Answering the Call: How Dr. TJ Trad Is Saving Lives—From Tulsa to Uganda (and 30,000 Feet Above Ground) Transcript

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Podcast Introduction and Guest Background

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today. We are privileged to have doctor TJ trad here with us and, thankful that he's able to take the time to come on the podcast.

Would you mind introducing yourself to our audience, Doctor Trad? Absolutely. My name is doctor TJ trad. I'm an invasive cardiologist. And in Tulsa, Oklahoma.

Graduated in 2016, and I'm the founder of, cure for the world international, medical nonprofit, and also the founder of Ryan Medical Technologies, which is, brand new, a medtech company, that we're starting here in Tulsa, Oklahoma.

That's so cool. I want to come back to your origins. But first thing I want to get to is, is this really cool story that kind of made it to the press about, helping somebody on an airplane ride back from Uganda.

I had just gotten back from a trip to Uganda on a medical service trip, and I don't know why it came across my newsfeed somewhere. I'm like, oh, look at this.

This is a guy who's doing the medical work in Uganda. And he had this experience, and I've been asked to help people on airplanes before. I just thought it was interesting.

So do you mind walking us through that story? And then we'll reflect back how this all started? Of course. So we, we were on a medical mission to, zero boy Uganda, which is the north of Kampala, about two and a half, three hours north.

Usually when I go on these medical mission trips, I always have a bag that I have just for my staff. And the volunteers that I'm with, separate from all the medications and the tools that we take and help the local community and leave behind.

So this is just basically my personal kit. And in my personal kit, I always, I have an add like very small add.

Airplane Chest Pain Emergency

Phillips I have a butterfly echocardiogram, echo probe and a small iPad tablet, I, a 12 lead EKG machine and a cardiac, device as well. So I have two.

I saw a little card you had. I thought that was so cool. Just small thumbprint, EKG. Yes, I have all this. Those are the tools that I have, obviously, other than the scope and other scope and the usual stethoscope, etc..

But then also, I have a bag of medications, you know, probably about like maybe 30 medicines in there. I have a epi battery pack. Just remind send all the guideline directed medical therapy for me, like Plavix, aspirin, statin, Ace inhibitor being a blocker.

And we have loving docs as well with us. So it's like just in case we get to see somebody with a blood clot or something like that, we can start them on that.

We get some noacs with us as well that are usually donated. So I did all the, all on me, you know, we're coming back from the medical mission trip, and I was asleep.

I'm gonna tell you a little bit. Part of the story that didn't include in the story online, but I was asleep, and, one of the nurses, you know, woke me up, with us.

Akira, one of the volunteers, and said, okay, they're coming for somebody who's having chest pain. So I went there. I had two glasses. One of them is my prescription sunglasses, the other one is my regular, eyeglasses.

And I put on my sunglasses. Oh, dear. Know this because I was just half asleep. I just thought the airplane was dark because it was like, at night. So for the first ten minutes, I was wearing my sunglasses and nobody told me, you know, and then I'm, like, turning.

And I'm like, oh my gosh. Like, I'm wearing my sunglasses for the first ten minutes. The flight attendant, like I was wearing my. You didn't tell me you thought there were special medical glasses.

You know, I was like, no, they're just my prescription sunglasses. Anyway, so, the guy was having chest pain, you know, ask him, like, 0 to 10. He's a ten out of ten.

His wife was next to him. I ask her if he takes any chronic medications, and she gave me a list. She was very prepared. So looking at them, I was like, man, this guy have all the risk factors, you know, diabetes, high blood pressure, you know, right.

He's taking, Lipitor and all those. And the only risk factor that he doesn't have is smoking. You know? And so anyways, I was like, oh, crap. When you have somebody diaphragmatic telling you he's having ten out of ten chest pain, you get, I just assume it's unstable angina.

And so we've started giving him all the guideline directed medical therapy is sided with Nitro and all of that. And, within about 30 minutes, he was chest pain free.

I first put in a 12 lead on him, and, I didn't see any c-segment validation, but there was definitely some key wave and variations on him. So what I did, I was like, all right, you know, so, I pulled him off because he was so sweaty.

So the stickers, I didn't have enough stickers to rip it on him, you know? So I took it off and I was like, oh, I have the device. I'll just make sure that he's not having any arrhythmias.

