Finding Hope: An Oncologist's Reflections on Compassion in Medicine Transcript

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Introduction to Heartline Echoes and Dr. Miriam Zia

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

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

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

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

I'm so happy today to have Dr. Miriam Zia. She's a hematologist and oncologist currently working at Cook County Hospital in Chicago, Illinois. I got to know Dr.

Zia briefly at the Women in White Coats conference that was held in Charlotte. in 2022. And she was awarded the Women in White Coats Hero of the Year Award.

And she gave this beautiful acceptance speech that we're going to link to in the show notes. Please, please, please go read her acceptance speech because I would say I graduated medical school in 2011. And I cannot recall a speech during that time that has moved me as much as listening to Dr.

Zaya's speech because it was so poignant and really focused on what it means to be a woman working in medicine. And she told a very powerful story about one of her patients and I'm gonna go ahead and bring Dr.

Zia in so we can get to the heart of what we're really going to be talking about today. And I guess we'll start with that speech. And I don't wanna read it to the audience, but maybe you could give just a quick overview of where that speech came from and a little bit about the patient that you highlighted.

Yeah, well, first of all, thank you so much for having me and for the kind words. I don't know that I deserve them all, but they're much appreciated. You know, I think I mentioned this in the speech that I didn't really think of myself so much as being a woman in medicine.

I kind of just thought of myself as as a doctor just going to work in the hospital like anybody else. And then when I heard about the Women in White Coats group and conference, I started thinking a little bit more about actually that dimension of being a female physician.

The patient story behind the Women in White Coats speech

And You know, whenever things kind of get tough, honestly, in life, I kind of go back to my patients because they kind of ground me against everything else that's going on in the world.

And I thought, well, these are also women in medicine. They're a different type of woman. They're women receiving medical treatment, but they're part of the system in a different way.

And it just made me think about how women walk through the world. whether you're a female physician or a female patient or just a woman out in the world being a mom or a sister, a partner, any of those, any of those roles.

And it realized how much more we kind of have in common, kind of the joys that we have and the struggles that we share. Yeah. So in the acceptance speech, you highlight a patient that you took care of and she ultimately died from her cancer, but you really share the story of her life and how hard it was for her to be receiving medical care.

I think you mentioned that she was sleeping on a couch sometimes in order to fall within the radius of being able to get medical care at Cook County. Yeah, I mean, I think, you know, she was fighting for her life in a very literal way, but I think a lot of us feel like we're kind of fighting for our lives in a less literal way, you know, every day.

And she was trying to survive and provide for her family in a circumstance where she really couldn't. And she did not have anything materially or in terms of emotional or social support from people in her life.

And still, you know what, at the end of the day, kind of her motivation for going were her children, were her two daughters, her kids. And I think a lot of us can kind of relate to that, that we kind of keep pushing forward, whether it's for our families or the people in our lives or even our patients sometimes.

That's sort of the linchpin that keeps us going is our I don't know if you want to call it nurturing or devotion to people, but I think that's a large part of the way women move through the world.

And part of our success is kind of that drive to take care of and be there for people. But it also can be on the other hand, maybe the, you know, part of the stress and the challenge of trying to meet that need and trying to be that person.

So I want to take a step back and focus on your decision to become an oncologist because some of our listeners may be medical students. And I'll just say, you know, why I'm not an oncologist.

I realized very early on that I'm a extremely emotional person. And early on in medical school, when we, well, I guess halfway through medical school, when you start your rotations, I distinctly remember my second rotation was internal medicine.

And one of my patients had a terminal cancer diagnosis and as a medical student you have more time to be at the bedside and I had formed a really strong bond with him and his wife and it was just particularly really devastating for me to be walking alongside them during that really intense experience.

And so I decided, you know, I don't think I'm cut out to do medicine that involves such an intense relationship with patients where In the emergency room, we deal with a lot of intensity, but I don't really know people.

