Season 7, Episode 3

To Your Health
The Best of Hadassah On Call

Maayan Hoffman:
Welcome back to Hadassah On Call. New Frontiers in Medicine. I'm your host Maayan Hoffman, and today we're doing something a little different as we wrap up another incredible year. We're taking a look back at some of our most impactful conversations in 2025 episodes that really resonated with you, our listeners.

In this special best of edition, we'll revisit the Hadassah moments from ***Below The Belt Prostate Matters***, featuring Dr. Ofer Gofrit. ***Ageless Intimacy*** featuring Dr. Anna Wolinski Wruble. ***Unpacking Trauma*** featuring Dr. Shiri Ben David. ***Navigating the Autism Spectrum*** featuring Dr. Ariel Tenenbaum and ***Small Patients, Big Emergencies*** featuring Dr. Saar Hashavya. Each of these episodes offered powerful insights, heartfelt stories, but most of all practical and expert advice. And together they capture what our show is all about, taking you behind the scenes at Hadassah Hospitals to meet the healthcare superheroes who save lives every day. So, sit back, relax, and enjoy the best of collection of some of our favorite conversations.

Maayan Hoffman:
In January, I sat down with Hadassah sex expert, Dr. Anna Wolinski Wruble, to talk about sexual health and intimacy for older adults. Did you know that sexual intercourse is just one expression of sexual experience? Take a listen to that and much more.

Hello and welcome to Hadassah on Call. I'm your host, Maayan Hoffman. I have to admit, this is a bit out of my comfort zone. Let me explain. Today's podcast is diving into a topic that's not exactly dinner table conversation, unless, of course your dinner table is a lot more interesting than mine. We are going to talk about sex For some, even saying the word out loud can feel a little awkward, but let's be real. Sex is a huge part of life. It's something most of us engage in whether to start a family for sheer enjoyments, or let's face it just for kicks. Fun fact, in Judaism, sex isn't just encouraged, it's required. A husband is obligated to bring his wife pleasure, and if he doesn't, well the marriage might not be built to last.

Maayan Hoffman:
So what should we know about sex and intimacy as we age? And who do we turn to for expert advice today? Hadassah is lucky to have his own expert on intimacy. Dr. Anna Wruble, she's a Doctor of Nursing, a religious woman who proudly wears her head, covering a grandma and the powerhouse behind sex clinics for people of all ages and backgrounds.

So let's dive right in. I'm beyond excited to welcome Dr. Anna Wruble, the Hadassah Medical Organization's go-to expert on Intimacy, to our Hadassah On Call podcast. Welcome Dr. Wruble.

So I wanna start actually by focusing on some of our older listeners and viewers. And you know, with this, the question that I think is, is probably very relevant to them, which is the secrecy being able to maintain intimacy. As we age, you know, is there kind of a perfect formula for sexual health?

Dr. Anna Wruble:
Thank you for the question. I think it's really important and I think that a lot of people wonder about that. First of all, I'm going to take apart your question. The issue of our older [00:04:00] viewers older is both objective age chronologically, and it's also a subjective.

Maayan Hoffman:
When I tell my kids I'm, you know, my age going on 90 'cause you're making exactly stress. Yeah. Or your 12-year-old going on 30. Right.

Dr. Anna Wruble:
In other words, it's also personality related, it's also personal experiences related. So we're speaking about older, there's a physiological component and there's also, where is my head space?

Where do I see myself? So if your question, if there's a perfect formula. I don't, I don't necessarily think there's a formula there, but there are things that we have learned throughout the, uh, through research, through contact with patients. The first thing we've learned is what a person was when they were younger, tends to continue as they get older.

Maayan Hoffman:
So if you were a real risque in high school, you will be when you're 16.

