

MD Life

January 2026





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Why Doctors Struggle with Treating Friends and Family

Rebecca Margolis, DO and Alyson Axelrod, DO



Early in medical school, a professor warned us: “Never prescribe for someone who isn’t your patient.” He shared a story of writing a simple antibiotic for a friend who later developed Stevens-Johnson syndrome, a devastating outcome that haunted him long after. His message was clear: There is a bright line between caring and causing harm.

Fifteen years out, we now understand just how blurry that line really is.

“First, do no harm” sounds straightforward until you become the physician everyone knows. Friends send photos of rashes. A neighbor casually asks you to fill out a form “just this once.” A bank teller lifts a pant leg to show you a concerning ulcer after noticing your hospital badge. Sometimes the requests feel small, but the stakes never are.

Each curbside consult comes with a silent calculus:

What if I miss something? What if trying to help delays real care? What if my reassurance keeps someone from seeing their doctor?

And then there’s the flawed system we all operate in, long waitlists, hours on hold, prior authorizations that break people down. Sometimes “doing no harm” can feel like calling in a refill of a medication your friend has taken for a decade because access has failed them yet again.

The mental gymnastics of boundary-setting are rarely acknowledged. As one of us (AA) often says when cornered at the playground: “Are you asking me as a friend, a mom, or a doctor?” (Knowing full well the answer changes nothing.)

The dynamic becomes even thornier when the roles reverse, when we are the family. Being the “doctor in the family” is a complicated privilege. You speak the language of the hospital, so you become the interpreter, the advocate, the early-warning system. You are expected to know when to worry and when not to.

But how do you advocate without being labeled “that family”?

Do you silence the IV pump before it drives everyone mad, worried you’re overstepping?

Do you ask the residents for clarification, or accept an incomplete explanation to preserve goodwill?

Physicians are trained to anticipate catastrophe; it is how we keep patients safe. But that same vigilance can turn on us when someone we love becomes the patient. We scan for deterioration others cannot see. We hear worry in a consultant’s tone that others would miss.

We become both the protector of hope and its biggest skeptic.

Moving between these two worlds (caregiver and loved one) requires emotional shape-shifting. We set aside our own fear to project calm. We absorb the medical trauma on others’ behalf. There is little space for our grief, our anger, or our vulnerability.

This weight is invisible and heavy.

And yet, there is awe.

One of us recently watched her mother walk out of the hospital after a robotic Whipple, a feat that feels nothing short of miraculous. In those moments, being a small cog in this massive, imperfect system feels meaningful.

Worthwhile. Affirming.

We stand at the bedside, both humbled and grateful when the system shines. When deeply coordinated care becomes symphonic. When a surgeon’s skill, a nurse’s vigilance, and a pharmacist’s expertise align to save someone we love.

It reminds us why we walked through those hospital doors in the first place.

Because when medicine works (when it really works), it is breathtaking.

[Rebecca Margolis](#) is a pediatric anesthesiologist. [Alyson Axelrod](#) is an interventional physiatrist.

“You can't go back and
change the beginning,
but you can start
where you are and
change the ending.”

— C.S. Lewis

Your 2026 Tech Forecast: 5 Trends Changing Everything

By Kim Komando

From Apple's foldable iPhone to 1,000-mile EV batteries, read this innovation forecast from The Current to see the five biggest technologies launching this year.



Gemini

Happy New Year! While 2025 was the year we all talked about AI until we were blue in the face, 2026 is when the tech starts showing up in our physical lives. We are moving beyond simple chatbots and into a world of robots in your kitchen, satellites in the sky and Apple finally making a phone that bends.

Here is the list you need to know as we kick off day one of 2026.

The foldable iPhone

After years of watching Samsung dominate the foldable market, Apple is expected to copy Samsung, I mean, launch its first foldable iPhone this fall. It'll be a book-style device that opens into a mini-tablet. Hopefully, Siri will get some real AI smarts, too.

In true Apple form, it won't be cheap. Expect to pay \$2,000 or maybe more. Apple's betting its loyal fan base will stand in line to pay a small fortune for a phone that fits in your pocket but gives you a massive screen for movies and work. And we will. No doubt.

I want a home robot

What's the one chore you hate doing around the house? For me, it's folding laundry. Every time, I contemplate becoming a nudist, then I remember I don't have a 20-year-old body anymore.

2026 is the year we stop talking about robots and start letting them into our homes.

The big players are moving fast. Elon Musk's Tesla is pushing the Optimus bot toward home use, while companies like Figure (backed by OpenAI and Jeff Bezos) and Apptронik are racing to get their versions into your living room.

These aren't Roombas. These are machines that can move like us and actually help around the house. I'll name mine Obi-Wan Cleanobi.

You're a human problem

As AI agents get smarter, the internet is becoming a dead mall of bots.

Remember a few months ago when Apple and Google said, "Aside from your driver's license, you can put your passport in your phone's digital wallet now! Oh happy day!" Were they being thoughtful? No.

In 2026, your phone will store a verified, government-backed ID that you will use to prove you are not a bot when buying concert tickets, going through TSA or logging into the bank. Say goodbye to those annoying puzzles where you have to click every crosswalk or bike. This is about making the internet safe for real people.

Satellites galore

2026 is the year no bars officially becomes a thing of the past. Massive satellite constellations are fully operational, blanketing the Earth in high-speed connectivity.

This is not only for rural areas. It means high-speed internet with no dead zones on every airplane and ship. Someday, I'll tell my grandchildren about having to sit on a grueling 10-hour flight from London with no internet.

Keep an eye on the news, too. Elon Musk will finally take SpaceX or its Starlink division public this year, which would be the biggest IPO in tech history.

Meanwhile, AST SpaceMobile launched the largest low-Earth satellite ever. BlueBird 6 is the size of a three-bedroom apartment. Its superpower? Beaming 5G directly to your regular phone, no dishes or boosters needed. Signal everywhere, all the time. Oh, and it's brighter than actual stars.

They're planning on launching 50 more next year, and they already have partnerships with AT&T, Verizon and others. Go out tonight and get a good look at the stars while you can still see them.

The 1,000-mile battery

For years, the main knock on electric cars has been the battery. That changes this year. Major automakers like Mercedes-Benz and Toyota are slated to move solid-state batteries from the lab to the production line in 2026.

These batteries are a game changer. They don't catch fire, they charge in about 10 minutes, and they can go up to 1,000 miles on a single charge. That is New York to Florida without stopping for fuel. The electric car finally becomes more convenient than the gas car.

2026 is more than a new year. It is the beginning of an era when the digital and physical worlds merge. Stick with me, and I will make sure you are ready for it.

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"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

Medical Doctor Financial Auditing for a Successful New Year

As the New Year begins, it becomes a great time to reflect on our financial goals and what we would like to do differently to have a financially successful year. Medical doctors can refocus on areas of improvement from the



prior year and adjust accordingly. In order to build a solid retirement and financial plan, one has to examine the financial foundation and what pieces they have in place. The following will outline some of the key areas that often get overlooked where medical doctors can change the course of their financial future.

Review Your Cash Flow

The cornerstone of all planning is looking at one's cash flow. Simply put – what income is coming in and what money is going out. While you can use a simple budgeting app or check your bank statements for multiple months' worth of data, it is critically important that you properly estimate your expenses. Monarch Money is one of these useful apps to re-evaluate where your expenses are going.

Once you know where your money is going, you should see how your cash flow ratios measure up. One important measure, known as **PITI** (Principal/Interest/Taxes/Insurance) applies to your monthly cost of maintaining your home. A general rule of thumb is to spend no more than 36% of your gross income on PITI. This is to allow room for other financial goals (i.e., saving for retirement, down payment on a second home, etc.).

However, we have found that most successful doctors average closer to 25-30% of their gross annual income on PITI. One area that often gets overlooked is factoring in annual housing maintenance costs in addition to PITI.

Depending upon how old your home is and the wear and tear of the home, it is usually a good idea to estimate **an additional 1-4%** of the purchase price of your home in an annual amount reserved for annual housing maintenance costs.

For example, you purchased a home for \$1,000,000 that was built in 2008 and your home is in very good condition, you should allocate an additional 1% (\$10,000 annually) towards its annual upkeep. If the home is located in a harsh temperature/climate area and your home is older, it may warrant closer to the 3-4% range in a housing maintenance fund.

