

KEEN ON RETIREMENT



Here's How to Avoid Making a Deadly Healthcare Mistake

Welcome to Keen on Retirement
With Bill Keen and Steve Sanduski

Steve: Hello everybody and welcome back to Keen on Retirement. This is the podcast where we help you thrive both before and during your retirement years and I'm here with my good friend and colleague, Mr. Bill Keen. Hey Bill, how are things today?

Bill: Hey Steve, things are going well in Kansas City. How about up in your neck of the woods today?

Steve: Fantastic. We're definitely here in the wintertime. We're feeling the chill up here.

Bill: I understand. We had some great weather here in the Midwest and it just turned. Everyone was complaining that they weren't getting to enjoy the seasons and now they're getting to enjoy the seasons.

Steve: Yeah.

Bill: Yeah, we're below freezing now so we're good to go with that.

Steve: All right. Hey, so we're going to do something a little bit different here today so as you and I are having this conversation, we actually have just completed the conversation with the guest that our listeners are about to hear so just to kind of explain what happened there is me, you and our guest were on the line here and we were starting to have a great conversation. I thought, "Hm, I'm just going to hit the record button here because this is really good." I just hit the record-

Bill: It was perfect.

Steve: I just hit the record button and boom we're off to the races and so I didn't want to interrupt things and so you and I are doing a little intro here after we've had the benefit of our conversation. Yeah so we talked to Leslie Michelson. Now, you and I both know

Leslie. He is the chairman and CEO of a company called Private Health Management and Leslie is just an amazing person, just the things that he's doing and the things that he has done in his career are just phenomenal and just his ability to really help people.

Most of his career has been involved in the healthcare area and his current company, Private Health Management, provides healthcare for people that want to step outside of the traditional healthcare system and have specific, very problematic issues that they want to deal with and they want to get the absolute best people in the country and in the world to help them deal with that. He's running that company today. Earlier in his career, he spent five years as the chief executive officer of the Prostate Cancer Foundation.

He also was the, or currently is a director of the ALS Therapy Development Institute and gosh, we could just go on and on, multiple other companies that he's either started or been a director of or an investor in in the healthcare and health sciences area so just an amazing person and again, you and I have had an opportunity to meet him in person and hear him speak and we have him on the show today.

Bill: We do, and I thought it would be so important to bring on someone that could help our listeners think about how to navigate through the healthcare system. Our program is a financial program, but we know that relationships are important, having a healthy spirit is important, having margin in our days that we talk about time being an invaluable resource. Again, of course, the financial part of life is very important too, but without your health, boy, not a whole lot matters.

Navigating this medical world out there and taking responsibility for our own health care, taking responsibility for our loved ones healthcare, and when I say responsibility I don't mean practicing, just like we say we're not trying to turn our listeners into financial advisors, but we want people to be engaged and educated and conscious of the things that affect them so that they can get out in front of issues and have a successful life.

By having Leslie on the program today, I think our listeners are going to be very engaged in the things they should be thinking about with their primary care physicians, how to ensure that they are out in front of different medications, different treatments, how to rally a team of physicians so that we can have folks talking to one another when situations arise. I just, really excited and Steve, we're, as you mentioned, we already know the interview has happened, hasn't it? We're talking now the interview's already happened, but we know that it's going to be an action-packed podcast today.

Steve: It is, yeah. Big thank you to you Bill for thinking about having Leslie on the show because even though, as you say, you're a financial planning, a wealth management organization, there is certainly more to people's lives than just their money and what they do with their money and so we're just really pleased that we're able to have someone of Leslie's caliber on the show with us today to talk about taking better care of your health. Yeah, so unless you've got anything else you want to add in here Bill, why don't we roll right into the conversation with Leslie?

Bill: Let's do it.

Leslie: My life's mission was formed when I was a kid where my family had insecurity due to health issues. It gave me my life's mission and I always see people who suffer from hardship as kids and they fall into one category or another [status 00:00:25].

Some people become victims and never break through it and there are other people I feel this kindred spirit to Bill who say, "I'm not going to let that happen to me again and I'm going to dedicate my career to making sure that that doesn't happen to anybody else," and that gets you focused. That's kind of why I wanted to get on this podcast with you guys, because I was so impressed by that. It resonated with me.