Dr. Anna Wruble:
Well, it's something that will definitely be part of your spicing technique in your head. Obviously if physiologically something has changed that may need to be tweaked, that, you know, that's obvious. Uh, the second thing is that, uh, being older in, in any way brings with it experience and brings with it life realizations. And you know, sometimes if we get a little bit slower or things take more time 'cause we're older, it's actually better. Because when we're younger, possibly our agenda having to do with sexuality and intimacy may be a little bit different. On the other hand, as we get older and we begin to know ourselves better, and

Dr. Anna Wruble:
we've had our life experiences, it's a possibility, and we've definitely saved this, that older men and women have actually a more richer sexual experience. Everything. And you know, we are talking about sexual intimacy, so I am going to be fairly direct about it using all the correct words.

So where the focus may have been on frequency of sexual intercourse as we get older. And what is older? Are we talking about after our fertility years? Are we talking about menopause? Are we talking about into our eighties, 65 plus? What are we referring to? But as we get older. Possibly our focus will be on an erotic experience, more about pleasure than about getting to the finish line, whatever that is. Maybe seeing it as more cyclic. Experience than a linear experience. So, um, if you would ask me, it's a perfect formula. Know yourself, know your head. Where, where are you about your age, about your abilities, about what you really want outta life?

Maayan Hoffman:
Is there like a normal amount, let's say for, um, a married older couple over the, you know, going on 60 plus. To be together. Is that, is that, um, something we,…

Dr. Anna Wruble:
I love that question. You know, um, people love to quantify everything. So again, I'm going to, um, and I may be repetitious a little bit of this interview, and I, I'm sorry, because there are certain messages and myths that are really important to talk about. The word normal. Okay. If two adults agree and find pleasure in what they do, that's their normal. In other words, for one couple having sex every day, um, may be their enjoy.

And we have to talk about what does it mean having sex. Okay, but let's just say if, if we consider that normal having sex again, penetrative sex once a week, once a month on birthdays, these are all things that people basically decide as a couple, hopefully. I mean, that's part of the discussion also. Is there a discussion?

So I'd like to take the word normal and kind of put that on the side, because normal is I guess every couple. Exactly. Now we could say that according to literature and what we see people reporting on average midlife adults report something like twice a week, but that has become almost like this criteria where people feel absolutely obligated to that twice a week.

Well, I would like to say, and here's my, my, um, soundbite about normal and how often you should be having sex every minute of every day. Okay. That sounds, that sounds exhaust. That's really, I understand. Trying to understand what that means. But if we take sexual intercourse as only one expression of this sexual experience, we talk about signs of affection, communication.

Whether it has to do with sending a lovely WhatsApp or putting a note in a sandwich, but don't put it in the sandwich, the person doesn't eat it. But in the sandwich bag or, or a, a

Dr. Anna Wruble:
present on the pillow. That does not have to do with, I'm only gonna do that if something happens that night or that morning, but it's actually a helix. Of attention that raises our affection, our love, our desire to be with each other, not necessarily sexual intercourse. Being the linear period to the sentence of an experience. Well then that should be going on all the time.

Maayan Hoffman:
And you mentioned you were in a defined sex, so define it for me. I mean I, you kind of did now, but just expand a little.

Dr. Anna Wruble:
Absolutely. So if I was going to be the, uh, Hadassah educator as I, I think that is your job. That is my job. So I would call on the WHO description that, uh, defines human sexuality as basically everything, biological, emotional, spiritual, social, political. It has many, many different facets. Now, also, intimacy has many facets.

When you think of intimacy, you think most people, I don't want to assume Maayan, what you think, but I'm saying most people will say physical intimacy. But the truth is that intimacy comes in many different forms. There could be recreational intimacy, what we like to do together, that brings us together as a couple emotional intimacy.

My ability to trust, share without feeling judged, feeling with my partner, a safe space. That's intimacy. Now, it is true we can have intimacy with a family member, with a dear friend, but the physical part of the intimacy is what makes it so multidimensional for a couple, because one thing affects the other.

Our sexual activities, what we do together, our comfort to try something new, our comfort to do what we were used to is also based on our comfort and our intimacy.

Maayan Hoffman:
Next up Dr. Ofer Gofrit, chair of the urology department at Hadassah Medical Organization. He joins me to talk about prostate cancer, the most common malignant tumor in men.

