Burnout and Moral Injury in Medicine

And the definition of burnout is not tired. It's not that the doctors worked too hard during COVID and that's why they burned out. It's moral injury is the technical definition of burnout.

And it is knowing that you are not allowed to take care of people the way that you want to. You're being asked to do something that you know is wrong.

That's the basic definition of burnout. This is Dr. Talks. Hello, welcome back to the integrative health podcast. Yes, you might have heard a rooster boots with the fur Well, if you joined in so dr.

Jen here. Yep on the mini farm Yesterday, I ran over a chicken. It was very traumatic Oh, yeah. Okay. Well, okay, let's before we get started with our guests today, I want to read this awesome review.

Thank you from Lucina for five star review. And she said this was a very informative conversation. So thankful that Dr. Jen is continually using her platform to educate our listeners about the important topic of mold.

She's so educated has helped so many people to heal from this environmental toxin. Thank you, Dr. Jen, for all you do. Thank you, Lucina, for really appreciate that review.

This helps get more information out to other people. So if you are listening and you want to be on here and be on the podcast, you know, write a review and maybe I'll read it next episode.

Introducing Dr. Carter and the DPC Model

Today, we're going to have a great conversation with Dr. Clint Carter. He's a physician, entrepreneur, and co-founder of MyMD Select, a multi-location direct primary care practice.

After burning out in emergency medicine, and I feel that, he and his wife Stephanie build a thriving DPC model that prioritizes time access and whole-person care.

Clint speaks on how DPC restores the doctor-patient relationship and expands access to innovative therapies. And this creates sustainable careers for physicians, which we need happy physicians because if they're burnout, you are not going to get good care.

So welcome, Dr. Carter. So happy to have you. Hey, thank you so much for having me. This is Greg. Yes, yes. And you might hear some more chicken noises for the ones that didn't get ran over.

I actually I was very upset about it. Everything is a learning experience on the farm. And, you know, sometimes there's death involved. But anyway, so let's bring that to learning about like physicians and health care right now.

I mean, this insurance model came in And since the insurance model came in, I really think that patients are not getting good care. And we see this in the statistics of how unhealthy Americans are.

So what's your story? I mean, you were burnt out. Do you feel like insurance had to do with that? I mean, yeah, insurance as access is a bad idea. I know in the 50s, it sounded like a good idea.

And then over the course of the last 70 years, it's just gotten out of control. Unfortunately, there's not a conspiracy here. Unfortunately, it's just a matter of insurance as access being a bad idea.

And then you know, they charge more, they get a discount to the it's this it's this game of billing that leaves the

patient the last thoughts in the process.

So what my story is more of y'all be the regular family guys in the residency. We had a great residency program. We had a lot of ER work. And then we did ER.

When I when I got out of residency, I started doing these interviews at these clinics and they were just miserable. The doctors were miserable. The patients were miserable.

The the staff was miserable. I was like, OK, I'm not doing that. I'll just go do ER. You know, this was 2000 and You know seven I guess so a long time ago everyone was already miserable and the weights were long and it's just gotten worse since then and so.

I went into the ER and it was fun I was off on random Tuesdays you know that kind of thing and then it wasn't fun anymore and. I came home, you know, and I asked my wife, I was like, is it really a job if it steals your soul every shift?

Like that's just not it. The money was fine. It just had no real patient doctor relationship. I was basically just doing primary care in the ER because no one had access to their doctors.

Like these people don't need an ER doctor. They need access to their doctor, but the system is set up so that in order to keep the lights on, their primary care doctor had to do follow-up visits every 15 minutes for the course of a day and then go home and chart and do it again the next day.

Why Insurance-Based Care Breaks Down

They didn't have time to see these urgent, semi-urgent needs. So I decided at that point that Listen, if I don't want to be a clinic doctor, and I don't want to be a New York doctor, I guess I don't want to be a doctor anymore.

So I told step I was my wife, who's a PA, physician assistant, I told her this like, Hey, I think I'm going to go build tree houses for a living. My We built our house as the builder.

I come from a line of handymen. And so I was just going to find a builder who wasn't scared of heights and start building hundred thousand dollar luxury houses in the trees and do it like the guy in Oregon who's having a blast.

So God and Steph had other thoughts. And so through a series of connections, I ended up. Starting a direct primary care practice in little Tyler, Texas.

And so direct primary care or DPC, it's a terrible name. When we started, that name didn't exist. We called it concierge medicine back then. Concierge Medicine is technically a little different from a business model.

But the idea being is that people pay me a membership and they get all my time, attention. The membership covers all the overhead of the clinic. And after that, everything is at my cost.

