Introduction and career overview

Welcome to Healthcare Business Growth Conversations. My guest today is Dr. Stuart. He's a renowned cardiac surgeon who has operated on six continents.

But more importantly, for this conversation, he has held major leadership roles at both academic institutions like Columbia and Mount Saney, and corporate systems like HCI Healthcare.

He also holds credentials from Harvard's surgical leadership program and has earned an MIT Executive Certificate in AI. Dr. Schubert, it is an honor to have you on the show.

Thank you, pleasure for having me. I'm going to enjoy this. So I appreciate you having, hopefully this will be of some value to your audience. Definitely.

So I just want to start with the core question of, you're a surgeon, meaning you are really busy. You're still a busy surgeon. When do you realize that clinical excellence simply wasn't enough to solve your business problems?

It goes back to my training. And I remember one of my partners, teachers initially, then partner, was Niminaz, Health and Human Services, the Dr. Oz show.

And one day he told me because at the time I was operating at 450, almost 500 open heart surgeries a year. And while that seems extreme because the average heart surgeon does make 150 heart surgeries a year, he said to me, at your pace of 500 surgeries per year that means at the end of a 30-year career, you've operated on 15,000 people.

Now, that's a big impact to those 15 thousand people, but it will fill the bottom of the stadium for your whole career. So if I go and give one episode of the Dr.

Oz show, I could fill the whole stadium. And while the impact isn't equivalent, it is I can reach more people with the message that I have. But his advice at the time, and this was early before AI before, physicians were in those cities to find a way to impact as many people as possible.

And so it wasn't enough that as AI developed, it became sort of obvious to me, well, this is going to have an impact. We're going back to 2005 at this point, not where we are today.

It'd be nice to adapt, right? And doctors in particular, are generally midterm adopters. And if you look at the adoption curve for anything new, you've got about 15% early adopter, 60 to 70% mid-term, and then there's that remaining percentage that either late-terms adoptees or never adopts.

And one of the best examples of that were surgical staplers, which was something that the habit of, that was during my training. I trained at University of Pennsylvania, Which was another great institution.

And the doctors that, the older doctors, well, a stapler that's never going to be as good as my hand selling of a connection between bells. At the time I said, it looks pretty good.

But over the course of time, These people were stazed out. Those who didn't adopt their leakage rates for bowel connections were much higher than staplers.

Their stenosis or tightening of the connection was too tight compared to the stapler. So, that staples really are the standard of care instead of hand selling.

And then hand-selling was the advent of surgery, right? I mean, we sewed things back together. But now stapless proved to be better. That was an early lesson for me to say, well, you know, It's important to adopt.

It is important not to have a belief in oneself that is higher than the progression of technology and the progress of innovation. And so I was lucky enough to work early on with a a structural valve company, have you ever heard the term caber, trans catheter aortic valve replacement?

It was something that just seemed science fiction in 2005 when I first came out of training, and now that's the standard of care to replace heart valves.

and really reserve surgery for those who can't have chair's catheter valve. But I was involved in that in its inception and I got to see how much money was spent in private equity and in the device companies to develop a product and how that product then by Interculating with pivotal trials and key opinion leaders can then change actually the standard of care and how healthcare is delivering messages.

I really want to be a part of that whenever I can. And so it's not a matter of saying clinical excellence isn't enough.

Why clinical excellence alone is not enough

It's saying that clinical excellent can, you can be the best at what is happening in the present, but quote Wayne Gretzky, You don't go where the puck is, Where things are right now, sure, I can be the best surgeon that there is in 2005, but is that going to continue on and give me the gravitas to be best surgeons in 2010? Not without adoption, not without reading, now without just spending some time and seeing where the change is, because again, Heart surgery itself, even today, it's sort of like being an amazing cop in Detroit.

Well, you could make arrests and you can get the individual off the street, but you're not changing crime because you don't really have a voice past the individuals transaction.

And so I always looked at it and say, well, yes, I want to learn as much as I can learn to take great care of the patient who is on my operating room table.

But in addition to that, I want to be a voice that is involved with where we are going, not just in the field of surgery, but in Well, that's great. I just want to ask a little bit more deeper question on the business side.

You do the surgeries day in, day out, and then you manage your team. Now that all on a clinical side, when it comes to the non-clinical work, like managing the not medical team and managing your vendors, it becomes too much at some point.

So how did you managed to overcome that and how you are able to excel in that area? Yeah, there's a desire, a belief by I think surgeons in particular, but by anyone who is a master of whatever field they're in, to believe that you are the only person that can do a job.

And the longer you hold that belief, you know, cardiac surgery, where the average operation is between four and six hours, well, if you're starting to do three a day, even if have some overlap in two different rooms, You've still filled your entire day with just clinical surgery.

Now to then say, Well, in addition to that, I want to be involved administration, or I wanted to involved in technology, Or I wanna read. Well. That sounds great until you have a couple of children and a wife is, hey, you worked for 14 hours, now you're coming home and you've locked yourself in a room and are reading a book.

You are part of this family over here. And so a lot of that is delegation and saying, well, there are certain things that I need to be present for professionally because this person came to me.

They didn't come to a team. Uh, they came Dr. Alan Stewart. So I, I am obligated or, and want to give my level of care to that. But then it's a matter of saying, well, there's certain times when I can say, hey, look, I'll be present for

your surgery, but my partner here is going to do it because they're the best at that particular surgery.

So I'm going come in for an hour and be transparent. Don't say it your surgery and only show up for hour. But say my partners going do this, But I am going be there to make sure the critical parts go well.

And that allows one to delegate. There are only 24 hours in a day and if you don't have an awareness before your day starts of how you want to allocate your time, you'll never allocate it properly and you will never…

and not that being a busy clinical surgeon isn't enough, it certainly is and it's always been who I define myself as, but the additional areas of creating a nutraceutical company, creating being involved in private equity, getting involved with AI, those are all things that interest me.

But it becomes interesting, and I'm sure we'll get into it, of the expectations of who we report to. Because as a busy cardiac surgeon, there is some degree of productivity that is how we're compensated.

And so the hospital would like nothing more than for me to spend my entire day, my whole consciousness doing cardiac surgery because that generates revenue for a hospital.

In the other buckets that I'm involved in, well, those buckets are largely controlled by either investors or CEOs that have an interest in me devoting a certain amount of time to their initiatives and achieving increased value.

But the two have no relationship with one another. So in order to be productive in both, it's really time management to achieve that goal. And that time-management can't be a wish to believe, well, everything is going to go fine in job A, so that way I'll have time for job B, because there are complications and changes and new things that come up in all of those worlds.

But I guess I would look at someone like Elon Musk, who has got six multi-billion dollar companies and he's used to manage them all. And so it's a matter of devoting proper time and not wasting time.

I think it When we're having a conversation with a employee or a board or whoever it is to say, hey, look, I've got this amount of time and you're upfront with people so it doesn't appear rude.

It's much more rude To believe in your mind, well, I have an hour to devote to this, but the person you're meeting with thinks you have two. And then after an hours, they have got to go.

Well, you've just given them an our of your life, But they think you are rude because you left early. So setting expectations and being transparent I think is the best way to manage one's time.

Yeah, definitely. Whenever you said, like, managing time is all it takes. I just want to recollect, my first boss gave me a book by Brian Tracy, Eat That Frog.

When I looked at it, I laughed looking at the book name. But it's a small book. It's not a big book, but it really helped me in the last decade. It is more of a thought process for me now, rather than looking at the book, reading it, or doing it consciously.

