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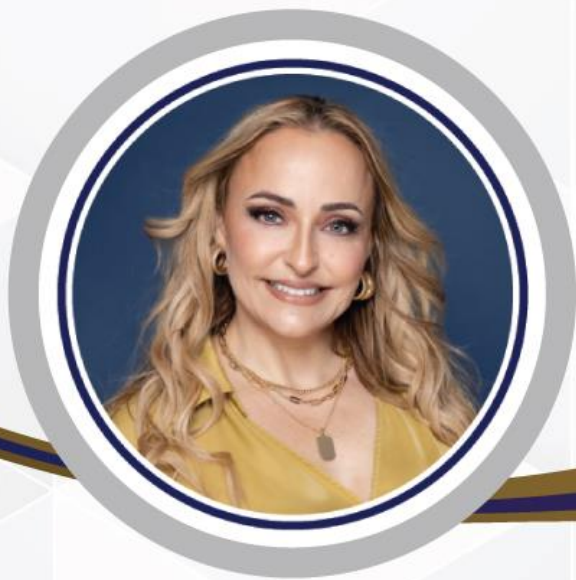
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How a Doctor Defied a Hurricane to Save a Life

Dharam Persaud-Sharma, MD, PhD

It begins with thunder. Not just the kind that splits the sky, but the kind that settles into the chest — low, rolling, remembered. It's been years since the hurricane, but each crack of lightning still pulls my body into defense. I never used to be afraid of storms. Now, my body remembers before my mind does.



That night, I was post-call. Exhausted, planning to ride out the storm the way most lifelong Floridians do — with boarded windows and borrowed patience. But then came the call: Someone close to me wasn't speaking clearly. One side of the face slack. Eyes lost focus. Gait unstable. I didn't have to guess. I'd seen this before — too many times in trauma bays and ICU corridors. This was likely a stroke. And we were in the eye of a Category 3 hurricane.

911 answered. "We're not sending out responders right now," they said. "It's too dangerous. If she stops breathing, call back for CPR instructions." I stood there, phone still in my hand, storm pounding on the roof, and knew: No help was coming. There was only one option. I grabbed keys. We loaded her into the nearest vehicle — a brand-new electric car that wasn't mine to use, but it became our lifeboat. One tank of charge. No power. No open roads. No room for error.

The drive was surreal. Street signs ripped from the earth. Branches like spears across the lanes. The wind howled so loud it drowned out my thoughts. Floodwater rose in gutters. I gripped the wheel tighter than I've ever held anything, praying — not for safety, but for time. At the emergency department, they stared at us like we had emerged from another world — soaked to the bone, shoes ruined, trembling, but alive. Imaging was done. There was no definitive clot. Radiology was cautious. Neurology was unsure. But I knew the clinical picture: The gaze deviation, the slurred speech, the sudden hemiplegia — all painted a textbook embolic shower. I pushed. Advocated. Pleaded. She was still in the window. Treatment was possible. And it happened.

But as I stood there, watching machines beep and clothes being cut away, I couldn't stop wondering: What if I wasn't a doctor? What if I had stayed home like they said? What if I'd waited for certainty? What if I had trusted the system blindly?

What followed were days of chaos. The storm left the city broken. No power. No food. No drinkable water. Hospitals were skeletal, manned by the youngest, the childless, the ones without the option to flee. Senior physicians had vanished. Administrators were quiet. But the work — the endless churn of suffering — didn't stop. After shifts, I would drive — sometimes over an hour — to check in on the person

I'd pulled from the edge. There was no fuel. No functioning gas stations. Just sheer will. We ate in silence, in darkness. I sat guard while she slept, terrified of what might return in the night.

Later, the full story unfolded: Severe atherosclerosis, cardiomyopathy, heart failure. More hospitalizations. Cardiac arrest. I watched as someone I loved fought harder than I thought humanly possible. I saw a body, betrayed by anatomy, still refuse to quit. It wasn't science. It wasn't luck. It was something sacred.

But perhaps what broke me most wasn't the storm, or the stroke, or the silence of leadership — it was the absence. Some family didn't show. Others avoided updates. A few individuals I had once trusted chose leisure over presence. I heard one say, "She had a good life," as if preparing for a funeral that hadn't yet arrived. I remember standing in that gap — between life and death, between apathy and duty — and thinking: This is where the world reveals itself. Some people never came. And others — strangers, nurses, neighbors — appeared without being asked.

- A nurse checked in on her after hours.
- A friend brought bottled water when there was none.
- A colleague covered a shift in silence.

They didn't have to. But they did. And that quiet loyalty, that invisible grace — I will never forget.

Since then, I don't look at storms the same. They aren't just weather events. They're spiritual sieves. They strip away the performance. They reveal who you are when there's nothing left but instinct, duty, and time. I no longer assume closeness means support. I no longer wait for apologies from those who disappear. I no longer chase people who withhold presence. That night, and everything after, burned away the illusions.

What was left? Gratitude. Clarity. Conviction. I'm not the same man. I walk more quietly now. I carry a deeper appreciation for life, for people who show up without fanfare, for a human body that refuses to surrender. For something greater — a force beyond logic — that made the impossible possible that night.

Yes, I still flinch at thunder. Yes, I still carry the ache. But I also carry a truth I didn't have before: Love is measured in presence. Courage is found in stillness. And storms, for all their violence, sometimes uncover the parts of us worth saving.

If I could offer anything to those still navigating their own disasters, it would be this: When the winds rise and the lights go out — don't wait. Don't look around to see who's watching. Run toward the storm. There, you'll find out who you really are. And if you're lucky, someone else's life might depend on it.

[Dharam Persaud-Sharma](#) is an anesthesiologist and interventional pain physician.

Tech That Makes Long Flights Not Feel Like a Prison Sentence

By Kim Komando

Boeing

When I was a kid, my kindergarten teacher called my mom and said, “We think Kim might have a problem. She’s convinced she went to Paris last weekend.” My mom laughed and said, “Oh no, we *did* go to Paris.”

See, my dad worked for United Airlines, so I grew up in the air. Flying standby, getting bumped off flights, running through terminals like other kids ran through playgrounds. So yeah, I’ve been flying my whole life, and I’ve seen how much it’s changed.

If you’ve ever sat on a 12-hour flight and thought, “How in the world do these giant birds even stay in the sky?” you’re not alone. And if you’ve staggered off a plane feeling like a dried-up raisin with jet lag that lasted for days, you’ll love what I’m about to tell you.



Flying has quietly become way better

Jets like the Boeing Dreamliner (787) and Airbus A350 are game changers. They’re built with super light carbon composites instead of heavy metal, meaning they burn less fuel and fly more efficiently.

Here’s the part you’ll actually notice: The air is more humid, the pressure is more natural, and the oxygen level is higher. Translation? You don’t land feeling like you’ve been vacuum-sealed in a giant Pringles can.

And the engines? They’re quieter now. Those carbon-fiber fan blades hum along without rattling your brain, so you might actually get some sleep.

Yes, the Wi-Fi finally works

Not perfect everywhere, but on these new planes, it’s a huge step up. You can stream shows, send emails, even browse without waiting a million years for a page to load.

Add in larger windows that dim electronically (no more slamming that plastic shade) and wings that flex midair to smooth out turbulence, it’s like the plane is working *with* the sky, not against it.

Next time you’re choosing a flight, look at the plane model. If it’s a **Dreamliner** or an **A350**, book it. Even if it costs a little more, your body, your sleep and your sanity will thank you when you land.



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At Inspire Medical we understand the demands an ER physician faces when balancing quality of life and providing skilled medical care. That is why so many KY physicians have found a long-term partnership with Inspire Medical as ideal in meeting their professional and personal needs. With no on-call duty and no rounds to make, your free time is truly yours.

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As a medical professional, it can be stressful to manage both your professional and personal life. Each requires a significant amount of time and commitment, and it's not always easy to give each the attention they deserve. The staff at Inspire Medical understands the decisions you face, and works hard to make balancing your personal life and medical career as easy as possible.

Inspire Medical is right for anyone who is looking for employment opportunities in the emergency room. Whether you're currently an emergency medicine physician, a practicing physician, a physician considering retirement, or a resident physician, Inspire Medical can help you get an emergency department career that offers the flexibility and lifestyle you want.

