



Leslie Michelson On... How to Become a Savvier Consumer of Healthcare Services and Possibly Save Your Life

Steve Sanduski: Hello everybody, and welcome to another episode of "On Your Mark, Get Set, Grow". I am your host, Steve Sanduski, and joining me today is Leslie Michelson. Leslie, welcome to the show.

Leslie Michelson: Thank you Steve. How are you today?

Steve Sanduski: I am doing great. How are you?

Leslie Michelson: Wonderful, thank you.

Steve Sanduski: Great. Well Leslie, you are the founder, chairman, and CEO of Private Health, and what I want to do today is a couple things, one of which is a little bit different than what we normally do on the show. The first is, you have an incredible career as an entrepreneur, as a founder of companies, as an investor of companies, an advisor to companies, so first of all, I want you to take just a moment here, and just kind of give us a quick background on your entrepreneurial journey, and how you got to the point of founding your latest company, Private Health.

Then the second thing I want to talk about today, and this is the part that is different than what we normally do, and that is talking about how our listeners, our entrepreneurs and CEOs, can do a better job of taking care of their health, and this is not going to be about how to eat better, or how to exercise more, it's totally different than that, and that is what your new company does. For all the entrepreneurs and CEOs that are listening, we know their hard charging, hard driving, type A personalities, and one of the things that often gets left behind is taking care of their health. We are going to talk about what they can do from a preventative standpoint, and then also, and perhaps just as important, if not more

important is what happens when something serious, from a health standpoint strikes, and what can these high net worth people do to essentially go outside the healthcare system to make sure that they get the absolute best care in the world.

With that set up, if you would Leslie, just take a moment here, tell us a little bit about your entrepreneurial journey.

Leslie Michelson: Sure, thank you so much Steve. It's good to talk to everyone. Private health management is really my fourth company. I am a, the proverbial serial entrepreneur, but there has been a unifying theme in everything I have done throughout my career, which is I do things that help people get the very best medical care. That's my passion, and if I have an opportunity, and I am offered an occasion to do something that isn't that, I frankly don't do it, because it is not the thing that motivates me to get up early, work hard, and stay up late. Over the years, I have now started my fourth company, they have all been focused on assisting with people with better data, better information. Encouraging them, as to get better physicians, and how to become more effective healthcare consumers. Over the years, I served for five years as the CEO of the Prostate Cancer Foundation, the group founded by Mike Milken, and the preeminent philanthropy, the largest philanthropy in the world, funding research to defeat prostate cancer. Now what is interesting is many of the other disease specific philanthropies, whether it is breast cancer, pancreatic cancer, Parkinsons, melanoma, have modeled their programs on what we did at the Prostate Cancer Foundation.

Now in all those years, when I was running these companies, my telephone would ring, my email would light up, with people around the company, and around the world, who had medical issues. Because even if they were high net worth people, high IQ people, people with lots of connections, high efficacy people, entrepreneurs, CEOs, who know how to get stuff done, there is a limitation on that capability, which was they typically didn't know how to get the best medical care. They would call me. Over 30 years, I got thousands of phone calls. I helped thousands of people, and if you are going to do something over that time frame, you damn well better figure out how to do it. I was doing this at nights, on weekends, instead of lunch, and I was it gratis for people, because I didn't need to get paid, I didn't want to get paid. The psychological benefit of helping another human being in need, was frankly more than enough compensation for me.

Then what happened was word really circulated that if you got sick call Leslie, he would know how to help. Then what I did, is I ended up being

able to take about 15 patients at a time, and I built a waiting list of about 30 cases, at which point all of my entrepreneur friends sat me down one night, and said Leslie you have got to get out of your position running the Prostate Cancer Foundation, you have figured out something that no one else has figured out, and you need to build another company, to make that available to lots of people. That's what I decided to do, that seven years. I founded Private Health Management, to take what I had learned over 30 years, in helping thousands of people in the US, and globally, across a wide array of different diseases, and I started my, what I think will be, which is my fourth company to institutionalize that, incorporate it, and make it available for a much larger number of people. That's what we have done.

