Do Normal Labs Mean Normal Health? Transcript

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Intro and the normal labs problem

You know, guys come in all the time with a testosterone of 350, which is well within the normal range. The range is 300 to say a thousand. Well, yeah, but that's wildly low for a 38 year old dude, right?

Like the, it's a, I like to the testosterone 300 is that of a 90 year-old man. And the Testosterone of 1000 is some, you know 28 year olds stud. 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 Hey guys, welcome back to the my MD unscripted podcast. I'm your host, Dr. Clint Carter. And today I am doing a solo podcast, so no guests, but that gives us an opportunity to dictate where we go today.

Actually starting a, the first of a series of 10 solo podcasts. They're going to cover a lot of ground, um, that we allude to in some of our conversations that I want to get more granular on.

and today's podcast is. going to dig down onto this whole normal lab problem, right? So I've said many times on this show that I make a living taking care of people who feel terrible and go to their regular doctor and they say, well, your labs look normal.

So, I guess, you know, just eat better or exercise more or, you know, maybe you're just getting old and those kinds of things. And so, um, let's, I'd love to dig into that, because we've all been in, we can all relate either us or a loved one have gone to the doctor feeling tired, gaining weight, Maybe not sleeping.

Maybe can't think clearly.

Why normal lab ranges can miss real issues

I'm not feeling like yourself. Everything seems to be getting harder and harder. Um, and then the docs like, well, good news. Your labs look great. And so you are just left thinking, okay, well then why do I feel like crap?

Um, and so, um, you know, the take home here is that sometimes normal labs are good. We, I'm happy to have normal lives. Um we're not trying to make up some disease that's not there.

The problem with labs in general are, that you only get the lab result you ask for. So we really need the ability to just send in a blood sample and say, tell me what's wrong with it.

Unfortunately, it would be an endless supply of useless information as well. What we do is we say hey, can you tell what their sodium is? Can you me tell their blood count is, what X, Y, Z is.

The lab panels that are generally covered by insurance and the primary you know care doctor inside the system that has eight minutes to talk to you about them anyway.

The labs they get are limited and they only tell you so much information and when their labs are out of whack you really have a problem because they aren't digging very deep.

So what we want to clarify is that the labs that that are normal don't necessarily mean there's nothing wrong and that ultimately it matters what you check for and it really matters how you feel.

And so we also don´t believe in just ordering every lab imaginable and seeing what we find. What we want to know is How do you feel? What's changing?

We want to dig a lot deeper because the other problem with labs is that the normal values that are standardized on these things are extremes. So take your thyroid test, for example.

If on a scale of two to four is normal, you have to be 1.9 before they say that your thyroid is low, or you to have be 4.1 before the say your thyroids high.

And in our take, it's like, okay, so you're 2.10 and you've have every low thyroid symptom in the book. We want to address that. Um, you know, if you're tired, but your thyroid is right down the middle, or even a little on the high side, right where I'd love it.

I say, okay, well, that's not why you are tired. But we have to be able to take it all into context. Another example would be your. the hemoglobin A1C is classically the diabetic screening lab.

Symptoms that need deeper evaluation

Well, okay, 5.7 is pre-diabetes and 6.5 is diabetes. So if you're 5.6, you are in the normal range, so you fine, right? Well maybe if were 5 7 last time I saw you, five point six is a great number.

Maybe if your 5 2 the last I see you 5 6 is terrible result. We really want to know the trend and how that correlates to your lifestyle. And, you know, of course your A1C went up a couple of points because over the last couple months you, know you had a parent die and you've been taking care of this and, and now you been eating casseroles, because people have been taken care.

You've, been in a weird spot and and haven't been able to exercise because you hurt your knee or whatever, right? There's a thousand reasons why. Uh, being your doctor should require, um, running this thing called life with you.

There's so many examples that we could go into, but, uh, what are some of the reasons that you might feel bad? Um, and have normal basic labs, right? Like, some common complaints that will go through like fatigue, brain fog, poor sleep, weight gain.

Um. Being able to build or maintain your muscle mass, just feeling like Worse after exercise, mood changes, poor libido, just feeling old. You know, and it's like, when did I, I didn't get 10 years older in the last year.

