The Hospitalist Who Left It All Behind for True Patient Care Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and guest background

What got you excited? What gave you passion? Because there's going to be points, there are going to be points in residency and in your career that you lose that.

And you are either burnt out or going in another track or pressures from like any, which could be from the hospital itself or your colleagues or whoever your boss, you're pressuring you in different angles or directions.

And you have to take a moment, whether it be journaling, meditating on it, praying on it, whatever it is, and think back to that moment when you got that acceptance letter into medical school or into residency and what you envisioned your life to be like.

because there were many points in my career that I did listen to that inner voice and it was like, this is not it. This is not it. This is not sustainable.

This is not the way I want to practice. What did I go into this for? There has to be another way. This is Dr. Talks, real talk from real doctors on the issues that matter to you most.

Hey, thanks for coming back and joining us on the My AMD Unscripted Podcast. Today we have the privilege of Dr. G. Dr. Juvia Abdullah from Manhattan, big city girl.

Gonna talk to us down here in Texas, as we like to say. But thanks for joining us. Your story is fun because you were a hospitalist in some of the top teaching hospitals in Manhattan.

What finally pushed you to walk away from it all and look into this whole concierge medicine gig? Yeah, oh my God, so many things. So yeah, so I'm Juvia Abdullah.

I'm an internist and integrated medicine doctor. in New York. And yeah, I was a hospitalist actually. So I did residency and I couldn't figure out what I wanted to do.

I loved medicine and I couldn't commit to one thing. I actually thought I was going to do GI and did hospital medicine. And I loved it at first. Um, and then I think my, I think my mentors and teachers did a good job of shielding me of what it was really like after residency.

Discovering integrative medicine

No credit. They really did focus on me learning how to, and patient care, but you know, I did hospital medicine and I realized that there was so much more to it than just patient care.

there is like a business aspect to it. And it's one thing to take care of patients who are really, really sick. And it's another thing to take care of patients who are really sick and have the pressure and the demands of a hospital and its efficiency and its objectives outside of patient care.

And so that opened my eyes to a whole new world of medicine that I did not expect or was prepared for in training. Um, so, you know, I think there was a lot that played into going into concierge medicine and actually came through integrative medicine.

So I, um, actually practiced that in Manhattan at Cornell to UCLA. And it was at UCLA when I was a hospitalist that there was this east-west medicine group.

There were integrative medicine practitioners who also were doctors who were licensed acupuncturists. And there

was a consult, you can call a consult for them.

And I had patients who had pain post-operatively or, you know, it came in with pain for other reasons. And I saw my other colleagues calling consults.

I'm like, what is this? And I was like, okay, let me just call a consult and see if this helps for my patient who has pain. It was amazing to see that my patients who got acupuncture or went through a meditation session, they asked for pain meds a lot less than my patients who didn't.

So I was like, what is going on here? And so that was my introduction to just complimentary forms of healing that were not conventional. And so what happened at that time was that I was also suffering from my own health issues.

I had horrible migraines. I was getting them 25 times a month. I was maxed out. Oh, gosh. It was awful. And conventional medicine was not working for me.

And I just kept going the conventional medicine route. And I actually had non-medicine friends trying to push me. They're like, you need to go to yoga.

You need to get acupuncture. You need to do this. You need to see an integrative specialist. And we didn't learn about that in medical school or residency.

No, of course not. And when I saw my patients trying these different methods of healing, I was like, wait a minute. Maybe I should try. This is part of an academic institution.

Why not? And it changed my life. I mean, I went from having 25 headaches a month on so many medications to four times a month off of most meds. I mean, I was on the minimal amount of medication and eventually off of medication.

Well, I mean, what do you think made the biggest difference? What part of the process? I think it was an integrative medicine doctor sitting me down and saying your lifestyle is horrible.

As a hospice, I was working either seven days or 14 days straight. On those weeks, I wasn't eating well, I wasn't sleeping well, I was highly stressed, no self-care.

If I exercise, it was on my weeks off after three days of recovering from being on. Right. So like three days. Yeah. It was such an unbalanced life. So that was one.

So one accountability admitting that I had an issue with my unbalanced life. Acupuncture helps significantly. That's awesome. and really being serious about the anti-inflammatory diet and starting yoga.

So I mean, it was multiple things and paying attention to triggers. I mean, it was, I could not believe I was suffering for so long. And it just took looking at my actual life, not just another prescription.

Oh, that's not working. Here's another prescription. That's not working. Here's another prescription. So when I, you know, when I saw that form of practice, that's when I was like, there's so much more to medicine.

And I actually kept in touch with a mentor of mine, Art Evans. He was the division chief of hospital medicine at Cornell. When I went back there and I was talking about this whole experience and I'm like, I can't believe we don't practice medicine this way.

It would be so great if we had this at Cornell. And he's like, um, actually since you left, there is a integrative medicine fellowship. And so he is this one, this amazing person who's always looking to help others with their career.

