MEDNORTHWEST Spring 2017

NEWSLETTER

Cabrini Medical Tower ▪ 901 Boren Ave, Suite 1520 ▪ Seattle, WA 98104
P 206.292.0700 ▪ F 206.709.0600 ▪ office@MedNorthwest.com ▪ www.MedNorthwest.com

Our TOXIC Food Environment

The obesity epidemic marches on. Only about one-third of the population in the United States is still of normal body weight. Everyone else is too big. If you happen to be at the airport or another busy public place, take a look around and you'll realize that folks of truly normal, healthy body weight are definitely in the minority. The situation is the same in the UK, Australia, and many other countries. Even France is now seeing only 50% of the population at a healthy body weight, and they will likely catch up to us in the next couple of decades. No one really knows why we're fat, but everyone has a guess. Perhaps we spend too much time sitting in front of screens at work and at leisure. Maybe we eat too much junk food. Some theorize that food is too cheap, too easily available, and that we don't eat home-cooked meals. The bacteria living in our guts might be of the type that promotes weight gain. We don't sleep as much as we used to. We eat too much sugar. All our friends are fat and this makes us eat more. The list goes on and on.

One of the principles of living organisms is that of *homeostasis*, which means keeping things the same. We control our body temperature to within a narrow range regardless of the outside temperature unless we are sick. We don't breathe too much oxygen just because there is a lot of air around, nor do we drink water excessively unless we are misled by a dumb healthcare professional who tells us to "drink plenty of fluids." *Homo sapiens* can self-regulate water intake and air intake, but when it comes to food, the mechanism of homeostasis seems to have gone off the rails down at the Burger King in Kent.

One common explanation for obesity comes from evolutionary biology. The argument goes that overweight people originate from environments of food scarcity, perhaps where food was primarily available on a seasonal basis. When food was abundant, the people who were able to store extra food as fat survived a lean winter. Those who couldn't, died, and that ended their evolutionary tree. Now that food is infinitely available, we have a mismatch between the ancestral environment and the modern one. A weakness in that theory is that it fails to explain the very rapid rise in obesity since 1980. Before then, the rates of obesity were rising slightly, but not dramatically. Let's face it, in 1971, you could easily go to the store and buy Ding Dongs or eat at McDonald's. A more sophisticated view says there is a list of factors including cost, availability, and palatability that makes us decide to eat or not. A free, freshly baked chocolate chip cookie

(continued on page 2)

SWEDISH: RETURN TO GREATNESS

Swedish has been in the news lately and not in a good way. A year-long detailed investigation by the *Seattle Times* revealed some incredibly disturbing things about the neurosurgery program at the Cherry Hill campus. In this article, I will explain what happened at Swedish, why it happened, and what we are going to do about it.

Money is the root of all evil, and the lack of it is at the root of the Swedish problem. Swedish for most of its first 100 years was an independent hospital. Unfortunately, increasing regulatory complexity and rising costs have forced many independent hospitals to sell themselves to bigger competitors. In 1990, Swedish was, hands down, the best hospital in the region. From that position of strength, Swedish purchased Ballard Hospital, then Providence (renamed Cherry Hill), then Stevens, and finally they built a new hospital in Issaquah. With rapid expansion and a downturn in the economy, Swedish was in serious financial difficulty and sold itself to a bigger chain operating in Washington State, Providence. I know it is confusing, but Swedish purchased Providence hospital from the Sisters of Providence, made it nonsectarian, and renamed it Cherry Hill, but then turned around and sold itself and its entire hospital system back to the Providence system. In turn, Providence, with a few dozen hospitals, merged with St. Joseph Health to become a 50 hospital chain. When folks talk about "the wave of consolidation in health care," this is what they mean.

Swedish was the gem in the system, the finest private hospital within 800 miles, with the best doctors, fantastic nurses, and a standard of excellence that other institutions would emulate. Because Swedish was so good, it attracted very complex cases and it tended to spend more money than its competitors. All academic medical centers face the same problem—they train doctors and care for the most challenging

continued on page 4

Our TOXIC Food Environment

continued from page 1

sitting on your desk is more likely to be eaten than a bushel of broccoli you have to walk five blocks to get that costs $10. In this version of the theory, we have vastly expanded our access to inexpensive, extremely tasty foods, and this explains obesity. In some animal experiments, giving animals free access to all the healthy food they want does not result in obesity, but giving them unlimited access to sugar water or junk food will make them fat. When we look at changes in the food supply over the past century, it has consistently been in the direction of making food less expensive, more easily available, and better tasting with more sugar, salt, and fat.

