

MD Life

November 2025





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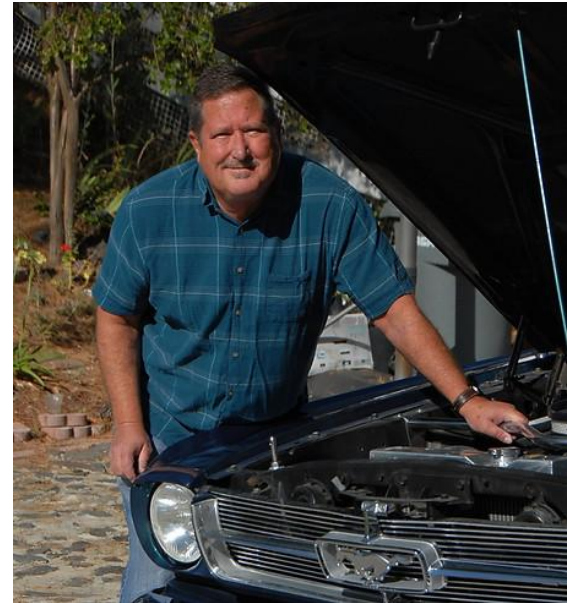
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The Decline of the Doctor-Patient Relationship

William Lynes, MD

Something is wrong with our health care system. Our country spends more per capita than any other developed nation, yet we have some of the worst health care outcomes. Rising costs are making health care prohibitive. Access to the system is becoming a growing concern. Medical care has become bureaucratic, bulky, and inefficient.

I am a retired physician, a urologist, who has observed the health care system from outside medical practice since my retirement 23 years ago. I have gained insight into medical care through my family's experiences. There were obvious and increasing numbers of inexplicable, delayed, and frustrating events. In addition to observing medical care through my own experiences, I have interfaced with practicing physicians through my advocacy for physician burnout and suicide. I recently interviewed several practicing physicians to prepare for this position paper on the state of health care in the United States. Many of my comments are based on the results.



The most adverse factor affecting health care today is the deterioration of the doctor-patient relationship. This relationship is the critical central point of medical care in our country. The patient and physician, often in the exam room, should make clinical decisions together. Therapeutic alternatives, along with the robust discussion of risks and benefits, allow the most informed decisions to be made. This may be time-consuming, and some may find it old-fashioned, but it is of critical importance.

I believe that the doctor-patient relationship in our country is nearly dead. The deterioration of the doctor-patient relationship began gradually and progressed insidiously. The onset is debatable, perhaps dating back 30 or 40 years. In my urologic practice in 2000, the patient and I made nearly all health care decisions. In 2025, others will make the same decisions regardless of physician input.

My first recollection of an obstruction to this relationship occurred during my practicing years, in the early 2000s. A physician assistant offered to do the presurgical history and physical. That was helpful without compromising patient care. In retrospect, this practice hindered my understanding of the patient's medical history. In addition, after performing this history and physical examination, it was my practice to obtain informed consent at that time.

This consent was then moved to the phone or preoperative room. It was not the same. A second early example of interference with the relationship involved drug guidelines. Sometimes, I often compromised, selecting the guideline drug despite my preferences. The deterioration of the all-important doctor-patient relationship began in the distant past and evolved gradually.

I blame the entire physician community, including myself. We relinquished clinical decision-making, seeing these as facilitating our practice. Often, this made our lives easier. In retrospect, it cancelled physician control.

Non-clinicians, physicians on committees, government agencies, and large businesses made day-to-day clinical decisions. Restoring the doctor-patient relationship will require a concerted effort.

Whenever an obstruction to this relationship occurs, physicians need to take back their position as the clinical decision maker. Reversing those changes will be difficult. They will have to claw back the control. Those who are making the decisions are reluctant to give back their power. Those making choices believe that their decision-making is superior to that of the physician. Many have contempt for the physician. Many feel that they deserve to be physicians, despite their lack of training. I wish I felt more encouraged about the future of American medicine. Our profession must improve. The only hope is to reestablish the patient-doctor relationship with determination and reclaim our precious health care system.

[William Lynes](#) is a urologist and author of [A Surgeon's Knot](#).



7 Quick Tech Fixes That'll Make You Feel Like a Genius

By Kim Komando

So let's channel that procrastination energy into productivity. I'm talking about the satisfying kind where you fix stuff in under a minute and feel wildly accomplished.

Here are tech issues you can squash today. No tools, tech support or curse words required.



1. Fix your smart TV

Screen flickering? Wonky colors? Do this: Unplug the TV from the wall, then **press and hold the TV's physical power button (not the remote!) for 60 full seconds**. Plug it back in. Magic. Yes, you've seen this before. It worked for so many of you, it's here by popular demand.

2. Fix a laggy Fire Stick

Menus crawling like it's 1997? **Hold the Select and Play/Pause buttons together for five seconds**. This soft reset won't erase anything, it just shakes off the digital cobwebs.

3. Fix a Bluetooth device that won't pair

Unpair it, toggle Bluetooth off and on. Still moody? Go nuclear: Tap "Forget This Device" in settings, restart both gadgets and re-pair. Think of it as couples therapy for your tech.

4. Fix slow internet (without calling your provider)

Unplug your modem and router for 60 seconds. Dust the vents while you're at it. Plug the modem in first, wait, then the router. You dodged 40 minutes of elevator music.

5. Fix your phone charging

If your phone only charges at a weird angle, do this: Power it down and gently fish lint out of the charging port with a wooden toothpick. Oddly satisfying.

6. Fix your look

Video call? Prop a folded sticky note on your laptop's screen or monitor to bounce light. Add a lamp aimed at the ceiling, and boom, instant glow-up. No ring light needed.

7. Fix your remote

Take the batteries out, rub the ends clean, roll them between your hands and pop them back in. Ancient ritual. Often works.

Bonus: Dryer sheet = tech detailer

Don't have any pricey sprays lying around? Head to your laundry room. A used dryer sheet wipes dust, static and fingerprints off screens, keyboards, cords and even TVs. You know, this past spring, I gave up cleaning out the dryer filter for Lent. (lol, right?)

We Provide Help at Home for Seniors



Helios Home Health is a 5-star rated Concierge private duty Registry, that started in 2005. We specialize in finding the perfect caregiver match for your family, ensuring a seamless and stress-free experience. Our team provides ongoing support and care coordination to ensure your loved one's wellbeing.

OUR SERVICES INCLUDE:

- 24-hour care
- Overnight care
- Live in caregiver
- Post-surgical care
- Companion
- Care management
- Skilled private nursing

Caregivers assist with activities of daily living-such as personal care-showering, dressing and grooming, meal preparation, laundry and linen change, toileting, standby and transfer assist, light housekeeping, medication reminders, errands and Dr appts, encourage exercise, companion, respite for spouse.

We offer a complimentary assessment prior to start of care to help determine the best schedule and plan of care. For clients who have long-term care; we facilitate verifying benefits and opening a claim, even going back out to the home to assist with the claims packet if needed.



"My name is **Lindsay Tapp** and I'm the Director of Marketing with Helios Home Health. I have been in the industry for 16 years and absolutely love what I do! Helios in Greek means the God of Sun. My hope is that we can bring light and be a ray of sunshine to those who are in need of compassionate care. This isn't just my job but my calling to make a difference and positive impact in the lives of others".

My direct cellphone number is **561-255-6705** or email me at lindsay@helioshomehealth.com

Lindsay Tapp, Director of Marketing
Helios Home Health
www.helioshomehealth.com

Life Insurance and Disability Insurance for MDs

Building the proper risk management foundation is crucial for early and mid-career medical doctors. Additionally, many late career doctors should review their insurance to see if they are over-insured or under-insured and are maintaining the optimal balance of insurance protection. Here we review two important forms of insurance protection, life insurance, and disability insurance, and how to determine if you have the right amount and what types of policies to consider. Since our team operates as fee-only fiduciaries, we do not have the conflict associated with those that receive commissions.

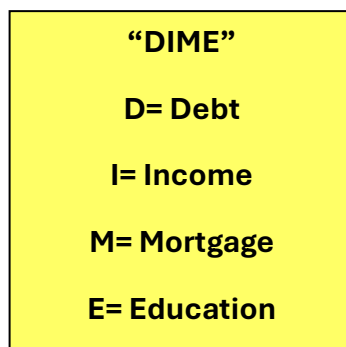


Life Insurance: The Amount is Paramount

It is critical to own enough life insurance so your loved ones will not suffer financially if there is a premature death. When you pass away, no one will care which policy you owned – a whole life policy, a universal life policy, or even a term policy. Your beneficiaries will indeed care how much you left behind so they can maintain the same standard of living without you being here. Replacing the income, you may generate while living is the focal point that helps determine how much insurance you need to replace your human life value. Of course nothing can replace the emotional value you provide your family.

