Are You Living to Work or Working to Live? A Doctor's Perspective After Stroke Transcript

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Podcast Introduction and Guest Welcome

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. We are honored today to have Sheba Ansari-Ali, and I'm so pleased that she's been willing to join the podcast and join us as a guest and share her story.

Sheba, do you mind introducing yourself to our audience? Sure. My name is Sheba Ansari-Ali. I'm a rheumatologist. I work in the Chicago area. I was born in Athens, Georgia, the same place where Ariane is from.

I was raised largely in Iowa, in the Midwest, and did all my schooling here, Michigan from my school. That's a good synopsis. Very brief. I'm sure that describes a very long process of deciding and becoming and all that.

Well, so kind of walk us back to the beginning. You know, you ended up as a rheumatologist in the Chicago area and yet you started in Georgia. Did you always envision living in an urban area?

I have a first child, a first generation immigrant, so I'm the oldest child. So that's how my father got his PhD. Then we moved to Minnesota when I was young.

And then we moved to Iowa and that's where we settled. He actually was a professor at Palmer College. It was the chiropractic college, like the Harvard of chiropractic colleges.

So he was a professor there. So that's where we grew up. We grew up in the in the Quad Cities. It's kind of four small cities right around the river. So I was looked through that north and I did my undergrad at Augustana College, which is a liberal arts college.

We only had like 400 students from a whole college at that time. Oh, wow. So that's why I did my undergrad in a few medicine. And then I did medical school at University of Michigan in Ann Arbor.

Sheba's Background and Medical Training

And I learned very quickly that I have to embrace the colors blue and yellow, but I have to paint red and white together. There's some red we're going on there.

And then graduated from that school, went into residency at Leo and moved back to the University of Illinois in Chicago. Moved back to Chicago because I wanted to have a family and I needed childcare.

And I have a lot of family in Chicago. I didn't have very much in Michigan. So I moved back to Chicago, started off as an OBGYN actually for about, I did that for about a year.

So you did a residency, a one year residency at OBGYN. Funny, because six days into it, I'm like, yeah, I'm not going to do this because I delivered like 36 babies in like 24 hours.

And I was like, no, I was getting up at 430 in the morning to go around the hospital before surgery. I'm like, yeah, this is not the life I want. And then I'd see my atoning there.

It was near retirement, you know, doing a C-section with me at like four in the morning. I'm like, yeah, that's not the

life I want. Yeah, babies, they love to come when they come.

So I switched that up OB-GYN, but I'd signed a contract and I'm very like, I'm like, okay, I signed a contract. I can't leave these guys in the lurch.

And I had good friends in the program. So I'm like, I'm going to stay the year. This day of the year, I learned what I could and kind of took it with me.

And then I switched to medicine at the same institution, University of Illinois. Did my residency there. And then actually had a job all lined up as a hospitalist at one of the hospitals in downtown.

And two weeks before I started the job, I did a rheumatology rotation with Dr. Swebler, who's like one of the best attendings that ever was. And he makes everything amazing.

He gives you a backstory to everything. So he just doesn't say, oh, we're using this medicine for this. He'll say, you know what? This medicine comes from this and this I've studied in a nunnery in France, like 12 people that better on it.

Now we use it every day and stuff like that. He always knew the backstory. So I did a two week rotation with him. I'm like, I want to do this. I don't want to be a hospitalist.

I want to do this. So I went to my advisor, and my advisor said, you know what, Dr. Swetler makes everything look interesting, so you have to go do a rotation with a boring room.

So then I did it. Make sure you really like it. Boring room is how it should remain nameless, but I did that rotation. I was like, I still like it. And so then I went back and I did it.

But by that time, you have to realize, right, a lot of people, they match, right? They match They're not matched, but you know, whatever they, they're already had their spots in.

So I decided like, I think I want to say like in May of the year that I wanted to do rheumatology. So everybody said, we'll go work for a year or do research for a year and then reapply.

But then one person said, you know what, why don't you just call up all the program directors in your, in the Chicago area and just see, you might get lucky.

And I did, I called Leila and they said, you know what, the guy who was supposed to come here, he actually can't come here at the last minutes with family crisis.

He just called us yesterday. So if you want to come in and interview, you know, you're more than welcome. So then I went there, I interviewed there, and I guess there are two tenants there that are very.

very, very different. And they both liked me. They always, if one liked the candidate, the other would hate it. If the other liked the candidate, this one would hate it like that.

So I guess I was the only one that they both liked. And so I got the gig. It was like a match made in heaven. Like you called right time and right place and right program.

I mean, really, they were looking for you. And then six days after I started my, yeah, about six days after I started my fellowship, one of my attendings was actually my partner in prior practice now.