We find that another area that medical doctors don't have a good gauge on is how much to spend towards their vacation budget. A good rule of thumb is to spend **5-10% of your after-tax income** on vacations. Therefore, if you make \$40,000 in after-tax monthly income, you may want to allocate \$2,000 a month (\$24,000 a year) to \$4,000 a month (\$48,000 a year) towards vacations. More successful doctors will keep towards the 5% range and those who wish to travel aggressively in early retirement will often have 7-10% as their target.

How Much to Save?

In our opinion, you must earn the right to invest. Before investing your extra cash, you should build up a proper emergency fund first. As a starting point, medical doctors may want to have at least 3 – 6 months' worth of living expenses an emergency fund for unexpected expenses- provided there are two income streams available (spouse's income, rental income, etc.). If you are an entrepreneurial doctor, then 12-18 months may be more suitable.

Once an emergency fund is established, you have earned the right to start investing. A good rule of thumb is to **save and invest 10-30%** (excluding an employer match) of your gross income. We find that most successful doctors will save 1/3rd of their after-tax income, spend 1/3rd on needs, and 1/3rd on wants. Another popular savings strategy is the **50/30/20 strategy** – where 50% of your after-tax income is spent on needs, 30% is spent on wants, and 20% is for savings and debt repayment. Every situation will of course vary and dictate the appropriate saving level percentage.

Short-term Goals and Long-Term goals (Matching Investments)

We find that as medical doctors set their short-term goals, they may not know how to align their investments towards their goal. For savings goals that are less than 5 years (money will be needed to be spent under 5 years), it is usually not appropriate to invest in the stock market. The reason for this is historically speaking, the stock market generally tends to go up and down every 5 years. If you lose money by the time it is needed, it will be a poor choice as an investment allocation. Money markets, High Yield Savings Accounts, and ladder CD's can make for suitable short-term investments.

For intermediate goals (think 7-10 years), it may be appropriate to have some small proportion in stocks and a large percentage in fixed income (example: short term/intermediate term bonds). Absent a default, as bonds mature, you will receive your principal payment back as long as the bond wasn't sold before the maturity date. This can be a great way to lock in fixed interest payments and potentially yield more than short-term cash equivalents.

Finally, for long-term goals like retirement, you will need a healthy dose of stocks. Stocks will allow your portfolio the best chance of outpacing inflation. Since 1957, the S&P 500 index (representing the largest companies in the US) has yielded a real return (after-inflation) of 6.69%.¹

In addition, you will need to start to build out your fixed income (bond) and cash investments to help support spending needs in retirement. Generally speaking, you will want to maintain 6 months to 2 years' worth of cash, and 5-8 years in fixed income. This is to combat sequence of return risk which is the risk that you receive negative stock returns early on in retirement which could result in selling your portfolio at fire sale prices. Doing so could mean taking a permanent pay decrease to your retirement paycheck. Make sure you work with retirement specialist who can carefully craft a portfolio that can sustain these pitfalls.

Holding too much in cash, not enough in stocks, or owning the wrong type of bonds can dramatically alter your retirement picture.

¹ S&P 500 Average Returns and Historical Performance (Dec 2025 – Investopedia),
<https://www.investopedia.com/ask/answers/042415/what-average-annual-return-sp-500.asp>

If you would like to take a deeper dive and learn more, do not miss our upcoming online seminar on **Medical Doctor Advanced Financial Planning for a Successful New Year on January 14th (Wednesday) at 12 Noon.** [Scan the QR Code below to register now!](#)



About the authors:

Greg Giardino, CFP®, CPWA®, is a Fee-Only Fiduciary Certified Financial Planner, and Certified Private Wealth Advisor Consultant. Greg specializes in counseling high-net-worth MDs and academics. Greg's accolades include being named InvestmentNews' Rising Stars | Best Wealth Managers and Advisors under 40 in the USA for 2025 and on NJBIZ's 2025 40 under 40 list.

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Greg Giardino was named among Investment News Rising Stars "Best Wealth Managers and Advisors Under 40 in the USA", announced October 2025 for the time period October 2025-October 2026. Greg Giardino was named among NJBIZ's 2025 "Forty Under 40" honorees, announced September 16, 2025 for the time period October 2024 – September 2025.

Stephen C. Craffen, BE, MBA, MS, CFA, CFP®, ChFC, CLU, BFA, is a Fee-Only Fiduciary Certified Financial Planner, and former Chair of the National Board (2018-2019) of the National Association of Fee-Only Advisors (NAPFA). He was named Thought Leader of the Year for 2024 by ThinkAdvisor. Steve specializes in working with high-net worth professionals.

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Stephen Craffen was named among ThinkAdvisor's 'Thought Lead of the Year for 2025' announced December 12, 2024 for the time period January 2024 through December 2024.

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5 Things Health Care Must Stop Doing To Improve Physician Well-Being

Christie Mulholland, MD

I direct a Faculty Well-being Champions Program overseeing 47 physician champions across 33 departments. I also practice palliative care part-time and coach physicians navigating burnout. I liaise with well-being leaders nationwide, some at programs just checking a wellness box, others genuinely trying to get it right. This year taught me that well-being work reveals patterns. The same destructive habits show up across institutions, specialties, and conversations.

As 2025 closes, here are five things health care needs to stop doing if we're serious about physician well-being.

1. Blaming younger physicians for “not wanting to work as hard”

There's a pervasive narrative that younger physicians are less dedicated than previous generations. They set boundaries. They decline committee work. They don't seek mentorship. They prioritize work-life balance. The conclusion: This generation doesn't have the same work ethic. Often the accusation is couched as concern that these young doctors are missing out on professional development.

This completely misses what's changed. As a recent Lancet article on the corporatization of medicine noted, “the space for good work in a bad system” has narrowed over time. When physicians spend more time on documentation than patient care, when administrative demands multiply, when metrics prioritize productivity over quality, when the lay public's trust in experts erodes, the work itself becomes less rewarding.

Younger doctors aren't lazy. They're responding rationally to a fundamentally changed system. They set boundaries because the system won't. They avoid “extra” work because their required work has already expanded beyond what's sustainable. They cut out water-cooler conversations with colleagues because time with families is scarce (and the water-cooler space was probably repurposed for something revenue-generating).

Instead of dismissing generational differences as a work ethic problem, ask: What has changed about the work that makes younger physicians respond this way? Their behavior is data about our system.

2. Asking physicians to lead well-being initiatives without resources

Well-being champions can create meaningful change when properly supported. The problem is asking them to improve morale without budget, change culture without authority, or advocate for colleagues without institutional backing. Too often, physicians are handed titles, tasked with leading committees, and expected to solve burnout, all in addition to their regular work.



I've seen talented physicians burn out from well-being work itself because they lack resources, time, or institutional power to make structural changes. They become discouraged when it feels like all they can do is absorb their colleagues' distress.

Well-being work isn't a volunteer hobby. It requires protected time, operational support, and genuine authority to implement recommendations.

3. Requiring well-being initiatives to prove immediate ROI

Health care organizations will implement new clinical technology, expand service lines, or renovate facilities with long-term strategic thinking. But well-being initiatives are held to a different standard: Pay for themselves or they're cut.

We'll pay for AI scribes, but only if physicians see extra patients to offset the cost. We'll fund wellness programs, but they need to demonstrate reduced turnover within six months. The implicit message is that physician well-being matters only insofar as it serves the bottom line. This thinking is short-sighted. Shanafelt and others have established the business case: investing in well-being reduces turnover, absenteeism, and medical errors. Yet too many executives seem to forget this during budget season.

We need to stop treating physician wellness as a luxury expense rather than infrastructure investment.

4. The all-or-nothing employment model

Health care treats part-time clinical work as a failure of commitment. Physicians who reduce hours face professional penalties: loss of benefits, fewer leadership opportunities, less respect from colleagues, concern about "keeping up their skills." The implicit message is that serious physicians work full-time, and anything less means you're on your way out.

This rigidity is unsustainable. Physicians have caregiving responsibilities, health issues, and the simple human need for balance. Some want to combine clinical work with research, education, advocacy, or other meaningful work. Our health care system faces impending physician shortages. Making space for those who want to stay in the work, but on different terms, could be crucial for patient access.

And while we're reforming employment models, let's actually make sabbaticals accessible. Since 1880, universities have offered sabbaticals as a cornerstone of academic life. Medical schools include sabbatical policies in handbooks, but a 2021 survey found only 53 percent of U.S. medical schools reported any faculty taking sabbaticals in the past three years, with a median of just three per school. The benefit exists on paper but is functionally unavailable until full professor (15 to 20 years into your career, if ever).