Maayan Hoffman:
Let's listen. So I just wanna start simple by asking you what is prostate cancer and are there different types?

Dr. Ofer Gofrit:
Yes. Well, prostate cancer is a, a malignant tumor of the male population. Actually, the most common malignant. Uh, tumor in men, uh, more than twice. It's, uh, uh, next, uh, in line. Um, and, uh, we are still studying this fascinating disease. Uh, the risk, well, if, if a men dies in, let's say car crash, and he's been cut to pieces, like a 70-year-old man dies in a car crash, about 70% of them will harbor. Prostate cancer. Uh, and this will not affect their life or they will not know about it. And, uh, this is like a big shadow over our clinical work.

Dr. Ofer Gofrit:
But that always, um, we are always afraid that we're treating those that do not treat, need, edit treatment and, um, finding out which one does. Which one doesn't is one of the main, main uh, um, core interests in prostate cancer. Um, and of course there are ways, or we believe there are ways to discriminate, uh, these clinically significant from the clinically insignificant, uh, tumors. And maybe we'll get to them a little later.

Maayan Hoffman:
Yeah. I mean hopefully cause they definitely, um, think people, um, it is very common, as you said, and people are concerned about whether or not. They should be treated or they shouldn't. And when should they be checked? Now, I mean, prostate cancer though is, as you mentioned, often thought of as an older man's disease. Would you say that's true or should men maybe start screening earlier in order to preemptive?

Dr. Ofer Gofrit:
Yes. Good question. The current guideline recommends start screening for prostate cancer at the age of 50, um, and getting early diagnosis. But early diagnosis not, does not necessarily means. Early treatment, uh, because follow-up or as called professionally active surveillance is, uh, very common practice today. And, uh, this may be, uh, the solution for overtreatment that was so common in the past.

Maayan Hoffman:
Do people have good prognosis when they get prostate cancer? Like if they had that early screening? Do people generally survive? Yes.

Dr. Ofer Gofrit:
Uh, early diagnosis in prostate cancer usually means, uh, cure or, or follow up. Good follow up. And, uh, we know when to stop the, this, the surveillance and to move into active treatment. And if you are under surveillance, then nothing bad will happen. Really.

Maayan Hoffman:
What are the most common signs or symptoms of cancer?

Dr. Ofer Gofrit:
There are none. There are none. No, eh, the, the symptoms in and signs of. Of prostate cancer are bone pain, which obviously is very late sign. And, uh, if you are, uh, being diagnosed because of bone pain, it's like it's too late for cure. There are still very good remedies and, um, all kinds of treatments, even a dead step, uh, of the disease. Um.

Maayan Hoffman:
That's actually, um, interesting. So in other words, if you don't do the screening though, you really might not know until it's too late.

Dr. Ofer Gofrit:
Correct. So for screenings are clearly very, if it's clinical disease, it's always too late.

Maayan Hoffman:
So that makes sense. Now, what protects against prostate cancer if you want to not get it? I know like vasectomy for example, frequent ejaculation, maybe it gets sex life. What? Those things help.

Dr. Ofer Gofrit:
Well, that's a good question. There's nothing specific, uh, that you mentioned. Uh, but, uh, um, whatever is good for the heart is also good for the prostate. So having balanced diet and, uh, regular aerobic exercise and keeping your weight, uh, all these are very good. Um, um, precautions or things to do to, uh, to postpone or to, um, um, not get prostate cancer.

Uh, and this is proven overweight. Um, men have higher risk of prostate cancer. And, uh, sedentary life. Uh, so whatever is good for the heart is also good for the prostate. That's the easiest,

Maayan Hoffman:
yeah.

Maayan Hoffman:
In the aftermath of October 7th, Hadassah chief psychologist, Dr. Shiri Ben David talks about how trauma affects more than just the mind. It can impact our emotions, our thinking, and even our bodies. Listen, as she also shares insights into trauma, treatment and recovery. I know you can't share details about patients, obviously, but, um, can you share a story or two of, uh, like this one that you've experienced from people, um, since October 7th?

