Finding Authenticity and Compassion in Healthcare with Dr Jeevan Swamy Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Guest Background

Okay, welcome back to Safe Space, the podcast where we create space for honest conversations about health, wellbeing and leadership. So today's guest is someone whose journey is extraordinary, not just because of the roles that he's held, but because of the values that tie them together.

Dr. Jeevan Swamy is a GP in Dudley, health inequalities lead, tech entrepreneur, a coach for successful brown men program, and also he's the winner of who wants to be a millionaire.

What's remarkable is the thread connecting all of these experiences, a real commitment to curiosity, courage, equity and service. So from clinical care to mentoring, from innovating to really advocating for systemic change, Jeevan brings a lens of compassion and accountability to every space that he occupies.

Jeevan, welcome to Safe Space. Thank you for having me, Maryam. I'm really, really excited to be here, actually, and really, you know, excited to get into this with you, because I think, you know, I'm really fascinated as to where this conversation can go.

For sure. So my first question, you've, as I've said, had such a varied journey, GP, health inequalities lead, tech entrepreneur, coach, and even a game show winner.

What experiences or values have most shaped who you are today? So I think it's an interesting question. I think about this quite a lot regularly. And I think one of the most important things for human beings is values, right?

And value is at the heart of everything that we do. And the most important value to me, and I think what I really strive to create in any relationship, whether it's a clinical consultation, whether it's what I'm doing in inequalities, which I'll talk about in a second, or any space that I'm in, is really trust.

And trust is important, right? So trust is important from the relationship that you and I have, the relationship that you have with your child, your partner, your parents, your patients, everything.

So it's all about creating those kind of spaces of trust for people. And so the question is, how do you do that? How do you create trust for people? Well, you've got to make sure that you are You have a genuine interest and passion and inquisitiveness in terms of people.

So learning about their story, that's so important, right? When you see patients, you need to know who they are. And if you know who they are, then they will appreciate you and they'll open up to you and the trust will be created as well.

So I was talking to my wife about this a couple of days ago, and I'm not a religious person, right? But I grew up going to the church. And she was like, so she's actually Hindu, but she came with me to, like, we have lots of family functions at the church.

And she came to one of these religious functions with me at the church. And she goes, you're actually the most Christian atheist I know. So when you talk about values, I think one of the central values that I really grew up with, which was a lot of Christianity, which was kind of compassion, egalitarianism, forgiveness, these important things.

I think actually, even despite me actually being an atheist, That was what shaped my moral lens. And I'm actually quite proud that it did as well, actually, because it's really shaped the human being that I am today.

And it really helps me with regards to the different roles that I hold and the different ways in which I can serve people as well. So I do think in that regard, somewhat religion is was one of the kind of base layers of my kind of moral experience as a human being.

And then I think beyond that, I think, you know, you and I being in the medical space, we know that actually, being a doctor, being a healthcare professional is a incredible privilege, like an absolutely incredible privilege.

And you have a window into the lives of other people, and you realize how important that privilege is, is for other people. So, as you mentioned, beginning about advocacy, one of the big things that my trainer when I was trained to be GP told me about was actually, Jeevan, you're not actually going to be medical side is a small part of being a GP.

The advocacy is huge. You are the most powerful person that somebody will come to see and you can change their life. I'll give you an example. I saw a patient a couple of months ago, actually.

She came in and she brought in her son. The actual consultation was for her son and he had an upper respiratory tract infection. It was viral, no need for antibiotics.

I reassured her safety and that had her appropriately. Then she just looked She looked a bit tired and all new moms are tired because it's a very demanding process as you can attest to.

So I just asked her, I always ask new moms this, you know, how are you? And you know that good old thing and you ask them, how are you? And they say, yeah, I'm okay.

And then you ask them, how are you again? And the floodgates open in terms of what they want to say. And she was like, it's really hard. I was like, tell me what you mean about that.

And she goes, well, you know, I'm by myself.

Trust, Values, and Advocacy in Care

I've got no family, you know, not with my partner. It's just me and the child 24 hours a day. She's not from a socioeconomic group where she's not particularly affluent.

She hasn't got much money. So I asked her, are you going to any baby sensory groups? Because my wife and I were just going through that journey as well.

And she was like, not really. I wanted to go to one, but it was like seven pounds. To the listener out there, you think seven pounds is not a lot of money.

But for some people, seven pounds is a lot of money. So where she went, they actually turned around and said, look, we can't do anything for you at seven pounds.

Can you believe this? I emailed the same people and emailed all the different like baby centers in the area. And of course, when a doctor and GP says, do you mind my patient coming in?

What are they saying? Of course, doctor, free of charge, no problem. So, you know, I tell this story because it shows you how advocacy for other human beings should be at the heart of what you're doing, especially when you're in positions of power.

So I take it really, really seriously. So yeah, I've come back to answering your question. I think that for me, you know, those values of being compassionate, Building trust and advocacy are really the most important things that I like to really espouse in my day to day practice.

Yeah, I mean, your story of moving away from religion really speaks to me as well, because I'm from a Christian

background, I'm no longer religious. But I still feel a tie to the values and the morality and the compassion.

And that makes me want to be the best doctor that I can be through that sense of providing service. And what strikes me in your story is that kind of thread of service.

and that being such a key component to your leadership and what it means to be successful, right? In terms of the broader spectrum, success, when you think of Trump or any of these kind of strong man leaders, it's a lot about ego, individualism.

So this perspective of service, community, it's really refreshing. And that idea of leadership being conflated with ego, I find it so tiring. So for me as a woman, Hearing a male leader talk about that curiosity, paired with responsibility, it just challenges those stereotypes and shows that impact matters more than, you know, accolades.

It just sets a model for leadership that's truly collaborative and compassionate. Absolutely. I think, you know, one thing Marima would say is that You know, I think, I mean, you know, a little bit, but I'm a very tight personality.

Like I can, I can be a, I did one of those union, um, uh, psychometric tests and I can be one of those people who's a very kind of impatient person who's a director and motivator, one of those types of people.

But when I mean, I've had the good fortune of going through medical training. So some of the jobs that I did, like, um, one of the jobs I did was a public health job.

And when the other job I did was a, a GP job as well before I became a GP. And my supervisors were both women. And so the consultant who was the public health consultant, she led a huge team and she was getting a big motion through parliament about green spaces and making it more equitable.

And when I reflected after that placement, and then again with my GP placement, what I found is that I found female leadership very different from male leadership.

And it was really refreshing for me because the words you say was really collaborative. It wasn't about me, me, me, me. I need to be the center stage of everything.

It was really like, oh, we can lead like working together. No one needs to shout. No one needs to humiliate anybody. Nobody needs to do any of those unkind things.

You can do it in a really nice and just fun way. And I took so much from those experiences as a person. And I feel like women probably due to the socialization process are so much more like that, but there's so much to learn from that and that collaborative way of doing things.

