Dr. Rob Beck: From Burnout to Balance — A Leap of Faith Across Borders Transcript

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Introduction and Guest Background

Welcome to the Doctors 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. I am pleased to welcome Dr. Robert Beck. Rob is an interesting guy.

He has been an internist, worked in the United States for a number of years, and has recently made the transition to practice in Canada. And also, he decided to start a podcast and a YouTube channel called Interesting MD.

Just fascinating. I encourage you to tune in. Rob is fascinating to talk to, and I'm excited for this conversation today. Rob, do you mind introducing yourself to our audience?

Not at all. Peter, thanks so much for having me on. This is very exciting. We met interviewing you on my podcast, and it's a huge honor to be invited on here.

So like you said, I'm Rob Beck. I'm an internist. I grew up in Tennessee and went to school at the University of Tennessee and worked as an environmental consultant.

I swore that I would never go back to school when I crossed the stage and worked as an endangered species biologist. and yes indeed no way yeah it was kind of you know you hear all the batman jokes of course back in the day i worked for a guy that i didn't really like it was like the office but it wasn't funny you know it was like so yeah so i was just All right, I need to do something different with my personality disorders without the humor.

Exactly. All the malignancy without the comedy. Then went back and got my master's in public health at Tulane University and thought I was going to go and live in Africa and work for an NGO.

And while I was there, I met a bunch of guys on the med school rugby team and started playing rugby with them and thought, you know what, I think I do want to go to med school.

I had kind of always been a goal of mine, but I thought it was never going to happen. So I got to go to med school. I got married to my wife who is also an internist.

We met getting our master's in public health and then stayed in New Orleans for a total of 10 years, had three kids and decided that it was probably time for us to move.

And we moved to Nashville, Tennessee, where we worked in a traditional internal medicine practice with amazing partners. And we were there for about nine and a half years or so.

And during COVID, and I'm sure that we'll talk about this later, but during COVID, we just kind of made a change and decided my wife is Canadian and we decided to move to Canada.

So now we work as internist here on Vancouver Island. And so, That's where we are with my wife and three kids and we're here is, you know, working as an internist.

That's awesome. Most people listening to this are doctors. And I think everybody can relate to the idea. Okay. I went to school for a long time. I went to residency.

I got my first job and you know, life kind of happened. I took one job and then after a decade switched to another, lots of people do that. But then there's this like, hold on, stop for a minute.

Rob just said he decided to leave the country. and totally change gears. You have the connection with your wife being a Canadian, but that's still a big shift to say you're trained in the US medical system.

You've worked in the US medical system for the better part of two decades. You understand the system inside and out. I want to hear the transition. It takes courage to not just leave medicine, but to say, I still want to be a doctor.

I still want to do this. But I'm going to go to another country and stay. Yeah, you know, so we had I'm going to get to your answer. But the fact of the matter is we just like to do things very difficult in the most difficult way possible, I think, with the most effort.

From Environmental Work to Medicine

We had our first kid in third year of med school, our second in the second month of our residency and our third just before we graduated from residency.

So we like to do things as difficult as possible. So my wife, when she moved down, never thought that she was going to move back to Canada. This was early 2000, 2001 when she moved down, never thought that she was going to move back.

We were very happily practicing. I you know, throughout this whole process of the podcast and you know, talking more about it and having some time to reflect it wasn't anything that my job did.

It wasn't anything that my partners did. I have amazing partners. I've even interviewed a few of them on my podcast that I love those guys. I love the people that I worked with.

I love the clinic managers. But I was just really getting burned out and I didn't recognize it and I just needed to do something different. For me, it was, I just needed something different.

One of the things that really pushed me over the edge, I mean, I was totally flaming out burnout. I recognize that now, but I was just flaming out and I was just looking to make a change, any change whatsoever.

And when COVID hit, Things really change like the thing that makes me happy. I'm not one of the people who has, you know, said, Oh, I want to be a doctor when you're 17, 18 years old.

And then you get into it and you're in your mid thirties, mid forties that, you know, you realize maybe this wasn't the right decision for me, which is a perfectly fine and valid decision.