So hour long visits, no wait, no waiting room, 24-7 access. And then if you need labs drawn or stitches or something, it's at my cost, $45 for stitches, because that's what the supplies cost.

You know, refill this, refill the supply closet and let's go. Do you remember that show, gosh, on USA or something, Hank Med? Yes. Yes, yes, yes, yes.

I love that because he was like an ER doctor and concierge doc. And really, that's what people want. And now everyone just uses chat GPT for all their symptoms.

That can go down a slippery slope because you're not getting the expertise. You're not getting the gestalt. And that is what's really important. And you know, Clint and I, we were in the ER for so long.

Like we can look at someone and know if they need to be admitted or not. And that takes, that's gestalt. I wasn't doing that my first year of residency.

I sucked at that my first year of residency. And that's something that you can't teach. You just need them to clock in the hour. You know, there's a lot of concierge direct primary care like popping up, but they're all like newbie grads.

And then they're throwing on that they're functional and wellness medicine. And honestly, since moving to Tennessee, there's a lot popped up around here.

And when I talk to people that go to them, I'm like, they're not even working on your root cause. Do they have a good mentor? Did they actually get the experience?

Did they actually train? So you have to be careful when you are choosing to spend money on a monthly, you know, physician, on a concierge, on direct primary care, on an integrative wellness, like they might just be using that as marketing.

So, you know, Dr. Carter has gone through it. He has the gestalt. He is mentoring and training the people in his office. So you really have to be careful because sometimes, you know, functional and integrative medicine is just becoming the new conventional medicine for some of them out there.

So, you know, yours is different with that fact that you have seen what doesn't work and you don't want to just repeat what doesn't work and you're really doing something different.

We're not really interested in hiring new grads as providers here. People need to have had tons of experience and get burned out. quite frankly, in the system to really be good at what we do.

It's very interesting because I will see people and they'll even message me on Instagram. They're like, I want to do what you do. But I like they want to do it in a year.

And I'm like, it took me, first of all, 10 years of being a conventional ER doctor, and then 10 years of practicing integrative medicine, plus doing podcasts, teaching, YouTube, doing a fellowship.

Now I sit on the board of my fellowship training and write the questions. We have to be patient and it takes time for maturity. Like an egg, you just crack that egg open, it's a yolk, you eat it, it's not ready.

If you put it in an incubator, it will turn into a chick, but it takes 21 days. So really make sure, and I have to educate people on this, look at their training, look at their mentors.

And you might be a little more expensive than the person that just walked out of, you know, NP school and is opening a practice. So there's different sub models of it.

I mean, you can get a $50 a month guy that's working out of the back of a chiropractor's office that, you know, doesn't have any staff and he's basically selling time.

I mean, in the end, It's, it's really make sure you're getting what you want. It's not even so much. They might not be what, you know, as experienced and I think the idea is like, okay, Hey, I'm not getting any time with my regular physician and the system.

You know, my 45 minutes in the waiting room, my 30 minutes waiting more in the room and then seeing them for eight minutes so that they could stare at the computer the whole time and tell me to work out and eat better and see you in a year and take these five pills you don't want.

So if you can get, if all you want is your doctor to like make eye contact and listen to you for 30 to 45 minutes, then you can find that you can find an inexperienced person who can do that.

And they're going to do a better job than the experienced person at eight minutes at a shot. It's just, it's not a fair fight, right? I tell people all the time, I'm not necessarily the smartest doctor.

And even in Tyler, Tyler has got some great folks. It's not a fair fight. I get an hour of my patients and they get eight to 10 minutes. And then there's like, we here at our clinic happen to have grown to the point that we can do sort of full service.

We can do your urgent care, we can do IVs and injections, and we can spend some time and we can do some functional. And functional's aren't really even our expertise.

Building a Direct Primary Care Practice

We're still learning on that. I've got a couple nurse practitioners going through the training now. I've sort of learned mine case by case, because my partners are functionally trained, At my location, we don't even advertise functional, but we're all about root cause and trying to figure it out.

And when you have an hour to sit with your patient, you get way past how you doing fine, you know? So it, you know, time works as well. Or giving them a prescription, you know, for.

Yeah. for everything. And I don't know if you learned this, you know, and I'm sure you have like the doctor when a doctor sees you, especially in the ER, they interrupt you.

What is it within the first 10 seconds or something? Yeah. So and I get it. Like, first of all, doctors, we we're very type A, we want everything right away.

We're very impatient. A lot of us tend to have ADHD tendencies. So we are finishing your sentence. We are You know, right. Like we're like, oh, we're already ahead of that.

