Aligning Values with Patient Care: Two Doctors Chart a New Course Transcript

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Episode Introduction and Guest Overview

Welcome to a special Heartline Echoes episode where we revisit some of the most impactful conversations from Heartline changemaking in healthcare. This rerun isn't just a replay.

It's an opportunity to reflect, reconnect, and reignite the ideas that continue to shape the future of healthcare. Whether you're hearing this for the first time or returning for some fresh insights, let's dive back into this powerful discussion.

Enjoy! Welcome to Heartline, conversations with healthcare changemakers following their heartline. I'm your host, Dr. Andrea Austin. I'm an emergency medicine physician, coach, and educator.

I believe that healthcare needs to improve the quality care that patients receive and that supporting the workers is at the heart of this transformation.

Without further ado, part two of my interview with the wonderful physicians, doctors Anna Barrett and Maria Pash. If you missed part one, I would highly recommend you go back and listen to that right now.

And part two, we'll talk more about their journey from a traditional OB-GYN practice to blending in a functional medicine approach that really transformed their practice, enriched their experience, and improved the lives of patients, which you know that's what we're about here at Revitalize.

How can we create win-wins for both our physicians and our patients? All right, so now walk us through what are you guys doing now and how did you land on functional medicine?

Well, one, let's start with what is functional medicine because Most of my doctor friends have no idea. And I'm actually a functional medicine patient right now, and they all think I've lost my mind.

What Functional Medicine Means

You've come to your senses. You want to go? I'm sure. Yeah, definitely. I think the system that we were all trained in has almost taught us to look down on this as an alternative for a medicine that's not real medicine.

It's kind of what we are. Yeah. I think we're, we're subtly here, maybe not so subtly encouraged to think it's just like some weird woo woo kind of fruit for his staff.

Not real. Like, Oh, it's just like supplement thing. But to me, functional medicine, the definition of functional medicine, looking at the body, not in that definition where people say, Oh, this is holistic health, but like looking at it from a different perspective, like instead of looking at us, like, individual body parts that represents different disjointed collection of body parts, functional medicine looks at it more and how all of those systems are connected.

So instead of describing the different branches, like we do like, oh, there's pulmonology, that's your lungs, cardiology, that's your heart. There's, you know, gynecology and that's your pelvis.

looks at the entire organism. Functional medicine looks at individual systems, and it kind of breaks them out into eight different systems. And one, I'll just use one as an example.

Assimilation is the systems that involve taking in nutrients, giving them where they need to go, and making the body work that uses those nutrients. So that would include your lungs, because you have radiant oxygen.

All of our organs need that. It includes your gastrointestinal tract because you're taking your food and it really looks

at how that system is interwoven into a system or next to it, communications.

Communication evolves. your neurological system, because your whole body is communicating neurologically, it also includes hormones. So instead of just like separating them all out, like this body system acts independently of this body system.

It looks more biological systems, I'm afraid. Yeah. It looks at it from a biological model of systems as opposed to like disjointed body parts. How did you say it, Hannah?

Sit with me. A disjointed collection of body parts. A disjointed collection of body parts. So that's one tenant of it that I think deserves describing.

Then it looks more for root cause as opposed to a band-aid solution, which there is a time and a place for band-aids. And I don't mean to discredit that.

And I honestly think the best approach marries conventional medicine with functional medicine. But in functional medicine, we're trying to find out you know, why, what is the underlying reason why we're having this problem?

And again, there's a time and a place for Band-Aids, but if you find yourself walking around covered in Band-Aids every day, then there's something else going on and that's what functional medicine is doing.

It's looking for that something. So hopefully that helps to explain it, right? Instead of the conventional like, collection of symptoms that lead to a diagnosis that then leads to a treat back with conventional medicine.

You're still looking at the collection of symptoms and you may even have a diagnosis you're working with or you may not, but instead of looking at what can we do to stop those symptoms that are bothering a patient, you go back to where do I start and how can we fix that and in that process you often you fix other things that you are not really intending to fix.

And it's just because it's aimed more at the long-term and promoting overall- Optimizing overall health. Optimizing overall functioning of the human body so that you don't end up needing more bad things down the road or collecting more symptoms and diet and seeds.

That's kind of the beauty of it and the hope in it because it's that more longevity. It also doesn't, you know, Rene Descartes did us all a really huge disservice when he wanted us to treat the mind and body as though they're separate.

And so, flexural venison really honors that mind-body connection, which is so critical.

