itemized charitable contributions.

For medical doctors who are making large gifts, they may want to consider increasing their charitable giving this year to receive a full deduction.

Another alternative set up and make contributions into a Donor Advised Fund enabling you to receive a large charitable deduction in the year of contribution. This could also offset income in those years when it may make sense for you to complete a Roth conversion.

Clean Energy Tax Credits

² Tax Provisions in the One Big Beautiful Bill Act, Alistair M. Nevius, JD, www.thetaxadvisor.com

If you are planning to make an electric or hybrid vehicle purchase, make sure you do it by September 30th, 2025. The OBBB eliminated the electric/hybrid vehicle tax credit of \$7500 for new vehicles, and \$4,000 for used electric or hybrid vehicles.

To qualify for a new vehicle energy tax credit, you must meet the following criteria³, including, but not limited to:

- Buy it for your own use.
- Use it primarily in the US.
- Your Modified Adjusted Gross Income may not exceed \$300,000 for married couples filing jointly or a surviving spouse.
- The vehicle meets critical minerals requirements and battery components requirements (battery capacity of at least seven kilowatts, undergo final assembly in North America, etc.)
- The vehicle manufacturer requested a suggested retail price (MSRP) cannot exceed: \$80,000 for vans, SUVs, and pickup trucks/\$55,000 for other vehicles.

For those that are planning to install solar panels to your home, you have until December 31, 2025, to potentially claim up to a 30% tax credit on your primary or secondary residence. After the electricity is credited against and is generated, it cannot exceed your home's electricity consumption to claim the tax credit.

Trump Accounts

For children that are born between January 1st, 2025, and December 31st, 2028, they may be eligible for a form of individual retirement account (IRA). The earnings in such accounts grow tax free. Annual contributions are allowed up to \$5,000 (excluding employer contributions of up to \$2,500).

The government will contribute \$1,000 for each eligible child who maintains a Trump Account. However, there are some strict rules around such accounts. For instance, the investment must be in US stock mutual funds or ETFs. Also, the account must be fully dissolved by age 31 and withdrawals from the account are limited until the child reaches the age of twenty-five. Qualified withdrawals after age 18 are taxed as capital gains depending upon if the money is used for qualified purchases (i.e., starting a small business or for higher education expenses, etc.). You should work with your financial advisor to determine if funding a Trump Account vs, a 529 college savings plan is preferable based on your financial goals.

If you would like to learn more about the OBBB, do not miss our upcoming webinar on the One Big Beautiful Bill Act: Deep Dive on August 20th (Wednesday) at 12 Noon. Scan the QR Code below to register now.



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³ Credits for new clean vehicles purchased in 2023 or after, IRS website, <https://www.irs.gov/credits-deductions/credits-for-new-clean-vehicles-purchased-in-2023-or-after>

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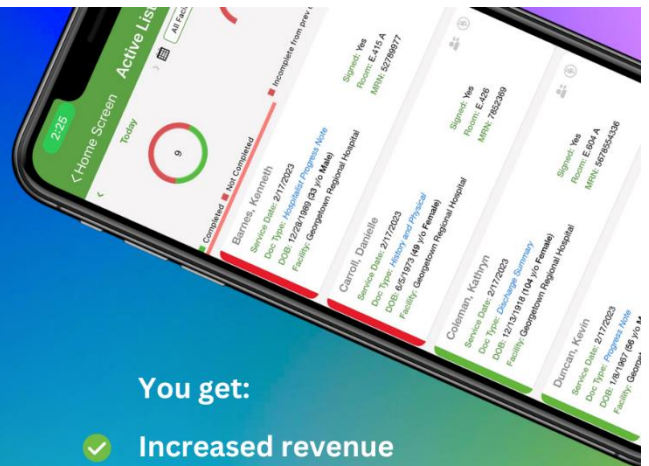
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THE ULTIMATE CHICKEN QUESADILLAS

Thefoodiephysician.com

Chicken, colorful veggies, and plenty of ooey, gooey cheese come together in this quick and easy dinner that the whole family will love!



To make my *Ultimate Chicken Quesadillas*, I start by sautéing sliced onion and colorful bell peppers in a skillet with earthy Mexican spices like chili powder and cumin. Then I toss in some diced chicken breast from my rotisserie chicken. It's so easy!

To assemble the quesadillas, I start with whole wheat tortillas and top them with the chicken and vegetables, shredded cheese, and my secret ingredient that makes these quesadillas sooooo good... avocado. There's just something about the creamy avocado that's so irresistible when it combines with the gooey melted cheese.

Plus, because avocados are naturally creamy, you can actually use a lot less cheese than you typically find in quesadilla recipes. By replacing some of the saturated fat found in cheese with the heart healthy unsaturated fat in avocados, this quesadilla is a healthier choice.

The last step is to fold the tortillas in half and toast them in a skillet for a couple of minutes on each side until the tortillas are golden brown and crispy on the outside and the cheese is melted on the inside. Then, cut the quesadillas into triangles and grab your favorite toppings like salsa and sour cream. Serve them to your hungry family and watch them be devoured!

