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Sprawling Private Estate

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Hospitals have long served as backdrops for popular TV series, from the 1970s favorite “M*A*S*H” to more recent hits like “Grey’s Anatomy” and “House.” While some medical TV shows take more creative liberties than others, many strive to portray hospital settings as accurately as possible. To do so, they hire real-life doctors to explain things firsthand.

Mark Morocco, MD, a UCLA emergency physician and professor in the David Geffen School of Medicine at UCLA, has lent his expertise to many medical TV shows. Here he discusses his behind-the-scenes role and why it’s so important.

An unlikely career path

After undergrad, Dr. Morocco worked as an actor, director and writer for nearly a decade. He even taught at New York City’s High School of Performing Arts, coaching future stars like Jennifer Aniston.

Then, he was involved in a near-fatal car accident. “When I woke up in the intensive care unit after a trauma resuscitation and laparotomy, I realized emergency medicine was very interesting and socially meaningful work,” he recalls. “The people who did it seemed engaged and passionate, the way artists were engaged and passionate. A few years later, I enrolled in medical school.”

During his residency at UCLA, Dr. Morocco received a job offer from Neal Baer, MD, an old friend who was working on a new show called “ER.”

“My residency director worked out a way for me to take the job and still finish my medical training,” says Dr. Morocco. “We both felt it was good for the specialty. On one bad day of TV, even when ratings aren’t that good, you can reach millions of people with public health issues and important medical advice.”

Behind the scenes

Dr. Mark Morocco with two MD students at the UCLA Simulation Center

Dr. Morocco was one of several doctors on the set of “ER,” each advising different parts of the show. “If we were shooting a scene where a patient needed surgery to repair a crushed leg, someone would help create the script, while another worked with the special effects guys to build the fake leg. Then someone coached the actor playing the surgeon about how it feels to have a patient who might lose a leg if you don’t do your job right and how to say the words we say during operations.”

Today, he is a full-time physician and professor, but he still consults on entertainment projects. Since “ER,” he has worked on dozens of medical TV shows and movies, including NBC’s “Third Watch,” “County,” (a television pilot produced by Emmy-winner Jason Katims) and most recently, a medical reality show called “Chasing the Cure.”

“Now I mostly work on pilots. Writers have an idea for a show, but don’t know what exactly physicians do or the best way to illuminate dramatic elements they want to bring out. I might help them find the right specialty for a character. That will inform what kind of patients the character sees, which will inform the cases he performs and the plotlines of the show.”

Stranger than fiction

Dr. Morocco feels his work with the entertainment industry is an important way to communicate with the public.

“Mass media is a powerful lever,” he explains. “Everybody is on Twitter now. Patients who come into the hospital probably spend more time reading about their conditions on Google than interacting with physicians. So communicating with the public through different channels is hugely important. You reach more people by working on a good TV show than by lecturing and publishing your whole life. But if you do it wrong, you can do real harm.”

That’s why he works with producers for whom medical accuracy is a priority. “With ‘ER,’ [show creator] John Wells knew that truth is always stranger than fiction, which we find out in medicine every day, and drama is almost always better when it’s based on something real.”

How Medical TV Shows Get Their Facts Straight

By Taylor Mallory Holland
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Laughter is the Best Medicine: A Spotlight on Duval County Medical Society Member Dr. Mark Fleisher

By: Ashley Miller, Duval County Medical Society

If you’re lucky enough to remember Johnny Carson on The Tonight Show, you may have experienced a joke written by a local doctor.

During high school and college, Dr. Mark Fleisher dabbled in writing and standup comedy in New York City. Pretty soon it became more than just telling a few jokes. He wrote for comedians and television, in addition to his hobby of standup comedy. Fleisher was a standup comedian from 1978 – 1982 and his material appeared on The Tonight Show from ’82 to ’85. His first performance on stage was at Pip’s Comedy Club in Brooklyn where people like George Wallace and Jerry Seinfeld opened for him!

One joke he distinctly remembers writing during his career revolved around his sister’s car accident. He wrote many of his jokes about his family, and when that particular joke aired on television it didn’t take long for his phone to ring. His sister was on the line and she knew the joke was about her.

“She was so upset, but I told her, no one in America knows it’s about you. It’s okay. It’s just a joke. That made it special, though. That there were people watching it who knew that I was writing about my family, but it was an inside joke told to 50 million people,” said Fleisher.

Even though Fleisher enjoyed having that little inside joke, he says nothing beats standup comedy. Writing the joke is easy, but when someone else is delivering it, they don’t say it like the writer envisions. Fleisher said the comedians would time the joke wrong, or they stumbled over a word, which ruined the illusion and the joke itself. Fleisher recalls yelling at the TV during instances such as this. Between being on the stage and writing behind the scenes, Fleisher doesn’t have to think twice about which one he prefers.

“It’s like the beginning of a roller coaster ride. As soon as you go on stage and before you get that first laugh, it seems as if time expands and it’s so frightening. You’re waiting for that roller coaster ride to finally go. There’s no feeling like that in the world, and it’s addictive,” he described. “Once the laughs start to come, it’s like that roller coaster ride is the best; but it’s the first part when you’re going up the steep incline and waiting for the first drop… that is standup comedy. The thing
about standup comedy is that you really don’t hear laughter the way you feel it when you’re on stage. You actually feel this wave come out at you. You don’t hear it. You feel it.”

Standup comedy was a very successful hobby for Fleisher. But it also helped his future as a doctor.

It takes a certain kind of courage to get up on the stage and share jokes in the hopes that other people find them as funny as you do. And that courage transferred to his public speaking.

Dr. Fleisher is a gastroenterologist for Borland-Groover Clinic, specializing in Crohn’s disease and Ulcerative Colitis. Throughout his career, he’s been lucky enough to speak on those topics in about 75 different cities throughout the country.

His greatest speaking experience happened when he returned to his hometown of Brooklyn. When he was asked to speak, the location was five blocks from where his father used to work as a longshoreman. Fleisher spent a few summers in the market, learning what ‘real people’ do for a living.

”[My dad] knew I was going to be a doctor but he wanted me to remember what real people did. And real people are cops and firemen, teachers, and people who sell fish,” Fleisher recalled.