5. Rolling out every shiny new technology without planning for downstream effects

Institutions implement new EHR modules, AI scribes, patient portal features, telehealth platforms, and documentation tools at breakneck pace. Physicians are promised these innovations will empower us. Instead, historically, each creates new workflows, new problems, and new tasks that become the physician's responsibility.

Years ago, no one mapped out how patient portal messaging would increase physician workload. Only now, after alarming data on “pajama time,” have health systems begun exploring billing for portal care. Giving patients open access to radiology results opened Pandora’s box: patients reading their cancer diagnosis Friday night, unable to speak to their doctor until Monday. So what will happen with AI scribing and clinical decision support? We’ve seen the movie before. The technology gets rolled out; physicians absorb the fallout, the good and the inevitable bad.

Before implementing any new system, ask: What will this actually require of physicians? Who will handle the problems it creates? What are we removing to make room for this?

What should replace these patterns

Health care needs to recognize that younger physicians’ behavior reflects system changes, not character flaws. We need to resource well-being work properly and evaluate it with the same long-term thinking we apply to other investments. We need employment models that accommodate physicians’ lives and evaluate technology by actual workflow impact, not theoretical promise.

Most importantly, we need to recognize, really believe, that sustainable physician careers require institutional commitment, not just individual resilience.

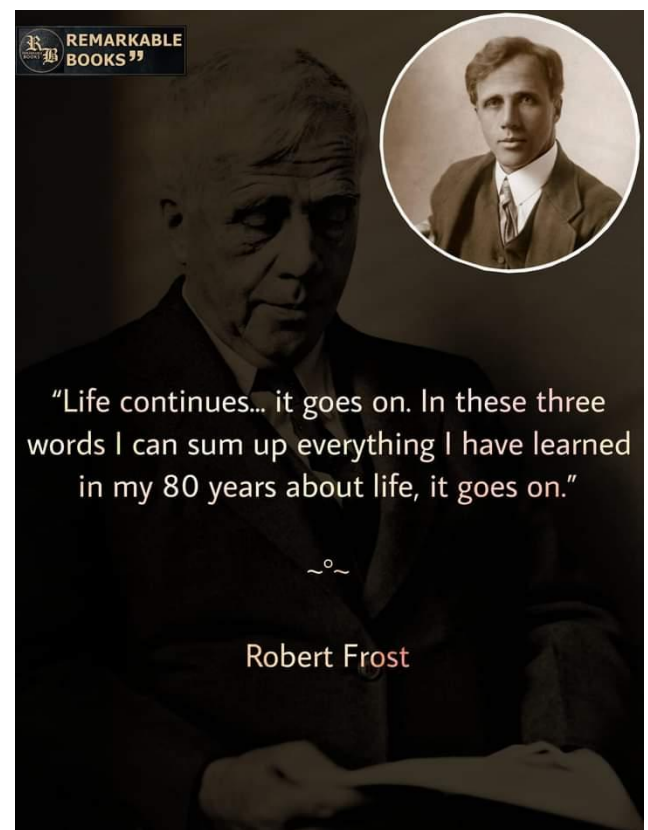
What’s on your list to leave behind?

[*Christie Mulholland*](#) is a palliative care physician and certified physician development coach who helps physicians reclaim their sense of purpose and connection in medicine. Through her work at [*Reclaim Physician Coaching*](#), she guides colleagues in rediscovering fulfillment in their professional lives.

At the Icahn School of Medicine, Dr. Mulholland serves as associate professor of palliative medicine and director of the Faculty Well-being Champions Program. Affiliated with Mount Sinai Hospital, she leads initiatives that advance physician well-being by reducing administrative burden and improving access to mental health resources.

*Her recent scholarship includes a chapter in [*Empowering Wellness: Generalizable Approaches for Designing and Implementing Well-Being Initiatives Within Health Systems*](#) and the article, “[*How to Support Your Organization’s Emotional PPE Needs during COVID-19*](#).” Her peer-reviewed publications have appeared in *Cancers* and the *Journal of Science and Innovation in Medicine*.*

*She shares reflections on professional growth and physician well-being through [*Instagram*](#), [*Facebook*](#), and [*LinkedIn*](#). Dr. Mulholland lives in New York City with her husband, James, and their dog, Brindi.*



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Brain Food for January 2026

By Shane Parrish

Tiny Thoughts

Short-term results come from intensity. Long-term results come from consistency.

★★

Ninety percent of success can be boiled down to consistently doing the obvious thing for an uncommonly long period of time without convincing yourself that you're smarter than you are.

★★★

Working smart isn't the opposite of working hard. It's the result of working hard.

You have to put in the hours before you can see the shortcuts. You have to learn the details before you can know which ones matter.

You have to do the work wrong many times before you discover how to do it right.

Your goals are not big enough.

★★

The best way to network is to do something interesting.

When you do interesting work in public, a network will form around you.

Insights

Henry Ford on the key to life:

"The whole secret of a successful life is to find out what is one's destiny to do, and then do it."

★★

Coach Mike Krzyzewski on wanting the right thing:

"My hunger is not for success, it is for excellence. When you attain excellence, success naturally follows."

★★★

Philip Roth on being wrong:

"You fight your superficiality, your shallowness, so as to try to come at people without unreal expectations, without an overload of bias or hope or arrogance, as untanklike as you can be, sans cannon and machine guns and steel plating half a foot thick; you come at them menacingly on your own ten toes"



instead of tearing up the turf with your caterpillar treads, take them on with an open mind, as equals, man to man, as we used to say, and yet you never fail to get them wrong. You might as well have the brain of a tank. You get them wrong before you meet them, while you're anticipating meeting them; you get them wrong while you're with them; and then you go home to tell somebody else about the meeting and you get them all wrong again. Since the same generally goes for them with you, the whole thing is really a dazzling illusion. ... The fact remains that getting people right is not what living is all about anyway. It's getting them wrong that is living, getting them wrong and wrong and wrong and then, on careful reconsideration, getting them wrong again. That's how we know we're alive: we're wrong. Maybe the best thing would be to forget being right or wrong about people and just go along for the ride. But if you can do that -- well, lucky you."

★★

Former Pepsico CEO [Indra Nooyi](#):

"Sometimes people say, "Oh, you flip-flop." No, the environment changed. ... You cannot be dogmatic about your strategic direction. When the environment changes around you, you've got to zag a little bit."

Author [Jim Murphy](#) on presence:

"Passion is found in the present, while desire is focused on the future. When you desire a certain outcome, you are constantly judging whether that outcome will materialize or not. When you're present, your focus is absolute in the moment."

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Mortgage

The Loss of Community Pharmacy Expertise

Muhammad Abdullah Khan



Walk into most community pharmacies today and you'll notice something off. The pharmacist who used to remember your name and medication history is gone. The one who caught that dangerous drug interaction last year? Also gone. In their place, a rotating cast of temporary faces, each one just trying to survive the shift.

This isn't about a labor shortage. We have pharmacists. What we're losing is something else entirely. Expertise, continuity, and the institutional knowledge that makes community pharmacy work.

Corporate chains have turned pharmacist positions into revolving doors. The business model now relies on high turnover, minimal staffing, and metrics that have nothing to do with patient care. Pharmacists leave not because they hate pharmacy but because the job has become impossible to do well.

The numbers people throw around focus on vacancy rates and hiring difficulties. But those figures miss the real crisis. Experienced pharmacists, the ones who built relationships with patients over decades, are walking away. They're taking early retirement, switching to hospital roles, or leaving health care altogether. What remains is a workforce of burnt-out survivors and newcomers who never get the chance to develop deep community ties.

Community pharmacy used to run on something simple. A pharmacist stayed at one location long enough to know the patients. They recognized when Mrs. Johnson's refill pattern changed. They remembered that Mr. Chen's doctor always prescribed doses that needed adjustment. They built trust over years, not shifts.

That model is dead. Corporate owners realized they could cut costs by treating pharmacists as interchangeable units. Float pools, last-minute scheduling, and intentional understaffing became standard practice. The logic is pure math. One pharmacist costs less than two, even if that one pharmacist is drowning.

But expertise doesn't work on a corporate spreadsheet. You can't quantify the value of a pharmacist who knows their patients well enough to spot problems before they become emergencies. You can't measure the prevention that happens when someone who's been in the same community for 15 years notices subtle changes in behavior or compliance.

When pharmacists burn out and leave, they take something irreplaceable with them. The new graduate who replaces them might be clinically competent, but they're starting from zero. No patient relationships, no community knowledge, no established trust. And before they can build any of that, they'll likely move on too. The cycle continues.

