From Burnout to Breakthrough: A Tale of Twin Doctors Transcript

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Episode Introduction and Guest Welcome

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 am so excited today to have two guests, our very first OB-GYNs on the podcast, doctors Anna Barrett and Maria Pash. They are twin sisters and they are both OB-GYNs that practice in Savannah, Georgia.

They have a very unique story that I am so excited to share with our audience. And we are going to have this episode in season two, early in the year.

And I've told all of you that this season is going to be, a lot of the episodes are gonna focus on leadership. And you may be wondering, how does this intersect with leadership?

I really think we all have to learn to lead our own lives and lead our own lives better.

Twin Sisters' Path to OB-GYN

And I really think that Anna and Maria have done so much work on what they value and the direction they want their lives to go and how that is making their patients lives better.

So I'm so excited to have you both here today. Thank you so much, Andrea. That was heartwarming. It was. Thank you. I'm excited to be here too. So we both met at the, all of us met at the Women in White Coats conference that was back in April.

And I learned a little bit of your stories there and I want both of you to share with our audience how you both decided to become OB-GYNs and then how your practices are evolving now.

Yeah, I can start since. Even as a five-year-old, I remember wanting to be a doctor and that never really went away. It wasn't a waxing, whiny thing. I always just kind of knew I wanted to help people.

I think I'd pick that up because our father was a surgeon and we used to go to the hospitals and the grounds was him. And I just, I remember one particular instance of seeing his woman's face when he walked in the room and she, I could just tell that she felt like, someone cared about her, and that touched me.

I have a vivid memory of it as a child, and I think that's kind of where that all started. So that's forward to college. I'm doing my pre-med kind of stuff.

Just in my first year, I haven't even declared a major, I'll think. And then Anna calls me one day and she's like, oh, guess what? I decided I'm going to be a doctor too.

And I was like, give me a minute. I was going to be my student, you know? And I wasn't mad, but I was just kind of like, well, wouldn't it be better if we diversified?

And so I accepted it. And moving on, we went to med school at different times. So she started a year before me. I had to reapply, so I didn't get in a whole bump in the road.

But I think it was good for us. So since she's a year ahead of me, she ends up getting into the clinicals first. And she comes home one day and she's like, She comes home and she's like, I decided I'm going to go into OBGYN.

And I was like, ew, why? Because at that point I was like, yeah, I was open minded, but I was like, I don't want to do that. Well, that was my very last clerkship.

So coming here later, I'm in that clerkship. I can still remember the moment, like it kind of dawned on me. I was in a triage room. in Memphis, Tennessee, at the med in their labor and delivery unit.

And they really like the students get very involved in the care there. That might have been part of what it's like to enjoy it so much, but I just remember thinking, oh my gosh, I like the same thing as her.

So it was like, kind of what happened with me choosing medicine first and then her choosing a paper, really. kind of full circle and I was like, well, that's it.

We're just, we're going to be the same thing and that's okay. So it happened very organically. I used to say, you know, OB chose me. I didn't choose it though.

I'm wondering, Growing up, did you two choose a lot of the same things or were you pretty different in high school or in college? I think we did a lot of the same things.

When we were really little, one of my nicknames for people that have known us since birth is twin A because I was always the bossy older twin that when we were really small, I spoke for Maria until one day she decided that, you know, she found her voice and she poked our mom and she said, I want to talk about myself.

I want to speak for me. And so, but you know, we still continue to have that twin a dynamic, but I remember, I don't think I tried to not want to do medicine.

I just never I didn't have that same thing that you did, Maria, when you were five and how you just, that's what you wanted to be. And I think maybe I just kind of let that be your dream and just kind of waited to see if I could find mine.

And until we got to college, I realized, you know what, maybe that's my dream too. I didn't feel bad about it until the day that I got accepted to medical school and you didn't and that was a rough day.

I remember finding out that I got into medical school because Maria called me crying. Oh my gosh. That must have been so hard because Maria wanted it longer and then you get the acceptance letter and oh my God, I can't imagine that.

That was kind of rough. It was a yucky day. few days. Right. And just kind of, you know, figure out what you need to do. And yeah, it worked. I did not want her to say I'm not going, but I remember strongly feeling that like, no, I don't, you don't need to like hit pause just because of me.

I don't figure this out. So. Yeah, so we have a theory that they wouldn't let both of us into the same program at the same time. I don't know, maybe they thought we would use telepathy to keep our heads or something.