And then, and then, and he said, you know, I've been looking for a partner for five years and you seem to be someone that I could work with. Why don't you come check out my practice?

It's like, the person asked me, what are you looking for? And said, you know, I really want to be as the I really want

three days a week. You know, I have two kids.

I don't want to, I want to work around my life. I don't want to make work my whole life. And so he said, well, come on, check out my practice. I'm looking for a part time person.

So I'm like, within a week, I went and looked at his place. He liked me. I liked him. I liked his staff. We got along. And so like a couple of weeks into my fellowship, I kind of had like a handshake contract.

And then I went from there. Well, you know, just this, your story thus far is a testament to the idea that we can change, you know, because you went to school and they decided, well, OB-GYN is the thing.

And then you got partway through it and realized this is not the life I want, even though it's an interesting specialty. And then you got into medicine and then you decided you want to do rheumatology.

I think a lot of us look back and you kind of give like, oh, yeah, I went to medical school here and I went to residency here and I got this job. And when you're at the beginning stages of medical student, you think, oh, it's just all going to be linear.

I'll do this. But it's not. Most people you ask them and. it's fits and starts and turns and unexpected things that come into your life. And you just have to kind of rise to the opportunities that come.

And you did that even in your training years, which is pretty neat. Yeah, I did. I switched a lot, but it just happened that it worked out.

Choosing Rheumatology and Practice Philosophy

I'm a big believer in if something is easily happening, it's meant for you. If it's too hard, if you're getting too many roadblocks or too many good people around here saying, don't do it, then just don't do it.

Yeah. Well, I think often we're placed in places we need to be to help make the, we only get to work for a few decades if we're, you know, at most and you want to be able to make the biggest impact, help the most people and also be able to live your life.

And it sounds like you've been able to find that match, which is wonderful. Yes, yes. So I'm curious on your, you know, you chose rheumatology, obviously after working with a couple of attendings, you did the fellowship and now into your practice, have you found it to be what you expected?

Do you enjoy rheumatology? Oh yeah, I love going to work every day. I do because, you know, growing up, I was an avid reader and the best stories I read were Sherlock Holmes with Jerry and the mystery stories.

So it's where you pick up little details and come to the right conclusion. So that's what rheumatology is like. It's like every patient is a mystery in the beginning.

then Sherlock Holmes and I'm one of those people that I'll pick up a book and then I have to read everything by the doctor and then everything that author wrote about and stuff like that and then found out that sir Arthur Conan Doyle is actually dr.

Doyle and Sherlock Holmes the investigator was actually based on his mentor dr. Bell and that's what he used to do in class he would stand people up and he would say you know you come from this part of England and you do this and you do this and your family does this you just pick out little things so he was he was an observationist and much like, you know, Hippocrates or something like that.

So he would, he would actually, that's how it would come for him making the diagnosis was 90% was history and physical. And so that's what Dr. Doyle, he actually wasn't that great a doctor, but he survived.

He was a much better writer. And so I was, I grew up reading Sherlock Holmes, not knowing that, and then this kind of rheumatology is like that. I mean, I'm a primary care doctor.

I feel like at least half of my job is trying to investigate and figure out what is going on, you know, kind of the diagnostic side of it. And rheumatology, when I get something that is like really bonkers and like, what is this?

It's so many different things. I try to loop in my rheumatology colleagues all the time and say, help me diagnose because something's going on. And, you know, sometimes it's not autoimmune, but sometimes it is.

And they present with such interesting, chaotic findings. Right, right. That's true. That's very true. And Lee had a couple of conditions. Lee is my partner, Steve Lichtenberg, and he had a couple of conditions for me joining him.

I think that really made my career very enjoyable. He said, one, you have to keep learning. So he's like, either you become involved in CME at Loyola where you trained or at another hospital that you have to keep finding, you have to do something to keep your CME and yourself up to date.

And then his second thing was, you know, when you find the people, you have to treat them well. And so that was for our staff, for instance, all the other medical offices at Christmas time, their staff would get hard or something like that.

And we actually gave all our staff double paychecks every holidays, which was huge for them. He was always the thought that there's enough money to go around, that you're a doctor, you make good money.

There are people that make less than you and you're not going to get more poor by helping other people out. So he's like, there's more than enough money to go around.

And so he made us put away like 25% of our earnings or retirement and stuff like that. He did a lot of that stuff too. But he's like, you know, you find good people and you treat them well.

And then his third thing was he was very big on doing charity. So he was like, if you are a physician, it's your onus to give back somehow. And he said, what makes more economical sense is seeing a patient for free in clinic, rather than going and doing a free clinic and using up that eight hours.

So he and I would both see like one Medicaid patient or a free patient, a new patient, I think every two weeks. So to work out it's like two patients a month and they would kind of add up.