Fleisher's father worked there for 40 years, so when Fleisher gave a talk in that area, it was as if he had come full circle. A kid whose father sold fish was now being flown in from Florida to speak to several doctors in Manhattan.

Even though that was his favorite experience, Fleisher speaks in both big and small cities; preferring the latter.

“What I’ve noticed is that the doctors and nurses are just as smart and just as sincere. You don’t need a lot of traffic to be a good provider of healthcare. They just have less access than physicians in the large cities; but they’re more receptive,” said Fleisher.

Fleisher enjoys going to visit other doctors’ offices, and seeing what they do. But he said he especially loves helping them rethink their approach to patients. If he can get doctors, nurse practitioners and nurses to reevaluate their treatment paradigm, then it’s as if he is taking care of every patient in America.

Which is exactly what a man who never wants to retire would strive to achieve.

"Retire? I have no intention of retiring. I will die in someone’s colon! And someone will have to finish that test,” he joked. "I love what I do. I’m going to be one of those doctors who’s 1,000 years old in a wheelchair. They’ll wheel me from room to room and I don’t care. I don't see myself retiring. I don't want to."

Fleisher was adamant about working for as long as physically possible! He recently noticed the mandatory retirement age for Borland-Groover, and is working on making changes. He says mandatory retirement is fine…at age 100!

In his spare time, Fleisher enjoys playing baseball with his two sons; his greatest gifts in the world. He loves nothing more than visiting them at college and playing a game of catch in the quad. He has always told his sons that he will be proud of them if they work hard, help others, and are charitable.

“I tell them don’t wait to be successful to be charitable. Because what will happen is, if you’re charitable you will be successful. But if you wait to be charitable, you’ll never be successful,” said Fleisher.

Fleisher is a Board Member for the Duval County Medical Society. He became involved because he thought it was amazing that a local medical society had their own journal.
“Most journals are very insulated and it’s hard to become part of their editorial or writing staff. The DCMS journal was so open and embracing of not just my input, but also my writing. The more I offered, the more receptive they were,” said Fleisher.

Through Northeast Florida Medicine, he saw an opportunity to work with friends and colleagues while helping educate hundreds of local physicians.

The DCMS and the journal fit Dr. Fleisher’s idea of exactly what being a doctor is all about:

I answer every phone call from every patient myself. I have no staff to respond to issues that come up during the day. There are no colleagues that take my calls after hours. This was my choice in response to what everyone knows: Health care is broken. I needed a radical change from the bureaucratic system that I experienced daily as a physician however I had no idea how to fix it. I felt helpless.

As a child and adolescent psychiatrist, I spent the first decade of my career working in academia and non-profit settings. Here, I felt that my contribution would be the greatest by providing care to those who were least likely to receive the help they needed. I was touched and inspired by the lives of the children and families I worked with. I was motivated by the changes I perceived in lives previously marked by the struggle and frustration of poorly understood and inadequately addressed mental illness or life challenges.

However, as the mounting demands of these systems led to significant increases in patient volume (with limited visit time), encounter goals, and administrative demands, I felt suffocated. It felt impossible to provide the care my patients desperately needed with shrinking resources in the face of these unending demands. So I quit.

I didn't quit my job because I envisioned a perfect career path. I didn't quit because I had a magical solution to the mess that health care has become. I was simply frustrated, disillusioned and, worst of all, I was numb to my clinical work. I looked at my colleagues' work lives and saw anger, burnout, and resignation. I saw innovative and impassioned physicians who were once excited to heal, now tired and disillusioned. Most of us who have chosen medicine, started our journeys with the dream of helping others through our specialized knowledge of illness, disease, and healing. We imagined a career where we could partner with our patients to find health and wellness in their lives. We didn't foresee workdays of endless paperwork, negotiating access to care and justifying our medical care to non-medical managerial personnel.

For a while, I struggled to find a place in medicine, the only life path I've ever known. I couldn't see through the brokenness to a place where I could become the physician that my patients deserved. I contemplated stopping clinical practice. After all, how could I expect to heal anyone else's dysfunction, when I was stuck in my own? Except, my inner voice told me patient care was at the core of who I am and that I must own my role, like every physician in healing health care.

So now I am a solo physician in a small practice answering my phone and scheduling my patients. My relationship with my patients is once again the center of my work. I believe that if physicians can focus on connecting with patients, we can bring meaningful improvement to the physician-patient relationship. Patient health outcomes are better. Physician job satisfaction and well-being improve. Health care can actually start to heal. Physicians don't connect with encounters. We treat and connect with the people who are our patients.

This is my story. I realize that many of us practice in settings where there are always charts to complete, patients are double-booked, and there is a basket of messages to address. However, at the core of health care is the physician-patient relationship. This is what motivated most to undergo the long path to become a physician. Our first step towards reclaiming medicine is for we physicians to be more intentional about how we connect with our patients. Every physicians' daily practice allows for countless moments to connect with the people who have entrusted their health and well-being to us. We can take the time to sit down when we talk to our patients, allow them to talk for a couple of minutes before we start questioning them or asking something about something other than "So, what brings you in today?" For me, healing health care simply starts here, just between me and my patient.

Tracy Asamoah is a child and adolescent psychiatrist.
Spring time is almost here! Even though in New England we have not had a hard winter, looking forward to Spring time is great. Spring is the ideal time to visit many places throughout the world. What makes it the best time is being able to avoid peak travel times and avoiding the crowds.

Traveling during non-peak times also saves you extra fees on trains, planes, and automobiles. Based on voter research these are the top destinations that customers are choosing throughout the world.

#1 – New York City, NY
Spring is a beautiful time in NY, NY. Flower's start blooming, people watching is in full swing, and Central Park is wide open ready for roaming around. You'll dodge the summer heat by visiting here during the spring.

#2 – Sydney, Austrailia
With temperatures in the high 70's, this is the perfect time to visit the land down under. This is their fall season in the Southern Hemisphere, and airfare and hotels are most affordable during this time. Don't forget to see the Sydney opera house, harbor, and the harbor bridge while there.

#3 – Viva Las Vegas, Nevada
This is the perfect time of year to go to avoid the sweltering heat during summer months. The average high during the Spring season is in the high 70's. Traveling now will also help you to avoid the super busy season in the Sin City. There are dozens of things to do when there. Remember this is the desert when the sun goes down the temp drop quickly. Pack a light jacket just in case.