Residency in Hawaii and Early Practice

So that was our running theory, but Maria followed behind me. And again, I was doing clinical rotations first, and I

can't remember where in my rotations a week I fell, somewhere in the beginning.

And I just remember I started on GYN, so it wasn't even like the miracle of birth that spoke to me. So it was just, I was in the first week of the rotation and I just felt so comfortable.

It just felt natural to me. I think it's partly because we grew up in a house full of women and grew up around a family of strong women. And it just like, okay, I feel like I'm held here.

And so that's kind of how I chose OBGYN. And I also had some of the same thoughts as you, Maria, about, you know, during medical school, not wanting to want to do OBGYN because people talked about the call and the malpractice.

And it's just, you know, things that medical students aren't really going to use to make their decisions. You kind of have to follow your heart. And so I finally decided that's what I was going to do.

heard and begged her to come to residency where I was. Because again, I was a year ahead. I'd gone to the University of Hawaii. My husband is from Hawaii, and so that's a roundabout way of how we ended up finding out about the program.

It was a really good program, and I got accepted there. And so I had her come and do a student internship when I was on labor and delivery. And of course, everybody loved her.

Yeah. I know at one point, were you considered ranking a different program? I was just like, she can't do it. But it worked out. So we were residency again, too.

Right. So that was my next question. So then you both end up in Hawaii for residency and you don't live in Hawaii now. I don't know how you guys left.

I love going to Hawaii. Sometimes I still wonder what we were thinking, but where the universe needed us to be right now. Yeah, so walk us through the early years after residency.

Of course, unique elements of your story, but season one of Revitalize, we see this very commonly. Most people that choose medical school have high levels of altruism.

They feel very motivated by the connections that they're making with their patients, stimulated through the intellectual pursuit of understanding how the body works.

And you're in residency, you master your craft, and then you're out in the real world. I know something changes later down the story, but walk us through that journey the first few years after residency.

Are things going great? Are things hard? It's a mix. And then we're going to build up to when you guys move into your new practice. So a little suspense for the listeners.

Honestly, I feel like my first few years out of residency were impasing. I felt really good about it. We both finished residency in Hawaii and the thought of leaving Hawaii at that time and trying to go and start to practice somewhere where I didn't know anybody just felt terrifying.

I was fortunate. I had a mentor at one of our clinic sites that I worked with for two years. It's a rotation that all the residents do in their third and fourth year and he approached me after the last rotation that I did and he said he had made this plan to go back to New England with his son and build a boat.

This was like a dream he had and he needed to take, I think it was three or four months of leave. And he asked me if I would be his covering person, which I was super honored by.

And so that was my very first job at a residency And at the same time, there was another mentor that was one of

the private docs in Hawaii. The program's really unique because we have a lot of the academic university affiliated mentors.

We have a Kaiser affiliation, and then we also have private docs that mentor us and let us work with their patients. And one of those docs approached me about joining his practice.

So I did my three-month stint at Kaiser. And then I moved over into private practice with a a gentleman that had been in solo private practice for 10 years.

And it was a really good experience. I have literally nothing bad to say about it. He was a good mentor. He was fair. And we had a really good practice.

In fact, I still, the last time we went back to Hawaii, which was just this past summer, I did tell him I was coming, but I just showed up in his office and surprised them.

And they were all, even there was this patient sitting in the waiting room with this baby I had delivered. about 10 years before, so it was so great. Wow.

Oh, that's so cool. Yeah. It was a really good experience. That was my first year or so. I stayed in. I worked in the Kaiser system there for two years.

Anna and I talked. We were like, you know, we do think we'll leave Hawaii trying to get back closer to home just because we were considering starting our own families and you just need your family.

You need your mom, right? Well, we can do that. And I tried to get mom to move to Hawaii and she wouldn't accept. And that basically what had us kind of making our move out of Hawaii bittersweet than it was.

We both conceived pretty much at the same time when I used to reach. Not planned. We did not work the efforts. Yeah. And so, you know, we stayed in Hawaii.

We both had our babies in Hawaii, literally five weeks apart. My son was born in May and her son was born in June. And then we left about two to three months after that to Savannah.

Processing, working there initially, it was like, I don't want to entrench into a private practice. And I tried to pull out and, you know, there's just so much bureaucratic tape with that, tail coverage and all that.