Eric Makowski, the owner of Inspire has been an owner/operator of 24 /7 healthcare services for 35 years. He understands the balancing act juggling appropriate staffing levels with protecting margin

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3 Things Your Financial Advisor May Not Be Telling You



It is not uncommon for many medical doctors to enlist professional financial help to steward their wealth. With multiple and complicated compensation structures, combined with the significant time demands of the medical profession, hiring a financial advisor can be an additive move for many mid and late career medical doctors. However, not all financial advice is created equally and not having the right financial advisor in place can be costly. The following are three things you should know that your current financial advisor may not be telling you.

1. “I may not be obligated to work as a fiduciary 100% of the time.”

Not all financial professionals are legally required to act as a fiduciary all of the time. Federal law dictates how financial advisors can work with clients through different classifications in regard to service and care. The two main classifications are as follows:

- **Best-Interest Standard** – Regulation Best Interest (“Reg BI”), a 2019 rule from the U.S. Securities and Exchange Commission (SEC), requires broker-dealers to only recommend financial products to customers that are in the customers’ best interest, to clearly identify any conflicts of interest, and disclose any financial incentives the broker-dealer may have for the sale of those products.¹
- **Fiduciary Standard** – Registered Investment Advisory (“RIA”) firms must legally and morally act in their client’s best interest when making recommendations or decisions that affect their clients’ financial plans. Unlike Reg BI, the fiduciary standard eliminates conflicts of interest and is considered many as the gold standard of the client.

While some firms operate solely as an RIA and you can anticipate them acting as a fiduciary all of the time, most firms and advisors can operate under an RIA and broker-dealer affiliation. For those financial advisors who maintain security (FINRA Series 6 and 7) licenses, they have the ability to earn commissions on product sales to their clients.

In theory, an advisor could wear their “RIA (fiduciary)” hat when investing your portfolio and subsequently recommend an investment product and switch to their “Broker-Dealer (Best Interest – not the fiduciary standard)” hat and receive a commission.

If you are not comfortable with this “hat switching” ability between being a fiduciary and not, it is important to work with someone who cannot legally accept commissions and does not maintain FINRA licenses to allow compensation from investment products. A fee-only planner, one who is only compensated by the client and not third parties, may be a prudent choice.

¹ “7 Things Your Financial Advisor May Not Be Telling You”, Wealth Enhancement.

2. “I may not offer financial planning, just investment advice.”

Unfortunately, many clients may report that their financial advisor only reviews their investments. It is often the main focal point of their working relationship. While optimizing investments is certainly important, MDs may not know that they may be leaving money on the table by not receiving expert financial planning advice.

Our firm recently worked with a medical doctor who engaged in our services. He had a desire to gift his child \$200,000 for a down payment for a home. His initial thought process was to take out a home equity line of credit, or withdraw the money from his 403(b) retirement plan, to fund his child’s down payment.

Since he was retiring, he had to start taking required minimum distributions from his 403(b) accounts, since he continued to work past the age he would have normally been required to start them. Within the first 4 months of our relationship, we were able to uncover the following:

- Identify a tax-smart way to borrow money from his 403(b) plan to gift the down payment that coincided with his retirement and his wife’s retirement timeline **(\$40k savings)**
- As a result of the age gap between the husband and wife and their beneficiary arrangement, we were able to use a more generous calculation for his lifetime required minimum distributions than what was proposed through his 403(b) investment provider **(over \$6k in annual tax savings)**
- Identify a more tax efficient way to donate to charity by contributing through a qualified charitable distribution as opposed to donating cash to charity **(over \$1600 in annual tax savings)**

Timely and competent financial planning can dramatically alter a client’s financial future. More medical doctors are becoming aware of the value this can provide. In our opinion, not receiving financial planning advice is a huge lost opportunity cost. Paying 1% for investment advice only can be an expensive proposition.

3. “I don’t get involved with tax planning.”

Many large investments firms hire thousands of financial advisors. Education and experience levels may vary widely for such firms. In addition, investment firms may focus on the investment management component for clients of the firm. Strict compliance departments may restrict and hamper an advisor’s ability to advise on tax planning strategies due to the liability involved.

As a result, clients may miss out on an integrated financial plan that can inform them of different tax saving scenarios, and their implications. The investment firms that are truly independent can offer in-house tax planning, or more seamless, coordinated counsel with outside tax professionals, may be worth consideration.

If you would like to learn more about advanced estate planning strategies for medical doctors, don’t miss our upcoming webinar on Advanced Estate Planning Strategies for Medical Doctors & High-Net-Worth Families on October 6th (Monday) at 12 Noon. Scan the QR Code below to register now.



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TURKEY STUFFED ZUCCHINI BOATS

thefoodiephysician.com

These *Turkey Stuffed Zucchini Boats* are perfect to make on the weekend when you have a little time. They require some prep work so I like to make a large tray of them on my day off. Then we can enjoy them throughout the week. They're perfect for busy weeknights when you want a nutritious dinner that both kids and adults will enjoy. They're also easy to pack up for lunch.

To make the *Turkey Stuffed Zucchini Boats*, I first cut the zucchini in half lengthwise and then scoop out the middle. Be sure to save the zucchini flesh to add to the filling. Zucchini is low in calories and is packed with water and fiber. It's a good source of several beneficial vitamins, minerals and antioxidants, especially vitamin C.



I like to pre-bake the zucchini while I make the filling so that they soften up a little. The turkey filling comes together quickly on the stove thanks to the help of jarred [tomato sauce](#). You can definitely make your own sauce if you prefer but when I'm pressed for time, jarred sauce is a huge timesaver!

The final step is to fill the zucchini boats with the turkey filling and then top them with a mixture of mozzarella cheese and breadcrumbs before popping them back in the oven. The combination of ooey, gooey cheese and a little crunch from the breadcrumbs is the perfect finishing touch!

Turkey Stuffed Zucchini Boats

Prep Time

20 mins

Cook Time

12 mins

My Turkey Stuffed Zucchini Boats are light and nutritious- they're the perfect dish to kick off the New Year in a positive way!

Course: Entree, Main Course

Cuisine: American, Italian

Servings: 4

Calories: 241 kcal

Ingredients

- 4 large zucchini
- Olive oil spray
- 1 small yellow onion, chopped
- 1 pound ground turkey
- 1/2 teaspoon kosher salt
- 1/4 teaspoon black pepper
- 1 1/2 cups jarred tomato sauce (I use Rao's marinara sauce)
- 1/3 cup shredded mozzarella cheese
- 2 tablespoons Italian seasoned breadcrumbs

Instructions

1. Preheat oven to 375°F.
2. Slice the zucchini in half lengthwise. Using a spoon or melon baller, scoop out the flesh from the center, leaving a ¼-inch shell around the edges. Save the zucchini flesh in a bowl for later. Arrange the zucchini halves in a large baking dish and spray them with olive oil. Bake in the oven for 20 minutes until slightly softened. Remove from oven.
3. While the zucchini is baking, spray a large sauté pan with olive oil. Add the onion and ground turkey. Squeeze as much water as you can from the reserved zucchini flesh and chop it up. Add the chopped zucchini to the pan. Season the mixture with the salt and pepper. Cook, breaking up the turkey with a spoon, until turkey is browned and vegetables are softened. Stir in the tomato sauce and simmer a few minutes longer.
4. Spoon the turkey filling into the zucchini halves. Mix the mozzarella cheese and breadcrumbs together in a bowl and sprinkle the mixture on top of the zucchini boats.
5. Cover the baking dish with foil and bake in the oven for 20 minutes until the zucchini is cooked through and the cheese is melted. Enjoy!



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Mortgage

Guilty Until Proven Innocent? My Experience With a State Medical Board

Jeffrey Hatef, Jr., MD

When I found out about the summary suspension of my medical license in February, I was terrified and shocked, but I knew it was a mistake. There had not been any hearing. I was not even aware they were charging me until I got the letter.

The allegations involved three patients. I had the cases reviewed by four independent spine surgeons, leaders in the field from stellar institutions; all agreed that everything had been done to the standard of care. Almost sixty doctors from my community wrote letters of support. While I never thought I would be in this position, I could not imagine the lengths the state medical board would go to try and “win.” This is not about medicine or standard of care anymore: Winning at any cost is now the only goal.

For example, the medical board’s lead attorney, the lawyer who led the entire investigation, did not know that the hospital where I did the surgeries and the health system medical group (my employer) were different legal entities. She only submitted a subpoena to the hospital, and so never obtained any outpatient records. She did not even read the charts herself; she said at the medical board, it is up to an “individual attorney’s discretion” whether to review the evidence or not.



So, the records were incomplete, missing months of treatments which were key evidence. The medical board then relied on their expert, a neurosurgeon, to interpret the incomplete records. He knew they were incomplete, but he still rendered an opinion, a clear violation of the ethical rules the American Association of Neurological Surgeons and the American College of Surgeons.