Stress, Cortisol, and Validation Through Testing

I think that's a big piece of it. Yeah, I'll just share with the audience a little bit about what my functional medicine journey's been and I'm interested on your reflections of hearing it.

It's probably pretty common that most physicians are stressed out and part of my workup included a 24-hour cortisol level and my cortisol came back essentially undetectable.

You flattened your curves. I myself had a very sad little cortisol curve. And I thought, I wanted to hug my adrenal glands a little bit. I'm like, the Torsanes.

Yeah. I mean, when the physician, when she's emergency medicine that's done a functional medicine fellowship, when she showed me the report, I actually started crying.

And I was just, it was uncontrollable. And the reaction was this was, like data of what I already knew that I had done a very stressful job for the last decade that I deployed to Iraq.

I came home and worked in one of the busiest trauma centers in America doing all trauma critical care and then a pandemic hit. And yeah, my cortisol, my adrenals are completely whacked.

So part of my treatment, along with some supplements to nurse my adrenals back to health, is she put in my exercise routine that I am not to do HIIT. I am not to do high intensity for the next six months.

And she talked me out of doing a half marathon while we were waiting for my labs. She was like, I just have this feeling that that's going to be really bad for you, that you just don't have the reserves to do something like that.

And, and the funny part is, and you know, how our health changes gradually is I had noticed my exercise tolerance had gone down for high cardio. And I actually, you know, as a typical doctor was like, Oh, maybe I need an echo.

I wonder, you know, maybe I've got a valve thing. And it's like, probably not. I just can't mount enough of a sympathetic surge because I've already burned through it for the last decade.

You were in sympathetic overdrive as I described it to patients and fight or flight for probably years on end. And you just ran out of juice. And a conventional medicine workbook will never uncover that.

I love how you said it was what I already knew was happening. That's almost always the chase, but until someone sees it in that black and white, in that graphic data, we tend to not take action on it.

So it is incredibly valuable to do those kinds of tests, which we'll run those in conventional medicine. examine someone's stress response through emergency medicine, nor had I in just general OBGYN.

Functional medicine just asks you to look at the body a little differently. The other interesting thing about that is as validating as it was for you to see what you already knew from this lab, patients feel equally as invalidated and demoralized when they get the general chemistry panel and they are told, nothing's wrong with you, everything's normal.

That's probably one of the biggest complaints that we get from patient centers seeking us for help with functional medicine. they're just frustrated because they've been told everything is normal and they're starting to wonder, is it all in their head?

It's like, it's terrible to make patients feel that way. So. Oh yeah. And you know, in the emergency department, I'm very careful and I've changed my language in the last few years.

You know, patients will say, well, I'm having this symptom. Is this normal? And I'm like, of course it's not. You feel bad. You're having these symptoms.

It is not normal to feel that way. And I'm so sorry, I can't get to the bottom of it today. So I'm trying to figure out a way to work in the functional medicine.

I've done it a few times for people that, you know, especially when they've had like these like crazy workups, like large workups, not crazy, but large, and everything's coming up with no answers for them.

I'm trying to find a way to, what's your suggestion for that? Like, how could we weave that in and kind of direct them to somebody reputable? Yeah, you know, one of the big ones that I see a lot, you know, I had this horrible pain and I went to the emergency room and I had a CT scan and they told me everything was normal.

I really spent a lot of time talking with patients about how the CT scan can't tell you that everything is normal. It's a snapshot and it's limited and it can tell you that it doesn't look like there's a process that could kill you right now.

But I feel like we have to be very cautious about telling patients, oh, that's normal. And the same thing when I do a pelvic ultrasound. I'll say, I don't see any acute process happening here.

But this modality is, it can't read the entire complexity of you as a human being. And there are things that could be going on that we're not able to see.

and try to walk them through some of that. With respect to helping them find a practitioner that could help them, I know ISM has somewhat of a network, so that's the Institute for Functional Medicine.

Helping Patients Understand Normal Results

It's probably only going to give them functional medicine doctors that have gone through that program, which won't be comprehensive, but it may be a good start in most places.

Do you have any thoughts on that Maria? I'm just thinking, you know, some people might want to work with someone locally. So the way to go about it might just be to do like a Google search, but if patients don't know the term functional medicine, they can't search that.

So even just sharing with them that there, you know, there's this other branch or philosophy of healthcare called functional medicine that may better serve you.