Bill: Well, it's an honor for us to have you on this program today, Leslie, and the fact that you took the time to take a look at where we are coming from and what we're trying to accomplish and again, the deep roots to why we're so passionate about helping people with their financial aspects but then take it one step forward. Steve and I have realized in our prior episodes in our experience in this industry, yes you can have all the resources in the world but if you don't have your health, it doesn't make a lot of difference does it?

Leslie: No, it really doesn't. It really doesn't. I get to see that virtually every single day because my ... I run two businesses. One is private health management where we get retained by people, the same kinds of people that retain you to manage their wealth. They retain us to manage their health and I also published the Patient's Playbook into a podcast called Getting To [inaudible 00:01:47] Zone in which I've taken everything I've learned from 30 years of helping people get better medical care and distilled it down into books in the podcast so that even people who can't afford to retain private health management can benefit from the learnings, the teachings, the tools, the resources that I've developed over the years.

Bill: What a great way for you to put that information out there so that every person that has access to the book and your podcast, by the way, which I've listened to as well, can benefit so thank you for doing that.

Leslie: That's my mission because you're right, it's one thing to develop financial security, but then when you feel a lump in the breast, the car behind you on the freeway doesn't stop in time, you slip on the ice in the winter, something happens, none of that matters anymore. The only thing that matters is making sure that you know how to get the best medical care. Sadly, what I've learned over the years is even the wealthiest people in the world people, the people with the highest IQs, the people with the best Rolodexes, access to everything, in many get very mediocre healthcare.

It's probably the thing in their lives they get the lowest relative quality and it's because they don't know how to become effective healthcare consumers and that could be very, very dangerous because although in America we do have the very best healthcare

delivery system in the world, there's no question about that, at its top there's nothing like but at the same time, we do not deliver repeatable high quality care to people.

Medical errors are the third leading cause of death in the United States. We lose 400,000 people a year to preventable medical error. The third leading cause of death behind cancer and heart disease, and nobody realizes that.

Bill: I was going to ask you how many cases do we not know about? There's 400,000 that are documented. I wonder how many are undocumented folks that they were mistreated or misdiagnosed.

Leslie: Those are deaths so, that's the ultimate sacrifice. There are a lot of people who have unbearable pain people, people that have significant constraints on their functional status. I think of a guy in New York who's a hedge fund manager, very very smart guy, wicked smart, one of those guys that trades all day, makes good decisions, made a ton of money for himself, financial security for his family and he had back pain that was bothering him for about six months. It was gradually getting better but he was impatient and he had a surgeon who said, "Just let me operate and it will accelerate getting this thing all better."

It turned out that the cause of his back pain was not something that could be remotely fixed surgically. It was totally unrelated. The surgery actually sent him backwards, put him in much greater pain and he has now struggled for four or five years with virtually unbearable pain because he knew in his gut that he didn't need to have the surgery, shouldn't have had the surgery but in a moment of weakness just made what even at the time he acknowledged was probably a bad decision.

This is a guy who's made billions of dollars by making good decisions. When that day comes, you really need to be the top of your game. You need to know how to find the best doctors and to make the best choices.

Bill: Outside of my field of expertise. If I'm going to a professional, I default to trusting the people and the professionals that I'm working. When I've gotten an opportunity to hear you speak, it really opened my eyes to what we need to be paying attention to. Recently my mother had some medical conditions and I had to help her process all the different aspects to her care, the multiple doctors involved, the different medications that weren't working right together and ultimately we had to make a decision to replace her primary care physician because we realized there was no one quarterbacking her situation.

Much like we feel like the politicians aren't taking care of the long-term situations in the US economy and that kind of thing. No one actually takes responsibility for it long-term. Well, when it comes to our healthcare, I'm starting to have my eyes opened.

Leslie: Well, and you need to. That's not to be disrespectful to physicians. I deal with physicians every day. I have the highest regard for them. They do some of the hardest, most consequential work in our society, but they do it under conditions and the constraints

and the lack of resources that drives them all crazy.

Bill: I've heard you speak in your podcast and you're always so very respectful to the physician community because you talk about their hands being tied and the times have changed with insurance and everything needing to be computerized, and with hands-on a keyboard, eyes glued to a computer screen because that's the system today.

Leslie: Yeah.

Bill: I wanted to tell you, I was going to try to have my daughter step in to our studio today and join us. It would've been great, but it wasn't able to logistically make it work, but she just graduated from undergrad with her human biology degree and she's in the process, she did great on her MCAT, she's in the process of applying to medical school, but she's been working in-

Leslie: Good for her.