#4 – Lisbon, Portugal
This is a city that is packed with a rich history dating back to colonial times and magnificent architecture. Set on the oceanfront, you won't be disappointed with the rich culture of traditional music and friendly people. This is the off season where you will save some money on hotel fares and avoid busy crowds.

#5 – Mexico City, Mexico
With temperature highs in the upper 70's Mexico City is a great place to visit during the spring season. Because of that, this is the busiest time of year to book a trip to Mexico City. Book your trip early to avoid getting locked out on airfare and hotel deals. Browse the Federal District while there for entertainment, history and a rich culture.
#6 – Glasgow, Scotland
Not to long ago, this city was known for the dark, gritty dank pubs and poor environment. Through the 80's and 90's though the city went through a transformation that has made this city one of the most desirable places to vacation. Live music, phenomenal cultural arts scene and cobblestone streets make exploring this city fun. Traveling here in the spring means you’ll have more daylight hours to explore.

#7 – Los Angeles, California
There is so much to do in this vast city that you can spend weeks there exploring. Spring time brings mild temperatures and fewer crowds in the City of Angles. That combination makes it a perfect time to hit the beaches of Santa Monica or take to the trains in Runyon Canyon.

#8 – Grand Canyon, Arizona
Home to the immense Grand Canyon that draws thousands of tourists each year. Spring is the best time to skip the crowds and visit this natural wonder carved in the rock. There are several stunning points to see while there. Check out the South Rim. Spring will bring discounts on hotel and airfares too.

#9 San Diego, California
Mild weather, flowers blooming and one of the largest flow tent shows in the world take place here. Don’t forget to stop by the world famous San Diego Zoo too. This is a great family-friendly destination for this spring.

#10 – Brussels, Belgium
Brussels is the largest municipality in the capital region. Medieval roots and world-renowned delicacies make this one of the top destinations in the world. Weather will range from the high 30’s to the mid-60’s. There is so much to do here it can be overwhelming. Flowers, performing arts, music and a vast array of cultural restaurants will keep you busy while here.

#11 – Madrid, Spain
Temperatures in the mid-60’s make this a pleasant time of year to visit Madrid. This is football land too if you are an avid soccer enthusiast. World class museums, amazing architecture and a vibrant dining scene and nightlife make this perfect for a spring time vacation.

#12 – Marrakech, Morocco
The city of Marrak is a magical city full of markets, gardens and mosques. There are dozens of intimate courtyards, alleyways, and historical Medinas to explore each day. Dating back to the 11th Century brings a vast, rich history of culture, music, and people to interact with and explore.

#13 – Philadelphia, Pennsylvania
The city of Brotherly Love. It is also the place where the Liberty Bell and Independence Hall are located. This city has a long, rich history dating back to the signing of the Declaration of Independence for the United States of America. Loaded with museums, hotels, music and good food, you won’t be disappointed in vacationing here.

#14 – Soul, Korea
This city is the capital of South Korea and blends a thriving modern city with the rich heritage of South Korea. The Korean flag best know for the Yin and Yang representing balance give way to a vibrant culture of concrete and steel buildings loaded with music, food, and fun for your to explore daily. Some of the attractions to see are the War Memorial of Korea, Gyeongbokgung Palace, N Seoul Tower and Myeongdong Shopping Street. Take advantage of a private tour while you are there in a group too.

#15 – Vancouver, Canada
Vancouver is a bustling metropolis filled with lively pubs that reflect the area’s former as the community drinking center. There is more to Vancouver beyond pubs like grand parks, deep forests and Vancouver’s very impressive suspension bridge that beckons vacationers to explore. There are plenty of hiking trails, restaurants and day trips to take to keep entertained while on vacation. Some highlights are Whistler Group Day Trips, Take a seaplane to Victoria and Bike and Hiking Tours through Vancouver. Don’t forget to do a little crab fishing tour too!
This month, I am reviewing two stunning wines from Spain, both from the 2011 vintage, that are not only excellent examples of their type but also beginning to show the complex patina of age.

**2011 Vinos de Arganza Bierzo Roble**

Although not as well-known as Rioja, Priorat, or Ribera del Duero, the region of Bierzo has one of the oldest wine-making traditions on the Iberian peninsula. This region lies in the northwest corner of Spain, technically in Galicia, but considerably inland of the coast. If looking at a map, it is a small growing area that sits directly north of the northeast corner of Portugal. As part of Galicia, the region is blessed with ample rainfall but also enjoys the warmth of nearby Castilla y Leon too. It is for this reason that Mencia is the dominant grape variety, instead of Albarino, which grows in the cooler, coastal areas. The grape vine was first cultivated here by the Phoenicians, who recognized the potential of the region more than 3,500 years ago. In Roman times the wines of Bierzo, then known as Berigidum, were highly sought after, and the region even earned mention in Pliny the Elder’s *Naturalis Historia*. The region continued to thrive through the Moor occupation, before finally fading in the late 19th century as phylloxera ravaged the vineyards. With the introduction of modern rootstocks, Bierzo plantings began to rise again, and it finally achieved DO status with the Spanish government in 1989. Unlike much of northern Spain, which relies on the Tempranillo grape for most of their production, in Bierzo the grape of choice is Mencia. For many years this grape was thought to be Cabernet Franc, but DNA testing has proven that wrong, but it is the same as the Portuguese variety Jaen de Dão. It is easy to see the comparison to Cabernet Franc, as the color of the wines is relatively light, there is somewhat obvious tannins and they exhibit a faint verdant note in the nose. The best examples are produced, and here is a shock, from the old vines, on the steep slopes above the region’s many rivers. In these areas the soils are ancient schist, which also contributes a small amount of minerality to the wines. Vinos de Arganza is a family business bought in 1997 by wine industry veteran Víctor Robla and his wife Ángeles Varela, whose grandmother Sara Alvarez de Toledo, was part of an important noble family and vineyard owners in Bierzo since the XV century. For this bottling, the grapes are hand-harvested, fermented in stainless steel and aged for four months in a combination of French and American oak barrels, all of which have been used many times. Their goal is to enhance the texture of the wines with a short stay in oak, but not so much as to greatly influence the flavor. When you open this wine you will definitely want to decant it for half an hour before serving. Once you do, the nose offers a pretty exotic combination of red currants, blackberries, rose petal perfume, cocoa nibs, and toffee. In the mouth, it is surprisingly bright and highly acidic to start, then the fruit plumps out briefly before modest tannins frame the finish. I find that this wine works really well with grilled salmon or trout, or if you want to try your hand at paella, make one that is heavier on chicken and sausage than shellfish.

