

# NEWSLETTER

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## Bad Mosquito

Throughout history, mosquitoes have killed more human beings than any other animal on Earth. How? By making certain diseases highly contagious. Let's figure out how this happens and why tropical diseases like Zika, dengue, and chikungunya have become such a huge problem lately.

Among the insects and spiders are a few species, such as mosquitoes and ticks, that feed on blood. In the case of the mosquito, it lands on an animal and pierces the skin with its long, needle-sharp nose. That long nose has two tubes. One takes saliva from the mosquito and injects it into tissues and blood. The other sucks blood back into the mosquito's stomach. Mosquito saliva has certain chemicals that prevent blood from clotting and others that cause an allergic reaction, which increases blood flow. The allergy chemicals are what makes mosquito bites itch long after the mosquito has flown to its next victim.

The reason mosquitoes cannot transmit HIV or hepatitis is that they don't inject blood from one person into another. It is purely a one-way sucking of blood out of animals and into the mosquito's tummy. However, once in the mosquito's stomach, certain viruses, bacteria, and parasites have figured out how to infect the mosquito's salivary glands. In malaria, for example, every time an infected mosquito lands on someone and injects its spit, a few malaria parasites make it into the person's body. We call the mosquito the malaria vector, meaning it transmits the illness from one person to the next. In the case of Lyme disease, the vector is a deer tick where its salivary glands are infected with the bacteria *Borrelia burgdorferi*, which causes Lyme disease.



Viruses can also infect mosquito salivary glands. Of course, many viruses transmit themselves through the population in more conventional ways. Viruses such as colds and flu infect the respiratory tract and every time we cough and sneeze, we potentially transmit these infections to other people. Illnesses that infect the gastrointestinal tract and cause diarrhea, like norovirus, transmit themselves via the fecal-oral route, as disgusting as that may seem. But viruses that predominantly infect the bloodstream and don't involve either the skin, respiratory or GI systems are just harder to catch from someone else. One route for catching viruses that infect the bloodstream is sexual transmission, and another is what we call vertical transmission, where a mother infects her baby; but these routes are much tougher for a virus to become widespread. In the case of vertical transmission, moms just don't have thousands of

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## Bereavement

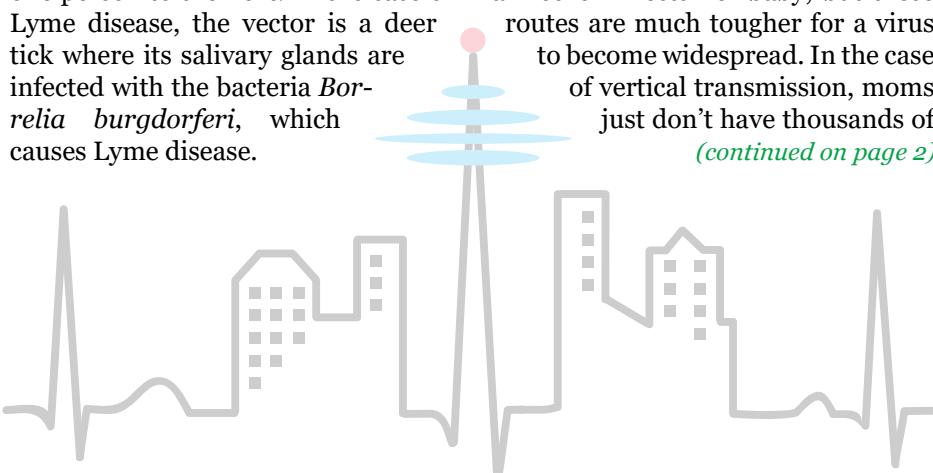


Bereavement—the normal period of sadness that follows a significant personal loss—is part of the human condition. We don't use the term depression to describe this experience, but the symptoms are nearly identical. Overwhelming sadness, inability to concentrate, loss of appetite, insomnia, and low energy are common to both conditions. People experience grief with the death of a family member or loved pet, breakup of a relationship, loss of a job, pretty much anything that has a significant loss in it will trigger the neurobiology of bereavement. The mourning we experience is how the mind heals after a loss. Bereavement is our response to emotional injury, akin to an injury to the body. Initially it is very painful and limiting, but gradually healing takes place. Although there might always be a scar, people do recover and continue on to enjoy their lives.