Bill: Yeah.

Leslie: You must be a proud dad.

Bill: You know, you know it.

Leslie: I do. I can feel it, believe me.

Bill: She worked in the ER or she still is actually for two years while she has been attending college. Typically the night shifts as well as a scribe. I was sharing some of this with her recently and she said, "Yeah, that's why I have a job is because we're trying to assist the physicians in taking copious and accurate notes."

Leslie: That is probably the best solution for that problem of doctors paying attention to keyboards and computer terminals. Every so often I end up in an emergency room. Fortunately not for myself but with a client and I was in two or three emergency room's top hospitals in the country over the past couple months and I thought, "What would a martian, if a martian descended and had omniscient view of everything going on here, what would they conclude was happening?"

It occurred to me they would say, "Where there are all these very nice conscientious people in white coats, men and women, who are taking care of these keyboards and these screens and every so often they get interrupted by these humanoid figures who seem to be bothering them."

I thought, "You know, that's really what this looks like and we need to find a better solution." I think the scribe is the solution to get a junior person conscientious, like your daughter, with some background who can permit the doctor to interact with the patient, to lay hands on, to experience that human bond that's so so important, particularly when you're sick, particularly when it's an emergency, particularly when you

feel vulnerable.

I think there are a number of healthcare institutions that are moving in that direction and I think it's nothing short of fabulous so kudos to your daughter for both getting ahead of the curve in terms of a job position for the future and developing the credentials and the passion to become a physician. Good for her!

Bill: Well, thank you and I will relay that to her. I hope maybe someday I'll be able to introduce you to her. It'll be fun watching her career unfold. She's got a lot of work ahead of her still so.

Leslie: Yeah, but that's good right?

Bill: That's right.

Leslie: Not a bad thing. If she's going to be the top of the game, it's going to take a lot of work.

Bill: Yes, sir. Well Steve?

Bill: I know you know Leslie too, somewhat long-term, and you've had some interactions with Leslie. It's the honor of being able to talk to him multiple times. This is a financial podcast but we try to bring relevant topics to folks. We say, "Helping people thrive before and during their retirement years."

For us to step out and say, "Let's bring a resource, like Leslie, to our podcast," how priceless is that Steve? I know you have some familiarity with it so you had some questions that you have prepared and I thought maybe we could go down through those if that's okay. Does that work?

Steve: Yeah, and Leslie it's great to chat with you again. You're the chairman, CEO, founder of a company called Private Health Management and you've got an amazing career in the health sciences field going back many, many years from founding companies in this area to actually being on the ... For five years you were the chief executive officer of the Prostate Cancer Foundation. You also serve as a director of the ALS Therapy Development Institute and just on and on, so it's a real pleasure to have you on here.

Yeah, as Bill was saying, we thought this would be a great opportunity just to talk about some things that folks can do to take care of their health. The book that you wrote, *The Patient's Playbook: how to save your life and the lives of those you love*, has some great practical information for people to do a better job taking care of their health. We're not just talking about eat better, exercise more, that sort of thing. People get that but some other practical tips that I think we want to run through here, so we'll just kind of start off like things like how do you choose the best doctors? What's a good way to try and figure who is the best doctor out there for you?

Leslie: Thanks so much, Steve. That's a very important topic and I don't think people spend as much time on it as they should. They'll spend a lot of time evaluating schools for our

kids, when we're hiring somebody to be a nanny for our kids, to work for us in our companies. We spend a lot of time interviewing and doing background but when it comes to doctors, people don't do that so I believe that you should look at the retaining of a physician in the same sort of way.

I divide it into two different categories. There's primary care and there's specialty care. The most important member of your healthcare team is your primary care physician. That's the person that should be your health care quarterback. I believe the most important thing any person can do to ensure that they're going to be getting the best healthcare is to develop a strong and enduring relationship with the primary care physician. We give some tips in *The Patient's Playbook* and on the website, patientsplaybook.com, and *The No Mistake Zone* podcast.

Take out a piece of paper. Put together a list, the things that are important to you. Talk to friends, neighbors, relatives, physicians who you like. Ask them who their primary care physician is. Do some research on that person and then go and have at least three different interviews with primary care physicians. When you do that, you will find somebody who's got the right personality for you, has the right expertise, will give you the time that you need so that's step one. That's the baseline.