And I really, Really value that. And I think I've tried my best. I think I still fail at times. I tried my best to try and, you know, bring that into how I lead the different teams that I do because because I think when you lead from a place of like truly wanted to collaborate rather than just to be to have like superiority over somebody, people, people tend to resonate with that more strongly.

And that's just my experience. Yeah, definitely. I mean, this is why we need diversity in leadership, because it's only a strength. It only benefits the culture, the system, the population.

So I'm really, really glad to hear about your positive experiences with women in leadership. And it is all about bringing each other up, raising each other up, isn't it?

And I try not to put people in boxes, you know, when I think of men's leadership in general. Yes, there is a lot of individualism there, but I have come across incredibly compassionate, wonderful men.

And I've also come across quite ego driven women, but I've also come across so much compassion and kindness and and drive and ambition in women. And I guess the takeaway is that People are people and there's goodness in

people and there's goodness in people's leadership, but there's also toxicity in various people's leadership.

And it's just about bringing out the best in each other, really, and trying to put a spotlight on it and focus on those positives and figure out how I can work towards being like that when I see that positive trait.

Yeah, yeah, I'd agree. I think it's a good point that you mentioned about, you know, there's there's goodness and badness and everything. I don't know if you did.

If you remember the GCSE, like poetry anthology that that poem vultures. That was a great poem. We talked about it. No, I don't know it. It's a really good poem.

I forgot who wrote it. I want to say it's Tutankala Africa, but basically it talks about how there's goodness and badness in everybody. And like, even to somebody else, you might look at a vulture gorging on like a carcass being like what a horrible thing.

But even that that creature has love with its partner. And even like it talks about the guy who coming back from working at a concentration camp on the German offices, but he stops at the wayside to buy some chocolate for his child.

So it's like, it's kind of like, you know, rationalizing that, that kind of the idea that there's goodness and badness in all people and just kind of like, like you say, see people as people, and that's the best way of doing it.

Absolutely, absolutely. And it does come to mind now that you've explained it so beautifully. And yeah, everyone has that darkness and that light, right?

And we live in a culture, especially right now, in this, in the media spaces, in the algorithms, which are so bent upon creating division and forcing people to put each other into boxes and we hear people say, oh, I hear women say, oh, you know, I hate men or I hear men being like, I hate women, you know, and it's just so unhelpful.

It's so toxic because I've just come across the most wonderful, the kindest, most compassionate men, you know, in my life and I see them as my friends and They are people that I look to for advice and they share my joys and my pain with me.

And I have the kindest women who are in my friendship group too. And I've also come across the worst men and the worst women. And the common theme that runs across it are people that let the good be the face that they present or they let the bad be the face that they present.

And I always think when a person is not being a good person, they're not being a good person right now. And I feel like everyone has the capacity to change.

Some people can change from good to bad, but also people have that capacity to change from bad to good. And it just takes experience and it takes community to help that shift whichever way it goes.

No, I completely agree with you. I think, I mean, not, you know, again, like, if you look at the teachings of Christianity, but like, a lot of it is also about kindness, I think, like, sometimes, you know, if you approach people, people who we may perceive as bad, right, because there's always a relative thing, but people we may perceive as bad, and you go to them, you speak to them, naturally, if you offer them kindness, actually, like a lot of the, the, the patients that I'm actually I have a really great relationship with, with were people who I initially clashed with quite significantly.

And then through that kind of conversation, that kind of opening of civility, like building that bridge, you overcome that, you alchemize yourself into something different with that person.

So I'm a big believer in the capacity for human change. And I think even if there's people that we disagree with, we should still come to them with kindness, come to them with open ears and say, look, let's try and figure out your

perspective.

Like, why are you feeling like that? Why is this a feeling that you're feeling? And as human beings, we all go through the same things of like, love, death, betrayal, want, all the same emotions.

So I think having that compassion even for your enemy is a good thing. Absolutely. It's a really good opening into my next question, actually. So in terms of men's mental health, which you are a huge advocate for, would you say that you've had any personal or professional experiences that have shifted your view?

Yeah, I mean, in terms of men's mental health, I think there's been so many things I think I could say to you right now. So where to begin is a big question.

So, I mean, I'll preface it by saying, actually, in my inequalities role. That's actually what I'm focusing on. So I'm actually developing, well, I've submitted a grant to the health innovation network for money to build a men's health clinic.

Women in Leadership and Collaborative Culture

And it's going to kind of kind of very boldly titled it the men's MOT. And it says body, bedroom and brain. So kind of body health, which is thinking about prostate cancer, really, bedroom, which is sexual function and brain, which is mental health.

And I think that the best way to answer that question is thinking about it both personally and professionally. I think on a personal level, I've seen a lot of men in my own family.

I come from a South Asian background, my dad's South Indian, my mum's Sri Lankan Tamil. And a lot of men in those cultural backgrounds often have not been taught how to communicate and how to emotionally self-regulate themselves and understand who they are and understand how to be kind, how to be compassionate and all these different types of things.

you know, a lot of it comes out in aggression, comes out in substance misuse, which is quite prevalent in my family actually, like alcoholism, which is kind of, you know, a bit of a taboo amongst most South Asians.

There's a big problem as well amongst most South Asians. So I think that's been a big thing. I think, again, for men within the South Asian kind of sphere, but also amongst other spheres, the idea of providership is a strong one.

And I mean, even for me, I'm not, you know, I'm a very providership for my family is a very strong value for me that drives me forward all the time. But, you know, Amanda isn't just worth what his paycheck is, right?

And that's the kind of thing that we need to communicate to them. He's also worth who he is as a human being. And you can support people and you can provide for people emotionally by creating a space for your wife, by being a role model for your son.

You know, I think those are important things as well. So I really feel that me with, you know, with the different ventures I'm involved in, I really tried to put that to the heart of the conversation.

So I acknowledge that economic providership is important. It is. But equally, other aspects of providership is just as important. And I think in a world where, you know, people, the world's more complex, you need to be able to have that conversation as well.

And then professionally, I mean, you wouldn't believe, Mariam, every time I see a patient, sometimes these men have gone five years, 10 years, and the first time they've opened up is in a consulting room with a doctor that they have never met and they just sit down and the moment their bum hits the seat, they just cry.

There's floods of tears coming up because they've never felt they could ever talk about this to anybody. It's

heartbreaking when you see things like that because to think that men don't feel like they can do that in the outside world is quite horrible, but it's kind of wrapped up and tied up in this idea of masculinity, which in itself can be a self-limiting belief.

And also, you know, unfortunate, I come from a medical school, I've got friends who are doctors, we're all quite open, we're quite liberal, we have these chats, but not everybody is in that kind of situation, right?

Some people you can't show vulnerability or weakness, and it's not the cultural norm. So recognizing that for those people and really being there for those people and talking about that, you know, is tremendously important.

So I try to do that a lot with the men that I see because they're really crying for some help, like, quite literally. And so they need somebody who they can connect with.

Yeah. I mean, the work that you're doing is so profoundly healing, Jeevan. It's really powerful and also heartbreaking to hear your stories. I mean, men really feel like they have to be in this provider role.

