Finding Humanity In Oncology with Dr. Christina Gomez | Living with Metastatic Cancer Series Transcript

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Introduction and Christy Gomezu2019s Background

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. We are privileged to welcome Doctor Cristina Gomez.

Doctor Gomez, she's given me permission to call her. Christy is here with us today. She is a GI oncologist and I'm really interested to hear her story.

She's published a wonderful book that I want to talk about, and I hope she'll share some of her journey as an oncologist and as a human being. And so, Christy, would you mind introducing yourself to our audience?

Tell us a little bit about yourself. Thank you so much. Peter, thank you for having me. Thank you for being among physicians who maybe make a little difference.

I know from my new angle. So I'm Christy Gomez. Honored to be here. But I'm a medical oncologist, and my focus is in GI cancers. I think if I jump a little bit, I chose that.

A resident asked me the other day why GI and I think because we have 13 organs in the GI tract, and so I couldn't pick one. So I said let's do GI. But I knew I wanted to be a physician early on.

I was born and raised in Miami. Medicine wasn't in our lineage. In our genealogy, it's not passed down. Like Rachel. Naomi Redman, the author, says, right, that we are of the lineage of my monetizes.

Well, my genetic lineage was not. In fact, when I mentioned it to my parents, they were blown away. My parents are Cuban. They came to this country. My dad came in the 40s, but my mom did come in 1960.

So, you know, the immigrant, refugee, exiled work ethic that they were teaching us. And here I was like this little kid saying, I want to be a doctor.

The opportunity that bring, I think, was new to them as they were just building life. But seeing that the American dream was possible now. My first generation in the States.

But so Cuban parents, Miami upbringing and that thread or that interest to be a physician never wavered. I highlight a little bit in the book that my father asked me every few years, 3 or 4 years.

So age five, nine, 17, are you sure you want to do this? Do you know the sacrifices? Do you know what it entails? And I told him time and again I said, but a thread that doesn't disappear hasn't wavered.

I think one of your guests talked about how we all dream of being firefighters or astronauts in our youth that need to had this thread or this interested in being a physician since early on.

And that moved me because it was my story. And by high school and college I said to him, hey dad, I can't let this go. I got to at least try. And so right then he gave me his full support.

And I joke that part of my medical degree belongs to him, because he would work late at night and when he'd get home, my light was on and my anatomy books were spread on the floor.

So medicine came to me early on, and I'm so honored. Here I am, almost touching the door of 50, and I love what I do. It's I can reflect so much on that because I think, like we talked before we hit record, we're humans first were people first, and then we choose to become a physician.

And hopefully most people choose that because they want to heal, they want to help, they want to make a difference. They've all the things that are themes of the podcast.

All of us wrote a personal statement before we applied to medical school, and those themes ring true to us. When you go back and think like, why did I do this thing?

Why did I make this sacrifice? And it's good to reconnect with that. So it's really interesting you have that desire, even as a very young child. Yeah, that was wild.

And I remember we'd play I grew up with a sister and a cousin who was like a sister, and they played in retail or teachers, and I was always asking to be the doctor.

It stuck around. And now looking back or listening to, as you and I were sharing your podcast community, it's a select group of people, real tribe. Or we're a certain pattern of individuals.

And so I'm wondering, I think I was born to do this. I think so too. One of my friends works with a she's not a physician herself, that she works with a whole bunch of physicians.

And she always says, you guys are so weird because we designed a continuing medical education course, and we were talking about all the different people that could talk to us.

And there was one that was just like, totally nerd it out on all the different updates and the journal articles and practice changing things. And she thought it sounded boring. And we're like, are you kidding?

That's the most interesting thing there is. And it was the one that received the highest marks. And everybody was totally into it because it was relevant on boots on the ground going to make this change in my practice.

And anyway, it's just fun. You're right. We are all cut from a similar cloth, that is for sure. Maybe this is like my own little CME. I recently adopted a little boy five years ago in the pandemic, and I don't know what I'm doing right.