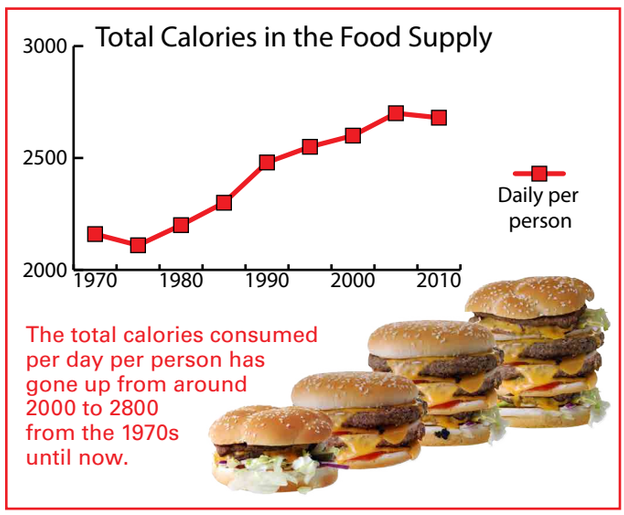
Although the exact cause of obesity is debated, no expert thinks the rapid, worldwide development of obesity since 1980 comes from a sudden epidemic of laziness, poor self-discipline, or poor character. This disease is driven by a complex interplay between genes and the environment in ways we don't understand.

Articles on obesity often focus on the health risks, but such an approach is in error. It seems more intuitively polite to frame the obesity epidemic as one impacting health, but far more important is the social cost of obesity. Overweight folks face adversity in securing romantic partners, friendships, and job opportunities. They feel judged by others. Many overweight patients find it emotionally painful to be overweight, and this is where most of the human suffering is wrought by the obesity epidemic.

One of the challenges in clinical medicine is that we often have to make a recommendation based on limited information. A full understanding of the obesity epidemic may not come in our lifetimes. And yet, we are all living our lives right now and need to make the best decisions we can based on the information we have. I don't pretend to know why an obesity epidemic began in the Western world in 1980 and continues to this day, but I do know that we live in a toxic food environment.

By "toxic food environment," I mean that so much of what is in our food supply is bad for us. Our nutritional environment can't fully explain all obesity, and there are plenty of overweight people who eat perfectly healthy foods but are not thin. That said, many of us can lose weight and improve our health by eating better. In my practice, I have been promoting a Paleolithic-style diet as a way to achieve this objective. Here, I am fully aware that we don't have all the answers, and that there is legitimate debate on the best approach.

For those of us not in the know, the Paleo Diet means eating all the fresh fruit and non-starchy vegetables you want (except for things like potatoes, corn, rice, and beans), and all the meat, chicken, eggs, and fish you want, and nuts if they are unsalted and raw. What you don't eat is cake, candy, cookies, ice cream, bread, rice, pasta, potatoes, cream, butter, cheese, sugar, and alcohol. Although the diet is popularized as being close to what our Paleolithic hunter-gatherer ancestors ate, their diet surely consisted of different strains of these foods, and we can't know for certain exactly what they were eating. The value of a Paleo diet is not in how closely it mimics our diet from 100,000 years ago, but in how it leads us to eat healthy food today.



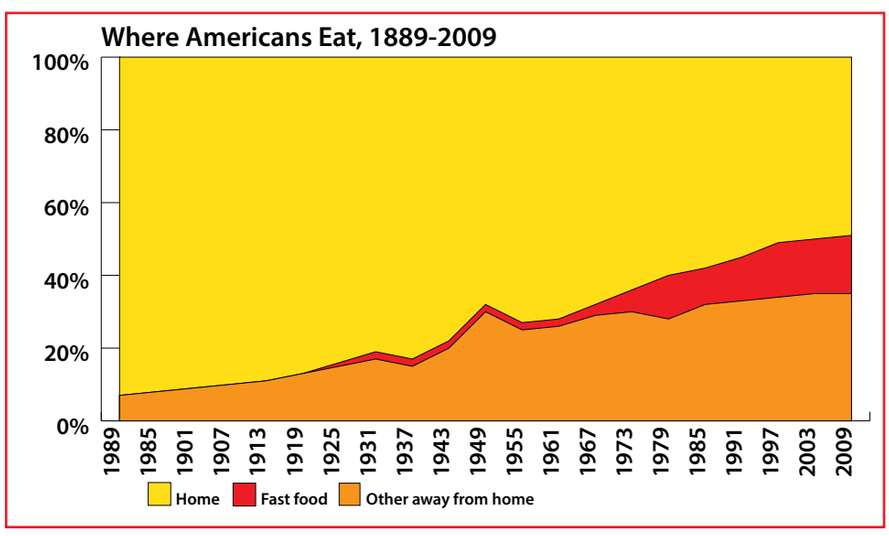
A typical American breakfast has eggs, toast, hash browns, and orange juice. A Paleo breakfast has a veggie omelette (no cheese) and fresh fruit (eaten as fruit, not drunk as juice). A typical American lunch is a hamburger, french fries, and a shake. A Paleo lunch is a big salad with chicken, vegetables, oil and vinegar dressing, and fresh fruit for dessert. Eat fresh fruit, not dried. Eat calories, never drink calories. You get the idea. Occasionally, you see "Paleo cookies" or "Paleo muffins" or some such nonsense. These products are ridiculous. An authentic Paleo diet avoids all baked goods. Whereas some diets are quantity limited—you can eat all types of food but only a limited number of calories—Paleo is quantity unlimited. It's not how much you eat, it is what you eat that is limited.