It's such a toxic societal kind of implication that's put onto men. There's that dual burden of struggling internally whilst also feeling like they have to provide.

So there is that need to stay silent. But then that silence is like, almost like, you know, a bottle that's been shaken up full of pop. And the silence then affects families, workplaces, communities.

And then it comes out in aggression or, you know, anxiety, depression, which is masked until suicide happens, you know. And as a woman, I always try to approach this with all the compassion that I can, not only for the men in my life but also the men that I see day to day as a GP, because getting to that stage where you're asking for help is huge and it needs to be applauded, it needs to be um seen as a show of strength rather than weakness which it really you know it really is a show show of strength um it's a show of insight it's a show of security um and we need to start turning the tide and showing that vulnerability and showing vulnerability is an indicator of strength um and it's yeah um I don't know, is it society?

Is it just where we've got to as society that we kind of put that silence and grinning and bearing it as a kind of a marker of masculinity and of something to be proud of.

And ultimately that disadvantages everyone. Yeah, I mean, I think this is why I led with my clinic, the headline being the men's MOT, to communicate the idea that you serve Shikara every year.

So should you be servicing yourself? So just kind of sparking that kind of kind of that seedling in that person's mind. And I think, firstly, I completely agree.

I think that, and actually, I wasn't someone who actually completely understood this until I met my wife, who taught me these skills really. It was that I always led with the fact that I'm okay, I'm fine.

I can do everything because I've always been a high achiever. I can go out and do whatever I want and I don't need anyone's help or anyone's support. And it wasn't until I, you know, with my wife, she taught me a lot of these things actually seeking the help from the people that, that, that will love you and support you is profoundly powerful because it gives you that feeling of security to go and thrive into the world from.

I recognize that that's a huge privilege of my situation. I don't think everybody's completely in that situation as well. But to your question, why have we got like this?

I think there's lots of nefarious factors here at play. One thing is like the idea of hypermasculinity. I think this has become a big problem in society since kind of highlighted kind of how men and women are going in different directions.

And then also at the same time, a lot of people, a lot of men are you know, if you look at the evidence base, quite

traditional, traditional, whatever that means, right?

They think about the nuclear model, the heteronormative model, et cetera, et cetera, that way of living. So for them, their paradigm of existence is kind of this linear one where it's kind of, you know, work, provide, live, be happy, and all that type of stuff.

But now women have entered the workplace, cost of living has become crazy, you know, there's more complexity to our living situation. So they've not been equipped with the skills.

So to the point that you were making earlier on about saying, you know, it comes out as aggression, but yeah, it comes out as aggression. But I think we should, again, go back to those people and lead with kindness and say, look, I can see if in this way.

Why? Let's try and unpick that. So, you know, can you see the impact of this? And let's see how we can kind of, you know, I think heal is a good word, help you with the emotional regulation to be self aware.

You know, we all talk about this, the emotional intelligence is a bit of a buzzword now, you know, Daniel Goldman talks about this with different types of people.

We've done this and being GPs and being trainers, but really asking yourself and reflecting as to why you are the way that you are. And that's an important first step.

So you need to give people that kind of playbook. So funnily enough, I was sent this booklet for becoming a GP trainer on what it is to be a good reflector.

Men's Mental Health and the Need for Support

And I sent it to all the men in my life. I was like, you guys should read this. Because it's actually a really good playbook of how to improve yourself.

So I think part of it is upskilling people, we need to upskill the men in our lives to the place where they can manage their emotions better. That's important.

And it takes a lot of deep work to get there. You know, it's not easy. I think the the solution of aggression or anger, it's simple, and it's easy to reach.

And it's kind of one size fits all. But the complexity behind figuring out what your triggers are, you know, why has my trauma made me this way or can I reconcile with the difficult things that have happened in my life that have led up to this point?

All of that takes time and effort and It takes a community to get behind a person to help them achieve that. And it takes us as health care professionals that responsibility to go one step beyond just popping a pill and saying, OK, bye bye.

It takes a lot of work and time to help people get to that stage. But it is doable. It is achievable. We just need to make our health care model get to that point to be able to achieve it really.

Yeah absolutely and that's one of my biggest phrases I say to people, I always say to people there's no one pill that's going to solve life. The solutions to life come in the hard work and you know when I see a lot of patients who frankly aren't clinically depressed or anxious and wouldn't really benefit from an antidepressant, it's kind of saying there's some complexity here in your life.

You need to get the skills to deal with the complexity and that's going to come in in counselling, listening and guidance, talking therapy, these type of vehicles rather than a pill, because a pill is not the solution.

Really, I mean, really, I'm not. I mean, if you look, I probably am far below the national average in terms of my prescription antidepressants, but it's just not the answer.

So from your perspective, in Dudley and beyond, what are the biggest barriers that men face in terms of accessing the emotional support that they need?

I think there's quite a complex question because I suppose you have to think about men from the lens of the different kind of backgrounds they come from.

So the area that I'm in is predominantly a working class white background. And I think a lot of my observations in this community would be that it's just the normalization of seeking help and like you say, of being vulnerable and dropping that guard down a little bit.

I think that's a big part of it for that group. In other groups, like when I look at my friends who are mostly like doctors, et cetera, I think there's a lot of other problems that the men face, which is trying to navigate quite complex lives with their partners.

When two people are professionals and they're both trying to achieve a lot in their career, that can be quite a difficult thing because how do you create the time and the space for that?

So it's about having honest conversations about when you kind of, you know, allow one person to kind of go into the world and do what they need to do and another person to do it at a different time.

And it's all that negotiation that's important as well. And within the South Asian space, I think it's kind of similar to the first demographic that I talked about.

I think it's even further back. I don't want to use that linear model of things, but there's less skill to deal with the complexity of life because at least people who've been brought up here can speak English and therefore a lot of what we're communicating right now can be communicated really well in English.

But other languages Not that you can't communicate that, but these Western models of helping people, whether it's being like CBT or, you know, listening and guidance or counseling, I mean, how are you going to do that in those languages?

You can't, it's very difficult. So you kind of need to get what we call like culturally specific programs to help those people as well, which is where, I mean, actually that's kind of where the horizon of innovation comes in as well for, and you can kind of do things in a creative way, but you can't do it in the conventional way that you do it with normal patient that you see, because the normal patient you see will be amenable to counseling and talking therapy.

Your South Asian man who's a first generation immigrant here will not be because it's a completely different setup for him. That's not how things are.

So I think there's different challenges across different groups. But most of it is just those self-limiting beliefs about masculinity. I don't need to do weakness.

I can grin and bear and get through this. And I think Marcus Aurelius has a lot to answer for with his stoic ideas, which have kind of, whilst good, I think people have hijacked it in the wrong way.

And taken into place of I just have to like to be a strong person is just to say I can absorb everything. not to emotionally process it, you know, I can say, okay, this is, I see what this is happening.