But now I block off everything just before the day and then just go on with the date. And to that end, to your point, if you're given a book like that, now there are books that you'd want to read cover to cover.

and say, this is a great book or maybe there's a movie that you want to see. But then there are other books or there other learning methods where you scan through the table of contents and These five chapters are the only thing that matters to me.

So you're not a failure if you didn't read the whole book, but you read parts that are actually germane to your discussion and read those intensely rather than reading the book with 80% attention.

You're reading a section of it that is going to impact you with 100% of attention and you've gotten more out of. Well, no, we are not writing exams to pass the book.

So like most of the times I just reread the books that I read. I'd just glance through them, as you said, like just go through it. Whenever I feel like there is a block and then I know the box that, I'll just back and I glance those sections and back.

You hit it directly on its head. Just want to ask you one more quick question. like, on your path, like not the background, you moved from the academic giants, right?

Like Columbia to the corporate side at HCA. Like, how did you navigate that shift? It was an interesting, there was a lot of criticism for it by what I think you would define as my original peer group.

And the interesting thing about, I've explained it to people as climbing Everest, that being a cardiac surgeon or the head of a division where I was the Head of Aortic Surgery at, Columbia for almost 10 years after I finished my training there.

I think it was nine was the accurate number of nine years there and then I moved to Mount Sinai, New York for an additional five. Now these are at the time two of the top five hospitals in the world.

And the reason for moving was multifactorial. First is that to say I want to be the chief of surgery at Columbia is a very, very small file. And that sets up an expectation where anything short of that is failure.

But it's a really, really narrow band to set that as a goal. To say, I'm operating and I am one of the group at Columbia University. Well, that in and of itself is success.

That's climbing Everest. But to stay at Everest for a long period of time when you realize you can't breathe and you cannot achieve your goals, well, it's fatal to stand top of that mountain for long time.

And so at a place like Columbia or Mayo Clinic or Cleveland Clinic, the institution is the star. And it is a star because it has individuals that are all clinically excellent working there.

But when one says, I need a complicated surgery, and I to go to Columbia University, they're not saying necessarily I needed to Dr. Stewart at Columbia university.

They're saying to Colombia. Columbia is always the the protagonist in that play. And eventually, doctors will achieve their own individual reputation that will equal or exceed the reputation of the institution.

Delegation, time management, and setting expectations

Now, the downside of prestigious institutions is they generally don't pay very well because they don' have to. They always attract talent. It's sort of like Maybe the New York Yankees is a bad idea because they do pay people a lot of money, but there is certain amount of equity one gets for being part of a preeminent program.

And that equity is not money. That equity are invitations to speak abroad. Invitations to write manuscripts for large journals. One has to say, well, is that added on to a salary that is not commensurate with what my level is, but are the two of those together enough to keep me satisfied?

Now, in my case, New York, which is the city I call home, even though I live in Miami for the last several years, began its decline again into where it was in the 80s and 90s.

Now when I lived in Newark, it sort of that 20-year period where like Disneyland in North, there was no crime, everything was beautiful, best restaurants, sports teams.

And I started to see as I walked down Fifth Avenue to work that the homeless were back, the people were shooting

up again, they, hookers were, and I said, you know, city is starting to deteriorate and then my wife became pregnant with twins.

And I said, you know, we're paying 50% income tax between state and city and local, and we now have three children. No matter how much money I make in New York, it's going to be unaffordable fairly soon, all major medical centers is that they were originally settled in port cities.

If you look at Johns Hopkins, Massachusetts General Hospital, Columbia, they're largely around ports because that's where industry was at the time. And these are austere institutions that have been around for a while.

Well, that became less relevant, especially after COVID, uh, you needed to live within the city that you work because that was why New York became New into the city.

Now, if you can't commute there, you have to live there. And that's why you had a little microcosm in a vertical city that all made decent money and then it was a pure meritocracy.

But once COVID happened and most of the world started working remotely, well, there wasn't that same need to the kiln or the microcosm of evolution to always have the best of everything in a small geography.

So it became less important to me to live within Manhattan and it almost became disadvantageous. But I didn't think about moving to a leadership position as losing credibility.

Because in order to become a leader in an institution like Columbia, there's a lot of waiting online. And you can achieve a very, very busy clinical practice, which I did early on through a variety of means.

Some were hard work, and some were luck. But I became the busiest surgeon within five years of being there. And then I was there and I said, well, there's really nowhere for me to ascend or become a leader or to have an impact past the individual patient until someone sick retires or has a scandal.

So I'll be in the position I'm in for the next 20 years. that really didn't keep my entrepreneurial spirit ignited. So I want to go, first I wanna lead people, I have an impact, a voice at the leadership table, and that's just not afforded to a doctor in an Ivy League Medical Center.

It's not run by clinical physicians, it's run generally by MBA level administrators who I think doctors are widgets on a board and can be easily moved or replaced.

And so even as a rainmaking doctor, I didn't have the ability to set healthcare policy to implement change, and I wanted a place where I could do that.

HCA seemed at the time a logical institution because it was a for-profit center. I believe that all hospitals are, since COVID, have become for profit because, whether it's reported that way or not, because of the loss of revenue that occurred during the pandemic.

But This allowed me to have a seat at the C-suite and also maintain my practice as a surgeon, but more importantly, be able to continue to develop my other persona, which was to say, how about we bring this initiative to the institution now?

At Columbia, people say that's great, go back to The Operating Room. I'd say it was more of an ability to widen my area of interest. I lost credibility of my peers.

To some extent, I changed peer groups. We were surrounded by a group of people that were thinking that, hey, well, in our group, we need a really well-thought-out physician to give our new initiative credibility.

So, Hey, would you come on over and spend some time with us? Well, that's a new peer group. But the peer groups who just focused on going to medical school residency fellowship and doing cardiac surgery, I'm sure some

of them probably thought it was a wrong decision, but I don't believe they're my peer Well, that's a very good way to put it.

Just finding the right peer group is always… It's been said in many different ways, but whether it's Jesus who said, if you want to know who you are, show me who your friends are.

You are somewhat of a composite of your five closest contacts, or if Yeah, the smartest person in the room, you're in wrong room. So I think that there always has to be an assessment of saying, am I really truly learning from the people around me?

Are we all moving forward as a group or are we stagnating or declining? And to make that assessment and to choose your peer group based upon what your own particular goals are.

It's not to say you need to change your friends, but the who you believe are your peers. does not necessarily have to be defined on the day you take your first job and say that that's my peer group forever.

I think your interests change, your goals change and as long as you're finding the right people that are above at the same level and beneath you and impacting all of them and they're impacting you, well then I that I's your peer Yeah, you said it right.

Like we evolve over a period of time in our careers and we just need to find the right group. And also we shouldn't be the smart person in the group, like that group should always make us uncomfortable.

The change comes when we are uncomfortable, the change doesn't come when you are just sitting in a comfortable chair. I was operating once in China and I've taken the speed train from Beijing to Shanghai and saw these microcosms where it looked like 20 dormitory buildings surrounded by this enormous smokestack.

You see this plumes of smoke coming out of it and these buildings that were around it. And I thought, well, that is that society's life forever. The grandfather works in that factory.

Dad does. Uncles do. Son is aspiring that one day he'll be old enough to get his own job in the factory, but that's the life. And you're in there forever, right?

And there is no hope of transcending that. I though, Well, it's not the kind of life that I want in anything. you can be and give your best to an area.