Ingredients

- 2 teaspoons olive oil
- ½ Red Onion, sliced
- 1 red or yellow bell pepper, thinly sliced
- 6 ounces diced Rotisserie Chicken (about 1 ¼ cup)
- ½ teaspoon chili powder
- ¼ teaspoon cumin
- ¼ teaspoon garlic powder
- 1/8 teaspoon salt
- 4 whole wheat tortillas (I used Mission Carb Balance burrito sized tortillas)
- 5 ounces Mexican Blend Cheese (about 1 ¼ cup)
- 1 Hass avocado, sliced

Optional toppings

- salsa, sour cream (or Greek yogurt), cilantro

Instructions

1. Heat a large skillet over medium high heat and add the olive oil. Add the onion and pepper and cook, stirring occasionally, until softened and lightly charred, about 7-8 minutes. Stir in the chicken, chili powder, cumin, garlic, and salt.
2. Lay the tortillas out on a cutting board. Sprinkle some shredded cheese on half of each tortilla. Spoon some of the chicken mixture on top. Place a few slices of avocado on top of the chicken and top with some more shredded cheese. Fold the tortillas in half over the filling and press down to flatten slightly.
3. Spray a large skillet with cooking spray and place two quesadillas in the skillet. Cook a few minutes on each side until the tortillas are toasted and cheese is melted. Remove to a plate and cook the remaining two quesadillas. Cut each quesadilla into three pieces and serve with desired toppings.

Dr. Sonali Ruder is a board certified Emergency Medicine physician, trained chef, mom, recipe developer, and cookbook author.



Physician Burnout: A Crisis of Conscience, Calling, and Collective Responsibility

Dr. Saad S. Alshohaib

The medical profession is grappling with a crisis of profound proportions. Burnout now affects nearly half of all practicing physicians. This is not merely dissatisfaction—it is emotional and moral exhaustion that undermines both physician wellbeing and patient safety. At its core, burnout signals a loss of connection to purpose, to colleagues, and to the healing relationship that defines medical practice.

Burnout manifests as emotional depletion, depersonalization of patients, and a diminished sense of accomplishment. Unlike transient fatigue, it represents a systemic unraveling of the physician's ability to provide compassionate and competent care. The implications are vast: early retirements, impaired clinical judgment, deteriorating health care outcomes, and a looming workforce shortage.

We must therefore confront this issue not only through individual coping strategies but through systemic reform, cultural change, and renewed moral clarity.

The weight of responsibility

Physicians are not only clinicians—they are often society's last line of defense in illness and crisis. This moral weight brings with it extraordinary pressure. Daily life-and-death decisions made under uncertain conditions can exact a long-term psychological toll. Compounding this is a pervasive sense of guilt, even when outcomes were not preventable. This internalized responsibility—rooted in intellectual rigor and ethical commitment—can morph into chronic self-doubt.

Moral injury is increasingly recognized: The psychic trauma that arises when a physician is prevented from doing what they believe is right due to systemic constraints. When time, staffing, or policy prevents the delivery of ideal care, the physician suffers—not just ethically, but existentially.

Perfectionism, long seen as an asset in training, becomes corrosive when physicians cannot accept the limits of modern medicine. The stigma around admitting error fosters impostor syndrome, pushing physicians to mask their vulnerabilities.

The physical and cognitive toll

Modern schedules often violate human physiology. Shift work, extended call duties, and circadian disruption lead to chronic sleep deprivation—a condition shown to impair cognition and increase error rates. Sleep-deprived physicians function at levels comparable to legally intoxicated individuals. Cognitive overload is also endemic. The promise of technology has often resulted in digital noise: fragmented EHRs, burdensome charting, and constant alerts. Clinical decision-making suffers from this informational clutter.

We must reclaim the doctor-patient relationship from technological distraction. Physicians often enter medicine to heal, not to document. When screens replace faces, the human soul of medicine withers.



Isolation and loss of community

The decline of collegial practice models has led to professional loneliness. Physicians report fewer opportunities for mentoring, shared reflection, and moral support. Administrative oversight often replaces peer guidance. Moreover, the erosion of work-life boundaries leaves little space for recovery. On-call duties, ongoing educational demands, and the emotional residue of clinical work follow physicians into their personal lives. This continuous engagement strains relationships and drains joy.

Legal, financial, and systemic pressures

Fear of litigation fuels defensive medicine and anxiety. Specialties such as emergency medicine and obstetrics bear disproportionate risk. Simultaneously, economic pressures persist. Despite public perception, many physicians grapple with debt, malpractice premiums, and unpredictable income. Value-based care models, while well-intentioned, often shift more responsibility onto physicians without clear increases in support. Many feel caught between patient advocacy and metric-driven oversight.

Administrative overload and regulatory complexity

Physicians are increasingly burdened by non-clinical tasks: authorizations, appeals, compliance, and reporting. For every hour of patient care, up to two hours are spent on documentation. This imbalance saps motivation and delays clinical innovation. Furthermore, metrics intended to promote accountability may unintentionally compromise nuanced care. When performance is measured solely by quantifiable data, deeper human aspects—empathy, reassurance, shared decision-making—are sidelined.

Specialty-specific vulnerabilities

Each specialty carries its own weight. Emergency physicians face constant trauma and time scarcity. Primary care doctors navigate complex, socially entangled diseases in brief visits. Surgeons endure long procedures, high complication anxiety, and cultural pressure to suppress emotion. Intensivists live amid death and high-stakes decisions, often navigating family distress and end-of-life ambiguity. Every domain requires tailored support.

The human cost

Burnout is not abstract. It presents as persistent fatigue, recurrent headaches, gastrointestinal distress, hypertension, and suppressed immunity. Psychologically, it erodes memory, attention, and decision-making.