And also, by the way, this is also me. So I'm just, I'm not, I'm, I'm, I'm a hypocrite here. Like, I also feel I can do it, I can do it, I can do it, but not taking the time to slow down to like, how's this making me feel, you know?

That's important. So like, having a really good understanding of your own limitations is a tremendous value. And what stands out to me is how individual reluctance is reinforced by a sense of stigma, systemic cultural factors.

So even though the services of CBT therapy, they all exist. But if they aren't truly accessible, say, because of a language barrier, if they're not culturally relevant, or they don't feel safe, men continue to stay silent and keep not so calm and carry on.

And I feel that parallel with women's experiences in healthcare as well. I feel like men and women in different ways can feel really discouraged from being fully honest about stress or mental health.

I think as women, you feel like Maybe you're shouting too much, you're asking too much for help and you don't feel like what you're saying is so important and it's like, oh, it's just a woman's issues, it's just women's problems.

And that kind of minimising can be as detrimental as a man feeling that pressure to stay silent and feel that pressure of providing and not finding the time to find that help.

And it is addressing these barriers that truly benefits everyone and creates that culture change. Yeah, I mean, you know, my wife we talk about this a lot.

And, you know, she's, she runs her own business as well, right? So she's quite a busy person. And, you know, but she really does work around a lot of what I do, because, you know, she's very flexible like that.

But one of the things she that really, she impressed upon me, after a little one was born was, you know, she'll tell this to you, tell this to yourself, so she wouldn't mind me sharing, but she struggled a little bit in the early phases.

And when she struggled, She was like, and when we came out of that phase, she was like, I had to shout and had to shout even louder to be heard. Because a lot of times in South Asian spaces, people were just told, well, this is your role, and you should be grateful you have a child.

And this is being a mother is the best thing ever. But there was no conversations about this is a really bloody hard day. And I'm really finding my child really annoying right now.

And so we would talk long into the night about this and just kind of tried to normalize it as much as possible. And it And that always kind of sticks with me.

She says, you have to, you have to shout, you have to shout louder and keep shouting until someone listens. And I think that's so true, not just in, in, in being a mother, but also in the hospital.

You know, one of my really good friends, when we were doing GP training, she was, she was, we were both working in A&E together. And so we were working in A&E and then, you know, in between patients, you have to go and get the cannula, the bloods and you know, get everything ready.

There was a patient in a, in a bay. And the patient was calling out and the patient was saying, nurse, nurse. And then my friend, you know, she looked around and obviously the patient was directing it to her.

Now she's a very humble person. She had no problems with going and helping that patient out, but it presented a problem for her. The problem was if she went and told the nurses, listen, can you do this?

Because I'm supposed to do something else. There was a friction there. If she went and then helped this patient and then wasn't doing what she was supposed to be doing, she's not seeing as many people as she can.

There's a really interesting quagmire that women are in, where because of these labels and these ideas of what they should be doing, you're just stuck, aren't you?

I really did feel for her. I was like, this is really hard because What is she supposed to do? How can she manage

that? She can't. It's a lose-lose situation until you talk about it.

And then we talked about it in our training program. And I think it just raised awareness. But I think that conversation needs to be had again at the systemic level and at the infrastructural level.

It does. It does. And yeah, I'm sorry to hear about her experiences, but it's pretty common. It's pretty common. And I've certainly experienced something quite similar.

And it's so easy to just get the job done and just think it's fine. I'll just get it done. And I've definitely been in that position where I haven't highlighted that I'm a doctor.

I just crack on with it. Um, but then once I've done that, then there is an expectation that I do that job again. And then the work that I'm actually supposed to be doing, um, gets delayed.

Um, and then that's where I'm lagging behind. So, um, it's certainly not the best solution because then if you're flagging down a nurse and saying, okay, you know, I need, I need this work done.

Then you're potentially reinforcing the hierarchy. Um, and it's like, you were just caught between a rock and a hard place that is so difficult, um, to find the right answer to that.

Um, and I guess the true solution is a compassionate, um, communication, um, and just having that, that honest conversation with your, with your colleagues, with, with the patient.

Um, but I guess it's, it's finding the time to do it all. It's tough. So on to my next question. As a father and a leader, how do you model masculinity and emotional honesty and kindness for your son, for the next generation of men?

So I've been thinking a lot about this recently, obviously, when you have a child, I think it becomes one of your central preoccupations about because they're so smart, right, they learn, they just learn by watching you.

And so your actions and your behaviors and even just the way in which your eyes move are so important for a child to understand what you think is the correct behavior.

Barriers to Help-Seeking Across Communities

And I suppose in terms of masculinity, I think one of the big things that I would like to communicate to him is the values that I hold dear to myself, which is creating trust with other people, living with kindness and compassion, which is in every situation that you're in, you know, recognizing that there is somebody at the end of the situation with who you can help, who you have the power and the influence to help as well, because, you know, we hope to provide a good education to him.

And, and that is really something you've got to take with a lot of, you know, with it's a privilege, but it's also a power to influence and shape the world that you that you live in as well.

So for me, it's kind of on an action based level, trying my best. Cause even though I'm, I want to be an advocate, you know, for like being equal in the household, my wife still does more of the chores because I work more, et cetera.

So it's still trying to show that, and I'm not there yet. This is the other thing to you. I want to say to people, I'm not there yet. It's trying to show that I can do more of the things that, that can lessen that, that can make things equal between the both of us, or at least recognizing that that's one aspect of it.

I think one of the big things that I want to be able to teach him as well in terms of masculinity is the courage to call things out when you when you see something is wrong.

So for example, if you see somebody treating somebody in an incorrect way, from the from the perspective of any

type of prejudice, or, you know, making someone uncomfortable, having the character say, you know what, like, I listened to another podcast, and it's called the doctor's notes by those, the two twins, I've got their names, Zand and Christopher Van Toliken, and they talk about is a really good effort to talk about like having difficult conversations.

And you know, when someone's being a bit weird, you can be like, what do you mean by that? And you're making it awkward, right? Like saying, what do you mean by that?

Someone says it makes a sexist joke or, you know, whatever joke you like. So I didn't quite understand what you mean by that. And it puts it back on them to explain why they've said that.

So to model that to him as well, in my actions would be really, really important. So I want him to take that forward for me as well. And in the wider community, like, you know, when a tech startup, so I have a team who I lead and who I work with and, you know, within the practice, I, you know, do a lot of the huddles, those types of things as well.

It's just, again, having those conversations about saying the simple things, you know, coming back to your previous question, but creating a no-blame culture, saying, well, actually, I don't know.

I'm not completely sure on that bit of the guidance. Let me check, showing people that you're a human being. You're not some distant authority figure.

And saying, you know, we all make mistakes and bring my own mistakes to the table. So I've been trying to really practice that. So what I do every single day when I go into work is I have a post-it note and I put the post-it note on my keyboard.

And as I see patients, if there's a patient I want to discuss in the huddle, I'll write the patient down and if there's anything that I want to share with people, then bring it to the huddle.