He was a surprising choice for an expert. He had a significant malpractice history, including a large jury verdict just prior to reviewing these cases and a prior settlement, both for injuring patients during spine surgery. During the hearing, he admitted that he did not disclose that information to the medical board when he applied for re-licensure. Is it not that required? Yes; the medical board’s attorney testified that physicians get disciplined for that sort of thing. He did not tell the medical board, and they hired him to be their expert.

On top of that, the expert’s reports were riddled with errors. His report regarding Patient 1, whom I treated for severe spine deformity, was the most outrageous. He claimed the scans were normal when a radiologist at his own institution said the stenosis was severe. Did he even look at the imaging? He said surgery was unindicated when one of his partners at the same employer had already evaluated the patient and offered surgery. He said I was obligated to refer or transfer the patients, but never reviewed anything about me, my training, or the hospital. During the hearing, he testified that he agreed his own reports were substandard in terms of content.

And wait, Patient 1 was doing great after surgery, happy with the results, angry with the medical board for suspending me, and upset I could no longer be his doctor. In fact, he was scheduled to come to the hearing to testify, on my behalf, against the medical board. We were confident the medical board would recognize its mistakes; the evidence was overwhelming.

On seeing this evidence, did the medical board admit that they did not review the records, or that they were incomplete? Did anyone try to correct such a blunder? Apologize? No. Instead they did everything in their power to cover it up, to bury the evidence and win by any means necessary. They dismissed the summary suspension and then re-summarily suspended me. Patient 1 was not in the second summary suspension, so I could not cross-examine the expert about any of his numerous errors. They proceeded with the second summary suspension like it never happened. A calculated legal tactic for sure, and a clear sign of how little this had to do with medicine or public safety.

At every turn, they prevented me from presenting evidence. I believe to avoid embarrassment, they tried to prevent Patient 1 coming to the new hearing. "The notice that involved Patient 1 is gone," the hearing adjudicator said. They even tried to quash the subpoenas to obtain the full records; I guess they thought incomplete evidence was sufficient. No tactic was off limits. The expert's reports were redacted, "state secrets" had to be protected. I could not even question their vetting process for experts, if there even is one. I expected an open-book proceeding like we have in hospitals when reviewing cases. What I got was the opposite, an agency trying to protect its own reputation instead of trying to get to the truth.

The hearing itself was even more surreal. The expert, who was the medical board's sole witness and their only evidence, agreed that the surgeries were indicated, informed consent was proper, I was qualified, and all perioperative care was satisfactory and within standard, the complete opposite of what the medical board had charged. I met the standard of care, and the cases were appropriate (the medical board's expert agreed), yet somehow the case continued. The four experts who reviewed and testified on my behalf all testified that I was qualified, the surgeries were indicated, informed consent was properly obtained, they were performed within the standard of care, and the facility was proper for the performance of the surgeries. Amazingly, the medical board's expert was permitted to opine that these indicated and well-performed surgeries should not have been offered at all, by anyone. Patient 2 was in a wheelchair, rapidly progressing to paraplegia. Patient 3's deformity was so severe (she was so curved) she could not drive because she could not fit behind the wheel of a car. The spinal screws were eroding through her skin. Did any of this matter? Not to the expert.

And I guess not to the medical board. They said the "clearance" and "optimization" did not mean anything. They argued "there are worse things than being confined to a wheelchair," when they knew well that the prognosis for a frail, elderly patient who is paralyzed is abysmal. Self-determination is a major tenet of medicine; can it really be that a paralyzed patient cannot consent to surgery to regain control of her body? I guess patient autonomy is not important in the state, at least not to the medical board.

If the medical board does not know a hospital from an outpatient practice, how can it govern them? Without policies to ensure evidence is reviewed, what will stop any physician from being wrongfully suspended? The medical board made these decisions off one doctor's opinion, after reviewing an incomplete record set and writing an admittedly substandard report; how many other physicians have been subjected to this process marked by incompetence?

The medical board members will make a final determination in October. Given the one-sidedness of the evidence, I am hopeful and confident. It is tough to disagree with the aligned opinions of true leaders in the specialty. Especially (and more importantly) when the opposing argument goes against all principles of medical ethics. I just hope they are willing to admit a mistake and make things right. Better late than never.

[Jeffrey Hatef, Jr.](#) is a neurosurgeon practicing in central Ohio. After earning his medical degree from Duke University School of Medicine in 2015, he completed his neurosurgery residency at The Ohio State University with enfolded fellowship training in spinal deformity. His clinical and research work, highlighted on [jeffreyhatefmd.com](#), focuses on spinal deformity, perioperative care, and neuromodulation. He is active in academic discourse, with studies published in journals such as Spine Deformity and the Journal of Surgical Education, including research on protocol-driven early tracheal extubation and resident duty-hour structure. He also engages the public and professional community through X [@JeffreyHatef](#) and [LinkedIn](#).

**We all have a past.
We all made choices
that maybe weren't the
best ones. None of us are
completely innocent, but
we get a fresh start every
day to be a better person
than we were yesterday.**



Brain Food for September 2025

By Shane Parrish

Tiny Thoughts

Move like you're late and wait like you're early.

**

Your heroes are your blueprints.

Study what makes them exceptional, not to become them but to become who you're capable of being. The point isn't to be a second-rate version of your hero, it's to be a first-rate version of yourself with upgraded tools.

Learn their system. Keep your soul.

The math is simple: if you do what everyone does, you get what everyone gets. If you want different results, you have to diverge.

However, the second you do something different, you become a target. Some people criticize from fear, some from threatened egos, some from genuine concern disguised as caution. But criticism is the easy part.

The hard part is that you lose the map. If you've outsourced your definition of success your whole life, having to define it yourself feels like losing GPS mid-drive. You have to build your sense of direction while you're already moving.

Meanwhile, the conventional path parades its rewards right in front of you every day: the promotions, the vacations, the security. You can see exactly what you're giving up, while what you're building remains invisible.

Most people optimize for comfort. They choose being one blade of grass among many over being a tall poppy, the safety of the group over the risk of criticism for being different.

Outliers pick their own game, choose how to keep score, and then pay the price to play it.

Insights

Legendary Coach Bill Belichick on being ready:

"Preparation is never wasted, regardless of outcome."

**

Nobel Prize-winning writer Toni Morrison on taking responsibility and seeing clearly:



"[T]his is my work. I have to take full responsibility for doing it right as well as doing it wrong. Doing it wrong isn't bad, but doing it wrong and thinking you've done it right is."

Some deep wisdom from Henry Miller on character:

"One thing seems more and more evident to me now — people's basic character does not change over the years ... Far from improving them, success usually accentuates their faults or short-comings. The brilliant guys at school often turn out to be not so brilliant once they are out in the world. If you disliked or despised certain lads in your class you will dislike them even more when they become financiers, statesmen or five star generals. Life forces us to learn a few lessons, but not necessarily to grow."

The Knowledge Project

This conversation will change how you handle your relationship starting tonight.

Dr. Sue Johnson, pioneer of Emotionally Focused Therapy (EFT), reveals how childhood attachment patterns shape our adult relationships and explains why emotional responsiveness, not communication skills or conflict resolution, is the real foundation of lasting love.

