

Passing the Lantern

Reflections from a retired internist on keeping up, modern medicine, and the health advice I want my children to have



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Back in the late 90s to early 2000s, I had a robust (independent) internal medicine practice. These were the days before electronic medical records and hospitalists became ingrained into the healthcare delivery landscape. I'll admit that—despite how much I loved my Palm Pilot—initially, I was ambivalent about the value-add of both. For many reasons, I felt that using an electronic health record (EHR) would serve as an improvement over paper records, but at what cost and effort? (Too many EHR users had already told me that, once you've used [a good] one, you'll never go back. I did, however, promise myself that I would find a way to look at the patient sitting before me instead of staring at the screen.)

I was, however, skeptical about how an external physician, who, while clinically adept, didn't know “the rest of the story” about my patients multi-dimensional stuff—life experiences, body language clues, hobbies, tendencies, cultural norms, etc.—could serve them better than me during their times of a health crisis. But I did know that the train had already left the station.

Like a great white shark fin, the concept of “Managed Care” and all of its attendant pros, cons, trials, and tribulations, had already broken through the surface of healthcare delivery and workflows, only to be forced into to a hasty retreat due to a tremendous backlash from enraged patients and physicians. (I mention this in a previous post: *A Code Blue for Common Sense*.)

Concurrently, I was leading a large independent physician network that was taking on risk-based contracts. To say that my synapses were firing in the high-speed lane would be an understatement.

Our network attorney was an interesting person and eventually, we became good friends. (In some ways he reminded me of a cross between Richard Belzer, Peter Capaldi, and Sam Elliot.) He was thoughtful, smart, articulate, and, when he spoke, people listened. And he didn't suffer fools.

He invited me and my wife, Kathy, to dinner one night to he and his wife's home in So. Dartmouth, MA. His elderly father, a retired physician, lived with them. When we arrived, Mark introduced me to his father, who was seated at a table. Although he appeared somewhat frail, he was well groomed and neatly dressed. When we shook hands, I noticed that he had a strong grip. He remarked about the firmness of my grip—as if it was a characteristic that he judged people by. I couldn't help but notice that. on the tabletop in front of him, were the most recent issues of the NEJM and JAMA. They weren't there for show: when asked about it, he said he read every issue, so he could "keep up with medicine". (His son confirmed that he did indeed read every issue and could speak to them with accuracy later on.) He proceeded to ask me what I thought about a particular article about a COPD study that was in the NEJM issue. Thankfully, I had read it. I was impressed and thought: that's a state of being that I'd like to find myself in during my septuagenarian or octogenarian years. Keeping up.

None of my adult children ended up in the medical field—a neutral reality, not a judgement or regret. Still, recovering from my recent hospital stay gave me time to reflect on how they navigate today's sea of healthcare misinformation. I've been considering what I ought to do, if anything, to curate the information about medical advances that will (and might) actually matter to them: strategies for getting upstream of chronic illness, novel, diagnostic tools, new discoveries, and the real world impact of artificial intelligence in healthcare.

For the most part, physicians are data and information hungry people. We want to see the evidence.

As for our patients, people mostly rely on online advice for health and wellness from alternative health influencers and ads. My adult children are no exception and I've seen how easy it is to encounter information that sounds convincing but isn't backed by solid evidence.

So I've made a list of what might be germane to talk about with my children who are Millennials and Gen Zers. There's time, and some of these area's aren't ready for prime-time yet, so there's no pressing need to do this immediately. (I reserve the right to modify it in the future as needed.)

(Colorectal cancer screening isn't included here as, given that one of their siblings died from early-onset CRC, colonoscopy is the preferred screening option. End of discussion. I'll admit that I don't like the five-year between scopes intervals, so I do, however, wonder if they should complement that with currently approved, "non-

preferred” and non-invasive testing options during those time periods. I’ll discuss that and recommend that they speak with their doctors about it.)

In no particular order, the topics are:

- Know their risks: get a comprehensive genetic panel (polygenic and pathogenic), cardiac polygenic risk score (PRS), LDL-c, Lp(a), hs-CRP, and ApoB.
- That they’ll be hearing more about the importance of Cardiovascular-Kidney-Metabolic (CKM) Health.
- My daughter’s (and daughter in-laws) screening mammogram must be supported by three AI tools (including an assessment of breast artery calcification). The data on the superiority for earlier detection of breast cancer (BRCA) is real, and, heart disease kills more women than BRCA does.
- Coffee is good; tobacco use is really bad; limit alcohol consumption. And don’t vape.
- Stay physically active!
- Sleep seven to eight hours per night.
- Unless absolutely necessary, avoid even single doses of: clindamycin, fluoroquinolones, flucloxacillin (they all negatively effect the microbiome).
- There’s no existing evidence whatsoever that peptides help. Ignore the noise and the hype.
- If they want to know their risk for Alzheimer’s, get a p-tau 217 test when they’re older.
- The beneficial effects of GLP-1s are expanding: reductions in cancer risk, osteoarthritis and beneficial effects on kidney-liver-heart disease.
- There’s no evidence that whole-body MRIs are beneficial in healthy individuals.
- Candidate vaccines for cancer are in early-phase clinical trials and are on the horizon.
- Modern medicine is shifting from calendars to clocks: organ and cell clocks tracked by proteins in the blood.
- That they own their health data.
- A test for predicting people at risk for lung cancer is on the horizon. (The rise in incidence among non-smokers is very concerning.)
- Know your microbiome. The bacterial milieu in your gut matters more than you think. Tests that can tell you what organisms are present AND what they’re doing

and how this data might help someone is on the horizon.

- Autonomous vehicles are the cars of the future (90 percent reduction in crashes causing serious injuries.)
- While most currently available AI platforms for healthcare are viewed as frontier-level platforms, they should expect increasing sophistication and use by their healthcare professionals in a few years.

My kids may get their daily news from algorithms and alternative health influencers, but as a father who has walked the wards and seen these trajectories, my hope is to offer them something sturdier: a practical, evidence-based roadmap for sorting through noise, nonsense and living well.

Sitting with Mark's father all those years ago in South Dartmouth, watching him turn the pages of those iconic journals, I saw a man trying to keep the horizon in view and keep his mind sharp. I realize now that this list isn't just about keeping up with the rapid pace of modern medicine – it's about passing the lantern of information forward.

Some of my colleagues will likely have modifications to my list, which is fine.

I may not have raised a house full of clinicians, but if I can equip my children to be informed, empowered stewards of their own health in this new noise-heavy era, there are positive signals that are worth paying attention to.

I consider it the most important house call I'll ever make.

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