How Much Life Insurance Do I Need?

While there are many rules of thumb and approaches to calculating how much you need, we will provide you with an easy calculation and a more advanced calculation. We will start with the easy, back of the envelope calculation using “DIME.”



“DIME” stands for...

- **Debt** → total your current outstanding debt balances, not including your mortgage.
- **How** much monthly income would you like to leave for your spouse when you pass?
- **Mortgage** → what is the remaining mortgage balance on your home(s).
- **Education** → how much will higher education costs be for your children?

Once you total the present value of all your debts and mortgages, you will also need to calculate the costs for college and graduate school presuming for your children. Next you need to consider your current income and its potential growth over the years until retirement. Alternatively here is another method, determine how much monthly income you would like to leave your spouse in the event of your passing and for how long Hypothetically speaking, if that number is \$20,000 a month, you will need to annualize that number, which would be \$240,000 the first year (Excel helps dramatically with this calculation). You may want to apply a cost-of-living growth rate to that of say 3% a year. You can either take the present value of this series of figures (in Excel) , or you can use a rule of thumb called the safe withdrawal rate. Divide this number by the safe withdrawal rate of four percent¹. You will need approximately \$6,000,000 of life insurance coverage to produce \$240,000 a year of income.

If you limit withdrawals to 4% there is a high probability that \$6M will still be intact after a 30-year period. There is another method that has value - the human life value approach. Human life value tries to quantify the economic value of someone by taking your future earnings, subtracting out your personal expenses and taxes, and then multiplying the net result by how many working years are remaining.

To determine the most accurate amount of life insurance need, you should run a scenario in your financial plan with all your assets, income, expenses, and cash flows accounted for. As a result, you can make a more informed decision to determine if all of your insurance coverage is needed.

Here are things to consider:

- Consider term insurance since the cost per dollar of benefit is much lower than cash value policies (whole life and variable life) and policies that can last for 30 years with no premium increases are available. Those are called level term policies.
- Choose a level term policy whether it be 10-20, or 30 years that matches the duration of your expected need.
- Reevaluate your life insurance every few years to confirm that your coverage is still relevant with respect to changes in costs, duration of need etc.

We suggest you consult an expert (preferably one that does not receive commission and is fee-only) with the tools that enable them to run a probability analysis for return and risk for insurance proceeds, most simple calculation methods may lead you to purchase too little insurance or too much.

Should My Non-Working Spouse Have Life Insurance?

If you have young children who are dependent upon you and your spouse is not working, that spouse should always have a life insurance policy. The working spouse would incur childcare expenses without the non-working spouse present. You should determine the average monthly cost of childcare in your area and the duration of need. At a minimum, it would be prudent to have enough life insurance on the spouse to cover future childcare costs.

¹ What is the 4% Rule for Withdrawals in Retirement? <https://www.investopedia.com/terms/f/four-percent-rule.asp>

Keep in mind that your children may qualify for Social Security Survivor benefits. Children can receive benefits if:

- A parent who is retired or has a disability and is entitled to Social Security Benefits
- A parent who died after having worked long enough in a job where they paid Social Security taxes.

Your unmarried child can get benefits if they are:

- Younger than age 18
- Between ages 18 and 19 and a full-time student at an elementary or secondary school (grade 12 or below)
- Age 18 or older with a disability that began before age 22²

Children may receive up to 75% of the deceased parent's benefit. There is a maximum threshold a family can receive that may limit this amount. It is important to collaborate with an expert who can help deduct this income from your life insurance need to arrive at the right amount of insurance.

Disability Insurance: Protect Your Ability to Earn a Paycheck

Medical professionals have unique needs and unique risks. One major risk is the loss of income due to sickness or injury. We are aware for example of a medical professional that could no longer work in their profession because of an injury to their hands, they did not lose them but the person did lose some use that limited how precisely they could manipulate items; needless to say the individual was a surgeon. Luckily, the person had significant insurance to replace their income.

In the past when many doctors owned their own practice, they would purchase individual disability insurance, nowadays more work for large organizations and are covered by group plans. Unfortunately, most group plans are severely limited in that they will consider you disabled if you cannot work in your profession for two years for example but after two years if you can work in another profession- for example at a fast food restaurant- you are no longer considered to be disabled and the disability payments stop.

While one of the authors (Stephen Craffen) has an extensive background in insurance -we know that something as complex as disability suggests that an expert be consulted, and that is what we did in part for this article. We consulted with Howard Udoff who has been in the disability insurance industry for over 45 years.

Here are some key provisions Howard recommends:

Key Features Doctors Should Prioritize

1. Non-Cancellable and Guaranteed Renewable

² Benefits for Children 2025

https://www.google.com/search?q=when+do+children+receive+survivor+social+security+benefits&rlz=1C1GCEA_enUS1113US1115&oq=when+do+children+receive+survivor+social+security+benefits&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDkyNjZqMGo0qAIAAsAIB&sourceid=chrome&ie=UTF-8

This means that the insurance policy cannot cancel your policy except for non-payment and that they can never raise your premium.

2. Own-Occupation Coverage

- This ensures you receive benefits if you are unable to perform the specific duties of your medical specialty, even if you can work in another field.
- Critical for specialists like surgeons, whose manual dexterity is essential.
- Companies can add an exact definition of your occupation -one that matches your board certification.

3. Long-Term Coverage

- Short-term disability (STD) typically lasts 3–6 months. In most cases we suggest you have enough saved to carry you over until the elimination period ends.
- Long-term disability (LTD) can provide benefits for years or until retirement age. These days you may even be able to get coverage that lasts until age 67 or 70.

4. High Monthly Benefit Limits

- Physicians will want to insure their full projected income, typically you can purchase coverage that covers up to 60% of it. One crucial point, if you are paying the premiums yourself- once you receive disability payments the income is tax free. The cost of such a policy will be about 2-3% of the amount of income you are insuring.

5. Residual/Partial Disability Rider

- Pays benefits if you are partially disabled and your income drops. It always pays a partial benefit if you return to work but cannot work full-time. If your income is reduced by 15% or more –of your pre-disability income -with partial disability they will pay a benefit to bring your income back up closer to the prior earnings threshold. This provides you with the ability to go back to what you love part time and know that you will not end up just earning part-time income.

6. Future Increase Option

- Allows you to increase coverage as your income grows without new medical underwriting. The better policies allow you to add options to increase your benefit at specific times by exercising the option every 1-3 years (with a premium increase)- this is important to consider as your career advances.

7. Cost-of-Living Adjustment (COLA)

- Ensure your benefits keep pace with inflation. Our expert recommends a 3% compounded annual cost of living adjustment.

8. Elimination Period

- Typically, 90 days; shorter periods cost more but pay sooner.

9. Student Loan Rider

- Some companies allow you to purchase a rider that will make payments to cover your student loans while you are disabled.

10. Catastrophic Disability

- This rider would offer additional monthly benefits – in the event of a Catastrophic and Permanent Disability that requires assistance with Activities of Daily Living or a Cognitive Impairment –providing the additional funds for a caregiver and or a facility.

There is another type of coverage that Howard suggests should also be considered, retirement contribution coverage.

What Is Retirement Contribution Coverage?

This additional policy ensures that if a doctor becomes disabled and can no longer earn income, **retirement savings continue** as if they were still working. Here is how it works:

- **Benefit Amount:** Usually pays a percentage of pre-disability income (often up to **\$5,000/month**) toward retirement savings.
- **Payment Structure:** Contributions are made to:
 - A **trustee or pension plan administrator**
 - Or a **deferred annuity** selected by the claimant.
- **Timing:** Begins when long-term disability benefits start.
- **Purpose:** Helps maintain retirement planning continuity despite disability- to replace lost contributions when disabled and not working in your prime earning years.

Why It is Valuable for Doctors

- Doctors often have **high income potential** and **late career starts**, making retirement savings crucial.
- A disability could halt contributions during peak earning years.
- This rider **protects long-term financial health**, not just current income.

If you would like more information on these topics, please do not hesitate to contact us. We are happy to speak with you and schedule a get-acquainted meeting with no obligation.

If you would like to learn more about life insurance and disability insurance recommendations for medical doctors, do not miss our upcoming online seminar on Advanced Insurance Planning Strategies for Medical Doctors & High-Net-Worth Families on November 12th (Wednesday) at 12 Noon. Our insurance expert Howard Udoff will be presenting with us. Scan the QR Code below to register now.