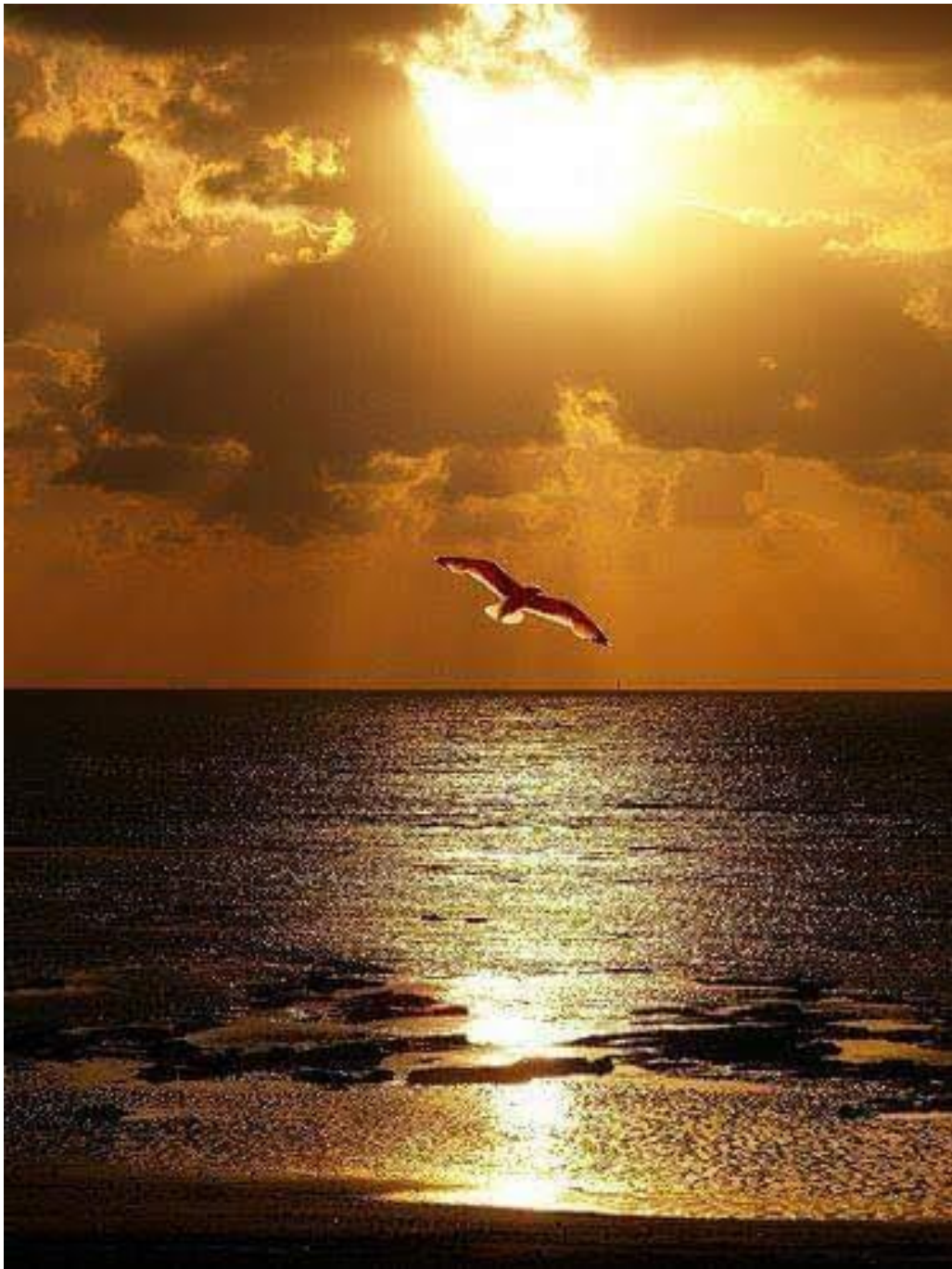
Through decades of research and clinical work, she shows that relationships aren't random events we fall into and out of, but living systems we can understand and actively shape.

It doesn't matter if you're single, dating, married, divorced, or just a parent looking to raise securely attached kids. You need to hear this.

Key takeaways

- The best predictor of sexual satisfaction is emotional connection.
- Behind every criticism is a wish: when partners complain or become passive-aggressive, they're asking, "Where are you? Do I matter to you?"
- Securely attached people have a "visceral map" of what good relationships feel like because they experienced safe connection in childhood, giving them a template for healthy adult bonds.
- When you shut down emotionally to protect yourself, you trigger danger cues in your partner's nervous system because humans are wired as "bonding mammals" who need connection like oxygen.
- Affairs rarely happen because of sexual frustration: they occur when people feel emotionally disconnected, alone, and rejected by their partner.
- The warning sign that a relationship is dying isn't fighting, but when you stop getting annoyed with your partner and feel nothing. Detachment is the true relationship killer.
- Relationships are living organisms that need attention and feeding; if you starve them while focusing only on kids or work, they shrivel and die.
- Every relationship follows predictable patterns: one person demands connection while the other withdraws, creating a self-reinforcing negative cycle.

- Emotional responsiveness means tuning into your partner's emotions, feeling what they feel, and responding in a way that shows they matter. This can be learned even without perfect childhood models.
- Retirement and empty nest transitions reveal the cracks in relationships where couples have avoided each other for years by focusing on tasks rather than connection.
- The best thing parents can give their children isn't putting them first but modeling a secure relationship where partners support each other.





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Why Reforming Medical Boards is Critical to Saving Patient Care

Kayvan Haddadan, MD

Imagine a dedicated physician, after years of rigorous training and countless lives saved, facing a medical board complaint over a minor issue—perhaps a clerical error in documentation or a subjective interpretation of a clinical decision. What should be a straightforward matter escalates into a career-threatening ordeal. State medical boards, endowed with significant authority, often wield it with little accountability. Armed with prosecutors who prioritize winning over truth, boards can distort facts, rely on questionable “expert” testimonies, and dismiss the input of respected colleagues. Physicians, trained in medicine, not law, are ill-equipped to navigate this adversarial process. They face a brutal choice: drain their personal savings fighting a costly legal battle or accept punitive sanctions that may restrict or end their ability to practice.



In the U.S., a 2021 CBS News investigation revealed that state medical boards, often composed of physicians selected by state governors, frequently fail to discipline doctors for malpractice while aggressively pursuing minor or questionable infractions, leaving physicians vulnerable to unfair sanctions.

The financial and emotional toll on physicians is staggering. Legal defense costs can exceed tens of thousands of dollars, and the stress of prolonged investigations can lead to burnout, mental health challenges, or even departure from the profession. A 2013 study noted that medical boards reprimand less than 0.5 percent of physicians annually, yet these actions often target character-based issues rather than clinical competence, further illustrating a focus on punitive measures over patient safety. This misallocation of resources distracts from addressing genuine threats to public health.

The consequences of medical board overreach extend far beyond the individual physician. Every doctor sidelined by frivolous or overzealous disciplinary actions represents a loss of expertise, trust, and access to care for entire communities. In rural or underserved areas, where physician shortages are already acute, the removal of even one doctor can have devastating effects. Patients face longer wait times, reduced access to specialists, and strained emergency services. The ripple effect is profound: a 2021 report from the Federation of State Medical Boards (FSMB) noted that boards’ actions, while intended to protect the public, can inadvertently exacerbate health care disparities when they disproportionately target competent physicians over minor issues.

For example, in California, critics have pointed to the influence of powerful lobbying groups like the California Medical Association, which may prioritize protecting the profession’s image over ensuring fair disciplinary processes. A 2021 CBS News analysis found that the California Medical Board issued lenient punishments in nine out of ten cases, often allowing doctors with repeated negligence to continue practicing, while aggressively pursuing less severe cases. This inconsistency not only undermines public trust but also diverts resources from addressing serious misconduct, leaving patients vulnerable.

Every physician lost to overreach means fewer hands to treat chronic illnesses or respond to emergencies, weakening the health care system's foundation.

The hidden motive: greed and power

Perhaps most troubling is the potential for greed to drive medical board overreach. Some boards exploit their authority to impose hefty fines or sanctions, turning oversight into a profit-driven enterprise. A 2016 analysis by Simas & Associates highlighted how slow, bureaucratic processes can prolong investigations, increasing financial and reputational damage to physicians, even when complaints are baseless. Prosecutors, motivated by career advancement or pressure to maintain conviction rates, may push cases built on shaky evidence, as seen in the case of Dr. Bay, where the board's actions were later deemed unlawful.

This profit motive is compounded by a lack of transparency. A 2023 audit of the North Carolina Medical Board found that restricted access to investigation records limited oversight, leaving the public unable to assess whether boards adequately protect patients. Similarly, in Massachusetts, a 2019 report criticized the Board of Registration in Medicine for inadequate oversight of physician health programs, raising concerns about fairness and accountability. When boards operate in secrecy, they risk prioritizing self-interest over public welfare, eroding trust in the regulatory system.

A call to action: Restoring balance and fairness

The crisis of medical board overreach demands urgent reform. Transparency must be prioritized, with clear, consistent standards for investigations and disciplinary actions. Boards should be required to publish detailed reports on their processes and outcomes, as suggested by a 2020 audit of Massachusetts' medical board. Independent oversight, including non-physician members, can reduce bias and ensure fairness, as evidence suggests boards with diverse membership impose more equitable discipline.

Physicians must be afforded due process, including access to affordable legal representation and the ability to appeal decisions without excessive financial burden. The Texas Medical Board's process, which allows for informal hearings and remedial plans for minor violations, offers a potential model, though it still requires greater transparency to prevent abuse. Patients, too, deserve a system that prioritizes their safety without sacrificing access to care.

