From Saving Limbs to Saving Lives: Dr. James Wittig on Sarcoma Surgery, Purpose & Physician Resilience Transcript

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Podcast Introduction and Guest Overview

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to 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 get to hear from Dr. James Wittig, MD. Dr Widdig is an internationally renowned orthopedic oncologist and sarcoma surgeon.

He's been practicing in New York metro area and New Jersey for over 25 years. And he's held numerous roles in several prestigious institutions. This is really an interesting episode, not only because of his prestigious career, But Dr.

Wittig is a true humanitarian, a person who loves his patients, loves the fascinating aspects of his career. And he himself has taken a little bit of a medical sabbatical for the last little.

During this time, you'll find it's really interesting. Not only did he focus on his own healing, but he started a pediatric cancer foundation with a really broad reach.

And so it's really an interesting experience to listen to his focus and his career and some of the things that he's accomplishing. So I hope you'll enjoy this episode as much as I have.

Today, I am super pleased to welcome our guest, Dr. James Wittig. Dr Widdig is an orthopedic oncologist and a sarcoma specialist. I'm delighted to have him with us here today.

Doctor Widig, would you take a minute and introduce yourself in more detail to our audience? Yeah. Hi, I'm Dr. James C. Wittig. I am an orthopedic oncologist and sarcoma surgeon.

And I take care of both children and adults who have bone and soft tissue tumors. Sarcomas are the cancerous versions of musculoskeletal tumors And I've been practicing for about 25 years now.

I finished my fellowship in 2001. So they're practicing about 5,000 years. Um, very happy with my career. It's been pretty successful. Feel like I'm getting a little older, but I think at this point in time, I'd probably done about.

10,000 orthopedic oncology procedures or surgeries. And I don't know, I guess I've probably seen three times that amount in the number of patients over the course of all these years.

Dr. Wittigu2019s Path to Orthopedic Oncology

I'm very grateful to be here, Peter, and very thankful. Thank you for inviting me and excited to chat. Yeah, thank you for that introduction. On this podcast, we interview a number of physicians and sometimes services that are useful to physicians.

I'm really excited to introduce Dr. Wittig and go over this because I've shared with my podcast audience, you know, all of you that listen, that I also am a sarcoma patient.

So I am excited hear what Dr Widdig has to say about saroma, but I so excited meet someone who's passionate and dedicated to the care of patients and has stuck with it for a long time.

Discussion later on, would you mind sharing a little bit? When you think back to yourself when you're 18, 19, 20 years old and in aspirations of becoming a physician, Would you ever have envisioned you'd become an orthopedic oncologist and sarcoma specialist?

Just walk through that journey because I'm interested in how you arrived at that particular specialty. So I always wanted to be a doctor ever since I could remember.

I remember I Always wanted be doctor. Love carrying around that little toy doctor bag that all the kids had or they give them toys or us and give, given my parents injections and listen to the heart and lungs.

But fast forward when I was in high school and college, I still wanted the be adopter, but. I had no idea that even orthopedic oncology, I really didn't even know too much about orthopaedics.

I broke my wrist once when I was a kid, but I didn' know anything about Orthopedics, Oncology or Serpoma surgery. And when i think about it, let's see, i started high school in 1982. That's just about the time when Libs Faring surgery instead of doing amputations became more popular.

So probably. 10 years earlier than that, the majority of people were undergoing amputations. I think even into the mid 80s, at least 50% of patients underwent ambutations instead of limb salvage.

So it was really the 80's that started to popularize it. And then it really took off in the 90s. But I think when I was in college, I really wanted to be a cardiologist or a cardiac surgeon.

I, was very, very much interested in the heart and saving people that way and very acute situations I liked. So I even rode out on the ambulance when, in, college I got my EMT as part of the pre-med.

The stuff that you want to do while you're a pre med to put on your CV, became an EMC. Worked for a fire department in Patterson, New Jersey. And for two or three years, yeah, I worked almost like full-time hours there between the weekends and some light store in the week.

So it was great. And then I really wasn't exposed to orthopedic oncology until not even much in med school. Because remember when we were in medical school, we barely even taught about sarcomas.

I think we maybe had one or two days of it in pathology. It wasn't until like I was a fourth year medical student and I rotated at the hospital for joint diseases in Manhattan.

that I experienced some lectures where they were going over the radiology and the pathology of musculoskeletal tumors. And I loved almost like the way you have to deduce from the x-rays and looking at the mythology as to what the entity was.