I'm already on step five. Like, right. So, yes, that's annoying. And we're all working on that. Well, the ones that understand that pride, it's flesh.

Anyway, it's hard. Yeah, it's hard. So that is something that literally I had to learn. I was on the the patient satisfaction team, which press gaining is ridiculous in the ER.

But but one of that was just I told the docs and I'm like, you just need to sit there and let them talk. for two minutes or even a minute. Just bite your tongue and they will tell you what's wrong with them.

And yes, we have to ask specific questions for charting or to get more information. If they're bleeding out, we're not going to be asking them any questions or listening to them.

But it's that listening and that 30 minutes with the doctor as opposed to five or eight, that extra time will give the clues that we need to know what's going on.

Also, it gives us a chance to know that patient enough to know whether they are the, hey, I just want a pill for everything kind of person, which probably makes them a bad fit, but hey, there's, we have some of those.

And then, or are they the folks that absolutely under no circumstance will take a medicine made by big pharma. And I'm like, well, I mean, there might be a time, but okay.

I can take their health philosophy, you know, the philosophical things that matter to them, and I can put it into their healthcare decisions as well. And then ultimately, I'm the co-pilot, they're the pilot.

I'm just here to help. And they're going to be making their own healthcare decisions because if I prescribe a medicine they don't want, we're not going to take it anyway.

So what's the point? Yeah, it definitely comes down to compliance. And even going into more natural medicine, it's the same thing. Pill fatigue people have.

Yeah, tons of supplements. Or they don't want to inject peptides. Yeah, and I talked to them about that. I'm like, are you getting pill fatigue? Let's narrow it down, or let's go through the risk and benefits of being on this versus not being on this.

Are you willing to trade out a lifestyle thing? You know, are you still like to drink on the weekends? Well, we need to give way more liver support because that's going to affect how you metabolize your estrogen.

It's very nuanced and patient specific. And this goes back to motivational interviewing, which I don't. Do you have some experience in that? I don't know that word so okay so motivational interviewing oh so my fellowship for integrative medicine the andrew wilde college we had hours and hours of training on motivational interviewing so it's how to see what motivates the patient like is it Is it going to be playing with their grandchildren and being able to get off the floor?

Well, if it is, then we need to cut gluten out of your diet so you can do that. So this is getting to know your patient. It's knowing what they can and can't do.

And, you know, sometimes you have to have hard conversations with them and that comes with a relationship with your doctor. If you don't have a relationship, they can't give you that tough love and you won't listen to it.

And that's what's wrong with healthcare right now is, you know, we went from, they actually know their doctor, they like their doctor and they trust them like as a friend and a doctor.

And they know that they are not out there to harm them. And I think things have flipped since COVID is now people literally think doctors are out there to hurt them and it breaks my heart.

And I try to, oh my gosh, I try to talk at the DO colleges about this, the AOA, and I'm like, people hate DOs now because they think they're not even looking at the body as a whole and jab, jab, jab, jab, jab.

And they're just not listening. I'm like, we have to go back to the roots. So yeah, it's sad. It's sad. People lost the, they all think we're getting kickbacks for everything.

The conspiracy theory lives. I go out of my way. When the patients come in super, super, you know, conspiracy theory and I just like, Oh, listen, I'm with you.

The system is broken. The government has way too much say the insurance companies have taken it over the cliff. But there's not like a mastermind behind all this.

It's not so much the conspiracy as it is the fact that it was just a bad system and this is the natural result of the bad system. It is a bad system. And then dead gum, COVID came in and broke everything.

So I do think that having that opportunity, ah, yes. Okay, I had to grab it. I had to grab my tin foil hat, which yes, I okay. So if we talk conspiracy theory with medicine, you know what?

What did change? You know what? What? Why is it like this? So I think ultimately big picture is at some point the burden of responsibility for your health got passed on to actually your boss.

Your boss is probably paying for your insurance unless you're over 65 and then the government's in charge. So that's even worse.

Time, Listening, and Patient Fit

And then the people that are deciding what's good and bad in this, what's approved and not approved, the

governmental agencies are all funded by the pharmaceutical companies that ultimately are trying to get approved so the system is biased and you know cut off at the knees before it even starts so it's just uh it's a money-driven broken process the whole thing is driving as fast as it can off the edge of the cliff and it's practices like functional medicine practices direct primary care practices places where we're putting the patient first and everything else second that is causing the industry to have to change a little bit, right?

Yeah, I mean, there's really no benefits for having healthy patients. No, no, it doesn't, I mean, people get sick. Like I don't think there's a, you know, doctors are never gonna be out of a job, not till, you know, Jesus comes back.