Like that's a, that's great. And I think that more people need to be honest about that. I realized that I was only ever happy when I was sitting down talking to the patient.

The second that I walked out the door and walked down the hallway to my nurse's station to finish everything, I was unhappy. I was unhappy walking back to the room and I was unhappy anytime in medicine.

I wasn't unhappy with my wife or my family or anything like that, but I was unhappy anytime that I was not in front of a patient. And I realized that just needed to change.

And when COVID hit, a lot of that went away, to be honest, because Half of my patients started accusing me of really terrible things and it was frustrating and hurtful to me because my wife and I are both epidemiologists.

We have our masters in public health and epidemiology. So finally everybody knew what an epidemiologist was and I was very proud of that fact. and yet I still got accused of really terrible things by my patients like yeah related to COVID and accusations and like really argumentative and yelling and things like that and I'm fine with people you know not understanding and not knowing because it was really complicated and it was a really difficult time and a very scary time But having people that I had held their hand when their husband died, it was literally in the room holding their hand as their husband died and they come in and they start accusing me of really, really terrible things

that obviously were untrue.

And that really took the wind out of my sails. And I just needed something different. And I didn't put all this together at the time. I just needed something to change.

And so my sister-in-law is an internist in North Vancouver. And she said, Hey, you guys, if you want to make a change, you should come out here. And. Long story short, we were able to come out here and so we just decided to get a job.

And once we did that, we moved our family out here in December, 2020 and have been working as an internist since. So it's kind of a crazy story. Like I said, Rob, you know, lots of people can relate to the idea that I'm burned out during COVID.

Lots of people got falsely accused. First, the doctors are the heroes that are out facing bravely this virus that's out to get us. And then you're part of the machine.

You know, you're just group think and all the things that people looked at. And I really, it really was just an epidemiological situation, if we needed information, and you just have to, I think it was really stressful for the public to watch science happen in real time when you don't have answers, we don't have all this controlled data that we're used to getting when we roll it out to patients, it was just in real time, we have to deal with the crisis as it's an ugly process, right?

it's ugly and there's lots of fits and starts and you know and I don't think it was handled the best in every situation because when people totally say hey we know this and in fact we say we suspect this the theory is this but we don't know until we actually get statistical models that actually predict that this is actually the case and anyway you got caught right up in the middle of that as an internist and an epidemiologist and sounds like it was just sort of the straw that broke the camel's back to sort of It really was.

I mean, it kind of pushed me over the edge. And looking at it now, I mean, I'm not thankful that we went through COVID or anything like that, but I'm thankful that something so drastic happened that it forced me to make a change.

And again, that move was very difficult. That was all during COVID. So we bought our house here online on FaceTime. My mother-in-law and father-in-law, they live in Toronto and so they were kind enough to fly out here because they didn't have to quarantine.

And they went around and looked at the neighborhoods and looked at the houses and we looked at everything on FaceTime and bought our house on FaceTime.

I had never been to British Columbia until we drove across the border. like never set foot and so that was just kind of again one of those things where it was just a leap of faith and just okay we'll make it work and it was interesting times and it was really tough leading up to it just because of trying to wind down my practice or you know transition my practice over to somebody else and to just move internationally during COVID that was really interesting.

Yeah. And it was not as easy to get a license here as it is now to, you know, when we first started. So there was a lot of stress surrounding all of that.

So, but we're here. Oh, that's awesome. Well, so kind of now that you're, you know, five years into it, I want to hear your experience, because I'm sure there's somebody listening who says, Well, I've got to figure out something to change either I've got to change A job or I've got to change the way my job is, or I, or maybe they're like, I can't exist in the existing system that I'm in.

Burnout During COVID and the Decision to Move

And I need to change to be still a physician, but I got to work somewhere else. And I'm curious what has been the

reality of that change for you. Yeah.

So yes, if there's somebody out there who's looking to drop a grenade into the stability of their life, I am the person to talk to. So, but it has been great.

It was a stressful start. I definitely will not lie about that. It was a stressful start trying to get our license and everything during COVID. Like we moved up here the week before vaccines started rolling out in the U S and it was really stressful and, but it has been great.