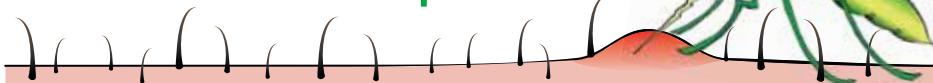
Although Elisabeth Kübler-Ross developed and popularized the idea of stages of grief, I find as a practicing clinician that viewing grief as a series of stages is not that helpful. People feel like st and then gradually, they feel better. Those are my two stages.

Complicated grief refers to the condition where the normal healing process after a loss is not taking place. Most people heal through bereavement, but on occasion the death of a loved one ushers in a period of poor mental health that may benefit from specific treatment. Bereavement itself does not require formalized medical treatment, but a patient who has a close relationship with a therapist, primary care physician, life coach, or member of the clergy may find comfort and healing in meeting with that person on a regular basis during the bereavement period. Bereavement groups are another way that individuals who have lost a loved one can find healing through a community of the bereaved, and they in turn can help others as more time passes since their loss. In the case of

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# Bad Mosquito



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kids, and sexual transmission requires a Tinder match, a steak dinner, some interests in common, and well, you can bet that a virus would like to find a better way to infect the population than just sexual transmission.

When you read online, you might get the mistaken impression that mosquitoes are somehow causing these illnesses. Make no mistake, they are only the courier service. These infections are being transmitted from person to person, or from animal to people, but the mosquito (or tick) is amplifying the rate of transmission by sucking infection out of one person's bloodstream, allowing it to multiply in the mosquito's salivary glands, and then injecting it into the next victim.

It does point out how incredibly fortunate we are that HIV does not infect the salivary glands of mosquitoes. Two million people each year contract HIV, but 200 million get malaria. The addition of mosquito transmission to HIV would have likely increased the burden of HIV on the population by 100 fold. We all worry, rightly so, about global thermonuclear war being an extinction event for our species, but the lowly mosquito, serving as a vector for the right sort of infectious agent, could be just as damaging. In fact, many experts working in this area feel the world would be better off without mosquitoes, although they do fertilize plants and are a food source for certain other animals, the mosquitoes, I mean, not the experts.

The family of viruses that can exist in the salivary glands of insects and spiders are called *arboviruses*, which stands for *arthropod borne viruses*. Although most people would lump spiders in with the rest of the insects, nerdy taxonomists who know better tell us that spiders are in a different class because of their eight instead of six legs, two instead of three-part body, lack of antennae, and other features. The whole group of spiders, bugs, and some delicious seafood, are called

*arthropods*. Often, the arboviruses which infect both us and mosquitoes might make us sick, but they really try not to make the mosquito ill at all. They want those pesky mosquitoes flying to and fro, living as long as possible, and infecting many people. A sick mosquito is soon a dead mosquito; there is evolutionary pressure for the virus to not make mosquitos ill. There is less evolutionary pressure to not make us ill.

Arboviruses include West Nile, dengue (Deng-E), Zika (Zee-ka), yellow fever, chikungunya (CHEEK-en-GUN-ya), the equine encephalitides (encef-a-LIT-a-dees), which are predominantly infections of birds and some horses, and several others. Certain mosquitos tend to be the ideal vector for particular infections.

The same species, *Aedes aegypti* and *Aedes albopictus* carry dengue, chikungunya, and Zika. Malaria is carried by a nighttime feeder, which is why mosquito nets over the bed are helpful in malaria prevention, but *Aedes aegypti* and *albopictus* most often feed during the day. Over 200 million mosquito nets have brought the death rate from malaria down by 50% since the year 2000 because the malaria mosquito sucks on human blood mostly between 10 PM and 2 AM, but such an intervention would not work for most of these arboviruses where the mosquitoes are daytime feeders, unless you typically nap or sleep during the day.