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MEDITERRANEAN SHRIMP PASTA

Thefoodiephysician.com

As a busy working mom, I know the struggle of getting nutritious meals on the table for my family, especially on busy weeknights. When people ask me how to eat healthy, one of my most common tips is to cook at home. After all, when you cook at home, you can control the ingredients and you know exactly what's going into your food. But I know how hard it is to find the time. We're all so busy these days between work, school, after-school activities, etc. that it can be really tempting to pick up food on the way home or order take out. But the good news is that it is possible to cook nutritious and delicious meals for your family that won't have you slaving over a hot stove for hours. One of the ways you can do this is by taking some help from the grocery store.



I made this delicious *Mediterranean Shrimp Pasta* in just 30 minutes using [Gorton's Simply Bake Shrimp Scampi](#). You simply pop the bag in the oven and then while the shrimp are baking, you can prepare the rest of the dish. We eat a lot of seafood in my house. Seafood like fish and shrimp provide high-quality, lean protein, omega-3 fatty acids, and plenty of vitamins and minerals. When I buy seafood, I like to turn to companies like Gorton's that have stood the test of time. I remember the iconic Gorton's fisherman from when I was growing up. This 167-year-old company has been a trusted name for quality seafood for decades.

I'm happy to be part of the Gorton's *Going Global Campaign* highlighting how their products can be used in dishes from all around the world. When I tasted the Simply Bake Shrimp Scampi, I knew it would taste great in a pasta dish with Mediterranean ingredients. I love Mediterranean flavors as they span a wide variety of cultures and cuisines including Italian, Greek, Turkish, French and Spanish.

While the shrimp is cooking in the oven, I boil some whole grain pasta and sauté earthy mushrooms, delicate baby spinach, and sweet sun-dried tomatoes in a skillet with some garlic.

For an extra hit of flavor, I add a splash of white wine because it just makes everything taste better! Then, once the shrimp is done, I toss it into the pan along with all of that delicious, flavor-packed scampi sauce- yum

To finish the sauce, I add a little bit of the pasta water and some grated Parmesan cheese. It's a little trick used in Italian cooking and helps to coat the strands of pasta with a silky sauce. A final sprinkling of chopped parsley and voilà, dinner is served!

I just love the beautiful colors in this Mediterranean Shrimp Pasta! It looks like a restaurant-quality dish but it's so easy to make and it comes together in just 30 minutes! Nutrient-packed seafood, veggies, and whole grains- how can you go wrong? Your family will devour this!

INGREDIENTS [serves 4]

- 2 boxes Gorton's Simply Bake Shrimp Scampi
- 8 ounces linguini preferably whole wheat
- 1 tablespoon olive oil
- 8 ounces cremini (baby bella) mushrooms, sliced
- 2 cloves garlic finely chopped
- 1.5 ounces (1/3 cup) sun-dried tomatoes, chopped
- 3 ounces (3 packed cups) baby spinach
- ¼ cup white wine (can substitute chicken stock)
- 1/8 teaspoon kosher salt
- 1/8 teaspoon black pepper
- 2 tablespoons grated Parmesan cheese]
- Optional garnish: chopped Italian parsley



INSTRUCTIONS

- 1] Preheat oven to 350°F.
- 2] Bake the Simply Bake Shrimp Scampi according to package directions.
- 3] Meanwhile, bring a large pot of water to boil. Add the linguini and cook according to package directions. Drain the pasta reserving about 1 cup of the pasta liquid.
- 4] Heat the oil in a large sauté pan over medium high heat. Add the mushrooms and cook, stirring occasionally until the start to soften. Add the garlic cook another minute until fragrant. Add the sundried tomatoes, spinach, wine, salt and pepper. Cook 2-3 minutes until spinach wilts. Add the shrimp scampi along with the sauce and toss to combine.
- 5] Add the cooked linguini and Parmesan cheese to the skillet. Add about ¼ cup of the reserved pasta water and toss to combine. Add more pasta water as needed until the sauce thickens and coats the pasta.
- 6] Garnish the dish with chopped parsley and serve. Enjoy!

The Difference Between a Doctor and a Physician

Mick Connors, MD

The first thirty years of my life were about becoming a doctor. I grew up in a middle-class family in a safe neighborhood with good schools and steady routines. My parents valued hard work and education, and I learned early that if you studied, followed the rules, and kept your head down, good things would follow. Private Catholic elementary school, public high school, then college and medical school. Every step along the way reinforced the same habits. Work hard. Memorize. Perform. Success would follow. That formula worked. I graduated with honors, matched into my first choice residency in pediatrics, and started the career I had dreamed of. On paper, I had done everything right. I was a doctor. But the next thirty years taught me that being a doctor and being a physician are not the same thing.



The doctor knows. The physician learns.

Doctors are trained to know things. Diagnoses, medications, procedures, and protocols. I was good at that. For a long time, I thought that was the job. Then medicine began to undo me. I learned that you can work as hard as possible and still lose. You can be technically correct and still miss the point. You can know everything about a disease and still fail the person who has it. Being a doctor taught me knowledge. Becoming a physician has taught me humility.

Medicine as a mirror

I came to medicine with a narrow sense of what was “normal.” My family, my church, and my schooling shaped my worldview, but they also walled it off. I thought most people lived the way we did. I didn’t know how much I didn’t know. Over the years, medicine cracked that world open. I was suddenly caring for families whose languages, prayers, and traditions were completely new to me. Some coped by leaning hard into faith. I remember a mother on her knees, praying over her child just diagnosed with a brain tumor. Her husband, standing outside the room, explained that he couldn’t put off his business calls. Two parents, two very different ways of being present in the same crisis. Medicine taught me that both were real, and both needed space. I remember a Black father sitting in a hallway chair, his child wheezing in his arms, waiting longer than others to be seen. When I finally stepped in, I learned he was a senior official from Washington, had done everything to care for his child, and his child was very sick. That moment hit me hard. His position and power did not protect his child from the biases baked into the system. The staff judged and triaged his daughter differently from what they needed. I remember a child with cancer whose family had every possible financial resource. They assembled experts from across the country and chased the latest treatments. Still, they lost their child. Medicine has limits. Biology humbles us all. None of these moments made me enlightened. They just forced me to stop assuming I was right and start asking better questions.

Caring without judgment

One of the hardest lessons has been this: My job is not to judge. It is not to decide who is worthy of care or to measure whether their choices line up with mine. Bad things happen to good people. Bad things happen to people who make mistakes. Tragedy does not wait for innocence, and illness does not sort by merit. Medicine strips away those illusions. I have seen wealthy families discover that money cannot bend science. I have seen families with little show a resilience that humbled me. In the end, my task is always the same: care for the person in front of me.

Bias and blind spots

That is easier said than done, because bias lives in all of us. When I was young, I thought bias was something obvious in other people. The racism in the news. The prejudice that lived in someone else's words. What I didn't see was my own blind spots. I made assumptions about families before they spoke. I judged people by how they dressed or how they reacted to me. I thought I was being objective. I wasn't. Over time, patients and colleagues have exposed those blind spots. A father who mistrusted me because of what medicine had done to his community. A mother whose silence I mistook for indifference, when in truth it was deep cultural respect. A nurse who pointed out inequities before I could see them. Bias is part of being human. What matters is whether we can name it, face it, and ask what we might be missing.

Why fixing medicine feels broken

There is another truth I have learned in thirty years: Medicine attracts fixers. Administrators, consultants, investors, and policymakers, all eager to announce they can solve what ails us. And yet the problems keep growing. The trouble is that many of these fixes come from silos. They make sense from the outside looking in, but they don't touch the realities at the bedside. An administrator who has never sat with a dying child decides what resources matter most. An investor who has never struggled to find a primary care doctor pours money into the wrong solution. A policymaker who has never waited eight hours in an emergency department designs a system they will never use and won't help. Meanwhile, physicians and nurses burn out not only because of long hours, but because they are asked to keep patching holes while others spend fortunes fixing the wrong things. Burnout is not just exhaustion. It is the ache of watching resources go into branding campaigns while patients can't afford their medications. It is the fatigue of caring for families who are drowning, while leadership debates whether the lifeboat should be painted blue or green.

Politics in the exam room

Politics shapes who has coverage, which drugs are affordable, and where hospitals get built. It creeps into the conversations we have with patients, who sometimes test our politics before they trust our advice. But politics rarely helps in the exam room. It blinds us to our blind spots. It tempts us toward certainty at the very moment when what we most need is humility. The truth is, care improves when I leave politics at the door and meet patients where they are.

The value of the team

One last lesson. Medicine is not a solo act. Yes, doctors are paid the most, but payment is not the same as value. A physician's worth comes not from issuing orders, but from building a culture where everyone

can thrive. The best outcomes I have seen come not from me making the right call, but from nurses, social workers, chaplains, therapists, techs, and residents all working together with a shared sense of purpose. A good doctor may make the right decision. A true physician makes sure the team feels valued enough to deliver care that lasts.