And it's not necessary always, like I didn't leave cardiac surgery. I'm still busy cardiac surgeon, but I said, well, I want a place where I can also develop this skill and then be involved with this company and see, and write a book.

There are a variety of things I wanted to do that were in addition to, not in lieu of. So I think that To use that factory model, you find that you've surpassed what you can do in that little microcosm of society.

That factory, well, it's time to leave the factory if necessary, or say I can only give you half time and I'm going to go with my other half and do something else.

So that's really how I've approached my own life. I do, I think if I reflect, which I regularly do as part of my routine and to say, am I proud of the life I'm living and am i impacting people?

It's not important necessarily to wear a belt or hold the championship ring as it is to say, am I achieving the objective I want to achieve?

Moving from academia to corporate healthcare leadership

And that is, to impact as many lives as possible in a positive way and to make a mark, right? I mean, even as the busiest cardiac surgeon In 2025, one could say, well, if you were to die in the middle of surgery, the patient

wouldn't die.

Another surgeon would come and finish the job. And then after everyone mourned your loss, they would replace you. Over time, maybe you get an oil picture hanging in your hallway, but life will go on.

So what you want to have is to say well what is my own impact to the world and to constantly reflect on it. Maybe you do that on New Year's Day every year, but at least once in a regular period of time, you're reflecting and saying, am I living the life I want, and am impacting as many people positively as I can?

Well, you know, definitely that's, that reminded me of my conversation with Dr. Daniels from We Treat, We Proprietary. Like the other day I was talking with him and then he told me that like business has no emotions.

It doesn't matter whether you might pass away or you just become irrelevant and business just has to go on. And that is why Now, he told me that he got his MBA degree to understand the room better before he get on to the meeting with his board.

So yeah, I think you're just reinforcing that. We are all replaceable at some point. so we should just make sure whether we are able to achieve our objective and then make the impact that we want to make.

I don't even make it as nihilistic as being replace-able. It's a matter of being becoming irrelevant. And I think that to just, if you just look at how we became humans, right, I mean, there is evolution.

There's a microcosm of evolution in your career that you, once you become the best apex predator, well, you're going to eat until you end up in a place where there's larger apex predators.

Now you're prayed. And that's just the way the world is, is that if you stop reading and stopped innovating and stop participating, well, you largely become irrelevant.

Then you don't even need to have done anything wrong, but you just may become financially undesirable because, yeah, maybe you are making your healthcare system a lot of money, generate equal revenue for half of your salary, well, you're going to be gone.

And so you even did anything wrong. But you've then become, from a business point of view, like you said, there is an emotion. So if you are making an exorbitant amount of money and being one of the highest paid clinicians, if we can get two that are in aggregate, both less than your cost is as an individual, well, you're going to be replaced because you don't continue to add new value.

And as distasteful as that may sound, this is the reality of the world. Yeah, definitely. You're right. I always say that if you take the SWOT analysis, like the O and T, which is the opportunity and the threat, combining both of them is actually one which a trend.

So if like you, now you went ahead and then got into the AI very early, you got onto the trend, and you make that as an opportunity. If you don't make it as opportunity, that trend becomes a threat for you.

So, right? So it is always about keeping the trends. And remember, the thread is your own perception, I mean, a lion isn't angry with the antelope, he just wants to eat.

The antelobe thinks the lion is a terrible predator, but the line thinks that the Antelopes amazing, it says it's tasty. And so there's no quarrel here from a lion's perspective.

So I think that if you look at life that way and say, well, how could they possibly replace me? It's not emotional. It is that now your value add is less than what it was before.

And innovation to me for clinical doctors is a It's essential in order to maintain your relevance and retain your value because we're in a rapidly changing world of technology with generative AI.

And there are positions that exist now that won't exist in the future. You say, well, I'm the best at this. Well, there's not too many people who sell horse whips anymore because they don't ride horses.

of things in the near future of positions where you may be the best person at it, but then the position won't exist. So being the Best at something that doesn't exists, what relevance does that have?

Wow. That's a very good perspective. And then you're definitely right. Like, you know, threat is our own perception. So on the same line, I just want to jump on to the non-human patient journey by 2030. That is something that you predicted.

You gave me the example of, we didn't predict to have a nonhuman cars. Obviously we have Tesla right now. Where do you see that trend evolving in the next five years?

Yeah, I think that obviously people who will say, well, you know, Elon Musk in 2015 predicted that cars will be all autonomous by 2020, and here it is, 2025. Was he off?

Does that make it not true? Because it's been a few years more. I don't think it makes it true. If you look and say well can we say it 20-30 is the exact date that my prediction in my book will come true, Maybe.

If you look at, if anyone has the most recent Tesla update, I mean, it's extraordinary. You don't have to have your hands on the wheel anymore. I routinely will drive to the hospital and put my seat all the way back to back seat and lift weights or read a book, and it drives me to where I'm going.

It even parks my car. And that's not the update that he promises by the end of the year, which will said the word he uses sentient, oh, it means it'll have consciousness, uh, Which is insane.

Even now, as soon as there is a sound of an ambulance, the car pulls over. If there's a bicycle on the road, it goes around the bicycle and it really looks for a parking spot.

We'll come get you in Home Depot if you, forget what your car is, you hit a button and a car comes and gets you and picks you up. I mean, its mind boggling.

Now, do I think that the world, that all doctors are going to be replaced? No, but I thing if your in a field that is completely algorithmic, Yes, I think your future is somewhat limited.

Now, whether it's limited in exactly January 1st, 2030, you don't know. But the example I used was to be provocative that you will go to an outpatient care facility and be greeted by a non-human.

I believe that will be true. Because even if you look at Miami, Miami is a heterogeneous population that is largely settled by the collapse of every democracy in Central and South America.

And so you've got 14, 15 different versions of Spanish that are spoken. that are spoken in Miami. Now, to get a translator and have a translators speak to someone native from Argentina is not the same as having someone who comes from a small suburb of Columbia.

And so that one translator might not be able to adapt to both languages or may not get the perfect translation. A machine with a large language model will be able to have a very accurate conversation with that human and will ask all of the right questions for a particular problem, let's say abdominal pain, and be not only complete, but also will be imputed into a form that is not going to be rejected by a third-party insurance company because it will have all the pertinent details.

Because an individual physician in practice, their biggest hang-up is billing and that bills are rejected because the forms aren't filled out right. Well, these forms will all be filled that right and so the history will The bill will be sent out complete.

The physical exam will augmented by a human in the short term, but now with the advent of stethoscopes that can hear better than the human ear, sounds will picked up.

ECHO is one, E-K-O. Cardia is another echocardiogram machine that has ability that exceeds the human eye already. Patient may get sent for an x-ray. Well, radiology and general diagnostic radiologist is already using a mass amount of data to look and say, not only is there something nefarious on the x ray, but is the architecture of, say, the breast or the lung in a certain way that will predict your risk of developing cancer in the future.

And that we'll largely render radiology obsolete at some point. Now, will every radiologist need to go out and look for a job? No, not immediately. But if I had a 10-year-old kid who told me I wanted to be a radiologists, I might think better of that one.

I think emergency medicine, which is largely an algorithmic-based decision-making other than trauma, where someone comes in, they have pain, and you have to find out where the pain is.

Well, maybe you'll need one doctor who can come in and feel the patient's belly or listen to their chest. but it will be augmented by these non-human physician extenders.

So that will cut down dramatically on the number of people you would need to staff. An emergency room. Pediatricians the same. And then down the line, pharmacists who fill medications.