That's what parents say. And maybe I'm one of those weird people, because the way that I'm parenting him is that medicine is master, right? My only way to teach is using medicine.

Early Calling to Medicine and Family Support

So something as simple as a scrape on his knee. But I'm using it ideally that it may have ripple effects, that everything really heals. Things take time, but they'll heal, right?

That may be the adoption process or any heartache. You'll remember that because I taught him in medicine that the scrape on his knee is going to heal.

I'm using these big terms like everything heals. It just takes time, like surgery, or I'm using my practice to raise a little boy. And maybe that's really weird parenting.

Oh no, I'm a parent. I have four kids, and I think it's one of the most humbling things ever. Do you think you're a pretty okay, good person? And then you have kids and you're like, wow, I am not very patient, and I've got so much to learn.

And and yet when I think about my life, it's my most important work. I want to help other people and I want to provide a good income for my family. And I want to do all these things with my life.

But the only legacy I really believe is my kids. After I'm long gone, probably the only people that will remember me really are my children. So I hope I leave a good legacy.

Even if I teach them in my own nerdy doctor way. But you got it. You got to your patients, your colleagues. But yeah, our kids will tell our story. That's right. Well, tell us about this book.

This is a wonderful book. Those who are on the video viewing this can see the book is called Stopped in My Tracks, and it's a collection of cancer patients quotes.

And obviously you, Christy, have been a doctor for a number of years. You've met lots and lots of oncology patients at this point, but I wanted to hear what inspired the creation of this book.

I read through it. I love it. Like I said before we hit record, I am really going to put this in my waiting room. I think my patients will love it because it's not like hundreds of pages of reading.

It's just little nuggets of truth that patients have shared with you throughout the years. And each page is just delightful. So tell me how you came up with this.

Thank you. Thank you so much. So I think weaving your first question and now this one, I knew I wanted medicine, so I went the science track, the biology track.

But I was blessed with amazing English teachers, creative writing teachers. In high school, I went to a college prep school and I loved letters. If you will write not only sciences, but the art and in particular writing arts.

And I remember in college proceeding with minor. And because I was so excited to get into med school, I didn't finish the major. But this thirst to write or to combine words together that sounded better together was an attraction for me.

Then boom. Fast forward to med school. There was a clinical skills course it was called, which I think it was really humanities. They didn't call it that in my school, but it was art of medicine, and they reminded us to look to physician writers, those who have written before us.

I mentioned Rachel Naomi Redman. Her book was gifted to everyone in the freshman class. The book, Kitchen Table Wisdom and her invitation to to speak to her patients.

Like if we're sitting at the kitchen table. So all of that was planted first year medical school. And then they asked us to keep these notebooks. This was before iPhones or iPads or.

But we had still to pen to paper knowledge. Yeah. We asked us to keep these little notebooks in our white coats to jot down kind of pearls or nuggets of what you learned.

If you saw something for the first time that you had only previously seen in the textbook Caput Medusa, a series of what it looks like, what the heart sound sounded like with the murmur, what you saw in pediatrics or ob gyn or radiology.

Right. In our vast knowledge, they asked us to jot these things down. And I confess in the book that that almost like parenting, right? I messed up every day.

I was so busy that booklet was empty, pager page was empty, and I felt almost like I was missing out on something. When I went back to that, I said, God, I'm going to forget all that.

I've spent so much money on my medical education. This is where real knowledge happens or real learning happens at the bedside. And I'm not writing this down.

Whatever. I prayed that my memory in its use would be okay, and then I would know what I needed to know. I had

a mentor in school who said, you can't know everything, right?

So in medicine you'll know where to look it up. So then I saw myself once I was a fellow. Once I was an oncologist, pausing at the patient's words about their experience with chemotherapy, their experience with the diagnosis, their experience with life and death, the experience with side effects.