I feel I'm very compassionate towards what they're going through, but at the end of the day, I haven't formed a relationship with them in the same way that you form relationships with your patients.

Yeah, it's definitely, you know, a unique kind of bond and probably that's the reason a lot of us go into it.

Choosing hematology-oncology through personal experience

I mean, I would say my reason for going to the field kind of matured and evolved with different life experiences. I mean, I think I grew up very privileged, had a very easy, charmed, nice, easy life.

You know, I had great parents and I went to good schools and I had a pretty idyllic childhood. I didn't really want for anything, but my family is from Pakistan and so we would take, like a lot of us, I don't know, it would be first generation, second generation who came here, a lot of us went back to see our families and so you kind of…

see what the rest of the world is like pretty frequently, even if they're brief trips when you're a kid. And so I was kind of aware that, okay, there's like hardship and struggle out there.

And then my own grandmother actually passed away of head and neck cancer when I was in high school. So that was sort of maybe my first exposure to cancer, even though I wasn't, you know, watching her go through treatment,

you could kind of see with, with visits and family discussions, what was going on.

And my parents are actually physicians. And so, and they're very kind of, I don't know, very generous, kind of kindhearted people. And so watching their example, I kind of knew that whatever I did with my life, I wanted to be in some sort of a service capacity.

And there's many different fields in which you can do that. It's not just medicine, but that was sort of the natural field for me to go into because of my exposure, my experiences.

So I went to medical school and I kind of had this background of cancer care in the back of my mind. And when I went to residency, I think my first or second month of intern year, I was on the inpatient hematology floor and I had never seen that.

I didn't even know what blood disorders really were. And kind of like you, you know, I think I had more time maybe in that first year to get to know patients.

And, you know, there were younger patients, a lot of acute leukemiacs were the whole age range, but some were in their 20s and not really that much different in age than me.

And so you get close to people, you spend time, it's kind of eye-opening. And it is an intense experience, especially when people are in the hospital for such a long time at the beginning, one month, two months.

And I liked it. So it was like, okay, well, there's cancer, Karen, and there's sort of some niche of it, which is hematologic malignancies, which are really intense and acute, but also there's a chance for cure.

which unfortunately is not always the case with really advanced solid tumors. And I think, like you, I can be a very emotional person and I kind of thrive on deep personal relationships, which can be challenging sometimes for certain in this field.

But that is a part of what drew me to it was having bonds and relationships. And I would say that probably still is the thing that carries me forward.

I think it was only later did I really start to develop an appreciation for the science behind it and really be like, oh, blood is pool, you know, and cancer genetics and things and get into the science of it.

But truthfully, that wasn't that wasn't the impetus at the beginning. It was more the human aspect. And then later kind of really the hard science behind it kind of started to pique my interest much more.

I think it's really interesting to think about, you know, who were our mentors and who we looked up to as we were going into medical school and beyond.

And medicine is still, at least in leadership roles, male dominated. We now have 50-50 matriculation into medical schools of men and women. But a lot of the people that were the teachers and mentors during medical school and residency were men.

And, you know, I do think On average women and men process emotions differently and show emotions differently in our. Our responses are. View differently and so the one i'm trying to get at is.

One of the most helpful things that a physician said to me regarding sad things happening to patients was it was actually a perinatologist and her name was Dr.

Paula Mahone. And she actually delivered the McCoy septuplets. That was a big deal back in the, I don't know what year that would have been. I was, I think in middle school or something.

So I wrote a letter to her and I said, you know, I want to be a doctor and I, you know, could I shadow you for a day?

And she actually like responded back and I got to shadow her.

Emotional connection, vulnerability, and uncertainty in medicine

And being a perinatologist, you know, she's dealing with women that are going through often, well, by definition, if they're seeing her, there's something going wrong with the pregnancy.

There's some difficulty. So I asked her this question many, many years ago. I said, you know, what do you do when, you know, you have to deliver a baby that's dying or, you know, is going to die right afterwards?