Medical board overreach is a tragedy that harms everyone—physicians lose their livelihoods, patients lose access to care, and communities lose trust in the system. By shining a light on this corruption, we can demand accountability and protect the healers who dedicate their lives to our well-being. It's time to unite—patients, physicians, and advocates—to reform a broken system and ensure a health care future where no one loses. The stakes are too high to remain silent.

[Kayvan Haddadan](#) is a physiatrist and pain management physician.

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The 5 Best TVs For Watching Sports of 2025

By Ben Trudeau, rtings.com



Although manufacturers don't focus on making their TVs only for sports, there are certain aspects of TVs that are important for a good experience while watching your favorite team play. Since a lot of sports are played during the day, you want a TV that has good enough brightness and reflection handling to overcome glare in bright rooms. You also don't want the fast action on your screen to look blurry, so it's important to have a TV with a quick enough response time. If you regularly watch sports with family or a group of friends, it really helps to have a TV with a wide viewing angle, so people seated to the sides of the screen don't see a drastically degraded image. We buy and [test dozens of TVs each year](#), and through our rigorous testing procedures, we're able to see how each TV we test performs in regard to watching sports, and we use that data to determine what models we suggest people buy.

Below are our recommendations for the best TVs for sports to buy. See our picks for the [best 4k TVs](#), the [best budget TVs](#), and the [best outdoor TVs](#), or [vote](#) on which ones you want us to buy and test. To learn more about the current TV models on the market, check out our [2025 TV lineup page](#).

1. Best TV For Watching Sports

Samsung S95F OLED203

Sizes: 55" 65" 77" 83"

The best TV for sports that we've tested is the Samsung S95F OLED. This is an incredibly bright OLED model, and its matte screen coating provides top-tier reflection handling, so this is a TV you can use on a sunny Sunday afternoon with the curtains open without glare being an issue at all. The TV has perfect black levels, so it looks amazing in a dark room too. It has an incredibly wide viewing angle, making it a perfect choice for watching the big game with a large group of friends in a wide seating arrangement, as

everyone will have a good experience. Colors are incredibly vibrant and punchy, so playing fields and jerseys really leap off the screen.

It has very good upscaling, which is important since there are barely any sports broadcasts in 4k. If you don't have cable, the Tizen OS interface has a great selection of streaming apps, and you can easily find your favorite sports channels. It also has a ton of modern gaming features, so it's great for playing the latest Madden or FIFA game after you're done watching the big game.

2. Best Upper Mid-Range TV For Watching Sports

Samsung S90F OLED99

Sizes: 42" 48" 55" 65" 77" 83"

If the [Samsung S95F OLED](#) is too expensive or you typically watch sports in a more light-controlled room, you can get the Samsung S90F OLED without sacrificing very much. The TV is bright enough for use in well-lit rooms, but reflections are still a bit of an issue if you're in a sunlit room with a lot of natural sunlight shining on the screen. Fortunately, you get the same wide viewing angle as the S95F, so it's a good option for watching the game with a large group of friends. Colors are nearly as vibrant, blacks are still perfect, and it does just as good a job upscaling, so you still get one of the best TVs on the market when it comes to overall image quality.

It has the same set of gaming features as the S95F, so you can take full advantage of your modern console whether you're playing sports games or first-person shooters. Like the S95F, it comes with the Tizen OS interface, so finding apps like DAZN, ESPN, or Sportsnet is easy, and you can spend more time

3. Best Mid-Range TV For Watching Sports

Sizes: 65" 75" 85" 98"

If our top two picks are a bit too expensive, or you just simply want a Mini LED model, go with the very well-rounded TCL QM8K. It's a very bright TV and does a solid job handling reflections from indirect light sources. However, it's not the best at reducing the intensity of direct reflections, so it's best to avoid placing the screen directly in front of a window or lamp. It doesn't display the same perfect blacks as the OLEDs above, but it's surprisingly close, so blacks are very deep and look impressive. That, combined with its outstanding color vibrancy, and you get excellent picture quality overall.

It even does a good job upscaling sports to 4k, so the image doesn't look soft. If you're also looking for a great gaming TV, this one is loaded with modern features, so you can take full advantage of whatever console you own. Unfortunately, it has a narrow viewing angle, especially when compared to the OLED options. This means that its image quality is degraded if you're seated at an angle from the screen, so it's not the best for large group settings. If you and your friends can stay mostly seated centered to the screen, you get a TV with image quality that really punches above its price.

4. Best Lower Mid-Range TV For Watching Sports

Sizes: 55" 65" 75" 85" 98"

If you like what the [TCL QM8K](#) offers but it's out of your price range, go with the TCL QM7K. While it's not quite as bright as TCL's higher-end model, it's still bright enough to handle glare from indirect light sources in well-lit rooms. Black levels aren't quite as good, but blacks still look bold and impressive, especially in darker environments. Colors are still well-saturated and vibrant, so the image looks lively and impressive. Like the QM8K, its viewing angle is relatively narrow, so it's best to sit directly in front of the screen for the best experience. Its upscaling is only slightly worse, and you still get sharp enough details that the image doesn't look too soft.

Beyond its solid image quality, this model offers the same range of modern gaming features as the QM8K, so you're totally covered regardless of what modern console you play on. Like its older sibling, it runs the Google TV OS that's loaded with a ton of apps, so finding the game is easy whether you're watching soccer, football, or hockey. If you're looking for an option that delivers solid image quality and a wealth of features without breaking the bank, the QM7K is a fantastic choice.

5. Best Budget TV For Watching Sports

Sizes: 55" 65" 75" 85" 100"

The best budget TV for watching sports is the Hisense U65QF. Despite being on the cheaper side, it still has great SDR brightness that allows it to overcome glare in most well-lit rooms, just as long as you don't place the screen directly in front of any light sources. Although blacks are nearly as deep as what you get from the [TCL QM7K](#), the TV still has a solid local dimming feature that deepens blacks enough that the image doesn't look flat. Colors aren't as vibrant as they are on the QM7K, but they still look quite good, so you don't have to watch a dull image. Its viewing angle is about the same as the other LED models on this, so it's best viewed from directly in front of the screen.

One advantage this model has over the QM7K is slightly better upscaling, so HD broadcasts and streams don't lack sharpness. It still has a wide assortment of gaming features, which is great if you also play video games. This model runs the Fire TV OS, which isn't as popular and is a bit more sluggish compared to the Google and Tizen operating systems that the other TVs on this list utilize. Still, it's easy to find most streaming platforms to watch your favorite sports. Even though this model fits firmly into the 'budget' category, it has better image quality and more features than competing models from most other brands.

Notable Mentions

- **LG G5 OLED:**

The LG G5 OLED is one of the best OLEDs on the market and competes with the Samsung S95F OLED. Unfortunately, the LG has some issues in certain picture modes. Since the Samsung is less quirky, a bit more colorful, and performs better in bright rooms, it's the better option for most people.

- **LG C5 OLED:**

The LG C5 OLED is an amazing TV and one of the best upper mid-range TVs you can buy. Still, the Samsung S90F OLED is a bit better due to its slightly wider viewing angle and better colors, and while the C5 has its strengths, sports don't really take advantage of them.

- **Hisense U8QG:**

The Hisense U8QG is a solid alternative to the TCL QM8K. The Hisense is even brighter and has a slightly wider viewing angle. On the other hand, the QM8K has superior black levels, better motion handling, and offers a much better HDR experience, making it the better TV all-around.

- **Hisense U75QG:**

The Hisense U75QG is similar to the TCL QM7K, but it offers better peak brightness. However, the TCL is the more well-rounded option, since it displays clearer motion, has superior contrast, and a wider viewing angle.

- **TCL QM6K:**

The TCL QM6K competes with the Hisense U65QF and is a bit better for mixed usage. However, the Hisense is the better pure sports TV due to its superior brightness, better upscaling, and wider viewing angle.

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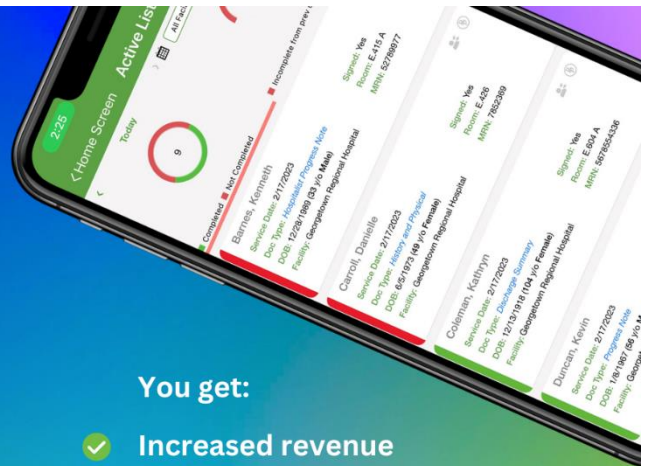
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Will More Money Make Doctors Happier?