Then when it comes to specialty care, if you're diagnosed with arthritis or if you've torn soft tissue in your knee or you've got back pain or all the kinds of things that most people develop over time, then it's really important to go to a specialist with the expertise in exactly what you have. Again, in all those resource-based, *Playbook* and the website, we talk about the process for doing it and it's important to get doctors with expertise at the level that you need for the problem.

If you have a cancer, for example, you should not be treated by a general oncologist. You should be treated by oncologists with expertise in your particular cancer. If you've got a heart valve that needs to be repaired or replaced, you should go to a major academic hospital with a coronary care unit that specializes in precisely that procedure because we all know to the rest of life, the experience matters and practice makes perfect and that's no more true any place than it is in healthcare, because such a complicated service to provide you.

Bill: I know when I heard you speak you talked a lot about the differences between surgeons that had had 100 cases or 100 surgeries in a certain area and then physicians that had had several thousand and the success rate of those cases were astonishing the difference. Do you remember some of that information you shared with us in Newport?

Leslie: Oh, sure and I look at it all the time. We have ... There's a lot of data that shows that the key predictor of surgical outcome and quality is the experience of the surgeon and it's not a surprise because surgeries are very, very complicated undertakings so if you need to have a surgery, for example if you have prostate cancer, you need to have your prostate removed, you need to be treated by a surgeon who's done at least 1000 prostatectomy's and is currently doing them at about that rate because the data showed that the return of disease for surgeons that have done over thousands about

8% and the return of disease for surgeons who've done only 100 is about 25% so you can dramatically improve the results of your surgery simply by asking the surgeon a simple question, "Dr. how many of these have you done," and if the answer is less than 1000, offer to take the doctor out to lunch someday, but say you're getting dressed, you're packing up and you're going to find somebody with more experience.

That's just life and I don't mean to sound harsh about it, but it's your life and there's nothing more precious to me or to you than that and we do that throughout the rest of our lives right? Bill, you're a remarkably successful financial planner and part of that's because you've got 20 or 30 years under your belt doing it. You've seen everything. You've understood how to deal with the panics. You've seen the reversals in the market. You know how to balance portfolios so that they're stabilized and you know how to anticipate how people's needs and emotions and fiscal requirements will change over time. You couldn't have done that your first couple years of practice because you just didn't have the experience.

Bill: That's right. I have a personal example. Several years ago, 2011 I believe, I had to have my shoulders replaced and I knew it was coming for years. I had both shoulders replaced, Leslie, 90 days apart and I have a client who's a long-term friend of mine who's an orthopedic surgeon here in Kansas City and he said to me, "I could do those surgeries for you but I want you to go to one of the best in the country," and he gave me two names. One was at Mayo and one was a Barnes Jewish in St. Louis and he said, "Call them and take whatever they have, waiting list time, and get on that waiting list and use one of those," and I did.

I used a physician at, a surgeon over at Barnes Jewish in St. Louis. He had a year waiting list and I know you're not excited about waiting list are you Leslie, but that's a whole other story we can go into but it was worth it for me to wait. I've had both those shoulders replaced and recently I just participated in a follow-up interview with them because I wanted to be willing to share my experience. It has been a total and complete success on both sides and I'm so grateful for the technology that exists today because it truly gave me life back. Steve, sorry for jumping in there on you.

Steve: No problem.

Leslie: Everybody's got those stories in the family. We're all going to be celebrating the holidays in the coming weeks. Everybody has stories like that in the family, either one way or the other where there's a pivotal stage in the history of the family, a key member of the family had a significant medical issue. Sometimes it went well, and sometimes it didn't and there's a very tight coupling between the times it went well and the times that people really thought it through, took the time and effort, maybe got on an airplane, got on a train, got on a bus, went someplace to a higher level expert and that got to the outcome that you needed.

Steve: I think sometimes, Leslie, you just got to get lucky. I was out in a small town in far northern California back in June of this year, in the middle of nowhere, and was out in the mountains and lo and behold I broke my ankle.

I was hiking, broke the ankle and had surgery that next morning and just through the luck of the draw I got what I think was a very good doctor but before I had the surgery the nurse asked me, she said, this was on Saturday, and she said, "You know who your doctor is," and I said, "I'm not sure who it is." She looked at the chart and she says, "Oh, it's Dr. so-and-so," and I looked at her and I said, "Was he a good doctor?" She said, "Dr. so-and-so? I would trust my life with him," and I didn't think she was blowing smoke at me either, so I felt pretty good about that.