Steve Sanduski: Okay, and as you have worked with these thousands of people over the years, what have you found is maybe the one or two biggest mistakes that these people make when it comes to their personal health?

Leslie Michelson: Oh you know, we are all great consumers, we know how to buy cell phones, and how to plan for vacations. We know how to buy IT systems, and retain marketing experts, or renovate the house, but for some reason, when it comes to our own health, and the health and well being of our employees, and our dependents, we turn our consumer DNA off. The first mistake that people make, is they don't recognize that they need to become active participants with their physicians. The first story I tell in the book I've just written, "The Patient's Playbook", is a case that is very poignant to me, because it is a very dynamic executive in the financial industry, who is diagnosed with a terrible condition called Churg-Strauss, which is an auto-immune condition in which your body's immune system begins to attack all of organs in your body, and it is ultimately fatal. She had been diagnosed with this disease I think eight or ten years earlier, and had been treated for it for a long time, but she was suspicious that she wasn't getting better.

Well it turned out, that once we got involved, we brought her to the world's leading expert on Churg-Strauss syndrome, and when he looked at her medical records, he said you know you don't have Churg-Strauss syndrome. The symptoms that you are reporting are primarily the side effects of the treatments that you had been getting, that you don't need because they are treatments that you would need if you had this disease. Wow. We just backed off all those treatments, and all of a sudden she started to feel better physically, and then she started to feel better psychologically because she know longer, frankly, had a death sentence. This was like four to five years ago now, and she is doing fabulously well.

She's on one medication at a low dose, and she is leading her life again. That's what everybody needs to learn how to do.

Steve Sanduski: Yeah.

Leslie Michelson: So the first mistake is to learn how to become an effective advocate for yourself, and a partner with your physicians.

Steve Sanduski: As you well know, our healthcare system is not efficient, in that there is no organized way to really make sure that you are getting a correct diagnosis, that you are working with the best people, and I think that is essentially what your company does, right?

Leslie Michelson: Exactly. So we get retained at Private Health, by major corporations who bring us in, and pay us a retainer, to provide a whole collection of services to their employees and their dependents. Steve, the best way to describe what that collection is, is simply, companies pay a lot of money to the health insurers to help their employees and their dependents with the cost of care. What we come in and do, is we help them with the quality of care, because even people, as I said before, with high IQ, with great networks, with great networkers, aren't really trained to become healthcare consumers, and we come in and help them do that.

We also get retained by individuals globally, particularly when they have a tough issue. A lump in a breast, back pain, a degenerative neurologic condition, you have got a patient, and again I tell this story of a patient named Jim, who is a high net worth real estate developer, semi-retired, in Napa Valley. One day was carrying a couple of suitcases up the steps, and fell down to one knee because he couldn't breathe anymore. He had terrible shortness of breath, and he fearful he was having a heart attack because a friend of his had had a heart attack. He called his cardiologist, who is out of town, he didn't call his internist, he had heard about another cardiologist. He called another cardiologist, whom he had no relationship, that cardiologist scheduled him for angiography the next day, and when he went in the next day put two stints in his heart. He didn't get any better for three weeks after that, he continued to get worse, and worse, and worse.

I got involved and it turned out there is absolutely nothing wrong with his heart, he shouldn't have been seeing a cardiologist, the stints were totally unnecessary, he had a lung problem and should have been treated by a Pulmonologist, and because he had had the stints put in, and he was on what are called blood thinners, it took us 11 weeks to figure out the pulmonary problem, and get it treated. He spent 11 weeks in bed, on

oxygen, when in fact if he had gone to a Pulmonologist in the first instance, he probably would have been diagnosed quite quickly, and treated properly, and he would have been fine. Those are the kinds of mistakes that people everywhere make.

You know, my view is, having done a lot of this, the quality of care you can get, particularly in the US, is both much better, and much worse than anybody thinks possible. People have this notion, that the best care is reserved for the wealthiest people, it's not. It goes to the savviest consumers, regardless of their wealth.

Steve Sanduski: Okay. So let's try and make our listeners here a little savvier. Let's talk about what can people do to be better prepared, when it comes to taking care of their health? Obviously, I am not talking about eat better, and exercise more. What are some other things that they can do, while they are healthy, to ensure that they are prepared in case an emergency strikes?