Dr. Shiri Ben David:
Um, well, there's so many, um, but, but one, one patient that maybe can symbolize what, what we're all going through. Uh, is a young person escaping from the Nova Music Festival, uh, that was not injured. And he managed to escape, but two of his friends were brutally murdered over there. And this person's guilt of being a survivor while he just decided to run right when they ran left in this feeling of why do my life mean more than my friends?

What do I do with this gift and punishment that I got with being alive? How do I manage to go on with my life knowing that it was just a small and no random decision that made me alive and them dead? This is something that. Long after he didn't avoid anything anymore and he could sleep at night, and he didn't have flashbacks.

All the symptoms, the PD symptoms were already gone. We still dealt with the survivor's guilt. It was so strong for him.

Maayan Hoffman:
Wow. And I mean, I guess in every community, every kibbutz you're experiencing the same thing. Believable. So what can individuals and communities then do to help build resilience to be able to, I mean, no one could have expected October 7th, but, um, to be able to come out of these kind of events stronger, as you mentioned, there's, I think you called it PTS growth, is that, what did you call it? Traumatic growth. Post traumatic growth and versus post-traumatic stress disorder. I mean, that obviously is the way that we wanna all. Please God be so, how do you help to prepare yourself for something that you can't really know is gonna happen?

Dr. Shiri Ben David:
I don't think you can, unfortunately, but as we said, social support is a major protective factor. Uh, for people going through traumatic events and building social support is something that we're working on all the time, whether it be in the small family or the community. And we could see right after October 7th that communities that evacuated together. We're much stronger than, for example, cities that were spread all over Israel cause the community is a very strong protective factor. So if we can do something to prevent or afterwards know, uh, to help is that we put a lot of resources. On the community, we strengthen the important presence of the community. Rather than having outside professionals within, we strengthen the parents of a family.

We give them strengths and resources to deal with their children. Instead of taking the children to, to outsourcing. This is something that is very protective.

Maayan Hoffman:
Now while we're talking about protecting all of ourselves, you know, all of our communities, talk about protecting yourself. Because you mentioned this story with your husbands. You're going through it. You're treating so many people on a day-to-day basis. How do you ensure that you remain resilient and able to continue?

Dr. Shiri Ben David:
Um, we're thinking about that a lot. We, we don't want to leave that, uh, behind. Uh, we're looking at people from our team that seem to be having more difficulties and we're trying to put more emphasize on them. We have supervision groups. Um, we have people who support us because we know that secondary traumatization. Is something that we are really concerned about, and also regarding other health professionals, physicians, nurses, health practitioners, all over, uh, the hospital. We're also putting a lot of effort in giving them support individually. On group therapy, uh, because we know we need them to be strong enough for our patients.

Maayan Hoffman:
Sure. No, it makes sense. Um, how is trauma care different here, if at all, than other places in Israel? I mean, we're in Jerusalem and I think it's interesting to you with what you're describing. We're not one of the hospitals down south here in Jerusalem, but we certainly at Hadassah saw more than our share of patients from these areas.

Maayan Hoffman:
But you were working under the same fire potentially, you know, as, as some of that yet some. You have to be creative and, and, and deal with these situations. So how do we do it here?

Dr. Shiri Ben David:
I think being, um, a Jerusalem hospital made us, unfortunately, uh, experts in treating trauma. I've been working at Hadassah for 21 years. Um, we've seen here terror attacks. Many of them, uh, we are used through the Antifa and the times of terror attacks around Jerusalem. We are very much used to people with drama just stepping at our door, whether they have been injured and hospitalized in the acute wards, um, or they just step in with anxiety symptoms.

Um, so our staff was very well trained. We did need extra training, but I think it came on the ground of people who know how to deal with trauma.

Maayan Hoffman:
Have you also exported that, so to speak, you know, gone and trained others after you've been trained here at Hadassah?

Dr. Shiri Ben David:
We did that, but many others did that too. So I think all health professionals in Israel have been gone to major training throughout this year.