Well, if the non-human will call a pharmacy and the person needs a prescription, well, you will not necessarily need a human being to assess, are there contraindications to other medicines?

Can the medicines be packaged in a certain way that it can be picked from a shelf or a repository that they can be put into a file without a human being, rechecked, and then sent in a driverless car to your address.

That will happen in our lifetime. Now, whether it's 2030 or 2035, I think it will be fairly soon just given how advanced large language models are and how advantageous we're already implementing them in One of the most frustrating things when you meet a doctor is that they say, well, you have three minutes of their time, and they've got a room full of patients.

You wait for an hour, or you come in the room. They're not paying attention because they're typing away. Or they are typing their note as they were talking to you.

So there's no empathy, there is no connection because their back is to your body and typing the way asking questions and filling out a form. Because they have to, or else they'll have write a hundred notes at the end of the day and how does one remember that?

Well, now that the conversation is being transcribed while you're having it, the doctor can look at that patient. So the patient interaction is already better because they're not writing that note, it's being written for them through a large language model.

that's becoming progressively more accurate with each passing iteration. And that note is not necessarily just the progress note for the patient, it's also the note that is being sent to the insurance company, so it is taking that billing aspect away and that being done at the same time as the patients accounting.

Now, where I think we're making a mess for ourselves as human beings is that, and COVID accelerated it, is we have largely outsourced our communication.

People in general now would rather send a text than have a phone call. They would buy something online than talk to a clerk in a store. You want to make a reservation on open table, you don't call the restaurant and ask for a table.

People largely don' like to talk to humans anymore, especially in a eye-to-eye manner. And also when now these so divided in our country politically that people will write things to nameless faces and say things you would never

say if you were standing in an elevator to another human being.

The most disparaging thing sometimes will Read and say what a thing to say to anyone and and it's because you're not saying it you texting it and you don't know who you text me to but if you are on an escalator and someone said the same thing i like you never responded that man and so i think the humanity is.

What we're always going to be ahead of AI at our consciousness, our empathy, or humanity is something because there's no value in having empathy in an AI model.

So when you get to a point to go back to that example of a abdominal pain diagnosed by a non-human, well, what if it's pancreatic cancer? And it is not fixable.

You told that to someone. By my calculations, your chance of survival for six months is zero. I don't know that I want to hear that from a machine. You want get a hug, right?

At least you want something to look at you back and have a tear and say, this is terrible. If you're the only person in the room with this, the human being in, in in building, you know, they're alone.

And, and then you find out, well, what if it's wrong? Now you are really upside down. Right? And so I think that, we're giving up the only thing that makes us unique, which is our humanity, our compassion, or empathy, ability to discern non-visual cues.

Peer groups, relevance, and staying innovative

I mean, you look at somebody like AI therapists, and it exists, but if you're sweating and shaking and pale and they're a therapist is, well, how are you feeling today?

I'm fine. I would say you don't look fine, but they're not going to ask that because the non-visual cues are something that aren't there yet. So I think that there are the fields that make us uniquely human are still going exist for a period of time and the field that are we've outsourced our humanity, whether willingly or by necessity, I think they're not going to be long for the world, in my opinion.

You simplified such a complex topic. On the same note, you deployed six plus AI programs and then What was the impact on the tea? Did it hit, have you seen any measurable reduction of the human beings with that?

Or does it just increase the productivity of total tea. It's a great, it's an unnecessarily complex question because when you look at a typical hospital budget where you would think something that is better for the bottom line of the hospital would be embraced readily.

You then look at and see that a hospital budget is sort of a microcosm of what a government budget, where there are different incentives in different departments of hospital.

And I'll give you an example. As a surgeon, there's a section called materials management in an operating room. And that program is what approves new technology.

Not technology like AI, but technology, a new heart valve, new graft, and new suture, changing from one company's gauze to another. And their financial incentive is to reduce overall costs for their operating room in that particular year.

So they want to, if you approve a new hard valve, well, then you need to get rid of one that was, or two that were more costly so that this one could get approved because overall, they wanna show that, we improved our spend by 10% and then their budget, their bonus is based upon that cost reduction.

Now, using the new technology may save the operating-room time, by 30 minutes per operation. And so the operating room budget, which is not materials management, will be very excited.

But if it costs more, yeah, the materials' management group will not want to spend the money, even though they both work under the umbrella of the hospital.

So when you get into each individual area having that are not aligned in their incentives, it's very, very difficult to show the value. I can speak to the CEO of a hospital and say, hey, look, this is where during your chain, your supply chain it's going to benefit you." Well, they'll get it.

I said, all right, well, you still have to get approved in each area and then it is a matter of negotiation in order to gets something approved where I know I'm going save the hospital money by this new So it's not always universally embraced.

The first one I brought was something called VIZ AI, V-I-Z AI. And that was a way of diagnosing stroke and aneurysms and aortic dissections from a CT scanner.

So everyone who came in to a hospital getting a CAT scan of their chest was going to get this technology, it was impregnated into the system. What did it do?

It increased the number of patients who were found to have aneurysms, aortic dissections, and strokes. So what was the value to the hospital? More patients that they already had, but less diagnostic error.

You can make an argument, well, if you pick something up that was going to be missed, you decrease your risk of the downstream lawsuit. If you have a hundred patients a year, five of which their diagnosis was missed, and now you had five new procedures that are each generating the hospital $75,000 to $100, 000, well, you've increased their revenue.

You've decreased their length of stay because the diagnosis is made quicker and maybe less costly. Can you easily show that on a ledger at this point?

No. Has it reduced, have we started to prune or staff based upon these technologies yet? Maybe somewhat. We, especially translators, I think if you were a translator, you probably should finally be the one to work, because even the new AirPods can translate.

So, yeah, if it made it easier to translate, your career is pretty much over. But I think billing departments are going to be eliminated fairly soon because of the large language models that are being impregnated in every hospital.

Electronic medical records are becoming increasingly easy and templates are been used and then dragon dictation will dictate your note into a HIPAA compliant fashion.

There are means to something called Vital Engine, which is another sort of AI social media HIPAA compliant thing I brought that allows different electronic medical records that normally would not talk to one another to be able to talk with one other.

I think of My Medical Images, something else I've brought this will read any disk from any PAC system into their common repository and allow the transfer of information in a HEPA compliant manner.

So those things make communication among networks that didn't really communicate, do it in a patient confidentiality friendly manner, which will ultimately reduce the number of people that are necessary.

Have we seen it to a degree yet where we're looking at empty office space? No. But I think it is improving the patient experience already. I The writing is on the wall for folks who think we're still, remember, doctors and hospitals are very late adopters to new technology, but we are readily adding large time predicted models.

There are new, like, open evidence on our large repositories of the medical literature, which will allow doctors to just type in a symptom and say, well, what is the risk of this?

First, you can get to a diagnosis and then get a treatment plan. It's allowing for treatment plans that would once require someone to go to a cancer center like Sloan Kettering in New York or Emily Anderson in Texas to now be treated at the community hospital because the protocols are now widely disseminated in even community centers.

Well, you can get the latest treatments for disease at hospitals. So I think we're seeing right now a care perspective that's getting better. The downside of that is that you'll have very, very expensive care that will now be more widely disseminated.

So what the impact of, I think we're already at 18% of our GDP for health care, that's not going to go lower anytime soon because we are still, all these initiatives that I've spoken about so far are related to the treatment of chronic illness, not to prevention of disease.

