Dear Doctor: Maybe You Don't Hate Medicine, Just What It Has Become Transcript

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I was just like, I can't go back, But of course I went back. I'm a pretty smart guy. I don't have to be a doctor for a living. Always quote unquote, be doctor.

But I, you know, there's this guy on TV building tree houses and he's way up in Oregon and we're out here in East Texas surrounded by nothing but trees.

And I know how to build things. Let me get a builder who's not scared of heights and let's go start a tree house company. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guests and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hello again, and welcome back to My MD Unscripted. I'm your host, Dr. Clint Carter. And today is a conversation with the providers out there.

i'm gonna use the word doctor to refer to nurse practitioners and PAs as well. But in this conversation, I wanna discuss what's going on in the hearts and minds of the doctors out.

There are so many amazing men and women practicing medicine, burning out, wondering what else they can do with their lives. And so, you know, I want to title this one, dear doctor, maybe you don't hate medicine.

Maybe you just hate what medicine has become. And so today we're going to talk a little bit about remembering why you went into medicine in the first place, the excitement of helping people and solving problems and making a difference.

And, you know, somewhere along the way, medicine became about productivity and coding and billing and, um, churning patients through and trying to, you know, do the best you can despite this system that seems to be holding you back.

And so, I guess, start with, when was the last time that you finished a day of seeing patients and actually felt energized? You know, if you're doing what you love and you are able to do it the way that want to, at the best of your ability, something that your proud of, it's actually an energizing experience.

Now, a long day is a longer day. Let's be honest. However, When was that last that time you didn't feel exhausted and burn out with a bunch of charting left to do, kind of dreading the next day.

So let's talk a little bit about how we got here. You know, the physicians somewhere along the line went from being the trusted professional that cared for the patient's health to becoming employees of a system that requires a certain amount of productivity, and we've started measuring RVUs and patient quotas and quality metrics, number of referrals, procedures ordered, all the things that just make practice in medicine no fun.

The EMR that's constantly measuring your, if you've checked the right boxes that may or may not have been what that patient needed that day, but you got to for the billers.

In my 10 years of emergency medicine, because going into a clinic setting was obviously miserable when I first got out of residency. So I went into the ER setting.

And, you know, at first you find those patients along the way that make it worth it. You know when you're young and you are excited and a little bit scared, and, You're just glad that you were pretty sure you figured out what that patient's problem was and you gave them a path forward and they were grateful at the end of the visit.

And it was a very rewarding experience to help someone out and to use all this knowledge that you just killed yourself to obtain and be able to actually apply it to a human being's life.

That was fun. Then that seemed to be less and less out of every shift. And then pretty soon it was just moving people through so much that those patients needed that I couldn't provide.

Just follow up with your PCP was my favorite thing to say because that was supposedly the next step, knowing that the only reason they were in the ER that night was because they couldn t get in with their PCPs.

So at some point, I was like, there's got to be a better way. There's this big epidemic of physician burnout, and there is burnout in lots of industries, but right now, physician burn out is a huge deal.

You'll have 25% of every conference you go to for your continuing medical education is physician burnout and how to practice more efficiently, more fun, something.

It's something about the process of not hating your job. But burnout isn't like busyness because you can be busy and be physically tired, but emotionally full and exhilarated at the end of the day.

Or you can just be burned out, emotionally exhausted, cynical, feel like you didn't really accomplish anything of meaning, nothing that means anything to you anyway.

And a lot of it comes from moral injury. So burnout isn't busyness, burnout is more, being forced to do less than you know that you could, and to not be able to help that patient the way that they deserve.

And so, so much of that is moral injury. You're being asked to provide less, than the best, less then what you can, whether it's a time constraint, a billing constraint.

A, you now, just, just the system. Just, that's just not how it works. I remember in residency, I was telling friends of mine that were coming to me because they heard that I wasn't residency in town and they're like, let's, Hey, love for you to, you know, take, to take care of my kids.

And I'm like. Yeah, yeah. Well, can we just do this, this and this? No, we cannot. Why not? That's not, how I just remember the first time I said the words, That not really how this system works was like Hmm.