Maayan Hoffman:
So, you know, Sheri, we're sitting here in, um, in Israel, but obviously most of our viewers are sitting in the United States where they have also experienced in some sense, um, a traumatic event, the rise in antisemitism or as you mentioned, the third-party kind of watching, um, the, um. The trauma unfolds here. What kind of impact is expected there? And do they also need some kind of treatment?

Dr. Shiri Ben David:
I believe many do. Um, also not, not so much by witnessing on tv, which is also can be very painful and tragic, but I wouldn't define it as a trauma. But many of our viewers in the United States have close relatives in Israel that have been gone through threatening events.

And this is certainly a trauma. And being a victim of antisemitism, direct antisemitism can be life threatening. And that can also be considered as a trauma. And of course, these people need to watch out for symptoms. That may be concerning. Definitely.

Maayan Hoffman:
Yeah. So, you know, we're gonna run out of time, but I wanna ask you, Dr. Ben David, is there anything else that you feel that our viewers and our listeners should know or should be thinking about so many months into this war in, in a field that I think, you know, the physical.

Maayan Hoffman:
Um, ramifications. People focus very readily. They lost a leg, they lost a hand. They were starved in Gaza. You know, these stories come out, but the OLS just not talks about enough. What do people need to know?

Dr. Shiri Ben David:
Well, I think my most important message is that most people are resilient and that we need much effort in. People a sense of being, uh, strong and capable to deal with everything that is going on alongside with, uh, looking for symptoms that may concern us. And this is a, a very important message that having a control over the situation, this is the protective factor that we're aiming to build that resilience.

Maayan Hoffman:
Wonderful. Well, Dr. Ben David, thank you so much for sharing your insights today.

Dr. Shiri Ben David:
Thank you for inviting me.

Maayan Hoffman:
One of the most talked about topics in medicine today, is autism.

In episode seven of season six, I sat down with Dr. Ariel Tenenbaum, head of the pediatric department and director of the Down Syndrome Clinic at Hadassah hospital in Ein Kerem to talk about the three main criteria for diagnosing autism and much more. Take a listen to a snippet of our conversation.

Maayan Hoffman:
What causes autism? It's something that's genetic. You're born with it.

Dr. Ariel Tenenbaum:
Well, it's a, it's a very big question and the answer is even bigger because there are so many answers to it. Well, there is a part of the genetic and there are some rare. Syndromes that, uh, autism is more frequent, uh, in them. And, uh, some, uh, people do have autism because of a specific, uh, genetic, uh, anomaly.

Mm-hmm. Uh, but the environment is very important in, uh, autism. And we know that even I think that the classic, um, example is, uh, uh, identical twins mm-hmm. In which you can identify autism in one of them and the other. The other one does not have autism. And obviously they have the same genetics and they were, they live in the same house, so they are exposed to the same environment and still we see differences.

So there are many, many questions still ahead of us, uh, to understand the full. Uh, well, the answer to your question.

Maayan Hoffman:
Sure. And, and I guess I, um, the next follow up question to that would be regarding then diagnosis. You know, how do we diagnose somebody with autism? I've heard there's some new work with artificial intelligence perhaps that can help us to get a better understanding.

Dr. Ariel Tenenbaum:
Yes. Especially in the ear. The early signs, uh, of autism, the average age of a diagnostic, uh, autism in Israel and in other countries is about three years old. But when you go back to the history of the child, you see that the difficulties appeared much earlier. So, uh, there are some signs that you can see even when the baby is a few weeks old.

Wow. And months old. Um, if I give you an example that is actually. Bothering, um, if a child, like the mother or the father go to the, to the, you know, the, to the cradle and look at the child in the middle of the night and child is awake and he does not cry, and he doesn't seem to be bothered. The fact that it's, there's no light and he's alone and nothing bothers him.

So this is one of the phenomenon, one of the phenomena that we see, uh, in retrospect, that the mother or the father can tell us about the child, even though he was diagnosed when he's three or four years old about ai, this is. Actually something that Hadassah is involved in. There is a very nice startup that was, uh, uh, there is clinical study that I'm involved in and we are working on it in Hadassa.