Emotionally, it fosters despair. Isolation, absenteeism, and substance use rise. Tragically, suicide rates among physicians far exceed those of the general population—300 to 400 deaths annually in the U.S. alone.

These losses represent more than personal tragedies. They are a hemorrhage of wisdom, compassion, and experience from our health care system.

Building individual resilience

While systemic reform is essential, physicians also need tools for internal healing:

- Mindfulness and relaxation training enhance emotional regulation.
- Exercise improves sleep, mood, and stress management.

- Cognitive-behavioral strategies help challenge perfectionism and reframe setbacks.
- Narrative medicine and reflective writing reconnect physicians to the purpose that once ignited their vocation.
- Charity work and altruistic service remind us of our societal role beyond metrics. Giving reaffirms our humanity.

Resilience is not denial of difficulty—it is the ability to move through it with grace and authenticity.

Organizational responsibilities

Institutions must:

- Streamline EHRs and documentation.
- Create humane schedules with protected time off.
- Train leaders to foster psychological safety.
- Offer access to peer support and coaching.
- Measure physician wellbeing regularly.

Investment in wellbeing is not a cost—it is a protective factor for clinical quality, institutional loyalty, and ethical integrity.

Educational and policy reforms

Medical education must integrate emotional intelligence, stress management, and self-care as core competencies. Residency programs should balance clinical rigor with humane expectations.

Policy makers should promote:

- Reimbursement structures that value relational care.
- Reduced administrative burden.
- National wellness surveillance.

Conclusion: Restoring dignity and purpose

Burnout is a wound—but also a warning. It signals a profession at risk of losing its soul. Yet within this crisis lies an invitation: To redefine success, to restore community, and to elevate care beyond compliance.

We must be proud—not of our invulnerability, but of our shared humanity. Physicians are not machines. We are thinking, feeling, fallible human beings who have chosen one of the most sacred callings on Earth.

The healing of medicine begins with the healing of its healers. Let us meet this moment—with courage, compassion, and collective resolve.

[Saad S. Alshohaib](#) is a nephrologist in Saudi Arabia.

Brain Food for August 2025

By Shane Parrish

Tiny Thoughts

Progress only comes from changing how you see the world.

The walls you put up to protect yourself work to imprison you.

The longer you delay that thing you know you should do, the more difficult it gets. The easier thing in the short run is often the harder thing in the long run. Pain today, gain tomorrow.

Insights

Napoleon on details being the key to success:

“The pursuit of detail is the religion of success.”

Jack Dorsey on identifying the right details:

“Make every detail perfect and limit the number of details to perfect.”

Estée Lauder on how details matter:

“I have an uncompromising sense of detail which permeates everything I do. The meals I serve, the parties I have, the business I created, the places I go, my friends, my family, my business associates everything must be treated with infinite respect and care.”

The Knowledge Project [Outliers]

When Katharine (Kay) Graham took over the Washington Post in 1963, she was a shy socialite who'd never run anything. By retirement, she'd taken down a president, ended the most violent strike in a generation, and built one of the best-performing companies in American history.

Graham had no training, no experience. Just a newspaper bleeding money and a government that expected her to fall in line.

When her editors brought her classified documents, her lawyers begged her not to publish. She published anyway. Nixon came after her with everything he had. Then Watergate. She was ridiculed and isolated while pursuing the story that would bring down the president.

Graham proved you can grow into a job that seems impossible and that no amount of training can substitute for having the right values and the courage to act on them.



Why Doctors Striking May Be the Most Ethical Choice

Patrick Hudson, MD

“When doctors strike, patients die.” That phrase—flattened into certainty—gets tossed around like a moral verdict. It shows up in op-eds, comment threads, morning rounds. As if to say: there’s no argument. The matter’s settled. You swore an oath.

But what oath, exactly?

Most physicians are taught to revere the Hippocratic Oath, but few have read the original versions. It wasn’t universal. It wasn’t sacred scripture. It forbade surgery. It invoked Apollo and Asclepius. It asked for secrecy. It reflected its time. And the famous phrase—First, do no harm—was never in it.

The closest Hippocrates came was this line from Epidemics I: Ὀφελέειν ἢ μὴ βλάπτειν — To help, or at least to do no harm. That’s not a prohibition. It’s a sequence. First, do good. And if you can’t—then at least don’t worsen things.

But somewhere along the way, we reversed the order. We made caution the first commandment, and help a risky bonus. “First, do no harm” became a muzzle. Something to wield against protest. Something to shame dissent.

And here’s the deeper irony: many of us never even took the Hippocratic Oath. I didn’t. And I know I’m not alone. What we inherited instead was the myth of the Oath—passed down more by culture than ceremony. A kind of sacred rumor. A story we were supposed to live up to, even if we never signed our name to it.

So let’s bring this back to the present.

A physician strike is often condemned as a betrayal. But what if staying silent, staying present in a broken system, causes the very harm we pretend to prevent? What if continuing to absorb moral injury is the abandonment?

Consider the hospitalist on her fifth double shift, covering two services. Or the rural ER doc managing 40 patients solo through the night. Or the surgical team working without a scrub tech, again. Are these acts of duty? Or acts of quiet complicity?

When the system itself becomes harmful, “doing no harm” begins to feel like a dangerous fantasy.