Leslie Michelson: Sure. We all prepare for vacations, we prepare for retirement, we put together the right funds for so our kids can have a fund to go to college, and you know we all have wills and estates where we plan for our ultimate demise. The thing that we know for sure is going to happen, that we are going to get sick one day, we never plan for, but you should plan for it, and if you do it makes a big difference. Let me give you a couple of quick tips. The first thing is, have a strong and enduring relationship with a primary care physician. I don't know what is going to happen to you tomorrow, no less six months from tomorrow, but I do know that if you have a strong and enduring, relationship with a primary care physician, you will be much better equipped to prevent that illness from happening, and to manage it if it does. That's the person who should be listening to you, so if there is a change in your life, they can detect it. It is somebody you should be listening to, so if you get a little paunch, and you are putting on some weight, or if you are not exercising enough, your diet is deteriorated, you are drinking too much, you can't deal with the stress of an increasingly competitive global market. It's the physician who should detect it with you, and help you develop plans to mitigate that.

We have wonderful early prevention and detection technologies now. Your primary care physician should be your partner, your quarterback, in making sure that you are getting the right schedules of mammography and colonoscopies, or PSA testing, and seeing a dermatologist to see if you have the beginnings of any skin cancer. Heart disease is largely preventable, and cancer is almost always easily treatable, if it is caught early. Lastly, if something happens, if God forbid occurs, and you have a

lump in your breast, if you end up getting hit by the taxi because you didn't look the right way, if you blow out your knee on the tennis court, it's your primary care physician who should be your first call, who should direct you and have the resources to send you to the very best specialists for exactly what you have.

The first thing is to create a strong, and enduring relationship. Two other quick points Steve. One, we all know that to some degree, heredity is medical destiny, and the sad thing is, a lot of us have not collected our family medical histories in an organized way. We are getting into the holiday season, when many of us see our relatives, particularly our elderly relatives. It's as good a time as any, to sit down with them and get the family history, to know who in the family died early from perhaps cancer or heart disease. Who had autoimmune conditions, and document that because that could help subsequent physicians.

In "The Patient's Playbook", the book I just published, we tell the story of Amanda, who is a high school student who went to donate blood for the Red Cross, and she got a letter from the Red Cross, rejecting her blood because there was some anomaly. Scared her and her family half to death. Fortunately, her mom was a nurse, took her to a top hematologist, and remembered to tell the hematologist, here is the clue, you know when she was seven or eight years old, she had anemia, a blood condition, she had her spleen removed, and that cured it, they never figured out the cause of her anemia. Remembering that one clue, enabled the hematologist in about ten minutes, to diagnose Amanda, because he thought, you know there is one condition that could explain it, and it's called hereditary spherocytosis. He did a quick lab test, and concluded that that's what Amanda had, and all she needed to do was to take some folic acid, and she was going to be fine. All of the other more scary diagnoses of Lymphoma, or Leukemia, or something awful, were put aside very quickly, because her mom knew the medical history.

Then the third piece is to collect your own medical records. Everybody is listening to this, I am sure, has one of more credit cards, and ATM cards in their wallet. Wherever you go on planet earth, you can get a couple of bucks of local currency. You can buy anything with your credit card, because all of those systems are connected up. That's just not the case when it comes to healthcare. You can't even get an x-ray result across the street from a hospital that you are in, in the most high-tech cities in the world. It's bizarre.

What I do, and I encourage you and everyone else to do, is collect your medical records. Call all your physicians, those medical records are your

property, every bit as much as your suit is when you deliver it to the dry cleaner, your car is when you drop it off in a parking lot. They are your property. Your physicians are obligated to give them to you. Just call in, have your administrative assistant call in, collect them all, digitize them, organize them, put them on a memory stick, put them in a PDF, attach the PDF to a contact on your phone. No matter where you are in the world, you have got your medical records. Create a summary, so if the God forbid happens, you don't have to trust your memory to know which medications you are on, when you had that surgery for your dislocated shoulder, what your allergies are, what your blood type is. All of those things can be extremely important, in giving your physicians the information that they need to be at the top of their game.