Foods on Paleo are not calorically dense. Two Ding Dongs weigh 2.8 ounces and have 350 calories. You would have to eat four and a-half medium sized navel oranges weighing 10 times as much as the Ding Dongs to get the same calories. Most people who eat four oranges are not hungry afterwards. Most people who eat two Ding Dongs could easily eat two more. Foods on Paleo fill up the stomach. The other advantage of Paleo-type foods is that at the equivalent number of calories as a junk food item, Paleo foods make your blood sugar rise much more slowly. Many experts feel it is the burst of sugar into the bloodstream after eating sugary, bready, or starchy foods that contributes to obesity. When we describe the *glycemic load* of a serving of food, it means how quickly your blood sugar rises after eating it. Low caloric density, low glycemic load, and low sugar are likely the keys to Paleo's success.

The diet is a radical departure from the way most people eat. Folks on the Paleo Diet go to the grocery store more often, spend more, waste more food through no fault of their own (since almost everything on Paleo is rapidly perishable), and cook more at home. After six years of encouraging patients on this diet, I have noted some interesting facts about Paleo in action.

First, about 80% of patients lose weight. Some, but not all, are able to stay on a Paleo diet long term, and it has produced the most durable weight loss of any diet I have encountered.

continued on page 3



Our TOXIC Food Environment

continued from page 2

Most folks are not 100% Paleo, but typically eat this way 90% of the time.

Next, the Paleo Diet will cure about 50% of patients with irritable bowel syndrome. If you frequently have abdominal pain and diarrhea after eating, you should try a very strict Paleo diet for one month (without nuts) to see if it solves your problem.

I've also noted that many patients with mild type II (adult onset) diabetes will move back to the non-diabetic range with this diet.

Finally, occasional patients with medically unexplained fatigue will improve significantly on this diet.

There are also some things I just don't know about the Paleo approach:

1) Rice is not allowed on Paleo, but obesity is very low in Asian countries, where the diet does have rice and noodles. Whether or not a modest amount of rice and noodles would compromise its effectiveness, I'm not sure. Note that fat people in Southern Italy eat their noodles with butter, cream, cheese, and oil, whereas Asians eat their noodles with meat, fish, and vegetables.

2) Modern fresh fruit is carefully bred to produce varieties that are sweeter and better tasting than what evolved naturally. I worry that some of the fruit in our food supply could partially defeat the benefits of a Paleo diet.

3) Breads, sugars, and starches are more toxic in some populations than others; matching the genes to the diet is something that is not yet possible but may prove valuable in the future.

4) Foods like olive oil and coconut milk are on Paleo and used in cooking, but they certainly did not exist in our evolutionary past and are quite calorically dense. They might be bad, but if we make Paleo too unpalatable, no one will stay on it and the diet will be a failure, like Pritikin.

An oxymoron for sure. What's next? Organic hot fudge sauce? Yep, $8.99 and you can buy it online.

There is a second factor which I believe is driving the obesity epidemic, and that is the addictive nature of certain foods. These are foods that people will eat, often to excess, even if not hungry. In my practice among overweight patients, about 50% are "sweet addicts" who eat far too much in the way of dessert. Offer them one cookie and they will finish the entire bag. Another group of about 30% are salty snack food addicts. They can eat a cookie now and again and stop, but if they eat one potato chip, they will spend the next 24 hours making their way through an entire big bag. About 10% are bread addicts. They're not a fan of sweets, but they eat bread all the time and way too much of it, and often a lot of potatoes as well. Some unlucky folks are addicted to two or all three of

the groups of sweet, salty, and starchy. About 5% of my overweight patients have no food addiction at all. For the majority of my patients who struggle with weight and who have a food group to which they are addicted, a special approach, borrowing from the addiction model in treating addictions to tobacco, alcohol, or cocaine is needed.

We would never tell an alcoholic, "Oh, it's New Years. Have some champagne!" We know from the best research on alcoholism that the most effective way to quit drinking and stay sober is to never let a single drop of alcohol pass our lips. That said, we often hear people talk about "moderation" in diets. With addictive foods, this approach is in error.

If you take obese patients and put them in a PET scanner, (a type of x-ray test like a CAT scan which shows where parts of the body are metabolically active) we see that the same areas of the brain light up when eating highly tasty foods as when drug addicts use drugs. In research studies, the number one addictive food is, well, you know the answer already, chocolate.

When I tell overweight patients that they have to never, never touch the food group to which they are addicted, you can see some very crestfallen faces on the other side of the desk. Patients eating lots of sweets or salty snack foods are used to getting a certain taste pleasure from those foods. On a 1–10 scale, a hot fudge sundae or a fresh bag of Lays is a 10, and a bowl of strawberries is a 5. The thought of going through life never having that 10 level taste pleasure is pretty much unthinkable. However, when sweet addicts, for example, stop eating dessert, a very interesting phenomenon takes place. After a month or two, the taste pleasure from eating healthy foods begins to rise. Now it's true that a great piece of steak or an apple will never rise from a 5 to a 10, but it will go up to an 8.5, high enough that the patient says, "I am satisfied." There is enough taste pleasure coming from healthy foods after we banish junk food that the patient can see giving up those addictive foods permanently. One can make a similar analogy to Hollywood action movies. If you watch those movies routinely and then see an artsy foreign flick, the lack of explosions, chase scenes, and melodrama might bore you, but over time your brain begins to appreciate all the beauty and subtlety in a more artistic film, and the viewing pleasure you would get begins to increase.