But in the meantime, you know, the system, if you're the insurance, can you put yourself in the insurance company shoes for a minute and then just take a hot bath.

You know, if you're the insurance company, how are you gonna decide what to pay for? Are you gonna pay someone for not getting sick? That's really hard.

But can you, but I can, it's very easy to say, look, they have appendicitis. Okay, I can pay to fix that. All right, so if the payers are trying to figure out what to pay for, it doesn't really work to do preventative care.

Because maybe that person wasn't gonna get sick anyway. How do I know that you prevented anything? And they might be on a different insurance plan in that time.

Yeah, no, you can't. The health share system is a little better. They at least are looking to just cover emergencies in the healthier you are, the more money you save.

In a system built to pay to treat the fruit and not the root that's funded by the drug companies that make money when you're sick, it's pretty broken.

Yeah, and this, I'll keep my tin hat on just for this. If we as a nation really wanted to get healthy, we would stop GMO crops, we would ban glyphosate, fatty liver, diabetes with these drinking Coca-Cola, which advertises for everything.

It's on every football thing. Kids are indoctrinated with it that it's good for them or that they should have it. It's horrible. It's ruining people's livers.

It's ruining their metabolic flexibility. If we really wanted to fix most of these metabolic issues, you know, we would just say, hey, processed food, you get a 20% tax on that or just ban it in general.

But all the big money comes from that. And it is a broken system. And I really help, you know, RFK Jr. He has his hands full. He is trying to do what he can and this movement.

But we it's pay to play. I mean, even as as doctors and getting our information out there that we love because we want to help people that it's all pay to play.

And it is crazy. So that like that that's it for my tin my tin hat. But yeah, anyway, we'll do, you know, a fun subject that I just want to ask you real quick.

So you mentioned, you know, doctors will have a job until Jesus comes. For New Heaven, what do you think your job would be? Because I often think about that.

I'm like, we will not need doctors. What will I do? Maybe I'll make hats. Yeah, you'll make beautiful tinfoil hats. I mean, maybe I'll build tree houses.

I don't know. Oh my goodness. Yes, tree houses. Yeah, I mean, heaven's gonna have a bunch of those because if you've ever been in a relatively nice tree house, it's pretty special.

Oh, that is good. Okay, so you're gonna build tree houses. Yeah, and you know, in physicians in general, we care for people. And it just so happens that our, you know, it's kind of like, what are counselors gonna do?

What are, you know, all of these folks that are into caring for humans in this broken, you know, sin, infected world. I think it's gonna be caring for people in a positive way, you know, in some manner as well.

I mean, you know, it's clear that heaven is gonna be, you know, the second earth and it's gonna be a, we're gonna all have ways to serve and our giftedness will probably, you know, to some extent continue into the afterlife.

So it's pretty cool, pretty cool to think about that there won't be a bunch of disease and yet we might still get to serve. It'd be fun. That's awesome.

All right. Well, take, OK, if a patient's like, what should I look for? Because not everyone's in Texas. What should they look for if they're looking to jump ship for direct primary care?

And some of these offices, some of these DPC, they can use insurance for labs and, let's say, imaging, right? Or tell me because I think that's confusing.

Let's say that your frustration is that you just don't have any time with your doctor, you're not heard, they philosophically are just throwing pills at you and you're trying to do better than that.

Then what you're looking for is a doctor or a provider, even a nurse practitioner, a PA, someone that can listen to you, okay? You want time and attention.

Okay, well that should be the bare minimum. And then there's a couple models out there that can do this. There's some people that are fee for service that charge more when you see them so that they can keep the lights on.

But you just pay them when you go. Functional medicine and otherwise, that model works okay. From a membership standpoint, there's two kinds. There's what I do, which is direct primary care, membership only.

At no point do I charge insurance ever. now if you've got this amazing insurance policy and you want your labs covered by your insurance policy then i can let you go to the lab draw station and they can bill your insurance but what you'll find is insurance doesn't want to pay for all the cool labs i want they just want to pay for the the regular old labs that like you know medicare wants because the people who pay the bills make the choices so What we've decided is if I can get you a blood count for $5 or $4 and I can get you a, you know, the most expensive lab we have is like a vitamin D for $24. But if I can get you all your hormones and almost all the labs that you want to check for $100, it's going to be like $300 of labs, you know, at the hospital or something.

we just kind of recommend that we do that however like on if you've got great insurance and it's just going to be free let's use it if if when you get an x-ray if you've got great insurance and it's not just a seven thousand dollar deductible setup Yeah, let the outpatient imaging center bill your insurance.