And she said, you know, sometimes I cry as a delivery is happening. And it was so eye-opening to me because I was like, wait a minute, a doctor could cry with their patient?

And she was like, yeah, sometimes I do. And I'm just wondering if part of your success for being able to form these bonds is that you're able to feel those emotions and move through them.

How does that land when you hear that? Yeah. Well, first of all, I wanted to say that your job and her job are way harder than mine. I could never do what either of you do really like technically and an intensity wise, you know, I, I could, I could never do how hard of a job that, that you both do.

But yeah, I think like being able to connect with patients. You know, like a lot of things, it can be a strength, but I think it just depends how you harness it.

So sometimes I feel like if I'm feeling something about a patient, you know, even if it's not medical, it's just their life story is very difficult. They don't have people in their corner.

They're having financial problems. I think I kind of go into fix it mode and it's like, okay, let's have you meet with a financial counselor. Let's apply for some grants.

Let's do this. Because I feel like I need to kind of I don't want to say control my sadness. That doesn't sound right, but I need to be the person this patient needs me to be, you know, and kind of get them, get them to the resources they need.

But then, you know, in other moments, like I'll share something, you know, if they tell me that they're having a hard time struggling with something, if I've had a similar life experience, I'll share it with them.

And they'll say, oh, you know, I, I am struggling caring for an aging parent or something like that. And I'll say, yeah, I know what that's like. And, you know, you can just kind of connect as connect as people and they can tell, I think, you know, people can tell when you're listening, people can tell to kind of feel what they're, what they're putting out and I think you're right.

We've sort of been trained to kind of like have a blank canvas, you know, and not let other people see how we feel. This reminds me of something I think maybe a month or so ago with the war in Ukraine.

I think there was an interpreter who went on television and was crying as they were interpreting. And it was sort of a similar thing. As a journalist, you think of like, okay, I'm just supposed Report on what or an interpreter like report on what the journalist is saying and kind of keep it very objective But they you know, it was an overwhelming situation and they're they're people at the end of the day, too so yeah, I think that we we do feel for our patients and We do share where we are with them and that I think they they can tell they can feel and that's sincere sincerely being kind of experienced by everybody in the situation and Yeah, I think we try to strike a balance and I think you can see it with trainees, particularly at the beginning when it's really overwhelming when they lose their first patient.

And there's a lot of guilt and people will say, oh, I should have done this and this. And over time, I don't think it's that people become cold or callous or detached, but we have to find a way to sort of go on because there's another

patient right after that one that needs you.

And so it's like we take that moment and you kind of, you know, you feel what you feel and you talk and you give all the space that you need for that.

And for some patients, it'll be longer. And then in the end, that kind of just becomes like a cherished memory, you know, like the hell that we went through with that patient was like a year and a half.

And there were definitely some struggles and some hustles and moments in there. But now looking back on it, you know, there's really just like a fondness kind of for who she was as a person and that experience.

Wow, that's really beautiful. The way that you describe that, how you process it, help the team process it. And I think that's the more modern way. I don't think that was modeled as frequently when even I was going through medical school.

What do you think? I don't know. I guess I have your bio to check the year, but no, I think that's true. I mean, I think, you know, and this probably goes even just beyond patients.

I think people like to think of physicians as a certain way and patients might be vulnerable and maybe they want their physician to instill some confidence in them if they're doubting the situation that they're going through and they feel kind of scared and it's kind of like, You know, sometimes I even wrote to a kid and I'm like, where's the adult in the room?

You know, you want someone to kind of, yeah, say we have a plan and this is what we're going to do and it's going to be okay and we got this. And, you know, so I think sometimes patients are looking for that.

But yeah, you know, it's a balance. It's not all just cut and dry. They also want to know that you're like a regular person and understand that like they want to go home for Christmas or a kid's birthday or whatever, they want to go to town for two days.

They need to know that you're like a human being who understands them as another human being also. maybe this desire to portray a really strong base for patients and probably a strong base for everybody, for your team, your medical students, your residents, fellows.