Thirty years later

I spent thirty years becoming a doctor. I have spent the next thirty years unlearning much of what I thought I knew and becoming a physician. What have I learned? That hard work does not guarantee outcomes. That race, culture, and religion shape every story. That bias lives in me as much as in anyone else. Politics often complicates more than it helps. That teams matter more than hierarchies. That money and meaning rarely align. That certainty is dangerous. That listening is more powerful than judging. And that burnout grows when we keep trying to fix the wrong problems. Most of all, I have learned that the patient in front of me is not a problem to be solved but a story to be understood.

Doctor or physician?

Doctors are trained. Physicians are formed. Doctors seek answers. Physicians call the question. Doctors treat disease. Physicians care for people. I trained to be a doctor. Over the years, I have become a physician. And I am still becoming one. That, I believe, is the work of a lifetime.

[Mick Connors](#) is a pediatric emergency physician.

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Mortgage

Brain Food for November 2025

By Shane Parrish

Tiny Thoughts

If I were a doctor, I'd prescribe books. They can be just as powerful as drugs.

**

When you stop treating your current opportunity as a stepping stone to something else and start treating it as the only one that matters, opportunity finds you.

Does the world happen to you, or do you happen to the world?

Most people wait for permission to solve problems. The subtle message they send is "I don't care enough to solve this on my own. Tell me what to do." The world happens to them.

High agency people are different. They care. And because they care, they solve problems without being told. They happen to the world.

High agency people act like owners. Owners see a problem and fix it. They don't wait. They don't need permission. They don't think this is someone else's job. They don't think this is hard. They don't think "I can't do this, I've never done it before." They don't think this is someone else's job.

Act like an owner before you are one. That's how you become one.

Insights

Author Napoleon Hill on artificial limitations:

"There are no limitations to the mind except those we acknowledge."

**

Software Engineer Billy Markus on human behavior:

"People are not rational. They are rationalizing. Once you understand this simple fact, all the oddest human behavior will suddenly make way more sense."

Charlie Munger on how to rise in life:



"I constantly see people rise in life who are not the smartest, sometimes not even the most diligent, but they are learning machines. They go to bed every night a little wiser than they were when they got up and boy does that help, particularly when you have a long run ahead of you."

The Knowledge Project

Forensic Accountant Anthony Scilipoti is one of the sharpest minds in investing.

We discuss the AI bubble, the price of risk, investing rules, red flags, uncovering Valeant, index investing, the rise of the retail investor, and why price creates narrative.

Here are 10 of the highlights I took away from this episode and my research:

1. Nothing matters until it does.
2. A calculator can give you the answer, but it can't teach you math.
3. Risk is highest when it's priced the lowest.
4. Price creates narrative.
5. Positioning beats predicting.
6. *"The four most dangerous words in investing are: 'This Time It's Different.'"* – John Templeton
7. Experience is a handicap in a bull market.
8. The road to implosion starts with us needing a few cents this quarter to hit a number.
9. You learn by being immersed in the details.
10. Success is achieving something you can share with those you love.

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Four Scenarios for the Future of Smart Rings

Dr. Bertalan Mesko, PhD

Key Takeaways

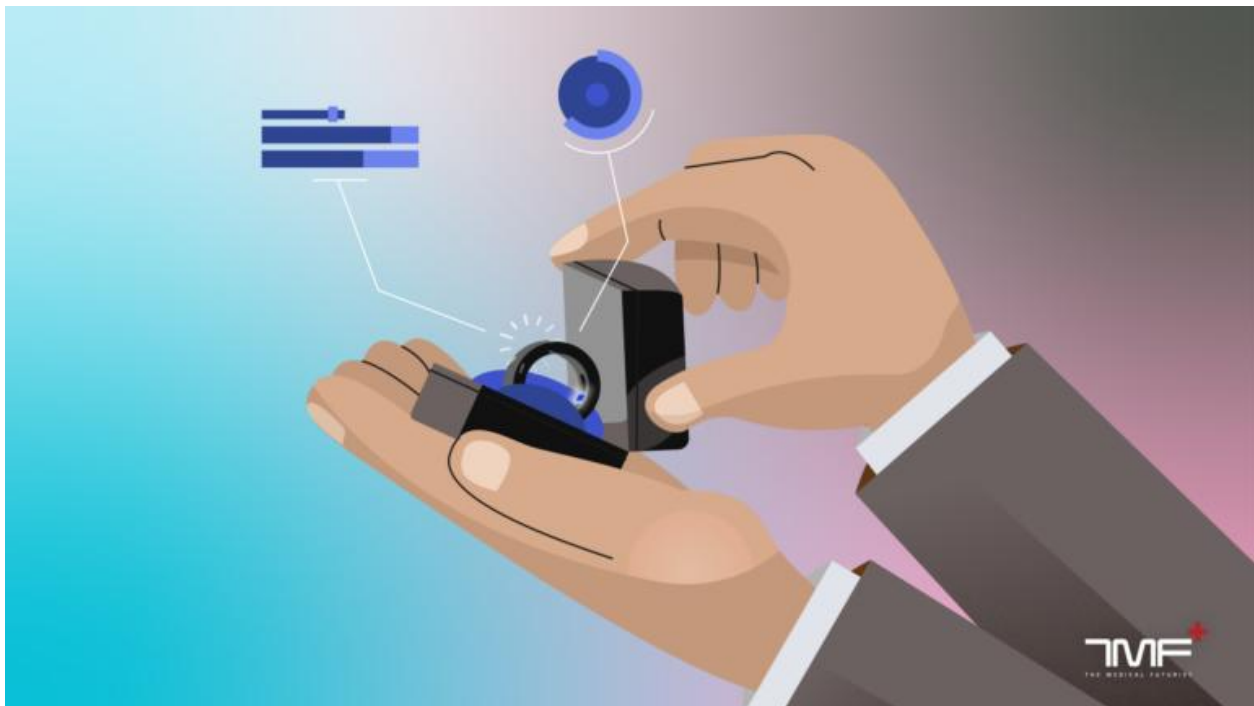
Recently, the company called Oura, which develops smart rings, just raised over \$900 million in a new funding round, bringing the company's valuation to \$11 billion.

It made me wonder whether a company developing a digital health device is really worth that much.

Scenario analysis helps unfold possible futures for smart rings.

Recently, the company called Oura, which develops smart rings, just [raised over \\$900 million](#) in a new funding round, bringing the company's valuation to \$11 billion. For comparison, Fitbit at its peak was valued at around 10 billion in 2015, years before Google acquired it.

It made me wonder whether a company developing a digital health device is really worth that much. I have nothing against Oura, though. They have a great product and are backed by revenue and user growth. I simply don't like wearing a ring. I thought it would be really interesting to analyze its possible future trajectories.



This is where scenario analysis, a well-established futures method, comes into the picture. It helps explore how different futures might unfold by systematically examining the interaction between key

forces of change. It starts with defining the **scope** (the system or question under study) and the **timeframe** (how far into the future we want to look).

Next, we identify the main **driving force** that shapes this future, such as technological, social, economic, environmental, or political trends, and pinpoint the **critical uncertainty**, the factor that could plausibly evolve in multiple directions. By combining one major driver with one major uncertainty, we create a framework for building distinct scenarios that reveal how different pathways might emerge, helping decision-makers prepare for a range of possible futures rather than a single predicted outcome.

Using Scenario Analysis in Action

Therefore, to get a better picture of where Oura and other smart ring makers are heading, I worked out four scenarios for 2030. The driving force I chose was **their ability to move beyond a ring**, and the major uncertainty was **their technology's integration into healthcare**. The driving force is important as it will define whether they can move beyond “just” being a smart ring developer and design services and features around that too. It reflects their technological evolution. While the uncertainty represents a risk about how that technology can play a role in healthcare. It also depends on healthcare's openness to welcome such a technology.

Scenario 1: “Prescription Ring” (Radical evolution + High integration)

In this future, Oura transcends the wellness market to become a clinically validated medical device. The ring receives both FDA and EMA clearances for diagnosing and managing conditions such as sleep disorders, heart rhythm irregularities, and even early signs of anxiety or depression. Physicians prescribe it as a reimbursed digital therapeutic, seamlessly integrated into electronic health records and telemedicine systems. Patients and clinicians alike rely on the ring's continuous data streams for personalized interventions, while healthcare systems embrace it as a cost-effective tool for preventive care and remote monitoring. The Oura Ring becomes as routine in medicine as a stethoscope once was.