By Jordan Frey (The Prudent Plastic Surgeon)

This is the timeless question. Does more money make us happier? And even more specifically, will more money make high income earners like doctors happier? The answer is complex. And until recently, there seemed to be an answer even though it didn't really pass the smell test. Now, however, more recent research sheds some interesting and maybe more practical light on this age old question...

Is \$75,000 really the golden benchmark?

In 2010, Nobel prize winner Daniel Kahneman and a colleague, Angus Deaton, published a paper looking at how emotional well-being correlated with income. What they found was somewhat surprising: emotional well-being rose steadily up until it hit a plateau at \$75,000 gross annual income.

The authors' conclusions?

"Low income exacerbates the emotional pain associated with such misfortunes as divorce, ill health, and being alone. We conclude that high income buys life satisfaction but not happiness, and that low income is associated both with low life evaluation and low emotional well-being."

Wait...what?

This study generated a lot of discussion. It is obviously a hot topic, but the results also went against most people's intuition or daily anecdotal experience.

Take me for instance. Before learning of any of these studies, I would have argued that higher income was necessary but not sufficient for happiness. Meaning that if you didn't have a high income, it was tough to be happy as daily stressors would weigh on you more heavily. However, just having a high income wasn't enough on its own to make you happy. Purpose, health, time – these other factors, among others, are necessary as well.

This seems to jive enough with the study. But the sticking point comes at the level of income identified. An income of \$75,000 seems way too low to be the plateau point for a leveling off effect on happiness. In fact, this is right around the current median household income (Of course, that is in 2023 dollars, not 2010 dollars but still...).

This income is not far off from what I made as a resident living in NYC and I can tell you, it was not sufficient. Money stressors abounded and financial well-being was low as I have discussed at length [here](#).

Something just didn't seem right. Were we all in a minority of people who should be more appreciative and happy as a result of our income and just weren't?

New research emerges



In 2021, Matthew Killingsworth published a paper with a contradictory finding. In an experience-sampling study, he and his team observed a linear relation between happiness and income.

Again, this seems to make sense in some regards. But is there truly no limit at which enough money is enough? Or will our happiness keep skyrocketing with each dollar gained? And it therefore makes sense to chase every bit we can get?

That doesn't sit particularly well either.

A closer look at the complex relationship between money and happiness

In 2023, Kahneman, Killingsworth, and Barbara Sellers published a paper in PNAS titled, ["Income and emotional well-being: A conflict resolved."](#)

This work was able to reconcile some of the differences in findings between studies as well as the differences between the studies' findings and most people's lived experience. The results are very interesting.

A quick aside

Both teams of researchers did something really incredible and rare in my opinion. They found contrasting results in their initial work. But, instead of sitting on their pride and arguing about who was right, they got together and tried to figure out what was going on.

For instance, they found that in the 2010 study, Kahneman was actually measuring "unhappiness," not rising joy, when he discovered his plateau at \$75,000. Meanwhile, Killingsworth used a continuous scale that proved more sensitive in measuring the relevant findings.

And the result was something greater than the sum of their initial works. Something that has real meaningful impact. And, as we will see, both were right.

This adversarial collaboration is something we should all aspire to as we seek truth and significance in not only our professional lives but also personal lives.

So, will more money make us happier?

Let's examine some of the key findings of this collaborative work as we seek some answers to this complex question.

For most people, more money makes us happier

- Across the study population of 33,391 adults, emotional well-being rose with higher income
- This relationship continued beyond the previously established threshold of \$75,000
- In fact, this increase in markers of happiness continued to rise up until about \$500,000 in annual income (although data was more limited at the high and low extremes)
- For the happiest 30% of study participants, this relationship actually accelerated and became more pronounced above \$100,000

There is a plateau, but it's not what you think

- The 20% least happy people in the study still experienced rising happiness with rising income
- However, for this subgroup, this relationship only lasted until an income of \$100,000 was reached
- After that, happiness plateaued even with more rising income

Why is this? Well, the researched postulate that this occurs in a subgroup of the population because they are experiencing issues (like divorce, work stress, etc.) that money cannot solve.

There is no magic number

- No broadly applicable or universal income threshold was identified at which everyone stops experiencing rising happiness
- However, the effect size diminishes. For instance, the authors find that doubling income provides the same boost in happiness as a weekend off. And other major life events can provide a much greater boost in happiness than a jump in income
- An individual's baseline happiness will strongly impact how rising income impacts them and their emotional well-being

So, overall, happiness will increase as income rises for a majority 80% of people, even though the effect size will diminish at higher levels. For a minority 20%, happiness levels off at \$100,000 likely due to baseline traits as well as extrinsic stressors that money cannot solve.

But the question remains...

What do these findings mean for doctors – can more money make us happier?

Here are my key takeaways from this study as it relates specifically to doctors:

1. More income will result in greater happiness for most doctors
2. However, as we all exist at the higher end of the income spectrum, our happiness may be impacted by an even greater degree by things like health and time freedom once we reach a certain income level (perhaps \$500,000)
3. For all doctors, there will be factors that exist, including burnout, that more money cannot solve
4. For a minority of doctors (likely around 20%), factors such as burnout will eliminate the gains in happiness that usually occur with increasing income.
5. This explains why higher earning specialties do not necessarily have the greatest job satisfaction or happiness

And even more importantly...

So, what can we, as doctors, do to maximize of happiness in light of these findings?

1. Work to [maximize your income clinically](#) as well as non-clinically using [physician side gigs like these](#)

2. [Build basic habits to improve your financial well-being](#) and place yourself firmly on a path to financial freedom
3. [Spend your income intentionally](#) to maximize the joy you get from it
4. Focus on other aspects of your well being like increasing your time freedom, optimizing your mental and physical health, and nurturing your personal life – if these aspects of your life deteriorate, money won't help overcome them. [Here is why this impacts some more than others...](#)
5. Burnout is an issue that money alone cannot overcome. [I know because I experienced it.](#) We should all focus on strategies to mitigate the impact of burnout on us in our professional lives

Putting a bow on things

Money can help make us happy. But it is not the only thing.

And that holds true in medicine as well.

The [old taboo](#) that we should not think about money as physicians is clearly wrong. Optimizing our financial well-being will improve our overall well-being and can make us better doctors. But it alone is not sufficient. At a certain income level, in which most physicians exist, other factors like time and professional satisfaction can make an even bigger impact.

And just knowing this information can help us all to maximize our happiness in a personalized manner!

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5 Design Trends That Will Dominate This Fall (and One That's Officially Out)

By Nomita Vaish-Taylor

Summary

- Five interior design trends that are set to dominate this coming fall, with each bringing lots of personality and style to your space
- The trends include color palettes as well as patterns, materials, and finishes that will be popular this fall
- One enduring design trend that is finally going to be out this fall

The start of each new season brings with it new interior design trends. Of all the seasons, fall is perhaps the most exciting one to decorate for because after spending the summer months outside, we turn our attention back to our indoor spaces, craving comfort and warmth within our four walls.

Knowing which design trends to bring home, though, can be less than easy.

To narrow down the choices, we got some help from two design experts who share the top five design trends that are set to dominate this fall and the one longstanding trend that's falling out of favor.

Meet the Expert

- [Denine Jackson](#) is the owner and principal designer of Denine Jackson Interiors.
- [Kim Lapin](#) is the founder and lead designer of Kim Lapin Interiors.

Rich Color Palettes



Nothing signals a change in season more than a new [color palette](#). From a design perspective, fall is all about warm, rich tones that make a space feel welcoming, and that's why we're seeing a shift towards deep, luxurious hues, according to Denine Jackson, owner and principal designer of Denine Jackson Interiors.

"This fall, plum and burgundy tones are showing up everywhere — (on) wallpaper, paint, fabrics — creating warm, intimate atmospheres that are perfect for fall's cozy mood," Jackson says.

And the accent color of the new season is mustard yellow, making for an overall palette that's inspired by the autumnal hues found in nature.

Hand Painted Finishes



After years of pared-back furniture designs, Kim Lapin, founder and lead designer of Kim Lapin Interiors, says she's noticing a rise in hand-painted furniture and decor.