**2011 Resalte Ribera del Duero Crianza “Lecco”**

Traveling by car from Bierzo to Ribera del Duero, you drive almost three hours southeast, climbing 2,000 feet, onto the plateau that dominates most of central Spain. During the drive, I did not notice the change of elevation so much as the look of the landscape. The steep green hillsides of Galicia give way to the dry, flat expanse created by the mighty Duero River. Reaching the wine region of Ribera del Duero from this direction you drive through the very modern city of Valladolid and head due east. After a few minutes the Castilla de Peñafiel comes into view, looming like a sentinel over the vineyards of the western Ribera del Duero wine region. Unlike the Bierzo region, which is relatively
started in 2000, Resalte is a very modern winery. It was the first in Spain to be completely gravity flow, meaning they do not use pumps to move grapes, juice, or wine between processes. When the grapes arrive at the crush pad, they are destemmed then sorted to remove any remaining bits of stems, as well as imperfect grapes. They are then placed into a 3,000 kilogram tank, called an ovi, that is filled with dry ice to prevent oxidation and the juice from fermenting too early. Once the tank is filled, it is moved via a crane to the fermentor and the grapes are dumped. Once fermentation is done, the wine is moved to a combination of 70% French and 30% American oak barrels to age for fourteen months. When you open this wine, please decant it for half an hour to an hour before serving. After this, it reveals an oozing, rich nose of blackberry pie filling, mocha, vanilla, peppermint, and roasted pecans. On the palate it is moderately deep, with the rich fruit framed with slightly obvious tannins, which fade into the finish. This is a powerful wine that is great with steaks and roasts, as well as good quality Manchego cheese.

Tim Varan and Brock Magruder opened Tim’s Wine Market in October, 1995 at the original location in Orlando, Florida. Based on twenty years of buying experience, each year Tim samples over 4000 wines to select only a few hundred each year for the Tim’s Wine Market stores. Tim’s Wine Market has a local store in Ponte Vedra Beach, owned and operated by Emery and Jean Clance. www.Timswine.com

compact and only 3,000 acres of vines, the Ribera del Duero stretches for over a hundred miles to the east, and is covered by almost 50,000 acres of vineyards. The dominant grape of the region is Tempranillo, also referred to as Tinta Fina or Tinta del Pais. While most wines bottled under the Ribera del Duero are pure Tempranillo, the Denominación de Origen does allow for the limited use of other grapes, including Cabernet Sauvignon, Merlot and Syrah.

Like the Bierzo region, winemaking in Ribera del Duero is eons old. Most of the modern traditions of viticulture began in the dark ages, when the Benedictine monks arrived from the Abbey de Cluny in Burgundy, France. For almost 800 years, the producers of this region produced wine for their local market, particularly Valladolid. It was not until the late 1920s that wines made in the Ribera del Duero began to be recognized in other wine parts of Spain. Sadly, the Spanish Civil War slowed the progress of the region and it was not until 1982 that it achieved Denominacion de Origen status. Since this is a relatively young region with regards to international commerce, there is a mix of very old vineyards as well as newer plantings of young wineries. The Peñafiel area looks a lot like Napa Valley, with younger, trellised vineyards lining the main road, N-122. Resalte is located in this area, which is home to most of the regions most famous wineries, such as Vega Sicilia and Pesquera. This part of the Ribera del Duero is known for clay and sand soils lying on top of deep beds of limestone. This is very old limestone, created during the Miocene period, 23 million to 7 million years ago. During that time, these soils were ancient sea bottom, lifted by the plate tectonics that created the plateau on which most of Spain rests. It is the limestone soils that give the wines freshness, despite growing in a very warm, dry climate. Having
The Scale Is Not Your Friend

By Geoff Thomas

The primary objective of your fitness & wellness journey should never be “Lose Weight.” Let that sink in for a moment. The true goal with any fitness regimen should be to lose adipose tissue or body fat. You see, if you only focus on the scale and lowering that number, you may not just be dropping fat but also losing valuable muscle instead, which can result in long-term fat gain and ultimately bigger numbers on that scale. Trainers often, myself included, toss around the phrase “muscle weighs more than fat,” but what does that really mean to you as our clients?

The truth is that when placed on a scale, one pound of fat is going to weigh the same as one pound of muscle – just like one pound of bricks is going to weigh the same as one pound of feathers. Where the confusion comes in is that muscle and fat differ in density (muscle is about 18% more dense than fat) and one pound of muscle occupies less space (volume) than one pound of fat.

In addition, muscle tissue burns more calories than fat. For every pound of muscle you have, your body must burn roughly 50 calories to sustain normal function. On the flip side, one pound of fat only requires 5 calories, so the more fat you have, the lower your BMR will be and it will be harder to burn those excess calories. This is why those who drop large amounts of weight in a short period of time tend to gain it all back. They did not take the time to create lean muscle, and rather chose to focus solely on losing weight by not eating enough calories couple with working out. Their body burned both fat and it’s more nutrient dense muscle tissue in order to achieve their goal weight. In reality however, they set themselves up for failure. True change takes time. Trust your program, trust your trainer.

When the number on the scale does not budge, it is important to remind yourself that the scale only shows you a portion of what is going on. It is only showing your total body weight – which includes fat, muscle, bones, organs, skin, etc. and not the composition of that weight within your body. Your total body weight represented on the scale may be the same as when you started your weight loss program, BUT if you are building muscle mass and losing fat tissue, your body composition will be much different and you will find those clothes fit better despite the scale saying the same number.

Utilizing a different number other than just the one on the scale is a great way to reengage in your fitness journey and give you a more accurate idea of what’s going on inside your body. Goals and deadlines are important tools, in addition to having the right team, like a personal trainer or nutritionist. Focus less on the scale and more on more tangible goals like how your clothes fit, how tone your arms look and how your energy levels are. This will keep you motivated, and rather than trying to close a large gap, you’re taking small steps towards the greater goal.