And to echo what Anna said, like I do try to point out to patients and if I'm ordering a test or if I work in the emergency room, I would say that, you know, the purpose of the test that I have run today were to make sure that there wasn't any, a big, bad, ugly, sometimes we'll call it, like we can rule out the big, bad, uglies with imaging and some blood work, like make sure they're not having a heart attack.

Make sure you don't have a tumor. but the majority of the tests that we do in conventional medicine are truly just built to rule out dangerous and mostly acute or subacute processes.

They're not meant to get to the root cause of anything. Yeah, I think it's really validating that you till the patient. that you confirm to them, no, this is not normal.

And I'm sorry that you're experiencing this because I do feel like a lot of patients leave acute workup experiences feeling kind of invalidated, like the tests no more than they do.

And so absolutely not. You obviously know more about your body. So it's not normal. So I think that's really awesome. So let's talk a little bit about how you two became functional medicine specialists.

I know there's a lot of different routes to doing that. How did you two do it? You know, it's interesting what I first started. my search, what really set me in that search was the women in white coats conference, the first one that we went to.

I believe there was a female physician who, I believe she was a radiologist, and she went and got some extra training doing, I want to think it was called spiritual psychology.

I was like, that is the coolest thing I've ever heard of. I actually started looking at programs for that, and then as I was along that path, I noticed, because I had not really heard of integrative or functional medicine, but I found both integrative and functional medicine when I started that search just to see what kind of training she had done.

And the functional medicine just really spoke to me. I looked into ISM and it's a reasonable program. It's not super expensive. It's not super long, but I think it was about a two-year process.

But after that, I was like, then what do I do? So I felt like I could get this training, but I don't think I'll know what to do with it. And then we found a program that And like the internet wrapped my mind.

And I found this program that actually taught, it was from an ISM certified practitioner. It taught the clinical piece, but then it also helped you develop a business around it.

Cause I think that's the part that is really more difficult for us as physicians.

How They Trained in Functional Medicine

and so we started with that program and we had been in the program for probably about three or four months and I actually asked him again he's the the founder of the program is an IFM certified practitioner and I said do you think I need to do this do you think I need to get this certification and he said no you don't need to you have two letters behind your name that are all your patients need and you have the capacity to learn this information and to apply it.

I don't think that you need the certification. And that's such an important message. And I've said it on this podcast before, and I'm going to say it again, because doctors need to hear it.

You already went to school more than probably anyone else you know in your life. And you have the capacity to continue to learn. I mean, the way they say the amount of medical knowledge at this point doubles like every 30 days, some astronomical number.

And I've said it and I don't say this in a demeaning way. Why do you think somebody that went to school for less time than you, like a physician assistant or a nurse practitioner, can switch from working in the ER to working for orthopedics, but you wouldn't be able to do that?

We have the capacity to learn more information. So if you want to get more training, that's fine. But I think we end up creating, I see doctors more than any other group of professionals.

add this limiting belief of, I can't do X because I'd have to go do a fellowship. I'd have to go do this. Right. You were programmed that way. And there's a reason the medical industrial complex has you programmed that way because they spend a lot of money to make you an OB-GYN and they would love for you to just go work at the hospital.

being an OB guy, but this is where I'm tying it back to the leadership piece. In order to change the healthcare system, we need innovators like the both of you that are going out and saying, no, I was working with my patients and I couldn't get them where they need to go.

And so I have to go pave a new road. It doesn't take more degrees. It doesn't take more training. It really just takes courage, honestly. You're so right about the programming of all of us.

And especially when you're really busy, for a while it was hard for us to realize what that feeling in our chest and that little voice in our head was trying to tell us because we just had our nose to the grindstone.

I believe that because we had our own practice, it gave us more space to hear and feel those things than someone who's working in a more corporate medicine model because they're so busy because the expectation on them is to be a producer and to see those reports at the end of every quarter that show them as an overproducer, not an underproducer.

And we have a, just as a side note, we have a colleague that was doing functional medicine with us. Wonderful guy, family practitioner. His patients adored him and he had worked for decades, but he ended up being in this corporate model where they were like, oh, I'm sorry, you're an under producer.

And just made him feel like, okay, well, my patients are happy. They love me and they still cared for, but. They're models. That's not in the metric. Programming.

And anyway, to get back to being able to hear that voice, it's really hard. I think it's harder for people that aren't as fortunate as the two of us. You know, having our own practice, we sort of have to make our own structure based on our values.