And here’s where Aristotle helps. In the Nicomachean Ethics, he opens with this claim: Πᾶσα τέχνη καὶ πᾶσα μέθοδος... εἰς ἀγαθὸν τι τείνει — Every art and every inquiry, and similarly every action and pursuit, is thought to aim at some good.



Medicine, too, has an end. A purpose. The end of medicine isn't attendance. It isn't paperwork. It isn't the optics of professionalism. It isn't profit. The end is healing. The work is care. Not just presence—but presence with integrity.

When physicians walk out, especially en masse, it is not typically for pay. Around the world, they have struck for oxygen. For security. For staffing. For the ability to care well. Not for personal gain—but because something sacred is cracking. And someone has to say so.

This isn't about abandonment. It's about warning. It's about witnessing. Strikes may cause disruption. But so does silence. So does acquiescence. And harm deferred is not harm denied.

Some will say it's hypocritical. That's not hypocrisy. That's remembering what the oath was really for. Sometimes, the refusal to keep going is the only way to honor what medicine was supposed to be.

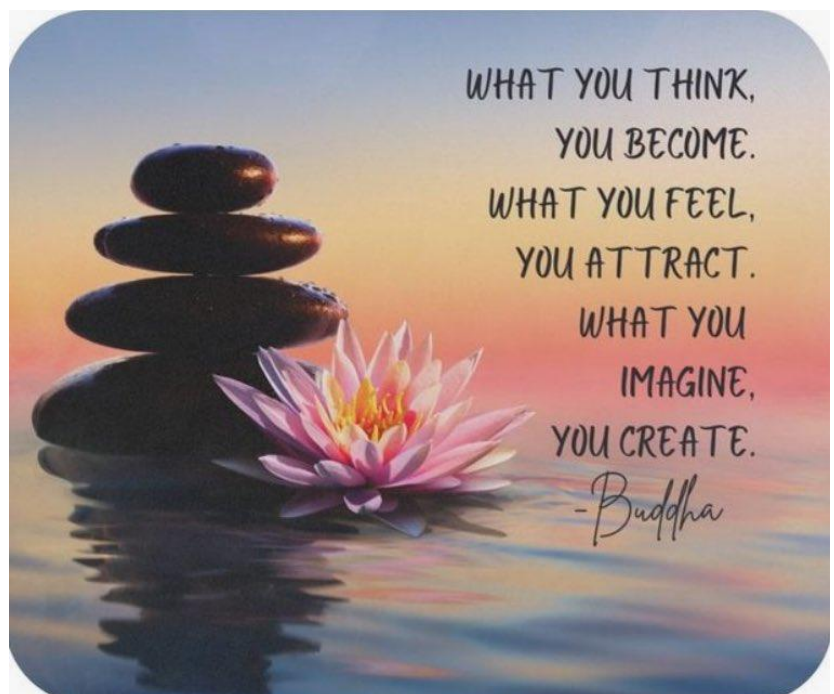
[Patrick Hudson](#) is a retired plastic and hand surgeon, former psychotherapist, and author. Trained at Westminster Hospital Medical School in London, he practiced for decades in both the U.K. and the U.S. before shifting his focus from surgical procedures to emotional repair—supporting physicians in navigating the hidden costs of their work and the quiet ways medicine reshapes identity. Patrick is board-certified in both surgery and coaching, a Fellow of the American College of Surgeons and the National Anger Management Association, and holds advanced degrees in counseling, liberal arts, and health care ethics.

Through his national coaching practice, [CoachingforPhysicians.com](#), which he founded, Patrick provides 1:1 coaching and physician leadership training for doctors navigating complex personal and professional landscapes. He works with clinicians seeking clarity, renewal, and deeper connection in their professional lives. His focus includes leadership development and emotional intelligence for physicians who often find themselves in leadership roles they never planned for.

Patrick is the author of the Coaching for Physicians series, including:

- [The Physician as Leader: Essential Skills for Doctors Who Didn't Plan to Lead](#)
- [Ten Things I Wish I Had Known When I Started Medical School](#)

He also writes under CFP Press, a small imprint he founded for reflective writing in medicine. To view his full catalog, visit his [Amazon author page](#).



This Experienced Designer Knows What Works For Dream Homes



Every detail determines the success of a multimillion-dollar luxury interior design project, and Denise Muraro of Piazza Garibaldi Design creates spaces that transform how people live. Her portfolio stretches across continents and includes everything from sprawling estates to sleek yachts. Muraro has built her reputation by creating spaces that combine stunning aesthetics with deep personal meaning and functionality.

"A dream home isn't about following trends," Muraro states, her eyes gleaming with the passion that has driven her career. *"It's about understanding the soul of the space and the people who will inhabit it."*

This philosophy has propelled Denise Muraro to the top of a thriving industry. Market analysts predict the global luxury interior design sector will reach \$113.23 billion by 2031, with 7.78% compound annual growth. In this competitive field, her distinctive methods stand out.

The Alchemy of Experience

Denise Muraro's path to becoming a sought-after designer for the elite defies convention. Rather than following the traditional design school route, Muraro learned from varied real-world experiences.

"I have learned something invaluable about how people interact with spaces from every job I've had," she explains. This diverse background gives Muraro unique insights into the complex nature of luxury living.

Her time in advertising developed her skill for creating immersive environments that spark specific moods and experiences. She then moved to designing sophisticated gallery spaces for a high-end European furniture company, curating elegant displays across the U.S. These experiences shaped her distinctive take on luxury design.