But he was like, you know, we all had that responsibility. So it's a communal effort. So those are his three conditions and that kind of set the tone for everything afterwards.

I like it. It's almost like you hear people talk about the attitude of scarcity versus the attitude of abundance. And from your abundance, you say, let's bless somebody else with this, whether it's your employees or your patients.

And I think that's good for a lot of areas of life. If you approach it from an attitude of abundance, I want to help somebody else rather than scarcity where you say, I'm not going to share, I'm not going to go outside of my little realm.

I think a life is a lot more full and it's more rewarding. And, you know, it seems like money comes and money goes, but when you do something generous and kind with it, that means more than necessarily having more dollars in the bank.

It stays. It stays. And I think I was listening to your podcast with Brian Chepson, I think, for the financial side. Yeah, Brian's awesome. And he was saying, financial freedom, one of the markers of financial freedom is being able to give back or being able to do what you want to do for others and not being fearful of having to do that or not being fearful it's going to affect your finances in any way.

So I think that was, that's, these whole thing was, you know, we have monies, we make good monies, we are financially secure, but we have to, it's not good enough for just our home to be financially secure.

Everybody else should be secure on this as well. Yeah. You know, you've heard that phrase before where someone says, if you do a really good job, people will give you lots of pictures of George Washington to say thank you.

In other words, you get dollars. But the point of it, the concept is that mindset of abundance to say, well, if I do a great job as a physician and I really take good care of patients and I'm more generous than necessary along the way, your financial house will be in order.

You'll have all that you need because they will honor you by coming in and your business will be blessed from it. Whereas if you are really mindset of scarcity and you keep everything and you shut everybody out.

It might look good for your finances for a few years, but it's not very satisfying as a human being. And I don't know that you really make more money by doing that financially.

We do better when we're a mindset of abundance and generosity. Yeah. And he was always stressed living within your means because I would see other doctors, especially, you know, they'd buy the fancy cars and the nice jewelry and go on these amazing vacations, but monthly they had kind of tied up their money so much so that they were working to meet their living expenses.

And he was like, you have to live well, but then he's like, you shouldn't make it about working to maintain a lifestyle. He was like, your work should be your work, but it shouldn't be there to maintain your everyday things.

He was very big on that, living within your means.

Living Within Means and Financial Discipline

Well, and I think this conversation about your career and I mean, this is really informative because obviously you were taught to be generous and also taught to be careful and frugal with your finances because like, you know, we're going to get into it.

You had a stroke as a young practicing physician. You had something that was just crazy, unexpected at a young age. It's so important to kind of have your financial house in order so that when something like that happens, you're a little bit prepared to weather the storms.

Yeah, share with us what you're willing to about that crazy chapter of your life. Well, you know, so I joined Lee in 2006, 2007. I've been practicing for about six years.

And you have to realize, even though I only worked three days a week then, we generated enough as far as a full time practitioner. So we then each see, he would see a lot more, but I would see like 20, 20 patients a day.

That was just the normal for us. He would see 30 patients a day. I don't know how he did that, but he would do that. So we did generate a lot of RVUs, et cetera.

So in 2012, as they got busier and busier at work, and then I was actually busier and busier at home, it's kind of like I didn't really have a place to recover anywhere.

So I didn't manage my stress well. There's people that exercise and manage their stress well, and I wasn't doing that well. So I was getting more and more migraines.

So from about 2012 to about 2016, I was getting more migraines, and I was getting a cost-bearing asthma, but I didn't realize it. And I was coughing every two, three minutes and I would catch a virus in fall and I would cough by the next four or five months.

And then it would go away, you know, I would be like, I would say out of mind and then it would start all over again. And it was so bad that my staff, they didn't even tell me about this, but they would block like a week or two and my calendar does not even tell me because they know I'd be coughing so much I couldn't do burn it.

And I was coughing to the point where, like to give an example, it's so nice to talk to a doctor because you know what this means. Like I would have a patient come into the room, start the clinic visit, introduce themselves, step out and cough.

Come back in, ask a little bit of the history, step out and cough. Come back in, do the physical exam, step out and cough. come back in to be a social fan, step out and call, come back and ask you have any more questions.

And so it was coughing like a lot. And I would go to the ER, they would give me some naps and they'd be like, your oxygenation is fine. So I went to the ER a couple of times and sent me home.

I just didn't realize that it was, it was that steady. And so in 2016, I paid off my student loans was a big one for me. Lee was always like, you know, you should always, you know, try to look for opportunities where you can just reduce your debt.

He was all big about that. So my parents, they sold their house in Iowa and they were retiring. I was like, you got whatever monies you get from the house, give it to me and I'll pay up my student loan.

But then I will pay you back like thousands of dollars every month until it's paid back within a year. I'll just do it a big way because I bought into my practice.