What happened? Well, you know. Then you have to dig into each one. Okay. So sleep, how many hours are you sleeping? You know, How's your sleep quality?

Are you getting any deep sleep? are You snoring? Or are drinking alcohol before bed? or Are You getting up a lot to pee at night? you know metabolic health, like Outside of what is your A1C number?

What is you fasting insulin? How's your visceral fat, your muscle mass? what's you activity look like? how are you eating? There are just so many things that go into why someone might have some of these symptoms.

You know, hormones are a common thing in our clinic, but not everyone is hormone deficient. Not everyone vitamin deficients. But we love to look at thyroid, testosterone, estrogen, sex hormone side of things.

Are you menopause or even more complicated, are you perimenopausal? kind of in that no man's land between normal and full menopause. Are you man-o-paws?

Is your testosterone too low too soon? I like to say that in my guys, guys come in all the time with a testosterone of

350, which is well within the normal range.

The range is 300 to, say, 1,000. Well, yeah. That's wildly low for a 38 year old dude, right? Like the, it's a, I like to say the testosterone of 300 is that of a 90 year-old man.

The testosterone 1000 is some, you know, 28 year olds stud. Um, God bless him. But, um, You know?

Hormones, testosterone, and aging concerns

I want to put you in that, 800 range, nice, healthy, strong, 30 something year, old male range for. a long time because life expectancy used to be 60 and now we got a plan for another 30, 40 years after that.

So those are the parts where we just have to dig into life and just talk about what's going on. There's so much that goes into these visits that it's actually not fair that my colleagues in town only get eight to 10 minutes with you.

They would love to talk about these things with, but they just, unfortunately, they can't. And that's why we got out of the game and started MyMD Select here in Tyler.

We've got My MD Selects in Nacogdoches and Lufkin and Longview. We're also, you know, we felt called that we want more patients, more doctors, and more staff to be able to experience healthcare the way it should be done.

And so we're super proud to bring this to our communities and we wanna expand to a city near you at some point as well. When you go to a doctor that only has 10 minutes and you've got six different complaints and a complicated med list that you're not sure what you should be doing and when, and does what I'm taking match what they think you are taking?

They've all got these standards in order to get paid by insurance or Medicare. They have to make sure they've talked about a certain number of things which wasn't even on your list.

Um, and then, you know, by the time we get to what needs to be refilled and their document, their documentation for insurance reasons is like visits over man.

And you haven't really even gotten to your, uh, to things that you really wanted to talk about. Um. It's just, it's a time thing, they get. Paid less and less, unless per patient, no matter what they talk about.

So they have to, the system is designed for throughput, right? They just, unfortunately, you're going to have. 30 plus people today in order to pay the bills.

Um, and so they do an amazing job with the amount of time they. But it's really the question I think is, is it enough in. To give you the time you need in, order.

And then if they're. praying specifically to be really good at that 10-minute visit, right? That healthcare strategy, in order to get good with that is a different skill set than to spend a lot of time with someone and go deep.

And there's nothing, you know, there is nothing wrong, they're optimizing for what they have to do the best with what the can.

Why direct primary care allows longer visits

But, when we switch a provider from the insurance world over to Miami select, we have to sort of like reorient and dig and take extra training and extra, you know, a little bit on the functional side and a bit a lifestyle medicine side.

And some of the things that we just do not have time to even learn about when you're in one of those clinics. So, um, You know we want to know How do you feel when you wake up?

How are you sleeping? What is your energy in the afternoon? Um, how do, you, uh, want to fill in a year or five years or 10 years? Are you stronger now than you were five ago?

Or are getting weaker? What's happening with your body composition? Are you exercising? If so, what, can you do? What do you like to do, um, you know, What does nutrition actually look like for you?

Um, there's just, are you drinking alcohol? You drinking, alcohol late at night. I drink alcohol, this isn't a judgment zone, but I also know that every time I drank alcohol it's a neurotoxin and that there's slight cost that comes with that.

And so, you know, got to be smart with it, it got be worth it. How stressed out are you? How is your stress doing? Big picture, how's your stress doing right now?