Scenario 2: “Luxury Loop” (Slow evolution + Low integration)

Here, Oura remains a premium lifestyle brand, positioning itself as the “Rolex of wellness.” Innovation progresses steadily but conservatively—new materials, elegant designs, and AI-driven insights enhance the experience without changing the product's essence. The ring continues to serve high-performing professionals, athletes, and wellness enthusiasts who view it as both a fashion statement and a personal feedback companion. Oura focuses on exclusivity, personalization, and community rather than clinical validation. In this world, the company thrives on brand aspiration, not healthcare regulation.

Scenario 3: “Ambient Guardian” (Radical evolution + Low integration)

In this future, Oura evolves beyond the ring itself. Its core technology becomes an ecosystem of ambient bio-sensing environments: smart textiles, furniture, and everyday devices that passively track vital signals to optimize sleep, focus, and emotional balance. Data remains outside the medical domain, used for well-being rather than clinical decisions. The user's personal AI acts as a silent companion, continuously fine-tuning the environment such as adjusting light, temperature, or sound to promote optimal states. Healthcare systems may ignore it, but individuals experience a profound shift toward a lifestyle of continuous, invisible well-being optimization.

Scenario 4: “Wearable Winter” (Slow evolution + High integration)

A cautious regulatory climate and limited consumer appetite for radical innovation slow Oura’s transformation. The ring remains familiar in form but gains incremental medical capabilities—FDA clearance for sleep apnea and atrial fibrillation detection, for instance. Healthcare systems adopt it selectively within chronic disease management programs, reimbursing its use for specific conditions. Oura becomes a trusted, certified, and clinically conservative device: valued more for reliability and data integrity than for breakthrough innovation. It is the steady medical companion of a system that prizes safety over disruption.



No matter which scenario will get closer to reality by 2030, we can all start thinking about smart rings and their possible evolution through such analysis. Learn to do yours today with our [book](#) or [course](#).

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Czinger: Where Innovation and Artistry Collide

By Carece Slaughter

Pushing the Boundaries of Automotive Excellence with Revolutionary Technology and Unmatched Performance



Stepping into the [Czinger](#) factory is like walking into the future. In an era where automotive excellence is often dictated by tradition, Czinger has broken away from convention, forging an entirely new path. My visit to their Los Angeles facility was nothing short of revelatory—a rare glimpse into the world of next-generation hypercar manufacturing. Here, cutting-edge technology, engineering brilliance, and an unyielding commitment to performance converge to redefine the boundaries of what a hypercar can be.



From the moment I arrived, I was struck by the precision and focus of the Czinger team. There was no chaos—only an orchestrated dance of innovation and execution. Engineers and designers moved with purpose, each immersed in the fine details of building some of the world’s most advanced vehicles. Unlike traditional automotive plants filled with massive assembly lines and mechanical repetition, Czinger’s facility is something else entirely—a technological symphony where AI-driven design, 3D printing, and revolutionary assembly processes come together in perfect harmony.



3D Printed Parts Photo Credit: Czinger Vehicles

My guide for the day, **Max Morice, Czinger’s Brand Manager**, took me through the factory with an infectious enthusiasm, offering insight into the company’s latest advancements. As we moved through the facility, he introduced me to **David O’Connell, Czinger’s Chief Designer**, who shared the philosophy behind the 21C’s striking aesthetic. Later, I had the opportunity to sit down with **Lukas Czinger, Founder, President & CEO of Czinger Vehicles and the Founder, President & CEO of Divergent Technologies.**— a conversation that revealed the deep passion and visionary leadership driving Divergent and Czinger’s success.

Iconic Design: Sculpted by Technology





Czinger's design philosophy is unlike anything I've encountered before. Rather than following conventional manufacturing methods, the company leverages computational engineering and additive manufacturing to craft parts that are both impossibly complex and functionally superior. Walking through their production space, I saw robotic arms meticulously assembling chassis components that looked more like works of art than traditional car parts. Each structure is optimized for weight, aerodynamics, and strength, resulting in hypercars that are as breathtaking in form as they are formidable in function.

As I ran my fingers across the smooth, sculpted surfaces of the 21C, I couldn't help but marvel at the impossibility of it all. Every curve, every aerodynamic line had been engineered with absolute precision—not for aesthetics alone, but for efficiency and performance. The inline seating arrangement, a bold departure from industry norms, is yet another testament to Czinger's commitment to maximizing both aerodynamics and driver engagement.

Dominating Performance: Engineering Mastery at Its Peak



Numbers rarely do justice to a vehicle's essence, but with Czinger's 21C, the figures are staggering. The factory tour included an exclusive deep dive into the engineering marvel that powers this machine. At the heart of the 21C lies a bespoke 2.88-liter twin-turbocharged V8, augmented by two high-output electric motors for the front wheels. The result? A jaw-dropping 1,350 horsepower and a 0-60 mph time of just 1.9 seconds. As the team walked me through the hybrid system's intricate workings, I gained a deeper appreciation for the artistry hidden beneath the carbon-fiber skin.

Beyond straight-line speed, the 21C has shattered records at some of the world's most demanding circuits, including Laguna Seca and the Circuit of the Americas. Listening to the engineers discuss the fine-tuned aerodynamics, advanced cooling systems, and relentless testing process, it became clear that this was no ordinary hypercar—it was a weapon built for dominance.

Revolutionary Technology: The Future of Manufacturing



Area 21 Photo Credit: Czinger Vehicles



What sets Czinger apart is not just their cars—it's how they build them. As I toured the facility, I was introduced to their proprietary production system, which merges AI-driven design with 3D printing in a way that defies traditional automotive manufacturing. Unlike standard methods that require expensive tooling and manual adjustments, Czinger's approach allows for rapid prototyping and unparalleled efficiency. The result? Complex geometries and structures that traditional machining simply cannot produce, all while reducing waste and optimizing material use.

The company's latest facility expansion, known as **Area 21**, is a testament to their rapid evolution. They walked me through their newest production cells, where automated precision meets human craftsmanship. The process felt more like the assembly of a high-performance fighter jet than a car. Every component, from the chassis to the suspension arms, is designed and manufactured with an attention to detail that borders on obsessive.

Fast Facts About Czinger & Divergent Technologies

- **Patents & Innovation** – Lukas Czinger and his team have filed over 600 patents spanning AI-driven generative design, 3D-printed automotive components, and robotic assembly precision.
- **Unparalleled Speed & Precision** – The Czinger 21C broke multiple track records, including Laguna Seca, with a blistering 0-60 mph time of under 2 seconds.
- **Sustainable Manufacturing** – The Divergent Adaptive Production System (DAPS) uses 30% less energy and 20-40% fewer materials than traditional car manufacturing.

- Net-Zero Fuel Ready – Czinger’s V8 engine platform is designed to run on carbon-recycled methanol and other net-zero fuels, making it one of the most sustainable high-performance engines ever developed.
- Factory of the Future – Divergent’s AI-driven, decentralized factory network could allow small teams and startups to produce aerospace-grade structures on demand.

The Czinger 21C Lineup: Pushing the Limits

The 21C: A New Benchmark



2024 21C Rattlesnake Green Photo Credit: Czinger Vehicles

The flagship 21C is a bold declaration of Czinger’s capabilities. The 1,350-horsepower hypercar is engineered for both track and road, offering a blend of mind-bending acceleration and razor-sharp handling. With a top speed of 219 mph and the ability to sprint from 0 to 218 mph and back to zero in just 27.1 seconds, the 21C is rewriting performance benchmarks.

21C V Max: Speed Redefined



21C V Max Mojave Gold Photo Credit: Czinger Vehicles

For those who crave pure velocity, Czinger offers the 21C V Max. With an extended tail and aerodynamic refinements, this variant sacrifices downforce for straight-line speed. Every aspect of its design is optimized to slice through air resistance, making it a machine built for high-speed supremacy—a top speed of 253 mph and the ability to sprint from 0 to 248 mph and back to zero in just 27.1 seconds.

21C Blackbird Edition: Inspired by Aviation



21C Blackbird Edition Photo Credit: Czinger Vehicles

Perhaps the most striking variant of the 21C lineup, the Blackbird Edition pays homage to the legendary SR-71 Blackbird reconnaissance aircraft. Coated in a stealthy black finish, this limited-production model features performance enhancements that make it as fierce as it looks. The nod to aviation isn't just cosmetic—it's a reflection of Czinger's obsession with aerodynamics, precision, and engineering excellence.

Czinger DNA: Innovating Beyond Boundaries



If my time at Czinger taught me anything, it's that this is not just another boutique hypercar manufacturer. This is a company fundamentally reshaping the way high-performance vehicles are conceived and built. By embracing cutting-edge technology and rejecting outdated conventions, Czinger is proving that the future of hypercars isn't bound by tradition—it's bound by possibility.