And I remember then, as I'm taking their history on the side of the note taking, charting their quote, literal quotes, and I'd rip the paper and I'd stuff it in the bottom of my coat like you're lifting paper off of the exam table.

Yeah, exactly. Paper towels. Exam room paper. Exactly. I draw them a picture of what their liver was looking like and then their quote. I'd rip it off and stuff it in the bottom of my coat, and I didn't know what I would do with that.

I joked with them, hey, one day I'm going to write a book. Can I quote you? And I remember them. My teachers taught us to quote someone, if you were going to write an essay, right?

Almost like write a leader passage. And then I think we grew up with this show that was like kids say the darndest things. Yeah. So I joked with them that patients say the darndest things.

My truer knowledge, my truer learning was happening right there with their words. And sometimes I literally stopped in my tracks, paused that moment when we're holding the doorknob and we're about to leave.

Many times, like, not for their last question, but for mine.

How the Book Was Inspired by Patient Quotes

I'd let go of the doorknob and see pink. Can you see that again? Because I was moved and I am moved so often I stopped collecting them. I have to keep doing it.

But that's how the book was born. I was just a seed, right? We were taught about physician authors. We were taught to write down the pearls of knowledge, and I was collecting quotes.

Fast forward, I was at Yale University. I was faculty there for a little bit, and it was pandemic and in physician wellness. They had a writers afternoon physician writing afternoon so that we could channel the immense stress that we were faced with.

We had only studied epidemics and pandemics. We had studied it as a definition almost, and now we were living it. But that author was an editor and a publisher, and she said, what do you guys think?

What are your thoughts? Where is your writing? And I almost like virtually pulled out these little scraps of paper and stopped in my tracks was born. That is so neat.

I was just thinking, as you said, all that earlier today, I had the opportunity to show a second year medical student how to do a C-section for the first time.

She'd never seen one, and it's an amazing procedure. And there's a new baby and there's lots of blood and fluids, and we do them all the time, and it's just kind of part of the practice.

And my practice partner and I were doing this and it was great, but I was caught off guard or stopped in my tracks, as you said, when I just you could just see the wonder in this students eye as she just was so excited to see it and just thrilled to see the birth of a baby.

This was a C-section. And I just wonder how often we get so busy, so, so busy doing all these things. And I got to rush to the next thing. I got somebody else waiting on me, and I've got to finish charting all this stuff and that there's a thousand different things, but I probably should write that down and just say, like, I got to channel.

I got to watch somebody experience that for the first time. And you see the wonder in that person's eyes, and then all of us do it again and again. And I think that's what you're talking about.

You capture this the both the pain and the bravery, and then just all the experiences that a patient has in their oncology, their cancer experience, you're able to capture lots of those little nuggets and then reflect back on not just your experience as a doctor, but what that patient was, their first experience with it and what it meant to them and I anyway, that's pretty cool. You did that.

Thank you, thank you. Maybe I'm doing it a little differently. I had a resident this week and I introduced him to my patient. I asked the patient permission.

I thought it was okay that the resident listened in. Learn from the patient. The patient happens to be on surveillance. He's doing really well, and he stopped the rest of my interview and he said, hold on a second, young physician, I want to tell you something.

I trust Doctor Gomez because she talks to me like a friend. So maybe I'm getting these quotes or these opportunities, like how they want to live or how they want to die, or what things really feel like.

PD because I have the opportunity to just sit back and have a conversation like this, right? Like we were early taught. Right. But the patient physician relationship is unique.

And so yeah, you took me back right now to my first ob gyn rotation when I saw my first little beating heart on an ultrasound machine. Yeah, it was a third year medical student and you just took me back to that.

We know so much. We can write case reports on the things that we see, or we're learning so much every day, but something about what they said, I guess it was art or literature, what the patients were seeing.

And I was able to walk into a moment between a spouse and you look at each other and say, honey, it's really your choice, or I'll do the chemotherapy for you.