So I put in that on him and by the time he was chest pain free, I was like, the, pilot came to me and he goes, hey, we talked to the the Inground KLM physician, and he recommended that we land and not Tunisia, but someone somewhere in northern Africa forgot because we were like right above the Mediterranean.

And so I told him, I said, hey, he's chest pain free. I don't see any evidence of anything going on at the moment. I think we can just make it to Amsterdam and if there's any changes I would let you know.

And he goes, okay, great. So he took my advice. You know, you're the cardiologist. I'm just going to keep it. At the same time, he informed a couple of the airports along the way in France and, and such that, hey, there might be an emergency landing.

So, so there was a backup, you know, and, so we made it to Amsterdam, and he came back and got picked up by, by MSF and, throughout the time I had one of the nurses with cura, with our nonprofit sit at the bedside because, you know, at that time, like, we just laid him flat across three seats and she was taking his vitals every five minutes and recording it.

So by the time the, Mr. people came, we told them what medicines we gave him. We gave them. He had the vital she we gave them his medical history. And they looked at us like, what the heck?

You guys are so prepared. Yeah. We were like, wow, like, this is crazy. They take him off and, he was admitted to the hospital for a 24 hour observation, and he was discharged the next day for an outpatient ischemic workup.

And so that was basically what what we experienced that night. So how interesting. I wonder if I wonder if his troponin was actually elevated. Did they ever run that?

Like, who knows, maybe it was negative. You can still have chest pain like that with. Oh yeah. And with that elevated troponin. But the lady told me that he was scheduled for a cardiac CTA, you know, within the next week or so, and they're going to pursue that or was like, okay, great. You know, I have this forgot about time.

You know, he received like 300mg of Plavix, 80mg of Lipitor. His blood pressure was elevated. So I gave him an Ace inhibitor data block. I mean, you know, obviously within 30 minutes, he was chest pain free.

So what we've done was the right thing. Oh, yeah. And what a blessing that you happened to be on that flight. I'm thinking back a few years ago, I went on a trip to Uganda, had someone who presented like that, was the only doctor on the plane, and it presented was really, really sharp, ten out of ten epigastric pain.

But I didn't have a bag of medicine and I had some stuff, but not a portable EKG, you know, ultrasound, like you just had all those tools at your disposal.

And so the gentleman that I took care of, I think it was more of a vessel vagal or a peptic ulcer disease, we responded, you know, after a while, just being calm and getting some oxygen.

But I think this story of yours is so cool because you came, prepared. And not that everybody needs to travel with this huge medical kit, but yeah, I just happened to line up with you being there and helping him at a time when he really needed it.

I. Yeah. You know, on a on a random vacation, I probably would never have. Maybe the cardio has usually in my wallet, you know. But but that's about it.

But it's just really interesting, you know, that, that we were coming back from this medical mission trip. It was just perfect timing, you know? Yeah.

Early Inspiration and Medical Mission Roots

Do you mind telling us a little bit about that little card? I've never used one. I. We usually use just a regular 12 lead EKG, ever. I'm working. But the little card, I'm really intrigued by, it's basically lead one.

Yeah. So those of you who are on podcast won't see it, but on the YouTube viewers, you'll be able to see this little card. It looks like a little credit card, and it looks like you've got two spots, one for each thumb.

Is that right? Yes. Basically you triangulate so you get the lead one EKG and it's great for arrhythmias, you know. So, whether it's ace, whether he's having multiple PVCs or whether he's having like a VTi or a VF, you can definitely see it, especially if there are holding it.

And if they are stable as they're holding it and it kind of Bluetooth onto your phone and you can see it pretty easily. Now, I also had another 12 lead EKG on me, that we put it on.

It's a pretty small. It's about as big as your iPhone. But now card. Yeah. The same company is having a 12 lead EKG, a machine that they just came out with.

In fact, the founder of the company came to Tulsa and brought me that as a gift for the nonprofit to use. His name is Doctor Albert. So it's pretty cool that we ended up meeting the guy.

And, he was inspired by the story and the, you know, he used his device. It was just like a good happenstance.

That's neat. And I'm thinking, like, live and work in a rural area a lot of times our EMTs can sometimes run EKGs out in the field, but it's a long transfer.