So I'll take my post-it note with me and I'll share it with the GP trainees and the paramedics and the F2s and say, oh guys, you know, like there was this diagnosis, but I was wrong and there's now this, and this is an interesting learning point.

It's about creating that secure base. You know, Maslow was onto something when he talked about the hierarchy of needs. You need people to feel comfortable and secure.

If there's no security, you can't do that. So for me, I think a lot of masculinity and leadership is for me, the idea of creating that through kindness, through compassion, through making people feel comfortable and secure, that they can approach you.

If there's a problem, they can say to you, look, Gino, I need your help. Can you help me please? But they need to have trust in you. And if you don't, if you don't make yourself approachable, they won't trust you.

So you actually, the leaders always have to do more of the work to make people feel comfortable. You know, in my tech startup, I tell the guys that, okay, there's a problem and there's a failure somewhere.

I don't think of the failure as any one person's fault. It's often the failure of leadership. So I need to think about how to create that solution and that environment for you guys to be able to thrive.

So yeah, that's kind of how I see. masculinity in leadership. And I think it's kind of changing a little bit. And I think there are a lot more men who are taking a different approach, not the Taipei, I'm going to bulldoze this approach, although that can be useful at times, taking a more collaborative approach, and a more an approach where you recognize the strengths and weaknesses of everybody, and you empower the strengths and you help people with their weaknesses.

Yeah, I mean, it's so important what you're doing, not only for your child, but also for your teams and for your communities, because what you're doing is active and visible role modeling.

And it feels especially important to hear a male leader embracing that vulnerability as part of healthy masculinity. It's all part of reshaping expectations for our young boys and girls.

And I just think, you know, we really need our younger generations of boys to learn that sensitivity, empathy, it isn't a weakness. And we need our girls to realise that our boys and men are trustworthy, are empathetic partners and colleagues, you know, we need that trust, we need that collaboration.

And it's this kind of modelling, you know, that's so needed, because it just has ripple effects far beyond just the immediate family. It's, you know, it's, it's culturally vital, really.

Yeah, absolutely. I think that that's why adolescence and then talk about everyone really struck a chord because it's just, it's that idea that basically, and I've got some, my wife, some of her cousins are a bit younger, they're kind of like, you know, are they Gen Z, Gen Alpha?

I'm not sure they're 18 and 14. So I spent a lot of time with them. I talked to them a lot. They show me the videos that they're watching. Some of it's very Red Pill adjacent and very Andrew Tatey.

Then we sit and have these discussions about them. Also, these are really good boys. They just need a bit of guidance. My wife's really keen to get them to spend time with me.

When we spend time together, you open them up and they're just like all human beings. People just want to be loved and acknowledged and seen. That's all it is.

Nothing more complex than that. You need to be able to say, I see why you're feeling like this, but actually let's reshape that. You know, maybe having this view of a woman, it's not the correct thing, having this view of yourself, this alpha, I don't know if you've had it, the sigma male, some ridiculous concept.

I'm just like, it's not, it's not really- Doesn't that come from American Psycho? It does, yeah, it comes from American Psycho, yeah. And ironically, I think that film was directed by a woman and it was kind of like making a joke.

It was a caricature, wasn't it? Yeah, I mean, I mean, I mean, you're talking to these boys, you're like, you're trying to model yourself on a serial killer.

Just say that out loud for a second. Like, why? It's crazy, right? Yeah. But you know, so I do think that a lot, you know, it's very important to be able to tell them, listen, it's okay.

Like, when we're having those conversations, I have to actively correct my cousins and my wife's cousins and be like, Oh, look, you can see, you know, your foy, which means your mom's, sorry, your mom's sister is here.

Have you included her in the conversation? You can't just keep talking about what you want to talk about. Well, hey, I know you want to talk to me about all these you want to talk about.

What about your sister who's there as well? You know, your cousin, why don't you get her into the conversation? So it's about again, and then hopefully my little one sees that and sees that we're including people into these conversations, not just keeping them one way, we're going to broaden them out to everybody, which is important.

Yeah, it's frustrating how at the moment the algorithms are really pushing this kind of far right mentality, this red pill kind of mentality. And I feel like it's time is coming to an end personally.

But all the more reason to constantly push back against it and promote critical thinking, promote that compassion and be like, you know, are you sure?

You know, let's check on that. Let's just double check and how other people are doing. And success doesn't mean, you know, the number of Bugattis that you have.

It's more than that. It's about community and it's about kindness, really. I want to move the conversation on to our male staff in the NHS. Do you think that our male colleagues feel safe about talking about burnout or stress or do you think there's still a substantial amount of stigma?

I think there's still a huge amount of stigma attached to burnout and I think this is for many reasons. I think that a lot of my male two of my best friends are both surgeons.

One's an orthopedic surgeon, one's a urologist. Surgery especially is a specialty which prides itself on the relentless pursuit of the goal of your CCT and saying, come what may, I will get that.

I would say that some of my friends have felt burnt out over the years, but they can't say it because If they do, especially within that kind of culture of surgeons, you are seen as less than.

It's as simple as that. A lot of my friends, they go in on their off days. I mean, they already work pretty damn hard. They go in on their off days just to prove their worth and the merit and all of these types of things.

So I think it's so synonymized with that type A one way of doing things that there's no space for discussions about burnout. But I do think that not, you know, maybe not our generation, or maybe like I'm 34 now.

So I think the generation just beneath us, I think it's kind of shifting then, that people are having conversations more about, I'm happy to go less than full time, I'm happy to extend my training for a little bit longer, I'm happy to kind of take a year out, you know, I took a year out when my little one was born to help my wife take a year out.

I'm happy to do that. But that's not a normal conversation, I think, in my certainly my generation of male doctors. And I think a lot of that is cultural, but a lot of that is also kind of the way that the training program is, you know, especially for surgeons.

So it's a nice and long program. Whereas some of my GP colleagues, I think it's a little bit easier because in a GP shorter program, three years you're done and then you can be a bit more flexible.

But saying that as well, I've got a good friend now and he's probably really struggling with, you know, his mental health and probably some level of substance misuse.

And I've talked to him many times about how he can get the support that he wants, but then you're kind of in a difficult situation, Marin, because if he reveals to a practitioner that he has substance misuse, it's kind of, you know, it's a very tricky and dicey situation for him because then cause him to questions about his probity and his ability and competency to practice.

It's very, very tricky. So you, I think when you, when you go from burnout to like, you know, that kind of adjacent space of substance misuse, how do you get the help?

I don't know. I don't know how you get the help without being chastised. I'm not really sure. So there's a cultural aspect of being chastised. There's a real, you know, aspect of your, your livelihood will get removed from you as well.

And we know that affects, you know, South Asian black men, worse and more. We have to talk about Idiza Garba and we know what we're talking about there.

I think there is still a real reluctance to seek help, I think, with burnout. I mean, even me. I mean, I'll give you my story, actually. You know, when I was doing my exams, I didn't pass the last exam, the OSCE, which is the OSCE exam.