It was a little bit of a shock into the healthcare system. Like I worked at an extraordinarily nice hospital that everything would just go really fast.

And you know, hospitals don't compete here. They're all paid for by the same person. And so you don't have multiple hospital systems trying to compete.

And so the facilities, aren't always as nice. Sometimes they're really nice, but the facilities are not always as nice. And that was a little bit of an adjustment, but it's not really that big of a deal.

Patients are patients, right? My colleagues have all been wonderful. Everywhere that I've gone, they're all amazingly trained. They're wonderful doctors and just truly wonderful people.

And the patients are absolutely amazing. And it was a very different attitude here and that there has been such a doctor shortage here that everybody was just thankful that I came up and they were like, oh my gosh, you must be American because of your accent.

Just the ways that I say things, I refuse to transition over to process or Zed. It's process and Z and that's it. I am bilingual with Celsius and Fahrenheit.

And mostly, I speak mostly in kilometers these days to most people here, but haven't forgotten about you miles. But the patients have been really amazing.

And, you know, there's certainly different things about the system that if you want to talk about, I'm more than happy to, you know, whatever you. Well, I'm just thinking like when I've traveled outside the US and seen hospitals, it seems like you're missing.

the high trim features or the lipstick features on your facilities and sometimes you don't have this super high trim level where everything is kind of made up to the fanciest level and you feel like you're entering a grand hotel.

It's a little bit more sparked and a little bit more utilitarian. But on the other hand, probably some of those healthcare dollars aren't necessarily spent on trim features and are a little bit more dedicated toward patient care.

But I guess the biggest thing that the going theory or the thought that people kind of circulate in public vernacular is that things take a lot longer in Canada than they do in the US.

My curiosity is, have you found that to be true when somebody has something that's semi-urgent? Do you find that patients can get the care they need in a timely fashion?

So for urgent things, it's all pretty much the same. And I will only speak to Vancouver Island because that's the only place that I've practiced. And I know that there are some things like my in-laws, my in-laws live in Toronto kind of in the northern Toronto area and they have lots of new hospitals there and things happen faster over there than they do here on Vancouver Island.

I'm not sure about in Vancouver itself and I have seen the less urgent things take a very long time. They can take a very long time. But if somebody has a heart attack, if somebody has a stroke, if somebody has, you know, needs an emergent surgery, you get all of that stuff by a very highly accomplished and competent doctors, like highly

competent doctors.

And I have seen no death panels. I have seen no death squads. I don't see people dying, waiting for something that is truly something that would change that outcome.

Well, that's good to know actually. I mean, the people in Canada vote for leaders and the leaders help set up these systems and you still want your family, your loved ones, others to receive care, but you don't want everybody to have everything done at this super-duper urgent speed if it's not something that's urgent.

And I guess the trade off is that everybody has health insurance. I guess walk us through that because that's got to be quite a different thing where you don't talk about well, what's your insurance?

What's your coverage? What's your copay? You know, and how far are you away from resetting your deductible? Because I feel like I have those conversations many times every day.

Yeah, this is deductible season now, right? You're entering the fourth quarter. And so Now you've got to start getting people their hip replacements and all the other elective surgeries that they've been putting off, right?

So we don't have that here. And I will tell you that the biggest thing that I have noticed about practicing is that it really is just me and the patients.

There are definitely times where the EMR frustrates you, but I mean, we have the same EMR that We use Cerner PowerChart at our hospital system like in Vancouver Island, but other places use Epic and there are places that use Meditech.

The outpatient EMRs are the same thing. The documentation requirements are a lot less here, but that part is… neither here nor there for me. There are a lot of people using AI scribes now, but just like you talked about, it is amazing to be able to just sit down, talk to the patient, figure out what they need, and then they can get it.

They do it. There's still some prescription coverage things every once in a while that not all the meds are completely covered, but they get what they need.

Patients can get what they need. That's really kind of the only prior approval or stepwise thing that you have. But if my patient needs a CT scan, they need an MRI, they need an ultrasound, they need to be admitted, they need a surgery, nothing like that.