Geoff Thomas is a Certified Personal Trainer & Sports Nutritionist. He is the Fitness Director with X Factor Fitness, located at 111 Solano Rd, Ponte Vedra Beach FL. 904-699-9793 training.geoffthomas@gmail.com. Xfactorfitness.trainerize.com. facebook.com/xfactorjaxbeach
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3 Myths About a Single-Payer System and Why It’s Doomed to Fail

Robert Pearl, MD

It sounds great, almost too good to be true: Coverage for all with lower costs, a broad choice of providers, and minimal paperwork.

The problem is that it won’t work. For more than half a century, advocates for a government-run, single-payer approach to health care coverage have touted its potential. With debate over the Affordable Care Act heating up by the day, progressives, both at the state and federal levels are now pushing anew to move to some form of this system. Most recently, the California Legislature introduced a bill to accomplish this, although without any details of how it would work.

On the surface, the arguments sound reasonable. Cut out the middleman — the insurance company — and use the savings to provide universal coverage at lower cost. Yet all attempts in the United States to implement this concept have failed. For example, Vermont made a serious run at a state-based, single-payer system — only to see it abandoned after only three years, due to major cost increases and the need to dramatically raise taxes to fund the expense.

In practice, a single-payer system would cost more than the most efficient and effective programs that exist today, all while compromising access and, over time, quality.

Let’s look at three of the myths around this approach and why, if tried, it would be doomed to fail.

Myth 1: It would lower administrative costs
Supporters claim a single-payer system would siphon out billions of dollars in administrative overhead. How they reach this conclusion varies by the source, but in each case, a deeper analysis reveals oversimplification and fallacious assumptions. One line of reasoning is based on the lower cost of health care in other countries with a government-run system. But the reduced costs in other nations reflect other factors — their cheaper drug prices, lower wages, and a higher number of primary care physicians compared to specialists — rather than lower administrative overhead.

A second comparison drawn is between Medicare and commercial insurance in the United States. Here cost is confused with price, and vice versa. The federal government has a unilateral ability to set prices, and often does so at levels below the actual cost of care delivery. When it does this, hospitals and doctors offset the reduced payments they receive from the government by raising prices elsewhere. Published economic analyses indicate that only 90 percent of cost is reimbursed through Medicare today and that, as a consequence, commercial insurers pay, on average, approximately 120 percent of the Medicare rates to doctors and hospitals.

Finally, some backers of a single-payer system look at the Medical Loss Ratio (percentage of health care premium spent on direct patient care) of some of the publicly traded insurance companies and note that, for some, nearly 20 percent of their revenues are used for administrative purposes. What is left unsaid is that there are already several not-for-profit insurance programs that spend more than 90 percent of their revenue on patient care — and as such, little savings would be achieved.

The idea that a government-run plan could function without incurring major administrative costs is naive, especially if fee-for-service is the method of provider reimbursement. In such a system, doctors and hospitals would still need to complete claims forms. Government employees would, in turn, be required to sort through them, make certain they’re appropriate, question coding, and pay the providers accordingly. There is little evidence, whether we look at the U.S. Postal Service or the Department of Motor Vehicles, that the government is particularly efficient at these types of administrative tasks.

Myth 2: It would reduce the cost of coverage
The basis for this claim is that other countries spend a lower percentage of GDP on health care — and the assumption that if the government takes over health care, the same would happen in the U.S. But as we saw in Vermont, the opposite is likely to happen.

The cost of health care is a combination of how many services are performed and how much each costs. When the government can set prices, it can decrease what it pays for each service, but that does not mean overall costs decline. Instead, as has happened around the globe, private insurers enter the market. In response to the higher payments offered, doctors and hospitals put these privately insured patients at the front of the line. And those physicians who continue to accept the governmental rates start doing more to make up for the lost income.

We saw this approach fail when the federal government enacted the Balanced Budget Act of 1997. This legislation required health care inflation to rise no faster than GDP. To accomplish this, payments to doctors were theoretically reduced proportionately through the Sustainable Growth Rate calculation (SGR). But each year, the reductions were not applied due to the political backlash. By the time the requirement was lifted, the gap between what was paid and what would be required to match inflation exceeded 20 percent.
Myth 3: It would provide insurance coverage to all
Champions of a single-payer emphasize that even with implementation of the Affordable Care Act, millions of Americans still lack health coverage — and they see single-payer as a solution. They argue that if the government created a single payer option, similar to what Medicare today provides to people over the age of 65, all eligible Americans would have an insurance card. But the question is, What would be the value of that coverage in the future?

Health care costs are rising faster than our ability to pay and, as a result, prices are increasing in parallel at an accelerated rate. This is a fundamental business truism. Over time, price and cost must parallel each other. The drivers of cost inflation are drug prices rising at double-digit rates, new medical technology increasing expenditures on procedures, wages going up in response to labor shortages, and expensive regulatory requirements. Price controls in this environment can’t work. Soon after implementation of a government-run, single-payer system, Congress would have to progressively increase taxes, reduce payments to doctors and hospitals, or do both. The former won’t be palatable to the American people or the current Congress, and the latter will result in a two-tier system, with prolonged delays in access for those without added private coverage. This is what exists today in most countries that have implemented a government-run, single-payer system. We can get a glimpse of this by looking at the difference in care provided to the poor through Medicaid. Over time, if our nation tried this approach more broadly, that would become the experience of the middle class as well.

What’s the right answer?
Rather than try to move insurance to the government, an uphill battle unlikely to succeed, our nation would be better served addressing what is most broken in health care today. Increasing competition among organizations — based on the quality outcomes achieved, the access and service provided, and the true cost of delivering care — is a first step. In addition, Congress and the president will need to take steps to combat the dysfunction created by monopolistic pricing of drugs beyond the value they create, continue the shift from pay-for-volume to pay-for-superior-clinical-outcomes, and accelerate the implementation of 21st-century technology, including both comprehensive EHRs and mobile tools like secure messaging and video.

The combination of all of these steps offers the potential for our nation to begin to address the increasing incidence of chronic disease, minimize the complications that ensue, and reduce medical error.