Mm-hmm. Uh, the company is called The Little One Care. Okay. And the device, which is actually on sale because they went to production. It's called el and it's a really nice, uh, device. It's about an inch, uh, inch square. Okay. Uh, it's not heavy. You attach it to the, to the whatever the baby is wearing. It doesn't radiate anything, and it gets every sound that the baby, the output and the input of sound movement and everything that you can even think about what, what's happening to the baby.

So you get a lot of data. Okay. And when you get a lot of data, you can try to analyze the data and then if in a year or two years or three years, the child has autism, you can go back to the data and maybe find some very, very fine, um, um, differences or things that pop up, uh, when you do a big data analysis.

And, uh, you can see the early, early signs. So hopefully this advice will be helpful, uh, for this kind of, uh. Kids.

Maayan Hoffman:
What, what, what would be the advantage if you're waiting till they get the diagnosis? In other words, is this so that we can help other parents in the future be able to identify it? Is that the idea? Because it's not helping to identify it currently.

Dr. Ariel Tenenbaum:
Right, right. So this is the, like, the, hopefully the near future uhhuh. Uh, what we need to do is do early diagnosis, uh, in Israel, in the mother and child, uh, uh, uh, centers. Uh, they do have a questionnaire. For mothers, for example, can you calm the baby if the baby cries?

Eh, you take, you take him with you. And does he respond to his name? Does he make eye contact? So there are some very simple, but actually very effective questions that you can ask the parents, eh, and to see whether there are early signs. Now, the, the early diagnosis in autism and in other intellectual disabilities and other problem is crucial.

It's, it's key to the early intervention. And we do see a profit of, uh, uh, measures that we take with these kids and their parents.

Maayan Hoffman:
So when it comes to mild autism, because I know again, we talked about that spectrum in the beginning, right? If it goes missed, is that such a big deal? Can people live with autism being undiagnosed?

Dr. Ariel Tenenbaum:
That's really interesting. We, um, we ran, uh, for 12 or 13 years in Hadassah Mount Scopus, a Center for the evaluation of disability, uh, with the, uh. Uh, contract with the Ministry of Social Affairs and thousands of persons, uh, came for the diagnosis. And actually, it's really interesting to see adults that, you know, are 22 years old, 25 years old, and suddenly they think about themselves.

They're independent, they live, you know, the work, they live their lives and they say. Maybe I have autism, which is really extraordinary. And they do the diagnosis and actually some of them are fine to have, you know, the full area of autism. So some of them do manage, uh, in life, but they can tell you about the struggle and the difficulties because there are some treatments, uh, and some modifications in life that you can take.

Uh, I think it's really important to diagnose.

Maayan Hoffman:
Finally, Dr. Saar Hashavya, gives us an inside look at the pediatric emergency department at Hadassah Hospital in Ein Kerem. He shares common and very familiar occurrences in the er. And now back to your health, the best of Hadassa on call with all of the things that you just named. I know that something that often comes up as an issue with foreign objects. Is that also a comment in the emergency department?

Dr. Saar Hashavya:
Oh, yes, yes. A very good question. So we, we now have. Actually, an epidemic of magnet. Magnet ingestions. So there are a lot of toys with magnets and, and parents and children. Don't understand the danger of swallowing those little pieces of magnets, usually they are colorful, so it looks like candy and young children are, uh, uh, swallowing them.

Dr. Saar Hashavya:
And this is a true emergency. Those small toys, uh, those small bits of magnets can actually cause severe damage. What is happening is that what, after the child ingest them, the magnets is like a magnet. So two, two parts of negative is ingesting them are, uh, getting stuck in the intestine. They can cause a hole in the intestines.