We were talking before we. I hit record like I live in the area near Yellowstone Park, and Teton National Park. If you've ever been to that area, it's just remote.

There's little towns here and there in those tourist areas, there's lots of resources, but if you go out a little bit farther out, you're in this place with just lots and lots of rugged terrain.

So that card, I could see that being super helpful on any place where you're not immediately close to a medical facility. You might get one just so I can take it next time we go to Uganda or another site.

I mean, it's it's, you know, portable. It's very easy, seamless. After this trip, I talked to my team and we're going to raise, you know, like the I start machine and the I think cartridges need to be refrigerated.

But Siemens came out with with kind of like similar to the I start for basic labs with cards that can be on room air. They don't have to be refrigerated.

And I looked it up, you know, along with the cartridges and everything is about 6 or $7000. And I was like, this would be great for us to actually include within our tool.

So maybe the next trip we go, we'll have a lab with this do how, we're going to do that before next year, hopefully. So anyway, so Kira has been a blessing to so many people over the years.

And actually, that's the foundation you started in 2016. Yes, actually, the Uganda Clinic is the first clinically built and we have four. That's pretty neat.

Walk back to the beginning here just a little bit. You told this amazing, intriguing story of of having to be there when somebody needed help on an airplane.

But it's really in context of what you're actually doing, which is trying to extend, high quality medical care beyond your little sphere of influence.

And in Oklahoma, to many places around the world. And I'm interested how you went from a young resident and fellow to suddenly saying, okay, I'm not going to wait till I'm 70 years old to start something.

I'm just going to start it right after I finish fellowship and try to extend this level of care to the whole world or to many different places. Do you mind walking us through that story? Because that's incredible.

Not that you're just talking about it, but you're actually doing it. Back when I was nine years old. It's all started then. Actually, when I was nine, my father passed away, and he also was a humanitarian.

His uncle was a humanitarian. He was an attorney that, you know, he started the equivalent of it's called the Red Crescent in Beirut in Lebanon. And he was one of the founders.

And, but he was an attorney, and my uncle was a doctor, and he used to go on medical mission trips to Africa as well. It's in my blood, I guess. You know, you can work.

But, after he passed away, I woke up one morning and I had a tooth. An infection. I can definitely. It was hurting. And I looked in the mirror. And so when I went to tell my mom about it, I saw her crying because it was shortly after my dad passed away.

So I didn't want to bother her. Close the door. And we were visiting our grandma, grandparents in the village, and I walked five miles to the United Nations, a clinic that I knew existed about two towns away from us.

For a nine year old, you know, walking that fast, you know, you'll you'll think eternity a long way. That's a long way. So I walked all the way there.

I walked into clinic, no questions asked. Until then, I have tooth infection. I went in there, extracted the tooth, they gave me antibiotics. And here I was going.

And I remember the doctor that was taking care of me. I didn't say much, but then he was so kind, so, so sweet, you know, and I didn't have to pay anything was a free clinic.

And I remember thinking, maybe one time in my life I'll be able to do that for others. And it stuck with me. I just wanted to be that doctor so bad. And so throughout my training, I started doing research.

Like, sometimes you do these night calls sometimes, and back in the day where, when I did my training, we didn't have the 18 hour rule, and I used to work sometimes 72 hours, three and we'll do the night call.

And it was brutal. Right. And some of my night usually runs for like about a month, and I'll have all the time. Sometimes you'll get a couple of hours, you know, downtime and, you know, reading about different nonprofits and different models.

And I wanted to create a nonprofit that is, self-sustaining, that can partner with other organizations that don't have clinics. So I wanted to pick, like, either Orphan Homes, or Women's Center.

And I wanted to attach a medical clinic to them. So an existing structure, you build, another structure you attach it to, and you donate that clinic to the community.

I wanted to do that because I felt that not only that's going to give the community, you know, a portal to health care, but also kind of empower that vulnerable and fragile element of that society, which is the orphans or the mothers that are the lost, their husbands or whatever that are in this workshop, you know.

So I want it to have more of a social and a medical impact on a community. So that was the solution that I came up with while I was doing my training.

I always have the sense of urgency to do things. So I started cura the Monday after I graduated and, I went on a medical mission trip just to observe other nonprofit.