How insurance is structured matters, but whether it’s funded through taxes or paid by employers does not. What is essential is to avoid the historical gaming that insurers used in the past to maximize profits through “slicing and dicing” the risk pool and trying to attract only the relatively healthy. And that means common benefits and risk adjustment.

To put it bluntly, for our country to embrace a government-run, single-payer system would be analogous to walking towards a cliff. Everything goes great until you reach the edge. With enough funding, it could work in year one and year two. But as taxes need to be raised annually to cover the added costs, and as delays for care become common, the failures of the model will become evident, and discontent will grow. Already, states are finding it difficult to fund Medicaid without major federal assistance, and Medicare is approaching the point where it is spending more than it is collecting. Add on a government-run, single-payer system and our nation could rapidly fall from the edge to the ground below.

Robert Pearl is a physician and CEO, Permanente Medical Groups. This article originally appeared in Forbes.
While we strive to present to you our authentic experiences in restaurants and what you can expect when you go there, we all have our personal preferences. Sometimes a dish or a restaurant is more nostalgic than supreme quality. Sometimes the location is everything and the food is acceptable. That's just the quirkiness of humans. Here we will share our personal favorites in a handful of categories.

**Otaki – Sushi Roll**

**Sushi**

Lisa: Sashimi Fusion. It's visually the coolest sushi place in Jax. Neon lights everywhere. Makes for challenging food photos. The sushi is great, as are the dumplings, hibachi, bento boxes, you can't go wrong.

**Brittny:** Blazin Azn food truck. Chef Charlie is a genius with traditional sushi plus his sushiritos are legit. I'd put him up against any sushi chef in the city.

**Kristina:** Fuji Sushi (10920 Baymeadows Rd). Fuji Sushi is not fancy (it's in a strip mall) but it's convenient and tasty

**Rich:** Sashimi Fusion. Bright lights, big sushi flavors

**Gary:** Sashimi Fusion. Located under a mile from my house… convenience trumps all else.

Jerry: Sushiko. Sushiko is a tiny little sushi spot in Avondale. Their fresh fish options are on point and are really enjoyable but where they really shine is their 40+ vegan items sushi menu. I know it sounds crazy but you'll thank me after you try it.

**Rhonda:** Sashimi Fusion

**V Pizza**

**Pizza**

**Lisa:** Pie95 Pizza. The best.

**Brittny:** I will not be forced to choose between Pie95 and Catullo's Italian. They are both the best.

**Kristina:** Mama Q's Pizza

**Rich:** Al's Pizza. You can tell a lot about a pizza place by how well they do a simple cheese pizza. Al's Cheese Pizza is pretty fantastic.

**Gary:** Mama Q's. Hard to beat a good story of a successful family biz.

**Jerry:** Biggie's Pizza. I have 5 favorite pizza places but if I have to choose just one then it's going to be Biggie's.

**Rhonda:** Your Pie

**Sid & Linda's- Fresh Shrimp**

**Seafood**

**Lisa:** Ocean 60. They have a daily menu based on what they can get fresh. The regular menu is fine, but go with all the seasonal stuff. Ocean 60 is responsible for expanding my palate. We used to eat there frequently before we had kids. I tried all kinds of vegetables and sauces I had never heard of and it was always delicious.
Brittny: North Beach Fish Camp hands down. They have the freshest seafood and the best variety! AND CRAWFISH!

Kristina: Safe Harbor


Gary: Eh…there are a lot of places with good seafood on the menu. I take out of towners to Sid & Linda’s.

Jerry: Safe Harbor Seafood. These folks offer up a huge selection of fresh off the boat seafood at a very fair price. The fact the you can watch the ships come in out back is a huge bonus.

Rhonda: Sid & Linda’s

The Bearded Pig – San Marco Platter

BBQ

Lisa: Bearded Pig. I don’t love meat, but they have the best sides, yum!

Brittny: Berndt Ends BBQ made me into a believer. I’m not a huge BBQ fan but his brisket is irresistible.

Kristina: MOJO Smokehouse, BBQ & Blues

Rich: The Bearded Pig BBQ. Get a half lean/half fatty cut of brisket and you’ll have a full belly and a full heart.

Gary: What’s the name of the good food truck with the brisket? (Editor’s note: it’s Berndt Ends.)

Jerry: The Bearded Pig. It may be new but it’s already number 1 in Jax. If you’re in Middleburg definitely try G’s BBQ and in St John’s county stop in at Woodpeckers.

Rhonda: 4 Rivers
European Street Cookies

**European**

_Lisa_: German Schnitzel Haus. The pretzels with beer cheese soup for dipping. Does not get any better. Plus it may be the cleanest restaurant in Jax. They always have top notch health inspections.

_Brittny_: Orsay. Give me all the cassoulet and French pear martinis.

_Kristina_: German Schnitzel Haus

_Rich_: German Schnitzel Haus. Can’t decide on what to try? Get the Bavarian Platter. It’s like a box of chocolates, but with sausage.

_Gary_: European Street. Nostalgia is a son of a gun.

_Jerry_: Orsay – Widely regarded as the best fine dining spot in town this French eatery is my go to when I want an impeccable meal

_Rhonda_: Full of Crepe Food Truck

Happy Ending Latin Fusion- Ox Tail Special

**Latin-American**

_Lisa_: Latin Soul Grille. Everything at Latin Soul Grille has so much flavor.

_Brittny_: Latin Soul Grille! Maritza’s Empanadas, Latin Soul bowls, and Gary’s chicken #forthewin!

_Kristina_: Pisco’s Restaurant

_Rich_: Latin-American: Terra Gaucha. Green means Go...A tremendous amount of meat into my belly and a respectable amount of money out of my wallet.

_Gary_: No strong feelings here…. (editor’s note: for shame!)

_Jerry_: Las Antillas. Here you'll find Puerto Rican food like your friend's Puerto Rican grandmother would make. Make sure to ask for the lechon!

_Rhonda_: R.I.P. Tres Leches….it just closed last month.

Jax Diner, Steak Tacos

**Mexican**

_Lisa_: Cantina Louie. Dang I love tacos.

_Brittny_: Pepe’s Hacienda is the most under the radar Mexican food around (try the lengua) and then you can walk right next door and buy your groceries. Life doesn't get better.

_Kristina_: La Casita (20 N Orange Ave, Green Cove Springs)

_Rich_: Mexican: Flying Iguana. The Crispy Pork Belly taco is a great balance of flavors cradled lovingly in a soft flour tortilla.