So I think infusing some of the human part of that is slowly trickling into medicine. People, I think, share more about their doubts or insecurities or when things go wrong, maybe more than they used to.

But it's still, I think, in flux. And so I think Even just admitting when things aren't clear, you know, telling to a patient, I don't know how this is going to turn out.

You know, we're going to try our very best, but, and we're always going to hope for the best, but we don't know and kind of admitting that uncertainty even to your team.

And in as much as you can provide like comfort and solace to someone struggling, but also make room for like some of that vulnerability and uncertainty that we all know is there, whether or not we say it out loud.

maybe wasn't always there in medicine, you know? Yeah. Just kind of like allowing space for some of that uncertainty, I suppose. The ability to embrace that uncertainty and vocalize it has become so much easier for me in the mid-career space.

I think there was an artificial pressure early on, or in residency, you're constantly in medical school, you're hustling for worthiness, I think would be a phrase that Brene Brown's work would apply to, that you're hustling, that you know everything, that you're ready when the questions come during rounds, and that you wanna be knowledgeable in front of your patients.

Working at Cook County and confronting healthcare disparities

And then I also think, you know, what I noticed and I went to a very male dominated residency is I wanted to be viewed as credible and the one that, you know, did have the answers.

So I was really concerned about showing uncertainty or expressing that we're now at work all the time. I'm like, I don't know that. Let's look it up. Let's find out or with patients like, you know, this is a really unusual situation and there's not one specific right thing to do.

If there was, I would a hundred percent tell you it, but there actually isn't in this situation. Yeah. Yeah. And I mean, I think COVID kind of like humbled us all in this way because it's like, you think you know one thing and then it changes and then you think you know it again and it changes again.

And it's kind of like, do any of us know anything ever? Yes, we do. But, you know, it changes. I mean, half the stuff we're doing now, who knows what it's going to look like long after we're gone, you know, so.

I'm always sort of humbled by that whenever something that we're so sure is right. And then there's some paper that comes out that's like, actually, we've all been doing it.

We've all been doing it wrong. And I agree with you, you know, I think there's a Yeah, there's a lot of emphasis on knowing the right answer, or at least there used to be more.

And I think now more and more people, me included, feel comfortable just as you said, saying, yeah, I'm not really sure. Let's look into that. Let's read.

Let's talk to somebody. And I'm sure there's still a part of me that wishes that I knew more. I think that's always going to be just because I don't know, in medicine you want, or in life, you want to know things to be able to do your job and help your people and probably also feel like you are regarded a certain way among your peers and trainees.

But I'm getting more and more comfortable with it. And I don't know, I'd be curious to see how that's received among people who hear it. I'd be curious to see what people who hear someone say.

I'm not really sure. Does that kind of drop their confidence in you or does it increase their confidence because they know the person kind of knows their limits and they know what they know and they know what they don't know.

So I don't know. I'm curious to see how that lands on people's ears. Yeah. I mean, I think most of the time when it's framed the right way, I've seen patients really like it and respond to it.

Although I will say there's certain situations just because of how stressed the person is. Sometimes I also think there's, you know, just cultural things that are different that somebody is used to when they've gone to a doctor in another country being told what would happen.

And so when you open up that shared decision making and showing how much ambiguity there actually is, some people just aren't ready for that. And then they're very frustrated.

So I want to pivot and talk about your experience working at County. I have some insights since I worked at LA County for a couple of years, and there is a lot of corollaries in my experience working at a military hospital with this shared sense of purpose and mission.

Yeah, you know, I, again, I think a lot of this goes back to my kind of childhood and upbringing, which was very cushy, you know, but also that awareness of how not cushy most people's lives are, you know, in this country and outside of it.

And I think, you know, my medical education was at University of Missouri, which is a state school. So I kind of was

always in the public sector. So I went to a state medical school and I did my training at a state hospital, University of Illinois, which is not a county hospital, but it does serve a pretty underserved population in the city as well.