"I speak the language of both dreamers and doers," Muraro says with a smile. *"That's crucial when translating a client's vision into reality."*

Beyond Aesthetics: The Art of Luxury Living

Denise Muraro stands out in the bustling field of luxury design by creating living spaces. In each project, she combines beauty with environmental psychology and ergonomics.

"A truly luxurious space isn't just about expensive materials or trendy designs," Muraro explains. *"It's about how the space makes you feel and function daily."*

Her meticulous process examines her clients' lifestyles, habits, and dreams. This information guides everything from window placement for optimal natural light to material selection for superior indoor air quality.

Smart Living Without Compromise

The definition of luxury changes, and Denise Muraro adapts her methods accordingly. She incorporates fresh ideas while keeping people at the center of her designs.

"Smart homes are great, but they need to enhance our lives, not complicate them," she insists. Her recent projects feature everything from state-of-the-art lighting systems to advanced air purification systems, each element improving the living experience.

Muraro's practice now emphasizes environmental responsibility. *"Luxury and sustainability are not mutually exclusive,"* she states firmly. *"True luxury in the 21st century must embrace sustainability."*

She works with eco-friendly material suppliers and creates new ways to reuse high-end materials. One recent project showcased a stunning chandelier made from reclaimed Murano glass, demonstrating her skill in combining opulence with environmental care.

Inside Piazza Garibaldi Design's Intuitive Approach

When asked about the secret to her success in creating dream homes, Denise Muraro answers straightforwardly: *"I listen. Really listen. Not just to what clients say they want, but to what their lives tell me they need."*

This profound understanding shows in every Piazza Garibaldi Design project. The spaces flow naturally, guiding residents through their homes, while carefully selected art pieces reflect the owner's passions. Muraro's design style reflects her worldwide experiences.

"Living in many incredible places—each with its unique style and energy—has shaped my design philosophy," she reveals. *"The rich culture of New Orleans, New York's modern vibe, and a decade immersed in Europe's timeless elegance have all shaped my distinctive style."*

Her global perspective enables her to create refined and bold spaces, each telling the client's story. Her work mixes styles, combining classic with contemporary and luxurious with unexpected elements.

The Growing Reach of Piazza Garibaldi Design

Piazza Garibaldi Design continues to expand. The company serves luxury markets in Atlanta, Buckhead, Miami, Fort Lauderdale, the Hamptons, New York City, and Jacksonville Beach. Next year's plans include extending services throughout the U.S. and Europe.

"I'm excited to bring my personalized, hands-on style to clients in new locations," Muraro says. *"Every project—no matter where it is—will reflect the highest standards of design and craftsmanship."*

The luxury design industry keeps evolving, yet one fact remains clear: Denise Muraro's experienced eye and fresh ideas will shape the dream homes of tomorrow. Her focus on personalization and thoughtful design defines modern luxury.



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Mortgage

Guinness Envy – Adventures of a Sick Doctor

Sarah Fitzgibbon

If you knew you were dying, what would you do?

Would you take out a huge loan, buy a crate of expensive champagne and a red convertible, and drive off into the sunset to have the biggest party of your life?

Would you smoke a load of Cuban cigars, snort a mountain of Colombian cocaine, and tell your boss exactly what you think of him?



Would you head to Vegas and place your life savings on a random number on the roulette table?

You could do all that, and then find out that the diagnosis was wrong and in fact you had another 20 years in front of you with not a penny to your name, massive debt, a very unsympathetic employer, and a savage hangover. How do you know when the time is right to stop frantically trying to live, and just enjoy dying?

The World Health Organization has this fancy infographic to show how many cases of each cancer are "preventable". They mean that those cases are caused by things like smoking, alcohol or obesity and are therefore life choices rather than, say, genetics or age, which a person cannot change.

So let's say you get a cancer that is usually or often associated with a life choice. Lung cancer is the classic example, with most people rightly associating it with smoking. This means that people who have lung cancer either spend their time feeling guilty and ashamed that they smoked and gave themselves cancer, or they are in the smaller group of people who get lung cancer but never smoked, and spend their whole time explaining to people that they are different and special.

What if you get lung cancer and continue to smoke? You could say to yourself, well it's too late now, the horse has bolted, I didn't want to give up before and I don't want to give up now. You could say to yourself that my prognosis is so poor I might as well enjoy my last few months. You could say to yourself that I deserve to have the small pleasure that cigarettes give me, because I have to endure the horrors of anti-cancer treatment and the only thing that gets me through the day is the fragrant waft of a Marlboro Light.

What if you get lung cancer and you immediately throw out your half-empty packet? You are determined to do everything you can to live as long as possible, now that the threat of death is over your head. You juice all the vegetables, buy all the crystals, pray to all the gods. You do all of the Right Things. And yet you still find yourself on your deathbed three months later, yearning for one last smoke, but you are too ashamed to ask your loved ones to wheel you outside.

There are lots of things that I have changed in my life to give myself the best chance of living as long as possible. I try to exercise as much as I can, even though my body is pretty wrecked from numerous surgeries/radiations/toxic gacks. I was smug as a bug when a [paper was published](#) recently showing how effective exercise can be for preventing recurrence of bowel cancer. Except then I stopped to think, and I realised that all of my 10,000 stepses and downward-facing dogs had not prevented my little hiccup last year - the cancer still came back.