Steve Sanduski: So Leslie, a couple questions on that. First is, let's say I am 50 years old, and I've lived in five different states, and I have been to different doctors all those years, and different hospitals. To get my medical records, is it as simple as just trying to remember all the different doctors I have had, and the different hospitals I may have been to, and contacting them? What happens if, with all the mergers that have taken place over the years, will those records still be there from 20, 30 years ago?

Leslie Michelson: Yeah, that is a really good question Steve. You don't need all of it, just exercise judgement. If you are 50 years old, and you are generally well, and healthy, you are not going to need all of that. Nobody is going to really care if you sprained your ankle, 12 years ago pulling down a basketball in a pickup game on a Saturday morning, but if you have a particular condition, it would be good to collect all of the records that pertain to that condition. If you are generally well, it would be good to have your primary care physician's records, because what your doctors are going to want to know is, what has been the trajectory over time of your cholesterol, of your blood pressure, of your weight, perhaps of your PSA and any other measures that might be off a little bit. Because the rate of change on those things, in some ways, can be as important as the absolute value, and you deny your physicians the opportunity to know that if you haven't collected it.

I would not let the great in this case, be the enemy of the good. I would take the possible, I would take the convenient, and I'd put that together, because I think that can be the stuff that makes the biggest difference.

Steve Sanduski: Okay, and that makes sense. Then second quick question is, because of privacy, do I have to make that call? I think you mentioned maybe have your assistant call, if an assistant calls, will the doctor release those records, or not?

Leslie Michelson: You know that is a good question. Those records belong to you, the right to access them is yours uniquely, but you can fill out a HIPAA form that can authorize anybody else to act on your behalf. All you need to do is sign the HIPAA form, it takes two seconds to find one, you can actually ... We have got it on our website, thepatientsplaybook.com, or if you just take two seconds, and Google, HIPAA medical release form, it is a standardized form. You just need to sign it one time, and fax it into your doctor's offices, and they are required to respond to you. It might cost a little bit of money, but each state regulates the maximum amount that physicians' offices can charge, and get it for you.

Steve Sanduski: Okay. So we have talked about more of the preventative stuff that you can do while you are healthy. Now how about, let's say you have that lump on your breast, you faint for no reason, you have shortness of breath, it's not an acute emergency, but you are like okay something is wrong, you go see your physician and you realize, okay you have cancer or something like that. What can people do at that point, where it is not an immediate crisis, but it is obviously something that has to be taken care of? What can people do to make sure they get the best care?

Leslie Michelson: Sure. There is a structured way that I have developed over 30 years, to ensure that you and everyone else get the very best care. It is what I called to the no mistake zone. It is something that we at Private Health Management do, for people who can afford us, and I have put a reduced description of that into The Patient's Playbook, for people who can't. Let me walk you through it quickly. When that day comes, and you get diagnosed with a cancer, you are told you have got back pain and you need surgery for it, you have been diagnosed with an auto-immune condition like psoriatic arthritis, or something else like that. These are potentially very, very serious diagnoses, that could be life threatening, or in any event result in a limitation of your lifestyle.

Here is what you do. The first thing that you need to do is stop, in almost all these cases, people want to go forward very rapidly, but the key is to stop, take a deep breath, gather yourself, just as you would any other difficult business issue, and get into a rational mode. You can do it if you stop. Second thing is, get back into balance. Disaggregate the data collections part of the process, from the decision making part of the process, because when you sick you feel vulnerable, you want to hold onto a decision, you want to make a decision sooner because that is going to make the problem go away sooner, but you are denying yourself the opportunity to collect the meaningful information and engage your brain, and your intuition, and your intellect.

You know I talk about a case in the book, about an executive in Boston, who is diagnosed with a meningioma, which is a non-cancerous brain lesion, that nonetheless typically needs to be treated. Every different physician that this patient went to, had a different idea for how to treat it, and with each and every one, when she came out of the consultation, that was the direction she was going to go. What I coached her to do, is just disaggregate. We are going to agree as to data we are going to collect, and then we are going to make a decision. When you do that, the stress gets diminished, and when she did that, she was able to deal with it rationally, and in a non-emotional way.