And so I was always kind of exposed to sort of people who were struggling, you know, socioeconomically and with literacy and all kinds of access to care.

And I kind of chose that for that reason, you know, both because those are the people I thought really needed a lot of help. Not that anybody, you know, my God, anybody who's struggling with cancer needs help, but also because it was a good training experience, you know, to see that kind of pathology.

And when I graduated fellowship, I went to University of Kentucky and I worked there for two years in Lexington, which is a big university hospital. And like you said, they don't have county hospitals everywhere.

So if there were sort of underinsured or uninsured patients, they would go to the university hospital because that was sort of the only large tertiary care center in the city.

And then about two years into my job, one of my old mentors, whom I had kept in contact with via email, just wrote me and said, hey, you know, I know you really like living in Chicago and you had maybe wanted to stay in the city for a job.

There's an opening somebody had. had kind of retired and so see if you want to apply for the job. So I said, okay, I'll apply. And in a lot of ways, it was a dream job, you know, because I got to kind of see the patients that I wanted to see.

I got to do kind of hematology exclusively instead of doing solid tumor, which is kind of a lot. We had to do benign hemolignan heme and solid tumor. And I got to be back in the city, which I had a very good experience with before in my six years.

But really, it was the job. I got to see patients who really needed help, and there was not… there really is nowhere else in the city that they could go.

And I think it's made me a sharper physician also in the sense that, you know, unfortunately by virtue of the fact that a lot of people come in sort of late stage can be sort of advanced, but they come from all walks of life all over the planet.

I've gotten to see and learn a lot more and kind of sharpen my skills and exposure to different disease states. And, you know, I saw people like working at County is exactly what you think it is.

Like if you think we have the best patients in the world and they're like extremely appreciative and it's a good relationship and you see all kinds of cool and crazy things and you learn a lot, you're right.

And if you think it can be frustrating and kind of demoralizing at times and tiring, you're also right. So it is both of those things. And I think patients really are the one reason people come and the one reason people stay.

I think anybody will tell you that the pay is what it is, the benefits are good. We'll see how the pension fund goes. But that's really the reason people stay.

And I think maybe some of that could also be said about VA jobs, another government public sector type of field. And it is frustrating, as you say, that the demographic that you think probably needs the most support is the one that has the least of it.

When I was working at Kentucky, it was a beautiful cancer center. We had art therapy and music therapy and massage. you know, all the things that a cancer patient would need to help it and get through and support.

And we, you know, we do the best we can and I'm proud of the care that we provide and what we're able to do with

our limited resources. But it's, you know, it just doesn't meet all the needs in the way we would all love for it to.

Yeah, I remember the first job I took after leaving county, which was also leaving the Navy. My job in the Navy was at county, was a university system in which very common to most university systems, there's a really affluent community that served and then usually a location in a less affluent part of town.

In the affluent part of town, the hospital was just out of this world. I mean, honestly, it looked like a hotel that you would pay $1,000 or more a night for.

Burnout, boundaries, and sustaining energy in demanding work

After coming from County, it was really hard for me to walk through the doors and see the opulence of this hospital that was in the same geographic area of County.

And, you know, I, sometimes I think like if we added up all the money spent on hospital lobbies, across the United States with their waterfalls and grand pianos and, you know, all of that.

What could we do with that money to help more patients? So on the flip side, you know, as a patient, sure, I probably go to a hospital like that. And that's something I have to sit with, but it is very hard to deal with that extreme disparity that we see within our healthcare system.

Yeah, I mean, I think, you know, it's like, honestly, it's like, kind of those, I don't know, you see them on cars, right? When they say like, who rescued whom or whatever, when they talk about adoption.

And I feel like everybody thinks, oh, working at county is helping all these people. But in reality, like, they're helping us because You can't be around people that are going through real stuff and feel too, too sorry for yourself.