Not how *Mother's®* Cookies are made.

continued on page 4

Calories in a 1950's cup of coffee and a plain donut: 200. Calories in a Starbucks grande white mocha and a Top Pot chocolate rainbow doughnut: 980.

Our TOXIC Food Environment

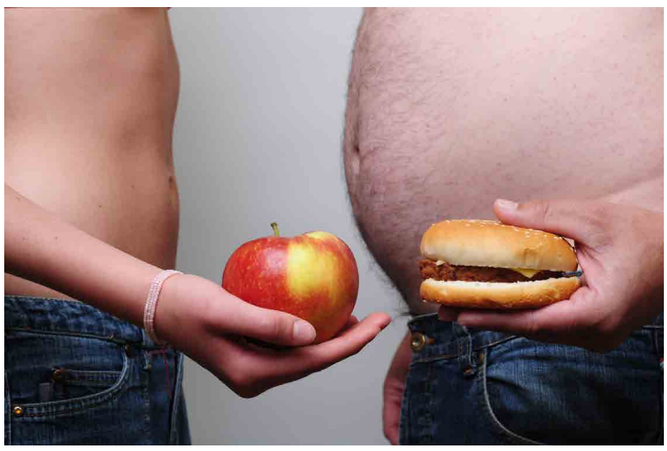
continued from page 3

Food is one of the great pleasures of life, people argue, and we're all dead in the end, so why give up something you love? Until you've completely cleared your palate of all junk food for a couple of months, you can't really know what you're giving up, or what you're getting, by eating differently.

If you're on the Paleo Diet and you are not a dessert addict, then having a piece of cake on your birthday won't ruin your chances for success. But if you're a dessert addict, that one piece of cake could definitely mean the end of your success on Paleo. This is why addictive foods must be eliminated with the same ferocious determination that an ex-smoker eliminates tobacco or an alcoholic eliminates alcohol.

And here is where the addiction model should make us very worried. Right now, in hundreds of industrial research labs, scientists are focused on one thing: making food more addictive. These scientists work for the major food manufacturers, like Pepsi, Kellogg, and Nestle. If you think that Mother's cookies are baked by some grandma in a 1950's Wedgewood-Holly oven, just putting in soy lecithin, artificial flavors, and high fructose corn syrup, well, that is not happening. Instead, the formulas for most pre-made foods from breakfast cereals to Pop Tarts to potato chips are tested in consumers, retested, and refined to circumvent all the normal mechanisms we have in place to keep us from overeating. Every aspect of the food product is carefully engineered to make you fat. From the box, which would never show an overweight person, to the ease in which the product is opened, to the size of the item, price, color, smell, added sugar and salt, and taste, you are witnessing a highly engineered product where the sole task is to make it as addictive as possible. It's tough enough to deal with home baked chocolate chip cookies, which at least have a short shelf life and involve labor to produce. These are plenty addictive, but now imagine you can have something almost as good sitting on your shelf and always available to you, tested in hundreds of consumers and tweaked with chemicals to make them maximally addictive.

The restaurant business is just as bad. Virtually none of us would throw an entire cube of butter into our vegetables, nor would we deep fry a turkey in a vat of oil, or dump a big basket of warm, freshly baked bread on the table at every meal. We don't pick from five different desserts, all presented on a silver tray. At the larger chain restaurants, like the Cheesecake Factory, a ton of effort goes into engineering maximally tasty, addictive meals.



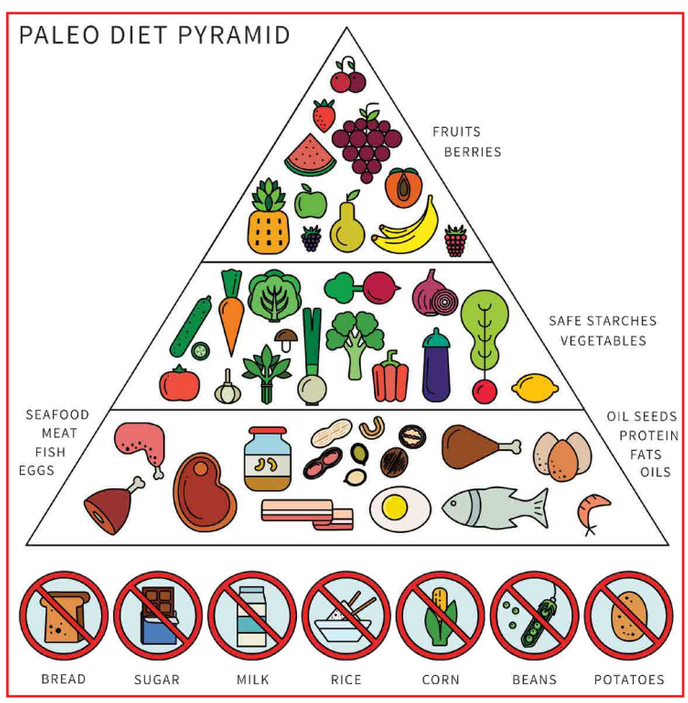
You would have to eat approximately seven medium apples to equal the amount of calories in one McDonald's quarter pounder.