I stopped eating red meat and processed pig, even though I really like them both.

I stopped drinking more than 1 or 2 units of alcohol at a time, and never more than a couple of times per week.

I checked the radon levels in my home.

I changed my working life to try to minimise my stress levels.

I do all of these things because I feel obliged to do the best I can for my children. If I don't do the Right Thing, they could rightly feel that I didn't do enough to stay alive as long as possible.

But recently I find myself feeling overwhelmingly jealous of people who can do what they like, because these thoughts aren't in their heads.

They can enjoy the mellow wondrousness of 3 glasses of wine. They can hurl into the fifth pint of Guinness, thinking "NOW we're having fun!". They can make their way through a massive charcuterie sharing plate, all by themselves, and lick their chorizo-y fingers in delight. They can have the odd rollie because it's only the one, and sure it's all natural anyway when it doesn't have a nasty industrial filter on the end.

I know of other bowel cancer patients who haven't changed their consumption habits in any significant way, and tuck into a nice Full Irish whenever the fancy takes them. I am in awe of that detachment, that nonchalance. Other people have livers which have been invaded by metastases, and belted into submission by surgery or radiotherapy, and yet they blithely knock back the Moët without seemingly another thought.

I cannot decide what bit is making me jealous. Do I want to neck a bottle of cava? The last time I did that, I had palpitations for a week. Do I want to eat a load of processed pig meat, that is mostly mechanically-reclaimed?

Or am I just jealous of their stress-free little brains, with no existential crises about how long they will live or how their children will survive without them?

And then I realise how stupid that sounds. Every one of us has these anxieties niggling away at the back of our minds. I am probably luckier than most, that I get to face up to them now and learn ways to cope.

A pint of stout could really take the edge off, though.

Sarah Fitzgibbon – About Me

Occupation GP

Location Cork City, Ireland

47 year old GP, mother of three gorgeous children, wife of superhero husband, wrestler of metastatic bowel cancer. Diagnosed with liver mets November 2014, bowel cancer diagnosed the next day. Folfox x 5, SIRT x 2, Anterior resection Oct 2015, Folfiri+panitumimab x 5 Extended **Introduction** hemihepatectomy April 2016. Folfiri+panitumimab again July 2016. Stereotactic radiotherapy in February 2017 Scans May 2017 - no evidence of active disease May 2018: some small lung lesions requiring more radiotherapy SBRT again June 2018 No active treatment since 2018 Until June 2024 - back on Folfiri for liver recurrence

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The Future of Elite Real Estate is Private: Private Listings and Luxury Big Island Lead as NAR Catches Up



There was a time when real estate marketing was synonymous with spectacle. Colorful signage, wide-angle listing photos, open houses with fresh cookies in the oven—all of it aimed at mass exposure. Visibility was the currency of value. But for the ultra-wealthy and hyper-private, this strategy has always been a mismatch. These are not people looking to sell quickly to the highest bidder; they’re looking to pass along a legacy, quietly, with discretion and control.

Now, as the National Association of REALTORS® (NAR) finally introduces a policy allowing for “delayed marketing exempt listings,” it appears that the industry establishment is beginning to accept what smaller, quietly sophisticated players have practiced for years: the future of elite real estate doesn’t shine under floodlights—it thrives in the hush of carefully brokered trust. *“There is a difference between selling and matching,”* says Harold X. Clarke, founder of [Private Listings](#) and [Luxury Big Island](#), two Hawaii-based platforms serving some of the world’s most discerning property owners. *“Our work isn’t about traffic. It’s about precision.”*

Discretion as a Design Principle

The new NAR policy, effective March 25, 2025, gives sellers the ability to delay public marketing of their listings for a negotiated period. It’s an attempt to accommodate clients who, for reasons ranging from security to market timing, don’t want their properties widely advertised. This is no fringe group. According to Redfin, nearly 15% of luxury real estate sales in 2024 were completed off-market in major U.S. cities. In Hawaii, that number is higher.

The trend reflects a growing demand for customized, deeply personal real estate experiences—particularly at the top of the market. Think of the typical public listing process as airport travel: efficient, standardized, but exhausting. Off-market real estate, by contrast, functions more like a chartered flight: tailored, secure, and intimate. It’s not about volume, it’s about nuance.

Mandana Clarke, who co-leads MegaCapital Hawaii Corp with Harold, puts it simply: *“Our clients don’t want their intentions on display. They want to move purposefully and quietly, with people who understand why.”*

Why Now? Why Privacy?

Part of the shift is cultural. The modern UHNWI (Ultra-High-Net-Worth Individual) is navigating a world where privacy is increasingly elusive. Their homes—especially in high-profile areas like Hawaii’s Big Island, Oahu, or

Maui—are not just investments; they’re safe havens, status symbols, and sometimes, political statements. In that context, discretion becomes more than a preference. It becomes a need.

There’s also a tactical reason. When the right buyer and seller are connected in private, a property’s value is not subjected to the volatility of public bidding or media speculation. Deals are done with intentionality. Time is saved. Dignity is preserved. Public listings, with their digital footprints and algorithms, are often blunt instruments in a process that requires surgical precision.

The Clarkes’ model reflects a philosophy closer to private banking than traditional real estate. Clients are curated. Properties are treated not as inventory, but as assets with emotional and financial dimensions. Even their website for [Private Listings](#) is password-protected, with properties behind an additional layer of digital velvet rope.