However, I can tell you what the cash price is, so you need to know where the bar is if they're like, oh yeah, no, you're under your deductible, so we're gonna charge you $400 for this x-ray.

Like, hmm, I could have got it for 75 bucks. So just, you know, my job, once you're a member at my practice, every healthcare dollar out of your pocket is personally offensive to me.

Conspiracy, COVID, and Systemic Frustration

I want you healthy and happy spending as little as possible on all this stuff because the prices are so crazy inflated. The other business model that really developed early on in this process was they're like a regular doctor who takes your insurance for some of these things, but then you pay a membership on top of that to have your doctor's phone number and increased access.

It's kind of a hybrid. I don't like it. It's one foot on each side of the fence, but they charge a lot for those membership. They charge more than I do for the membership on top of the fact that they're going to bill your insurance.

So I think your best bet is to find a. Provider that philosophically aligns with you either either functionally trained or at least root cause or at least going to sit and listen to you and then find one that's that aligns with your budget because in the end they're going to save you money like for my Medicare patients.

I can only save so much because the government does pay for a lot of stuff. But for my high deductible insurance patients or people who aren't getting insurance and just paying me, which is a little risky, but you know, just don't get cancer.

I end up saving money in the end. You don't have, you never go to the ER, the urgent care unless you're having a true emergency, in which case that's what they're for.

So it financially, I think it makes sense to invest in your healthcare and stay out of, out of the system that likes to milk you for money. Even if you have insurance, you know, most people right now, a low deductible plan is like four grand.

I know it's crazy and crazy. And it's so hard because patients are like, well, why do I need to spend money on functional labs or to see you? And I'm like, well, like this is prevention.

This is longevity. I'm an expert. Like if you want to just do the conventional medicine rat race, you can. And sometimes we use it. Sometimes I have them use their insurance on stuff, but like we have to think of it like a car.

When you have car insurance, what does your car insurance cover? It covers bad accidents, all of that. Does it cover your oil change, your gasoline, your tires?

No, no. So we have to really like look at insurance for what it is. It is for emergency care. It is for catastrophes. It is not wellness oriented anymore.

Insurance should not be accessed to a doctor. Insurance is for emergencies. That's what it's for. And even the insurance companies are going that way.

They're like, yeah, sure. I'll ensure you after the first $7,000 out of your pocket, we'll kick in something. And it's like, That's literally insurance.

That is literally, I will have to go bankrupt before you pitch in anything for most Americans. Yeah, it's disgusting, it really is. Yeah, but it still costs $1,000 a month to get a $7,000 deductible.

It's untenable, something has to change. I can't imagine what that's gonna look like. So what we're doing is considered disruptive industry, right? We're taking, the regular industry and we're disrupting it saying hey look you can take care of patients the way they deserve to be taken care of and you can do it for less.

And so now even you know if everyone listening probably has a lot of them are going to have docs at a hospital-based clinic for one reason or another and that app will have a communication section on it.

It'll be like hey text in and your doctor will get to you in a week or the nurse will get to you in a few days or something. And that's because of practices like ours where they text us, we text them back.

Ultimately medicine is a service industry and you go out of business if you're not serving well. So the patient satisfaction does matter and patients are getting smarter and they're demanding more.

And I like to think that we're a small part of that. Yeah, yeah, absolutely. Now, you know, it was probably a lot different for you and your wife going from just shift work, working in the ER to being an entrepreneur.

Like how are you dealing with that? Cause I know like my brick and mortar, which I, you know, finally the Lord was like, shut that down. It's a distraction and such a relief from that.

Like some, you know, I do miss it at times and I know there will be other opportunities, but it's a lot. So how'd you deal with that shift? and what have you learned?

I think most folks that leave the system providers in general to start or join a direct primary care practice, we'll say start a direct primary care practice.

They're just desperate. Like that was my thing. I was like, listen, if and when this goes out of business, I'm just going to build tree houses. That's what I wanted to do anyway.

Like, you know, I just, I just, it's like, you know, I was late thirties. I had time to make a switch. I had time to go into debt and climb out of it.

I just wasn't going to keep doing what I was doing. So it was so desperate. I didn't really care. But in hindsight, you look at it, you're like, okay, I paid a $55,000 non-compete to the hospital so that I could leave and still practice medicine in my town.

Then you did. Yeah, I did. Let's talk about. Yeah, let's talk about that. Like non competes and medicine. And I know the FCC, FCC, FTC, Federal Trades Commission, FTC is going to be doing away with non-compete.

And and honestly, if you guys get like mad at your doctor or the system or whatever, sometimes we are so locked into paying off our medical school loans, which by the fact, by the way, I'm putting on my tin hat.