Then you go through a rigorous process. Step one, is making sure that you understand the diagnosis, and that it has been independently verified. There is just a report out from the Institute of Medicine, which demonstrates just how awful the diagnostic problems are in the US, and globally. We lose about 100 thousand Americans, each and every year, to diagnostic error. We have had patients who are in the richest families in America, being treated at the finest medical institutions, who are misdiagnosed, and mistreated for months, that ultimately resulted in death. Just because they didn't get an independent confirmation. So if you are diagnosed with a cancer, your example, get those biopsies slides reread by somebody else.

Next, make sure understand when, and why this condition needs to be treated. There are certain conditions like pancreatic cancer, brain cancer, breast cancer, that need to get treated now because they can spread very quickly. There are other situations like certain Leukemia, and back pain where you want to delay as long as possible the treatment because the treatment can have terrible side effects. When I am talking about back pain, I'm talking about surgery, which generally should be the last choice.

The third thing is, get yourself educated. We use the internet now for everything, right? We hardly, I don't know about you, but I hardly make a decision about buying anything, whether it is a car, a cell phone, a new gadget for my computer, toy for home, whatever it is, without going online, and educating myself. You can do the same thing when it comes to medicine. There are terrific websites available, which I go through in *The Patient's Playbook*, that enable anybody, whether you have got a minute of clinical training, or a not, if like me, the last clinical thing you ever did was eighth grade, dissecting a frog, you can still understand this stuff.

Next, it is important to interview physicians, with the exact expertise in what you have. There is no realm more complex, than human biology, and no realm of knowledge that's advancing more rapidly, than biomedical research. When you combine those two things, what you realize is, it's impossible for anyone to be an expert across a whole lot of medicine. There aren't enough hours in the day. Just as in all of our businesses, we know that in order to be successful, we need to focus, we need to decide what we are going to do, and what we are going to be the best at, and what we are not going to do. The same is true for physicians, just as it's true for athletes, and everything else. You need to focus to be the best. Find physicians who have deep experience, and expertise, in exactly what you have. If you have been diagnosed with multiple sclerosis, you don't want a general neurologist, you want a multiple sclerosis expert. If you need back surgery, you don't want a general orthopedist, you want someone who just does backs.

After all of that, if you have stopped, if you have separated the decision making, from the data collection, from the decision making, you know that your diagnosis is accurate, and has been confirmed, you know when and why it needs to be treated, you have educated yourself, and you have interviewed physicians with the requisite experience. In virtually every case, Steve, the path reveals itself, you activate your instincts, and you see the path to health. When you do that, I say go forward with confidence because you are now in the no mistake zone.

Steve Sanduski: Okay. Well Leslie, let's unpack that. There is a lot of things in there. I have got several rapid fire questions here for you based on what you just talked about.

Leslie Michelson: Go.

Steve Sanduski: The first is, you talk about trying to find the absolute best experts in the area where you are going to need treatment. Now short of working with you folks, how can a person identify who is the best person, or one of the best people for their need?

Leslie Michelson: Two quick ideas, the internet is a treasure trove for exactly that need. One, with for every specific disease, there is a philanthropy that is focused on it. Google the name of the disease, that philanthropy will show up, click through to find out who is on their scientific advisory board, or their medical advisory board, and those are people who will have distinguished themselves, and you can contact those people. If they are near where you are live, maybe go schedule consultations. They would love to see you, because that's what they do for a living, or if they

don't live where you do, ask them who in your community they might recommend as experts.

Second is, there is a terrific internet tool called expertscape.com. Very easy to use, it's free. All you need to do, is input the disease, input your city or zip code, tell the website how many miles, what kind of radius, you are prepared to drive or go to, and in a quick search, and in two seconds they have organized all of the medical literature, over the decades. They will identify, for you, the physicians who have done the most meaningful research, within that radius on your disease. It takes five minutes, if that, and it is very reliable.

Steve Sanduski: Okay, excellent. So what was that website again? Is expert scape?