There's nobody to call. There's nobody to reject that. They don't do it. Same with all the labs and For me, billing is the best. That is the best part.

I do not need a billing. I need my phone and have an app. I put in the patient's information. So just now I just put in their health number, although people have told me and I just never do this, but you can just take a picture of the patient's name, their date of birth and their health number and it will actually enter in everything automatically.

And I put in my charge and I put in the diagnoses and the data service and I hit send. And I just hit save and it uploads and somewhere between 15 and 30 days later, I get paid for it.

There's no. billing department there's no collections department there's none of that overhead there's nobody who has to keep fighting to get all of this i rarely i'll have maybe one percent of my charges where they send it back and say hey you need to you know what's going on here you know sometimes i put in the wrong date or i duplicate a bill or something like that but it's It is that easy that I go through.

I see a patient, I write my note and then I do my bill and then that's it. That's the last I hear of it. And then it just gets automatically deposited into my account.

And again, 15 to 30 days. Are you an employee of the state or a hospital or are you an independent contractor?

How does that work? Independent contractor.

Yeah. So I get privileged by the health authority and So the province gives me a license, right? So I have a license to the province just like you have a, you know, license in Utah, right?

Oh, yeah. Idaho. Sorry. Sorry about that. I knew it. But you get a license by the province and then you sign a contract, you get privileges at the hospital just like any other hospital privilege that you get in the US.

And then I sign on with different groups. I've signed on with different groups about yes, I'm going to work here in this capacity. But my pay does not go through the groups.

Mine is my fee for service work all just goes straight to my bank account. So as an independent contractor, kind of like a 1099, I am in the process of incorporating right now to incorporate as a small business owner.

So I'm functioning as a sole proprietor right now. So think about that. In my mind, if you go to work for a national health service, you are employed by the national health service.

And, you know, I think that's kind of what's represented as like you'd be an employee for this big machine. But you're able to start your own business, do your own billing, you have to be accountable for that billing and make sure that you have documentation to support it, etc.

Just like you would in the US. And then you mentioned offline that when the as an internist of the Canadian system treats you as a specialist. And I'm interested in how does that work?

Yeah, so that was a little bit different. It's not terribly different. You kind of do most of the same stuff. But here that The only people that you can go to kind of unreferred are family medicine doctors.

We don't call them GPs anymore. People still say that. I don't like that. But the family medicine doctors. And so if you need to see anybody else, you have to get a referral.

Practicing Medicine in Canada

from your family medicine doctor or an ER doctor and so they would go through and when somebody comes into the hospital that they get admitted to the hospitalist which are predominantly although it's changing a little bit predominantly family medicine doctors who are working in the hospital and then they consult us and we see those patients and you act either in a consulting capacity Some internist some groups the internist will admit kind of the telemetry patients so you know uncomplicated heart attacks the really complex sepsis that's not quite ready to go to the icu doesn't quite need to go to the icu dk patients that are a little bit more involved in complex and multi system.

issues but for the most part in a lot of the places that the hospitalist will admit and then the internist will just kind of come in and consult on what it is that they're there to do and then step away.

Same thing in the clinic so the family medicine doctors do an amazing job of taking care of patients and when something gets a little bit more out of control or that there is something that they need a little more help with, whether it's really refractory hypertension or uncontrolled diabetes or endocrine problems or whatever else, that they will refer them on to the internist for some help with that.

I also would do a lot of stress tests. I never did any stress tests. I know some of the people in my clinic used to do treadmills, but rarely. And we do some treadmill stress tests here.

So that was a little bit different. Yeah. It keeps you busy all the time. It's just interesting how it's designed to be, you know, there's kind of a gatekeeper through the ER or some of the primary care physician workforce.

And in the United States, most of our people that would kind of be in the specialist column would be internists

who've gone on and done a fellowship in cardiology, nephrology, endocrinology, et cetera.

But as a general internist, you kind of fit into that same mold in the Canadian system, which is really interesting. Yeah, so a pediatrician, gynecologist, internist, those are all considered specialists here.

And so you can't really refer yourself directly to one of those. So you would have to get a referral to come in and see us. Well, so another question.