"Cabinetry and [millwork](#) are getting more charming with folksy detailing through hand-painted designs," Lapin says.

This autumn, it's all about expressing your personality through your interior design and hand-finished florals, abstract patterns, or even hand-painted stripes make spaces feel custom, collected, and a little magical, Lapin adds.

Vintage Inspired Patterns



According to Jackson, we're seeing a move away from minimalist patterns to bold and expressive ones.

"Art Deco motifs and large-format Victorian florals are a combination I'm seeing work well together right now," Jackson says.

Homeowners are done with safe neutrals and are now being driven by a desire to express themselves more dramatically.

These [bold patterns](#) let homeowners do just that by allowing them to layer meaning and personality throughout their homes, Jackson adds.

Dramatic Marble Finishes

Snowy white and subtle gray veining may be the first image that comes to mind when you think of marble home decor, but that's taking a backseat to more dramatic color combos.

"Marble is becoming this fall's luxury material, but it's not the cold, institutional marble of the past," Jackson says.



Rich marbles like Calacatta Viola or green marble with bold veining are the styles that are taking center stage now.

"I'm seeing gorgeous applications in [kitchen islands](#) and backsplashes, fireplace surrounds that become the heart of living spaces, and sculptural accessories," Jackson says.

Silvery Metallic Accents



[Golden-toned metallics](#) like brass have been around for a while now, and while metallics will always have a place in home decor, Lapin is seeing a move towards shinier, silver-hued metals like nickel and chrome.

"Polished nickel and chrome bring a crisp, modern edge that plays beautifully against more ornate or traditional elements," Lapin says.

And this helps add contrast and visual interest to any space.

White Interiors Are On Their Way Out

Designers agree that the one trend that's on its way out this fall is the all-white look often paired with white shiplap and white oak accents.

This look, whether in a [modern farmhouse interior](#) or a West Coast modern home or even a kitchen, is out because people want rooms where multiple elements have meaning, not just generic spaces, Jackson adds.

The neutral white space has had its moment but is starting to feel a little flat.



Brain-Computer Interfaces In Healthcare: Current Promise and Future Potentials

Brain-computer interfaces (BCIs) showcase the power of thought, enabling brain signals to be converted to actions, with the potential to restore mobility and communication among those otherwise unable to do so.

Written by Dr. Bertalan Meskó & Dr. Pranavsingh Dhunoo

Key Takeaways

Brain-computer interfaces (BCIs) showcase the power of thought, enabling brain signals to be converted to actions, with the potential to restore mobility and communication among those otherwise unable to do so.

In recent years, a new generation of neurotech companies has been investing in BCIs to make them more efficient, with an eye to widespread adoption.

This article contemplates the current state of BCIs and their future potential in a highly regulated area.

Controlling a computer or your phone with your mind might sound like [a science fiction prospect](#), or even a supernatural one. However, the technology to make “mind control” a reality – not unlike using the force in the Star Wars franchise – already exists.

This is what brain-computer interfaces (BCIs) allow. By capturing brainwaves and signals from neurons, BCIs can translate them into an action, such as a scroll on a screen. These devices have been under development for decades and have received renewed attention with recent developments and new companies investing in this field.

In this article, we provide an overview of BCIs, their current state and future potential, and the challenges that lie ahead.

What are BCIs and how do they work?

In simple terms, BCIs are [devices that translate brain signals](#) into commands to control external devices. They don’t “read the mind”, but interpret neuronal signals that are usually associated with movement intention. For example, if you want to attempt to move your arm, your brain will produce corresponding signals. BCIs can capture these signals and relay them to an external device, such as an [exoskeleton](#), to perform the desired action.

For decades, the Utah array [was the centrepiece](#) of BCI research. It is a tiny implant that features 100 electrodes that has enabled cursor movement, robotic arm controls and speech production among people with paralysis. However, it is a highly invasive device, involves a bulky setup and can degrade over time, making it unoptimised for extended use.

In recent years, a new generation of BCI-focused companies or so-called “[neurotech](#)” startups has been attempting to reshape the landscape with options that are less bulky, last longer and capture more signals with more electrodes. Among them, the most popular might be the Elon Musk-backed [Neuralink](#). Its BCI is a coin-sized device that is implanted after removing a piece of the skull and includes over 1,000 electrodes. [Paradromics](#)’ Connexus is a similar BCI with 420 electrodes and uses biocompatible materials to last a user’s lifetime.



The BCI module from Paradromics.

Source; www.paradromics.com

[Synchron](#)’s 16-electrode Stentrode adopts a less invasive approach by being inserted via the jugular vein. It is linked to a device under the wearer’s collarbone that analyses the brain signals. These are communicated to an external receiver that resides on the wearer’s chest.

In early 2025, researchers at Georgia Tech shared [a new BCI approach](#). It involves micro-brain sensors placed between hair strands, which can capture high-fidelity signals while making unintrusive, continuous use of BCIs possible.

The different techniques of these devices show promise for the field of BCIs and their potential in healthcare, as we contemplate in the next section.

Mind power: the current potentials of BCIs in healthcare

The development of BCIs has traditionally had a healthcare focus. They have mostly resided within the realm of research, with a particular outlook to restore motion and external controls for people with impaired mobility, paralysis or conditions like amyotrophic lateral sclerosis (ALS), where the patient gradually loses muscle control.

BCIs using the traditional Utah array have enabled patients to use them for several years. Nathan Copeland, who became paralysed from the chest down after a car accident, has had his implant for [over ten years](#), setting the world record. This [enabled him](#) to control a computer and even fist-bump President Barack Obama. However, such BCIs [have lasted up to 10 years](#) in tests with monkeys and can cause adverse reactions.

The new wave of BCI companies aims to be safer, and several of them have received clearance from regulatory authorities for implanting their devices in patients. As of June 2025, [Neuralink reported](#) that “five individuals with severe paralysis are now using Neuralink to control digital and physical devices with their thoughts”.

Synchron’s trials [showed no severe adverse effects](#) among patients with paralysis after 12 months. More recently, Synchron [has been able to connect](#) a patient’s BCI with the Apple Vision Pro and an iPad, increasing their autonomy and access to entertainment.

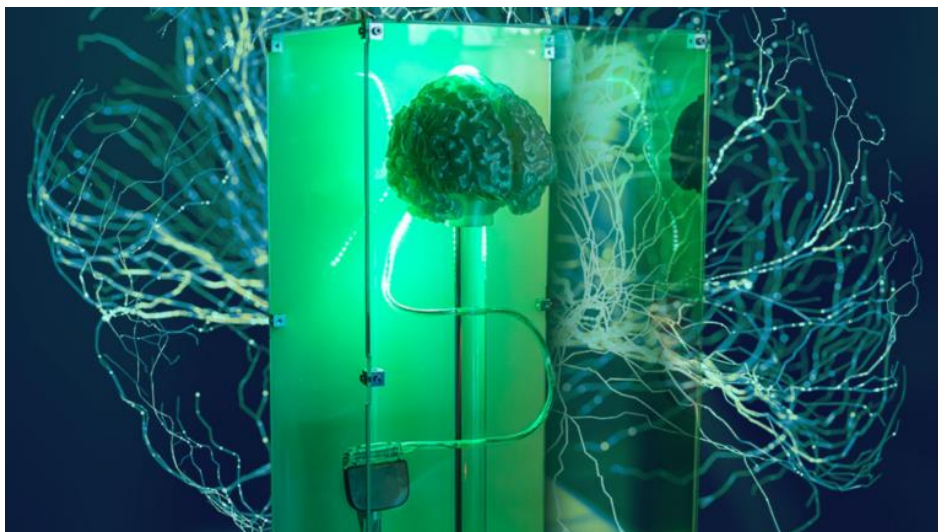
Paradromics has [received regulatory approval](#) to conduct its Connexus BCI Clinical Study in late 2025. This will assess the clinical benefits of its BCI among patients with speech impairment due to progressive neuromuscular diseases or neural injuries with severe paralysis in all four limbs.

There are other, less hyped companies that [have quietly progressed](#) further in their clinical assessment journey. US-based [BrainGate](#) shared the findings of [a successful case study](#) in 2024. In it, a patient with ALS received their BCI implant, which was able to translate brain signals into speech with up to 97% accuracy. France-based [Clnatec](#)’s Wimage BCI enabled a tetraplegic patient to control a four-limb exoskeleton back in 2019. In 2023, their technology [restored communication](#) between the brain and spinal cord, enabling a paraplegic patient to walk again in a natural way. They have also completed [other feasibility studies](#) to restore upper and lower limb movement.