I went with a nonprofit called With All my Heart Foundation, and they had a clinic over there in Haiti. And while I was there, I saw different things that I would learn.

I also right after that, I went to the Syrian refugee camp in northern Lebanon, and I was embedded with a unit from the American a diversity of Beirut, did about three days there and also learned a lot from observing how the UN was giving out health care, etc., how much waste there was.

And, you know, so I figured the model that I thought about might actually really work very well where we can instead of doing a crisis medicine, I could just do chronic medicine, because that's basically where the largest impact can be.

On my way back to Oklahoma. But at that time, like how when you sign on after being a fellow, you signed on with a hospital to give you a signing bonus?

And so I wanted to use my Thunder bonus to start my first clinic. And I didn't know how to raise money. I didn't know, I didn't know. So I meet the founder of Project Orphans.

Her name is Brittany Stokes, and, and I told her, hey, I saw that you have a orphan home in Uganda. I'd like to build you a clinic. And she thought I was kidding.

And so we met and we started the first clinic. And then after that, I started raising money. I will do events here in Tulsa, raised by, for the clinic.

So I built the first clinic was in Uganda. The second clinic was in Tanzania in a place called Katanga on Lake Victoria with main springs. And then I built one in Congo.

Unfortunately, that one in Congo got overtaken by rebels. And then I built one in Peru and a place called Santa Rosa de Cuevas, with partnership with metas Foundation.

And then lastly, some of the locals told me you should do one in Oklahoma. So I ended up doing one in Oklahoma, back in 2019. And it's very successful.

That one is ran by grants, mainly because it's easier to get a grant from a for a local American clinic rather than an international clinic, unfortunately.

But anyway, so it has, basically we've built a clinic every two years since 2016, and now we have all these, clinics. We treat about 10,000 patients a year total.

And it's all ran by volunteers. We have one full time employee. That is so cool. One of the questions I should ask is we've tried to do some similar work at with this clinic in Uganda, and it's been rewarding and wonderful to work with the people who live there in Uganda.

It's their clinic. They run it their way. We try to with within their structure, with what works. But for this local doctors, it's just been wonderful to work with them.

One of the biggest challenges is creating, awareness and fundraising. We will take groups to go there, and it's super helpful for them to show up and be able to assist and do all the things that are needed on site.

Building Cura Clinics Worldwide

But the bigger need beyond that is to still have some measure of fundraising, because they, even though they don't run a fancy clinic, they still have to be able to buy medications, the basic, basic stuff to run a clinic.

And so I was curious, what strategies have you found to be successful to get people from doesn't just have to be Oklahoma, but people from around the world to be able to contribute to something like that.

We have a big gala that we do here in Tulsa that we invite about 600 people, mainly companies, local businessmen, etc. and philanthropists, you know, would come in.

We do apply for some grants. And internationally, some of these clinics, we do say that the partnering organization that we partner with also have the responsibility of helping us.

So it's not just us that is trying to, you know, make this clinic happen, but also the partnering organizations to do some fundraising as well. So basically, it's a group effort.

And the more people you can involve, the more organizations that you kind of involve in your method of delivery, the better. So basically that's how we do it.

We go online sometimes and we do have a cycling team called Cura Racing. They cycle all over the United States with our sign for people when they go and click okay, what is this racing team.

And so they raise awareness to our medical missions. So far, this is basically what we've been doing. This is what a mouse gala and cure racing. That's awesome.

I sometimes get stuck in the idea that we have to just raise money or do something with, in just the way we've

always done it, but it's really powerful.

When you have a big group of people, none of them have to contribute a tremendous amount. But if you got 100,000 people to give you $1, you'd be funded on an organization like that for years.

And it's all about trying to kind of get a group of people who all believe in something, and some of them will want to go and actually see it and help and others can just send their dollars to do that work.

And it really is quite amazing when that kind of a group effort, you can accomplish things way beyond what you could do on your own. You've been able to get fundraising from different groups.

You've been able to make a tremendous difference for many communities in different countries around the world. And I think a lot of doctors listening to this will say, But I'm just a doctor.

I'm just one person. I only have one salary. It's not like us doctors have so much money that we don't know what to do with it. You really by the time you finish fellowship, you.