Some arboviruses are highly lethal, such as the ones that cause yellow fever and dengue hemorrhagic fever.

Others cause more mild illness. Many cases of dengue and Zika are asymptomatic. Most of these viruses cause fever, body aches, joint pain, and a skin rash, symptoms that are common to thousands of different viral infections. We may not worry excessively about a flu-like illness that totally resolves in a two weeks, but what about the serious complications from arboviral diseases?

Dengue popped up on our radar after the outbreak in Hawaii. Although some dengue fever occurs simply from travelers to Hawaii who were exposed to dengue in their home countries, the most recent outbreak involved locals and tourists getting dengue from a mosquito bite while in Hawaii. Cases have been limited to the Big Island, so if you're settling into a 5 star resort on Maui, you can just hang loose and chill. Just as in the movie *Jaws*, the official tourist bureau for Hawaii says travel to the Big Island is perfectly safe.

The most worrisome complication from dengue is dengue hemorrhagic fever. Hemorrhagic means bleeding. In this condition, there is widespread internal bleeding, loss of blood pressure, and a high death rate. Most of the patients who develop dengue hemorrhagic fever were previously infected with one of the four sub-types of dengue,

and dengue hemorrhagic fever is felt to result from an overly robust immune response to seeing dengue yet again. As a result, dengue hemorrhagic fever is rare in travelers and much more common among natives.

You find dengue in central and South America, sub-Saharan Africa, India, Thailand, Vietnam, and neighboring countries. You don't find it in the US (except Hawaii), Canada, Europe, Russia, or Australia.

Chikungunya was common in west Africa, but has migrated to central and South America in the past few years and is also found in India and neighboring countries. Chikungunya means

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If you are pregnant or might get pregnant, do not travel to any of the countries in green where active transmission of Zika is present.



# Bereavement



*continued from page 1* \_\_\_\_\_ complicated grief where patients are not making progress even after six or more months, psychotherapy and medications are likely to be of value. In addition, bereavement in the setting of a pre-existing problem with anxiety or depression likely benefits from some professional oversight and assistance.

The role of medications, such as antidepressants and sleeping pills in helping with the normal bereavement process is unknown. No good research has been conducted on this topic. About 55 million people die each year, leaving behind more than 100 million bereaved individuals, but only 15 people have ever been given sleeping medication, like Valium, during bereavement in a randomized clinical trial. As a result, it is unknown if there are benefits or harms. Some, but not all, patients seek out something to help with sleep during the very initial stages of bereavement, and these drugs



are commonly prescribed.

In my clinical practice, I have been blessed that several patients over the years have chosen to come and share their bereavement with me after the loss of a family member or pet. Many of us will be called upon to support the bereaved outside of our professional lives. How can we best help someone who has experienced a significant loss?

Helping can be a bit of a challenge. First, most people are understandably afraid of death and very uncomfortable approaching the bereaved. It is almost a sit-com cliche that no matter what you say to a person in mourning, they'll only cry more and you'll feel like you did the wrong thing, even though crying is the right thing to do. In fact, the only wrong thing is doing nothing. I'm amazed at the number of people who've told me they permanently ended a best-friend relation-



ship because that person just disappeared after a death in the family. As Woody Allen once said, "80% of success is just showing up," and this is certainly true with bereavement. The best things to say are, "I'm so sorry. You must be going through something awful. What happened?" Let the bereaved talk about their loss, and don't be afraid to bring up the deceased person or pet from time to time. Most grieving people want to talk about what they've lost.

We should also avoid being directive or judgemental about how some-

people will reach out to a professional or join a bereavement group, others will heal more privately. Immediately after a death, there is often a flurry of activity, but the bereaved especially need our support in the weeks and months after that initial show of support dies down. For some bereaved individu-

als, suggesting a distracting activity is helpful, others benefit from repeated discussions about a loved one's death.