So if you looked at our practice on a spreadsheet in black and white and compared it to large corporate practices across the street, The immediate eye is going to be like, oh, that's unsuccessful because we're in the black, but we

don't have all this excess flow that gets to be distributed amongst the administration.

But we feel more successful because our spreadsheet has categories where you can put the warm fuzzies and calculate into how that reflects on our spirit, it's our life.

We can calculate in that, oh, that extra 30 minutes in the morning where I get to drive my kids to school and sit on a nanny. Or not being double booked for patients deep in the first 30 minutes of my clinic gives me time to actually listen to a patient and make her feel heard.

Autonomy, Burnout, and Practice Alignment

Those are the metrics that we care about. So I feel like a challenge for people who don't have what we have and that they don't have the space to hear and feel it.

and then listen to that voice, that authenticity inside them that's saying something's wrong here. It's going to be harder for them. They're going to have to really put on their like a megaphone here to listen.

really pull themselves out of that automaton mode and being like, wait, is there something conflicting here with my values? And then can I have, can I take that really, it's an uncomfortable step to make a change.

It was scary. But after having made a change, like it just feels so right. Like a weight lifts off. I just hope that the folks that are out there feeling disgruntled, but not even having the time to listen to it, will stop and ask themselves, wait, what's misaligned here?

And you know, Burnell is, when we talk about Burnell, we tend to focus on the details, charting, you know, overbooking, dealing with you know, third parties and things like that.

But the trues about burnout is it's none of those things. Those are all just the externalities of burnout. True burnout is just spinning your wheel day after day in the direction away from your values and away from your heart.

That's what burnout is. And that's why it feels like a shit storm right here. That's why she described it that way. Yeah, I think your story is so powerful because it's the building blocks that we're seeing for the women that we're having on this podcast that are thriving is there has to be a degree of autonomy and listening to how you own your own business and you're able to weave in this functional piece, there's a high level of autonomy there.

And you have boundaries that are built in. Like you are the boss of your scheduler. The scheduler is not the boss of you. And most physicians right now have lost that.

And then you're able to set your priorities. So that's my formula for people that autonomy, the boundaries. and the priorities that you have in line with your values.

And the values are at the center of all of this. And if I just listed off those four words and you can't readily list your top three that falls under those four words, then you have to start making the time to figure that stuff out.

Because two years ago, I would have told you, well, my value is helping patients and taking care of them. spent my whole life learning how to learn as much medicine to do that.

And that's the value of most people that are a medical student. But we've evolved. We're very different. You should be very different than who you were as a medical student.

And what this next chapter is going to look, how you're going to use all this knowledge and experience that you've accumulated. And let me tell you, if you don't know what your values and what your boundaries and priorities are, there is a hospital administrator that's got a preset list that they'll happily shovel down your mouth every day.

Right. And so what we hope this podcast is helping physicians do and episode I had with Sheree that's going to

come out is that physicians have to take back our role as leaders, that we actually know what is best for our patients.

And yes, we can work collaboratively with other people. but don't take away your own agency and your own ability to lead a practice, a hospital system, because we need more of us to get back in the driver's seat of healthcare.

Absolutely. Well, we're coming to the end of the hour. I have to have you both back on, but as we wrap up, what would be your one piece of advice for somebody that's having that burning feeling in their chest.

What's the one thing that they could do today besides take a thumbs? I would say, and this is going to sound cliche, but when I went through the questions that we might discuss, my answer was just listen to your heart.

Don't ignore that feeling. Don't medicate it. Don't put a bandaid on it. Feel it. Really feel it. And then listen to what it has to say because it's trying to tell you something and it's only going to get louder or more painful.

Right. I was going to say recognize that that feeling isn't because your schedule's too full, you've worked too many days in a row, that feeling is probably telling you that what you're doing is in conflict with your values.

It's kind of painful to stitch and admit that, but if you don't, you won't ever be free of that feeling. I think I finally felt freedom when I admitted I admitted that that feeling in my chest was telling me that I couldn't keep practicing the way I was practicing.

And I think this, there was this part of me that knew that, that it might mean that I don't deliver someone's baby anymore or do surgery. And that was terrifying to me.

And I ignored it for a really long time, almost a year. I think when I finally admitted like, okay, I have to change and probably mean. that I'm not doing anything that involves me having to be beholden to the hospital.

I mean, I'm helping women in that way and delivering their babies is wonderful, but I feel like I can help them more outside of that system. And deciding that being a part of the broken machinery was making me implicit in the problems Felt really gross.