I really think Big Pharma owes me money for grooming me throughout the entire medical school process. It's BS. You know, we're drowning in loans. They make it so hard to set up your own practice.

You had to pay, you know, money to start your own practice, plus having an actual office, plus this non-compete. So they have us where they want us. Yep.

It's a lot of work. And you got to be… So everyone needs to watch, you know, Dr. Carter's podcast, leave reviews. If you're in Texas, go see him. I mean, we need to support disruptors like us because otherwise it's going to be like a horror movie.

But anyway, I just wanted to share that. Well, you know, normally I would have fought it because I'm not I'm not really a. I don't know. I'm not, you know, I'm not a rule follower.

I'm a, I'm a do it the right way, not your way kind of guy. And so, but I'm in a town of a hundred thousand and it's really even smaller than that. When you talk about you going out to eat, you see people everywhere.

So I just decided I was going to do kind of the, I don't know. The Holy spirit was like, you know, you don't want to be, you just want to do it the right way.

What Patients Should Look for in DPC

I want to be able to walk into XYZ restaurant and see Big Wig at XYZ hospital and be like, hey, you don't get to be mad at me. I followed your stupid little rules.

And I just considered it an investment in the future. So I paid my non-compete and then I paid actually, because I had zero patients in a membership based practice.

So then I paid another small freestanding ER to be able to be to join and work there to make money. And then I started a brick and mortar probably about nine months into seeing people at like Starbucks and, you know, I would see people wherever Einstein bagel.

And then meanwhile, my wife is still working in the hospital. I'm pulling basically a full time, full gamut of ER shifts and together we're covering the clinic.

So we did it as hard as possible. Most people that start up are going to have a primary care clinic of some kind that they're just they love taking care of humans they're just really really tired of all the other crap that comes with being a doc and so they leave and ideally 10% of their patients will follow them and if they do they can pay their bills and they're off to the races and then you build up your practice you you weed out the people you don't like you let in the people you do you kind of raise your prices till you find that sweet spot And it's a great way to practice medicine and have a life.

Your work-life balance is great, but your job satisfaction is great. This work-life balance thing where you spend too much time at work. Well, everybody spends too much time at work.

You have to be getting some satisfaction from your job or you're not going to have balance anyway. For me, the first five years we just took really good care of people prayed a lot and God took care of the finances and then somewhere around year five God was like hey put this guy in my life put this guy in my life a couple of my patients were in a CEO group like man you really got to join our group and really learn how to run this thing I was like I don't have time to do that and then eventually God just sort of hammered me I got into EOS as a entrepreneurial operating system so it taught it's like how to really run a business well, but also you don't have to know anything about business.

It teaches you what you need to know. So it was like business for dummies. It was great. And now I'm getting, you know, in that, and I joined the CEO group and God just kept putting mentors in my life.

And so now I love it. I love running the business part. And instead of locking it down and making the waiting list and raising, I think we've been called by God to spread the gospel, if you will, of direct primary care and more patients getting to be treated this way, more physicians and providers getting to do medicine this way, more staff getting to do medicine this way, because guess what?

The nurses are miserable too. The MAs are miserable too in the system. They're just turning the meat and they could do so much more and they know it, but they're like bottom of the food chain at a lot of these places.

So it's a service to everybody in the process. Yeah, and that's such a great point how it's not just doctors getting burnout, it's nurses, it's staff, it's people answering the phones, especially during COVID.

I mean, they had to do things that they didn't feel comfortable with and where they all have trauma. Like I know I couldn't prescribe ivervectin in the emergency room.

I gave them sheets and told them where to get it. And I thought that that, I mean, that really should be illegal. You can't tell a physician how to practice medicine unless it's doing harm.

So a lot of overstep there. And if I prescribed it, I'd lose my job and I still wanted to work in the ER. So yeah, I mean, it's almost like we're gagged, you know, because if we would really speak out or the nurses would speak out about stuff, they'd be punished and then they have a non-compete so then they can't work somewhere else.

So we really have to realize there's a lot of shadiness And you know, it's the the CFOs, the CEOs practicing medicine without a license at this point.

And you know, the government ultimately is like, hey, if your people prescribe these things, we're not going to pay you for your COVID visits, right? We're not going to you're going to stop getting paid.

And they're like, hey, we can't do that, because if we stop getting paid, the whole hospital shuts down. So like, where does the buck stop, right? Like, should the hospital have said, screw you, we're going to let our people do what they want, even though we're not going to get paid, because now the hospital shuts down.

And who is better served with the hospital, open or closed? So really, that edict came from the top. And it was the government telling everyone how to practice medicine.