And I was not burnt out yet. I just remember thinking, well, that felt dirty. Um, but, you know, maybe I'll do it on, I, give you a call and take care of it.

But that's, not how the system works became sort of my later on. You know? As I remember it to this day, right? So, when things, When I started burning out, um, I started realizing that maybe tolerating a broken system wasn't the solution and that changing the system itself might be a better way.

And so, you know, for me, I was both burnout and Exhausted and depressed. I also had a little low T and low thyroid Hashimoto's thyroid and you know, that's You know I knew it and I didn't care I wasn't addressing that because number one I don't really know how to be to do that.

That wasn't how they train you. I mean, I guess I could have prescribed getting prescription for shots for testosterone, but that's not really where I was at head-wise.

It was just, it was more like, is it really a job if it steals your soul every shift? And I know that sounds dramatic, But I literally came home and asked that to Stephanie one night.

And was like I can't go back, of course I went back. But at some point, along the way I told Steph, like, listen, I'm a pretty smart guy. I don't have to be a doctor for a living.

I'll always quote unquote be a doctor. But I, you know, there's this guy on TV building tree houses and he's way up in Oregon. And we're out here in East Texas surrounded by nothing but trees.

I know how to build things. Let me get a builder who's not scared of heights and let's go start a tree house company. You know? And stuff's like, well, You are a Doctor.

So God opened one door and then the next door, and the Next door. The next thing you I'm founding my MD select in Tyler in 2015, opened my doors in 2016. Um, and it was like, well, if I am going to be a doctor, then I guess this, at the time we called it concierge medicine, which is a little bit different now, but we'll call it direct primary care.

This membership based medicine is awesome, But it's a pipe dream. Nobody really gets to do that. Who really get to that? And 10 years ago, almost nobody was the answer.

Um, uh, nowadays there are more and more direct primary care clinics popping up in, you know, Tyler's a hundred thousand people. We've got five or six direct, primary-care clinics in some version of that.

And so, what really attracted me to direct primarily care was just time with the patient re a real doctor-patient relationship. Are you kidding me? I mean, prior to this, when a nurse came up to ask me, hey, can, you know, Ms.

Smith have more morphine? And I'd be like, who's Ms Smith? Oh, the gallbladder in room six? Yeah, she can have morphines, sure. But I don't know Ms, Smith.

She's in and out and, doesn't want to talk to me. We just need to get her to surgery. So there's this real patient-doctor relationship was, was like a unicorn until I started this practice and it was, you know, we started slow.

I was still working ER full time and doing this full-time and you started a membership practice with zero members, not how I'd recommend doing it. However, that is exactly how it worked out and how God intended it for it to go.

And one patient at a time, one family at at time. Eventually one small business at the time we accumulated patients that You know, with that first year, we opened our doors officially in April.

That first Christmas, like goodies and gifts started showing up at the office from patients. And I was like, what is happening? That is insane. Is this safe to eat?

At the ER, if someone sends you food, you probably didn't give them enough morphine or something. I wouldn't eat that. Do people really do that for their doctor?

Who's heard of that? So being able to practice medicine, The way that I knew I could, the way the patient wanted, you know, ultimately in our practice, we say the patients is the pilot and we are the co-pilot.

My job is to guide, support, point out where some of the pitfalls might be, give them the knowledge that and then ultimately it's their health, it is their life, its their decision, there's so much autonomy and a natural uplifting sense of responsibility.

Responsibility almost has a negative connotation, but the way that we practice medicine in this business model, that's what direct primary care is. It's a business that allows you time and relationship with your patients so that you can um empower your patient to live the life and have the health that they want um that's not what the system's trying to do what this system is built to Do is to diagnose and treat disease and it assumes at baseline that people don't change that.

They don t want to change and they just want appeal for that and while If you, you know, if you raise them in that system long enough, they'll, there'll go along with you.

However, I have found that the pay and some of it's, You know selection bias, the patients that come to me are frustrated with the system at first. But now that I've got more and more employers coming on, getting more employees that didn't know what the heck, a membership based doctor did or was I'm still finding that as you educate, guide, encourage, empower people.