_Gary_: Taco Libre. Ambiance is awesome and the tacos are good.

_Jerry_: Pepe’s Hacienda. Go on Sunday afternoon for authentic Mexican food and a Mariachi band, and there's a good chance a few customers will be swinging their beers and proudly singing along with the band.

_Rhonda_: Taco Libre
Asian

Lisa: Dim Sum Sunday at Blue Bamboo

Brittny: Fusion Food Truck. Chef Ashley’s Thai and Indian food is simply incomparable in Jax, no one can out cook her. I could eat her tikka masala every day for the rest of my life.

Kristina: Panda House (7643 Gate Pkwy) Panda House is the only Chinese restaurant I know in Jacksonville with cold sesame noodles. They’re delicious!

Rich: Hangar Bay Cafe. Does it count as Asian if they serve fried chicken with a bowl of Tonkotsu (Pork bone broth) Ramen? I think it does.

Gary: Thai Orchid on Beach and Kernan. Old habits die hard.

Jerry: Sam Won Garden. I’m a die hard Korean BBQ fan!

Sandwich

Lisa: For a cold sandwich, Blue Boy Sandwich Shop. Bread baked fresh daily and loads of deli meat. For a hot sandwich, The Happy Grilled Cheese, especially the weekly specials. There’s no telling what the HGC team will dream up. I had a fancy patty melt when I judged a food truck competition and I haven’t stopped harassing them about putting it on the menu permanently. No luck yet.

Brittny: The Happy Grilled Cheese! Perfectly grilled cheesy melty umami filled amazingness every time

Kristina: The Well Watering Hole. The Peruvian chicken sandwich at the Well is flavorful with a little kick and a little crunch.

Rich: Sub Cultured. Get The Godfather. They’ll make you a sandwich you can’t refuse.

Gary: Happy Grilled Cheese. Kid friendly, often near my house.

Jerry: The French Pantry

Burgers

Lisa: Epik Burger. Holy smokes, the fruit and cheese burger.


Kristina: The Loop. The burger at the Loop is just a classic.


Gary: Epik.

Jerry: Pine Grove Deli and Meat Market. Leave it to the meat guys to have the best burger in town. One of the oldest butcher shops in Jax has a burger that can’t be matched.

Rhonda: Epik Burger
Greek Street – All The Greek Food!

**Mediterranean/Middle Eastern**

*Lisa:* Greek Street Cafe. The Greek Street spread knocks my socks off, plus the owners and chef are from my hometown of Tarpon Springs, a Greek-settled small town near Tampa.

*Brittny:* Karam’s. This is soul food to me and few other places in Jax is offering the authenticity they are.

*Kristina:* Tabouleh Mediterranean Cafe

*Rich:* Greek Street Cafe. Can’t go wrong with the Gyro Platter.

*Gary:* Greek Street

*Jerry:* Ariana Kabob. This family owned Afghan restaurant will knock your socks off!

*Rhonda:* Greek Street Cafe

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**Bakery/Desserts**

*Lisa:* Nana Teresa’s Bake Shop, which is in Fernandina. Cupcakes that taste like eating clouds, people. In Jax, Sweet by Holly. I sample a few frozen yogurt flavors and then move on to the main attraction: all the mini cupcakes. The flavors and textures are always right. Also, I tip my hat to Holly for making Monday shine with Mini Monday- all minis are $1. I don’t need a bouquet of roses, I need a dozen mini cupcakes.

*Brittny:* Michael Bump’s creations for Forking Amazing Restaurants can’t be competed with in my opinion. His lemon tarts and macarons are my favorites! (Editor’s note: Forking Amazing Restaurants is the independent restaurant group that owns Bistro Aix, Ovinte, and IL DESCO. You can get Chef Bump’s desserts at those restaurants.)

*Kristina:* Cinotti’s Bakery-Sandwich Shop

*Rich:* Cinotti’s Bakery. The Glazed Croissant and the Maple Bacon donuts are everyday favorites. Get there early or try again tomorrow.

*Gary:* Backyard Pops

*Jerry:* 5fx Ice Cream and Taiyaki. 5fx(formerly 3fx) offers up Ice Cream made fresh in front of you on a sub zero cold plate and stuffed waffles shaped like a fish.

*Rhonda:* European Street Cafe (hello…German Chocolate Cookies!)

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Moxie Kitchen + Cocktails – Deviled Eggs

**Favorite/Go To Restaurant:**

*Lisa:* Orsay for happy hour. 4-7pm every day there are tapas and drink specials. That scallop tartare is heaven.

*Brittny:* Always and forever Moxie. It’s the only restaurant in Jacksonville I can order anything off the menu and be equally satisfied every single time.

*Kristina:* Orsay. If I want a good meal, I can always trust Orsay to provide it.

*Rich:* Metro Diner. One of my favorite places to take out of town friends and family. I always recommend the Chicken and Waffles.

*Gary:* Kitchen on San Marco. Staff is always knowledgeable, fun and not overbearing.

*Jerry:* 13 Gypsys. Tapas done sometimes simply and always delicious.

*Rhonda:* Marianas Grinds
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Leica Sofort Review: The coolest and priciest way to take instant snaps

By Andrew Hoyle

The Good The Leica Sofort looks great and it’s perfect for taking instant snaps at house parties.

The Bad You can get the same features from instant cameras that cost a quarter of the price.

The Bottom Line If you can stomach the cost, the Leica Sofort is a beautiful way to explore the fun of instant photography.

Price: $298.00

There are so many bad things I can say about the Leica Sofort instant camera.

I can tell you how I struggled to make it focus, how expensive it is compared to other instant cameras, how the film’s plastic packaging is wasteful or simply how it’s fundamentally pointless in an age of affordable digital cameras.

But if you’re looking for an instant camera, you don’t care about any of that.

Andrew Hoyle/CNET

The Leica Sofort is for anyone who loves the retro thrill of instant photography and wants a camera from an iconic brand. You just have to decide whether it’s worth splashing out for that pleasure.

The Leica Sofort sells for $298 with 10 sheets of film extra. That makes it significantly more expensive than the Polaroid Snap or the Fuji Instax Mini and uses the exact same film. While the Leica has a few additional features, such as its double exposure mode, you’re mostly just paying for the cool design and Leica name. But that’s no bad thing.