So, we're talking about what's being implemented in a hospital setting, and I think that it's going to first increase cost before it has any impact on decreasing it.

Well, maybe a provocative question, but I just want to ask about this. What is the financial justification of a premium salvage for the doctor's death?

Well, it's a great question, and at present, Medical care or the salaries of doctors is largely skewed towards procedure-based care, meaning fields like orthopedics, neurosurgery, cardiac surgery, ophthalmology, that are procedures that require an intense level of skill are paid by third-party insurance a lot of money.

So let's say for the sake of argument, an open-heart surgery all into a hospital is $100,000. Well, there are two buckets. There are the bucket of how many patients come into the actual hospital that need cardiac surgery.

And then there is the bucket of how many patients come into the hospital because of, for example, Dr. Stewart. Right. However big my bucket is, is how doctors get compensated over and above what the compensation would be to just take care of their bucket.

So if there's an average salary that says, well, you're doing a great job with quality on the patients we give you, You'll get paid X. If you say, in addition to doing great on patients that are being brought into the hospital that we provide you.

You are also bringing a large number of patients on your own that would not normally see Well, then that can lead to salaries of two, three, four X because you're now bringing your own ball to the playground.

AI and the future of non-human patient care

And if it's a good playground, it was a playground but if you have a really good ball and that's, yeah, It's no different than in sports, right? I mean, if have Marquis player, they tend to command more money than somebody who just takes care of the football.

So I think that that's the justification. And I that over the course of time, and that is why people like internal medicine doctors or pediatricians are just paid on volume through risk-based contracts or through relationships, or many more and more are not in solo practice anymore.

They're joining groups or they're joined hospitals as employed physicians and they get paid a salary. Well, those salaries are no longer exorbitant. And with third-party payments, not only can they negotiate how much a doctor's compensated for a particular procedure, but can then say, well, that seems to me like it's too much in hospital.

You're in Hospital A, and Hospital B is offering to take care of our entire risk population at a lower cost, so we're going to move all of patients from here to there.

And so an individual doctor will not be able to command that salary. Now, the procedures, like outpatient procedures in orthopedics or plastic surgery, well, they're not covered by insurance at all.

So they'll still command. They'll say, why you can go and use your insurance, but they are not going to give you the result I'm going give to you. And if you want to pay for it, you pay it.

And that will always exist. But I don't believe that the premium salaries that doctors make will continue to escalate over time. I think it's largely plateaued.

And each year, there is a threat of Medicare cuts to physicians of somewhere between 6% and 10%. And so I that over the course of time, the answer to our health care plight of spending as much as we do as a country on health will no one has, well, we need to pay our doctors more money.

is the solution. But on the flip side of that, my training was such that it was four years of college followed by three years residency, then two years gene therapy research, two and a half years cardiac surgery.

So I was 34. before I made anything close to a living. I think when I was 33, my salary was somewhere about $60,000 a year in New York, which is almost poverty.

And so at 35, when my classmates in high school are already making a living for 10 years, I was poor. And I always lucky enough not to have student debt, but people are coming out with half a million dollars of student that starts accruing interest.

You'll be disenfranchised to going into medicine because there's no way to pay back that student loan debt and have family and a life. And so I think you'll lose good people who want to be doctors over time.

Well, that's a very different take. But on the same note, doctors who want to open up their own specialty practice, if I ask you to give them one actionable thing to do today to get ready for AI, what would that be?

I think it's first to, and you could start by just getting acquainted. I read yesterday there were 900 million daily users of ChatGPT. That's an exorbitant number of people to log onto a website.

Before that, the highest use website were all the porn sites, right? Now Chat GPT has exceeded 4, which actually is good for society, if you think about it.

We're not lost as a human race yet, but I think that it's one to spend a little time to say, hey, I want to get one of these programs like Canva and start learning, well, what are the things that I can use to help me start just asking questions in chat, uploading your your resume or something interesting.

In the Tesla now, you can have a conversation with Grok while you're driving about anything. Just say, teach me about X, or teach about Y. And in your downtime, just learn.

You don't have to understand the workings of the microchip. And know how does artificial consciousness work. That's somewhat irrelevant. Let somebody else take care of that, but you get busy taking care patients.

But learn how it can be implemented in your life and not say, well, this is going to take my job, and say how is this going augment my work? How is it going make me a better doctor?

And what are the apps that are currently in existence that teach me how to bill for my services so I don't have to spend my time getting approval, pure approval.

I can have that done for me. And in what ways can I become a better doctor by utilizing an app that's on my phone to type in law? Someone says, well, what are my options here, Doc?

Well, if you type them in and they come up on a screen, you could say, these are your options. And that way you're not giving an opinion that's not based in reality.

So I would say many of these apps are to nominal or no cost. So even if you're a resident, even you are newly in a

practice, you can say what is available to me here now and stay current on it.

It's hard to stay as a doctor because everything is changing just in your field. air will be part of it. And whether you believe whenever it's unveiled by Tesla, when the Optimus robot comes out, the optimus robots coming out at some point, and that will being one of your staff members.

It's truly $30,000. I mean, who isn't going to have one in their office? and to have your own little, you know, arch your D2 or C3PO in your office. I mean, yeah, so, geez, how is this going to work for me?

And start thinking about it now and just be brashing your thoughts. Uh, I think everyone with different eyes will have a different perspective. And then, and then there, it's very easy to just listen to these people who are in the head of this field talk.

But I have, uh, When I'm driving somewhere, rather than just listen to mindless music, I'll listen say Joe Rogan and have Sam Altman or Elon Musk or I can't pronounce the guy's name who created NVIDIA.

He was on two or three days ago. Fascinating in how he describes how AI works and why it works. And you don't need to get in the weeds of it and to understand AI, you didn't have to have any understanding of how the actual process works, but what it's capable of doing.

I gave a talk not long ago to a group of healthcare leaders and I said, well, how many of you use AI on a daily basis and your five or six hands were in up?

And I say, How many have you drive a Tesla? and there are 40, 50 hands. And they said you don't realize, but they're not a car company. They're just, they've got, all they do is put all these cars on the road so they can get more and more raw data on human condition.

So they're an AI company that will eventually become a robotic company because they are seeing how humans function under a variety of scenarios. All that data gets assimilated.

And that's really how it works is that the more data that can be assimilated, the smaller the error was come of their decision making. And to just spend a little time each day, it's hard enough to become a doctor and to manage a family.

But with 20, 30 minutes that you set aside in a day and whether that means you just wake up a half hour earlier and do it then and just be disciplined about it and say 30-minutes day I'm devoting towards learning how this will impact my field.

And the way to do that is to say, Give the chat to BT or Grok and say, how will AI impact radiology? And say teach me more. Teach me. Imagine that I wanted to learn.

I imagine I was going to give a thesis on this. Can you take me through this in the next three weeks? It'll design a program for you and teach you in next weeks how it will impact your particular world.

And you get better at asking questions and more detailed. The more you use it, the more sophisticated your prompts will be. And then you'll be someone in your field who is using it and you will be ahead of the game.

That's what I would pass. Well, then if I combine the last two answers, the one underlining denominator that I can pull off is it's better to have your own personal branding whether you run a specialty practice or you work at a hospital, right?

100%. Now, it's critically important along those lines, and it could save you all the headaches I went through, is that each hospital is very, very different in what is allowed.

There are some hospitals, like New York Presbyterian, for example, that if you're wearing that logo on your white

coat, you cannot speak to the press, to uh, the media on a podcast, uh without approval of their uh chief of marketing because in their mind you represent the brand of the hospital.