And they put me in touch with the executive chief there. And then I did, I applied for the fellowship and got in and

did the fellowship there. And I was still working as a hospitalist.

Burnout and the limits of hospital medicine

Yeah. Right. On top of your day job. Right. Yeah. Because, you know, it was during the pandemic. Even though I was starting to get disillusioned with hospital medicine, we were right in the middle of a pandemic.

just abandoned my colleagues and it was a strange time to say the least. And so I felt like that's what medicine, you know, the world needed us, hospitalists and doctors to really just push through that time, which was a very difficult time.

And once things sort of settled, I was like, what am I doing here? My patients I'm seeing, I don't have time to counsel them on diet, lifestyle, I had patients coming back with heart failure, exacerbation, I would give them diuretics, they would get discharged and come right back in a couple of months because of dietary indiscretions that I never even got to counsel them on during their last hospitalization because the focus was get them out of the hospital.

Right. Get them in, get them out, get paid, get them out. It was so unsatisfying. And I just really missed having that sort of long-term patient interaction and actually getting to the root of a problem when I started to use integrative and hospital medicine, which is possible, but Very limited.

Yeah. Well, it just takes time and you're not given time as a hospitalist. You've, you've got, you've got to turn them over. You got to get them out of the hospital ideally before noon.

I mean, these things are like, how, how is that possible in certain situations? And so, you know, so that those competing factors really made it untotable to take care of patients the way I want it.

And so I then moved into the integrative center where I did, I was doing hospice medicine integrative and then I did integrative medicine full-time outpatient, still in an academic institution, which I loved, loved.

I found my calling. That was a great experience. I saw so many cases. Again, still, you still have to think about the, even if you're in an academic institution at a hospital, you still have to think about, you know, how much you're working.

And if you're bringing enough money to the department and all those things, I'm like, if I'm doing it here, why not do it for myself? And, you know, there's a pressure to see patients and fill up your schedule.

And I didn't feel like I had the autonomy to spend the amount of time I want patients just because the sheer volume. And so I found myself after hours giving that time to patients and was burning out on, you know, on that front.

And so one and two. Yeah. If you're going to get, if you're going to see people outside the hours from of the clinic or the hospital, then you should be getting paid to take care of people on the, on a, you know, 24 hour basis, you know, And it just felt like I was never keeping up, but it just felt like I was not doing my best, even though I was giving my best.

I'm like, I could do more and I could do more. And it's just, you're just like constantly on this hamster wheel. Oh, I tell my patients all the time, like, listen, I am not the smartest doctor in this town.

I just, it's not a fair fight. I have an hour with you and they have. 10 minutes if they cheat. So, I mean, yeah, it's just not, it's not a fair fight.

I get to dig and dig and ask questions and find out what, you know, eating, oh, I eat pretty good. Oh, really? What does that mean to you? You know, like, let's dig.

You know, but you're still having 25 migraines a month. Let's talk about that. Um, yeah. And then coming out of

COVID, I mean, there was disillusionment in the, uh, in doctors before COVID.

And then it was just so hard. It was just like, everyone was getting more disillusioned by the day, but also working harder and going all in. Cause we were in the middle of a pandemic and I was voluntarily working ER shifts to help out, even though that was pretty much done with that portion of my career.

running this practice, doing everything that we could do to help, you know, take care of people during COVID. So it was an exhausting yet disillusioned, crazy time, man.

Crazy. Yeah. I mean, I saw some of the most extraordinary, but also devastating situations during that time. I mean, I saw doctors come together from all fields in a way that was sort of beautiful.

Yep. You know, I had colleagues who were pregnant working on, you know, were on service. Gosh. And this was pre-vaccines. Just putting them, putting patients and others above everything else and before themselves and their own family, which was sort of amazing to see.

I have to talk to my colleagues, but it was a hard time. I mean, I had the burnout after that. It was just sad to see. And then, you know, I would say like, yeah, people, I don't think really think about how much, I mean, doctors and nurses and everything.

all staff in the hospital and in medicine really put their lives on the line for that. I mean, some people do, but it was, it was a crazy time. I think it changed everyone's perspective.

I'm like, what am I doing? Cause I have a lot of colleagues who just like left after that. They were like, that was grueling. So. No, I mean, there's boiling a frog, right?

Like you don't know you're being boiled until it's too late. And then there's COVID and you're like, no, it's freaking hot in here. Like I can see it now.

And then I didn't realize how, how warm the water was. This turned up the heat. And then when that died down, it was like, okay, let me take a fresh look at this.

Is this the pot I want to be in? So tell me about the, I was going to say, just tell me about the transition to a new kind of thing. So when you jumped out of that pot, what are you doing now?

So now. I joined a private practice with Dr. Jessica Weisen-McCarthy in Manhattan. So she and I met through the University of Arizona fellowship. So I did the Cornell one and the University of Arizona integrated medicine fellowship.