Leslie Michelson: Exactly. Expert, the word expert, scape, s-c-a-p-e, .com. Tremendous website.

Steve Sanduski: Then related to the website, second question, is you had mentioned earlier about educate yourself as much as you can about the issue that you are facing, there is some excellent websites out there. What are maybe one, or two, or three websites for good information, or is it specific to your particular illness?

Leslie Michelson: You know there is a lot of them. So for example, if you diagnosed with cancer, there is a group called the National Comprehensive Cancer Network, NCCN.org. It's 26 of the major cancer centers in the world. For the last 20 years, they have been developing guideline, and protocols for all of the major cancers. They have got them in two forms, one for physicians, the other for patients. It's free, so all you need to do as one of the very first steps, is unfortunately you have been diagnosed with a cancer, what I do, even with the sophistication we've developed, we go to NCCN.org, we input the cancer, we take the patient, and the physician protocols, and we download them, and we look at them. They are very, very helpful.

You can also go to PubMed, PubMed.org is again a free site available for everyone, that is indexed and cataloged, all of the medical literature. It is very easy to use, you just input what your disease is, you might, as you get to be a more sophisticated user, try and find a review article that would summarize all the articles. It can be a little technical, but in many cases, it's really pretty user friendly. It can become available to you. Again, all of these resources, are quite sophisticated, and totally free. I call it a treasure trove, I call it actually a tragic treasure trove because it is

incredibly useful information, and the tragedy is people don't know the importance and the value, and how easy it is to use.

Steve Sanduski: Okay. Now two other websites that I think people might come across easily if they are doing a search are, WebMD, and the Mayo Clinic. Thumbs up? Thumbs down? On those two.

Leslie Michelson: No they are very good websites. I am very supportive of the Mayo Clinic, WebMD, all of the major institutions have websites that have good information. Where the notion of quote Doctor Google, can become a little problematic is when people end up with more fringe kind of resources, that really don't have an empirical and a scientific base, and aren't informed by the authority, and the legitimacy of a major institution. Those websites, as well as Memorial Sloan Kettering, MD Anderson, the Cleveland Clinic, John Hopkins, the NIH, there is just a treasure trove of really good and useful information.

Steve Sanduski: Okay, and-

Leslie Michelson: And for some reason people are reluctant to access it. I encourage you and everyone else to try and find a way to summon your courage, to get over your reluctance, and to learn how to become an effective consumer by googling and understanding this information.

Steve Sanduski: Okay, so next question. I mentioned, the Mayo Clinic, they and I think probably other organizations offer what are commonly called executive physicals. Is that something that you think people should do, or if you have a good relationship with your primary care physician, its not necessary.

Leslie Michelson: If you are generally well, and you have a good and strong relationship with your primary care physician, a periodic physical is something that they should perfectly capable of doing. Perfectly capable. But if you are not feeling like you are getting the attention that you need from your primary care physician, and that you are not getting the thoroughness that you like, then it might make sense to consider to going to the Mayo Clinic, UCLA has a terrific program, the Cooper Clinic in Dallas, Texas, Executive Health in New York, Princeton Health. There are a variety of different programs available for people, but if you have got a relationship with your primary care physician, that's something they should be able to do for you, and to your satisfaction.

Steve Sanduski: Okay, and you talked about the emergency room. That is a highly emotional situation, when someone has an emergency, and they have to

go to the emergency room. Lots of things can sideways, both during and after. What are thoughts that you have that people should be thinking about, if they do have an emergency room situation, and make sure they have as good an outcome as possible?

Leslie Michelson: Sure. Health care, catastrophes, crises, incidents, don't come by appointment. They happen when you least expect them, but it is important for everyone who is listening to this, whose if you are a CEO, if you are an executive, if you are an entrepreneur, you know the importance of planning for the unexpected. An emergency medical situation is one of those situations. So the first thing is, to know where the best emergency rooms are in your community. It's easy to do. You know the American College of Surgeons, rates all emergency rooms, and hospitals on a scale of trauma centers. With a Roman one, level one trauma center, having the greatest capabilities, level five having the least. If you go to their website, it will take to seconds to know where they are, and once you have done that and discussed it with your spouse, or your assistant, everyone will know where to go.