And so working with Kaiser allowed me to work with people that I already do. work with patients and it was an enjoyable experience as well. I knew I didn't want to do that model forever, but to be able to live in white for a couple more years.

work with patients, doing what I do.

Burnout, Frustration, and the Move Toward Functional Medicine

Of course, you get in Tom. It was wonderful. And then having a baby was really fun. Yeah, I think that's a really cool story. And some of the maybe residents that are listening is you're thinking about what your life's going to be right after residency.

There's so many different paths that I do think there's some advantages to staying like you did, kind of geographically close to where you trained because those first couple of years are, you know, you're going to have some cases that are rough, some challenging situations.

And it's nice to be around mentors and people that's super easy to reach out. I mean, most people in medicine are helpful. And if you go somewhere else geographically, you'll form that network.

But, you know, I stayed where I was. I stayed as faculty where I trained and looking back on it, there's advantages and disadvantages, but I felt like I could really reach out to people when I needed help.

It's a safe place to get your comfort zone with your practice. So it felt like I would be jumping out of a nest. I left there so it was really good and we both ended up doing our boards also so we were able to collect all of our cases and sit for our boards and get help from you know it was a really great community to to be trained in and to practice in to get those milestones so I agree there are some there are some good advantages to that.

So then you guys move to Savannah is that where you're both from? No, we are originally from Tennessee. Maria's already starting to laugh. If you ask her husband what made us choose Savannah, he would say that we pulled out a map and threw a dart at it.

And then he says we actually moved where your sister wife moved. Where you threw your darts. Yes, where I threw the darts. Once you live by the sea, it's really hard to not live by the sea.

We knew we wanted to be in the South because that's where our family was. My husband and I, when I was in medical school, you know, you don't have a lot of money and so trips are hard to come by and you want to go places that you can drive to and we wanted to go somewhere on the water and so we drove to Savannah and we both just really enjoyed it and we kind of I at least always kept that in the back of my hair was that would be a really lovely place and so when I started doing my search or like where do I want to go and what you know what practices might there be in those areas Savannah really stood out.

So when we came here, we literally just decided that's where we're going. And we went and we both started with another practice that was an all female practice and it was just not a great fit.

And so probably after about six months, we took our leave from there. And then we kind of had to figure out what to do. And there was a huge part of me that just wanted to run back to Hawaii, honestly.

I don't know if you had the same feeling. But we had some physicians in the community here that reached out to us because I think they thought we were going to leave.

And they didn't want us to, which was really heartwarming. And so they kind of rallied around us and helped us to, you know, put together a plan to start our own practice, which It's so funny, all through medical school and all through residency, everyone would ask us, are you guys going to start your own practice when you finish?

And I just always remember thinking, I don't want to do that. But in the circumstance that we were in, things like such a daunting prospect. So it's kind of like we all.

forced into doing it. Well, not totally forced. We just knew we didn't want the alternative. So we're like, all right, here we go. It was a great experience.

And I honestly still is. Yeah, I honestly think that it was the best thing that could have happened to us because we learned so much doing that. And I think it allowed us the space to start moving in the direction that we're moving now.

I don't know that we would have been able to do that if we had gone into a corporate medical practice or a hospital-based practice. or even a university based.

So I feel like, I don't know, there's just so much growth in the process of that. It's such an awesome part of the story. And unfortunately, only a few guests that I've had on own their own practice because a lot of my network is emergency medicine.

And we don't often own our own practices. There's a few that own urgent cares, but emergency departments are embedded in hospitals. That's really cool.

So it sounds like things are going really well. There's a lot of excitement, being a new attending, starting your own practice. But I know that there were some things that weren't great and weren't fitting that led you to your new practice of functional medicine.

So can you walk the listeners through kind of that time? Because a lot of listeners, frankly, are in that space. you know, Brené Brown calls the midlife unraveling.

It's like the mid-career physician unraveling shitstorm. Right. Those are fast accurate descriptions of what it feels like. You can feel it in your chest in a way.

Yeah. A little storm in there. Yeah. So what did that look like for both of you? You know, I think the really interesting part about it in hindsight is that we both started to feel it probably at the same time and we just weren't really sure what it was.

But the story that you told about our dad walking into the room to see a patient and just seeing it for being stat, you've helped me, you care about me.

I feel like it was along those lines. I think the way we both usually describe it is, By this time, we had been in practice probably about maybe eight years here, seven or eight years.