Grocery stores also contribute to the food toxic environment. Trader Joe's, for example, sells with a vaguely healthy, not mass produced, sometimes-organic, small-batches motif ,which is mostly fictional. The store is 95% poisonous. From their chocolate covered almonds sprinkled in sugar and salt to the mountains of low-priced cookies, candy, and chips, even our beloved Trader Joe's is not selling much that is healthy. They are clever by packaging junk food in a more upscale way than Hostess would ever dream of, subtly tricking their swanky customers into thinking it is somehow okay to eat Joe-Joe's, which are just Oreos, or peanut butter filled pretzels. The bag screams, "No salt on the pretzel," but doesn't mention the salt and sugar in the peanut butter. It says, "No artificial preservatives, colors, or flavors." Sure, but it is a sugary, starchy, fatty product never found in nature.

Food variety can be part of the problem as well. We instinctively want to eat different foods because it helps cover the vitamins and trace minerals we might not be getting. But that desire for variety can also derail us. If you feed rats zero junk food, they don't gain weight. If you give them one kind of junk food, they gain weight. If you let them pick from any of five different types of junk food, they gain a lot of weight. That sort of food choice in restaurants and supermarkets also drives obesity. If Lays finds that chip sales are lagging, they'll introduce half-a-dozen new varieties of chips to get people eating again.

In addition to restaurants and grocery stores, television also contributes to our toxic food environment. Take, for example, Guy Fieri's show on the Food Network, *Diners, Drive-ins and Dives*. The host travels the country, eating God-awful unhealthy food in inexpensive restaurants that pile on the starch and grease. I'm just waiting for him to review the hospital food from the cardiothoracic surgery floor at UC San Francisco after his six-way bypass surgery. We have *Top Chef, Chopped, The Great British Bake Off, Iron Chef America, Rachel Ray, Cupcake Wars,* and many others. In the olden days, you had dowdy Julia Child on PBS and that was it. Now we have a whole network showcasing toxic, poisonous food. It is food as a contest, food as pornography, food as a discovered treasure. When smoking was the greatest public health threat, there was no Smoking Channel, and we banned ads on TV. We've never had TV shows where people compete to see who can mix up the most addictive crack cocaine in under 30 minutes, followed by the judges snorting a line

continued on page 6



SWEDISH:
RETURN TO GREATNESS

continued from page 1

patients. It makes Swedish better as an institution, but the extra overhead can be a money loser. At the highest levels in the Providence system, it was decided that one way out of Swedish's financial troubles was to recruit a "rainmaker," a surgeon who would do a huge number of surgeries and generate millions of dollars in revenue.

Enter Johnny Delashaw, MD, a talented neurosurgeon with a national reputation who could generate $75 million dollars in annual revenue for the hospital, more than triple what Swedish had been getting from its neurosurgeons. Sadly for us, Johnny had blown up the neurosurgery program at UC Irvine before coming here to almost single-handedly destroy Swedish. I have had only one interaction with Dr. Delashaw, so my analysis of the issues with Dr. Delashaw are based on publically available documents, including the *Seattle Times* articles and several internal emails from Swedish which have been leaked to the press.

Dr. Delashaw's alleged sins were many and he was quickly recognized as a problem. He would operate on patients when they might not have needed surgery, and he would use neurosurgeons who were undergoing additional training at Swedish right after residency to do most of the surgical work so that he could perform two surgeries at once. Although this

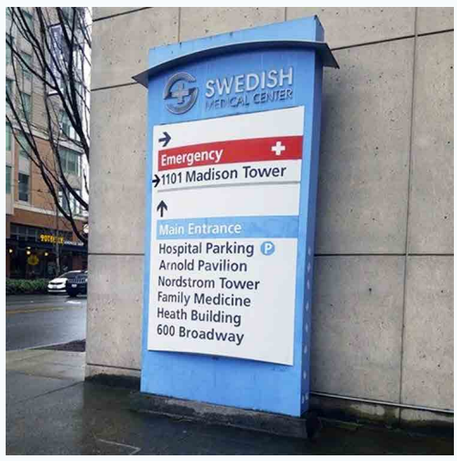
is a common practice, not all patients were aware of it. His clinical care was not at the level of the other neurosurgeons. He behaved badly, throwing instruments in the operating room, preventing the usual review of his cases that should have taken place, and had a few bad outcomes. In addition, he sabotaged the practices of the other neurosurgeons on staff by, for example, calling doctors and telling them not to refer to his colleagues. The impression from Ralph Pasculay, MD, a former high level executive at Swedish who is a board-certified psychiatrist, was that Delashaw had a "narcissistic personality with sociopathic behavior." He did not exemplify the Swedish way. He was promoted to chair of the department, over the objections of the neurosurgeons at Swedish, and should have been fired within several months after it was recognized that he was not up to the Swedish standard. Several physician-leaders on staff raised these concerns directly with the top management at Swedish and at the parent organization, Providence, but at the CEO level, no one would take action. Delashaw was generating too much money, even though he was harming patients and staff were quitting.

