

Anatomy of the Founder(s) - 1/10 of the V.I.T.A.L.S Series

Prescription for Doctors to Effectively and Efficiently Engage in Tech and AI Partnerships

tl;dr : Before You Sign That Agreement or MoU, Read the Room.

A mistake that cost me 2 years of my life and a million dollars

I, Dr. Praveen Shastry, am a Senior Consultant Radiologist with HealthMap at Manipal Hospital. It is one of India's top 3 Hospital Systems. For years, I have been making decisions that changed diagnosis and lives. I deeply understand patterns. I have dedicated my life to build expertise to positively impact treatment and care.

But three years ago, I missed a diagnosis that nearly cost me my career.

No. It was *not* on a Radiology scan. It happened in a setup that I was excited about, but was alien to me. It was in a startup meeting room.

I've always been pro-technology and I know how it elevates healthcare. I'd also observed that large companies move quite slow. Given this, I was also smitten by the startup "bug". I wanted to be part of something big. I wanted to build AI.

So, when a slick tech founder approached me with a compelling narrative to "disrupt radiology," it didn't need much convincing. I jumped in. Head-first. Little did I know how under-prepared I was in the world of sharks.

I gave them my time. I gave them my expertise. I lent them my credibility. *In return?* I got a masterclass on how a bet can go wrong. *Wildly wrong.*

They used my clinical reputation to subsidize their learning curve. They didn't care about the patient workflow; they cared about their valuation. When the product failed to account for basic clinical realities, they moved on. I was left holding the bag, my reputation bruised.

That experience was my tuition fee. That experience taught me something no textbook ever could. The technology doesn't matter if the people behind it can't be trusted.

Today, doctors across India are waking up. We realize that we hold the domain expertise. We are the gatekeepers. But we still don't know how to evaluate the offers that land in our hands.

We know how to triage a trauma patient. We don't know how to triage a term sheet.

This is the first of 10 posts where I break down exactly how to evaluate a AI Technology partner. I am going to give you the framework to separate the visionaries from the vultures.

It starts with **The Core Principle**. Write this down.

Do not trade your clinical reputation for someone else's learning curve.

If you are going to work with a tech partner, the equation must be balanced: Cash + Clear Scope + Accountable Milestones + Equity. And that equity? It should vest

when you deliver, not just when they deliver.

But before we talk about contracts (that's for later), we have to talk about the most critical variable in this equation. And that is the main point of this post.

The Founders

Think of it like diagnosing a patient. You don't start with the MRI. You start with the history. Who is this person? What's their background? What are they not telling you? Similarly, you can have the best MRI machine in the world, but if the technician is incompetent, the images are useless.

The same applies to evaluating tech founders. They might have the best algorithm, but if the founders are unethical or delusional, the company is dead on arrival.

When a startup approaches you, your first question shouldn't be "What does your AI do?" It should be "Who are you, and why should I trust you with my patients?"

Here's the framework for reading the room before reading about their product.

1. Test for Clinical Awareness (The "Smell" Test)

If they are building for healthcare, but they have only ever lived in a coding bootcamp or a finance office, run. Founders with no domain experience are just there to borrow your reputation. They will build tools that look pretty but fail instantly in the chaos of real practice.

According to CB Insights (2023), over 70% of failed healthcare startups cited a "lack of clinical insight" as a cause of death.

Do not let them treat the hospital like a software sandbox. If they underestimate the complexity of medicine, they will underestimate the value of your time.

2. Execution vs. Hallucination

In India, we Doctors love the "MoU" (Memorandum of Understanding). Founders collect them like trophies.

"Dr. Shastry, we have signed MoUs with 10 major hospital chains!"

So what. An MoU is not a product. It is not a deployment. It is not evidence.

Ask them: **"Have you shipped a product into real clinical use?"** Execution is a muscle. A small, ugly deployment that actually works is better proof than ten glossy MoUs with chains that never started.

3. The "Elevator Test" (Ethics & Vibe)

In healthcare, "Move fast and break things" is not a motto. It is malpractice. If you break things in a hospital, patients get hurt. Even worse, they might die. You need to assess their moral compass. Are they looking for shortcuts? Are they obsessed with "growth hacking" their way to an exit? Or are they thoughtful?

Ask yourself: **If I were stuck in a broken elevator with this person for 4 hours, would I lose my mind?**

You are going to be in the trenches with these people. There will be bugs. There will be downtime. There will be crises. If they dodge direct questions now, they will ghost you when the server crashes. Look for transparency. Look for the ability to say, "I don't know."

Most importantly, look for **Patient Safety First**. If a founder ever suggests bypassing a safety protocol to "get the data faster," terminate the partnership immediately.

4. Transparency: Do They Answer the Hard Questions?

In my first meeting with any potential partner, I ask three uncomfortable questions.

- Their funding runway.
- Their previous failures.
- What happens to patient data if their company shuts down.

Watch how they respond. Do they answer directly? Do they get defensive? Do they change the subject with charm and deflection?

If someone can't handle direct questions over coffee, they will be impossible to work with when a deployment fails at 2 AM and an angry hospital administrator is calling. Transparent communication during good times predicts crisis behavior during bad times.

Partnerships in healthcare are long games. Regulatory approvals take time. Hospital procurement cycles move slowly. Clinical validation requires patience. You will spend months—sometimes years—working closely with these people.

Choose partners you actually want to spend time with. Life is too short, and medicine is too demanding, to work with people who drain your energy.

Stay skeptical. Choose wise.

You are the doctor. You are the expert. You have spent a decade or more mastering the human body. Do not let a 24-year-old gaslight you into thinking you are just a data labeler.

Pick partners who respect the gravity of what we do. Pick partners who are obsessed with the problem, not the solution. Choose your partners like you choose your surgical team. Competence matters. But so does character.

Next week, in Part 2, we will look at the **Product**. How to tell if their AI is actually "Artificial Intelligence" or just a bunch of "If/Then" statements wrapped in marketing fluff.

Dr. Praveen Shastry

Dr. Praveen Shastry is a practicing radiologist who has partnered with multiple healthcare AI companies. This is Part 1 of a 10-part series helping doctors navigate the complex world of technology partnerships. Follow along as we dissect contracts, evaluate technologies, and build frameworks for smarter collaboration. This is built upon the V.I.T.A.L.S framework (Vision, Integrity, Technology, Accountability, Legality, Safety)