Then it was confirmed when he did the surgery, everything seemed to go well. Got home, had my ortho here in town take a look at it. He's looking at the x-rays and he said, "Yeah, this guy did a great job. Very nice, symmetrical," and so on and so forth so sometimes you don't get to choose who your doctor is if it's an emergency situation like that-

Leslie: No.

Steve: But I got lucky.

Leslie: It's interesting. There's some mountain towns and ski resorts, they're some of the most expert people at broken bones.

Steve: Yeah, so this was out-

Leslie: That's what they do.

Steve: Yeah, this was out at Mount Shasta in Northern California and I think you probably might get some people that are attracted to the lifestyle out there and when I was talking to the doctor before the surgery and he said, I think he said his daughter had just finished medical school or she was a doctor too and so I thought, "Okay, this is pretty good. He's kind of keeping it going in the family." One thing that I'm also interested in is there's a lot of medical errors that are made whether it's wrong drugs are administered because there's just so much going on in the hospital. What are ... Do you have any tips on, what can people do to try and reduce the amount of errors that could happen, let's say if you're in a hospital setting or just elsewhere?

Leslie: Sure. Well, hospitals are this curious anomaly in that there are no facilities anyplace in the world that give as much health, promote as many lives, save as many lives as hospitals in the United States. At the same time, there are places where a lot of mistakes get made and the hospital administrators and the physicians are working as hard, as assiduously as they can to reduce those error rates, but the service that a hospital provides is so complicated, so technically challenging, they do it under such difficult circumstance, they've got shift changes every 8 to 12 hours, they've got all these new technologies that are coming in, they've got electronic medical record systems that are kind of new and aren't exactly what everybody wants yet, all sorts of regulatory and reporting stuff so it's a hard thing to do.

What I recommend for everyone is if you're in the hospital, make sure that you have somebody with you. It should be your healthcare advocate, somebody that you think about in advance, a family member, a colleague, a coworker, someone in your neighborhood, someone who you're very very close with who can serve as your advocate, somebody who can make sure that you're safe so the things that they need to do for you because you might not be able to because you may be under medication, you may have surgery, you may be in pain, you might be disoriented, all those things always happen to people in the hospital.

What this person should do for you is make sure that your chart is accurate, that your name, your birth date and everything is right, that they have your allergies, the other diagnoses you have, the medications you're on listed accurately on your chart, that every single medication that you get is something that's looked at because on average there's a medication error per patient per day in hospitals. Most of them thankfully are very very minor and don't matter at all, but some of them could be very significant so it never hurts to have another set of eyes that are only concerned with you looking at those.

Make sure that every single test, every single intervention is something that the attending physician has signed off on and that if there's a change in your symptoms that the nurses and the doctors are aware of it. For example if the nature of your pain is changing, it's getting worse and not better, if you're developing a fever, if you're developing a rash, all those sorts of things could be very very important for the doctors to know and you should have somebody by your side who's responsibly, professionally and politely, but bringing it to the attention of the clinical authorities.

Then when that happy day comes and it's time to get discharged, make sure that you have discharge instructions. On the patientsplaybook.com website I talk about the 10 things everybody needs to ask before they get discharged from the hospital and it's, "What was my diagnosis? What was the treatment? What are the medications I should be on, with what frequency? What should I make sure that I do? What should I make sure that I don't do? Maybe I shouldn't be running up steps or bending down or lifting my arms up if I've had shoulder replacement or those sorts of things, and most importantly, if something untoward happens, who do I call? How quickly do I call and how do I get it?" All of those things can make a huge difference.

Bill: Leslie, do you recommend you have those conversations with the attending physician before you leave the hospital because my experience has been that a lot of times it would be a nurse that would come in and walk you through your discharge paperwork or does it matter?

Leslie: It does not need to be a physician at all. I'm a huge fan of the capability of nurses, physician assistants, nurse practitioners. In many cases, those are incredibly capable and caring in effective people, and for things like discharge instructions by no means does it need to be from a physician. It should be coordinated by a clinician who's got physician input and it should be all synthesized together for you as a patient by someone who's

going to have the passion and take the time to spend with you to make sure that all of your questions are answered and you truly understand what the next 3 to 5 weeks, 6 weeks are going to look like.