They make changes and it's amazing. And they feel great and they're so grateful. It's just such a fun way to practice medicine. The long and short is I didn't need to stop being a doctor.

I needed to find a way To be the doctor that I always wanted to be. Like I went into my first email address that. I got was old doc Carter at blah, blah blah.

Blah. Because I wanted him to. Be that guy that the local community just trusted. Well, old Doc Carter said, go do such and such. That's what I'm doing.

Um, uh, and then that just got. you know, lost in the shuffle, of course. And so this business model, direct primary care has allowed for me the practice of medicine I wanted.

I'm not saying direct primer care is the only answer. If you're out there and you would love to do a concierge medicine model where I've already got insurance patients, what if I just tack on this extra membership bit?

I find, I know several doctors that are making that work. Um, uh, maybe you just want to have an independent practice where you get to do it your way and no one else is calling the shots.

And you think you can run that business and make it work? I think that's fine. There's functional medicine, which we do some of here, there's lifestyle medicine.

More of a focused practice here and there where can really niche in and get people to pay cash instead of insurance. I. The big common denominator. with this sort of alternative strategy to medicine is not having to prove to insurance that you did something of value.

The patient can determine value and then we can work inside an insurance plan or alongside someone's insurance. When a family comes to me off the street with insurance, without insurance I just become what they need.

Um, and so, you know, I, uh, most of my patients have some form of catastrophic strategy so that if and when something happens outside my reach, things that I can't fix within this clinic, that they have someone to help cover those expenses like insurance is supposed to run.

We've had several podcasts over the years on how that should probably look. We don't give our, you know, car insurance card to the people at the old change place.

Um, they don' want that. They don'' care. There like changing your oil is going to cost you $75 with that premium oil you want it or not. And the answer is.

do it and thank you very much. So, um, uh, you know, it used to be a lot less when, before I was changing my own oil, but these days that's, It just doesn't, doesn' money out.

There's too much value in having someone else do It in 15 minutes, the right way with the Right stuff. Oh, dad's not listening anyway. Um, so, You know it's Not that direct primary care or one of these other models is automatically easier to do there's a lot of frustration in.

Especially if you go out and start your own practice right that's hard building a practice comes with some financial

risk it takes business acumen I you know I was just so blindly burn out that I didn't care and I just.

learned the school of hard knocks until you know the last say five years i've started really actually learning how to run a business which makes it way more fun by the way i love it now but before i was just so happy to be able to practice medicine i didn't care i would still do an ear on the side i will just transfer money over to the practice when we needed to make payroll if we need to Um, but the, the point being is that there are lots of options out there.

Um and you know, there, are ways to do it as an employee. You don't have to break out on your own. There are practices that are doing non insurance, uh, alternative style medicine.

They would love to have you come along. Uh, my MD select is probably one of them, um, depending on where you are and what you're looking for. We are absolutely looking to grow and bring on quality providers that are tired of this system and are almost ready to quit, right?

Um, or maybe they are ready to quit unless something like this comes along. That was, that was me. Right. And if you're in that spot before you leave medicine, ask yourself a few questions.

Uh, do you really dislike caring for patients or do really just dislike what has become patient care? Right? Chances are you actually like caring for people.

You actually would like to care for People better. Um, but patient care as it has been dictated to you is no fun. When was the last time that you practiced medicine in a way that made you proud?

Like really proud to be good at your craft to be proud that your patients are getting the best. What would your ideal day as a physician look like? If you could just peel away the business of medicine, what would the practice of Medicine look Um, and then what are you afraid of losing?

If you have to make a change, if you make it change out of your, uh, current hospital based practice, you know, let's, it's good to think through what you're scared of, losing.

And some of those fears are completely founded. When I left my job, I had no money and I started this practice with zero patients. So I have had to go get another job.

Um, Stephanie worked full-time cardiology, I worked, um, ER and somewhere along the way we built a practice in the, in, uh, In the spaces around the employment, Uh, arrangements, right?

Um. There are a lot there's some there are some things that you'll you're scared of losing that is reputation or you know just patients I don't want I I want to let my patients down is so it's so complex that something I wanted to start asking yourself start thinking through and then you even if you don leave.