Second, if you have an infant, it's so important to know where the emergency rooms are that have pediatric emergency expertise. It is certainly important for children, but really essential for infants, because the management of their health, is something that is highly specialized. I tell this story in the book, of a mom, a new mom, whose one day old baby was developing some complications. So she went back to the hospital where she had delivered, and a whole series of calamities befell them, because nobody knew how to take care of infants. Well it turned out, that although that hospital was very good at maternity, and they knew how to deliver babies, they didn't have pediatric expertise in their emergency room. She had to transfer from that hospital to a different hospital.

The first thing is to know where to go, the second is to know when to call 911, and when to just get in a car, and drive to the hospital, or when to get in a car and drive to an urgent care clinic, or your primary care physician. That's a construct, it requires a balance of the mechanism of injury, where the injury is, it's less serious if it is going to be on a limb, versus the torso or the head. You need to take into account the age of the patient, if they are very old, or very young, they are going to be more vulnerable, and the overall health status of the patient. If it is somebody who has asthma, or diabetes, or an autoimmune condition, or heart disease, they have got one of those chronic conditions, then anything needs to be taken more seriously, but if it is a wound to the periphery that seems to be healing by itself, it is less urgent.

Then the key is communicate, communicate, communicate. We have all seen on TV, anybody who has been in an emergency room, knows it's a place of chaos, because the hard working nurses and physicians in emergency room, aids there, never know what is going to be flying through the door in the next ten minutes. They need to move fast, the need to move from patient to patient, and it's incumbent on you to communicate with them continuously so they know who you are, what happened to you, why you are there, what other diagnoses you have, the medications you are on, and the allergies you have.

Lastly, a mistake that everyone makes, not everyone but many people in the emergency room is, forgetting that it is you who is in charge. You need to make sure that they are giving you the care that you think you need, in time frame that you think you need it. That can be a real struggle, but if you fail to assert yourself, I think you are exposing yourself to unnecessary risks.

Steve Sanduski: Okay. Leslie, I know we have gone over what we normally do on this podcast, but we are literally talking about life or death things here. I have got one last question here for your, and that is Steve Jobs. Everyone obviously knows who he is, and he is dead, and some people would suggest that had he done things differently in managing his health care, there is a chance he might still be alive today. What lessons can we learn from how he handled his medical situation.

Leslie Michelson: You know it's a very good question, and I think Steve Jobs career is something that the business schools will be studying for decades to come. He was one of the best CEOs of our time, perhaps the best tech CEO of all time, but he lost his time. Although the business schools will study his career, and will help make better CEOs from that, I think it would be helpful for everyone to study what he did as a patient, because the lessons from that may be even more important.

He was diagnosed with a particularly rare form of pancreatic cancer, that represents about two percent of all pancreatic cancers. For which surgery is the only legitimate intervention, and surgery has a very high potential to be curative. Every single physician, who was involved in his care, told him Steve you need to have surgery, and you need to have it now. Steve Jobs, if anything, was a contrarian, I mean that is one of the reasons he built such great technology, he built such great companies, is he did it his way, he heard everybody, but he didn't listen to them. He did it his way. Rather than take the advice to get surgery, nine days, or even nine weeks, he did all sorts of other unproven things, and by the time he was ready to have surgery, which was nine months later, when he did the

surgical intervention, they found out that his cancer had spread to his liver. At that point, it was just a matter of time, until the cancer won, and Steve Jobs and the rest of the world lost.

There is a lot of lessons from that, and they basically involve learning how to become an effective patient, and partner, and learning how to take in information, and make proper decisions about it.

Steve Sanduski: Well Leslie, I think we will wrap it up there, and thank you. What you have talked about today is absolutely critical for people to hear, and thank you for the work that you are doing, and the lives that you are saving. We appreciate that, and thank you for the book that you have written. Folks listening to this, you can certainly get a copy of Leslie's book. It's available everywhere, bookstores, online of course, and great information, everyone should take this to heart. Again, thank you very much, appreciate it.

Leslie Michelson: Steve it is my pleasure. Thank you for your interest.

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