So I'd done buying into my practice and I kept my finances the same for myself. Then I borrowed the money from them. I paid off the student loan. And then within a year and a half, I paid them back.

And so going into 2016, I was debt free, which is great. Like from a student loan perspective, I was debt free. I had passed my rheumatology boards that January.

And that was a flip. I was supposed to take it later in the summer. But one of my friends was taking a review course and I went with her and I'm like, okay, I'll just get down the way because we're both studying for it.

Why not? And so I did that. And then finally, after paying everything off, OK, I'm done. And then I was able to save up enough money. And we went on a trip to Disney World with me and my boys and my husband, the four of us.

Fantastic. I did all the rides. Yeah, it was great. And then that happened, I want to say, in May. And then in June, again, I caught a virus and started coughing at work and work and work.

And one day I was at work and I coughed so hard that I felt like this electric shock go down my neck, but I didn't know what it was. And it just lasted for a few seconds, but it was probably the worst pain I've ever had in my life.

And then that pain stayed, but during the day I wouldn't notice it because I'd been working, but I couldn't sleep at night. So being a rheumatologist and having doctor friends, you know, I was on steroids, I was on muscle relaxants, I was on everything.

And at night I just couldn't sleep, but during the day I'd work. I would just keep working. And then about a week later after that, July 1st, I was sitting at home and remember, we see like 20 patients a day in clinic.

So on Thursdays, I never had time to finish my notes, I would just bring them home. So Friday morning, sat down to do my notes. And that's when the room started to spin.

Stroke, Emergency Treatment, and Rehabilitation

And the weird thing was, been two ways like this way and that way like i don't know how to explain it it's like being

on the worst roller coaster in the world and i don't like roller coasters so then i went to the bedroom my husband got him a lake and stuff like that i threw up about five times and then i said you know i'm gonna lay on the floor to get this i must have vertigo i just i'm 42 i'm like anyway it's vertigo then i thought i'm laying on the floor i'm thinking you have meniere's disease and i was like i think that was like 50 year olds i'm only 42 what is this about And then that's when I realized I couldn't move like I could feel everything but I couldn't when I was choking on saliva I was like, wow, I'm having a stroke and so on the inside I was completely alive I was having like I was I could live stream this much what I did in my book I can live stream the stroke and I realized I couldn't move so then I went back to in my mind medical school you read about the dying butterfly and they guy who had the, you know, basal artery thrombosis and locked in syndrome.

So I was like, oh my God, I'm having what he's having. And so then I, I remember just kind of the next day I was kind of in and out some got the paramedics in, I remember being on stretcher, then I'm out again, then I wake up in ER, nobody knows what's going on, but the neurologist diagnosed me in three minutes.

And then I wake up again, and then something happens in the dark, something goes into my body, some electricity, and then suddenly I can move everything.

I wake up in the cat lab, I'm intimidated. And they're passing a wire, a ranger moved a strip of fabric. And I'm like, okay, well, I got some of my feeling back because I kind of has a really sharp scalp.

Well, he's coming towards me because I knew it was me. I was like, God, I hope that doesn't happen. I don't feel that. But then he came, he made the cut, they got up there, didn't find anything.

Thank God it all gone by then. And so they'd given me TPA and then they had done that and the big stroke had broken up into three small ones. So I guess they ended up in my occipital and my cerebellar hemispheres.

And so then I woke up again, I was in the ICU and a horrible headache and I was still on that roller coaster like sensation. But then the swelling died down, spent a month in rehab.

And then when I was the month in rehab, the first week I had some competitions and it was very irritable because where they had made the cut to go in the femoral artery to do the, I hadn't that one.

percent of people that has a sensory artery on the backside of the temporal heart rate. Not everybody has that. And so they had nicked that when they were closed up.

So it was dripping blood on the inside. And so about a week later, I like blood like a pint of blood on the bed and I coded and they carted me off to the hospital.

Holy cow, Shay. This was a saga. And I came back to rehab the whole time. I remember that the doctors were talking to me. I'm like, they must know I'm a doctor because the words they're abusing are like we appear.

If I was a normal patient, there's no way I would have understood that. And so I remember even your rehab, I asked the nurse, I'm like, you know, I'm a doctor, right?

And she was like, you're a doctor. And so just over the years, my patients had always said, you know, you explain things very well in clinic that we understand, because you have to realize in rheumatology, it's complicated diseases.

And not only do we have to diagnose it, but explain it. But we have to start the treatment very quickly in some of these cases, especially if you want to see if those kidneys or whatever.

And so, and they're very scary medications. And so my patients were like, explaining things so well. And I was like, yeah, I'm sure other doctors do too, you know, whatever this night, you're a nice patient, you know, but then when I became a patient, I realized what they said were true.