What is one change that you could make in your practice right where you're at that would make it more enjoyable, more satisfying for you in the next 90 days?

Humans are 90 day creatures. If you get outside three months, we can't see that far. But in the next 90 days, what is something that's worth doing that you could implement in your practice that would make your process a little bit better?

And once you feel that satisfaction, that empowerment of making a change, That fuels the Next Thing. And at some point, The Next thing might be talking to, A physician it's already practicing outside of a traditional model right or shadowing a direct primary care or concierge doc or a functional medicine guy.

If you're if you are interested in alternative strategies. Um, or an integrative, ideally an integrated model that uses everything, all that knowledge and wisdom that you gained all these years of scratching and clawing to be as good a physician as you can be within the system.

And then you add that outside the box stuff that insurance doesn't know how to pay for. So therefore it must be voodoo. and then you start watching patients get better, it's magic.

And then, you know, the other thing I think is worth saying is don't make any permanent career moves obviously when you're depressed and burnout and in a bad place mentally, right?

Like bring your spouse, bring you advisors along, have these conversations, think through this. Then ultimately, when I made my move, I was depressed in burnout, and When I opened a practice with zero patients and got paid a non-compete to leave my old ER job and then got a new ER without a nine compete so that I could have two full-time jobs, that didn't help my burnout or my depression.

I was now in debt. and had two jobs. But in the end, I was able to keep the goal in mind and God just put a hedge around me and protected me. And my wife and my doctor and mentors loved on me in ways that got me here.

That's exactly what you need. No doctor should be on an island unless it's in The Caribbean and you're getting paid well. So in the meantime, you know, really you've spent too much time becoming a physician to assume that the only way to be happy is to not be one.

There must be, there are other ways. There are options. So in closing, medicine is still worth loving. The system, the business model that you're in isn't.

But medicine, people are. And the problem with people is people. People can be hard, but you know. you know what i'm talking about taking care of people is a satisfying calling it's an extraordinary calling and quite frankly it can be frustrating and hard and all those things but in the end when you're able to be the holder of this knowledge that's, you know, the 1% of the, 1%, get to know what you now.

And to be able to use that for other people's good is such a satisfying process. You're also the hands and feet of God, whether you believe it and know it, that is what your being called to, people are put in their trust and their faith, their health in your hands, It's a sacred thing, it's beautiful thing.

We need good doctors to stay in medicine, and we need those same doctors, to help change how medicine is practiced in this country. And you know what?

When I started this practice, you couldn't text an app for a doctor inside the system and hope to get a response. You can't even get call back from a nurse.

But outside the systems, things like direct primary care and concierge medicine and these other solo practices started replying to patients and having this conversation and patients demanded that level of care.

And so we are pointing to a better way. And you guys, the good physicians and providers out there that are struggling and are talking and thinking about quitting, you guys are the key to changing medicine.

You guys, the patients will follow you. The patients know that you have their best interests at heart. So you know what? Maybe you don't hate medicine, maybe you hate what we've allowed, me included, medicine to become.

I was complicit in the process. I the one in residency saying, that's not really how the system works. Maybe, just maybe, there's a way to fall in love with being a doctor again, and it's probably just in need of a different business model, a difference opportunity to practice medicine.

So if you're struggling with burnout, don't assume you are out of options. Find other doctors doing something different. Talk to them, reach out to me, reached out my partners at Miami select.

Uh, we've got four locations in East Texas, plus some onsite clinics with, with um, more clinics coming. So, you know, explore what's possible. Um, and if starting, if getting out, You know?

It is just quitting your job and starting your own practice. Sounds like the one thing that you'd enjoy less than your current practice of medicine. Then guess what?

You're in the right place because my next episode is for you. But until then hang in there and just. enjoy, think back to why you got into this game in the first place.

Why you sacrificed all those years and all that time and energy and money and delayed gratification in order to get where you're at now. And really just kind of go back Thanks for joining me today on My MD Unscripted.

I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life. If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare.

Real change starts with real conversation, so let's keep them going. Until next time, stay well, Stay curious, And never stop pushing for better.