The workspace itself has become hostile to expertise. Corporate metrics demand impossible productivity. Fill more prescriptions per hour. Make more vaccination appointments. Increase adherence scores. Hit your targets or face management pressure. Meanwhile, staffing levels ensure that actually talking to patients becomes a luxury you can't afford.

Tech support has been cut to the bone. One technician, maybe two if you're lucky, trying to handle intake, insurance issues, and phone calls while the pharmacist verifies prescriptions at a pace that leaves no room for clinical judgment. The work environment actively prevents the kind of careful, thoughtful practice that builds expertise.

Experienced pharmacists describe the same breaking point. It's not one catastrophic failure. It's the accumulation of near misses, the constant fear that today will be the day something slips through, and the knowledge that you're not practicing pharmacy anymore. You're just processing.

Some stay and try to make it work. They skip lunch, stay late without pay, and carry the weight of knowing they can't provide the care their patients deserve. Others recognize that the system isn't designed to be fixed from within and make their exit.

The patients feel this loss acutely, even if they don't always understand what's happening. They show up for refills and encounter a stranger. They ask questions and get rushed answers. They sense the stress radiating from behind the counter. Trust erodes, not because anyone is incompetent, but because the foundation for building trust no longer exists.

Hospital systems and clinical positions are absorbing some of these departing pharmacists. Those roles offer better staffing ratios, reasonable workflows, and the ability to practice at the top of their license. But community pharmacy was supposed to be the accessible front line of health care. When expertise concentrates elsewhere, communities lose.

Nobody's proposing real solutions because fixing this requires admitting the business model is fundamentally broken. You can't have accessible, high-quality community pharmacy while running skeleton crews and treating pharmacists as cost centers to be minimized. The two goals are incompatible.

What happens next isn't hard to predict. More experienced pharmacists will leave. The ones who remain will be increasingly junior, increasingly temporary, and increasingly unable to provide the continuity that made community pharmacy valuable. Patients will adjust their expectations downward. Pharmacy will become a transactional service, nothing more.

We had something worth preserving. Pharmacists embedded in their communities, building expertise over years, catching problems that nobody else was positioned to see. That's disappearing, not because pharmacists lack commitment, but because the system has made expertise incompatible with profitability.

The shortage everyone should worry about isn't bodies in white coats. It's the vanishing of knowledge, relationships, and trust that can't be rebuilt once they're gone.

Muhammad Abdullah Khan is a pharmacy student in Pakistan.



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Modern Kitchen Design Trends 2026

by Tredi Interiors



A New Era of Kitchen Design

As we enter 2026 soon, the ,[Modern Kitchen Design](#) Trends 2026 is to continue to evolve into a true *living space* — not just for cooking, but for gathering, entertaining, and experiencing design as part of daily life. The latest trends coming from Italy and Europe redefine what “modern” means, blending warmth, material authenticity, and invisible technology.

At **Tredi Interiors**, we see this transformation firsthand through our collaborations with premier Italian brands such as [Arrital](#), **Idea Group**, **San Giacomo**, and **Riflessi**. These companies are driving a new philosophy: *a kitchen that feels alive, tactile, and personal — designed for the way we live today*

Let's Explore the Modern Kitchen Design Trends 2026

1. Natural Materials Take the Lead

The sterile, all-white kitchen is officially over. In 2026, the focus shifts to **organic warmth and texture**. Italian manufacturers are embracing natural materials — **light oak, ash, walnut, travertine, and matte marble-look ceramics**— to create kitchens that feel both grounded and sophisticated.

Expect finishes that **mimic nature without imitating it**: subtle grains, stone textures, and warm neutral tones like sand, greige, and taupe. Surfaces are matte, touchable, and low-reflective, emphasizing the *feel* as much as the look.

Arrital's new finishes in light oak and “Pietra di Savoia” ceramic capture this perfectly — luxurious yet understated.



2. Multi-Material Combinations

The Italian approach to 2026 kitchen design celebrates **contrast and layering**. No single material dominates; instead, designers combine **wood, metal, glass, and stone** for visual rhythm.

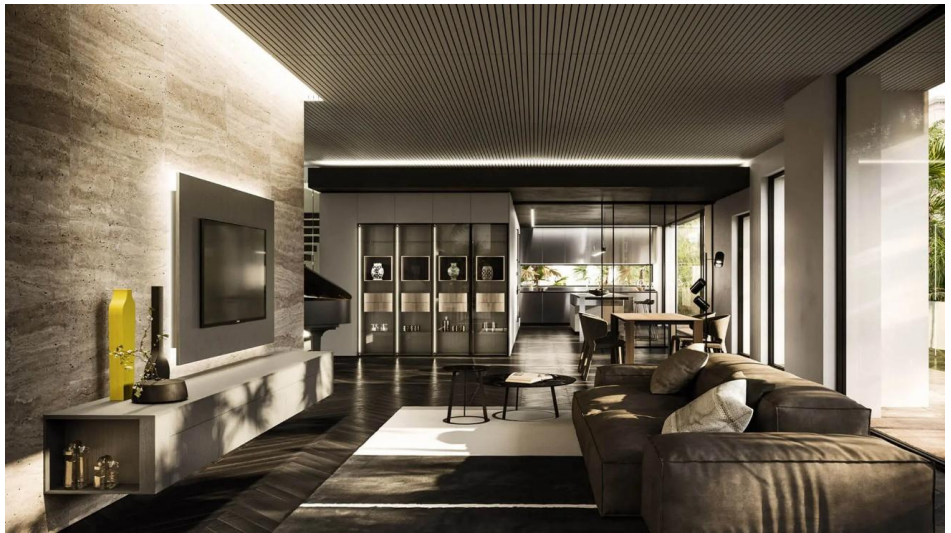
A kitchen might pair warm rovere cabinetry with a brushed metal hood, a stone island, and smoked glass shelving — creating depth without clutter.

This multi-material trend reflects the idea of a “living composition”: your kitchen changes mood with the light of the day, like a piece of architecture rather than a piece of furniture.

3. Disappearing Kitchens and Integrated Living

In Italy, especially in urban apartments and open layouts, the kitchen is no longer a separate room — it’s [a design extension of the living area](#).

The 2026 trend is for “**cucine a scomparsa**” — disappearing kitchens. Sliding panels, retractable doors, and flush systems hide appliances and work surfaces when not in use. The result: a seamless, elegant space that transitions effortlessly from cooking to entertaining.



At Tredi Interiors, we integrate these Italian solutions into California homes, allowing clients in **Palm Springs, Rancho Mirage, Palo Alto, and Menlo Park** to enjoy a minimalist aesthetic without sacrificing practicality.

4. Smart Design, [Discreet Technology](#)

The future kitchen is intelligent — but not loud about it.

2026 technology trends favor *integration over innovation for its own sake*.

Expect:

- Touchless faucets and hidden sensor lighting.
- Voice or app-controlled appliances concealed behind matching panels.
- Flush induction cooktops that disappear into countertops.
- Silent, automated ventilation and drawers.

These innovations enhance usability and energy efficiency without disrupting visual harmony. Italian design excels at this — *function that disappears behind beauty*.



5. Sculptural Islands and Soft Geometry

The island remains the heart of the kitchen, but its form is changing.

Designers are replacing sharp right angles with **softened edges, curved corners, and sculptural silhouettes** that invite movement.

In 2026, the island becomes more **furniture than fixture** — often incorporating seating, shelving, and display zones. Materials flow continuously from countertop to side panel, emphasizing craftsmanship and proportion.

Arrital's AK_07 and Nautila collections illustrate this sculptural philosophy — sleek, functional, yet warm and approachable.



6. Color Trends: Warm, Earthy, and Emotional

[Color returns in 2026 kitchens](#) — but in a controlled, emotional way.

Forget primary tones; the palette is **muted yet characterful**: terracotta, olive, forest green, desert sand, and deep graphite.

Cabinetry often uses a **two- or three-tone scheme**, mixing light woods with darker lacquers or stone accents. Brass, bronze, and black metal details add tactile depth.

Italian designers remind us that color in the kitchen is not fashion — it's *emotion*. The goal is to create an environment that feels serene, sensual, and timeless.



7. Sustainability as Standard Practice

In 2026, sustainability isn't a selling point — it's expected.

Italian kitchen brands lead the way by investing in [eco-certified materials](#), [water-based lacquers](#), and [recycled composite panels](#).