I think patients really bring you back down, and it's very eye-opening every day. Yeah, not just what people are going through medically, but in their lives, in their families, with their jobs.

And I think we really probably get a lot more out of working there than we give, if that makes any sense. And yeah, then just be grateful. When I look at my surroundings and my home and my life, I just kind of have to knock on wood and be like, that's just lucky.

I mean, that's not really anything that, a lot of this is just circumstance and the kind of life that I was born into. I definitely see the disparities and the way I try to look at it is like, yeah, be grateful for what you have, be humble that it easily could have been you in that chair.

And if you can, whatever you can, try to make something a little bit easier for the person who is in that chair, who's in that set of circumstances. And it's funny because county, I think, Was it three years ago built a new outpatient clinic building and it's really beautiful and have all kinds of like nice art on the walls and you know i i felt the same way you did i'm kind of like i do we really need this but i was like maybe it's nice you know these people are sick and sad and going through this like maybe it's nice to have a bright window or something, you know, for them to look at or a beautiful piece, like a scene of nature.

So maybe that's the hospital's way of bringing some of that back to, you know, for bringing that back to patients. Yeah, absolutely. Some of that like exterior kind of thing that, you know, can kind of make you feel a certain way inside.

Yeah, I can't remember what I was listening to just a couple days ago that there's actually some research that patients that have a view and it doesn't have to be like a crazy amazing view, but just having the view of something involving nature, even a tree.

actually did, was associated with like improved outcomes. I don't remember specifically what the outcomes were. So I believe it. I think my outcomes are better when I'm around a tree.

Yeah, absolutely. Yeah. I think there's probably like a room for some, some balance. I think what's hard is when we go to some, especially when you work in the same hospital system and you see just striking disparities, depending on, you know, you drive a few blocks and it's a very different different hospital.

Right. So I want to pivot a little bit and talk about, you know, there's such a large number of physicians going through burnout right now. And the pandemic, I mean, it was bad before the pandemic, the pandemic has made things a lot worse.

And like you were saying, county is everything, right? It's the best patient populations, fastening pathology, colleagues dedicated to serving this community.

And it can be very uplifting and invigorating place to work. But I promise you there's people walking through the hallways of county just like any other place that are also burned out and tired and you know looking at your job specifically you know you're working with patients with very serious illnesses that are also facing huge socio-economic challenges.

And so I think it would be really easy to potentially burn out and maybe you've experienced, you know, periods of exhaustion or even periods of burnout.

What's your reflection on that? Or like, what have you learned? I mean, listening to your speech, you seem to have this light that is very powerful that guides you through doing this work, but how do you walk that line of these intense situations that could be very draining, but finding a way to have that energy to keep going to work?

You know, I think it comes and goes, you know, from time to time there'll be sort of a lull and things will feel kind of quiet and manageable and I'm not so spazzy and stressed out.

And then sometimes I'll be on inpatient and in clinic and you know, you feel like you're kind of constantly playing catch up. And I think it's specifically with hematology at County, I think it's sort of like, the perfect storm for burnout in the sense that because the patients are so sick, and I think a lot of us are very type A and overprotective and micromanaging of our patients, and we're in a system that is not that way.

It's not a system that's designed to… be laser focused on everything that's happening with the patient all the time. So you assume a lot of that because in a place where the system is different and you have multiple eyes on patients and things move at a certain pace, you can take a step back.

But if the system is the way that it is, you take that on yourself to make sure the lab gets sent, make sure the label is on right. Do a lot of these things down to the T.

And so that can be a recipe for burnout. The patient volume is high, but it's also high in a lot of places. So I'm not sure that alone is the reason for burnout.

And I think the frustration with just not getting patients the things you want them to have or you think they need, So I think recognition is key. So I think like there are people in my life that will be like, you're getting a little like irritable.

You're like getting a little impatient and realizing like, okay, I'm kind of in that state. You know, I think that's the first step is sort of recognizing that like, okay, maybe I am a little too busy right now.