You are not your own brand. Your you are part of. The hospital brand and uh your if you and I had a pod cast right now and and i was wearing a hospital logo uh they would have their lawyers call you And so it's important to understand if you're creating your own personal brand or your personal website or personal opinion that you are never referencing whom you work for or where you worked because then your message becomes part of their message, which may or may not be in alignment.

And I think it is important first to work hard for whoever is paying your bills. Do a job and have transparent communication with remember your direct report is and say, well, what are your expectations of me?

What? How do I know that I've achieved them? And how do we know? going off the rail of what your expectation is. And then once you have that, and then say, hey, I'm considering having my own website to attract more patients.

Can I do that? And that's, well, you can do it, but we're not going to compensate you for it. Then you'll have to decide, are you willing to spend your own marketing dollars to become to increase your brand, because it does downstream if you bring more patients to the hospital.

As I mentioned earlier, you will be compensated more, not in a dollar for dollar basis, but the more notoriety you have, the value you'll have. Because again, if your only working on the patients that the hospitals brings to you, then you hold less value than if it were your own transportable practice.

because the hospital will know through the dollar how much money you yourself have brought to the institution, and that is really when you negotiate your contract is going to be where your value add is, not in that you were busy operating on patients that would be there whether or not you are their doctor.

That's definitely important because we have to align with the employer's brand guidelines or communication guidelines, and then make sure you're not overstepping on their toes.

But definitely, having a personal brand in the long run will yield better results, rather than just depending on someone else's brands to pull in all the patience for you.

Well, and remember, as we started the conversation, I think it's important and it is something that my wife and I do every year. It's a fun exercise that you can do with your friend or your colleague.

And I'm doing it with my children. I say each year, what do you want to be when you grow up? And I'm 55. We still say it to each other now. What do you want to be when you grow up?

And, you know, I didn't know a year ago I was going to write a book. And then it sparks a question of, well, A, it makes you never feel old, because you're then affirming that you haven't grown up yet.

B, that haven you not done innovating. It allows you to think, Is there still more I want to do? I'm greatly afraid of the day when I say I've grown up and I think that a personal brand isn't just allow you to become busier as a doctor.

What you want to do is say, well, the more your brand increases, The more you become viewed as what's called a KOL or a key opinion leader. And then companies may want To work with you and say hey, I'd love for your opinion on this.

Do you mind joining my advisory board? Or do you minds answering a few questions for me? And you know, we'd Love to compensate you for that. Those are things that are useful.

The more brand awareness you have, the more you'll be able to expand your network and then find opportunities. Yeah. So I just want to quickly jump onto the operational side.

You scale programs across the hospitals. And what is the first thing on the operation gear that usually breaks whenever you are trying to scale? And it's because people are generally territorial in nature.

Operational impact of AI in hospitals

When we're scaling, there is especially tried to create a relationship of three individual hospitals together. Well, at its core, the hospitals each had their own C-suite, each have their budget with profit and loss, and each has its own mission statement.

And while they all reported to a main repository, it was somewhat like the best example is the Catholic Church where there are a variety of different churches and each are responsible for their own collections and they report to a diocese, then an archdioceses, and then ultimately the Vatican.

Well, uh, It's hard to make a change that will equally benefit all three places at once. Like for instance, cardiac surgery is a very service line as far as people who are necessary for the bottom line, but don't generate revenue.

And when you look at it in terms of a hospital, to convince a system to pay a provider or a doctor a high salary, but they don't generate any revenue is difficult.

But to say, I need a leader of my intensive care unit who is going to run a very, very tight ship and manage protocols in the way that I want to execute my vision, they themselves don t generate money.

Well, the hospital students are like, why are we going to pay this guy more than we'll pay a temporary employee? That's because he's going provide stability and quality of care and bring on other people and create a culture for me.

And we're paying you a lot of money to bring all these patients. I said, I know, but they're not going live if this guys isn't here taking care of them afterwards because you don't want me in the ICU taking of patients, you want to be in generating revenue, and he's going to be responsible for us to continue to have the reputation to generate the revenue.

He said, well, why don't we take some of the money that we pay you then? I said well. And to get people to understand that not every part of that link, it's estimated that 90 people take care of a heart patient from the time of phone call to the the discharge.

Well, there's only one guy on that team who's generating the and everyone else is actually ensuring that the outcome is perfect. And they're all completely necessary.

So you have 89 people that are getting paid a salary that's all based upon the revenue that generated off that one person. But the one-person cannot generate every revenue if everybody's dead at the end of surgery because they are not being properly cared for or that patient satisfaction scores are good because there's no one answering the phone.

Or you're losing patience because someone is taking a cigarette break and the phone just keeps ringing through. And the patient on the other end is scared and nobody picked up the phones, so I'm calling the next surgeon because I am scared, and I need this operation.

people to understand that not every link along the way and then to take that up a level and say, well, if you have three cardiac surgical programs that are within a 15 mile triangle, they're not all necessary.

and maybe we just buy a helicopter and we do all the surgery at one center and put two helipads in and then we transfer that patient over either by ambulance or helicopter because to the point of using the 90 people as an example, again, we don't need to employ 180 people for three programs.

We can employ 90, pay them a little more, and, then have a system to, that's a hub and a spoke to bring people

into one Center. That seems like a logical idea to me, but when you have a high ticket item like cardiac surgery, no hospital will want to part with it.

And so even if the hospital is doing a hundred open heart surgeries, they're generating a massive amount of revenue for that hundred surgeries. So in order to convince them to give it up, you'll have to them something back.

And to say, all right, well, if hospital A will be the place we do all the heart surgery, then we'll bring all of the orthopedics to hospital B. And the hospital says, hey, I'm with the surgery and the orithopedic.

So it's this myopic sense and greed that prevents this conglomeration of hospitals, and that prevent best practice. It's not a matter of of getting different electronic medical records to talk to each other or that one hospital uses Siemens equipment and one uses Trillops or one calls instruments this name and when calls it that, that's easy to fix.

Having the employees be credentialed at different hospitals where there are different credentialing systems and having them move from place to place. Well, that seems like an easy idea too and say, well, we're going to have a team that is credentialed at all three places and wherever the surgery is that day, the whole team moves.

That works until you realize well not everybody owns a car. and, yes, I wouldn't, we'll take a bus to the hospital. And now you say, well, how am I getting this person from this hospital to that hospital?

That becomes, if you're not somebody who's never struggled with public transportation, you said, Well, what do you mean you don't have a car? And so, or that for me, who lives in the center of that triangle, getting to one place or the other isn't hard, but some people will live just because of necessity, close to their one place.

Well, if the day ends at the third hospital, well, now they've got to get home. And now their commute may be an hour and a half. They say, I'm not really willing to do that.

It's the human factor that breaks down. There has to be understanding before you put something in place of saying, let me think about every step of the way before I try to roll this out.

Even if you present it to a group of people and to use the example of the hourly wage employees, if haven't thought of them in this plan and it gets rolled out, it almost looks like you really have no concern for them.

And even if it wasn't intentional, you really had no concern for them because you didn't pay attention that that was actually. And so it's important before you come up with a plan like that to say, hey, I was thinking about X, what are your thoughts about that?

And then they'll tell you what the problem is. Before you present it to leadership, you need to solve that one so that you've talked to people along the way.

That's a matter of sitting down. I've got this thing behind me called the design board. OEM It's an interactive whiteboard where I'll sit for a while and say, well, and I try and think of as many things along the way of what can go wrong.