Clients increasingly ask not only “*How does it look?*” but “*How was it made?*”

At Tredi Interiors, we prioritize partnerships with factories that share this philosophy — using **long-lifecycle materials**, **low-VOC finishes**, and [energy-efficient appliances](#) that reduce environmental impact without compromising design integrity.

8. Lighting as Architecture

Lighting now defines the atmosphere as much as layout.

The most refined 2026 kitchens use **integrated LED channels**, **concealed strips**, and **adjustable color temperatures** to highlight materials and create depth.

In Italian design, lighting is not decorative — it's *architectural*. It defines function zones (prep, dining, display) while shaping the emotional tone of the room.

Expect to see:

- Warm 3000K LEDs integrated into floating shelves.
- Linear uplighting along wall panels.
- Backlit stone or glass for ambient glow.



9. The Return of Character

Modern Kitchen Design Trends 2026: a decade of sterile minimalism, character is making a comeback. Kitchens are becoming **personal expressions** of taste: unique handles, handcrafted finishes, visible grains, and custom accessories.

It's no longer about showroom perfection — it's about personality.

That's why Italian design remains unmatched: it blends industrial precision with artisanal soul.



10. Made in Italy, Designed for California

From **Palm Desert to Palo Alto**, Tredi Interiors brings these Italian design philosophies to life. Our mission is to deliver kitchens that embody:

- **Architectural beauty**
- **Everyday functionality**
- **Authentic materials**
- **Timeless style**

Whether you choose **Arrital, Idea Group**, or a bespoke combination of Italian brands, every project we design reflects the same principle: *Design with purpose, craft with passion.*

Q: What are the main colors for modern kitchens in 2026?

A: Warm neutrals dominate — light oak, sand, taupe, and earthy terracotta. Dark accents in graphite or bronze are used for contrast.

Q: Are white kitchens out of style?

A: Yes. Pure white kitchens are fading in favor of warmer, layered palettes that feel more organic and timeless.

Q: What defines Italian kitchen design today?

A: Precision engineering, tactile finishes, and integration between kitchen and living areas. Functionality and emotion in perfect balance.

Q: Are Italian kitchens suitable for American homes?

A: Absolutely. At Tredi Interiors, we adapt European systems for California architecture — blending Italian craftsmanship with American lifestyle needs.

Q: What is the biggest kitchen innovation for 2026?

A: Hidden functionality — retractable kitchens, integrated lighting, and “invisible” appliances that make the kitchen feel like a luxury living space.

Conclusion

The modern kitchen of 2026 is more than a design trend — it's a shift in lifestyle.

It's about **authentic materials**, **smart simplicity**, and **human-centered design** that transforms the heart of the home into a sanctuary of beauty and function.



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From Law to Medicine: Witnessing Trauma on the Pacific Coast Highway

Scott Ellner, DO, MPH

An excerpt from [Wipe Out, Rise Up: A Surf Session In Being a Leader, Pushing Past Limits, and Sustaining Health](#). Copyright © 2024 Scott Ellner. Published by BrightRay Publishing. All rights reserved.

Growing up in Southern California, I was well-acquainted with the waves of the Pacific Ocean. Cold water from Alaska flowed down the coast, meeting the warm, sunny climate of Los Angeles, roasted by the heat of the Santa Ana winds. I have always loved surfing in these waves. This beach was so meaningful to me that I was even preparing to study environmental law upon graduating from UCLA, ready to dedicate my life to protecting the ocean and the planet.

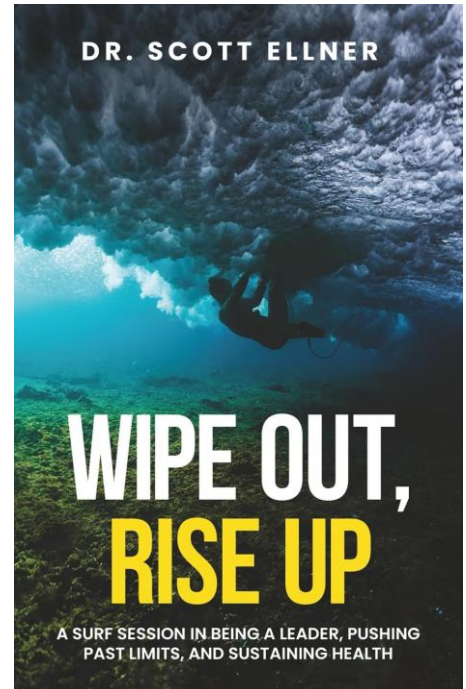
On a balmy late August day in 1991, I surfed Zuma Beach like I had hundreds of times before. Surfing alone in Malibu was a meditative experience; sitting on your board, thinking, and clearing your mind is the essence of self-care. That hot day was no exception. The sun was warm, the rays dancing on the waves, setting brilliant diamonds on the blue surface. The beach was packed; everyone was out on the sand, catching the last few days of summer. And as afternoon approached, the sun turned the clouds a beautiful, reddish hue.

After riding a wave in, I stood on the beach and pulled off the velcro leash that attached my surfboard to my ankle. With the heat drying my skin, I felt satisfied that I had a great surf session. As I set off back to the truck with my surfboard, the blistering-hot sand burned my feet so badly that I had to play an impromptu game of “the floor is lava.” Many beach towels were trampled on, and my quick “sorrys” punctuated the air. As I passed the lifeguard on duty at Zuma’s lifeguard tower 12, I threw him a shaka hand sign and received one in return. I thought it was the end of a fantastic day.

The accident

I placed my board into the back of my Toyota pickup truck parked along the side of Pacific Coast Highway when a horrible screeching noise of breaking metal pierced the air. I heard and felt something roll up behind me on the road. I turned and looked down; I saw him. A helmetless man, about 30 years old, lay next to my truck, his torn shirt revealing a large “Hells Angels” tattoo. He was unconscious, with green-tinged blood leaking from his ear. His motorcycle was 150 feet away, splayed out on the highway. In the distance, the car that had swerved across the double yellow lines and struck him was now fleeing the scene.

The man had rolled so close to me that when I knelt down, I was pressed right against the wheel well of my truck. His arm was twisted awkwardly toward the sky. I looked around for help, but the only faces I saw were a group of 10- or 11-year-olds from the beach who had seen it all. Their eyes were filled with



fear, and I'm certain mine were as well. For about 30 seconds, I was the only one on the scene. I didn't know what else to do but hold his hand and pray.

A surgeon steps in

At that point, a car pulled over right in front of my truck, and a woman in her 50s emerged with a calm and focused demeanor. Initially, she seemed like just another Good Samaritan eager to assist, but her confidence quickly revealed more: She was a trauma surgeon. The lifeguard I had passed by earlier arrived with a medical kit. The surgeon and the lifeguard assessed the victim: He was missing teeth, and there was a lot of blood and secretions in his airway. The surgeon used a laryngoscope from the medical kit to open up his airway and intubate him and used a manual resuscitator bag to pump air into his lungs. And all I could do was watch.

An ambulance arrived, and the Samaritan surgeon and the EMTs did their best to save this man's life. Recognizing the severity of his injuries, they quickly called for more assistance. Soon after, they loaded the Hells Angel into an air ambulance and flew him to the nearest trauma center.

That evening, I could not stop thinking about the accident, the Angel on the Harley, and the trauma surgeon. I thought about the victim and the callousness of the hit-and-run driver who caused the crash. I was shaken by the fragility of life and, at the same time, moved by the courage and conviction shown by the trauma surgeon to give this patient a chance at surviving a gruesome accident. I wondered what she had felt as she tried to save a stranger's life on the side of a road. Was this just another trauma patient? Did she know that she positively impacted me and others (and most importantly, the patient)?

The medical reality

I returned to surf Zuma Beach the next day. I didn't expect to find any evidence of the crash from the day prior. What I did find surprised me, though. A gruff, husky man (someone you wouldn't want to be in a bar fight with) stood by the side of the road, crying. I asked him if he was OK. This fellow Hells Angel told me about his friend's accident, and I told him I had been there when it happened. He explained that the doctors had done a brain death protocol exam at the hospital, but his friend's brain had swelled to the point where the trauma was unsurvivable. He lived long enough to donate his organs.

As a doctor, I can recognize things I was oblivious to when I knelt beside the man. I didn't realize it at the time, but the fallen Hells Angel was in hemorrhagic shock. The green tint to the blood leaking from his ear was cerebrospinal fluid from a traumatic brain injury. When I watched his tattoo fade in the sunlight and lose all color, it was due to internal bleeding. But even if I had been there at the accident with the knowledge I have now, I still wouldn't have been able to save him. The trauma surgeon who arrived by happenstance had done everything she could. And while he didn't survive, he left a lasting legacy by donating his organs and giving many others a chance at life.