Maybe things are a little hard right now. Cause I think sometimes we don't even know it. I think sometimes we just think it's normal to just kind of keep existing in that loop and it feels so natural, normal after a while that either for somebody else or you yourself to start to recognize like, okay, I'm getting a little tired or I'm, I don't know, getting a little punchy or something like that.

That's probably the first step and then you can do something about it. And so I think what I do is probably not that much different than anybody else.

I think some of it is just like rest, you know, like you need a period where you're not working where you're not busy. And for me, it's hard, but sometimes that means just like really taking a break from screens and computers and phones and emails and learning to live with the disappointment that people may not be able to reach me.

But I need a time in my life where there's a lower level of stimulation after like running at a high octane kind of level for a while. And then something recently that I learned is sort of doing something active or fun.

You know, I was kind of the person in residency that after a 30 hour call, I was like, I was going to sleep for the rest of the afternoon until the next day at work.

My roommate would always say, well, I want to sleep for a little bit. And then I want to do something fun. You know, I want to watch a movie or something.

And so she kind of also made sure that There was also something energizing to her life. You know, it wasn't just like work and naps. And I didn't really start to kind of embrace that until recently, that it's like, okay, I need time to like really let my brain and body rest.

And then I need to do something that also feeds my soul, go for a hike, meet up with a friend, do something somewhat active that also kind of like refills your cup, you know?

Yeah, I think I probably experienced burnout periodically from time to time. that would be the key is sort of recognizing it. And then, you know, one that I know you talked a lot about is boundaries.

And that probably is the one thing to recognizing and it's one that's already happened, but the boundaries is probably key to like preventing it or minimizing it, I guess, to the best you can in the first place.

And, you know, I know a lot of people these days are talking about self-compassion, but it's true. Like give yourself a break.

Finding joy, resilience, and agency in difficult times

And I said this at Women in White Coats, it doesn't mean like, letting yourself off the hook and not having accountability, but don't be as hard on yourself because the way we are with other people is certainly not that hard.

I think we extend quite a bit of courtesy to other people and understanding. You know, turn off your phone, tell people when you're available, when you're not available, how you want to manage emails, meetings.

It's a moving target. I don't think it's the same for all of us or even the same at different points in time. You know, some days you may feel like you want to take on more and other moments in your career, you may kind of want to be a little bit more by it.

and then let people think what they think and be okay with whatever that may be and kind of find your inner sort of like priorities and values, which will shift over time.

Everybody's life circumstances do, but give yourself a break for whatever you need. Well said. Well, this has been such a joy having you on the pod. I'd like to move into some of our closing questions.

Sure. What do you like to do for fun? You live in beautiful Chicago. You know what? I'm such a boring person, honestly. I mean, I like to spend time with my boyfriend, with our dog.

I try to make trips home to St. Louis as much as I can to see my parents who are still living there. But then I think probably, I don't know, now things are opening up with COVID getting better.

But really, Chicago in the summer is very beautiful for the three months that it's summer. So, you know, just getting outside really, just going to the lake or the river, going out hiking, cooking, trying new food, watching TV, watch

movies, reading, reading, yeah, reading anything.

I mean, I feel like I'm the recipient of so many good articles and things that people send me. You know, they'll send me a podcast or send me newspaper articles.

So I feel like I'm always catching up on the good things people share with me. Being with my people, honestly, being with my people and spending time outside if I can.

I love that. And that's what we all need right now is to have more connections, especially in person with people. Yes, yes. So a question I've been asking everyone this season is, We're moving through a really challenging time in the world and in medicine.

It's not lost on me that you're in Chicago and what just happened in Highland and frankly, what happens every week in Chicago, that there certainly is a lot of firearm injuries.

similar to many cities and places in the United States. And, you know, it's just a hard time right now. I think, you know, we're all moving through the road decision and everything else going on right now.

What is your advice for people that are just feeling really overwhelmed and stressed and maybe they're feeling some burnout as they're driving into their shift right now listening to to us talking, what message would you send to them for this challenging moment in history?