Bereaved patients often ask me how long it will take until they feel normal again. In the case of a relative who has experienced a long illness, there is sometimes anticipatory bereavement where a portion of the healing is taking place in the months



***Patients in my practice should know that I am happy to see you after the loss of a family member, close friend, or loved pet.***

one handles bereavement. There is no right way. Just as with a shoulder injury, for example, people figure out the best way to move, dress, and sleep, so do they with bereavement. Some folks talk about their loved one as much as possible, others write things down. Some patients don't want to express anything, but instead channel their grief into a distracting activity. Some people turn toward religion and the rituals surrounding death, but others turn away from it. In most cases, the bereaved are able to sort out what is their own best path for healing. Some people will start dating very soon after the loss of a partner. There is no timetable for legitimacy here. For certain folks, throwing themselves into a big project is therapeutic. It is a clinical error to view people who heal through action as avoiding "dealing" with a death. That notion is just pure fiction from a bad Hollywood movie. Some

or years before death. Sometimes, the death of a loved one in this context is both a blessing but also a loss, and feeling such contradictory emotions is very common. Other times, the death is sudden. I would say that a timetable of six months to two years encompasses most of the normal bereavement that I have seen, but patients who are making little or no progress after four to six months might benefit from professional assistance.

Loss is universal. Bereavement and mourning are an endorsement of our love for someone who has died. Nature has provided us with a way to heal through the passage of time after the death of a loved one, and that route to healing is what we experience as bereavement. One day we comfort the bereaved, and the next, we are the bereaved ourselves. We can help our friends and family by showing up, expressing sympathy, not worrying about saying the wrong thing, being willing to mention the deceased, and allowing the bereaved to set his or her own agenda, timetable, manner, and direction for healing. Patients in my practice should know that I am happy to see you after the loss of a family member, close friend, or loved pet if you feel it would be helpful.

Most of the folks who have come here found comfort in sharing their bereavement with me.



# State of the Practice



MedNorthwest staff pretending to work while Jamie takes their picture.

*Every spring, I report on the state of the practice. Here is my report.*

We've been at our new location in the Cabrini Tower for a little over a year and the relocation has proven to be a significant improvement for everyone. Our patients really appreciate having on site parking at no cost (just bring your ticket for us to validate), and my staff finds that working with abundant natural light is a nice improvement. Larger exam rooms, more spacious offices, and more administrative space allow us to work better and more efficiently.

## Patient Census

Our current census is 406, right around our target of approximately 400 individuals. There is always a small amount of attrition out of the practice as patients relocate to other cities or, sadly, sometimes pass away. Consistent with our overall performance over the past decade, the number of patients who leave because they are dissatisfied with the care provided is under 1% each year. If only the cable companies could do as well. If you have a friend or family member who might benefit from the type of care our office provides, feel free to have that person call the office. Even when we are slightly over our target census, we always give top priority to individuals who are referred by existing patients in the practice. Have that person mention your name when he or she calls.

## Growth in Staff

Patients who have needed to contact us after hours know that in addition of my regular call group, we have Ray Jarris, MD, a highly respected emergency physician and an expert in telemedicine (medical care over the phone or Internet for remote sites) assisting with after hours call. We will be adding a second on-call physician, Ann Rowe, MD, later this year. Dr.

Rowe is also an emergency physician with telemedicine expertise and she will be covering in the office some days as well.

## Recent Challenges

Although medicine continues to make progress in the high-tech arena, old fashioned doctoring seems to slip a bit every year. In areas as disparate as robotic surgery, management of autoimmune diseases, and cancer chemotherapy, each year brings new advances of great help to patients. However, most of us, most of the time, don't need a robotic-assisted partial nephrectomy or treatment for chronic hepatitis C. We need a highly talented and well-trained smart person to sit calmly in a room, focus on our issues, think hard about the best way to help us, and make a decision based on the most current information in the world's biomedical literature without rushing through this important task. Outside of the concierge model, that isn't happening very often. Why not?