The Angel on the Harley changed my life forever. After a few weeks of deep reflection, I tried to process everything I had seen and experienced. Somehow, I resurfaced from witnessing this traumatic accident with one fresh gasp of air, one clear-cut realization: I wanted to help others live.

My passion for the health of others crystallized that day on the side of the Pacific Coast Highway. As I studied medicine and eventually became a surgeon, that passion became more refined and focused; not

simply cutting into people but encouraging them to have a healthy lifestyle to facilitate a life unconstrained by physical or mental health limitations. To live is to freely experience what the world has to offer, not to be held back by the constraints of poor health, too breathless to climb a hill to admire the view, or too fatigued to embark on adventures with loved ones.

The Angel on the Harley gave me a purpose. I never planned or dreamed any of it, but when life revealed it to me in broad daylight, it was impossible to look away.

[Scott Ellner](#) has been a general surgeon for over 20 years, and can be reached at [PEAK Health](#). He has transitioned into health care executive roles due to his passion for patient safety, quality, and value-based care delivery. His authentic leadership style inspires team members to navigate challenging situations, such as resistance to change and innovation, in order to bring about meaningful transformation. Most recently, he served as the CEO of Billings Clinic, the largest health system in Montana. During his tenure, Forbes recognized the clinic as the best place to work in the state. It was also at that time that he formulated a strategic growth plan that included the development of a level 1 trauma network and a rural-based clinically integrated network.

Prior to this role, Dr. Ellner led large physician groups and clinically integrated networks in major health systems. He holds a master's degree in health care management from the Harvard School of Public Health, a master's degree in public health from San Diego State University, and he completed his general surgery residency at the University of California, San Diego. Currently, he is enrolled at the University of Oklahoma College of Law, pursuing a health care law degree.

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Elevate Your Kitchen Game: Why the Air-Fryer Deserves a Place in a Luxury Home

The air fryer has emerged as an understated yet transformative companion. What once seemed like a convenience gadget now belongs among elegant essentials.



A luxurious kitchen is more than the sum of fine finishes and sleek fittings, it's a space that guides everyday life with calm precision. Every choice, from countertop materials to the smallest appliance, reflects how you move, cook, and connect within it. Among these choices, the [air fryer](#) has emerged as an understated yet transformative companion. What once seemed like a convenience gadget now belongs among elegant essentials.

Where function meets refinement

The charm of the air fryer lies in its ability to merge style with purpose. It delivers crisp textures, tender interiors, and a golden finish – all with little oil or mess. It fits perfectly into homes that prize harmony and efficiency, replacing the rush of meal prep with something more thoughtful and composed. In an age when days move quickly, this subtle tool can make slowing down feel indulgent.



The charm of the air fryer lies in its ability to merge style with purpose

Designed for the luxury home

Today's air fryers are no longer clunky countertop distractions. Brands have embraced design as much as engineering, offering models with matte or brushed metal finishes, softened corners, and intuitive touch controls. They blend seamlessly with espresso machines and [marble backsplashes](#) rather than standing apart. In a visually refined environment, the air fryer fits in by not trying too hard – it adds value quietly.

Culinary ease and everyday pleasure

There's a rhythm to how an air fryer changes cooking routines. Vegetables roast evenly, breaded dishes stay light and crisp, and desserts caramelize without stress. Every use offers a small sense of precision – how a handful of seasoned chickpeas emerges warm and perfect, or how fries keep their crunch without leaving a trace of oil behind. It's about rediscovering joy in the everyday ritual of eating well.

Effortless entertaining

Hosting becomes less frantic with the right tools. The air fryer turns out appetizers or sides in minutes, freeing you to stay present with guests. Sweet potato wedges, miniature arancini, or sesame-coated edamame can appear at the table just as drinks are poured. It's efficient, yes, but also elegant – proof that hospitality can be relaxed without losing its charm.

It's efficient, yes, but also elegant – proof that hospitality can be relaxed without losing its charm

Clean spaces, calm moments

A hallmark of luxury is how well it supports peace of mind. The air fryer respects that balance, saving time and avoiding clutter. There's less clean-up, fewer splatters, and no need to juggle multiple pans. It keeps your counters polished and [your kitchen](#) serene, letting form and function coexist beautifully.

Quiet luxury, everyday reward

True luxury rarely draws attention to itself; it lives in the smoothness of daily routines, in tools that make life feel more composed. The air fryer embodies that spirit – a quiet upgrade, one that complements rather than competes. Every use reminds you that good design serves not only the eye, but the experience. In its quiet way, it ensures your kitchen feels complete, lived in, and ready for whatever the day brings.



Smart Glasses in Healthcare: The Current State and Future Potentials

By Pranavsingh Dhunnoo

According to recent reports, Meta is winding down its metaverse investments in favor of AI glasses and wearables. Despite the lack of popularity.

Key Takeaways

The tech industry has been on a race to put computers on our faces, and the most successful attempt has been AI-enabled smart glasses.

With the momentum behind such hardware, it is only a matter of time before smart glasses are applied for healthcare uses.

There might be practical use cases for smart glasses in healthcare, but privacy concerns take a new dimension with such tools.

According to recent reports, Meta [is winding down](#) its metaverse investments in favor of AI glasses and wearables. Despite the lack of popularity of [the metaverse](#), it is a somewhat surprising move for Meta. After all, it is the company that [changed its name](#) to emphasize its commitment to the concept of a universe of interconnected virtual worlds.

Nowadays, Meta seems to be more popular as the maker of the [Ray-Ban-branded AI-enabled smart glasses](#). However, Meta is far from the only company in this space, and it was far from being the first either. Smaller companies like [Brilliant Labs](#) have a few generations of such products, and [bigger players like Google and Apple](#) are reportedly planning to launch competing models. In other words, the race is officially on to put computers on our faces, and [analysts expect](#) a massive growth in this market.

With real momentum behind such hardware, it will only be a matter of time before these devices are applied to healthcare settings, if they haven't already. But will smart glasses in healthcare become meaningful tools, or will they become yet another gimmicky tech? We decided to investigate, with insights from Brilliant Lab's CEO, Bobak Tavangar.

What are AI-enabled smart glasses?

It's worth making the difference with other [smart head-worn devices](#) here. In particular, augmented reality (AR), virtual reality (VR) and mixed reality (MR) headsets share similar features to smartglasses, but pack more advanced technology and are typically bulkier. Smartglasses can be somewhat considered as very simplified versions of these headsets.



Meta might have popularized AI-enabled smart glasses in recent years, but such devices existed well before the company’s foray into this space. They were marketed to consumers towards the late 2010s by small companies like [Solos](#), and would simply be termed as “smart glasses” or “audio glasses”. This is because they would look like regular glasses with tiny speakers in each temple, without any display or camera. They would allow users to take calls, listen to music or query a voice assistant like Siri or Google Assistant.

In the early 2020s, companies started to experiment with integrating displays and cameras in such glasses. Some, like the [XREAL glasses](#) would operate with a smartphone connection, while others, like the [INMO glasses](#), would work independently.

During that time, one startup took an unusual approach. Brilliant Lab’s first smart glasses, the [Monocle](#), was an open-source, developer-focused device that could attach to your current glasses. It was among the first to bear the moniker of “AI glasses”.

“So we really saw this opportunity not just to make a beautiful thing that’s priced well, but to do a device that harnesses artificial intelligence to amplify your latent powers of mind and speech and understanding,” Bobak Tavangar, CEO of Brilliant Labs, told us. “Because something like glasses is something that many of us wear all day, every day. And if AI can do that for you, you all of a sudden become a super version of yourself.”

The company will soon release its third product, [the Halo glasses](#), and it shares similarities with other devices in the market. It seems like, currently, the more common features of smart glasses include embedded displays, a front-facing camera, a microphone, and integrated speakers. Most of these devices come with a companion smartphone app that supports AI interactions. This array of technologies has its practical healthcare uses but also raises some concerns.

Current practical uses of smartglasses in healthcare

Smartglasses might sound like a pricey end-of-year gift for the tech-savvy person in your life, but they have practical healthcare uses. So far, the biggest beneficial use case has been accessibility for those with vision and hearing impairment. Glasses are typically used to aid in vision correction, but with additional sensors, they bring other layers of accessibility.