Regulatory Recognition, Not Innovation

To be clear, NAR’s policy change is not a revolution. It is an accommodation. The policy does not upend the MLS structure, nor does it shift the balance of real estate marketing broadly. What it does is provide cover for a mode of business that’s been quietly gaining traction for more than a decade.

What’s striking is not the policy itself, but the delayed recognition. Much like how policymakers often lag behind cultural evolution, institutional real estate is only now catching up to a behavioral reality that has existed for years. The Clarks and a handful of other boutique operators saw this coming. They built infrastructure for it. They built trust around it.

“We’ve had agents copy our websites, our branding language, even our pitch decks,” Harold notes, “but what they can’t replicate is the years of quiet, handshake trust that make this model sustainable.”

Selling Homes Like You Sell Art

The success of Private Listings and Luxury Big Island suggests that real estate—at least at the elite level—is evolving into an ecosystem rather than a platform. Public marketing channels still have their place, just as commercial flights still serve millions. But for those with the means, preferences are moving toward managed, curated, concierge-level engagement.

This has implications beyond luxury homes. As generational wealth transfers accelerate and the concept of home becomes increasingly enmeshed with personal branding, privacy-first real estate may become not just an option, but a default for select categories of buyers and sellers.

The question now isn’t whether this model works—it does. The question is how the broader industry will respond. Will it double down on scale and automation, or will it invest in intelligence and intimacy?

What the Broader Industry Might Learn

There is a quietness to the Clarkes’ operation that mirrors the homes they handle: elegant, well-guarded, and not for general consumption. But beneath the surface, there is also movement. Repeat clients, referrals from family offices, and access to Hawaii’s top three private listings—all indicate that this is not a novelty model. It’s a blueprint.

Why Kratom Addiction Is The Next Public Health Crisis

Muhamad Aly Rifai, MD

In recent years, kratom, a botanical herb indigenous to Southeast Asia, has surged in popularity across the United States.

Marketed aggressively online and sold openly in vape shops, convenience stores, and specialty herbal outlets, kratom is often portrayed as a natural remedy, an herbal escape from chronic pain, anxiety, and opioid withdrawal. But beneath the alluring veneer of wellness and relief lies a dangerous, largely unregulated substance capable of causing severe addiction, psychosis, and even death.



Derived from the leaves of *Mitragyna speciosa*, a tropical evergreen tree native to countries like Thailand, Malaysia, Indonesia, and Myanmar, kratom has traditionally been used by manual laborers to combat fatigue and manage pain. It was introduced to Western markets as a benign and herbal alternative to prescription opioids, quickly garnering interest among vulnerable populations struggling with chronic pain or opioid dependence. Today, the rise in kratom use has reached alarming proportions, with an estimated 3 to 5 million American adults consuming it regularly, representing approximately 0.9 to 1.5 percent of the U.S. population. Monthly imports to the United States are around 2,000 metric tons, highlighting its rapid growth in popularity and consumption.

At the heart of kratom's pharmacological allure are two powerful alkaloids: mitragynine and 7-hydroxymitragynine. These substances bind directly to the opioid receptors in the brain, producing stimulant-like effects at low doses and sedative, analgesic effects at higher amounts. Mitragynine alone possesses approximately 13 times more potency than morphine, while 7-hydroxymitragynine is up to 46 times more potent than mitragynine itself, magnifying its risks exponentially. This opioid-like potency translates directly into dependence, tolerance, and debilitating withdrawal symptoms, including anxiety, tremors, severe pain, insomnia, and intense cravings that mirror traditional opioid addiction.

The growing acceptance and availability of kratom have masked its serious side effects and addiction potential. Surveys indicate that kratom consumption exploded during the COVID-19 pandemic, as millions grappled with isolation, economic stress, and disrupted access to traditional health care. People turned to kratom seeking relief from stress, boredom, and pain, often underestimating its risks due to its "natural" label. Tragically, many individuals have discovered only too late the severe consequences of kratom dependency, experiencing withdrawal symptoms comparable in intensity to opioids.

Despite its dangers, some research points to potential beneficial effects of kratom, particularly its analgesic properties and ability to mitigate symptoms of opioid withdrawal. Traditional use in Southeast Asia has shown kratom's effectiveness in alleviating chronic pain and mood disorders, offering relief where conventional medical interventions have failed. Some preliminary animal studies even suggest it could have antidepressant and antipsychotic properties, though these findings remain to be validated in rigorous clinical trials.

Kratom's detrimental effects are not confined merely to dependency. Medical research and clinical case studies have documented alarming psychiatric consequences of prolonged kratom use. Psychosis, mania, paranoia,

and severe mood disturbances have been observed, especially in users predisposed to mental health disorders. Youth, in particular, are at significant risk due to kratom's easy accessibility, online availability, and perceived safety. Young adults and adolescents may be especially vulnerable to developing dependence and experiencing severe psychiatric and neurological symptoms.

Different kratom formulations present varied strengths and effects, complicating both usage and regulation. Kratom is available in numerous forms, including capsules, powders, extracts, teas, and resins, each varying significantly in potency and pharmacological impact. Extracts and concentrated formulations contain higher levels of alkaloids, increasing the risk of toxicity, dependence, and overdose. This variability not only amplifies the risks associated with kratom but also creates challenges in clinical management and treatment.