Most people are well into their 30s. You have tons of debt, and there's a whole bunch of places where your dollars need to go. I'm really intrigued that you said, hey, I've got a sign on bonus as a fellow, and you decided to dedicate those dollars to do this international work that you set up in your mind to do when you're nine years old.

That's an incredible story. That's wonderful. A lot of times I feel that happiness doesn't come from accumulated wealth or accumulated things. You know, happiness comes from giving, from serving, from that feeling that you're part of the other larger story.

And I think I had that very clearly ingrained in me even as a kid growing up, like, especially when you're born in a country where there is civil war and, you know, the people helping others, even people that don't have much, you realize that what's really important is that human connection.

We're also similar. And and as a physician, you take and to do no harm and to treat everybody the same. And I feel that limits you to treating people only in your community.

You have to go out. You have to seek. And that is the part that brings the adventure. You know, as a doctor, you have a tool and give you an example. You go to Uganda and the whole country of Uganda.

I don't think there's more than 30 cardiologists and the ones that have maybe even they don't have the skills to put in pacemakers or defibrillator, maybe 1 or 2 or 4 or 5.

Even so, you can find that in one practice in the United States. So the level of expertise that you can take with you, you know, whether you're symptomology or ENT or ObGyn, etc.

also, there's an educational element there. And when I go on medical missions, I go there for one week or ten days. So anybody can take out that time out of their year.

And in fact, that ten days out of your time will end up influencing you and impacting you as a person. Forget about your impact to each other, but it's there is an impact that happens to you that is more profound than any amount of dollar, science or time you can imagine.

You are the beneficiary. You're the main beneficiary. The more that you do that, the more you realize that the kid from Lebanon that was nine years old, that was helped by probably an American servicemen in the middle of nowhere end up being a cardiologist in Tulsa, Oklahoma, that is giving back to the world that giving him a little bit of hope.

So we are extremely interconnected, more so than we ever imagined. And especially this message is important. And this time of our lives, where we feel sometimes disconnected and we feel like hopeless, that we can't do much,

but we can we can easily go out there and do these things, find people with similar hearts, with similar minds, and the world needs us.

I truly believe that. I still strongly resonate with what you're saying. It's just amazing because it really is awesome the impact that you can make with just a little bit of a contribution.

And I just totally agree. We came back from this most recent trip to Uganda and I every time I've gone, I get out of that so much more than I give. The financial part of it is just minuscule, but the life lessons and the things that come out of something like that, those are the things you'll reflect back on.

Fundraising, Partnerships, and Community Impact

It's not about how many hours that I spent in clinic and how many reviews that I generate. Like, certainly you have to be able to make make your ends meet and pay your bills, etc.

but you can amplify this effect and training you have across the whole world if you want. And Doctor Chad's an example of starting this foundation and amplifying that effect, a magnifying that is just incredible.

I love what you're saying, and I can tell you've done it, and that you're speaking from experience and from passion, from having been in those places and done that work.

Absolutely, Peter, what I love about it is like, this is not just my story. I've met so many doctors that have been on mission trips with us, and I've been to places without us that have said the same exact thing.

I'm saying I'm not unique in that sense, but I just feel that sometimes we are afraid that maybe our contribution is too little in a world that needs too much.

And I feel that might prevent us from even taking the first step. But the best step is to feel that no matter what what capacity you do in the right direction, it's still going to move the needle a little bit in the right direction.

And the collective ness of that is what matters. So if I resigned to the idea that I'm not good enough or I'm not, I don't have enough time or the resources and someone else does the same thing, then that a huge negative ripple effect.

But the opposite is also true. If I fear that even by a tiny contribution to a world in the positive direction, I can maybe unite the need with someone else to do the same thing.

And that kind of domino effect can lead to a bigger effect. And that is where sugar comes from. We're not necessarily trying to heal the world. We're trying to create this kind of portal where people are welcome to come and join us and go on these medical mission trips and help monetarily and time and effort and and their expertise, you know, and that is basically what we are trying to accomplish, is like to create a model that maybe other people can adopt.

Yeah. And one of the things we hinted at earlier, I think it's so important to work with people who are in-country, local doctors and local, because if I show up there for 7 or 10 days, I can have a pretty big impact and talk to lots of people and help.