The [Rokid Glasses](#), for example, can address farsightedness by making small prints more legible on the glasses' own display with an adjustable font size. The same device can provide [real-time closed captions](#) by transcribing what a speaker is saying and displaying it on the screen. This can be beneficial for people with diminished hearing and even help with translation. This indicates an exciting future where smartglasses could pack a hearing aid feature, akin to [the AirPods Pro 2](#), making such accessories feel more seamless and less stigmatized.

In fact, companies and researchers are investigating such versions of smartglasses. Nuance Audio markets its [Nuance Audio glasses](#) as an “invisible hearing aid solution”. The frame features an array of six microphones to [capture sound and amplify it](#) via the integrated speakers.

Researchers in Scotland [have developed](#) a pair of smartglasses that uses an embedded camera to track a speaker's lip movements, apply lip-reading technology and AI removal of background noise to enhance hearing. Project lead Professor Mathini Sellathurai [considers these glasses](#) as providing hearing aids with superpowers, and expects a working prototype to be available in 2026.

Such meaningful use cases for smart glasses gave Brilliant Labs the conviction to go the open source route for their devices. “Regardless of whether you're hard of hearing or hard of seeing, there is a sensor for you; that's why it's open,” Bobak Tavangar told us. “There's a lot of software developers out there building for these communities who can hook into our platform and deliver an experience for them.”

Future potential uses of smartglasses in healthcare

Improving accessibility seems to be the most immediate impact of smartglasses in healthcare, but they hold more potential down the line. While current smartglasses can be considered as simplified AR devices, they might replace these bulkier counterparts as technology progresses. AR and MR devices are [already in use](#) for medical training and anxiety disorders, but having more compact tools like smartglasses would be more convenient.

The Google Glass, Google's failed attempt at consumer-oriented smartglasses from 2012, even found a brief home [in surgical uses](#). Other companies are taking it where it left off. For instance, Snke OS GmbH recently [revealed the SnkeXR](#), an open platform AR glasses dedicated to healthcare uses. It is packed with a range of clinically-oriented features such as a built-in surgical tracker and stereoscopic loupe magnification. These make its use cases wide-ranging, from clinical training to remote assistance.

There is even the possibility for smart glasses to become healthcare companions. The second generation of smart glasses from Even Realities provides such an indication. The [Even Realities G2](#) can be paired with the [Even Realities R1](#), a smart ring that can monitor health metrics such as heart rate, temperature and steps. These readings can be mirrored to the glasses' display, without the need to look at your phone.

Brilliant Labs' CEO thinks that smart glasses can have a more proactive role in healthcare in the future. Aside from eye health, sensors directed at the retina could work like an early warning detection system for the rest of the body, he told us.

An eye on the new concerns

After over a decade of trying to find a sure footing, consumer-grade smartglasses appear to be ready for adoption, even within healthcare. However, the new tool presents new challenges, especially in relation to privacy.

As smartglasses increasingly adopt front-facing cameras, the issue of privacy is paramount. Products from data-hungry and ad-supported companies like Meta and Google can represent a privacy nightmare.

Brilliant Labs' Bobak Tavangar believes that we need to provide AI with "eyes" to fulfil the technology's potential. As such, his company sees cameras as a necessity for AI-enabled smartglasses. "The reason is that it needs to mimic your biological sensors," he explains. "Not only hearing what you hear, but it needs to see what you see."

The open-source nature of their devices makes them more privacy-focused than their big tech competitors, as Brilliant Labs' system is explainable and modifiable. The rich data captured by their glasses is sent to your phone only for AI inference, not for social media captures or storage. After an AI model does inference, that data is tossed away and not stored.

"We're not making money by mining your eyeballs and selling them to the highest paying advertiser," Tavangar adds. "We think about both open source and privacy as two really interlocking elements."

Still, other competitors in this space have a different approach to AI glasses. Models from companies like [Even Realities](#) and [Halliday](#) do not have a camera, specifically to prioritize privacy and make for a product that is more readily adopted. These glasses can mirror a phone's notifications and rely on AI interactions, such as queries or note-taking, rather than for full-on content consumption.

Despite the diverging philosophies in terms of privacy, most of these devices are still [practically impossible to repair](#). Brilliant Labs' glasses might be the exception, as the hardware is open source and can be fixed with 3D printed parts, but the competition offers pricey, fragile glasses. If they are damaged, your local optician might not be able to fix them, and they can become impediments, rather than accessibility devices.

There is definitely a place for smart glasses in healthcare, but their adoption should not come at the expense of privacy or accessibility. There is no perfect solution as of now, but with an expanding market and vibrant competition, we might see more healthcare-specific and privacy-focused options become available in the near future.

The Repo Man

I am a repo man. I take cars from people who don't pay their bills. It's a dirty job, but it pays the rent. Last night, I had an order for a 2015 Honda. I found it parked in front of a run-down apartment complex.

I backed my truck up and hooked it. A woman came running out in her pajamas. She wasn't screaming. She was begging. "Please," she sobbed. "I have a job interview tomorrow at 8 AM. If I don't get that job, we lose the apartment. It's my only way out."

She looked at the car, then at the baby seat in the back. I looked at my paperwork. The bank pays me \$300 per car. I looked at her face. She looked like she was drowning.

I lowered the car back down. I unhooked the chains. "The transmission on my truck just jammed," I lied. "I can't tow you tonight. It'll take me at least 24 hours to get this fixed." She stopped crying. She realized what I was doing. "Thank you," she whispered.

"Go get that job," I told her. "And park around the block tomorrow night." I called the bank and told them I couldn't locate the vehicle. I lost \$300. But I slept like a baby. People are more important than policy.



Forgive
yourself for
not knowing
earlier
what only time
could teach



The Absolute Best Places to Ski in North America

By Noelle Alejandra Salmi, matadornetwork.com



Ski resorts from Vermont to California to British Columbia are slated to open for the season at the end of November, which means it's time to start making those winter skiing and snowboarding travel plans. While there are plenty of trendy ski destinations that get a temporary buzz, they don't always last to the next season, and even some of the mainstays aren't all they're cracked up to be. To guarantee the most epic ski vacation this year, travel to the ski areas in the United States and Canada that actually live up to the hype.

First, a note on season passes

Your choice of mountain might be dictated by whether or not you've already purchased an Epic Pass or IKON Pass, both of which grant access to several of the mountains on this list. Last season we wrote about planning ski trips around your ski pass. If you don't want to go all in on a season pass, the Mountain Collective Pass doesn't give you unlimited access to its mountains but does offer steep discounts.

If you don't have any pass, be sure to buy your lift tickets online in advance. While lift prices can change by day of the week and week of the month, it's always cheaper to buy online than heading to the ticket window on the morning you plan to ski.

1. Aspen Snowmass — Aspen, Colorado

Ski passes: Ikon, Mountain Collective

Aspen conjures images of ritzy snow bunnies, significantly overpriced cocktails, and pretension so strong you could smell it from Glenwood Springs. Full disclosure, all of those things are present in Aspen. But it's what happens between the lines, underneath the façade of trophy homes and Gucci purses, that makes a visit to this mountain town memorable. First, there's



the terrain itself. The first chair at Aspen Mountain after an overnight snowfall is the stuff powder dreams are made of: wide-open fields of steep, rolling terrain accessed by high-speed lifts within walking distance of downtown.

If you're there for a while, few ski destinations offer the diversity in terrain of Aspen. Beyond Aspen Mountain, Snowmass alone is enough to keep freeride enthusiasts busy for a week or more. Buttermilk has Colorado's top family-friendly terrain and the X-Games terrain park that brings in top pros each January. Aspen Highlands is steep and offers access to Highlands Bowl, often ranked among the bucket-list ski hikes of North America. No matter which mountain you're on, those million-dollar views of the surrounding 14,000-foot peaks are enough to stop you in your tracks.

2. Whistler Blackcomb — Whistler, British Columbia

Ski pass: Epic

The largest ski resort in North America, with over 8,000 skiable acres, Whistler Blackcomb keeps adding superlatives to the list. It built the world's highest gondola off the ground in time for the 2010 Winter Olympics, making it really easy to hop between the resort's the two mountains: Whistler and Blackcomb. Yet with so much to ski on each mountain alone, you could spend days on just one of them and not ski it all.



Whistler Mountain has plenty of wide-open bowls that are great for beginners and intermediates. Then again, many have called its Saudan Couloir chute one of the scariest runs in the world. They clearly haven't climbed up Spanky's Ladder on Blackcomb Mountain to access off-piste runs on Ruby and Sapphire Bowls. While those gemstone-named zones usually have great snow, signage is limited, and cliffs are aplenty — so go there with someone who knows the area. Whatever level skier you are, you can fuel up on some of the best on-mountain lunch options we've tried in North America.