Back when Swedish was not part of the Providence system, a guy like Delashaw would have been out on his ass in short order because the medical staff used to have a lot of power at the organizational level, and they would never let a guy like that stay, but the decisions and power were now held by the CEO of Swedish, Tony Armada, and the CEO of the parent organization, Providence Health Systems, Rod Hochman, MD. When the men in suits failed to act, it was time to go to the media. Someone inside Swedish, high up in the organization, felt that the future of the hospital was at stake and took the story to the *Seattle Times*. As soon as it was published, heads started to roll.

Tony Armada, the CEO of Swedish was the first to "voluntarily" resign. Then Delashaw decided to "voluntarily" get out of town before a lynch mob chased him out. The most top level CEO in all this mess is Rod Hochman, who is still in his job as head of the entire Providence–St. Joseph system, and time will tell what happens, but I've yet to encounter a single physician who feels Hochman has done right by Swedish. He is uniformly blamed for this mess and, unfortunately, widely hated.

Swedish is undergoing a painful, but necessary process to return to greatness. A cancer needs to be excised, and we are watching the surgery unfold on the webpages of the *Seattle Times*. Make no mistake, Swedish will emerge stronger from this event.

I say that after attending two meetings at Swedish with the torches-and-pitchforks crowd. The first was with about 200 of the nurses and other employees of the hospital, including respiratory therapists, various technicians, and a few physicians. I have never seen this kind of anger directed at management in any hospital ever in my career. The rage against the executive team was the first sign that Swedish will probably come through this process a stronger and better institution. Honestly, it is reassuring to see the rank-and-file expressing a lynch mob mentality in a situation like this. If there were widespread apathy, I would worry a lot more. One week later, I sat in a room with about 150 of the physicians on



staff at Swedish and it was the same thing—rage that senior management had allowed a sociopathic neurosurgeon to harm patients and soil the hospital's reputation. Physicians were outraged at the Swedish board, at the former CEO of Swedish, and especially at Rod Hochman.

Even the Catholics occasionally need a come to Jesus moment, and this fiasco is their moment. What we as patients and referring physicians need to remember is that if you wait long enough, virtually all hospitals have a crisis like this. Virginia Mason is a fine medical center, one of the best in the state, and does great work, but in 2005, a technician mistakenly injected cleaning fluid into a patent in radiology, killing her. That put Virginia Mason in the headlines. Last year, they were denied full accreditation by the Joint Commission, a group that accredits hospitals, because of a variety of deficiencies. VM took care of all the issues within a few months, but that put them on the web pages of the *Seattle Times* for sure. UW had a major series of fraud allegations regarding attending physicians (neurosurgeons of course) billing for the work of residents. Group Health has had a poor reputation in the area for as long as I've been practicing, earning the nickname, "Group Death" among insiders in health care. Valley Medical Center...well, I'll just stop there and not beat up on Valley. We all want to believe that hospitals are nearly perfect because it gives us

continued on page 6

SWEDISH: RETURN TO GREATNESS

continued from page 5

a warm fuzzy feeling inside, but in reality, health care is exceedingly complex. A trifecta of massive government regulation, starvation for money, and overwhelming complexity in medicine sometimes leads to bad outcomes for patients. To borrow from Warhol, every hospital gets its 15 minutes of bad publicity.

I don't think the senior leadership that allowed Dr. Delashaw to harm Swedish are evil, nor are they blinded by money and profits. These executives were passionate supporters of the hospital, and they recognized that a hospital continually losing money will no longer exist. The nuns who work administering these sorts of facilities have a saying, "No margin. No mission." If you don't make a profit, you cannot carry out your good works. The leaders were advocating for Swedish, but, in my view, lost their focus on what has made Swedish the best—great physicians producing very good outcomes for patients.

What is most infuriating to the staff at Swedish is that multiple physicians and physician-executives sent long, detailed emails about the problem to senior management in which every phase of this crisis, past, present, and future, was described and the eventual outcome predicted with total accuracy, but no one would remove Dr. Delashaw. When a neurosurgeon sends you a five page, single spaced letter about something, that is a sign. I'm lucky to get these specialists on the phone for five minutes.

In the olden days, like 1980, very few physicians were employees of a hospital. All the docs were independent pracitioners who would choose one or more hospitals where they would admit patients or perform surgery. Physicians were in the power position and could advocate for their patients by choosing the best hospital. Now, most doctors are employees of a hospital. They often fear to speak up about issues because their jobs are at stake. Physicians like me who are truly independent are a vanishing breed. This weakening role for physicians is not ideal for patient care.