Those things stop me in my tracks. Like we are privy to sacredness. There are sacred moments that you see. And again, I know I'm just as guilty as anybody else of just bulldozing through it because I get so busy and you're like, boy, I don't have time to do the touchy feely thing.

I just need to move on to the next thing. But when I do that, I leave myself short changed. I'm missing out on those important things that you experience because of your unique position as a doctor.

Nobody else will experience that. And so it is really good to write that stuff down. And your book just captured it so beautifully. So many little quotes in there.

I try to keep every thank you card that anybody ever writes to me is because it's a little word from the patient or maybe a family member of a patient that has gone through something, and it means a lot to me when I go back and look at them later.

But I probably should write down when somebody says something really funny or crazy or unique or poignant and just write it down because someday I will look back on.

I don't know if I'll ever be brave enough to write a book as you have done, but I think it's really good for me to remember, like, oh yeah, those are the experiences that the patient had, and I got to be a part of it, a powerful experience to do that.

Thank you for that. I find that I use it to teach. Right, so that if a patient says, what is this going to feel like? Said, well, someone else said, this is how they described it, right?

Just this week a patient said to me, have you tried that medicine? She had oral thrush. And I said, look, I'm going to

give you some of this, that and some patients hate, but it's going to clear this up.

You're going to taste again, you're going to gain some weight. Come on, let's do it. So have you tasted this. And it reminded me of these quotes or how people describe things.

We use it in everything, right? We use it in any others things. We read reviews of where to stay this Airbnb's reviews, or we're purchasing something thick.

Maybe some of these quotes or patient's reviews on on this journey. And really, they're the authors of the book and they're the teachers. You don't want to be a patient to have to like, take a taste of your own medicine.

But I do remember in medical school they during a was a pharmacology class, must have been in the third year of medical school. During one of the rotations, we had a pediatric pharmacist come and they made us taste test a bunch of pediatric medicines, like just a little taste you get this is what amoxicillin tastes like.

And then this is what clindamycin tastes like. If you ever taste that, it tastes horrible or this is what prednisolone tastes like also tastes horrible.

And so it is good to reflect with patients like, well, I can't say I haven't been down that path, but I can reflect with you. And so that is really good that you get those those honest experiences that patients will share with you.

And instead of being bugged by it, you are taking it and just making it human, making it real. And I'm assuming patients really enjoy it. It sounds like they enjoy talking to you because you talk to them just like they would with somebody else as a neighbor or a friend.

I think we have fun. And you mentioned about bulldozing through the schedule. I think my nurse and my team sometimes worry about the clock, but that melts away when these conversations happen, right?

And then again, I moved. Some of them say to me, you know, what would you do? We're so respectful. We're taught to be so respectful of people's choices.

Just today, three times had the discussion of, hey, you don't need to do any of this if you don't want. But two times this week someone said to me, but wait, what would you do if this were you?

Not only your relative, like what would you do? And so they turned the tables on me. It reminds me of what I'm trying to grow in narrative medicine. Columbia University has a great program with narrative medicine.

I'm trying to do it virtually, but recent grad reminds us that medicine is storytelling, but that storytelling is medicine. So since day one, we're taught how to tell the story, and we need to tell residents and or attendings, and we tell each other tumor board.

This morning I told story after story, so then my colleagues can pitch in or share their experience, their knowledge, their consensus. So in telling the story, we gain knowledge and we can serve the patient.

But in the telling of their story, there's healing too. And I hope that's what happens in my exam room. That's what's happening with the book, and that's what happens to all of us.

Narrative Medicine and the Power of Listening

Ideally, when we share with a friend or colleague, as you share in your podcast, that we should go to each other in our physician community, and when we're already out in the world, it's easy to just work and come home, but that we too need to share these stories for what it does to us.

Another patient to be said, how do you do this? And I knew I was going to talk to you this afternoon and I thought, how could I not? I like that concept of narrative medicine.