Additionally, the lack of regulatory oversight in kratom production poses a profound public health risk. Unchecked manufacturing and distribution practices have led to contamination and adulteration with toxic substances, including dangerous synthetic opioids and psychoactive chemicals, further increasing the threat of severe health crises and fatalities. Reports have documented organ damage, seizures, coma, and even death associated with contaminated kratom products.

Despite these dangers, treatment options specifically tailored for kratom use disorder remain underdeveloped. Physicians often rely on established opioid dependence treatments, such as buprenorphine-naloxone, to manage withdrawal and reduce cravings. Antidepressants, anxiolytics, and supportive psychological interventions have also shown promise. Yet, without rigorous clinical guidelines and specialized treatments, individuals struggling with kratom dependence frequently fall through the cracks of our health care system.

Public health authorities, clinicians, and lawmakers must urgently confront the unchecked proliferation of kratom. Education campaigns must replace deceptive marketing with transparent, science-based information about kratom's true nature and risks. Regulatory agencies must implement stringent oversight to curb adulteration and contamination, ensuring consumer safety. And health care providers must receive specialized training to recognize, diagnose, and treat kratom-related disorders effectively.

Kratom's future hinges upon informed policy decisions, proactive regulation, and robust clinical research. Without action, kratom use and dependency will continue to rise, leaving countless lives irreparably harmed. We must collectively lift the veil from kratom's seemingly benign image, confronting the harsh realities of its dangers head-on, and protecting vulnerable populations from falling victim to yet another devastating epidemic hidden in plain sight.

[Muhamad Aly Rifai](#) is a nationally recognized psychiatrist, internist, and addiction medicine specialist based in the Greater Lehigh Valley, Pennsylvania. He is the founder, CEO, and chief medical officer of [Blue Mountain Psychiatry](#), a leading multidisciplinary practice known for innovative approaches to mental health, addiction treatment, and integrated care. Dr. Rifai currently holds the prestigious Lehigh Valley Endowed Chair of Addiction Medicine, reflecting his leadership in advancing evidence-based treatments for substance use disorders.

Board-certified in psychiatry, internal medicine, addiction medicine, and consultation-liaison (psychosomatic) psychiatry, Dr. Rifai is a fellow of the American College of Physicians (FACP), the American Psychiatric Association (FAPA), and the Academy of Consultation-Liaison Psychiatry (FACLP).

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Last-Minute Road Trips Because It's Still Summer

Allison Sutcliffe

Looking to add some last-minute travel to your calendar before the summer sun sets? A road trip is a perfect way to explore a new spot without too much-advanced planning needed. Whether you have only a day to explore or a long weekend, our road trip ideas are here to get you started making memories that will last a lifetime!

Visit a National Park

Take the play outside at one of our nation's great parks. Learn about the natural world, do car camping and hike the day away. Set your sights on an under-the-radar national park near you. We picked one in every state (even D.C.)! Got a 4th grader in your crew? Bring them along, and you'll get free admission with the Every Kid in a Park program!



Feed Your Inner Foodie

Sometimes the promise of a killer pulled pork sandwich is all the inspiration you need to hit the road. Plan your road trip to include one of the country's best BBQ spots, a new pizza joint or one of these themed restaurants that really take dining to another level. A food hall is a great option for families because they offer tons of eating options for every taste. Or satisfy your sweet tooth with a stop at your state's best donut spot or most epic ice cream joint.

Make Your Way to the Museum

A brand-new museum is a perfect excuse to set out on a road trip. The country is full of totally epic kids' museums (that even adults will love) and over-the-top science centers that will get you staring into space. When the weather gets hot, it's a great idea to head to a totally-indoor museum to keep your cool (in more ways than one). Got a museum membership of your own? Check to see if it offers any reciprocal discounts with other museums and save a bunch!





Hit a Theme Park

Ride all the rides at a theme park! The costumed characters. The thrilling rides. You can say you go for the kids, but we're pretty sure you love it just as much as they do. Check out [the eight best amusement parks](#) for families and even [some that won't break the bank](#).

Explore a Wacky Roadside Attraction

Pack up the kids and the snacks and hit the road! There are all sorts of [wacky and unique roadside attractions](#) all over the U.S. Pick one out to make it your destination or drive until you see that giant rooster and hit the brakes. Your kids and your Instagram feed will thank you.



Pitch Your Tent

Camping can be a cheap way to see a new area of the country and a fun way for families to bond without the distraction of devices and deadlines. These [totally unique campsites](#) will take the fun to another level with beaches and water parks as the backdrop. Sleeping on the ground not your thing? [Rent an RV](#) for some upgraded relaxation. Before you go, check out our [tips on how to ease yourself into camping](#) to make the most of your time in nature.

Go Digging for Dinos

From sculptures to skeletons, you can find [places across the country](#) that pint-sized paleontologists will go crazy for. You can excavate in a national park, roam around forests with life-like statues or explore the halls of a museum for a history lesson that will take the kids waaay back. While there are hundreds of sites to choose from, we'll get you started with [14 of our favorites](#).



Find a Home on the Range

Maybe your little cowpokes are aching for a prairie ride this summer, or perhaps they just want to visit a [western-themed amusement park](#). Get inspiration for your next great excursion from one of [these 11 cowboy destinations](#).



Visit the Capitol of the Next State Over

Hit the road for the next state over and visit the capitol building. Many offer free tours, museums and tons of cool info about days gone by. Bonus: the kids will get a history lesson and they won't even realize it!



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