The words that the doctors were using were things that I only learned after doing eight years of medicine. You know, right. They were speaking doctor.

It's a different language. It's a very different language. And it's not about, I think it wasn't, they wanted to do the best for me. They had a good intention, but I couldn't understand them.

It's like speaking to somebody who was in a foreign language or you don't understand them. You know, I could understand, but I know the other patients couldn't.

So yeah, so I got my surgeries, did a month in rehab. And then after that went two months at self rehab at home. And as a doctor, I kind of did what I did and knew what to do.

And then months before I was able to go back to work, but remember I could see 20 patients a day. Now I could see like four, it was taking me an hour to see each patient.

Also significantly slower. Yeah, very mentally draining because I lost the ability to write. I can't write now. I can make letters. Even now today, you still can't write.

No, I can't. No, no. So I type everything or I'll put like if I have to order it. Like I can't read my own writing. Like I write like a doctor. Like before I got a prize in fifth grade for my writing, Peter.

This is very important to me. I could write very well and now I couldn't write at all. So, but I, it's like in clinic, I'll write L for labs or X for x-ray or me scribbles.

But then I have to dictate that very quickly. Once I get back to my office, because in five minutes I can't, I don't remember what I wrote and I can't read it.

But yeah, so I couldn't write. I've lost some of the hearing on this side. I've really loud tinnitus in this ear as well. It's like a jet engine is right here in the moment talking to you.

That's like that kind of sound. And then I had trouble with balance. So I had to learn how to become like give injections with this hand. Like this hand became stronger for me.

You know, it's typing on an un-dominant hand. On the other hand, I did learn how to type more with my non-dominant. I did learn to do a lot. But then it's all about repetition, right?

It's all about repetition. So, you know, I was in rehab, I learned about Frank Lovell's Ladder, the Grandfather of Rehab Medicine, taught everybody I know that because I like to teach, I was teaching everybody about it.

But then I really read up on his techniques. So then his whole thing was whatever you're going to do for rehab, do it quick and do it like a thousand times over.

So I would, I had printed out 510 posters from the internet and I would go through them three times a day. And the ones that were difficult, I would cheat and the ones that were easy, I would remove from that pile.

But I did that for two months to clear up my speech. And I learned I have to move my tongue differently on the inside to get the right sound on the outside.

So to me, I feel like I'm slurring, but people in front of me say, no, you're not. But I feel like they am because I am living it differently. But it was that kind of stuff.

A lot of self-rehab. And so then in 2020, I'd always done medical education because I'd like to teach, even as a fellow and stuff like that. But then in 20, so I went back to work in 2016, I had the stroke, three, four years, I just kind of gelled.

And then about a couple of years ago, before the pandemic, I think, I started this series at work called mansplaining rheumatology because my staff would always come to me with the same questions over and over again.

They went like, dude, I told you this five times already. How could I not know this? So then I started this series where it was just once a week, five minutes during the lunchtime where I would just go through a rheumatologist's disease and I was put in the history right after Sweller.

Like this is how it started and this is, you know, this is how we got here and this is what we do. This is why we do it. And they loved it. And then I turned that into like a YouTube thing in 2024. So I did, but I did medicine in 2024. And now in 2025, I'm doing rheumatology.

So during the COVID, because that telemedicine rate, I had more time. So I wrote that book and I hate writing. I really, really hate writing. It's like one of my hero stories with this, I was like leading on paper for me.

So I would write a line a day and then it took me eight months. I wrote a line a day and at the end of eight months, I think I got like a 17 page document on WordPerfect.

And then I turned that into a book. Well, so tell us about that. I mean, I want to reflect a little bit on unpack this because you shared this crazy story at age 42. You got pretty devastating stroke.

I mean, you got hemiparesis. You had cerebellar involvement. You know, with that, it sounds like ataxia, language involvement. I mean, you really had a significant amount of rehabilitation to rehabilitate your speech and your ability to walk and get around and you still have deficits to this day, but how cool is that that you were able to go back to work and find some ways to do it?

And even though writing is obviously very challenging for you, you were able to write your thoughts down over a period of time and kind of get your words into more of a concrete statement so you could talk about it.

What's the book called? What did you write? It's called One the Doctor Has a Stroke. It's a very short book because what I did was when I wrote the book, I'm like, I don't like writing.

So I liked Ted Talks a lot. Sir Kenneth Robinson was my favorite speaker. So I read a book about Ted Talks, like how to make the perfect speech. And they were like, only make things that are 17 minutes long because after that people don't, you know, they lose interest.

And so that's why this book on Word Perfect was 17 pages. I kept paring it down, paring it down. until the 17th. So I made it so that it's something more geared towards the patients.