As I stepped out of the factory and into the California sun, I found myself reflecting on what I had just witnessed. Czinger is not merely pushing boundaries; they are obliterating them. In a world where luxury and performance are often defined by heritage, Czinger is making a bold statement: The next chapter of automotive excellence belongs to those who dare to innovate.

The Dismantling of Public Health Infrastructure

Ronald L. Lindsay, MD

Florida has seen over 1,300 pertussis cases this year, an 81 percent increase from 2024. I didn't speak as a retired pediatrician. I spoke as a witness: a witness to systems retreat, a witness to the dismantling of public health, and a witness to the consequences of ignoring coordinated care.

The numbers are staggering. Over 1,500 confirmed measles cases in 2025. Three deaths, the first measles-related fatalities in the U.S. in over a decade. Behind these numbers: children, families, and communities left vulnerable by a system that once promised protection.

We built that system over 125 years through legislation, vaccination campaigns, and coordinated care models. We thought we eliminated measles in 2000. Not so. This administration brought the scourge back, costing three innocent lives. We created medical homes for children with autism, ADHD, and complex developmental needs. I helped lead that charge, through NIH-funded research, military service, and rural clinic transformation.

And in just ten months, one man dismantled it.

This isn't hyperbole. It's ledgered truth. The Trump administration's retreat from public health infrastructure, vaccine messaging, and coordinated care has left a vacuum. Clinics shuttered. Programs defunded. Institutional memory erased. The whirlwind I warned of has arrived.

I've seen it firsthand. As medical director of the Nisonger Center at Ohio State University, as a pediatrician in the U.S. Air Force, and as founder of First Coast Developmental Pediatric Consultants, I've watched systems built with care and foresight collapse under the weight of political indifference and ideological rigidity.

But I've also seen resistance: parents demanding answers, clinicians refusing to forget, and editors amplifying testimony. KevinMD has published four of my editorials. Ten more are staged for release. My memoir, *The Cassandra Factor*, threads this reckoning into narrative: part warning, part legacy, and part call to action.

This isn't just about pertussis or measles. It's about memory. It's about civic duty. It's about refusing to let public health be politicized into oblivion.

We need coordinated care. We need vaccine vigilance. We need to remember what worked, and why it mattered.

I may be retired, but I am not silent. I've ledgered my voice into media testimony, editorial campaigns, and public platforms. I've spoken out on CBS and FOX, and most recently on regional television on October 16: [Action News Jax](#). I've staged my legacy across KevinMD, Doximity, and ResearchGate. And I've honored Kathy's civic lineage in every clinic, detour, and op-ed.



This is not just resistance. It is resilience.

This is not just retirement. It is testimony.

This is not just a statistic. It is a warning.

[Ronald L. Lindsay](#) is a retired developmental-behavioral pediatrician whose career spanned military service, academic leadership, and public health reform. His professional trajectory, detailed on [LinkedIn](#), reflects a lifelong commitment to advancing neurodevelopmental science and equitable systems of care.

Dr. Lindsay's research has appeared in leading journals, including *The New England Journal of Medicine*, *The American Journal of Psychiatry*, *Archives of General Psychiatry*, *The Journal of Child and Adolescent Psychopharmacology*, and *Clinical Pediatrics*. His NIH-funded work with the Research Units on Pediatric Psychopharmacology (RUPP) Network helped define evidence-based approaches to autism and related developmental disorders.

As medical director of the Nisonger Center at The Ohio State University, he led the Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program, training future leaders in interdisciplinary care. His Ohio Rural DBP Clinic Initiative earned national recognition for expanding access in underserved counties, and at Madigan Army Medical Center, he founded Joint Base Lewis-McChord (JBLM) CARES, a \$10 million autism resource center for military families.

Dr. Lindsay's scholarship, profiled on [ResearchGate](#) and [Doximity](#), extends across seventeen peer-reviewed articles, eleven book chapters, and forty-five invited lectures, as well as contributions to major academic publishers such as Oxford University Press and McGraw-Hill. His memoir-in-progress, *The Quiet Architect*, threads testimony, resistance, and civic duty into a reckoning with systems retreat.

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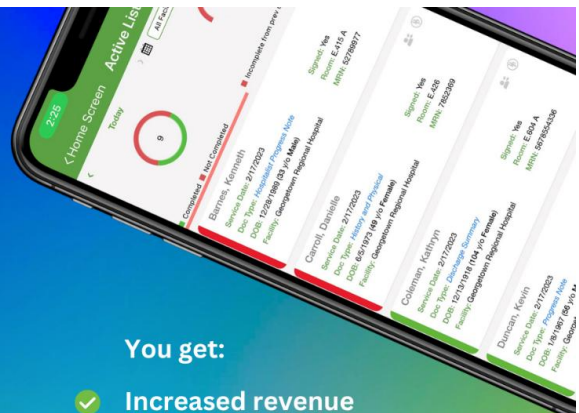
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Top Holiday Decor Ideas for 2025

The Holidays Are Getting a Fresh Look

The holiday season in 2025 is redefining charm with cozy traditions, smart tech, and sustainable design. A calming color palette, smart lighting setups, and creative touches make this year's Christmas decor trends a mix of new ideas and classic styles. Whether you like vintage ornaments or high-tech sparkle, early Christmas shopping helps you stay ahead, avoid stress, and enjoy the full holiday spirit.

1. Soft Neutrals Take Over

Out with bold red and green—this year's neutral Christmas palette is all about soft, grounding hues. Soft neutrals like cream, dusty rose, warm beige, and light gray lead this trend. These tones bring peace and warmth to any home decor setting.



Pair them with fabric gift wrap, linen accents, and dried foliage for a subtle yet stunning look. Add LED Christmas lights or holiday light displays for a gentle sparkle that lasts year after year. Neutral Christmas palette themes work beautifully in both traditional Christmas interiors and modern spaces. Including these tones in your living room creates a serene, inviting atmosphere.

Use beeswax Christmas candles to add a natural glow to your table centerpieces. Mix in bronze Christmas ornaments and muted metallics for dimension and elegance. A soft holiday mood board can help you plan decorating ideas that feel consistent throughout your home.

Don't forget your outdoor spaces—soft lighting paired with neutral garlands creates warm and festive outdoor lighting displays. Add programmable Christmas lights with warm tones to outdoor Christmas decorations for a cohesive exterior. Outdoor-lighted features in calm tones also highlight your home's structure without overwhelming it.

This calming color palette blends beautifully with both rustic and minimalist holiday decor ideas. The result is timeless, cozy, and energy-efficient—perfect for celebrating the season in style.

2. Retro Decorations Reign

Add vintage flair with throwback favorites. Mercury glass ornaments, bubble lights, tree accents, and a kitschy retro tree topper are must-haves. These nods to traditional Christmas charm work beautifully with modern settings.



Combine them with metallic tones or DIY holiday crafts to blend old-school charm with fresh decorating ideas and unique holiday decor ideas. Handmade holiday ornaments and beeswax Christmas candles add an artisanal touch that feels both personal and nostalgic. Mercury glass ornaments and bubble lights tree décor elevate your setup with vintage flair. These small details help bring your holiday spirit to life while staying true to trending Christmas decor ideas.

3. Eco-Friendly Decor That Cares

Strong is a standout star this season. Deck your halls with beeswax Christmas candles, handmade holiday wreaths, and winter wonderland decor made from natural materials.

Choose LED holiday lighting, energy-efficient light strings, and reusable items like fabric gift wrap to support the planet and stretch your budget.

4. Smart Lights Light the Way

Tech meets tradition with smart lighting solutions. App-controlled lights and programmable Christmas lights let you adjust brightness, change colors, and set timers using your phone or voice assistant.



Whether highlighting your mantel or lighting up your outdoor spaces, smart lights elevate your lighting display while preserving every light bulb.

5. Bold, Giant Christmas Trees

Say goodbye to minimalist trees—2025 is about bold, full-bodied designs. A decorated midcentury Christmas tree layered with textures and oversized bronze Christmas ornaments becomes the heart of your setup.

Add handmade holiday ornaments and custom Christmas decorations for a personal and luxe statement piece.



6. Winter Garden Magic

Bring the outside in with a serene winter garden theme. Think pine, eucalyptus, olive branches, and soft fairy lights to create a cozy living room escape.

Add rustic elegance with DIY touches like Advent calendar DIY stations or earthy candleholders. These small details channel a magical winter wonderland indoors.

7. Eye-Popping Outdoor Displays

Make your Christmas front yard a showstopper. Use outdoor Christmas lights, oversized wreaths, or fun inflatables to create memorable outdoor display ideas. Cohesive, themed designs work wonders.