Bill: One of the things I've learned from your work, hearing you speak and reading your book, is just like we recommend having an updated financial plan at all times that takes all things into consideration, it's good for us and almost a must that we all should have our historical all the way up to our current health plan somewhere in one place, accessible, whether it's online, in a cloud, securely or in paperwork, but have everything about us, family history, those types of things. I think you have, in your book you walk through exactly how we should have that up-to-date information put together, don't you?

Leslie: Yeah, it's really essential. We all learned that planning is important, but in order to plan well, you need to know what's happened. You need to know where you've been to know where you're going and it's really ... Physicians are the only respected professionals in our society who are routinely asked to give and do give advice, meaningful advice, and incomplete information. Bill, you'd never do that for somebody. There's no way that you could succeed without comprehensive knowledge, so the way to address that problem because people get treated at one hospital, a different doctor, they're not same record systems, is for each individual to take ownership of that and say, "These are my medical records."

By the way, those are your property, every bit as much as the car is when you drop it off at the parking lot. It's still your property. Those medical records belong to you. They're 100% yours and every physician, every hospital in the country understands that now. If you fill out a simple form, and you can find it on our website, patientsplaybook.com, you can get all your medical records and we give people forms to fill out as to how to do that and how to organize it. If you're a bit of a dinosaur like me, I've got a couple of three ring binders because it's just easier for me to make sure I have all that.

If you're more technologically advanced, you can have it up in the cloud and pull it down on your phone wherever you are, but it's essential to do that because there's so many cases in which when we have looked at the historical medical records and have taken the time to do that, we have found a really important clue, a signal, a signpost that enabled us to make sure that we were getting the right diagnosis more rapidly, more efficiently, that we were avoiding the wrong path, that we were developing the right treatment for something. I can't emphasize how important that is.

Steve: Leslie, one of the things that I think would also be helpful, I know in your book and in previous conversations you've talked about online sources that people can go to to get medical information. Now I'm sure many people listening to this are familiar with Web M.D., or maybe even the Mayo Clinic's website, but you've got some other websites that you encourage people to go to. What are some of those other names and what would be situations that might arise where someone might want to go and look at some of these other websites that I think you're going to mention here?

Leslie: Yeah, there are a lot of really good websites that are available to everybody free of charge, absolutely free of charge, and the sadness is most people don't know about them. We use them on a routine matter, so just a couple of suggestions. If you've got a diagnosis of a significant condition, there's the website called expertscape.com. Again, all this stuff is listed on my website patientsplaybook.com. You can go to expertskate.com. Just type in the diagnosis, hit enter and it will in two seconds present to you the physicians and hospitals around the country who have done the most research on that condition.

If you happen to live in Minnesota or Wisconsin or Kansas, you can just click on Kansas or whatever the state is that you're in and then just have the list of people in that state and it's an incredibly useful tool to figure out the people who have done the most creative and recent work on the exact condition you have. If you've been diagnosed with cancer, and unfortunately too many people are and that's a tough diagnosis always, there's a fabulous website called the National ... the NCCN, the National Comprehensive Cancer Network, of 26 of the major cancer centers around the world who have come together and put together treatment guidelines for all of the major cancers available in English and Spanish, and available in a lay friendly version that is for patients as well as one for physicians and they're all available free of charge to everybody all the time.

In the unfortunate situation that you have to deal with a cancer, that should be your first stop. It takes two minutes, click, click on the diagnosis, print out the stuff, take it to your physician and then you'll have an established basis to have a meaningful discussion with your doctor about what you should be doing. There's just so many other websites that are available that are objective. There's a whole other category actually we should talk about.

We Americans are the most generous people in history. We are very philanthropic. We support so many different causes. Every single disease, just about regardless of how small the incidents might be, has one or more philanthropies dedicated to that disease and most of those philanthropies have resources to help patients who are diagnosed with that condition. For example, the Prostate Cancer Foundation, we have tremendous resources available to patients, written resources that you can download just by going to the website, PCF.org.

If you've been diagnosed with pancreatic cancer, Pancreatic Cancer Action Network, not only has materials but they have trained guides to help patients who've been diagnosed with the disease figure out how to get through it and the things to do. Komen For The Cure does the same thing for breast cancer. Every single disease has people, has resources that are available to you. They're waiting for you to call and they're all free of charge.