The first reason is money. A dermatologist who shaves a nearly invisible wart off your arm in a 5 minute procedure gets the same amount of money as an internist who talks to you for half an hour about several complicated medical problems. An MRI of the brain generates vastly more revenue for a hospital than having a patient talk to the doctor for 2 hours about headaches and life stress. As a result, hospitals, clinics, and individual physicians have gravitated away from providing what some call "cognitive" services, which means sitting and talking to patients, making decisions, and providing education and advice. An orthopedic surgeon is happy to spend an hour with you talking about the pros and cons of a knee replacement because it is a loss leader. He is not doing that for the \$180 he gets from Medicare. He is doing it for the \$500 per hour

he gets paid in the operating room. In primary care, doctors know that they often will receive a fixed amount of money for a particular patient's diagnosis. If they can see people twice as fast, they will double their income. If they don't want to work that quickly because care is suffering, then an MBA-type will show up and explain that the hospital can't afford their salary unless they get people in and out faster.

The second big barrier for patients is that the new government-driven approaches to healthcare demand so much computer time that physicians are unable to directly and calmly engage their patients. Year-over-year, I hear the same complaints: *No one will take any time to listen to me. I am constantly rushed in and out of the office. The doctor ordered a lot of tests, but I got nothing out of it.* In our practice, we are continually looking to establish and strengthen relationships with specialists who can provide a high level of cognitive service to our patients, but it is a challenge and we are swimming against the tide here.

## Clinical Errors

Nothing is more gut-wrenching to a physician than to make an error that harms a patient. Sadly, clinical medicine is such a complex endeavor that the error rate can never be zero. This is just a fact of medical practice. Error rates are lower under the concierge model because we are less rushed, but if you expect perfection, we will surely disappoint you and I would suggest finding a new doctor. Patients should question everything that happens in healthcare if it does not make total sense; being your own zealous advocate is something I strongly encourage in all my patients. If an error does take place, please bring it promptly to my attention. We use the feedback to improve our systems as we continually aim for the lowest error rate possible. For patients who are not happy here, I urge you to find a new primary care doctor. Transitions are hard, but connecting with a physician you feel comfortable with is certainly worth the effort of making a change.

## Future Plans

The practice remains on solid footing and no major changes are anticipated in the practice model or the operation of the office.

On behalf of all my staff, I would like to say, as I do every year, that it is an incredible privilege to be able to practice medicine under this model and we all work diligently to provide first-class care to our patients. Your continuing support of the practice and of excellence in medicine generally is highly appreciated. 

# RuPaul's DRAG RACE

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RuPaul, a Skype session is set up between one of the drag queens and a small-town dad with his power tools and Stetson hat. There are tears on all sides of the screen when that dad, in a southern drawl, tells his son wearing makeup, lipstick, and—I have to say—sometimes a lovely high couture gown, that he loves him and is proud of him.

For sure, parents skipping their kids at the Harvard School of Business are not having the same difficulty, but it is a valuable lesson learned by examining the extreme case: good parents need to provide what children want—unconditional love

the way, to getting proper women's shoes in a size 12 EE, to applying makeup, to walking and moving in a feminine manner, is obsessed over. A drag queen's obsession is as pointless to me as collecting Beanie Babies or learning to speak Klingon, but these men are performance artists, and this is their art. In such a context, RuPaul is a stern taskmaster. Queens who disappoint in any aspect of their performance are told, and sometimes shouted at, by the judges that they have failed. One queen was advised her dress looked like a couch from Rent-A-Center. Another was roundly criticized for having a 5:00 shadow. In one episode, the bottom two contestants were at the "Lipsync For Your Life" phase where the worst one is supposed to be sent home, but RuPaul, impressed with neither, kicked both off the show at the same time. The contestants have been for-

**"If you can't love yourself, how the hell can you love somebody else?"**



Bianca del Rio

Adore Delano

Courtney Act

and acceptance. Okay, I'd rather my son successfully complete his PhD in polymer chemistry than become a drag queen, but RuPaul's show teaches us the value of unconditional love. It also teaches us that people you and I might see as spectacle, as almost cartoonish manifestations of real humans, are indeed flesh and blood people who think and feel and suffer just like the rest of us.