Right now, if you checked yourself into Swedish and had neurosurgery, in the middle of this crisis, you'd probably get very good care. It would be better than many neurosurgical programs in the United States. That is how good Swedish is. Other areas in Swedish are outstanding and have not been seriously affected by this problem, including orthopedics, cardiology, OB, the emergency room, gastroenterology, and pediatrics. A risk from the current bad publicity is that patients and referring doctors will conclude that if neurosurgery has an issue like this, it probably means that the rest of Swedish, all departments and all campuses, is similarly tainted. The bad publicity is particularly galling for the orthopedic spine surgeons, since spine operations are done by both orthopedists and neurosurgeons, but most patients don't know it. There are some excellent spine surgeons at Swedish in the orthopedic department who, along with many of the good neurosurgeons who do spine work, are caught in the guilt-by-association drama. Although most of Swedish has been spared the Delashaw fiasco, the coming housecleaning will definitely benefit all of Swedish. Guy Hudson, MD, a pediatric urologist, has been put in charge of the Swedish system, and insiders tell me he is the right man for the moment and could turn things around for the hospital. I've spoken with him several times, and I believe he has a good chance of solving this problem. Others on the leadership team and at the level of the board of directors are energized and determined to put Swedish back on track. In the meantime, Virginia Mason is already sending our office advertisements touting that they don't do unnecessary spinal surgeries (you go girl!). UW is advertising neurosurgery on the radio. Vultures, maybe, but you have to admire the gumption. Just saying.

Swedish has been the premier hospital in the region for generations. It is highly likely to return to greatness.

Swedish used to have a certain cachet, like BMW, Nordstrom, or Google. That brand reputation has been damaged by poor management decisions, but not totally lost. The institution will need to rebuild its senior team and fix the neurosurgery program. For now, we'll send most of our neurosurgery business elsewhere, but we hope to eventually come back. Swedish has been the premier hospital in the region for generations. Doctors like me joined Swedish for one reason: it is the best. I feel it is highly likely that Swedish will redeem itself and return to greatness.

Our TOXIC Food Environment

continued from page 4

or two and offering critiques. But that is exactly what is happening with food, and we've not even begun to discuss the advertisements! Patients trying to make healthy food choices, have some boring public health advice whispering in one ear and a megaphone promoting toxic waste consumption screaming at them in the other.

This is what I mean by a toxic food environment. There is too much food, and it is too tasty, too inexpensive, too easy to get, with too much variety, and too carefully engineered. When I was growing up, McDonald's hamburgers were disgusting and had grain filler in them. School food smelled awful and was nearly inedible. My mom even served us meatloaf until she was reported to Child Protective Services. Little did I know how good all that disgusting food was for us.

From the moment you walk into Starbucks in the morning and order a grande caramel brulée latte (440 calories), or a soy mocha (290 calories) and a multigrain bagel (350 calories), you are in a toxic food environment, eating foods that are rapidly converted into sugar, highly palatable, causing a large release of insulin, and potentially addictive. Starbucks is a beautifully run company that provides jobs for a quarter of a million people. It enhances the community with lovely stores and offers a pleasant place to sit, read, and study. It delivers value to its shareholders. It also provides perfectly healthy alternatives such as tea or black coffee and fresh fruit. But like any business, Starbucks needs to survive. Its customers are not there to buy a plain cup of Joe and an apple. And these are the good guys. Compare that to McDonald's, Burger King, the breakfast cereal manufacturers, candy companies, and the sugared beverage companies. These people are selling 100% poison.

The toxic food environment attacks us at every turn, on TV, at the checkout line in Walgreens, at the Subway, and throughout 90% of the grocery store. Even, and it pains me to say it, at El Gaucho, the finest steak house in Seattle, where it's not the $52 filet mignon, but the bread, booze, and bananas Foster which make us fat. We are living in a toxic food environment where science, engineering, capitalism, and innovation, the same factors that have produced so many of the marvels that make living in the 21st century the best time in history, are now conspiring to make the world's population the fattest ever.

A Message From the Staff

Our patients here at MedNorthwest are one of a kind. They do not hold back when it comes to showing their gratitude, and they make sure to let us know we are appreciated (well, most of them at least). In turn, we (Jamie, Melia, Brenna, and Marina) would like to take a moment to reciprocate.

So, here are just a few of the many reasons why we appreciate you, our patients:

You trust us.

We know that walking into a doctor's office is not easy and definitely not something that any of us really look forward to. We understand that medical anxiety is a real thing, and we give every effort to make each visit as painless and stress free as possible. Allowing us to care for you and your health requires a great amount of trust, and we are honored that you have chosen us to do so.

You make work enjoyable and rewarding.

Of course we love it here at MedNorthwest, and Dr. Frank is nothing short of an awesome boss, but you guys are what really make it worthwhile. Whether we see you on a weekly basis or only get to see you annually, we look forward to hearing about your recent cruise, celebrating a new engagement, providing support through a divorce, seeing pictures of your new puppy, or maybe grieving with you over the loss of your furry best friend of 12 years. One of the best parts of our day is really getting to know you and hearing all of your interesting stories; and laughing together is always a bonus. We oftentimes find ourselves so immersed in a conversation, it is difficult to say goodbye.

You teach and inspire us.

You are all so very unique, and you allow us to get to know you on so many levels, from both a medical and personal standpoint. The education, travels, and life experiences that you are so kind to share with us motivate us to better ourselves inside and outside of work. You, our patients, keep us smiling and on our toes. You inspire us to constantly expand our knowledge, consistently improve our procedures and techniques, and, most importantly, continue to provide the "absolute best health care in Washington state," as Dr. Frank would say.