What are your strategies for coping with that stress? How does that impact all the other parts of your diet, your alcohol, you sleep, all of the things?

You know, humans are complex beings. How are things with your significant other? Whats your intimacy? how is your sexual relationship? Do you, How's you quality of life in general?

Are you enjoying your life? There's just so much. That's the kind of stuff that you don't really have time to go over in a 10-minute visit. And it's so important to making a human being healthy.

So we're proud here at Miami Deselect that we have the time. Thank God for the business model that is direct primary care. We are paid a low monthly fee that surprisingly covers our time, covers, you know, our overhead, and we're able to spend the time with you in an unrest way and get everything covered.

And if we need to talk again soon, we can just talk against soon. You know? It's, it's hour long visits, unlimited number of visits. It. You know, no one wants to come in every day.

So, you know let's, let us set a plan and let circle back in a month or two or three. Like how often do we need to circle and if something changes between now and then just give us a call or a text on the app and, and lets, lets you, know lets make that a short quick decision.

We decided to try a supplement or medication and it's not agreeing with you. Let's let not wait a one or 2 or 3 to find that out. Lets circleback and talk about what we want to do.

And then, Once we spent that time together and once we really invested in knowing each other and helping letting me know your your goals. You know we don't have to check every biomarker that i know how to interpret we dont have every.

functional medicine test on the planet every time.

Looking at the big picture and patient goals

You know, you don't need continuous glucose monitoring all the time if you're metabolically healthy and you know how your body responds to foods. I love that tool. I love all of these tools.

Um, I loved supplements. You don t need to be on every supplement all time, um, you know you dont need on hormones just because you re tired. There's a thousand reasons for tired, so we just really want to medicine, we don't need to create problems that don´t exist.

Everyone doesn't have to be on peptides because they turned 40. We're not trying to turn healthy people into patients, but we're trying help people become healthier.

This longevity movement sometimes can get a little extreme and everybody feels like they have a thousand things

and let's not get Let's not get lost in the details.

What I love about a long visit is we can take a few steps back and look at the big picture and your quality of life and the trajectory that you're finding yourself on, right?

So I tell my patients all the time, I'm the co-pilot, you are the pilot. My job is to guide you. Your job, is tell me what you see. I am supposed to tell you what I see and then ultimately as your advisor, Together, you make the decisions.

We follow up on those decisions, we see how you're doing, how your feeling, if you are moving in the right direction. So, maybe your labs are normal. That's great.

How do you feel? What labs do they check? to them on that. Technically your A1C is normal, but you've been headed towards diabetes every lab in the last three in a row.

And so now they're going to tell you next time that you're pre-diabetic because you are going cross some magic line. Well, let's get into it now. Um, you know, are you becoming healthier, stronger?

Um. Uh, is your body changing in the ways that make you healthy over, over the long haul? Are we losing fat, gaining muscle? Or are we, how metabolically are your slowing down or speeding up?

How's your energy doing? And how do you compare to your peers? What runs in your family? What are we trying to watch out extra for? So I really think that this is what primary care should be.

It's what it used to be, there were less people, they were hometown doctors, their were home visits, There was all that stuff, but really we wanna know, we want to know Are you moving in the right direction?

What is it that you want to be able to do and enjoy in 10, 20, 30 years? Are we moving that direction or are you clearly moving the wrong direction. And so here at MyMD Select, at any of our locations, both current and future, we want the be the healthcare team that knows you well enough and they can spend enough time with you to have these conversations because we don't have the goal to normal lives.

Closing thoughts and next episode teaser

The goal is to live well. And so thanks for putting up with me. I know that was a mouthful. But I think a lot of that is common sense, but some of it just needs to be said.

We refer to that all the time. That leads me directly into what I want to talk about next on the next series of this solo episode, you know, series if 10 is going to be like, so let's say you have really great health insurance, if that even exists anymore, does that mean you haven't great healthcare?

So those two can be very different things. So thanks for hanging with me and we'll talk soon. 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 on going.

Until next time, stay well, Stay curious, And never stop pushing for better.