But I'm only there for that time and they can call me or send me a picture. Tell me about a strange case and we can try to connect the dots, but I need to work with them because once I'm gone, that work has to continue.

It can't just be me showing up with a duffel bag full of medicines. It has to be an organization where people are there doing the work, and it sounds like that's what you've set up, especially since most of those places you've set up are associated with an orphanage or associated with a women's center.

They already have an organization on hand, and so they can do that work. And not only that, give you the most

recent example of the beautiful duality of story, so that in 2021, we met this boy, that had a very large ventricular septal defect when we found that in Uganda that they didn't have kids, surgeons, and we had to send him to India to get his VSD closed surgically, we raised $5,000.

That was basically how much to for him to fly there, get the procedure and come back and have a follow up. Echo in Uganda, $5,000 is not a lot of money for us here in the United States or in Europe or in Australia.

However, $5,000 in a place where people are making $1.25 a day, it's unattainable, not in two lifetimes. And so therefore. So that kid was destined to die.

But the fact that we were there and we were able to raise enough money to help him out, that kid, when we went there, he was dancing, welcoming us. And the wonderful project orphans has.

And when you asked him, what do you want to do when you're older? He said, I want to be a doctor. So therefore who knows, maybe I will be on somewhere, 20 years from now.

And that kid might help me. He doesn't know that I was behind it. I don't want him to know it's not called the trad Foundation. Has got to try to find, you know, so.

But but I hope that whatever we did instilled that in him. Just like what happened to me when I was nine. So this trip, we met the gala version of that.

But he had a couple of more issues other than just a very large VSD. And, we're doing the same thing with her now. You know, we were trying to get her to India to do the procedure and come back.

And it's incredible that, like we said, if we weren't there during the trip would not have found her large VSD and she would not have survived. But now that we are the hope for her family to survive and you never know what she will end up be.

So to me that is what's important. It's the the stories that you carry with you for the rest of your life, the people that you see, the people that you meet.

And at the end of the day, that's what life is all about. I'm pretty sure when I'm when I'm 65 or when I'm 70, I'm not going to remember the first fancy car I ever bought.

But I will definitely remember the first medical mission I went to. And so that's that's the perspective I have, you know, when it comes to that. And, and, think about as physicians, we also need to think about our relative impact.

Which brings us to the next part of the story, where relative impact is, in my opinion, is that we spend all these years, we spent more than 20,000 hours to to get to perfect our professions and it doesn't matter what profession you're and you have to spend more than 20,000 hours in order for you to be a specialist at something, and then you get stuck practicing.

And that intensity drops off the cliff, you know? And then you resigned to the idea of CMBS, that that your medical board requires to maintain a license.

And that's basically it. Okay. I feel that if we do that, we're doing ourself a disfavor because we're not accumulating to the same intensity over time and in fact, in humanity.

So therefore I there are two things that we can do. One, service, especially because the investment that you will do in a developing country to the impact that you will have is massive.

We can go and let's say if you're an extremely busy practice in the United States, you're probably going to see between 20 to 30 patients a day. That's if you are busy.

Right? Okay. So that is your cap. That's your ceiling. Right. But if you take a tiny bit of your time and money to create a clinic, and that clinic is seeing 500 patients a month while you're sleeping in the United States, that impact that you created is ten times more than what you do.

Physician Innovation and MedTech Vision

But but also at the same time as to continuing to educate yourself to see how you can help the community here. There's a story that Bill gates, he takes this like, this hiatus for a week or ten days where he goes and reads a bunch of books and that inspires him, and he comes back to normal life.

You know, he kind of like, you know, like, unplugs for a week, and he goes and just reads for a week and solitude and, throughout his life. And I found this very impactful because we don't do that much, you know, as a physician, because we're so busy with the routine that we do in our life.

And I fear that if we actually do that a little more often, where we kind of a little bit unplug from the system for a little bit to take the big picture and see what is the time to impact ratio that we can have on the world.

Then into partnership becomes part of our daily existence. So therefore, if I'm seeing a patient and that patient, let's say, then I tell you a little bit about the invention that I just the patent that I just received is for remote patient monitoring.

And patients that have heart failure to determine their fluid status over time. You know, so right now you have cardiac mEMS, which is a device that you can put in the pulmonary artery.