So you mentioned in 2020 when you went there, the regulatory environment was challenging because of COVID. Everything was on pause. You couldn't go across international borders unless you had lots of documentation.

You couldn't go back and forth free will like you generally can, but I want to know from the physician licensing standpoint. I know you mentioned on your podcast that has changed and become a little bit more of an open arms welcoming doctors to come in, at least in Vancouver.

And I'm curious how that part, cause that sounds like a big headache from if you said, I'm going to go to another country and try to be licensed in that country.

That's a major undertaking for paperwork. And so curious how it was then and versus how it is now. Yeah, for us then that was tough and it was very bureaucratic.

And we actually were fortunate because we did a fourth year of internal medicine as chiefs. So both of us did that. And because more than 50% of that was clinical where we were attendings and we were doing a lot of teaching and administrative stuff, but we were attendings on the ward and attendees in the clinic several times a week.

So we actually qualified to sit for the Royal College exam and that was actually the first step that we had to have was an approval from the Royal College which is kind of like the overarching everybody licensing board for the national like nationally and we got approval from them to set for the royal college boards and so what we had to do was actually study for and take the royal college exam for internal medicine which You know they only give it once a year and it's a two part so there is the written exam and then there's an oral exam and we didn't take it the first year that we moved here because it was too late to sign up so we finally made it through that though and so now we are board certified with royal college of.

Physicians and surgeons. Yeah, the Royal College of Physicians and Surgeons and that we're certified internists. We're fellows of internal medicine. That's neither here nor there.

But now you do not have to do that. That is for most of the provinces now. So British Columbia, Ontario, all of the Atlantic provinces, and I'm not going to name them off.

There's four, but I'll probably screw it up. But the four Atlantic provinces that are kind of banding together to attract more US physicians who are just looking for a change.

And I feel like some of the other provinces are doing that too, but I'm not as familiar with their processes right now, but I'll learn. And they have made it very easy where for I know for sure for Ontario and for British Columbia, and I'm pretty sure for the Atlantic provinces as well that if you are board certified in the US, you can come in and you can work, you get a license, you can work and you are unrestricted.

So when we first came in, we had to have supervisors. So you had to have somebody be your supervisor that you would check in with every few months. and that they would have to like send in a report to the college, like the BC college.

And so it was kind of a pain. It wasn't overly onerous and that my wife and I were fortunate to have amazing people who were willing to supervise us. I mean, it was not like an interrogation or an inquisition or anything like that.

They just were there to help you kind of make the change, which was fine. But it was a pain. But now you don't

have to do any of that. There is nothing like that for sure in those provinces that I were talking about.

So if you are board certified in surgery, welcome, you get to be a surgeon. If you're certified in family practice and gynecology, you know, and whatever, you know, neurosurgery, you can come in, you can get a license, it is unrestricted, you are free to go.

So that is a huge change. And, you know, there's a lot of, you just think about the amount of time you and your wife spent kind of dancing through those regulatory.

And the money. Yeah, and the money. And so it's a big change. And I'm assuming, like you pointed out, the Canadian provinces that need physicians are trying to do this so that they can attract the talent from the United States.

Are they looking at other countries, some of our European counterparts as well, or is it primarily targeted to US based physicians? Yeah, for the moment, I think that they are making it easier.

I know that there are some people coming over from the UK, especially in British Columbia and Vancouver Island, like we get all the people from the Commonwealth countries.

There's tons of Australian doctors here, lots of South African doctors here, lots of people who have come over from the UK. And that's just on Vancouver Island and some of the people in Vancouver that I know, but They are definitely bringing those people in, but they're really targeting US trained physicians right now.

Number one, I think culturally it's very similar and that they have data now that has shown that anybody who's trained and board certified in the US, they have a long history of data that shows that They integrate easily and that they're all very competent and they don't have any problems with it.

So I do know that there are some people from the UK who have moved here recently and I'm hoping to talk with a couple of them, but they're really focusing and making this about US doctors as well.

Yeah. So we started off talking about your process of working hard and like I say, for almost 20 years in the US system and becoming to the point where burnout became a real thing.