And so we had patients that we were seeing every year that we had known for a long time. And we started to just kind of see this theme of they would come in for their yearly event.

and they would have some struggles that they felt comfortable sharing with us. And we felt comfortable listening to and offering, you know, recommendations and suggestions for help, but then we would see them the very next year and they would still be struggling with the same thing.

And we just started to have this feeling of really, it was just a discomfort with, you know, this patient comes in, I do her breast exam, I do her pap smear, or maybe we do some other GYN things that she is needing help with.

But the thing that she's really struggling with, and my heart's breaking because I can't, I don't feel like I'm helping her. And I think eventually we just realized that the current system as I, I'll try not to get too cynical here, but I like to refer to it as a medical industrial complex.

It isn't built to allow us to help patients that way. And it started to really seal Uncomfortable. Physically uncomfortable, yeah. Like there's just kind of this overriding sense of unease, or more like an undercurrent ceiling, right?

Why don't I feel fulfilled by that interaction? Like you almost felt like you left something on the slate. And it was frustrating because, as Hannah described, the system doesn't want to fulfill that void for the patient.

Right, and I would say that for me, and I can't speak for you, so you'll have to speak for yourself, but my initial reaction was anger. And I kind of funneled that anger away from my patients for certain and towards things like insurance companies and big pharma and hospital administration.

Yes, all of those places. And I just, I got to a point where I was like, oh, this is getting dark and I need to do something about it. And my husband told me, you should write a blog.

And I was like, why would I do that? But he kept telling me and so I did actually started a blog and it was very therapeutic because it kind of helped me move through that.

I mean, anger is important. It's not always bad. It helps us to keep ourselves safe and to step boundaries. And I feel like that's what I was trying to figure out how to do.

And so that writing really kind of helps me figure out where my boundaries are and what my values are. And

somewhere in that process is where I found functional medicine.

I just want to share this quick story with you both, since you're both OB-GYNs. I had my OB-GYN appointment last November and I had a couple of fairly simple questions and pretty well packaged since I'm a doctor.

And she was 45 minutes late for the appointment, which I pretty much figured that would happen. So I'm not upset. And she walks into the room, has her laptop out and is like charting like immediately, like barely greets me.

Just has like this haggard look on her face, which I've had that same look. So I'm still like, I'm not upset. I asked my questions. We talked for maybe like three minutes.

Then I'm up in the stirrups. My pap is done. The whole thing, I think, was seven minutes. I saw what the bill was and what my insurance paid and then what my copay was.

I would have paid half of that amount for a true 30-minute consultation. And that's what's so frustrating to me about the current system is that was dehumanizing.

That's the only word I can use for it. And again, I'm not angry at her. because I don't think that's the way she wants to practice medicine. And in fact, one of the things I brought up, she was like, oh, I'm actually doing a functional medicine program.

I might have more information for you last year. So she's leaving. She I mean, she's already decided. But I just for all the you know, I know there's a few patients that listen like my mom.

I'm glad that they're listening because we're not OK with this either. Right. It's demoralizing for us and it's demoralizing for the patients. As you were telling your story, I was thinking about several patients that I've seen recently that I've sat down and talked with them about a problem.

One patient had gone to the emergency room and she had a workout for pain and they saw fibroid and we had known about the fibroid for a long time and what was going on with her was not fibroid related.

But they told her to go see me. And so she came in to see me. And so I told her, I said, I don't want you to worry about the fibroid. I think the fibroid is stable.

It looks more or less the same. But I think, you know, this is what I think is going on with you. And let's talk about it. And she kept apologizing to me.

She's like, oh, I don't want to waste your time with this. And I was like, this isn't wasting my time. I want to help you. I want you to feel better." And I have had multiple patients that do that.

Oh, I don't want to take up too much of your time. I don't want to waste your time. Thank you so much for spending time with me. Patients have gotten to the point where they feel bad about taking your time.

That's the part that's joyful to give. I tried to explain to this patient, I was like, no, I actually love helping people with things like this. I'm not interested in your hybrid right now.

All right, folks, we're gonna leave it right there for this week. Be sure to check back next week for part two of my wonderful conversation with twin sisters and OB-GYNs, Doctors Posh and Barrett, as they tell us about their journey into functional medicine.

It is going to be such a cool part two, and I can't wait for you to hear about how they got clear on their values and created a practice that is more enjoyable for them and certainly changing the lives of patients in profound ways.

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And I'd also like to thank our future Dr. Caitlin Dinn, who is the production assistant for this podcast.