That sort of fascinated me. Then when I went into residency, I ended up working with the surgeon who was really responsible for starting limb sparing surgery for children with bone sarcomas.

His name is Ralph Marco. He was around the time in the early 1970s when. They started to develop the various chemotherapy protocols when chemotherapy really became identified and they started using chemotherapy and he wanted to save the limbs of the kids.

You felt like he could save them instead of doing it mutations, but back then also. you would have to get a prosthesis made. Take three months or so to go to custom metal prostheses.

They started out, they would always take out the whole femur. Let's say it was a distal femural osteosarcoma, take up the hole femure as the limb sparing surgery.

But what they had to do was they couldn't biopsy the kids and then say, okay, let's wait three to months to your surgery, it would start them on a chemotherapy right away.

Then after the prosthese was made due to surgery And then afterward they would get more chemotherapy and they noticed that once they studied like 50 or a hundred specimens, I forget how much the initial number was that the chemotherapy killed the tumor, made it easier to save the leg and save more normal soft tissue.

But then they also found that it correlated with the prognosis of the patients. And if you had what was determined to be or called a good response to the preoperative chemotherapy, it approved your survival rate probably by 15, 20%, maybe even 25 years.

I met him when I was a first year resident. He had moved his practice from Memorial St. Kettering to Columbia Presbyterian Medical Center. And he was in his last five to seven years of retirement.

I worked with him and then the chairman of orthopedics there was the tumor surgeon, a hand surgeon and a pediatric surgeon. So I got a tremendous experience in tumors and crazy congenital things in the hands and hand tumors, and really great experience.

Then I went to train with somebody who also went the same way, school of medicine, and he trained with Ralph Barkov also. I want to go work with him to do my fellowship for two years in Washington, DC.

His name was Martin Malware. He's still alive. We're great friends, but he was very instrumental in starting limb sparing surgery in the Washington DC or was the first person to bring the specialty really to that area.

And I had just an amazing experience learning an incredible amount from him. Well, all those experiences are awesome. And it sounds like it laid this foundation.

Even early on, you wanted to help people by going on the ambulance rides and getting into medical school. We all go on a similar journey. Now, like you said, over 20 years later, On the front of limb sparing surgery, you specialized in a subset of really complicated tumors.

Sarcomas, orthopedic sarcoma are really challenging to treat. So I guess it's interesting to reflect on how you started and where you are today. What have you observed change during that period of your time as far as your approach to tumors and the kind of impact you make for your patients?

Well, it's been 20 foot, 25 years. Right. So I started in 2001, right before nine 11. And I, my practice where I did minstrel, I've started at NYU and hospital for joint diseases.

Career Growth, Limb-Sparing Surgery, and Patient Care

Yeah. I was very fortunate Dr. Zuckerman, who was the chair of orthopedics there. He told me, I don't want you to do anything but orthopedic oncology.

And I was like, okay, that was my plan. So I started the first clinic for, for vulnerable patients at Bellevue hospital in Manhattan, first orthopaedic on college clinic.

And my first year, I had about a hundred patients that I took care of and we took of them just like you take care them in the private hospital. They got exceptional care.

There were the most gracious and grateful patients and pleasant patients to treat. And that really impacted me dramatically, right? Because I was able.

to use the skills and knowledge that I had gained and some of my innate skills in knowledge and my desires to really help people that came in with tumors that were out of control.

These patients came from children and adults from all over the world. They flew into New York City. They were poverty stricken and they came to Bellevue hospital to be taken care of.

And we did amazing job taking care them had great results. It was so incredibly fulfilling. I really impacted me the rest of my career to just want to learn more and do more.

Now. I, my first year of practice is unheard of nowadays, but I did, I performed over 200 orthopedic oncology pieces and that's un-heard-of nowadays for somebody who gets out of their fellowship.

I also did a little bit of a specialized fellowship, which was two years instead of one year. So that allowed me additional time to gain some additional surgical skills and separating tumors from important neurovascular structures, reconstructing extremities and doing muscle flaps and.

steam drafting procedures that maybe typically plastic surgeons would do. And also the diagnostics, I went to the Armed Forces Institute of Pathology and for two weeks it was like bootcamp tumors of radiology, and pathology tumors where I was grilled eight or nine hours a day for 2 weeks straight.