It really is at odds with the schedule because you're right, there's always a schedule. There's always pressure to see people and legitimately so. People need to know what time to come to the doctor and how long to stay.

And we don't want to make them wait too long. And those things we try to do to keep a busy schedule. But on the other side, you do have to sometimes just stop and say, okay, I'm here, what do you need?

Let's sit down and talk. Knee to knee. Eye to eye. What is it that you need? Because the patients are dealing with it. And I shared with you. I've shared on the podcast that I get to be a patient, and often I'm doing my treatments, and then I'm a doctor and a back and forth and back and forth.

When I'm in a doctor's office as a patient, and I might be calling the same consultant the very next day on a patient that I'm seeing, like a back and forth.

It's such an interesting juxtaposition of those two roles. But I'll tell you, the thing that matters to me the most is not the medical knowledge of the person.

For me personally, like I, I can look up stuff, I know how to read studies, I can really assimilate a lot of medical information. But what I want to know is on the other end of that conversation, there's an expert who not only knows the information, but someone who actually cares about me and my family and my life.

Because if that doesn't happen, I'm not sure that it's any better than me just looking up the information myself. And so I need the expertise, but I also need the humanity of someone to understand and say, hey, we'll walk this road with you.

Even if we don't know the end. We'll go through this together and I'll be there step by step. And it means everything to me. And I'm assuming it means a lot to all of our patients as well.

So many things that are coming to me, mind, I remember your story when you shared that you just wanted to get back to your patients. Hey, that's our commitment and how they know our stories.

Yesterday was the first day of school and patient after patient two, they asked me how was the first day of school for your little son? It reminds me also of my family medicine rotation as a medical student.

The doctor. The attending was a few minutes late. He came to the front of the classroom. We were in an auditorium, so maybe just starting our clerkships.

And he started the class the lecture by saying, hey guys, sorry, I'm running a few minutes late. My kid was sick last time. My wife and I were up many hours, and then he gave a whole lecture on family medicine.

And at the end of the lecture he said, you may not remember anything I said, but you remember that my son was sick last night and my wife and I were up late.

So that's how I want you to treat your patients. And so I had never thought about this story in years. Med school was 20 years ago. But the way you talk about us being physicians, people and the human side of medicine.

So another mentor said he was a gastroenterologist. He actually won the Presidential Medal of Honor, Doctor Pedro Greer. And he said, I've never had a liver walk into my office.

It's not about the hepatitis or the hepatocellular carcinoma. It's the person with this liver that is sick. And so we're so gifted to see that. I think another one of your guests talked about what really matters, not what the matter, Doctor Abramson.

So that story that they know that I have an eight year old who just started third grade and that I was nervous yesterday, probably more nervous than the kid, that it was the first day of school, and that what I be called on the first day of school, because the anxiety and first days from summer that they understood that one patient saw me

again today and said, how was yesterday? Did he do okay?

So did they know that we're behind the clock? Yeah, we're reading the data and the newest trials that we're thinking of enrolling them in trials or what's the latest chemotherapy, but that we're human and that we're worried about the lunch money for a third grader or whatever it be?

Yeah, I think it really does matter. We've made the point a couple of times, but patients need to know that they matter to you as a doctor. And I've again, I've never I don't think I was ever bad at doing this before, but especially since I've been a patient myself a bunch to realize like, oh, that, that really does matter.

And so those interactions, taking the time to sit down with somebody and look them in the eye and make even if you really only have just a few minutes, make those few minutes all about them.

Like it really does help patients. And it helps us because when you come out of an interaction like that, you can write down the stories like you said, or you can say, I thought about that and you'll remember something about them, not just their diagnosis.

And so anyway, I love what you're doing. I appreciate that you brought this narrative medicine. You did it through writing about patients. But you in your book, you quoted patients.

You're giving voice to these really poignant, special moments that they shared with you. And that's a really unique way of doing. I've never seen it happen quite like that.