And then if you can achieve 50% of that, that's great. You're onto the right track. But it's normally not thinking about the pain points at a granular level first.

When you think initially, I've got this great idea. Like you look at space, actually. Let's make rockets, right? Well, that's a great idea, but I've been going to make a rocket, and…

Yeah, I want to go to Mars. Well I mean, there's there is a lot in the way and there are a a crash rockets that have led to that first successful one.

And I think that the more that you can think in advance about where the difficulties are of implementation and

they're generally all human, the non-emotional ones can be all solved.

But first you have to have a leadership team that is willing to innovate and a group of people that are aligned in the desire to improve care. And then you to be mindful not everyone is in a leader position and if you are imposing greater difficulty on people who are just not necessarily aligned with the mission of your office or facility, but are just making a wage and you've now made it more difficult or more expensive for them, they're going to leave unless you can create a creative solution for that.

Got it. It's a very long yet simple answer. Definitely, I'll be re-listening to whatever you said. I want to quickly jump on to your new entrepreneurial venture.

Could you please shed some light on it? Sure. There have been several, and they're all somewhat surreptitious. UGen, or UHeart was the first, Ugen Wellness is an AI-driven nutraceutical company.

So the impetus for most of this was COVID. And the reason why is not because of COVID itself, but because COVID afforded me two important things. One was time, because we stopped doing elective surgery for a period of time and only did emergencies.

Now a good bit of cardiac surgery is still emergency, so I never stopped. working. At the same time, I work less for a period of time. And so I had the ability to let my mind wander a bit for the first time since I was in high school, because I'm constantly always trying to get to the next space.

Well, then all of a sudden I have some free time and I said, well, this is great. What do I want to do? What am I going to be when I grow up? And I saw afterwards really the destruction of the human condition by losing structure, where patients were coming back.

And immediately it wasn't obvious to me, but people were going back 20 pounds heavier.

Doctor compensation and the economics of medicine

They were smoking two, three packs a day. Their fatty liver from their food intake, they were 20-pounds heavier, their were depressed, and they weren't taking their medicines.

What the hell happened to everybody? And I started calling my friends in search. I said, you guys seeing this? I'm like, yeah, it's terrible. And what I realized is that without structure, people just didn't know how to live.

If you weren't getting up in the morning and putting on your clothes, well, didn' realize if you were gaining weight because you stayed in your sweatpants or your pajamas and got on you Zoom meetings.

You wouldn't think to take 10 cigarette breaks during your office day, but if you could smoke at your desk, people were smoking more. You'd mix a martini at noon because nobody'd see it, right?

And you were going to make a mixed drink and sit in your cubicle in the office. So, I mean, all of these bad behaviors just started to manifest. And then people weren't going out to their doctor or getting diagnosed with new conditions like hypertension or diabetes because they weren' t seeing the doctor.

They were doing office visits or telehealth. standard care was ruined. And then I realized how much people are taking in chronic medicines. The average 45-year-old person's taking a metformin for diabetes, a beta blocker for hypertension, and a statin, for cholesterol.

And he said, well, that's not true in the rest of the world. Why are we doing that in United States? And I said we're just not focused enough on wellness.

So the nutraceuticals was an area I was interested in because I do endurance sports. I'm always interested Protein shakes and things and nice well wonder and then once.

Zempic became a reality and that was a big thing for me because. When i was interviewed a lot during covid about why people died and as well. You're either over sixty five year you're obese and you know you can't say obesity.

This is not the time to depress people and body shame them. I'm not speaking about body shaming, just saying if you're heavy, you were more likely to die of COVID.

And they would edit it and it would be cut out of the, I was like, wow. And then the minute Ozempic comes out, obesity is a disease, and everybody's on Ozmpic, right?

All the Lizzo concert dried up and the Victoria's Secret models were size zero again. And you're like, what happened? I was like well, this is disease.

Now we have a drug, so now we can start treating it. I said, well that's something, isn't it? It was the first time it was obvious to me that maybe we're not all being altruistic here.

Then I thought to myself, Part of the reason we take so much medicine in the US is because we don't really cure anything. We just cure it enough that you can stay on a medicine.

And I thought, well, maybe there's a better way. Then I teamed up with a group that were looking to create non-pharma means of treating disease and created this UGLP, which is a natural means of increasing GLP1 receptors, and then UHARC, a variety of different vitroceuticals that can be…

And then I used AI in a way that it would do a questionnaire with the person to say, well, what's your height? What's you weight? what are your conditions?

that just had the ingredients in it that were necessary for the person because you just take most of the things that you get in a vitamin store. I mean, you're just creating expensive urine, because if you don't need it, pass it through your system.

And I thought, well, maybe if we can create something, and it was largely born on me when I would travel and I'd travel with like 18 different little bottles of this and that, and take them all in the morning or at night and line them up on the hotel sink.

And I thought, well, what if I just can get something that's in one bottle and I take my two capsules in morning and two at the night? And that created UHeart.

I found people that were interested in it and enough like-minded people who wanted to invest in and got a group together. And we did it and then that led to a company called Alpha Farm which was in South Africa that is creating a distribution network for Africa which is really way behind us in their healthcare to be able to get medicines to all of Africa and by buying pharmacies that were largely run fraudulently.

but to create production distribution and pharmacies in Africa. And that was something that a dear friend of mine from years ago was passionate about.

Can you help me with direction on this? And and that became a formal position. Then most recently, a company called GenZen, which is creating AI networks you found in Canada and in India and a variety of other places, large AI centers that are going to do generative AI designed drugs for bespoke treatment or more individualized treatment of disease and then also to be able to predict clinical trials without just using people.

When you look at things like Ozempic, Ozmpic was a diabetes drug. that the side effect was people started losing weight. And this is really cool. We should probably call something different and market it as that.

Viagra was a drug for pulmonary hypertension. The side effects was all these old guys were getting erections. That's interesting. Shiantex is Wellbutrin.

It's an antidepressant, but people stopped smoking. So they just rebranded it and said, well, we can use this as an anti-smoking drug, even though it was side-effect.

So what AI is now doing is saying it can predict what these side effects are earlier on than just doing dives into a randomized study and saying, well, we can recognize patterns earlier.

And so these big centers that are focused around pharma are something I've been interested in. The other company, IPC, or the private equity, is their verticals are rare earth minerals, sustainable energy, tech, and pharmas with this company called Genzen.

they're using these you know to do them to make an AI center you need to have run a ton of energy because there are all these computers together to you want to put in a place that's not hot because it's generating a lot of heat so newfoundland Canada is great and then they can new foundland can is cold it is next to water and there's a a wind so they could use windmills and water as a generation of energy to make it sustainable and green, they can use the favorable temperatures to use less energy.

And then their tech portion, so all those areas that are different verticals in that company come together to create this. I thought that was really cool, especially in the pharma world.

They didn't know much about pharma and they said, hey, do you want to take an active role in this? And I said that sounds great. it took me into that world.

Now, doctors are not generally business people, but when I did that time at Harvard, I learned a bit about the business world, at least enough to know the vocabulary to have a conversation.

And it's much easier to turn a doctor into a businessman than a business man into doctor.

Getting ready for AI and building a personal brand

To have that mindset has worked well for me and enjoyed that part of the world and then the last part that I guess is that with all that in mind, I said, well, again, how best can I impact the world?

And that's what led to the book. And so the books crystallizes not how, it's not my life as a heart surgeon, It's almost the antithesis of it because it is a decade by decade strategy of how to live to never need me.