But so I, was able to apply all that knowledge to this very vulnerable population at the same time I had a private population. And I just always focused on, I don't compete with other people.

I compete myself all the time and always wanted to be better and learn more. And, and I always competed with myself to perfect my surgical skills, apply whatever was new that could come out or whatever new technology that might benefit the patients or for new ways of doing chemotherapy.

Now there wasn't too much to change really in terms of the chemotherapy protocols, even We still pretty much use the same protocol now that we used for osteosarcomas that were used back in 2001, but there's been a little bit of change.

Some new prostheses that have come out I've adopted. One thing that I really loved doing was teaching residents, teaching medical students, mentoring them, teach them about tumors.

For whatever reason, everybody was always fascinated by them and fascinated the surgery because I think every surgical procedure is different. a lot, most of them are very big exposures.

So you learn the anatomy and then you learned how these tumors behave biologically by studying them. And your surgery is basically based on the biological approach and your anatomical knowledge of all the structures.

I just continued to try to work on doing better and I was in the right place at right times and things fell into position. Then I built a very, very successful practice.

One of the things I wanted to reflect back on what you just said, when you first started, you worked with a group of people that would be considered underserved or people they didn't have a lot of nice things of life, people who maybe had traveled to this country or folks that were really on the margins socioeconomically that needed surgery for these complex tumors.

And I know now you work with the Pediatric Cancer Foundation to still try to promote this work and help people get what they need. So you have this humanitarian bent and it's really interesting because people sometimes get into medicine.

We get so stuck in the nuts and bolts of how do we do this and how we get paid and make sure that we keep our business going. Sometimes people lose track of that.

So I wanted to ask you, after 25 years of doing this, how have you stayed engaged with helping those vulnerable folks in a career that's challenging? It's a challenging technically, but you're also working with a patient population dealing with really severe disease.

Well, I've been fortunate because every institution that I have worked for, we've taken care of any patient that has come to me. So whether they were underinsured or had no insurance at all, or I had charity care, We never turned

anybody down.

The hospital allowed me to take care them. And so I was very grateful for that. There was never any barriers for me to take care of anybody who came to me.

And I remember this is just a story that came into my memory today. The, I, was the chair of orthopedics at one of the hospitals recently in the area and the fellow chair.

Of cardiology, it was just friendly with her, friendly, with everybody, but it is very friendly. With her and she had a housekeeper. Who developed a sarcoma and I guess her meeting her housekeeper helped to take care of her children.

I don't know. She was with her for a while. So she was part of the Cartier chair's family really, and she came up to me and said, Oh, like house keeper has got.

sarcoma or, or had a tumor and maybe I had the biopsy and I mean, to determine it was a circle of what she said. She has no money and she has, no insurance.

Me and my husband are willing to pay for her or pay you something for, I'm like, you got to be kidding me. I don't want any money to take care of, from you to, take of her.

That's free. I don't even blink my eyes at it. This is an opportunity for me to help somebody with my skills. You're really doing me the favor and thank God everything turned out okay.

That was several years ago and she's doing well, but even instances like that, I do so well. Even if I did it, it doesn't matter. The money doesn' make the difference.

But part of the pediatric, starting the Pediatric Cancer Foundation, I always, always recognized that the children who have cancer, right? The, once that diagnosis hits, no matter who the family is, except maybe if you're Uber wealthy, or if your in the top 1% of country, there's pretty big financial impact.

to the family with that, and there's a social impact to that family and a psychological impact. And that impact just impacts the whole family all around.

It's not only the cost of the medical care that comes up, but it's the staying in the hospital. the eating the hospital food all the time, needing to get car service, need to even get babysitters.

There's so many other expenses that come up. You have other children, right? And then if you're an underserved family or you are a single mother or a father, whatever the situation is, I just couldn't imagine it.

If you don't mind, one of the questions I wanted to ask you about is the Pediatric Cancer Foundation that you've started in New Jersey. Do you mind telling us about that?

Because that's a big endeavor and it takes a lot out of your own time and your expertise to do something because our children, they're the future and they are a vulnerable population and so we want to be able to offer world-class care to our kids.

Yeah, so I've been, I saw for a very long time the financial impact, the social impact and the emotional impact on the family when a child is diagnosed with cancer, right?