So I applaud what you're doing. Thank you for writing that beautiful book. Thank you. Another question I just want to shift for just a second. So you've done this for a long time.

You know how to make diagnoses. You know how to enroll people in trials. You know how to come up with treatment plans. You're an excellent communicator with your patients.

You've developed all these skills over a lifetime. And my question but I've got a couple of questions on this. But one of them is, what do you tell an aspiring medical student?

I think medical students are super aspirational, and they're like, I'm going to be the best communicator. I'm going to do the best thing. And so what do you tell someone who's in the training path?

And then you get to residency and fellowship and you realize that you're really are drinking from a firehose, and it's hard to keep the humanity in it because you're so tired and you've worked for so many hours.

But what would you tell somebody who's in those learning stages to to keep that humanity, keep that narrative medicine alive despite the challenges of modern medical care?

POW wow. So a couple of things come up and what I would tell them. And then this last part you asked, almost like, how do we take care of us? But first thing is, and I don't know if this is the popular thing.

And so I'm going to go out on a limb here. And I think that, that I think holds true, that that I feel is cemented in me is that while this is a great profession, noblest of profession, and some of us are so called to it still to this day from early on, is that it's not for everyone.

I do it if you love it right back that that quote that if you love what you do, you don't work a day in your life. This is hard work, but you got to love and it may or may not be for everyone.

And so. And that kid who says, no, I kind of do it. That kid like me who says it's the thread that doesn't go away. So one do it if you love it and love it too.

Is is this really listening? Really listening to the patient know about the wedding and the christening and the no.

One story it. Peter, if I may, I have a patient today who said, what do we do next?

Is cancers progressing, the toxicities multiplying. But he showed me a picture of his home in Colorado. It's just the whole and a snow covered mountain.

I'm in the desert of Phoenix right now. He's here because of M. D. Anderson in Phoenix. He'll be here because of that. And he says, I just want to go home.

That was a couple of weeks ago. Today. I say, can doesn't agree. The side effects are adding up. How do I get you to that home? Could I close my eyes?

And I see your home and I see the white mountain. And he lit up. He lit up. He smiled through cracked lips. He remembered. And I could close my eyes and see the picture.

He showed me. The last thing I would tell a medical student is to practice the pause. Something. I'm still working right. The pause to answer. We're so taught to keep the schedule where we know what to say, but to listen, to understand, not to listen, to answer.

Right. It's okay to leave silence for what it is. That the patient may need the silence to answer the question, or the patient may need silence after they've made a decision.

For us to be okay with. The silence is something I would tell young House staff who practice for the rest of their lives, because that's where I was moved, where that's where healing happens, I think.

And I think that then that just leads to why we stick around.

Guidance for Trainees and Embracing Uncertainty

I want that patient to go back to Colorado, and I don't know if he may be able to. Then it causes cancer centers two hours away. The big cancer center is four hours away from his home, but I just want to go home.

This I'm remembering the wedding, the christening, the baby that was going to be born, the house in the mountains that he dreams of returning to. I think that's where healing.

Well, those are like. Those are really personal, poignant things that you get to know somebody and get to know what makes them tick and say, what is the reason that you are doing this?

Why are you all the way down here in Arizona when you want to be in Colorado? Because obviously the person wants to be there, but do you get down to that? Why?

Or that core reason of why they're doing it? You can find alignment and maybe that will result in this patient continuing on this treatment pathway. And maybe they'll choose something a little bit different.

Depends on what the journey results in. But the fact that you took time and listened will mean everything to that patient. When they go home, they'll be like, yeah, doctor Gomez, listen to me and we'll make a decision and I'll feel good about it because it was the right decision for that person.

But it does make a big difference when you sit down and listen. I wanted to ask another question again. Your expertise as an oncologist for years, you've had lots and lots of experience as an expert in your field.

But all these things that we deal with as patients are they just present so much uncertainty. And I think about the night that I found out that I have a 28 centimeter tumor.