Another broad lesson about humanity that RuPaul's show teaches is the need for challenge and achievement. Sometimes, young people who are sexual minorities can become so distracted in sorting out their sexual orientation that they can lose sight of what almost everyone, young and old, requires to be happy—a purpose. Sure, most young men don't aspire to own half a dozen trunks full of ladies clothes, but being a successful drag queen is about more than throwing on a woman's dress. Every detail, from tucking one's genitals out of

mer convicts, drug addicts, nearly homeless, abandoned by their parents, transsexuals, HIV positive, profoundly depressed, painfully lonely, but in all cases, RuPaul sets a high standard and demands the best, telling the contestants to "always bring your A game" and kicking them off if he doesn't see it. The need for structure, challenge, and achievement as part of the human condition is as true for men in uniforms playing on a football field as it is for men in women's dresses dancing on a stage.

*RuPaul's Drag Race* represents the best of America—Capitalism, entrepreneurship, freedom of speech, respect for minority rights, and the type of open, minimally regulated, profit making, politically incorrect enterprise our country should encourage. In addition, learning the painful, sometimes gut wrenching back story of these drag queen contestants teaches us much about the human condition. 

# Bad Mosquito

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"walking bent over" because the severe joint pains in this disease make people walk that way.

Zika virus is another arbovirus (reminder: an *arbovirus* is a virus that uses mosquitoes or spiders to get from the blood of one animal to the next). It is now widespread in Brazil and has occurred in Mexico and countries farther south, but not yet in Argentina. Zika is normally a fairly mild illness, but two complications are more problematic. First, it can cause a (usually) temporary paralysis called Guillain-Barre syndrome, a disease that may require treatment in an intensive care unit to survive. Second, women who are pregnant and contract Zika have been giving birth to babies with abnormally small skulls and brains, called microcephaly. Most of these children will grow up with sub-normal IQs and have a variety of other problems as well. For this reason, the CDC has placed a travel ban recommendation for any woman who might get pregnant or be pregnant against visiting any of the countries where Zika is present. Interestingly, we don't see microcephaly in Africa where Zika has been common for many decades, and one potential reason is that most of the girls over there are exposed and develop antibodies well before they ever reach childbearing age.

For virtually all arboviruses, there are no vaccines (yellow fever and Japanese encephalitis are two exceptions), and there are no specific treatments. The best preventative measures are to spray on DEET, wear long-sleeved shirts and long pants, and sleep with mosquito nets at night, and during the day if you nap. Mosquitoes lay their eggs in standing water. For people living in areas with mosquitoes, if you have anything on your property that sits outside and collects water, such as old kids toys, buckets, planters, a discarded tire, ponds, etc, you should drain or get rid of them.

Arboviruses used to be someone else's problem, but now they are on our doorstep. Because Americans travel so widely, and because we receive so many visitors, we are certain to see more of these infections in the United States in the coming years. Research is under way for vaccines, but in the meantime, aggressive mosquito control is perhaps the most valuable individual and public health preventive strategy. 





RuPaul's Drag Race is a reality TV show that features a slew of female impersonators competing for the title of "America's Next Drag Superstar." Each week, the group shrinks a bit as one tearful contestant is told to "sashay away," having fallen short in some aspect of clothing, makeup, singing, dancing, or acting. Finally, three "queens" remain and one is crowned the winner. A boring, heterosexual male like me might not be the prime viewing demographic for *RuPaul's Drag Race*, but we can thank my daughter Ellie for getting me hooked on the show. Having sat next to her through *PB&J Otter*, *Jimmy Neutron*, and *SpongeBob*, I felt I had to continue this sort of father-daughter bonding when her tastes grew more mature. *RuPaul's Drag Race* is compelling for two reasons: First, it embodies everything that is great about America, and second, there are many lessons here for anyone working in clinical medicine.