I was like, you know, I knew I have to detach from, from that system, I think. And doing it was so terrifying. But after I did, so that as of February of last year, I've just been working in the office doing GYN and then doing functionalism.

And almost immediately. I remember that first day and I was like, all right, here we go. I'm not doing that anymore. But within a couple of weeks, I was like, this feels so much better.

Advice for Physicians Feeling Misaligned

I feel like my chest feels more whole again. I think I feared a loss of my identity a little bit. No, a lot of it. And so don't fear that. I sort of deigned my identity.

I had to just tell, I had to learn that I am not what I do. I am not. the procedures that I've, you know, honed my skills at. I think that was like, that was a fear of mine, losing my identity.

But I think coming into an alignment with my own values and where my heart was actually helped. I learned that was my identity, not the skills that I had learned by trade.

And it felt so good to come to that realization. And I think the message for everyone is you have a unique gift. I mean, at the end of the day, when I, I value what I do and I do think I'm a unique emergency physician, but my shift will go filled today.

If I don't show up, it'll go filled. What you're doing, your practice, nobody's going to your unique ability as women

health specialists and experts blended with functional medicine in Savannah, Georgia that understand your patient population.

That is a unique thing that if you guys shut your clinic down tomorrow, nobody would come in and fill that void. It's unique. So that's my challenge to listeners is start cultivating what your unique contribution is to medicine that if you didn't show up tomorrow, nobody's gonna be able to do that thing.

And the more of us that are doing that, that's how we start to change medicine. And that's what we need to advance the health of our patients is more of us doing this unique thing.

So we've been doing the old thing. maternal mortalities, you know, all time high, the health of our patients is, you know, in the toilet in America right now, especially coming out of the pandemic.

So we can, I actually, the optimism's back. We can change this. We can all do our unique part to innovate and build a system that's going to be completely different.

Great. Yeah, I actually told Maria that I, point of optimism here is that getting to know some of the younger generation of medical students and doctors, they are of a generation that I don't think they're going to tolerate this kind of abuse.

They have more clear boundaries. They have an understanding of cultural and societal traumas and how those are passed down. I just don't think they're going to stand for it.

And so I have a lot of hope that they will take that quality that they have as a generation and make medicine better. Like I really truly feel that way.

And I feel very passionate that this mid career group of us that have seen the light, we do have the power, they don't have the power, and we have to pair with them.

Right. We have to traverse. That's not been a dynamic that has traditionally happened in medicine. but I think the mid-career people that have seen the light compared and pairing up with this younger generation, we can actually be at a point to transform healthcare.

Absolutely. I mean, I feel like for us, people that were our mentors or were older than us, let's say in the time where we were considering medical school, their approach was to try to talk us out of medicine, period.

And sometimes people ask me that and I say, absolutely not. I would never, ever try to talk. a young person that aspires to be a doctor out of being a doctor.

I would just encourage them to make this better, and I feel like they can. And you're right, we need to lead them in that. I could do this all day. We're definitely going to have you both back on.

How can our listeners connect with you both professionally if they maybe have questions about your career? And then there's maybe some people that would want to reach out to you as patients as well.

Our wellness practice is called Mana Wellness Medicine, and probably the best way to reach us directly is on our Facebook page. So the Facebook page is Mana Wellness Medicine, and we have a group called Mana Women.

It's a free group. You just have to request to join, and we can have a discourse there fairly easily.

Connecting with Mana Wellness and Closing Remarks

Our website is still kind of in its larval stages, but it'll be coming along, and it's mymanawellness.com. So those are probably the two best ways to reach us.

There's also our OBGYN practice is thriveobgyn and we're at thriveobgyn.com. So my mana, how do you spell that? M-A-N-A is mana. And what does that stand for?

Mana is from Polynesian cultural practices. So, most of the Polynesian cultures believe in Mana, and it's essentially a spiritual life force energy that most of the cultures believe that all things have it.

Some cultures believe all beings have it, but it's just our innate inner power and it can be cultivated, it can be diminished by what we do and what we say.

And so we just thought it was a beautiful metaphor for women and their wellness that we literally have within us the power to be amazing and we just have to cultivate and tap into it.

So, wow, that is like the coolest business name I've heard in a very long time. And wow, I'm just so inspired and in awe of both of you and everything that you're doing for women.

And wow, it's really cool to see both of you. Thank you so much, Andrea. It's great to see you too. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines.

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