So it's very simple words, but it's kind of like one of those Warner brother cartoons where your audience can be at different levels, right? So it's for a patient to read that takes like 20 minutes.

Basically what happened to me, live stream the stroke and then how I rehabbed and how other patients can do what I did just as easily and hopefully get the same benefit.

So it was one of those things where I had to do it. Well, so where can people find that book? Well, it's on Amazon. I felt published it on Amazon back in 2020 when the doctor has a stroke.

Well, and I want to hear a little bit about you said you felt that you had to, you're compelled to write the book. And it sounds like the intended audience wasn't fellow physicians.

It was for patients who have been through challenging circumstances. Yeah. Yeah, it was for both ends, I think, just to see it as being like I was, you know, I was intubated in the way I was in these positions.

So I wanted the physicians to kind of see how they look to me. But then I also wanted the patients to care. The

patients was more the rehab part. Like, this is what you need to do to get back to hopefully where you were.

And for physicians is more like this is what your patient is saving. But it was kind of like, you know, that quote by Muhammad Ali, the boxer, right? Where he said, in service to others is the rent you pay, right?

Or your room on earth, something like that. So you have to give back. I feel like the universe, like literally everything lined up. Like having that neurologist there, like when you knew what he was doing, getting the TPA in time.

Because if I'd gone to other hospitals, I had neurologists tell me that we would have never given you the TPA. Because he had a vertebra artery dissection too, and I guess he don't do that in that, whatever.

But having the right neurologist, having the right care, having the best family and that support and all that stuff. So everything kind of, and Mary and Joy is their local rehab place here.

It's one of the best. So I was able to go there. Now I should probably not question where I work at. So they, they did a really great job. So it was, a lot of things just kind of came together at the right place for me to have the stroke, but then also for me to recover from.

I felt like I had to get that. Yeah, you felt compelled to share your story, not just to say, hey, this is me, but to tell doctors, hey, this is how it's perceived.

When we speak doctor, not everybody understands. And to be intubated and be conscious and alert is a unique experience nobody wants to have. And to be able to relate to your patients or to other patients who experience really severe issues and say there is a way forward and these are some steps that I took and maybe you can too.

I think that's neat that you felt not only the compulsion to do it and the desire, but then you actually did it. You wrote a book and I'm sure it's benefited those who have read it.

Yeah, it's a very short read and it's like a 20 minute read. And it basically is there because to me, I didn't know how much a desire had to do health literacy stuff.

I didn't know that was a thing for me because I'd done my research project and fellowship on health literacy, like what prevents lupus patients from getting the right care and stuff like that.

Low health literacy was a big one. But I become more and more interested in that. So that was why the YouTube channel, that's why I go throughout survivor groups, I go to my local senior center.

That's why I'm giving these talks, just to hopefully, because I always thought, you know, when patients said you explain things well, I always thought like, oh, they're just being nice, you know, they just, you know, I made a scary situation, well scary, that's very nice of them.

But when I became a patient, I realized that's what they're saying is right. You know, doctors don't explain things. Because we're way up here, which is great education-wise.

But really, my rule of thumb is if a 13-year-old, my 13-year-old nephew can't understand it, my patients can't either. So that's a rule that I make in my head.

Returning to Work and Patient Education

That's a good way to think about it. Communication implies that both people are receiving the communication. And so if you speak in high doctor speech and you talk to somebody that doesn't speak that basically that same language or have that vocabulary, the communication is not really happening.

Like you're saying it, but the person you're explaining it to is not receiving it, and therefore communication is not happening. It's good for all of us to kind of check ourselves.

Am I using words that a 13-year-old would understand? Am I saying it in a way that I'm explaining it in such a way that the person is going to go home and be able to explain it to their family?

You know, because I think that's when good communication happens, the person who receive the information should be able to go then explain at least the basics to somebody else.

And if they can't do that, then we haven't really communicated effectively. So I'm glad that you were able to explain that. Yeah. When I did the research thing at Loyola and my fellowship, most people's medical literacy is at eighth grade level.

So that's usually about 12, 13. I mean, they may be very educated otherwise, but their health literacy or their medical terms that they know is at eighth grade level when you think about it.

So that's kind of where it got that number from. Yeah, that sounds like you started this YouTube channel. It's a present to yourself, right? As a physician, if your patients understand what you're saying, that makes them more compliant, which means less complications, which means you can sleep better at night, right?

So it's a present to yourself if you can communicate effectively with them. What's your YouTube channel called? You talked about mansplaining things to your staff.

I wondered, what do you call your YouTube channel to explain things? I think that's a good idea. It's called Mansplaining Medicine. It's called Mansplaining Medicine.

And I ran it by a 20 year old son of you at the time, like my sons and their friends and stuff like, you know, is this in this day and age to use this term and stuff like that.