Off the mountain, Whistler Village is so packed with great restaurants and bars that Vancouverites will come up for a weekend of partying alone. You've also got miles of cross-country and snowshoe trails, spas, yoga studios, and dozens of other activities — from sleigh riding to zip lining.

3. Jackson Hole Mountain Resort — Teton Village, Wyoming

Ski passes: Ikon, Mountain Collective

Officially, Jackson Hole is named as such because the town of Jackson is surrounded by towering peaks on all four sides and resembles a hole in between them. Unofficially, its name refers to the fact that once you get here, it's nearly impossible to convince yourself to go back home. Beyond some family-friendly runs at the base, Jackson Hole Mountain Resort is a playground for big mountain enthusiasts who typically have to ski up a backcountry peak to find terrain this good. Seeing



packs of pro skiers and film crews crammed onto the chair, avalanche pack on their backs, enroute to the resort's renowned backcountry access gates is just another Tuesday in Jackson.

Its most famous run, Corbet's Couloir, is a bucket-list drop for many dedicated skiers and boarders. Riding the tram past it up to Corbet's Cabin is also a must-do experience. The addition of the Teton Quad Chair in 2015 made even steeper, powder-filled terrain easily accessible, and because of the resort's sheer size and the fact that you're skiing in the least-populated state in the union, there's no stress over having to share it.

4. Sun Valley Resort — Sun Valley, Idaho

Ski pass: Epic

Sun Valley Resort opened in December 1936 with the world's first chairlift: the same single-rider style that Stowe adopted shortly thereafter. The hotel itself was a glamorous affair that attracted Hollywood types like Marilyn Monroe and Cary Grant. Warren Miller, the father of the ski film, was a ski bum in Sun Valley — which may explain why he always included an element of the itinerant ski-bum life in his films.



But you don't go to Sun Valley for the history. You go for some of the driest, powderiest snow on the continent. The home of corduroy (skiing, that is, not pants) doesn't have as many of the steep runs that you'll find, say, in neighboring Wyoming — but Sun Valley's Bald Mountain does have big long cruisers and consistent pitch the whole way down. If you like doing big GS turns, this is the place. And after a day of big, sweeping turns, you can head back to that still-glittery lodge for a cocktail — Sun Valley is still a posh place, after all — or have a beer with the locals in the town of Ketchum.

5. Big Sky — Big Sky, Montana

Ski passes: Ikon, Mountain Collective

Montana is the last stand for the true Wild West ski bum, a place where half-toasted locals ride horseback down the middle of the street when the après action winds down. Big Sky is living proof that the 2001 movie *Out Cold*, arguably the greatest cinematic masterpiece of all time, took place in the wrong state. If Hangman's Peak were a real place, surely it would be here. As far as destination ski resorts go, none are quite as raw and unfiltered, nodding to the days when wearing a cowboy hat up the lift didn't automatically label you as a novice.



There's terrain for everyone, and unlike Colorado's Summit County, there's no worry of bumping elbows should your heelside turn go a little too wide. Like Jackson Hole to the south, carrying avalanche gear on your back is commonplace at Big Sky — just another die-hard en route to Big Couloir. It's a freeskier's paradise, and because it's Montana, that isn't going to change anytime soon.

6. Kicking Horse Mountain Resort — Golden, British Columbia

Ski passes: Ikon, Mountain Collective

The entire Eastern BC region seems to be the talk of the ski world these days, with eight ski resorts available along the Powder Highway. While they all offer runs for beginners and intermediates, this region is best known for really long runs; fluffy, untracked powder; and



very steep lines. Of all of the resorts, Kicking Horse seems to be the buzziest of all.

Don't be fooled by the fact that Kicking Horse has but one gondola and three lifts. It has plenty of skiable acres and that gondola goes far: The mountain offers an astounding 4,133 feet of vertical. Trek on over to Super Bowl and you'll have a dizzying collection of double blacks to choose from. If you're worried about whether the Horse is too much for you, just know that you can stay closer in by Bowl Over or Crystal Bowl and take a blue or black run down (although even these blues don't skimp on incline). You can have lunch, or dinner, at Eagles Eye atop the mountain or head down to the crunchy mountain town of Golden for après beers at the Whitetooth Brewing Company.

7. Squaw Alpine — Squaw Valley, California

Ski passes: Ikon, Mountain Collective

Folks are sometimes surprised that California has produced so many Winter Olympians. In fact, Squaw Valley was the site of the 1960 Winter Olympics and was the home mountain of at least two gold medalists: alpine racer Julia Mancuso and freestyler Johnny Moseley, who can still be found on the mountain on great snow days. If you're lucky, Squaw will reward you with a classic NorCal ski day: a night of snowfall followed by a bluebird morning. When the Headwall lift opens up, it's a race to get to the untracked stuff first.



Buck the crowds and head over to Granite Chief, where you'll find excellent tree runs through the ponderosa pines. Or head to the KT-22 chair, Tahoe's most famous lift; it accesses a ridge, off of which are plenty of steep, mogul-dotted options. Since KT-22 starts at the base, it's kind of a thing to see how quickly you can lap its experts-only pistes.

The après scene is typical chill Californian, with big outdoor fireplaces and pitchers of beer. Go ahead and fill up on nachos because, despite the growing number of restaurants in Squaw, the food is just so-so. For lunch, Wildflour makes tasty sandwiches and the best chocolate chip cookies anywhere. If you want a great dinner, though, drive to Truckee.

8. Mammoth Mountain — Mammoth Lakes, California

Ski passes: Ikon, Mountain Collective

There was a time — the 1990s, in fact — when Mammoth Mountain was the hub of the snowboard social scene, home to a legendary and constantly evolving terrain park luring pros and providing endless fodder for the legions of youth flocking to a



fast-growing sport. Even today, the massive resort south of Yosemite National Park is a beacon for boarders from across the country, with stickers of the famous Mammoth crown lining the backs of cars on nearly every freeway in Southern California, depicting drivers' burning desire to ditch the asphalt block for the high country steeps of the Sierra.

All the hype around Mammoth tends to paint an image of a haven for big-city teenage jibbers with pants drooping and headphones blasting, a place where worth is measured solely by how many spins one completes off the mega-booters in the park. This couldn't be further from the truth. In fact, Mammoth deserves every bit of recognition it gets. The mountain is huge and diverse, steep shoots dropping into wide-open bowls that lead into fast cruisers to the base. The views of the Minarets from "The Summit" are as unforgettable as dropping into Paranoid Flats on a pow day. Mammoth is a skier's universe all it's own, and it's no wonder a coworking space was opened in the base lodge — people just don't want to leave.

9. Telluride — Telluride, Colorado

Ski pass: Epic

Both Oprah Winfrey and Tom Cruise have homes in Telluride if that tells you anything about its star power. One could almost say it's the new Aspen in that sense, though it's far tougher to get to. This means that, big names with private jet access aside, the people here are here for one reason: The mountain is damn epic. Revelation Bowl is the best lift-accessed terrain in the San Juan Mountains, and if you dare to push it further, a hike up towards Palmyra Peak will make you feel as though you've walked into a Warren Miller film. Thanks to the Prospect Express and Apex lifts, casual skiers and riders enjoy access to nearly the entire mountain here, something that often eludes those not keen on bumps, rollers, and steep drops at big-time resorts. The town also does après action right, with two distinct villages to choose from. And be sure to give Tom or Oprah a high five if you see them.



10. Stowe Mountain Resort — Stowe, Vermont

Ski pass: Epic

The oldest ski town in North America is still its most iconic. Back in the day, Stowe's single-chair ski lifts left you feeling so lonely and cold that they gave you horse blankets to cover yourself with. That early lift accessed the Front Four runs, which were cut to follow the terrain of the mountain — winding and really narrow in some spots. They were known as the hardest runs on the east coast. Eventually, Stowe replaced the single-person lift and added two cable cars, as well, so you can get up the hill in much cozier conditions, even in the bitterest of Vermont winters. You've also got plenty of other chairlifts to access a host of intermediate blues, and even a t-bar and people-mover near the beginner greens — making Stowe a very family-friendly ski place today. In fact, the Trapp Family Lodge, as in the Von Trapps from *The Sound of Music*, is just down the road from the mountain, and you'll find other lodging and dining options around, as well.

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