In the grand American tradition, RuPaul Charles is an unabashed capitalist and entrepreneur. He is out to make money and does not apologize for it. Whether he is hawking his latest music video, throwing in garish product placements, selling RuPaul branded merchandise, or even offering an iPhone texting app (not free) that lets you send drag-themed emojis, RuPaul is a dyed-in-the-wool capitalist. He is arguably the most successful female impersonator of all time. One unfortunate aspect of modern society is the vilification of wealthy entrepreneurs and businesspeople. Derided as "one percenters," people who risk a substantial portion of their life savings and launch highly risky, speculative businesses are the lifeblood of the American economy. Politicians and the entertainment media might portray entrepreneurs sympathetically when they are poor and struggling,

but as a small number of these individuals achieve substantial wealth, they become an enemy of our nation. RuPaul makes no apology for his drive, ambition, and success. Most drag queens can barely make the rent, and theirs is an incredibly expensive vocation, but no one labels RuPaul "greedy," nor does anyone disparage him for his results. Furthermore, RuPaul is showcasing his art in the free market. There is no government grant shoring up *Drag Race*. If viewers watch, advertisers will pay to advertise, and the show will go on.

It was not actually Voltaire, but one of his biographers who stated, "I disapprove of what you say, but I will defend to the death your right to say it." Hmm. They don't exactly teach that on college campuses any

**"We all came into this world naked,  
the rest is drag."**



more, but struggling somewhere in the American zeitgeist is the notion of freedom of expression. RuPaul has taken a form of performance art that many people find thoroughly disgusting and parlayed it into a successful media empire. This is our constitutionally-protected right to free speech. "Land of the free" has to be something more than what we sing at football games. In a culture where cheeky offhand comments about Jews, blacks, gays, or women bring out the pitchfork-and-torches crowd, the government hardly needs to have Thought Police because our very own citizens are doing the policing for them. You can watch RuPaul's show or not, but no one is demanding his resignation or threatening to destroy him economically because of a disagreement over his taste in entertainment. Ideally, we would extend this tolerance across the social and political spectrum. It would be great to see the Mormons with a competing reality show for the most

1950s-esque Mormon submissive housewife go up against *Drag Race* for ratings and

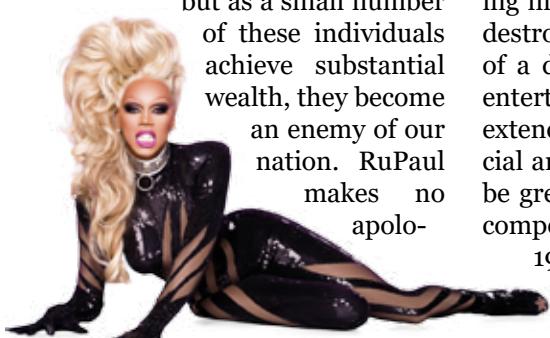
market share. Now, that would truly exemplify great American values. Still, if someone from the Middle East or Russia or China were to ask me what is American exceptionalism? What makes America such a great country? I would say that America is a great country because a 6'4" black drag queen can launch a TV show chock full of other drag queens, make serious entrepreneurial cash doing so, and no one in our government or our society would even think to stop him.

RuPaul's Drag Race has an added value in teaching us about the human condition. If you are a physician, psychologist, social worker, nurse, human resources expert, or other individual working with people in a sometimes messy and very personal way, a deep understanding the human condition is one of the necessary elements to make you excellent at what you do. Here, we can take a

valuable lesson from mathematicians and computer programmers. To test their work, they often input variables at the boundary and the extreme cases. Will a program crash if I put in an employee's salary as 0 or a billion dollars? Will a math formula break down when I take the square root of zero or a negative number? Studying and understanding the boundary and extreme cases of humanity has much to teach us about what is quintessentially human. How bravery manifests in combat situations,

what happens to prisoners in solitary confinement, the way a young man growing up in Hereford, Texas handles being a gay female impersonator—all of these well-out-of-the-mainstream situations teach us much about what is universal in humanity and aptly demonstrates our underlying biological engineering. I can only highlight a few examples here. One is that children want to be loved and accepted by their parents, but parents often struggle when their kids deviate strongly from parental expectations. Every few episodes on

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