And this is. Lead to a, a really abdominal catastrophe, really an abdominal emergency. We get to see more and more children that eventually needs operation just because of these trivial toys we are now because it's becoming an epidemic. We are now even looking, not just by asking the parents, if the child ingested a magnet, if there is a high suspicion. Uh, we actually do an x-ray to see that the child didn't swallow by incident. Those magnets. On the other hand, when speaking about foreign objects, objects, there is a cultural, um, issue of foreign bodies that hijab. So hijab are special pins that, uh, young girls and, and, and. Adult Muslim girls are putting in there, uh, hijab and usually when they put their hijab, they put the, the, the needle in their mouth.

Uh, it's a very common practice. And then if she really speaks with her mother for a minute, that she might swallow it. Um, and. Actually, because it's very common here in Jerusalem. Here in Israel, we have investigated whether swallowing pin is different from swallowing, uh, any other sharp object. And this is a study which was, which was published in a very important pediatric paper.

And we show that unlike other sharp object objects. Swallowing a hijab pin, we can manage it con, conservatively, which means we don't need to operate and to take it out, uh, immediately.

Maayan Hoffman:
Why is that?

Dr. Saar Hashavya:
So, uh, we think that because the hijab pin at the end has this, uh, small. How do we call it? Uh, so it's sharp on one side, but on the other hand, there's like a circle, or it's like a circle or something like this. So when, when, when and when the young girl is swallowing it, so usually it goes with the gravity. So the sharp side is usually not the one pointing. Into the stomach part, but rather the other side. So this is one explanation.

Maayan Hoffman:
Super fascinating. Um, so let me ask you one other question, which is about, you know, international work. Are you doing any work with Hadassah and other countries or hospitals around the world?

Dr. Saar Hashavya:
So, yeah, it's a, it's a great question. So after we have established a, a very, um, busy, uh, emergency department and we have enough staff, we're trying to train.

Dr. Saar Hashavya:
Staff of pediatric emergency physicians in other countries as well. Um, in our own staff, we have specialist in focus. We spoke about point of care ultrasound, so we have a, a, a specialist in point of care ultrasound. We have a specialist in simulations, so we know how to do simulations, uh, of acute.

Illnesses in children. Uh, we have a pediatric disaster medicine specialist, which, uh, is something [00:35:00] quite new. You ask about innovations. So we have a physician, this that is specifically searching and studying disaster medicine. And, uh, we train people in disaster medicine preparedness and. Also, trauma.

So trauma is a very important aspect, uh, in our, uh, training. And all those specialists are, uh, delivering forces in their field of expertise. We've already, uh, trained we physicians in Ethiopia, in Kenya, around the Middle East, and. The program is ongoing, both in Europe and in other places in the world.

Maayan Hoffman:
Amazing. So we're gonna get ready to wrap up, but I'm just wondering if you wanna share any final thoughts, anything you wish that parents understood about the emergency department that they maybe don't know?

Dr. Saar Hashavya:
Um, so I think if we are concluding, I, I, I, I think we will start with, with your first question.

So, uh, people should understand that. In the emergency department, things are getting done by prioritization. And this is different from other places in the hospital or in the, or in their clinics, uh, back in the community. So, people sometimes find it hard to understand that the, the, the line is not going as, as, as straight as it, they would hope it will. It'll, so this is on one hand. They should understand it.

Maayan Hoffman:
I feel like in Israel people should know that the line never goes straight.

Dr. Saar Hashavya:
Yeah. So, it, but apart from being Israel is with a line never going straight. So this is a place where it's more chaotic. But usually there is order in chaos. So, somebody is, is playing this orchestra even if you don't understand the music. And so this is on one hand. On the other hand, this is very important to me to. Emphasize that here in Hadassah you are. When you come to the pediatric emergency department, you are coming to a safe place, to a place where they will listen to you and to your child. And, uh, we expect it from our team that everybody will, will, will feel you and not just treat you as a patient.

Maayan Hoffman:
Wow. Well, thank you so much for answering all of these questions today.

Dr. Saar Hashavya:
Thank you very much.

Maayan Hoffman:
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This show is produced by the team at the Hadassah offices in both New York and Israel. I'm your host Maayan Hoffman, and thanks again for joining us today. We'll see you next month.