It wasn't just this theoretical issue. You felt it. It was hard. And so now five years into this, you've made this change, you appear to be pretty happy with the change.

And I'm curious if that's true. And then also, what are the substantive or measurable things that you would say actually made that biggest difference other than just a change?

Yeah. So, I mean, to be very clear, and I'd never admitted this before, when I was talking with somebody, but when COVID first hit kind of late 2019 early 2020 they were sending out physician wellness surveys and this even started a little bit before when COVID happened like again November December 2019 I remember getting these emails and.

I answer these questions and I had a 31% chance of suicide is what they told me based off of that. And I, you know, I didn't feel that way, but I was like, my God, there's something that they're seeing in the ways that I answered these questions.

And it wasn't, I wasn't just like zero out of 10, zero out of 10, zero out of 10, you know, just like angrily, I was like, that's an anonymous survey.

So I'm just going to answer it honestly. And. that was really shocking to me. And I was always angry. My kids talked about, you know, the big joke with my kids was when something would come up, I would just do this.

And I would just grab my eyes and the kids would start laughing then because they would be like, Oh, here it goes.

And, you know, I was uptight. And I'm not like that anymore.

I do I get frustrated sometimes and tired. Yeah, yeah, I definitely do. And there's things that weigh on me. But There's a bigger focus on work-life balance here, and there is not the administrative burden.

Licensing, System Differences, and Work-Life Balance

People here still get pissed off about the EMRs and all of that, and fine, I totally get it. But people here have no idea about prior authorizations and denials and all of these other things.

Like, I mean, there's other things that are frustrating, like, you know, sometimes having to fight a little bit harder to get somebody a test that they need or, you know, to get them seen and whatever.

It's not perfect, I will tell you that. But my change, just in my ease, my attitude, I am much different and I am much, much happier. And, you know, I'm fortunate enough to where we live two blocks from the beach, I walk out my house right here and two blocks.

I mean, when I get to the end of my street, I can see the beach. I can see the ocean and it's a cold ocean, but I can see it. And I love being able to walk down and that is just something that relaxes me.

That's something that makes me happy. It is something that at the end of a tough day, I go down and I just, Look at the beach. I look for seals. I look at ships that are going by.

I mean, these huge international ships will go by on their way to Vancouver. You know, the cruise ships from all over the place come down. And I mean, we bike, we run, we exercise, we do things that make us happy.

And I don't know how to say it other than just it, it has been a change that we are happier. Life is not always perfect. I get that, but you rediscovered the joy, you know, medicine, you found a way to practice medicine, still do these things where you're helping patients, but you don't describe dread walking down the hallway from a patient room and you know, anger with just very little provocation when you come home.

And I think everybody goes through different chapters of life where you're pushed really hard, but If that's going to be your normal for all the rest of your life to just be at that level of intensity and frustration, no wonder people get to where they're burned out.

And no wonder we have a high suicide rate. So, boy, if you're listening to this and you're someone that finds yourself like what Rob experienced, the alarm bells should go off.

It's time to make a change. It doesn't mean you have to leave medicine. It means, hey, I got to get some help. I got to get some coaching, I got to change something about the practice situation.

I've got to cut back the hours. There aren't very many doctors who work, you know, a lot fewer hours that experienced that level of frustration. It's when you just have no control, no time, no ability to really self-regulate.

And then you get to where you're just stressed all the time and you found a way to change that, Rob. It's really impressive actually. Well, it was not easy.

It was not just like a walk in the park, but we really, and I credit my wife with this as well. I'd love to take all the credit for this, but I used her Canadian citizenship to get into the country, but it was just the two of us looking at each other and thinking, we just need to do something different and the something different.

It was really different, but it worked and. I tell people all the time, the grass is not always greener, but there's grass. Doing what we were doing at that time and continuing on with that would have been catastrophic for us.

Not our marriage or anything like that, but physically, emotionally, there was all this stress of, you know, student

loans, and we were still paying off our student loans at that time.

I'm still paying off some of my student loans, which really frustrates me a lot. And, you know, thinking about, my God, we're still paying off our student loans, and we have kids that are headed off to university in a couple of years.