Food for (BCI) thought: future potentials and regulatory hurdles

The momentum in the BCI space indicates a promising future, especially for those with impaired mobility. With increased clinical trials and partnerships, with [tech giants in the fold](#), the potentials [expand beyond mobility](#) to monitoring epilepsy or ADHD to pain management and sleep assessment.

Within the tech industry, some even see BCIs as [a means to achieve transhumanist ideals](#), with the ability to augment human functions even if you don’t have any underlying conditions. Synchron’s CEO, Tom Oxley, [even expects](#) that by the 2040s, anyone with \$40,000-\$50,000 to spend can get a Stentrode.



Synchron’s Stentrode BCI in a model brain.

Source: www.pcmag.com

However, these devices are currently limited to research purposes, and so far, [fewer than 100 people](#) have permanent BCI implants. These devices are under intense scrutiny by authorities, especially considering the risks involved in brain surgery. For example, in the case of Neuralink, up to a dozen monkeys involved in trials [suffered from complications](#), including brain swelling and partial paralysis. Every company developing an advanced technology must meet evidence-based guidelines, even if certain neurotech companies are treating BCIs as the latest tech product.

While neural interfaces sound like technologies from the future, gaining interest from tech enthusiasts and journalists, current invasive and surgery-dependent solutions won't lead to widespread use. After all, if most patients cannot even download their own medical records, why would they want to get surgery to open their car with their mind?

This is why the success of BCI will inevitably demand more than just technological innovation. It will require a cultural transformation where all stakeholders collaborate to ensure an evidence-backed, ethical adoption of such technologies.



Top East Coast Vacations for a Fall Getaway

Visit Maine

East Coast America is a great place to explore, and there's nothing like waking up to elevated views of lush woodlands and tranquil waters in secluded Maine, one of the best places to vacation. East Coast vacations are sure to inspire even the most discerning traveler. Top it off with a [tree house rental](#) with a cedar hot tub, and relax the morning and night away.



One of the top East Coast fall vacations destinations and at less than an hour's drive, the city of Portland, one of the best places to visit on the East Coast, awaits glampers for the quintessential, New England fall experience. For lovers of the outdoors, there are endless hiking trails and fall foliage coloring nature at every angle. A popular spot to *ooh and ah* over the leaves is Bradbury Mountain State Park, one of the best vacation spots on the East Coast.

One of the best East Coast getaways, don't miss out on stocking up on Bean Boots in Freeport, a nearby town with the original LL Bean factory. All beer, wine, and food enthusiasts can find their niche at the variety of festivals throughout the fall months in Portland for one of the best weekend trips on the East Coast. As a seafood capital of the East Coast, fresh lobster, fried clams, and succulent oysters are awaiting your arrival. Let's just say no one will be feeling *crabby* while visiting Portland, one of the best East Coast weekend getaways and best fall vacations in the U.S.

I *Lo-Vermont*: Burlington, the perfect October vacation destinations, USA

Known for beautiful foliage, abundant nature, and Ben & Jerry's, Vermont is one of the best places to go for fall foliage trips, East Coast getaways, and one of our favorite October vacation destinations, USA. Staying at this [tree house](#) will be an unparalleled experience—the handcrafted design includes a wrap-around staircase, large pines holding the floors together, and a panoramic room facing the Green Mountains. Set in the quaint town of Waterbury, there are many local shops to browse and nearby peaks to climb, perfect for weekend getaways in November & vacations in nature and earlier. In many surrounding towns, you will be busy between the harvest festivals, apple picking, corn mazes, and fall foliage.



One of the best east coast getaway ideas, fall vacations, USA, or weekend vacations on the east coast, and just a short drive away, both Ben and Jerry's and Cabot Creamery offer tours to see the products in action. Guests must travel half an hour to [Burlington](#), the most populated city in the state, for

beautiful views of Lake Champlain, local restaurants and shops on Church Street Marketplace, and the hopping art and music scene. It's hard to decide which will be sweeter—the pure Vermont maple syrup you'll taste or your time in the Green Mountain state, one of the best places to visit in the fall East Coast.

Head to Massachusetts, one of the best fall ideas for families

The perfect East Coast vacation ideas for a family fall getaway on the East Coast and great East Coast weekend getaways, [this cottage is just steps to the ocean](#), set in the lovely coastal town of Rockport, Massachusetts. The indoors is simply elegant with a cozy feel and attractive decorations that will put you at ease. Enjoy a crisp morning sipping your coffee on the deck, taking in the East Coast fall foliage surrounding the rental, and later, head to the magnificent city of Boston for the day. On the way, be sure to stop at Salem, a Halloween destination where the norm is to be dressed in spooky costumes while exploring the haunted houses and fall-themed shops.

When it comes to good vacation spots on the east coast, known for its crisp weather, rich history, and adoring sports fans, Boston is a perfect place to visit in the fall, and one of the best places to visit on east coast. Catch a seat (or better yet, a home run ball) at Fenway Park and watch the Red Sox defeat the Yankees. Or, walk along the Freedom Trail while viewing fall foliage, eat at restaurants near Faneuil Hall, or shop on Newbury Street and find out why Boston is one of the best cities to visit; East Coast America really does spoil us for getaways.

Visit Lancaster, one of the best places to visit in October

One of the best places to visit on the in October, Lancaster, PA, is less than an hour from this stunning [A-Frame rental](#) in Robesonia, Pennsylvania. Surrounded by woodland and off the beaten track, as far as East Coast vacations go, this is one of our favorite places to visit in East Coast USA. Of all the charming East Coast towns to visit, Robesonia is one fo the best East Coast towns to visit for anyone looking for quiet **places to visit on East Coast** vacations over the fall, 2021.

See some of the best fall foliage in Pennsylvania

If you're looking for somewhere unique for your weekend getaways on the east coast, a stay in this charming A-Frame cabin will only add to your secluded getaway. One of the best weekend getaways East Coast America can boast, with woods on the doorstep, you can kickstart your day with a morning coffee while enjoying epic views over some of the best East Coast fall foliage, before heading out and exploring this stunning area for your fall getaways in 2021.



Do you have it *in ya* to go to Virginia? Blue Ridge Mountains for the best fall weekend getaways East Coast style

When it comes to [cabins](#), [Virginia](#) knows where it's at. Every piece of this [Virginia cabin rental](#) speaks fall—from the warm color scheme to the forest-themed bedding and furniture and wooden accents in each room. The charming porch overlooks stunning woodland, perfect for uninterrupted views of the fall foliage, and it provides a relaxing space to sit back and enjoy the lush surrounding forest. Tucked away in

Skyline Drive, VA, along the Blue Ridge Mountains, this is the ideal location for fall activities, and the best **fall weekend getaways** America can boast.

With a number of places to see on East Coast vacations, your biggest problem is picking one place among so many great destinations to visit. Among some of the best east coast vacation destinations, and perfect for **October vacations in USA**, you can hike trails surrounded by colorful trees, taste your way through the vineyards and wineries of the area, or visit the annual food, sport, and beer festivals. With over 400 miles of breathtaking sights, driving on the Blue Ridge Parkway provides hours of fall foliage viewing. After seeing such beautiful leaves, you'll stick to the area and won't want to branch out to see another place.

Cabin rental in Skyline Drive, VA



Cozy

Visit Asheville, NC, for great places to vacation

Imagine wooden furnishing, tree-themed decor, and quaint accents in each room. This **elevated cabin** is completely immersed in the forest, making you do a double-take at the sight of the log beams. No, you're not in a tree—you're just one with nature in one of our favorite East Coast vacation spots. Just a bit south, you'll reach the fall destination of Asheville, undoubtedly one of the best east coast cities to visit on vacation, especially for vacations on east coast for couples. One of the great places to vacation on the East Coast, and known for its vibrant arts scene and historic architecture, autumn adds more of a reason for visitors to fall for the city. With its locally-sourced restaurants and over 15 farmers' markets, you will be tasting the fall harvest at every stop.



Situated near several national forests, **Asheville**, one of the most popular vacation spots on the east coast, is an easy drive to both the Great Smoky Mountains and the Blue Ridge Mountains, one of the best places in the East Coast. Whether you want to hike one mile or 10, there is a peak for you with lovely views of the foliage, making the area unequivocally one of the best October vacation destinations. The sounds of the wind sweeping past your ears won't be the only thing you'll hear. Prepare for the many music festivals lining the streets and, hey, next thing you know, you may be bopping down the sidewalk.

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