I've shared on this podcast. That was wild. I was working in the emergency room, and I just happened to glance at my scan. I had gone in to see my practice partner and he ordered a CT scan because there was this kind of felt like

a bump on my inside.

My abdomen, and everything in that moment just felt crushing. Like, how can I go on to. And I'm just doing fine. I'm 43 years old and half of my family and working really hard, and suddenly I can't have cancer. I shouldn't have this thing.

What's going on? I guess the question I would ask you is reflections on what do you tell patients in those moments of deep uncertainty when somebody has been given news that is really devastating or disappointing because it's real, it's something we get to deal with a lot as physicians.

But I think particularly in the world of oncology, it presents a tremendous amount of uncertainty. So I'd be interested in any thoughts or guidance you could give from your own experience.

And then again, most people listening to this podcast are physicians. What do you advise us to do? Because these are hard conversations. Thank you for that question, because I'll be even more honest.

I grew into this. I remember in my training and having hard conversations that are now normal lectures and core curriculum opportunities. In fact, I was able to participate in one the other day for the School of Medicine at University of Arizona, and I was honored that they were having an entire class on Breaking Bad news.

But I remember thinking, patient. Don't really want to know. Just sit with them. Make it all feel good. Visit. I remember that in my trainee and patients have taught me time and again, we really want to know if there's data on this.

Do people want to know numbers or do people want to know now that we've got circulating tumor DNA that can prognosticate risk of recurrent? I thought nobody wanted to know.

And the idea is that over 90% of patients want to know. So I am grown into this truth to lie that patients want to know. And so I get to be the bearer of truth, that I get to be the one to walk with them.

They're really coming to me. Not for sugarcoating, not for marshmallow soft. They want to know. And so the gift is how we relay this message. And I speak to uncertainty for what it is that there is so much in life that is gray.

There's so much uncertainty in all aspects of our life, and that now we're in this. I remind them of their team at home, and I remind them of their team here at the cancer center, me and my colleagues.

Right. So one, the uncertainty. And I speak to it too, that they're not alone. Hey, I can't imagine what you went through. I have a colleague who also came upon his pathology results, and he was with a full team of half staff, nurses, EP techs, and he's like, oh my God, I have cancer.

So I'm very intimate in private moment. But that you are not alone at home, your community with the community in medicine, there to walk with. I'm honored by what life can give us and what the body can give us.

If I'm teaching my young son that medicine is the way the body remains, master, and that we don't need to make a decision today, and we can listen to all of these options and that the body will tell you, right?

Yes. I'm strong enough for this line of therapy. I'm strong enough for this surgery. Or doc, let's do a shorter course radiation. And I'm going back to Colorado.

So so speaking to that, I think I wake up every morning with the spirit that I can for patients options. Right. So there's this line of therapy this line of therapy.

And then there's a clinical trial but also maybe options with life. Right. Newly diagnosed biliary tract Kent she's fit no medical problems. I was sure she was going to take treatment.

And she looked at me at the end of the visit, said, I'm at peace. I've lived my life. My kids are big and tired. Actually. They're struggling with addiction and I can't help them anymore.

And I don't want to do treatment. So the opportunity to even sit and speak that option, that remains an option. You don't need to do this. When my father dealt with cancer, the oncologist spoke.

My mom and my sister were like, okay, we can do this. We can come here on Wednesdays and Fridays. And I stopped. And maybe because I was physician and daughter, oncologist and daughter, I said, dad, what do you want to do this?

And I remember my mom, my sister almost like stopped breathing gas, like if I was asking a sinful question. Right. But that option remain. That treatment should look like whatever you want to do as a dependent, as if you want to get married or have kids.

We get a chance to choose those things or practice medicine in a rural or in the desert or in the northeast to choose a job by where we want to live. I think that's when my invitation to the uncertainty, going back to what do you really want?