Businesses can boost holiday cheer and attract crowds with festive outdoor lighting, commercial holiday décor, and professional business Christmas lights.

8. Handmade & Personal

Nothing beats thoughtful, handmade pieces. Incorporate DIY holiday crafts, personalized candles, or memory-themed decorations. A holiday mood board is a great way to explore your theme and inspire your holiday decor.

These handcrafted touches—like handmade holiday wreaths or ornaments—add warmth and reflect your style while offering unforgettable holiday decor ideas.

9. Shiny Metallic Mixes

Metallics remain timeless. Gold, champagne, copper, and bronze Christmas ornaments make any space feel elevated. Use them in candleholders, tablescape, or tree accents.

For balance, pair metallics with soft textures or neutral elements from your color palette to keep the look modern, not flashy.



A Nurse's View on the Broken Health Care System

Amanda Dean, RN

We ran as fast as we could. I glanced up occasionally at the nurse straddling my patient, her blonde waves obscuring her face as she furiously attempted to restart a non-beating heart. We pushed the hospital bed down hallways and around corners, narrowly missing people-filled stretchers lining the Emergency Department. I stood in the back while the experts took over. If she was ready to leave this world, I wanted to be with her. As a palliative and hospice trained clinician, death and dying is my forte. Cardiopulmonary resuscitation, however, is not.

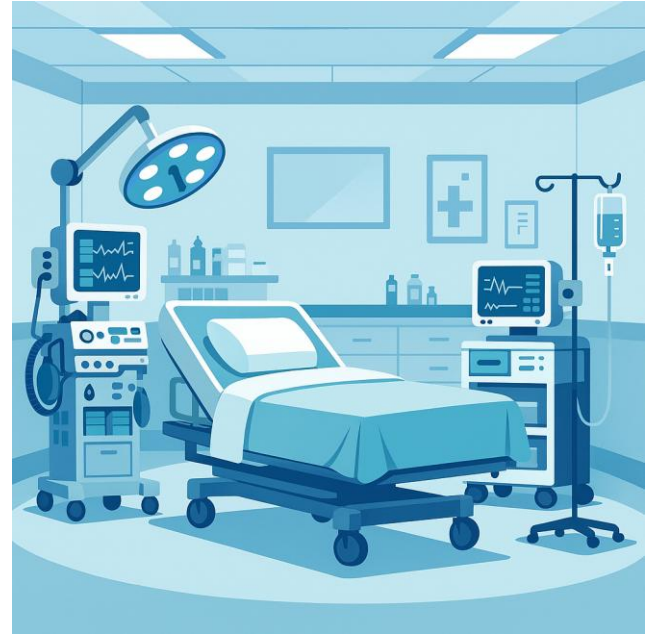
I took this job so I could be a more well-rounded practitioner. Having spent the majority of my nursing career with children, I felt more experience with the adult population would assist me in NP school and perhaps broaden my scope wherever I ended up afterwards. Truthfully, I needed flexible hours and in addition to a sign-on bonus, the offer included good benefits and more money per hour than I've seen in a long while. This is part of what's broken in U.S. community-based palliative and hospice care settings; little to no reimbursement (especially for children) from government-funded programs such as Medicare and Medicaid leads to small salaries for people doing the work.

Recent budgetary cuts from the current administration will only make this worse, for adults and children alike. I've read about several hospice organizations who have already shuttered their doors due to financial restraints. I worry most about small towns and rural communities who already lack resources for supportive care during serious illness and at end-of-life. Big beautiful bill? For whom? Certainly not the country's most vulnerable.

Being in the hospital again reminds me why I left. It's more difficult now on an aging body than when I was younger, with the energy and stamina of a twenty-something. I'm no longer able to work multiple shifts in a row; two is all I can muster. "It's temporary," I tell myself. Studying and practicing palliative care brought humanity back into medicine for me. I fear I'll lose it again, and so I do my best to find one good thing in every shift. This is more difficult on some days.

There are systemic and likely generational issues that trickle down into a puddle of disease, denial, mistrust, and addiction. And we, the nurses, are left to catch the contents. It feels like trying to mop up a monumental mess with a kitchen sponge. It never feels like enough. Mostly because we are told, daily, that it's not enough. That we aren't doing enough. That our scores aren't high enough. And mainly, because we aren't given the resources for it to actually be, enough.

I continued to watch as the team worked hard to save this woman's life. One after one, people took turns compressing her chest. Finally, after what seemed like forever, someone announced they could feel a



pulse. I returned to my post, shedding a few tears along the way. And I went on, like nothing ever happened. Because there are other patients waiting for their medications and breakfast trays. There are call lights that never end because someone can't find their glasses. Again. Or because their cardiac monitor is beeping. Or because they don't like their food. And there are those who come to us for help and decline to participate in their care. They put themselves, and us, in danger. I said as much as I gently guided a patient from an illegal, makeshift smoking area back to her room. She was so unsteady she could barely walk.

This goes on. For 13 hours.

I think if you asked any nurse why they chose this profession, they would tell you it's because we genuinely want to help people. I look at the young nurses in my unit, fresh out of school. I've watched excitement slowly wane over time. To what, I don't know. Fatigue? Disillusionment? Maybe both. Because in addition to the expectation we will provide excellent customer service, we're also giving medications and performing specialty assessments. We respond to bed alarms and forgetful wanderers. We're cleaning wounds and adult-sized bottoms. We're checking lab results and double-checking orders because our licenses are at stake. And we're constantly on guard for any clinical change that may signify a critical event.

We're also repeatedly interrupted. Any number of health care workers arrest our care and conversations because they have a job to do as well. Something tells me there aren't enough of them either. Our focus shifts, from task to person, as our patient's family members too have questions, concerns and complaints. We do all of this without enough support or staff. A housekeeper called in sick? Nurses must clean their own rooms. Not enough techs? Nurses must transport their own patients. Not enough nurses? Nurses must care for more people. We do this most days without bathroom or meal breaks. Even though we are "encouraged" to utilize our allotted 30 minutes for lunch, we are rarely provided with coverage to do so.

Sometimes I fantasize about a one-on-one meeting with the powers that be. In my made-up story I give them advice on nurse retention. "It's simple," I tell the millionaires sitting across from me. "Lower patient to nurse ratios, hire more staff and distribute the wealth," I say with imaginary authority. "Train your leaders well and often," I add. And as I conclude, I produce scientific evidence to support my statement that, "decreased stress reduces nursing burnout, which leads to improved staff and patient safety and satisfaction." And in my dreams, the nursing crisis is resolved. The national flatline shifts to healthy systemic change, and a profession is restored.

As I'm about to leave my shift, I hear an announcement for Code Blue. The same woman I cared for that morning was in cardiac arrest once again. I walked to her room and stood in the back, just in case. Once ventricular tachycardia morphed into sinus rhythm, I turned around and went home.

Amanda Dean is a palliative care nurse.

HOLIDAY TRAVEL TIPS TO KEEP YOU SANE AND HAPPY

By Caroline Makepeace

The holiday season is ahead of us, otherwise known as the Thanksgiving and Christmas holiday seasons! It's the most magical time of the year, but possibly the busiest time to travel. Only the most fearless and brave will walk up to the airline counters and through those security gates. I bow down to you.

Me – the frequent traveler – will be cozied on down in mountains of North Carolina with my red wine and throw blanket after a couple of hikes and small town wanderings. You can have those holiday crowds.



But we're no strangers to traveling during the holidays, and to help you get through your next trip smoothly, we've prepared these holiday travel tips to keep you sane and happy. Travel during this holiday season is so very different from the last time we were free to roam in 2019, but as long as you follow these holiday tips, you're in for an incredible time!

1. Be Prepared. Accept. Embrace

Enter the holiday travel season with the understanding it's going to be chaotic and possibly filled with problems. Accept this is the case and choose to willingly travel despite this. It puts you in a much better position to handle the lines and the delays.

You're already prepared for it. And you might get a nice surprise and not have the worst case scenario. Breathe deeply and use the long queues as an opportunity to catch up on emails on your phone, or swap stories with the strangers around you – helping them to feel at ease at the same time – make it part of the journey.

2. Consider Holiday Packages

The competitiveness of the holiday season means you might find some great deals on hotel and flight packages. Choosing packages not only saves you money, but it alleviates some of that stress. You do need to plan ahead to find these deals, though.

3. Check Alternate Airports

You can often experience fewer delays and get cheaper deals by taking flights from different airports. And it's not just on flights, but on rental cars and transfers as well. Check the flight prices from differing airports that you can fly to. For example, in New York City, it might be cheaper to fly from Newark over JFK. In the UK, for example, you might find flights to and from Manchester are cheaper than in London. You can always take a train or bus to the airport if it's a further distance. Don't always go for the obvious ones.