Heart surgery is largely, aside from some genetic problems or some mishaps, the lion's share of heart surgery, is the consequences of a sedentary lifestyle.

And so the book is showing, well, why does disease happen and how Can you make incremental change starting at 10 years old all the way to 80? And how can you change that curve from a slow walk down the hill to infirmity and death to a robust life while into your 80s and maximizing your health span for as long as possible?

So that book was largely an amalgam of observations during COVID, a new relationship with pharma and private equity. And the nice thing is it's not influenced, paid for or biased by any, you know, any organization.

So I just wrote it for fun between midnight three in the morning every day for four months. It's my first, never intended to write a book, but I've just read a Well, they always say that, you know, it is until your first book and then the rest of the books will follow.

So I'm hoping more books from you. Yes. And to the listeners, where can they find your book? How should they search for you? The name of book is Heart of Longevity, a surgeon's prescription for strength and vitality.

And it is on Amazon. It's under my name. But yeah, I think it's good. I mean, obviously I wrote it, so I would think that it was pretty good, but it just is in a non-judgy way of what incremental change one can make in their life in order to maximize your time on the planet.

And I am 55. I have seven-year-old twins as my youngest kids, and I want to be around for them. They're high-energy kids and and i don't want… I remember my grandparents at 55, they were old.

You know they never did no sneakers, didn't run marathons, They didn' jump on a trampoline like I do with my kids. They were old, and if you believe you're old you are going to be old.

If you surround yourself with old people you will be going old and I think we want to young and vibrant as long as possible and it's not saying that you need to become vegan or eat a bunch of seeds or if just take this one brand of Extraverted olive oil, you live forever.

I mean, there's no easy, it's just a matter of just incremental change on how to live your life. And so I think it was, I don't think there is anything controversial in that, but we'll see.

Yeah, yeah. There is no magic pill, right? If there was a magic, everyone would swallow it. Yeah. But it gets into a lot of underutilized things in health care as well, like psychedelics for mental illness and stress and cold plunge and infrared sauna and things that you would as an acupuncture.

Things you wouldn't normally hear from a cardiac surgeon. It's a good, quick read. Hopefully, there'll be some useful information for folks. Definitely.

I'll buy the book. Thank you, Dr. Stewart, for your time today. Before I let you go, is there anything else that want to say to our listeners? Yeah. I would say that despite the changes in healthcare, I still believe that becoming a doctor is a wonderful means of positively impacting society.

The days of the doctor being the revered member of town, and especially in a place like Miami where, if you put me in the same room with a guy who's a Bitcoin investor, everybody's talking to me.

I'm going to talk to the guy who is buying the tables at the nightclub with cash. But it's still a means of humankind. And I would say that if you want to go down that pathway, you certainly want become adept in AI.

You certainly to become a depth in executive functioning and time management, I think. some courses in business so that you don't become just a bit player and absolutely work on your human skills of speaking and smiling and remembering names and faces because As we become, as we're rapidly becoming not the smartest entity in the room.

I mean, when I get my Tesla, I'm no longer the smartest person in a car as far as well. What we have the advantage we haven't that will have for the longest period of time.

is what makes us uniquely human, our ability to observe with our eyes. And I'll leave you with this one small thing, which I believe is in my book, but it's something I routinely do with my children because, and if you've ever gone to a restaurant recently, if look at the number of seats in the restaurant and say there's 100 seats, by my count, 30% of those seats are occupied by people that are on a screen.

at any given point in time. If you look down your other room, there are 30 people that are on their phone, on an iPad. Kids are all on our iPads while the parents are eating, like, oh, we all went out to dinner.

No, you didn't all go out for dinner! You, your kids, and your screens went to out the dinner, And I think that what I do everywhere I go and I make my children do is say, look around, tell me five things you see, four things are here, three things, are touched, Two things you smelled and one thing you tasted.

And you could change those, but it's engaging all five senses. Then when everybody has thought about it, you have to have backups because you can't overlap.

And so if my kids and I have three that live with me, three, a 14 year old and two seven year olds and my wife, and if we go around the table, you have to have more, A, have you to listen to everyone because you can't repeat.

And two, You have really observe and get more than five things you saw because if someone says your thing you cant say it. And so it forces presence for a period of time.

And what we're lacking now in life is that you can wander through life and never see anything. My son for example, last year I got him a scooter for Christmas and I said now you can go to school on your on Your scooter and he said well, how do I get there in seventh grade?

I mean you've been going there since first grade. I sort of you go down to the corner you make a right It's not that dramatic Are you kidding me? And it just never looks.

It's as simple as that. When we were growing up, someone would say, drive until it seems like a long distance, you'll see a dead tree, make a left there.

Entrepreneurship, wellness, and the book on longevity

Drive for a while, see an old mailbox, and make it right. And you would remember 40 different directions and 100 phone numbers. We don't have to do that anymore.

And so you can just wander through life aimlessly and not know how to get anywhere. Your favorite restaurant, you may have no idea how get to because you put it in ways, right?

And it just, and so why would you need to know, how do you get any where? Why would waste your time knowing phone numbers? I mean, I'll bet you, your parents number of where you grew up, maybe your spouses or a couple of people, but you don't have a hundred numbers in your head.

There's no way. No way. And so the ability to be present is rapidly going away because we're always somewhere else and we are always getting a phone call, always answering a text, never looking up.

So you miss out on life because you're here, you are not here. That's really my takeaway is being present. uh and because there's a there are so many ideas that you can get in your life by just observing something and saying you know that's interesting I wonder wonder how that can uh, and and you'll see it in the book I was on my I have a motorcycle that I drive when I'm when i'm going to be free my free, my head and I, was thinking about AI and its impact on the future of society.

And for whatever reason, the tree of wisdom from the book of Genesis came into my head. I don't know why, just as a random thought. And I guess it's because they were allowed to eat whatever they want, but just not bite the tree, because then it would give them this unbridled wisdom.

But it was going to destroy the human condition. And so in my head, I had this idea of the modern day tree of wisdom, which was not branches. It was wires.

The fruit wasn't apples. screen monitors and the people around were in this vacuous landscape just looking with despair on this tree and a serpent was around it and an apple.

And I had AI draw it, and after like 10 attempts, it drew exactly what was in my head. The point of it wasn't to talk about the tree, the point was to say if you don't let your mind wander, anymore, we lose our imagination and our creativity.

And what we're doing now as a society, especially our children, is they're outsourcing their imagination to other people's imagination. Whatever they want to think about, they can type into a screen and have it come up.

So they don't need to have their own mind think of it. It's thought of for them. And I think that's a very, very disheartening path to take. So I spend as much time as you can to just take some time, let your mind wander, and at least be present.

That's what I'll leave you all with. Dr. Stewart, this has been a fascinating conversation. Before we close, I want to leave our audience a few core takeaways, especially for clinicians and healthcare leaders.

The biggest takeaway is your Wayne Grodzki philosophy. don't skate where the puck is going. For doctors, this means innovation and technology eruption are no longer optional.

The ones who actively learn how tools like AI can augment their work, not replace it. We also talked about value. Your time is your most limited asset.

And the clinicians who understand how to manage it, build their own personal brand which is the most important thing in this new era and bring revenue to the system.

will always have leverage. And finally, growth depends on the environment. Surrounding yourself with the right peers and constantly raising the bar matters more than any single tactic.

Dr. Stewart, it has been truly insightful and privileged to learn from a professional of your caliber. Thank you for sharing your insights and your time.