Steve: Well Leslie, thanks. You really shared some great information with us here today and Bill, do you have anything you want to add here? I think we're getting ready to wrap up and we'll give the final word there to Leslie as well.

Bill: I wanted to ask about the state of medical care in the US and what our focus is Leslie. Do you find that we're more focused on springing to action once there are symptoms that come into play that take us, maybe we're in denial for a while and we let it go, we let it go, we hope things fix themselves and then finally when something gets to a certain point of either pain or the symptoms really flare up then we finally go take a look at things? Is that where we're at today or are we becoming more preventative and are we doing more, are people doing more physicals? I've heard Mayo has this thing you can pay them some, somewhat large amount of money I believe and go have this thorough physical done every so often. Do you have any commentary on where we are in the US and then what you recommend we do?

Leslie: That's a really good and important question. I think most people are of the view, and I tend to support it, that the American healthcare delivery system has been a step late and generally gets involved after the disease process is too advanced and it would be better if we could all engage in greater preventive activities and we know exactly what those are that would make a huge difference for everyone. For example, we all know that the whole country is suffering from a terrible epidemic of obesity, terrible, which is resulting in diabetes and heart disease and foreshortening lives for everybody and dramatically increasing healthcare costs.

The estimate now is that obesity costs more in healthcare than even tobacco does. We need as a country to attack this problem collectively and there's many many causes for it. We've gotten people to the moon, we know how to do a lot of things. We can beat this if we make it a high enough priority. There are things like that that I think are emerging and people are beginning to intensify the focus on. Exercise, better diet, all of those sorts of things. That's one end.

The other end, we are, it's the sweetest spot in the history of the world on biomedical research. There is no realm of human knowledge that is progressing more rapidly than biomedical research. We are understanding the predisposition for disease that's genetically based at a level of granularity that wasn't even imaginable 15 or 20 years ago. There are now clinical trials underway at Mass General and UCSF in particular, in which they're doing full genomic sequencing, entire genome of babies in a clinical trial with consent of parents to identify genetic anomalies early on in a human being's life that could result in defeating disease much more easily or preventing disease if it's detected early.

We're really beginning to understand all of that and we have much better treatments for all kinds of diseases, and we're also using imaging, blood tests, and other things so there's no question in my mind that we are going to be able to detect cancers at the very, very earliest stages and when we do, just like virtually every other problem in life, we're going to be able to defeat them much more successfully and that's going to be happening with heart disease, Alzheimer's, and all these other conditions as well. I am really, really bullish on what we are going to be able to do as these biomedical advances continue to move forward at an accelerating rate.

I believe that if there's one final message I could give all of these wonderful listeners is as these things are happening, if you will follow a couple of different things to improve your wellness, diet, exercise, have a optimistic outlook, be active, use it or lose it, all of those things matter, and as we continue to make tremendous progress at a rate that nobody imagined possible 10 or 20 years ago in biomedical research, each and every one of us is going to live a much longer and healthier life on average than we even dreamed possible two, three decades ago. That's a really good news story.

Bill: That's great news and the message that I get is that if we are actively engaged and we're educated on the things we're supposed to be doing and have an intimate trusting relationship with our primary care physician, and do some of these simple things that we talked about, I say simple, it's easy to say, it's harder to do sometimes, but playing a more active role our healthcare for ourselves and our loved one, and then without a doubt probably one of the most important things that I would recommend to anyone is to pick up a copy of Leslie's book, *The Patient's Playbook*, because we've just barely dipped our toe here with him today. We're so grateful that we were able to get him on the podcast.

He's very busy and a sought-after gentleman and to have him on here sharing some of this with us, again getting us conscious of some of these things and then to have that resource, his *Patient's Playbook* we'll link to his website. We'll also link, Steve, to his podcast because they're just invaluable information so I hope this has been a help to our listeners. I would say probably as equally as all of our other podcasts we've done, whether it's been the attorneys we've had on estate planning, elder care, all the financial things we do, Steve, again this has been just quite an honor.

Leslie: Well, it's truly been my privilege. I love what you do and anytime I can be helpful to you, your colleagues, your clients or any listeners just contact me through patientsplaybook.com and I'll be as helpful as I can.

Bill: Okay, Leslie. Thank you so much. I hope to see you again soon.

Leslie: I look forward to seeing you. Best wishes to all. Thank you.