Marina

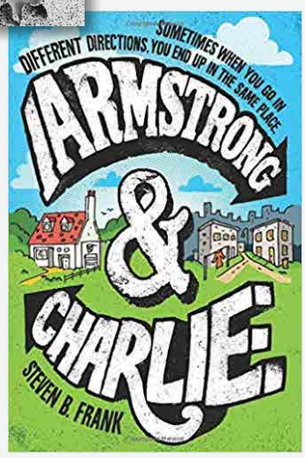
Jamie

Melia

my Famous brothers

2017 has been a remarkable year for the writers in the Frank family. My younger brother Steve, who teaches middle school in Los Angeles, wrote a novel for kids ages 10 and up, *Armstrong & Charlie*, which was published by Houghton Mifflin Harcourt in March. *Armstrong & Charlie* is based on my brother's experiences in the 1970s when our mostly-white Wonderland Elementary School received about half-a-dozen kids of color bussed in from a mostly-black neighborhood in Los Angeles. *Armstrong & Charlie* is about that year of change, and the power of friendship to heal racial divide. The US critics say, "deeply moving and laugh-out-loud funny... the story perfectly captures the full spectrum of budding adolescence." The Canadians say, "...*Armstrong & Charlie* is a standout read. Well-written, focused, rich with exceptional characters and a terrifically done dual-narrative, Steven B. Frank has done a super job with his children's debut..." Steve's previous book, *The Pen Commandments*, is a guide to writing for tweens and teens. He also has another novel, *Class Action*, coming in 2018.

Steven Frank



Yep, that swanky Cape Cod was my childhood home (artist's rendering). My bedroom was behind the dormer window on the right.

Because *Armstrong & Charlie* is based on real events from my brother's childhood, you might think to read it for a little insight into what I, your humble physician, was like growing up. Sadly, Steve kills me off before the book begins. If you have a middle schooler in your family, or if you're a fan of the 1970s, Steve's book will be an absolute delight. It is a great read, full of authentic emotion, fun little details from that decade, great jokes, and even though I'm dead in it, I still manage to have a little influence on my younger brother. You can buy it at your local bookstore, on Amazon for $10, or we have some free copies in the office. Just email if you'd like one mailed out. Also, if you're fluent in Chinese, a translation is in progress.

Not to be outdone, my older brother Michael has written a family memoir, *The Mighty Franks*, which is being published in the U.S. in May by Farrar, Straus and Giroux and soon after in Canada, England, and several other countries following next year. The book is a summer 2017 Barnes & Noble Discover Great New Writers pick. Early readers have been responding with great enthusiasm, among them Molly Antopol ("A tremendously smart and beautiful portrait of one of the most interesting and memorable families I've encountered...An astonishing book.") and Jean Strouse ("Be careful when you start reading *The Mighty Franks* since you won't be able to stop").

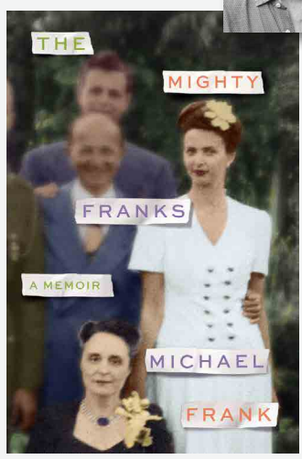
I asked Michael to describe his book for me, and he answered: "Dan, I am finding a very strange, and also quite wonderful, thing is happening with this memoir. I wrote it because it was a story that hung over me—all of us in the family—for years. I grew up, as you and Steve did to a lesser extent, highly attuned to the intertwinings of our world, where our parents and our aunt and uncle were siblings—meaning brother and sister had married sister and brother. Our aunt and uncle, Harriet Frank, Jr. and Irving Ravetch, were successful Hollywood screenwriters who lived two blocks from us in Laurel Canyon and longed for a child of their own. They were cultivated, charismatic, powerful, at times deeply unstable personalities—well, at least our aunt was—who had an enormous influence over my life intellectually, creatively, and emotionally. If I had to put it in a sentence, I would say that *The Mighty Franks* is how a family came to bend itself around a disturbed figure for decades until the kids grew up, found their voices and their paths out.

"Now the thing is, I thought of this as a very personal, detailed, almost private story—until it began to find its audience. Now what I am hearing from readers is that, while the world it depicts is very specific, the experience of learning to live with a difficult relative or friend is so familiar, maybe even so universal, that there is something deeply compelling about the journey the narrator takes as he struggles to break free from his childhood. There are even some people who are reading the book for the second and third time. It's kind of crazy."

The Mighty Franks is available on May 16th at your local independent bookstore or from Barnes & Noble or on Amazon. Or if you'd like, we are happy to give you one of our copies when you come to the office, or send you one—just shoot us an email. Even better: Michael will be appearing at The Elliott Bay Book Company on Thursday, June 8th at 7:00 pm. We'd love to see you there.

You can read more about my brothers' work at stevenbfrank.com and michaelfrank.com.

Michael Frank



That is really my family on the cover, circa 1946, with my dad in the way back and my aunt all dressed in white.