You know, again, I always go back to my patients. I think sometimes people say like, Oh my God, your job must be so depressing and people are like struggling.

And it's like, It's doom and gloom and everyone's dying and I have to tell them it's really not. It truly is not because you really get to see sort of this resilience in people and you get to see all these qualities that that you wouldn't think, you know, that that people would, I don't know, people would exhibit during tough times, during the most difficult time in their life, which is for all of us probably confronting mortality, which is like the big question, you know, behind all the other questions.

And I find it inspiring and I admire kind of how people move through their tough situations. And it really makes me think of how much people can do more than they think they can.

You know, at the beginning, people always say, Oh my God, I could never do it. This is catastrophic. And then six months later, it's like, well, you did do it, you know, and you're still here and nobody can see that at the beginning.

And so You know, there's this idea that this too shall pass, you know. And I think things, you know, the chain of progress is kind of up and down, you know, but things overall in societies move, move in the direction of progress with some ups and downs.

And I think, you know, there can be a feeling of sort of helplessness or hopelessness with current situations or outcomes. And so I guess, I don't know.

I mean, I don't know much about Buddhism, but I think this is kind of one of the tenets is to sort of I don't, accepting sounds bad, but sort of like to an extent, accepting what is happening.

I have this condition. This is, you know, the political climate or whatnot of the country at this time. And then sort of just commit to a plan of action or define your values.

Like, okay, well, this is what's happening, but this matters to me. So this is what I'm going to do about it. And maybe the outcome won't be any one particular thing, but in my space, in my life, my time and my resources, I'm going to do this because this matters to me.

And that's all any of us can do, right? I mean, even with me, I can't really promise anybody any one outcome, but I

can just do the best I can with whatever resources we have.

You know, I think when there's something upsetting on the news, you know, and the loop is played back over and over again, and it can instill that feeling of like helplessness and doom.

And I think action is one way to kind of combat that, you know, that feeling of just like we're stuck in this place. And just remember that throughout all of history and all different nations and all the things people have gone through and what they've been able to make it out of, even if you couldn't see it in that moment, and we will too, you know, I think at the beginning of COVID that was probably inconceivable also that you know, it felt so scary and so bad and so uncertain.

But yeah, to have to have some hope and some faith that things move along and perhaps identify a way that that you could do something, you know, so you could feel feel part of something to feel part of something to move, like move the needle a little bit and move the needle a little bit in the right direction.

And that that might, you know, give a give a good feeling that there's something you can do about it and, you know, just to count our blessings, you know, I think there's a lot of work to be done in the world and we'll just keep working at it and hugging our loved ones and trying to keep our feet on the ground.

Yeah, I think what you said is absolutely spot on and beautiful. And it brings to mind this idea of focusing on what is in your control. You may not be able, with the swipe of a pen, change a law that you don't agree with or create healthcare for everyone, but you do have influence and agency in your workplaces.

And as much as they're trying to make physicians feel like we no longer have agency over our practice, we actually do. And I just, the episode that came out this week was with Ariane Nachat.

And she says, you know, these hospitals really can't work without physicians. They honestly can't. And so it's a good reminder that, you know, we have more agency than we often claim.

So yeah, I think it's a good way to end the episode is really a call to action to within your own circle of influence, you know, your clinic, your emergency department, your home, your neighborhood, whatever that is that, you know, pick one small thing that gives you that agency back that you're doing something and moving the needle because it sounds trite, but if we all did that, it would be a better world.

It's true. What is the old slogan? It's like, think globally, act locally. You know, like hyperlocal. Like, what can you do in your house? What can you do in your neighborhood?

That kind of thing. I love this. Thanks for listening to Heartline, conversations with healthcare changemakers following their heartlines. I'd so appreciate it if you could take a quick moment and hit the like button and also the subscribe button that you'll find within your podcast app or platform that you're listening on.

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