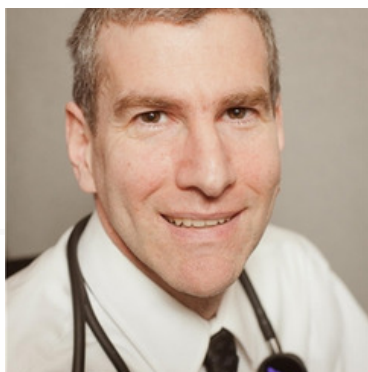


# *Physician Speak Week*

**National Physician's Week**

March 25-31, 2019



**Dr. Stuart Okin, Cardiologist**  
Active SHC Community Member  
Since 2011

**Q:** What are some new and exciting trends, developments, technologies & treatments currently happening in Cardiology?

**A:** *I would say the most exciting trends are the development of more cutting edge medications, specifically the novel oral anticoagulants that are basically taking the place of Coumadin for most of the anti long term anticoagulation. Some of the most exciting techniques that I'm personally excited about is TAVR system of replacing aortic valve through a transcatheter system.*

**Q:** How do you personally keep apprised with new and emerging trends within Cardiology?

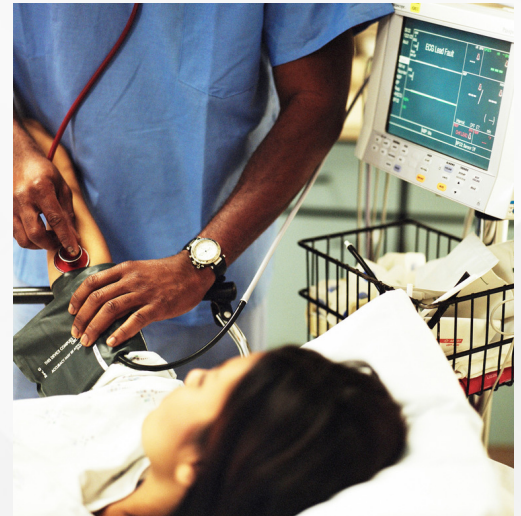
**A:** *I personally keep apprised of new emerging trends in the cardiology field either through drug representatives, email alerts, Grand Rounds and other websites. Specifically I rely a lot on Medscape and JAMA magazines.*

**Q:** How do you personally feel that AI and smart-technologies will transform the cardiology landscape? Do you fear physician obsolescence, or is the human element imperative throughout the process?

**A:** *Personally, I have ambivalent attitudes about aortic artificial intelligence and smart technology. I have to see how it's going to transform the cardiology landscape -- I have no prior conception. I think it'll help direct doctors. Currently, I have no fear that it will make doctors obsolete. I still believe there's a strong human element in the process of interacting with patients and deciding what to do. I don't believe that any protocol can properly replace a physician-patient relationship, especially since there's so much subjective involved in it.*

**Q:** What is the ratio of male-to-female patients that you personally treat with cardiac issues?

**A:** *As far as I can see, the male-to-female ratio is approximately even. I haven't really seen much of a discrepancy. Generally, heart attacks occur at a younger age in males than female patients and older age groups. Women tend to live longer than men, so at the extremes of age greater than 80, I'd say there are more female patients than male patients.*



**Q:** In your personal experience, how has rising costs of insurance and lack of coverage impacted patients from receiving top care? How does this directly impact your decision-making for treatment?

**A:** *I am very much concerned about the non-compliance issues in medicine. Personally, I've seen several instances where patients either refuse to take medication because of costs, or they lie about the medications that they are actually taking to the detriment of their treatment. Unfortunately, a lot of times, they don't report it to the doctors, and the only way I find out about it is through calls or contacts from pharmaceuticals that the patients are not filling their prescriptions. I always try to give them the least expensive alternatives, and substitute generics whenever possible.*

**Q:** In your experience, which cardiac conditions do you commonly see most in your patients?

**A:** **1** Elevated cholesterol

**2** Hypertension

**3** Diabetic Metabolic Syndrome

*A lot of these heart conditions are overlapping. For abnormal heart rhythms atrial fibrillation and arrhythmia are all abnormal heart rhythms. So out of those, atrial fibrillation is the most common. Other arrhythmias would be slow heart rates, fast heart rates, and extra heart rates (pvc's), which are less common, congenital heart conditions are extremely uncommon in the adult population. Heart failure is very common and symptomatic; Valve heart disease is less common than the others.*



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**Q:** How many surveys pertaining to market research do you receive in one week?

**A:** *I'd say it's between 10 and 20 requests for market research in any given week, and generally I qualify for about half.*

**Q:** What are your biggest frustrations within your survey-taking experience? What advice do you have for market researchers that would better improve your survey-taking experience?

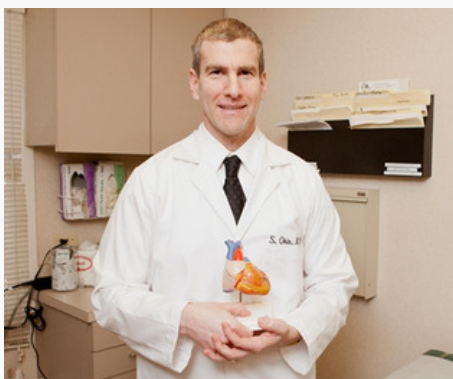
**A:** *My biggest frustration in terms of survey-taking is the exhaustive and repetitive questions that are asked. I find them very tedious. If the questions were more open-ended, it would be better in terms of trying to fit the answers into the info being gathered.*

**Q:** Do you personally find that pharma directly advertising to consumers is helpful in educating consumers or is it more of an interference between patient-physician relationship?

**A:** *I find that for the simpler medications, pharma directly advertising to consumer is helpful for simple straightforward things, for instance novel anticoagulants over Coumadin. I think in some cases, with the more complicated chemotherapies and immunotherapies that are suggested specifically for a high grade cancer treatment, I think it's just too much information for the consumer, and I do not feel that pharma direct-to-consumer advertising is beneficial.*

## *SHC Physician Spotlight*

**Dr. Stuart Okin**



Dr. Stuart Okin is a Cardiologist in New York and is affiliated with multiple hospitals in the area, including St. Francis and Northwell. He received his medical degree from Albert Einstein College of Medicine of Yeshiva University, and has been in practice for more than 20 years. Dr. Okin has been an active member of SHC's community of healthcare professionals since 2011.