And they had an agenda. And it wasn't one person. It was a bunch of misinformation and bad. It was just a bad plan. So the definition of burnout is not tired.

It's not that the doctors worked too hard during code and that's why they burned out its moral injury is the technical definition of burnout and it is knowing that you are not allowed to take care of people the way that you want to.

You're being asked to do something that you know is wrong. That's the basic definition of burnout. Wow. I don't think I knew that. We were all asked to do things that we knew were wrong.

And it just so happened that the small ER that I was helping man, even though it backed COVID, I didn't need to work ER shifts, but I felt like it was the right thing to do.

I was working in the small ER where we decided we didn't take government money anyway. At first we were writing ivermectin and all the things the whole time.

And we had great outcomes. Yes, let's go. Yeah. And obviously, in my practice, I was I was. Ivermectin, hydroxychloroquine, inhaled butasinide. We actually took our IV glutathione, diluted it down sterile and gave glutathione nebs to people whose lungs were really upset.

And it was magic. So your patients probably just like cruise through the pandemic. We didn't lose a single patient. There was one patient at one of the companies we take care of that did not come to see us.

that died, but other than that, so they were technically on our books, but he didn't use us. Otherwise, we had 3,000 patients at the time and we lost zero.

Wow, 3,000. I mean, were you getting crap from people like, well, from doctors or hospitals when they found out what your clinic was doing?

Entrepreneurship, Non-Competes, and Practice Growth

Yeah, a little bit. We were the weirdos. Yeah, a little bit, but you know, I'm not at the hospital anymore. They're all, in a way, a little jealous that I get to do this anyway.

You know, we're a relatively tight medical community. So they all know who I am. Well, you know, they've been here a while. And so that it was some mix of jealousy and, you know, you're drinking the weirdo Kool-Aid and all the things.

And I was like, yeah, but if you think you know better in this time of misinformation, good luck. But our patients are doing great. How about yours? You know, so.

Yes, and that's what it comes down to if they want to look at metrics. But you know, the hospital needs to have people coming in. I mean, the hospitals were actually suffering during the initial start of the pandemic because everyone was staying at home where before if they had a sore throat or their tummy hurt a little, they would come to the ER, but they were terrified that they would get the virus.

So they stayed home. And it was so interesting to watch the the administrators be so worried about it and i'm like yeah because people just would use the er as primary care and now they're just like we're gonna stay home so it's really interesting i mean there's a lot of stuff that's coming out like sid's cases went down because people are going We're going to the pediatrician appointments.

I mean, this could be a whole nother episode. But what matters is that you are treating the person. You are helping them in their healing journey because patients heal themselves.

It's not a magical medication or procedure. That's what God always has said to me. You are not a healer. He's the one that's healing. The patients are the one that's healing themselves.

We are just there as a guide. And it's hard, it's hard nowadays. So I'm just so grateful that you are setting up this kind of care that you spent your time today to talk to those about direct primary care, what it means, what to look for, because just like in commercial or conventional medicine and commercial insurance, there are still some bad eggs out there that aren't doing the right thing.

So you gotta have some discernment. Right. Well, I mean, it can look like a money grab. It does feel, I mean, it's kind of like, wait, you can pay me.

And so I'm on the expensive end because we're full service, but it's kind of like, we want to be full service. That's who we want to be. So we're $189 a month and we're expensive.

Are you kidding me? Like I pay more for my daughter to do club soccer. then it would be to have a doctor in your pocket available 24 seven with hour long visits, unlimited visits, everything at your cost.

I got a team of people checking the app all day and then it rings to my cell phone at night. Like that's expensive. That's crazy talk. Like I feel like I need to double my prices, but I don't have to because it works.

So you have to just be careful that it's, you don't have people getting into it. Like, you know, when we were a kid, I thought doctors were rich. So maybe that's why a lot of people went into medicine.

Hopefully by the time they got closer, they realized that being a doctor is. There's a lot easier ways to be rich than that. It's not at all for the money.

However, and interview, go interview some folks. Be like, oh, you do direct primary care or you do concierge medicine. What's it like? Make sure it's a personality match.

Make sure it's a philosophical match. There's a concierge, a direct primary care doctor in our town who's, he just still practices like he always did.

He doesn't do any functional. He doesn't do really anything out of the box. He just practices with the same big pharma stuff he did, but you buy his time.

And he had a bunch of people follow him. As soon as he started, he'd been in practice forever. As soon as he started, he was full. That's fine. That's great.

If that's what you're looking for is the same conventional medicine and time and attention from your, and availability from your doc, then great. then those guys are out there.