Pure megapixel counts and dynamic range don’t matter in instant photography -- you want a camera for your party snaps. It’s for snapping a quick photo of your mate stuffing his face with cake and having the print up on your fridge within minutes. That’s why I enjoyed using the Sofort. It’s the best-looking instant camera around. And without an LCD display to help me review my shots as I took them, I was genuinely excited to see what I’d captured.

The Sofort lacks autofocus, so you have to judge a shot based on distance, which can be tough to get right in my experience. Many shots came out with very soft details as a result. It has a narrow f/12 aperture which doesn’t let in much light, so the flash was in near-constant use. Unlike the Polaroid, there’s no digital sensor and memory card to save your photos either, so you’ll need to scan the prints if you want to share them online.

I’d immediately delete most of the Leica’s shots if I’d taken them on a dSLR, but the flaws in the image quality are what give instant photography its distinct charm. If perfect exposure and crisp details are your priority, send your dSLR shots to the printers.

Andrew Hoyle/CNET

This isn’t something to buy if you want top-notch image quality. It’s not even the best choice if you just want a mess-around camera -- get the much cheaper Instax Mini. But if you’ve set your heart on instant snaps at your next house party and you want to shoot in style, the Leica Sofort is the way to go.

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RUTH'S CHRIS. STEAK HOUSE
When I go to work, I take a lot of things with me. Everyone has their ritual, right? I take my backpack with my computer inside. I take my phone. I take charging cords, the true modern lifeline. I take lunch. I carry a pen, flashlight and pocket knife.

On a more abstract level, I take the wonderful education I received as a medical student and resident, coupled with my years of experience as a physician. I take my drug-store +2 diopter glasses, not only to read and suture but equally important, to look venerable and wise.

But I take something else. It’s certainly as important as all of the other stuff, if not more so in the long run. I take the love and support, encouragement and care of my wife Jan. Now mind you, this is not some hyper-sentimental claptrap. A spouse, for better or worse, is part and parcel, warp and woof of our lives. And in the best of circumstances (which I enjoy), my dear bride gives me encouragement, laughter, stability, passion and the not-so-rare kick in behind when I’m lazy, whiny or grumpy. (As I am so often wont to be.)

She reminds me of my priorities, reassuring me that I matter to her and the children, however, I may feel. She reminds me that feelings are often terrible lies. (A lesson we would all do well to remember.) In times past she has guided me through career changes because she could sense my unhappiness and dissatisfaction. This is because she loves me and knows what I need; often better than I do. In short, she is my most dedicated advocate.

While I work in the ED, she works hard to manage the children (rather, the teens who require more diligence than mere children). She looks after the family finances, a thing which is useful in keeping me out of prison for delinquent taxes and in keeping the banker away from the door so that we keep our home.

And in order to keep me moving forward through busy, difficult runs of shifts, she ensures that I have things to look forward to with family when she does our master schedule. Even though two of our children are in college, she tries to arrange family events around my days off so that I don’t feel left out. In addition, so that I can enjoy our life together for a long time to come, she takes me to the gym. She sometimes makes me plank. I hate to plank, but I do it.

This might sound, to the modern ear, as if my wife is living out some sort of domestic indentured servitude. It is not. It is teamwork. It is unity. It is covenant. We are one. We have common cause in our marriage and offspring.

The result of her remarkable effort is that when I go to work, I can focus on my job. I can carry the love and care I feel at home into the exam room, into the resuscitation room. I am secure and happy. This makes me a far more effective, calm, satisfied physician than I would otherwise be.

Thus, I make the money that we share equally as partners. Not only in our personal corporation but in our lives. I don’t get paid for me; I get paid for us and for ‘clan Leap’ as a whole.

When I come home from work, I come home to smiles, hugs and a welcome home kiss. I come home to laughter and dinner, or date night. To stories of her day, and the many other lives she touches, in our family and beyond it. Sometimes I come home to strategic family planning sessions. Occasionally I come home to a tired or angry or sad wife, and it’s my turn to be the one in the supporting role. My turn to fuss at teenagers or call about car insurance claims. My turn to shoo her to bed early and manage things. My turn, on days off, to send her for sanity breaks.

Those of us who are married, or in long-term committed relationships (which we in the South call a common-law marriage) must admit that without our wives or husbands, this whole gig would be much harder, and much more lonely than it is with our dear ones. Furthermore, that the patients we care for are touched and loved on, vicariously, by those who love us. Their role is not subordinate but intrinsic.

Through me, through our marriage bond, every sick child in my care has my wife’s eyes looking down on it gently. Every struggling nursing home patient has some of her kindness. Every difficult, irritable complainer has her patience, and every smart-aleck teenager (or grouchy consultant) has her raised eyebrows and crossed arms gazing firmly on their behavior.

All of us owe so much of our professional lives to the women and men brave and loving enough to stay with us through all of our stupid, arrogant, surly behaviors. And to those men and women, let me just say: You are as much a part of our practices as we are. Thank you for being the other half, the silent partner, standing invisibly by us as we do the hard work of medicine.

We couldn’t do it half so well without you.

Edwin Leap is an emergency physician who blogs at edwin-leap.com and is the author of the Practice Test and Life in Emergistan.
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Make Boating a Part of Your Life... The Easy Way

Jacksonville Boat Club can provide you with an exclusive fleet of boats to enjoy the boating lifestyle without the high cost and hassle of owning your own boat.

Being a member of our club gives you many advantages over owning your own boat:

- It's much more cost-effective
- You can choose from our several different types of boats to suit your needs - from deck boats to twin cabin express yachts
- You don't have to clean the boats after you use them or keep them maintained – so you have no drain on your time or your cash.
- No loan payments.
- No insurance payments.
- No storage fees.
- No towing – or waiting in line at the ramp.
- Our exclusive valet service (including water toys and ski vests) removes all the frustration and aggravation so you and your guests can fully enjoy your day on the water.
- Membership includes using the express yachts for overnight stays for romantic getaways and family outings.

Make boating a part of your life the easy way. Please contact our Director of Business Development at 904.477.9794 for information on our individual, family or corporate memberships and visit us at jaxboatclub.com.