And you can imagine that impact is even magnified if it's an underserved family or a single mother or single father. And if those parents don't have any support system, if their parents aren't around.

So there's. a lot of stress from different areas that comes up. It's trauma, right? It is trauma not only to the kid, trauma to parents and the whole family.

And that results, there's a tremendous amount of financial impact on the family, but not just paying the bills for the hospital or for chemotherapy and medical treatments, everything else that come up, eating in the hospitals, maybe having to stay in a hotel close by to a hospital.

Because the kid got suddenly sick and you had to make an hour trip to the hospital or getting a babysitter, right? Or eating proper nutrition, Dorian, all these expenses that come up.

I saw this and then I also wanted to be able to give kids holistic care. So in this sabbatical that I'm on, when I took off of work, I said I haven't had the time to start anything.

Humanitarian Work and the Pediatric Cancer Foundation

I want to started a foundation that can help offset the financial impact on the family will help level the playground between the, the wealthy people.

Who have a lot more resources and people who are not as wealthy. You could still be maybe considered wealthy in this country, but still it's a tremendous drain when you have.

Who's impacted. Right. And then also be able to give them holistic care. There's. That children can get and that focuses on brain, body, soul, and spirit.

And the family can guess that I know will help their outcomes. That's not covered by insurance. Right. When you think about it, the brain controls the body.

Think of the placebo effect. You give a, you give 100 people the fake pill and a hundred people, the real pill, and still 30 people who get the thick pill.

They, it works. So focusing on different things that can help. Great. Because instantly that family's traumatized and suddenly that kid is traumatize.

I can. Improve the, improve the brain function during it, right? How they can still maintain happiness. or a positive outlook or generate those emotions that are positive emotions, that will turn on positive hormones and positive genes that we'll help them either be cured or recover or have a better outcome.

Right. So I wanted to focus on that and that dives into going into the subconscious, whether it's hypnotism or types of neurofeedback music. Different ways of playing with children and families, making them laugh.

A lot of different things go into that providing a, we were partnering with an equestrian center. So horse therapy, pet therapy. How many different we're looking at to bring to the families and then body.

What do you think about body? We want to look at. The root causes of a lot of illness, right? We want to focus on the kids getting good nutrition, families getting nutrition.

If you had good, nutrition that's going to affect your brain positively. Hopefully help you heal better. Sleep, sleep is tremendously important. Optimized patient sleep.

And then help them achieve purpose. And no matter what their religion is, what they're spirituality is or if they are atheist, they believe in some higher force or energy, right?

Focus on their spirituality and their soul, which also brings in healing power. So those were all, that's how sort of the Pediatric Cancer Foundation is evolving.

We also wanted 10 to 15% of donations to go towards sponsoring medical students and residents who participate in pediatric oncology research to got to meetings and present it.

Because funds are very low. barely available for residents and students to go to do these types of projects. So support them in that, support in their education.

Right now, the pediatric cancer foundation, we did not apply for not-for-profit status yet, just because of semantics and because what went on with me medically recently.

But we plan to in the future, we've got a pretty good board together already. And actually, I don't want to say pretty, good outstanding board, together.

We're all very enthusiastic and the next step will be getting not-for-profit status and then come into life. Well, it's incredible like you just described this huge foundation as all these different different areas of focus and big ambitious goals and then you Just throw off.

Oh, by the way, It's because I'm on medical leave because i'm going through a health problem most people when they're going through a health problem would say, I'm just recovering, leave me alone.

You started a world-changing foundation during your convalescence, which is really incredible. I don't know, that's kind of one of those amazing things like you can harken back to the beginning of this discussion.

you wanted to help people and save the world like we all do at the begining. But the cool thing is that you've kept that same desire, the same goal all the way through.

To the point that when you're doing through health problems on your own, Instead of just focusing on your own healing, you're focused on, now I've got this time.

What can I do to help others and give back? Most of the audience members are physicians. My question is, what would you tell another physician who says, I just feel burned out and frustrated and I'm so tired of dealing with insurance or prior authorizations or medical records?

the liability or whatever aspect of medicine is really frustrating them. How have you found a way to go through that and still be not only positive thinking for your patients, but looking outward beyond your own physical existence and how you can start a foundation and help other people?