And if you're looking for someone who's more root cause and functional and really trying to get to the bottom of why you feel bad now and how to help you feel good for a long time, then don't go to that guy.

He's great, but that's not what he does. So you really need to just kind of dig in the devil's in the details on these guys. But hopefully the ones that are out there doing direct primary care, they're doing it for the right reason.

the system assumes that you're just gonna work for a hospital or big clinic somewhere, and they don't teach you any of this stuff. Right, right. Well, thank you so much for being here.

We're gonna move to rapid fire questions. Okay, let's go. All right, so we'll just, and you don't even know these, so you're on the spot, but they're not bad.

Oh, I love it. Yeah, I make up stuff for a living, it's great.

Burnout, COVID Care, and Moral Injury

Yes. Okay, what's one supplement you'll never stop taking? Vitamin D, I mean, it's easy. I mean, that's cheating. I know it's low hanging fruit, but vitamin D is just not in our food at all.

So you're going to have low vitamin D levels unless you supplement. Yes. Favorite biohack that actually works. I mean, this is going to sound dumb, but exercise.

I mean, like, you know, I've got all these patients like, what else can I do? I'm like, We could talk about exercise. Well, you know, I don't like to exercise.

I know. It's the ultimate bio hack. You would feel better. Your metabolism would increase. You think more clearly. Your depression would get better. It's like, just do it.

You don't have to be a meathead. Just go get some cardiovascular with a little resistance training mixed in and your life will change. This one we already answered, but what would you do if you weren't a doctor?

Tree houses, yeah, it's fun. You know, you just live in the trees, it's great. Just do it. Favorite part of your morning routine? You know, technically it's a quiet time, you know, just.

Unfortunately, my quiet time gets pretty short sometimes, but just a chance to sort of reset my day and remember who's in charge and lift up the day and what I have coming to sort of make sure that I'm doing what God wants for his kingdom that day.

That's a great grounding practice. That's beautiful. If you could eliminate one toxin from the world tomorrow, what would it be? Oh gosh, man, that's, I don't know, that's too hard.

That's too hard, I have no idea. The world is so, between the plastics and the air, the soil, the water. There you go, plastics would be good. I mean, that's such a big category.

Is that one thing, plastics? Yeah, let's do it, plastics. Gone tomorrow, that would be amazing. A billion things, but that would be amazing. Yeah, okay, favorite scripture or book that you lean on in tough seasons?

I'm going through the whole Bible right now. It's really fun to hit these, you know, when you're reading it in context and you're like, oh, I love that verse.

Oh, I love that verse. It's really fun to see them in context. Favorite? I don't know that I have a favorite that I, you know, for me, mostly I lean on God's sovereignty and the fact that I often think that what I do is, you know, the decisions that I make are just, you know, they're so important.

I have to know what God's will for me is here. I'm like, my job is to try to follow God and he's sovereign. He can, to think that I am so big that I'm gonna break God's plans is silly.

Yeah, that takes the pressure off. Well, basically all of Romans then. Yes, right. Yeah, the Roman road. Let's bring it. I love Romans. And then just one word to leave us with.

like one singular word or one sound bit. I think time. Taking care of yourself takes time.

Rapid Fire: Health Habits and Closing Thoughts

And you can make more money, you can get more friends, you can't make more time. Everybody gets the same amount. So how you use your time now matters for now.

and it matters a whole lot for later. My favorite Bart Simpson bit is Homer Simpson sitting at the table and Marge walks in and he is eating, like he has a spoon, eating mayonnaise and like a 12 pack of beer and he's like spooning

mayonnaise and drinking beer.

And Marge goes, I don't know that you should be doing that. And his response is, that's future Homer's problem. I'm sure glad I'm not that guy. So it's like, no, so much of us, we live our life like we're just sitting there like future Clint.

That's his problem, right? So how you use your time today really matters. Well, I love that. Thank you so much. And how can everyone find you? I know you have an excellent podcast.

I was a guest on it, so please share. Ah, yeah. So my podcast is My MD Select Unscripted. You can find it where you find your podcasts. It's technically a direct primary care podcast, but really we talk about all the things that direct primary care allows us to do, like Dr.

Jim. So those are the kind of guests that we have on. And then, you know, I'm, you know, mymdselect.com. You know, I'm sure we have Facebook and Instagram and all the things, but reach out to me if you have questions about getting taken care of correctly.

If you have questions about being a provider and you want to, you know, maybe make the jump, anything I can help you with, please reach out. I'd be happy to, happy to help.

All right. Thank you so much. We appreciate your time, Dr. Carter. So fun talking to you. Thank you. It was great. Appreciate it. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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