How are we gonna afford to send them? We make too much money to get any financial aid, but we don't make enough to be able to pay outright for our kids to, you know, $100,000 a year.

And I fortunately don't have that stress now. Canadian universities are exceedingly like a fraction of the cost of the US universities. And that has been something that has been a huge relief.

Yeah, we don't have to have like a know, what is it a 529? What's the education? Yeah, 529. Yeah, 529. Yeah, you don't have to have a 529, you know, dump half of your annual income into hoping that it'll be worth $500,000. By the time your first child gets to university, like that's not necessary here.

Man, Rob, thank you for sharing. You speak from the heart and I can tell you, I think that stuff means a lot to you and it's awesome. And, you know, I know you host a podcast called Interesting MD, but I think you're one of them.

I mean, Interesting MD, Robert Beck. I mean, it's been fascinating to hear your story because, like I said, not only did you experience kind of what all the doctors you know, eventually experienced in the United States, or at least a lot of them, you, you made these substantial changes.

And now in hindsight, you can say there's hard days just like there always are, but I found a way and looking forward, I can tell you speak about the future with hope and brightness rather than frustration and burnout and anger.

So anyway, it's a good example. And I hope that others listening can take some inspiration from that. I really appreciate that. And that's very kind of you.

You know, when I first started my podcast, I kind of wanted it to be like physician hobbies and just like, Hey, encouraging physicians to like step out and just start doing something on the side that makes you happy.

And, you know, doing triathlons or scuba diving or, you know, learning to fly or whatever else. And I've done all those podcasts and I think that's really great.

But what I've learned is that doctors sometimes just need to get out of the rut and just try something new, something different. And. we all have something that is very interesting about ourselves.

And that's why I called it the interesting MD. Not that I was the interesting MD, but it was just that every single one of us has something interesting about ourselves.

And if you want to try something new, you want to change something, you want to do something different, it's actually not as hard and it's not as scary as what you think.

And it is really easy to just kind of have a, all right, I'm just going to try it. And If it's a new hobby, that's something that you think would be really cool.

That's what I wanted to encourage people to do. And it just turns out that I've kind of struck a chord and have met the moment, I guess, of people thinking, you know what, maybe I just want to completely change and I just want to move internationally.

And is that possible? Yeah, sure. It is.

Finding Joy Again and Closing Remarks

It's not as scary as you think. Well, and I think people make these self-imposed boundaries and rules and they're just self-imposed. I mean, you need to be a decent, honest person and take care of your family and be a good employee and honest in your dealings, all that kind of stuff.

But really, everything else is your choice. You may make the choice you want. And I just think it's inspirational, Robin. I appreciate you sharing. I actually encourage anybody listening, go check out Interesting MD on podcasts or YouTube.

They're fascinating. I've been able to listen to a couple of them. Rob, I think it's great. I appreciate what you're doing. I think it actually makes a big difference for the physician community to hear and highlight these different stories of doctors doing all this stuff.

And I appreciate what you're doing. Thank you. Wow. Well, thank you so much. I really appreciate it. And just very quickly, and we can cut this out later if you want.

But one of my old rugby friends from medical school, David Guidry, reached out to me and he was like, Holy cow, you know, Peter Crane? And he's an ICU doctor.

So we actually played rugby together and Hurricane Katrina has kind of separated us. And we hadn't seen each other in 20 years and he saw, you know, me on LinkedIn.

And then he saw the podcast with us and he was like, Oh my gosh. And just reached out and just really serendipitous. And so, yeah, I thought that was just a real, really kind of cool.

What is fun because the podcasting connects all sorts of people. And there's really so much about physicians that is really similar. And it's really fascinating to talk to people because everybody kind of has this similar bandwidth, same level of like extreme nerd, but also really interested in all these other parts of the human existence.

And anyway, I applaud what you're doing, Rob. I look forward to staying in touch and following your work. And I again, encourage others are listening to do the same.

So again, thanks again, Rob. Keep in touch. Thanks for everything that you're doing and thanks for giving me the opportunity. Thanks for tuning into the Doctors Making a Difference podcast and thank you for what you do to help your patients and your community.

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