I had all those same frustrations practicing for 25 years. Right. Dealing with insurance companies and dealing with legal stuff or you name it. Right?

But what makes should go, no matter what my joy, right. Your goal has got to be to make yourself happy and to experience joy. My joy came from taking care of patients, right?

Which I think most doctors do. Yeah. That's where you experience joy. So when there's all this stuff that I call called noise going on, you have to compartmentalize it and focus on the patient.

Focus on your knowledge. focus on all the good that you're doing, knowing that we're such an amazing profession that nobody else has this type of fulfillment in their life.

I didn't, I never felt like I went to work. and I really enjoyed taking care of the patients. And then I always had a big team and always have people that I was teaching.

That was the secondary layer that buffered me from the stuff that's kind of, let's call it rotten, right? Rotten in medicine, and that would buffer me.

So that how I achieved my joy and did these fantastic operations and patients got better. I think you've got to focus on that. If you're having a hard time clearing your brain, You got to remember, go back to the basics.

What are modifiable lifestyle factors? Food, your nutrition, you're exercise, sleep and purpose and your spiritual

element. Don't forget the spiritual, spend some time every week focusing on that.

Learn how to meditate, learn how calm your mind down so that you can get rid of all the noise. Prayer is the oldest form of meditation, right? When people just studies out where you actually, people who pray a lot, they see structural changes in the brain or they, or you, you.

You actually see differences in EEGs, important differences that come up when you start praying. Right? So all these other things are very important to giving you a stable foundation.

If you don't feel healthy because you're not sleeping. You're not eating properly. You are overweight. He can't move so well. Is there all things that make it more difficult for you to drown out the noise?

But when you can do that and focus on all those, do some meditation, right. And just remember, you could only have one thought in your brain at the same time.

Don't dwell on the negative stuff. Change that thought to thoughts that feel good. Turn on those good hormones in their body, turn on this good genes, turned on.

The parasympathetics, don't always be fight or flight. Those are going to have a dramatic impact on quality of your life.

Burnout, Balance, and Personal Well-Being

You know what? If you want to take a year off, go ahead, you'll enjoy it. Believe me, I never thought that I would enjoy taking time off. I enjoy, it I do enjoy.

And I'm learning all sorts of things and being creative in other ways. It's really cool. I was just having a conversation with my practice partner today about the frustrations of insurance and electronic medical records and all the things that we deal with.

And he and I came to the conclusion that our job as physicians is to take care of the patients. The best way we take of patients is make sure that they put their needs in real high priority, but the way that you have to do it is take as well.

I love what you said. Take the time off that you need, balance your life, spend time in meditation and prayer, write down things that really matter, meditate, and then find the things which really bring you joy.

You've described this wonderful experience of starting a a foundation that will help children. It's a really cool experience. And so I just want to emphasize what you said and reiterate that.

That's such a power you have. Like you've said, if somebody needs the time to take time off or to make a change, If you need permission, permission granted, you heard it from us.

Take time, to be what's you'll need because you can be the very best version of yourself by doing that, it's just really inspiring. You're right. You have to be the best version of yourself for your patients, for family, right?

When you show up, when you're happy, everything else falls into position. Right? So by making yourself happy or you interact with people, but lots of great things happen.

So that's number one thing, Right. Focus on yourself and come up with the. Best version. Of yourself, however you have. To do it. And then you are the, best.

Version for everybody else and never be. ashamed to take off or to admit that you're having some burnout or some guilt. You're human, right? And you never know how your life is going to change.

I was the first responder to 9-11. And that, that had a dramatic impact on me. I started my practice a week before 9-11 and I was sent down there the night of because they wanted somebody who could amputate legs and extremities on the spot to extricate people if it was necessary.

And unfortunately there was nobody to save. But between that experience, and, I could tell you an interesting story from that experienced also, but between the.

And seeing patients and families lives change on a dime like that. One day you're here, one day, you are not one. Day you hear the next day. You have cancer, right.

Or something that is like threatening. Right. So you have to just like it sounds cliche, but everybody says you to live every day to your fullest. Your number one goal every is to make yourself happy.

And when you going to be whatever you do, everything else will fall into position. No, it's really good advice. I like it. Do you want to tell us the story about the experience there in Manhattan?

Those are really powerful experiences you mentioned, but I don't want it, you don' Now that I would love to, it took me 21 years to get over it, to drop, get rid of the PTSD from it.