It's very invasive. It's very expensive for people that have refractory heart failure that you can do right. Authorization to get all their pressure to determine whether they need diuretic, whether you need to get off diabetic, especially if their kidney function is bad, but you don't have a noninvasive tool other than just waits where the patient to determine their fluid status.

And that is very inaccurate. I mean, and it's, and patients aren't very compliant with it either. I thought about, okay, there had to be something that we can do in order to determine, in a noninvasive way, the fluid retention over time in a patient that goes from a UVA leaning state to a hypovolemic state and I came up with, with the patent for that.

And I'm working on the prototype right now. Now, I feel like it's our duty to pause and think about what is in our practice that we do on a day to day basis, that we can improve and maybe talk to other physicians, friends of ours, etc., to come up with a solution.

And I think that's important. I really, really do. We don't do enough of that most of the time. Most of the invention that happen in this world are by engineers or by companies that have high capital, etc., and, and, and it would be a really cool to see more doctors inventing things because I think we are in the trenches.

We're doing it. So we maybe see there certain gaps in the system that maybe someone else can't see. So I hope that maybe the company that I'm starting will inspire other doctors to do the same.

And I think you want to like we talked about just for a minute before we hit record, you want to leverage your impact and you want to leave medicine better than you found it.

And 100% that's what you're talking about, is to say, I'm going to try to leave an impact. Let's say I get a 30 year career, maybe if I'm lucky. And in that time, I want to influence the people that show up in my clinic.

But I want to do good to those who are outside of my clinic who don't have this level of expertise. And if I see a problem, I want to come up with a solution and try to leave things better than I found them.

Not only, technologically, but also just from a humanitarian standpoint. You want to say those villages, those people that you're affecting through your international work, that those lives are changed for generations to come.

And then there's technology that you're developing. Think about how much that could help. If somebody had a noninvasive way to measure their volume status, that would be awesome because it well, right now we are limited on our ability to properly measure that.

I feel that if some of your viewers out there are interested in helping out and they don't know which organization to maybe partner with, etc., here, has an open door policy.

Now we go on a medical mission once a year. We're going to go there next, April to Uganda again. But this time we're looking at getting maybe, ophthalmology with us, maybe dentistry, etc..

So that would be really cool. If anyone is interested, are we going to go there next year? If any of your viewers have thought about a solution to a problem, but they don't know where to go and they, would like to kind of like, you know, troubleshoot it with, that's the premise of both organization.

Yeah. So no, I'm excited. So basically, just to summarize, if folks want to get involved in international service, cura is a great place to start. And similarly, you said if they have an invention in mind, you wouldn't mind running through it with them to kind of help make sure that they know where to start and kind of how to get that off the ground a little bit, because I think we really can leave an impact.

If you have a big idea, don't just have the engineers and technologists from a big other company make it. You can do it as a physician because you're already there on the ground doing it day by day. Correct.

And that's my hope, because if you empower a physician and let's say you started your own company, or you start your own small medtech company to deliver a device that you thought of that would help people, that would give you the monetary tools to also leave a larger impact.

Because obviously this is coming from a good place. And I think that is also what I want to empower is like other physicians to take, to take their education and kind of make it a lot larger than the patient cohort for a day to day basis that you have.

That's so awesome. I've learned so much from this. I think you I just think this is so cool.

Closing Reflections on Service and Purpose

Like I said, it's more than just talking about it. You're actually out doing the work and what you're doing is leaving a lasting impact on thousands of people.

And I really appreciate what you're doing. I'm so thankful to to meet someone like you who's actually doing it. You know, it's not just that idea that you're reading about it or talking about it.

You're actually doing it. And I, I just I'm inspired by that. Any other thoughts you would want to leave with our listeners? The thoughts would basically be as as physicians, we have a duty to not only just do our day to day kind of activity, but duty to look beyond that.

It will make of an extremely fulfilling life. I feel that, based off of my observation, some people get in a rut, or they get into this routine and they feel uninspired.

You know, they just like, you know, view their job as just another job. But as physicians, we're healers and as healers, there's nothing that is more rewarding than, than, than giving.

And because we spend so much time to get to where we're at, and I don't think that's the final destination, I think after graduating, there's a lot more to do and to get well.

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