And I was proud of myself on being a really, really good doctor and I've never failed an exam and I was shocked. And it really hit me and then I use Practitioner Health, by the way, fantastic, really, really useful.

I found it really good. And when I was talking to the guy, the practitioner, he was like, you know, he was like, why do you think that you didn't pass the exam?

And then I was like, I'm not really sure. Like I did everything I needed to do. And then he started to unpick things with me. And I was telling him about all the roles and all the projects and the tech startup and what I do for my family and this and that.

Modeling Masculinity for the Next Generation

And like, you know, a list as long as a waitress shopping list. And he was just like, and as I was saying it to him, it became apparent that I was close to burnout.

And that's why, because basically I've taken so much to my plate, tying back to masculinity, tying back to the idea of providership, tying back to the idea of wanting to be there for everybody, that I didn't really recognize that I was kind of, I wasn't allowing myself any space to thrive.

And I still struggle with that. Even now, to this day, I still really struggle with with trying to reach out for help and dancing with the detail of burnout.

Once I had that conversation with him, what I realized is that, in my mind, to simplify things, everyone's got a certain bandwidth. When you exceed that bandwidth, that's when you start to realize that you can get close to burnout and close to struggling with things as well.

was a good reflection for me because then I actively tried to remove a few things from my plate. I handed a few bits over to my business partner at the time with a start-up and then I kind of actively got re-involved when I had the space for it in my life.

But yeah, I would still say I still struggle with it and I still think that a lot of men, coming back to the idea of providership, coming back to the idea of that being the role that we occupy, we still struggle.

It's so hard. It's so hard despite having this conversation with you and trying to push these spaces open for other people. I still struggle with that myself, you know.

So thank you so much for that honesty, Jeevan. It takes a lot of courage to open up about that struggle. And, you know, I put my hands up. I'm currently using Canopy, which is the Welsh equivalent of practitioner health.

And it's immensely helpful for me and my mental health right now. And it's useful because I haven't been able to access perinatal mental health support during this time with my little one.

So I guess the fundamental problem that we have in the NHS is that workplaces often lack that psychological safety and especially for men. So I'm hearing like a vicious cycle especially for your friend who has burnt out and because they've not been able to seek the appropriate help have relied on substance abuse and it's not uncommon amongst our healthcare professionals because people just feel like they need to survive, they need to get through the next day and the next day and if it takes alcohol or illicit substances that's what people are turning to and that's the harsh reality of it and Yes, it is a probity issue, but who am I to pass judgment when I've had the same struggles with anxiety and depression and I've been there with self-harm thoughts and all of those horrible things.

I guess the experiences for men and women they both are different in terms of, as we said, women tend to get that need to really advocate for themselves to be heard, as I've found.

And then for men, it's that kind of stigma with accessing help because they feel too vulnerable. But both of these experiences come from a culture which equates vulnerability with weakness.

And we really need to shift that perspective. That's when meaningful change can truly happen. When leaders like yourself and our CEOs, our consultants, model openness.

It's not just a policy issue. You can write that down as a policy and it would still be just lip service that's paid to it. But we need that cultural shift, which is seismic, and it's long overdue.

Well, I mean, to kind of rewind a second, I think, first of all, you know, thank you for sharing what you just shared. And also thank you for the good work that you're doing.

I think that, you know, the idea behind this podcast is a really powerful one. And I remember all those minutes ago when you were talking about it and now that you've executed it, that's incredible.

So well done. It takes people like yourself knocking at the door and having these conversations and making it normal and inviting people on to really change the culture.

So you should be immensely proud of yourself as well. Oh, thanks, she even appreciate it. And that is someone who struggles with imposter syndrome, and daily thinking, you know, who the fuck am I to be making out like I'm some sort of expert.

But I think it starts off with with passion. And for me, anger, that, you know, there's so much wrong with the system. So I feel like if that's enough for me to get things started, then, you know, that That's enough.

You're doing a thick job, keep doing it. Oh, I appreciate that. Appreciate that. So that works really well for my next question, actually. What does meaningful advocacy actually look like in an NHS setting, especially for tackling inequality?

So within the NHS assessing, so I suppose the question, do you mean more for staff or more for patients? Let's say for staff. Okay, for staff, okay. I think firstly, it's about saying that in a workplace, everybody is coming from a different perspective.

So first of all, understanding that people are at different points in their journey, they're coming into the journey from different angles, right? Again, it's not the idea of a linear journey for everybody.

You're coming into it from different angles. So meaningful advocacy would just be saying, look, we can acknowledge that. That's the first thing, right?

we can acknowledge and saying, you know, you know, for example, with GP trainees, a lot of them are international medical graduates, let's acknowledge that they're in a different country.

Let's acknowledge that they're in a different culture. Let's acknowledge that they are speaking a different language, the one that they may have grown up with.

So a lot of it is just acknowledging that, just acknowledging people, you know, and all people with an NHS, right? So not just your doctors, because again, that's very hierarchical, all members of staff.

So, you know, to all those there's medical trades out there, right? BTOT don't do it, right? Give a reason as to why you're writing that. It's come back to what you were saying, modeling the idea that we can all be open, we can all be human, we can all have our struggles, but actually we want to create a space where people can feel they are comfortable to express them.

Because for the men who suffer in silence, if they see another man, doing that, they may feel like they can do that. And for the women who have to say a bit more than other people, again, if they see other people doing that, it becomes more of a situation where people can do things with less friction.

You want the friction or the barrier, the entry to anything, any human activity, you want the barrier to be low so

people can just do it. It's like when you go on Amazon, you see something for 100 pounds, see something for a fiber, the barrier to entry for a five pound item is quick.

The question is really, within the NHS, can you make the barrier for people to express these feelings quicker? Can we be doing more things in tech? I'm already getting an idea right now of saying, on your app, maybe just have a thing being like, I'm upset about this, and then having a team who can unpick that, collect data on it, and action it.

There's so many things that can be done. Especially with tech, because I'm in the tech space, I really like to think about those type of things. There are lots of things that can be done, but the point about that is it like, it just can't just be meetings and lip service.

Like you say, it has to be change on the ground, which is looking at that and then saying, let's invest some more time into this and actually do it. So let's take that idea to its conclusion, right?

Say somebody, you know, we have each NHS app in a hypothetical world has a button right at the top of the stock, which, which is like a wellbeing meter.

And you can click the wellbeing meter and then, you know, the wellbeing is like, is your wellbeing good or bad? If it's bad, it will take you to another set of questions and then that can be collected and then it can be like, do you want further support?

That's an easy thing to implement, right? Why has it not been done? I might suggest that. Bureaucracy. It is bureaucracy, of course it is. But the point as well is that actually you can do these things, but those things need to be done by the leaders at the top, which is really, really important.

So meaningful advocacy, I think really will start when the leaders at the top, coming back to what you were saying earlier on, they espouse those values because culture trickles down.