The, so it's dark out at night. We get, and so first of all, we were hanging out in Bellevue waiting for patients to be brought with us. There was nobody coming.

Me, a couple other surgeons, We got in the back of a pickup truck. They dropped us off pretty close to the, the site. We got out and it was like walking on the moon.

There was nothing but dust all over. there was no lights. The fires being put out. It was, there were so much stuff, stuff going on and noise going up, but you were almost deaf and I was surreal.

And then walking along in my scrubs and all you felt was a feeling of the presence of evil. and it was real, all you felt is evil. Now think about orthopedic oncology, right?

I take care of very rare tumors, I just finished my fellowship. I'd just moved back to Manhattan. We're walking along, we're walkin' to ground zero. And I step on a blown apart book, turns out to be an encyclopedia.

I pick it up and it is turned to the page, bone tumors. So I was like, Oh geez, this is a sign from God that I'm doing something right or I mean the right position.

What are the odds of this? So, I kept that book. Anyway, we went down to ground zero. We stayed overnight. There was nothing that we could do, but I keep those scrubs.

and my shoes and socks and that book and the blanket that I bought down there and wrapped it up in a garbage bag that i kept sealed for 21 years. And I finally, the 21st year, I was encouraged by a friend at work who was in charge of public relations to share the story.

And she connected me with the curators down at the museum at ground zero.

9/11 Experience and Lasting Perspective

Yeah. I donated the articles to them in 2022. It was, yeah. and that was me opening up that and releasing it was like releasing a lot of. PTSD created a healing environment for me or healing interaction with everybody.

And the thing that was hardest after 9-11 was every day I had to walk to work. I lived on 33rd and 1st, which is where NYU was. and I worked at four different hospitals that were all part of NYU, but I would have to walked down the street.

past NYU, the coroner's office was between NYU and Bellevue and down the long corridor outside the BelleVue. And there were shrines up for years of family members there with candles and loved ones lost pictures of fathers and mothers.

with their children and people would grab me, can you please help me? Can you, please tell me that was the most difficult aspect of everything. Eventually it took about two, three years for that to go away.

But again, these are things that all really impacted me. It made me really value and appreciate life and realize how precious it is and how things can be taken away from you with a snap of the fingers.

Thank you so much for sharing that. I know that's a deeply personal experience, but when we think each person listening to this, me included, can think about experiences like that and they're challenging at the time.

But in hindsight, sometimes those almost become sacred where you realize that you had a brush with destiny or you help somebody in a way that they couldn't have been helped with, you hadn't been there.

Anyway, we come from a position of tremendous opportunity and privilege as physicians to be able to help individuals in their greatest hour of need. And as we wrap up our time, I just really want to say thank you Dr.

Wittig for your example, for what you're doing for the pediatric foundation and for patients that you serve. I can tell your heart's in it to the greatest extent and I sincerely thank for sharing it.

Where would you tell people who want to follow along with your work or say, man, I've got to learn more about what Dr. Wittig is up to? I have a lot on LinkedIn on my profile in LinkedIn.

I do have. A couple of websites, one that's named after me, James C. Wittigan. But I. Have a very long old website that I've kept going for over 20 years.

That has a. Lot of information on it about musculoskeletal tumors, and that it's called tumor surgery.org. You can go there and you can find out a, lot about me and about the types of tumors I treated and, a a of the information.

On the individual tumors. There's lectures up there and then you can go to my personal website to learn more about me and some blogs there. And then LinkedIn has a lot of interesting cases and I posted over the years.

Yeah, and much more to come on that, much to more come. Thank you again for taking the time to share. I've really impacted by what you have said and I really appreciate it.

And it's one thing to read a book and hear about somebody's experience, but it is another thing, to look in somebody eyes and realize that they've walked the walk, they talked the talk and they have done it for years.

You've done this for 25 years and it just really incredible.

Where to Follow Dr. Wittig and Closing Remarks

So again, thank you for the taking time, just share with the medical community, for people on this podcast. and keep in touch. I really appreciate it.

Thank you so much, Peter. It's been a privilege to be on this show and I love sharing the stories. Thanks for tuning into the Doctors Making a Difference podcast.

And thank you for what you do to help your patients and your community. Your work truly helps so many people. We produce this content to have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

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See you next time.