And some of my patients, it's funny, my older patients love it. And my patients that are like less than the age of 50 love it, but that category, like 30 to 60, they don't like it at all.

Oh, really interesting. But you know, they don't, they perceive it as paternalistic or whatever it is, you know, but it's not meant to offend anyone. It's nothing like that.

No, it's like tongue in cheek. It's just kind of funny. right it was just funny it just you know it was funny and it kind of i think it makes younger people want to click on it more you know because they're like oh what's stuff like that because they're interested that's what my son said and a lot of my son's friends they're like subscribers i said it's so weird when i see a youtube video sent to me that's my mom Speaking up about something.

But yeah, so that's how it started. So I did a series called Manswing Medicine all last year. And I'm the type where if I find something difficult, I'll do it first and I'll do it more often until it becomes easy.

So the Manswing Medicine videos, I was releasing one per week. So there's a lot of writing, a lot of photoing and editing. And then rheumatology this year, now I'm doing one YouTube video every two weeks.

So I'm taking two weeks time to write it out and edit it. Because even though it's more like a four or five minute video, they're not very long. I think the longest is like 10 minutes.

They're not very long. The idea is that they take a lot of takes behind the scene because they slur. So I have to do it at the right time of the day. I have to make sure I have every, and I have to do it from memory.

It's not something I can read off of. So I have to practice, practice, practice. That takes a while. Yeah, I had a podcast guest a while ago, Eric Arzubi, another awesome person.

He talked about the idea that we can scale our impact. And that's what you're doing. You're saying, okay, I have learned how to communicate. I've learned how to write and explain things.

And instead of just having it affect those few patients who come and see you, you're scaling that impact to say, here's what medicine is. Here's information for people that could use it.

Here's information that can be useful for doctors and patients. And so you are kind of scaling that impact. I think that you are. good living example of that.

And I'm going to go all fangirl here. I love Eric Gershubis. He is so cool. I think there's all three. And I listened to his podcast with you. I mean, he's just such an amazing person.

And you know, what he did and the choices he made is just like, it touched them into how good his heart is and the right direction that he's going in.

So he's one of my people that I follow on LinkedIn all the time and always reading his stuff and commenting on it if I can. But he's, yeah, I think that's, you know, that terminology they use, right?

Scaling your impact. Yeah, and that was the thing, because when I wrote the book, Amazon has this rule that you have to price your book at this minimum level or if they won't print it.

And so I didn't want people to have to buy my book to be able to read it type of thing, or that's the only way they're going to get this information. So that's why the YouTube is free, right?

It's free for everybody. So then I just, that's why I started doing the YouTube stuff, because I wanted more patients to be able to get it without having to financially insult that risk or pay for it.

I see. Well, so on this journey, you've gone through being a doctor, being a patient. I've shared pretty openly on this podcast. I've had similar experiences being a patient, being a doctor, and it's kind of hard to wear both hats the same day, but sometimes that's just how it is.

I wondered, what are some of the key takeaways you would tell some of our audiences to think about? What is it like to kind of navigate those waters between both worlds?

You know, I would say it, you know how in residency or medical school, we can compartmentalize really well, right? When we're on a shift, we're on a call, we compartmentalize, we're taking care of the patients.

So be in that moment, do your day job. But then when you're at home, do your home job. Try not to mix the two too much. Try to get it work-life balance where, you know, I do clinic three days a week, but I teach the rheumatology folks at Loyola a couple of times, one day a week, or every other week.

I do lectures for the medical schools. I do things that I like to do. I'm doing these YouTube videos, things outside of just work. Not everything has to be just about work.

So making your schedule such that your work kind of revolves around your life, not the other way around. That's what I would say. And number two, I think it's so important is just live within your means.

Yes, you'll see your colleagues or whatever do these fantastic things and that's great. But Leo has taught me you really have that peace of mind, the more debt free you are, the less debt burden that you carry.

So if you can, give yourself some financial freedom that way. And that's, you know, I've been lucky to be able to do that. And then the third thing is probably, the third thing I was going to say is take care of yourself.

Like that's the one thing I wish I'd done. Take care of your health. Cause if you're not good, you can't help anybody else. That's just what's going to happen.

Oh, those are good words of wisdom. I wanted to reflect back for a minute. I'm thinking back to my own experience when I had the tumor. I've shared all this.

It was kind of a moment of a real great clarity and uncertainty. You don't know in that moment, what's going to happen in the future. Am I going to be able to go and take care of my family?

Will I be able to work? Because you just don't know. And you really boil it down to what really matters in my life. In those moments when you feel like everything is threatened, you say, what's important to me?

What's my family? The next step is how am I going to take care of what's most important to me? How is my finances? And then what am I going to be able to do with the rest of my life?