If the person at the top says, oh, I want that to be a thing, it will be a thing with it. But if the person at the top is well like, oh, well, back in my day, I was here till 9pm and I was doing 72 hour on calls.

Well, then it's not going to change it. So many times. Why did that? Oh, yeah, but like, like, my grandfather 10 removed was a caveman. Like, what like, what does that mean?

Yeah, just because you did it doesn't mean it's healthy. It doesn't mean that either. Exactly. Yeah, I think a lot. Yeah, so come back to your questions.

I went out on a bit of a tangent, but come back to your question. A meaningful advocacy would be making the barrier to express these concerns really low.

And I think that you can you can actually do that easily, but it just takes vision. And it just takes it takes courage. Yeah, it's about listening and building allies and kind of persisting despite any pushback that you might experience.

Yeah, I mean, you know, my friend who's an orthobot, he looks at a lot of this stuff and he's even though he's at times like nearing burnout, this is so stupid.

Why is this person going on TikTok talking about their mental health? I was like, mate, because because it's, you know, they're struggling with something and it's okay to do that.

Yeah, but why does she have to put it on TikTok? Well, why does that concern you? But why, you know, why are you addressing the dysregulation that you're going through?

Burnout, Stigma, and Seeking Help in the NHS

Yeah, I'm glad you're using that opportunity to challenge those thoughts, right? That's really good. And it's more

meaningful when you're using your powers of advocacy to be able to change hearts and minds on that personal level.

So when you do speak up for patients, for colleagues, in that kind of advocacy role, what kind of resistance do you encounter? And how do you protect your energy if that does happen?

I think this question is a difficult one to answer because I have to be self aware of the person I am. And I'll tell you what I mean by that. I think when you become a GP and when you hold leadership hats with the NHS, you have a bigger voice than a lot of people.

And so you're able to therefore be an advocate and be an ally for people much more easily than if you did when you were a trainee doctor or if you're a nurse or if you are someone who's like one of the cleaners.

It's not easy to have a voice when you are so-called lower down in the hierarchy. So I think it's easy for me and my personality is one that I speak out.

My personality is a bit of a contrarian one. So it's kind of easy for me to do that. But I think the question more should be how do we encourage people who are not like me to be able to do that?

How do we encourage somebody who's a bit more introverted, somebody who's a bit more conscientious or someone who's a bit more, who's not a doctor, how do we encourage those people to speak up?

And I think that's kind of where the real question should be for me it's easy because the channels are there for me to do what I want to do because I'll be leading the huddle.

I'll be leading the PCN meeting today talking about the inequalities role that I'm doing. I've been given that seat at the table. How do we bring more seats to the table?

How do we replace the people sitting there already? Those are the questions that we should be asking. Yeah, it's wonderful to hear you acknowledging your privilege in that matter.

And I think as a woman, I've found that resistance, I guess, in varying forms. and it's really refreshing to hear you acknowledge that it is easier in your shoes, but also to advocate for people, to be able to still advocate for people despite the resistance that they may experience.

I think what I've experienced has been varying from that kind of British microaggression, dismissal, that subtle kind of undermining. But then I can also see how men from minority backgrounds may still face that resistance if they're not in positions of power like yourself.

And it's about, I guess, balancing strategy with authenticity and making sure that there's always an ally. There's always someone in power, right, who's got your back.

And I think that's something that I found when I was trying to push through certain changes in my hospital. But just to have someone senior who's got your back, who's an ally at the top.

And then even if you've got, you know, 100 consultants against you, if you've got one who's got your back, then it's likely that you will be able to get your cause through if it's for the right reasons.

And to pick up on what you said, which I think was a really good thing. It's that balance between authenticity, but also strategy. And I think the best, you know, not the best, but the people who kind of go further and get the loudest voice are strategists, right?

They're political and you need to kind of Everybody needs to develop that political side to them and be like, right, who here can help me in a time of need?

And I think, again, that's not necessarily taught either. It's kind of something that a lot of people have intuitively and some people do not. So it's something that doesn't need to be talked about a little bit and saying, you know, who can, just like you said, you know, not to catastrophize, but if you're going through a difficult moment, who's going to come and say, look, I've got your back?

It's important. Absolutely. What advice would you give to junior staff, especially those from underrepresented backgrounds who want to be agents of change?

I don't know if it's a recency bias of what we just said, but I'd say get an ally. That'd be very, very important, number one. I think you'd be surprised.

I think one of the big things that you realise is that actually most people within the NHS are people who want to help people. And yes, they may be kind of 10 rungs up the ladder and they might be dealing with lots of other things, which makes it difficult for them to approach.

But when you speak to a lot of people, they do want to help. They do want to be like, I would love to be a part of that. No one's actually asked me. So first thing is, I say this to everybody that I meet, ask for what you want.

Always ask for what you want. A lot of people don't ask for what they want, so they don't get what they want. So firstly, ask for what you want. Secondly, In terms of practitioner health, I think the actual service is there.

Like if you're feeling like things are difficult, use the correct services for yourself as well. And the next thing is if you have an idea, if you want to do something, I mean, look at yourself, right?

If you want to do something, go and do it. Just don't, I was literally at the trainer's course yesterday, I was speaking to another GP and she was like, I was telling her about this GP on Instagram who was doing really well and now she's doing lots of like social media stuff.

The other GP was like to me, I would love to do stuff like that, but I'm just scared. I was like, listen, I get it. Well, maybe I don't get it as much because that's probably not my personality type, but I can appreciate where you're coming from.

But trust me, just try it and see. And people will like for a second, they may like you, they may hate you, and then they'll move on because everyone's attention span is like that other than that now anyways.

So just try, just keep trying, keep experimenting, keep Keep going for things, take every opportunity. I'm a big, big believer in that. So yeah, to the junior stuff, I would say, be strategic, know your allies, maybe get a mentor.

It's quite easy for us because we have the kind of program of, you know, we have an educational supervisor, clinical supervisor, but for other healthcare professionals, they haven't got that as much.

So seek that actively, number one. Number two, know the services that can actually help you, like where you go and work in a place, be like, right, what is a wellbeing program?

Like, what is whatever the equivalent of practitioner health for you? And the third thing is just, if you want to be an agent of change and you believe in something, go and do it.

Go and try it. See what happens. I love that. Because it combines that practicality with empowerment. And I think underrepresented staff or people from an ethnic minority, They fear isolation when they speak up because the NHS is quite good at doing that really and isolating us when we feel left behind.

And your emphasis on that mentorship and creating networks is so important and allyship. because it just proves that advocacy doesn't have to be a lonely battle.

And I'm so inspired by the fact that you have such strong core values and they've really ground the work that you

do and the leadership that you've managed to role model really for your patients and for your colleagues.

And that is so crucial in high pressure environments like the NHS. So I'm going to move on to our second to last question. I was going to say last question, but I'm so interested in what you have to say in this.

So I am going to ask you, how do we create a culture in healthcare that empowers both men and women without diminishing either? I think the first thing to say to that is we have to appreciate that men and women are both important.