4. Avoid Peak Travel Days

Sometimes this can be hard to do but when you're searching for your flights, click "flexible dates" so that you can find the best price and book your flights according to that period. Flying over the weekend tends to push prices up. If you can fly mid-week, it will work out better for you. And, there's usually fewer crowds in the airport.

5. Early or Late Flights are Best

Most people don't like to fly at this time, so you have a better airport experience and experience fewer delays as well.

6. Leave for the Airport with Plenty of Time

Even if you have an unusual surprise and the lines aren't long, at least you'll make your flight and you can relax at the gate with a good book. There is nothing more stressful than almost missing your flight. I once flew home from Austria via Munich on the busiest day of the year. I had two hours to get to my gate, and almost didn't make it.

I only made it because I begged the airport guy to slip me through on the fast lane of the security line and he only did it because I was solo and my flight was leaving in 15-minutes. The crew of young men who tried to follow me were denied and they would have missed their flight for sure. Being the holidays, you'll struggle to get on the next flight, or even get a flight at all.

7. Fly Direct to Avoid Possible Connection Delays

If you can fly direct, do it. If not, plot your connection routes carefully and bear in mind weather conditions that might cause delays. It's also a good idea to pack hand luggage only when taking connecting flights, as this is usually where bags get lost. If you're worried about your checked bag getting lost, I highly recommend you get yourself a luggage tracker tag from Amazon, which sends a GPS signal to your phone and tells you where your bag is.

8. Avoid Airline Counters If You Can

Check-in online and print off your ticket. Check your bags in curbside. Research beforehand to find out. If you are traveling internationally as well, sometimes this doesn't work. I couldn't do it flying home from Munich for some reason because of my United States visa.

Important note: this doesn't always work. It infuriates me when I check in online, yet arrive at the airport and have to do it again anyway to get my bag tags and then I line up for hours. American Airlines are pretty bad for this.

9. Reserve Airport Parking

Reserve airport parking ahead of time to ensure a spot and you can sometimes get good deals online. But, do run the numbers to see if it's cheaper for you to park your car, or just catch an Uber or bus to the airport. OR, find a friend to drive you.

10. Travel on Christmas Day

You can get great prices and some airports may just be the ghost town of your dreams. If the celebration of the big day isn't a big deal for you, you can find pretty good deals on this day. The same goes for New Year's Eve, as it's not a popular day to fly.

11. Use Your Membership Reward Points

Cash in those reward points for flights, accommodation, or upgrades. This is what you've been saving them for! Do your research well in advance and book as soon as you can. It is the holiday season so many people may be trying the same strategy.

Be careful that you are getting the right value for the use of your points. For example, in New York, although we had Airbnb credits we could use, we realized we were better off paying for two nights' accommodation

that was decently priced, instead of using our credits. It was a \$400 difference and those credits would stretch much further in a cheaper destination. And, as we were out exploring every day, we couldn't really utilize the benefits of an Airbnb stay, for example, the kitchen!

12. Take Advantage of Crazy Holiday Sales

Now, I am not a shopper, but I was kinda getting into it in New York with those insane deals. We saved over \$200 at Macy's in New York purchasing some good winter coats for all of us, and two gorgeous outfits for the girls to wear to the Lion King. We combined those savings with in-store sales, online coupon codes (which you can use in store) AND my Amex card offers.

13. Packing Gifts

My best tip is to not fly with gifts. Send them by post instead, give gift cards, or have Amazon deliver them! Craig's Mum (in Australia) shops for presents at Walmart and has them delivered to our door. Or, just forgo gift-giving and focus on memory-making.

If you must:

Don't wrap the gifts, security could very well unwrap them to take a peak. Pack and pad them well in your suitcase. Be sure not to carry on any gels. If you are flying internationally, be aware of the rules about bringing in food or plants. Most countries will confiscate them.

14. Pack Light

It can be a bit hard with all that winter holiday gear. #theworst. If you can get away with just a carry on, do it. You can always buy things when you get there. For example, soaps, shampoo, conditioner and toothpaste are not essential to pack. I can guarantee that anywhere in the world will have those supplies in a supermarket – or you can book a hotel that offers free toiletries!

15. Be Prepared

With snacks, entertainment, water etc. for your flight or drive. You just don't know what sort of delays you may experience. Better to be prepared. Get yourself a neck pillow, travel socks, eye mask and ear plugs. Be prepared to settle in, even if it's not a long journey.

16. Be Phone Ready

Make sure your phone is charged and has all relevant phone numbers, itineraries, and apps installed. We love the TripIt App Pro version. It automatically imports all bookings and itineraries from my email into the app. It lets me know of any flight changes or delays and tells me what gate I am arriving and departing from – super handy if I have to do the mad dash for my connecting flight.

17. Take a Road Trip

Better still, avoid flying altogether. Throw all the gifts in the car and as much luggage as you want and do it old style! You get more flexibility and freedom, less hassle and stress, and quality time with your loved ones, and it will often be much cheaper! Driving to New York saved us about \$800 in flight expenses.

18. Have Alternate Routes Planned If You Are Driving

Google Maps is quite good in that it will constantly update and divert you from traffic so you always take the faster route. Another great app to use when driving



Skyline drive, Shenandoah National Park

is Waze, which is a really great SatNav app. Again, avoid peak times. We left on our road trip to New York on the Sunday at the end of Thanksgiving weekend. Hello, traffic jams.

19. Stay Local

Rent an apartment in a destination close to home with a bunch of friends or family and just have a cheaper and more relaxed experience closer to home. We love Staycations. Last year we visited Boone, North Carolina for Thanksgiving, Bryson City for Christmas fun, and then Beaufort on the Crystal Coast and Outer Banks over the Christmas school break.



20. Get Up Early

If your holiday travel is centered around exploring and visiting tourist destinations then get up early. You will beat the queues as most people won't get up early! We had no wait to go to the top of the One World Observatory and only a short one for the 911 Museum recently in New York as we arrived at the opening. When we walked out the lines were snaking around the building. However, we did arrive at the Empire State Building in the middle of the day (could not be helped) and we had an hour wait. It would have been longer if we did not have the Sightseeing Pass which helped us skip the ticket queues.

21. Get a City Sightseeing Pass

If you plan on visiting several tourist attractions in a city, then grab a city sightseeing pass. Not only will they save you money on attraction fees, they sometimes give you fast pass access. New York was the first time I used one and I'm now a big fan. City passes are the bomb.

22. Be Nice

If something goes wrong, just smile, be patient, and be kind. That's the best way to get help. No one is going to help you if you flip your lid at them. I understand why you might want to, but it's not the best solution. Be understating of the hell the person behind the counter may be going through if there are travel dramas. Sometimes it may be quicker if you phone the airline directly if you have a flight issue.

23. Choose Memories and Moments Over Possessions This Holiday Season

Trade the gift-giving for a memorable travel experience. For example, for many years we have chosen to not give gifts but to do something special on Christmas. We had Christmas Day in Victoria falls in Africa and Christmas in New York and experienced Christmas fun in New Orleans, Huntsville, and Myrtle Beach. And we'll never forget riding the Polar Express in Bryson City, NC. All of these are unforgettable holiday memories.



FAQs About Holiday Travel Tips

Here's what people usually ask us about traveling over the holiday season.

What should I do 3 days before my trip?

Three days before your trip you should check you have all your documents ready **and printed**. Confirm your bookings if you need to and then check the weather forecast. This will give you an idea of what to pack.

What do I need to know before going on holiday?

You should know what documents you need to enter a country, such as visa, passport requirements (some require you to have six months validity) and insurance coverage.

How do I leave my house when on holiday?

If you're worried about leaving your house when on holiday, ask a friend or neighbor to keep an eye on it. Leave a spare key with someone you trust and have them swing by from time to time to make sure it all looks ok. Or better yet, get a house sitter.

What are your best travel tips?

Our best travel tips are to pack light; lay out everything you want to take with you and then half it. Travel carry on only when you can (it's cheaper and you won't have to worry about losing your bag).

Final Words of Advice

So there you have it, those are our top travel tips for traveling over the holidays. It might seem overwhelming and stressful, but it doesn't have to be.

Our main piece of advice is to **plan ahead with plenty of time**. If you're thinking of traveling last minute, you can expect chaos, but if you prepare in advance, it should run smoothly. You should also make sure you are well prepared, both with all your documents and your mentality.

"By failing to prepare, you are preparing to fail"
Benjamin Franklin

The journey may be perilous, but the destination will make it worth it.
Happy travels!



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