And then the gift that that is for, then for me, the physician. But the gift that is for the family choosing how they want to walk the journey, how they want to live it, and how they want to close it.

Yeah, no thank you. Those are the powerful counsel. I think I'm going to go back and listen to this again and try to channel that with my patients. It does matter so much.

And I like the idea that you talked about giving voice or acknowledging the uncertainty. What I've found in my life is that everything is actually uncertain and it was always uncertain.

If you die in a car wreck on the way to work, you could have a heart attack. When you're young, you could have a stroke. Like one of our former guests in her 40s.

You could have all sorts of things that can happen in just a moment. We really are faced with uncertainty in this life every day. And yet we live in this little bubble self-assurance, and we think that everything is going to be okay.

And and yet the uncertainty is actually there. And a medical diagnosis, I would say especially maybe a cancer diagnosis presents it just brings to light so much uncertainty and it doesn't mean you can't navigate those waters safely.

But it really matters. Just like what you said, acknowledge the uncertainty and will be there with you and you're part of a team. I've had to learn that I wanted to be a lone wolf.

I almost felt shameful to have to ask for help because I'm the doctor. I'm not supposed to have to ask for help, and I've had to learn to walk with my team and really count on them and let other people help.

And so that discussion of just honestly acknowledging the uncertainty and saying would be there with you step by step, even if you can't solve it and you can't see every step you can see 3 or 4 steps ahead of the doctor.

You know what's probably going to happen, but you can't tell with certainty. And so let's just such wise counsel, and I want to emphasize it like I said, I'm going to go back and replay this because I think that is so useful.

Thank you. That is exactly what I share. The things that we don't know in our life. We've lived with that, and now it's just under the umbrella of our health and saying, this may or may not work, but then let's make another plan, right?

And looking at that, if this doesn't work, but what's plan B and C and I'll walk with you, I'll be there through every step of it. That's really helpful.

That's everything. Yeah, yeah. Means everything you're not alone. We were taught that in med school that patients don't want that. You can guarantee that there's no pain.

And I think through my years in this 1617, 20 years more than that, because we've got the meds, we've got hospitals, we've got the nerve block. They want to know that they're not a little.

Yeah, they want answers for all the medical stuff. But you need to know that you're not alone and that your team is there with you. So I think this has been so instructive.

Like I said, I'm going to put this book in my waiting room. I want to channel this.

Final Reflections and Podcast Closing

That's been one of my favorite episodes to record, because I love that you are doing it, and you've written down the stories, and I'm going to take from this that I need to write things down a little bit more, because when I reflect back on my day, sometimes you're like, I don't know, I saw 20 people I can't remember, but if you write it down and like, oh yeah, I have this wonderful conversation with this person, I think those things bring joy and value to our lives.

And that communication stuff you shared, all those pieces of wisdom I think will be useful to all of us as we wind up here. Do you have any final thoughts for our audience?

Because I just think this has been a wonderful interview. Well, well, let me see. Just this morning I got a text. Hey, Christie, one of my friends is undergoing a biopsy and planned chemo.

And what do I do? Right? And so it's funny because I think I wrote the book for just that. Right. What do we do? One, we walk with each other, right? I that's what I told her, the same thing that we were echoing.

She may want to be a lone wolf. She may want to hide to remind her that you're there. I thank you because what you're giving us in this platform is that we're not alone, that this work is hard.

And then we rush to our families who love us and need us, but that we're not alone. It's been an honor to meet you, to listen to your podcast in preparation for meta research and where we were going to take this, but thank you for reminding us that we're not alone as physicians, as healers, that we can continue to do this work in this uncertain world.

Thank you. Thank you so much. So, Doctor Christie Gomez, look up the book. I really appreciate it. Thank you so much for taking the time to do this. And keep in touch.

Thank you. Bet I appreciate this. Thanks. Thanks for tuning in to the Doctors Making a Difference podcast, and thank you for what you do to help your patients and your community.

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