It's something that you said, I don't know if it was before the call or during uh, when we're speaking now, but you know, it's understand that diversity is good, right?

It's good sometimes to have somebody who's like a me who wants to be outcome oriented and, and drive things forward. And there's maybe, and then there's also, it's also very important to have someone like yourself who is so much more conscientious, thoughtful, reflective, somebody who wants to really ensure harmony amongst the team as well.

Advocacy, Allyship, and Supporting Junior Staff

And so we have to be able to say that. If you broaden the question to men and women, all people will bring that in different amounts and different degrees.

It's like the ingredients of a good cake or a good curry. You need different amounts of it for different situations. Normal situations require the same ingredients, but there's space for everybody.

The problem that we have in this world that we live in because of social media and because of the atomization of society is that everyone thinks everything is a zero-sum game.

It's not. There's space for everybody. That's really important. Communicating that vision, saying, listen, we can all have our opinion. It's going to take a bit more having a chat, it's going to take a bit more of, you know, just listening to somebody for a little bit of time.

That's not like yourself. But actually, we can do that. And that there is that space there. So I think men and women can all thrive. And we start to appreciate that you need different people in different situations.

And then, you know, the good old adage of I think of just empathy, and I think empathy is a heartening moment, because, you know, I'm I've been a doctor now for 10 years.

Until you go through something yourself or somebody you deeply love goes through something that's difficult, you don't understand it. You really don't.

My wife again, she wouldn't mind me sharing, but she had a crash C-section and I've done knobs and guiney and dime a dozen at the time. But the impact of that on her and then myself and our family was profound.

So the reason why I bring up that example is like, Okay, you have a female colleague who's just come back remotely. Maybe just have a little bit of a think about what that's like for her, how she's going from when she says, you know, I've got a mum brain right now and what that actually means for her.

What can you do a bit more? How can you just be like, okay, cool, let me just take a look. I'll see all your patients, don't worry about it. I can see you're running behind.

Equally on the other side, like to our female colleagues, you can be like, oh, you notice that a guy's getting quite agitated, but getting quite aggressive.

Is everything okay with him? maybe just pulling in for a chat, don't sound very love islandy, but you know, should

go for a chat. You know, I think like those type of things can be useful.

And I think men do appreciate that as well, more so than ever now. So it's just the basics, really, isn't it? The culture comes from listening, kindness and companionship, you know, that's really important.

It demands us to work at our highest level when we tune into compassion and empathy. And it doesn't come as easily to some people as it does to others.

And, you know, I recognize that. And that's why it's so hard. That's why it's not the go-to for our influences right now, for example. And I think I also have compassion for men in terms of, for eons, we've lived in, for all intents and purposes, a patriarchal system where oppression of anyone who wasn't a white man, the norm.

And I understand that and I accept that. But now when there's pushback and there's this kind of reach for progressivism, for education, for equity, equality, diversity, that comes across for a lot of men as a step down, asking them to step down, step behind.

And that doesn't feel like a win. that feels like it's asking them to pull back. So I can understand how that can lead to a lot of frustration and anger, but I guess I am petitioning that When we are advocating for diversity, when we're advocating for women in leadership, as much as men in leadership, we're advocating actually for the benefit of all society.

And it truly does make our healthcare system, our financial system, our climate a better place when there are more voices, when there are more ideas, more opinions, more experiences, more lived experiences.

coming to the leadership table and offering various insights. And, you know, there's so many more heads that are creating solutions. And that truly does make the world a better place.

So, yeah, that's, that's my two cents on that. Just to pick you up on that quickly, and I'm taking you beyond your threshold, I apologize for that. But I think reframing that's important, communicating that's really important.

I think also leading, going into that with compassion is important because like I've got a lot of white friends, right, who are men and it's also not to kind of purpure them as well.

It's also to bring them in on that journey. And I think it's also about saying, look, we, you know, we can do this collaboratively and actually, you know, if you look at, if you look at kind of the simulation of, of Earth, right, and how it panned out in the West with, as you mentioned, I mean, the patriarchy existed everywhere in certain cultures, but the patriarchy wasn't there.

But certainly in the West, if that was flipped and it was brown people or black people in that situation, I think human nature is such that you preserve what you have.

And so it's, again, communicating the idea that intrinsically, there's nothing wrong with any people. It would have all just been socialized in a specific way.

So communicating that actually, the reason why we would like to make things more equitable is so that know, we can challenge some of these ideas, but everybody can partake in a way that brings out the best in us all.

Yeah, absolutely. I mean, you know, when I'm going back to what I said, it's absolutely about collaboration. It's not villainizing anyone. It's saying, you know, we need everyone on board here to, you know, for the betterment of our patients, for the betterment of our communities, for the betterment of our planet, you know, we need everyone on board and thinking, how can I get the best team together to create the best solutions?

My final question. So if you could redesign one thing about the healthcare system to better support well-being and equity for both staff and patients, what would it be?

Ask Dominus to shut down. So because every time there's a well being day, there's always dominoes being being replicated. I love dominoes, but not at work.

So if I were to redesign things, I think if I was to redesign things as per as per anything, you know, I wouldn't go for like a top down lens. You go from the ground up, you build it with the people who are experiencing that on a day to day basis.

I want to run like a focus group with people who are in different aspects of healthcare, not just doctors. I think that's pretty important to say. and people from different backgrounds, people who are like from underserved communities, people from in different parts of socioeconomic spectrum and just have a conversation like we're having today.

And just and say, look, like, what does well-being mean for you? So co-authoring it with all those people saying, let's co-author it all together, a shared definition that we can all agree to.

Let's try and think of things that we all think can be useful. And then and then and then trying to get the funding to actually put it into place. You know, as per always, I think it's really important to recognize that, you know, again, with things like well-being, being a doctor, even like practitioner health isn't available to all medical professionals.

I know this as well, which is sad. Having more resources, you know, we have to check those things about ourselves. So I think it's about kind of building it really from the ground up to the people who need it the most.

You know, Tudor Heart's inverse care law can be applied to well-being as well, right? The people who need that support the most don't receive it. And so I think, I think it's, it's again, another, I know, it's me flipping the question back to you, but it's about saying, who needs that more than I do?

How can we, how can we empower them to create that for themselves? Yeah, I find that vision really compelling. And I feel like it would be so transformative for our culture and our retention and outcomes.

And I just love that you're essentially framing well-being as a non-negotiable. It's not a luxury. It's not an add-on. It's fundamental to our healthcare system and that's what I truly believe is a cornerstone of our healthcare system.

So Dr. Jeevan Swamy, thank you so much for sharing your insights with us today. So we've explored leadership, advocacy, men's mental health, and systemic seismic change in healthcare.

And what's always stood out with you is the way that you combine compassion, courage, and strategic thinking. And I really hope that our listeners have resonated with what we've been speaking at today.

So thank you so much for your time. Thank you, ma'am. Thanks for inviting me on. It's been an absolute treat.