Because you just don't know. You went through a similar process because you had an extensive rehab and you didn't know at the beginning what that was going to look like.

I'm just curious on your thoughts when that happened, when you realized it was a stroke and you went through it. How did you navigate that time of uncertainty and doubt and stress?

Because it's such a unique, crazy, challenging time when that happens. You know, whatever the stroke had knocked down on my brain and knocked out the part that worried about those things.

All the way through, I was like, I have to go back to work. I have to take call and decide. That's so focused on that. But I think the biggest thing was one of my friends, she said, you know, you're only truly irreplaceable to your family.

She said, you know, nobody else can be a mother. Nobody else can be the wife. Nobody else can be the daughter or the sister. But they are always going to hire another psychologist.

So you had to learn how to prioritize. I think when she said that to me, that's what, but in my mind, it was a matter of, if I'm going to give it, it's like, when am I going to go back?

How can I modify it so I can go back? Because I was, it's kind of like when you try to get into med school, like I didn't have a plan B.

Writing the Book and Scaling Impact

I know a lot of people, if they can't get in med school, they'll go into research or do other things. And I've had younger people come to me and say, you know, what was your plan B?

And I just didn't have one. In this case too, I really didn't have one. I was always like, I'm going to go back to work. And Lee, when he was visiting me in rehab, he said, you're too young to not work.

He's like, you're only in your forties. You got to keep working. You got to do something. And so my whole focus was coming back. There was no other option for me at that.

And I don't think I ever got into the point where I thought I couldn't do this type of thing. Oh, I'm so thankful you were able to do that. It sounded like it took a tremendous amount of work because the rehab process is lengthy.

I mean, I went through a big rehab process myself and as you go through it, you have to be kind of laser focused on this is what I want. But above all, you made such an important comment.

They can get a new doctor, but they can never get a new you. Your family is of highest importance. They will never have another person that can take the place of a mother, a sister, an aunt, you know, all those things that are the most important roles of our life.

And I remember thinking much the same, like, okay. I want to be a doctor. I want to be able to give back. And if I could do it again, I would want to be a doctor.

All those wonderful things. But the very top of the list is I need to be around to raise my kids. I want to make sure that I'm a good husband, a good father, a good uncle, a good son, you know, all those things that really matter when you think about your own life and what really matters.

I think when you look in hindsight, you say, well, I had a great career and I had a good job. But more important than that was those relationships, the things that happen at home.

And I also thought it was great that you said, you know, you chose your whole career so that you could work to live and not just live to work. You made it so that you could have a little bit of adaptability to make sure that you were able to be an excellent parent.

I hope so. I hope I'm an excellent parent. I hope that turns out that way. That's what I hope too, for all of us. We don't know how they're going to turn out.

I've got four kids. I hope that so far they're doing great, but I hope that they will continue to make good choices. I hope that I still have impact on them.

You never know how much impact you really have on your kids until years later. But, well, so Shaiva, you shared this wonderful experience. I feel like, you know, just some points I'm going to take away from is live frugally and so that your finances are in order, work to scale your impact, meet your patients where they need to be met, you know, as far as how we communicate.

And you can relate to patients so well because you've been a patient and a doctor. And I think that those are lessons that I will take away from this.

And I hope all of our listeners will also take that away as they've listened to this. Do you have any other thoughts or anything else you would want to share with our audience as we kind of wrap up here?

I would say, you know, when you're in residency, you live like at the poverty level, right? And when you're in fellowship, you a little bit more. So try to keep that fellowship lifestyle for a little bit longer and just pay off as much debt as you can.

Try to pay off your student loans. It just helps so much more because you don't know what's going to happen to the line. So just, you know, pay off whatever you can in those lucrative years when you're making a lot of money.

Lessons from Being Both Doctor and Patient

Just bite your tongue for another 10 years and just do it. And then that way you don't have to worry as much because if I had a student loan now, it would be horrible.

But just trying to be debt-free going hopefully or be less debt in your forties, if you can. That's true. You wouldn't have been as comfortable cutting back your patient load or your hours if you still had a big debt that you were paying back.

No, no, not at all. Well, thank you so much for sharing. I think the real lived experience that you've shared is inspirational and there are just only so many physicians and so other doctors who may be going through a hard time can listen to this and draw some inspiration and say, okay, well, if Sheba can do it, maybe I can do it too.

So thank you for sharing. I appreciate you taking the time to do that. Well, thank you for having me. And it's so nice to talk to a physician because, you know, what I mean when I say things like live like you're a fellow.

Oh, yeah. No, we all understand it. Well, thank you so much. You keep in touch. I appreciate it. Thanks for tuning into the Doctors Making a Difference podcast.

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