And afterwards she was in Manhattan. She invited me to lunch and we just hit it off. And we had such a similar way of viewing medicine and how to practice and incorporating integrative medicine.

And she invited me to her practice. I didn't jump in right away. It took me a couple of years before I I hit her up and I was like, hey, Jessica, about that practice you had invited me to.

So no, it's a huge leap. I wasn't ready. I wasn't ready at that time. I think I had this ideal of being in an academic institution, seeing patients from all economic backgrounds.

And I think finally it just got to me. And I also wanted something new in my life and I wanted to practice medicine without being told how to do it. And just get to a point in your career where you're like, I've done this enough.

I've seen thousands of patients. I want to practice a certain way. I'm just going to do it. And so I took the leap of faith. I was lucky. I had an opportunity to present itself with someone who had experience in private practice and concierge.

And so it wasn't like I just went off on my own. I was lucky. Other people do it. I respect them. And so now I am doing concierge primary care and also integrative medicine consultation.

So the integrative medicine consult is more like a fee for service and the concierge model is like a membership, yearly membership situation. So it gives me the ability to have that patient care that's very, very intense in a good way where I'm like, Yeah, right.

Transitioning into concierge practice

And then also be able to see patients who may not necessarily need or want the concierge care, but still want the integrative aspect and guidance. Yeah, that's perfect.

So I'm able to see patients on that end. And that's also actually also opens up the ability for other patients to see me. Yeah. Well, you know, in one sort of feeds the other, you know, that there's the mindset of people that want to be healthy and they know there's gotta be a better way than what they got at their last, you know, eight minute doctor's appointment.

And so they start going down the functional or integrative route. And then they realize, Oh wait, I could have Dr. GV all the time. For everything. So, you know, there becomes the financial, you know, piece to it.

Do I want to pay a membership when I have insurance and stuff? And that takes, it takes time for people to wrap their brains around, but when they realize the level of care, the time and energy and attention that you give in this, that we're allowed to give in this business model, it, it.

It's got to, it's going to turn some heads. Are you, when did you join the concierge practice? November of 2024. So pretty recently. All right. So that's awesome.

So we're almost coming up on six months then. And it's going well. I actually, you know, the first month was scary. I was like, is anyone going to see me?

Like I'm like, does anyone even know outside of Cornell? You know, those first two weeks were just kind of heartbreaking. I had patients call and want to set up an appointment and they just aren't used to a model where you're paying out of pocket.

Right. And I think that was really hard for both me and my patients because I felt so sad for that. And my patients, you know, the secretary is telling me like, I had some patients crying that they can't see you anymore.

And it's just, oh, those two weeks are horrible. But some patients ended up like deciding that this made it, you know, we're going to make that financial sacrifice because it made a difference in their life.

And for some it doesn't make sense. And I understood that. And I definitely referred them to other doctors who take insurance, but unfortunately I think When patients, what patients are looking for, it's really hard to get an insurance model.

Like I have patients that were complaining that my doctor won't respond to me. It's been two weeks and there's our primary care doctor about an issue.

And, you know, so it's hard, it's hard when you have a panel of a thousand patients, how can a doctor see patients from eight in the morning to five PM and answer the hundreds?

It's impossible. So yeah, I think for some patients, they just, it's a shock. There's like that sticker shock situation. And then they're like, wait a minute, but I'm not getting the results.

It doesn't make sense. And then sometimes for patients, they're like, well, I spend money on the bag that could cost me a consult, you know, or like, you know, it just depends on priorities.

And so it's, I wish it was available to everyone, but it's just not the case. I do love, you know, I love that what we do pushes the envelope for everyone.

Right. So the system is broken and our opportunity is to show a better way. But like you said, like the average doctor in my neck of the woods has 2000 to 3000 patients on their, you know, panel.

So they're always scheduling a month or two or three out. It's short visits. And then you have insurance. So they're on your insurance, I guess. But then when you go, it costs money.

And then if they ought to do anything, it costs money. And so they're constantly costing you money anyway. And so it's an opportunity. In the concierge direct primary care world, you know, 300 to, you know, in a, in the DPC world, you can get up to 500, maybe, maybe patients per doc, but it, you know, if every doctor in the world was suddenly concierge or direct primary care, we would have a doctor shortage, right?

Like it's not the only solution, but what I do love is that it pushes. the system and other potential solutions in the way of true patient care, patient first, preventative care, you know, the kind of things that just insurance doesn't know how to and doesn't really think they should have to pay for, right?

Yeah. Yeah. How do I bill, Hey, this person, Hey, thanks. Why don't you pay me for the CHF admission that person didn't have, right? do you calculate that?

Yeah, no, there's so much I did that just, there's no billing code for it. I was frustrated. I'm like, what, I spent so much time, but here's this level two, you know, so it's ridiculous.

I just didn't want to think about billing. But yeah, going back to preventative care. I mean, that is just, I think that's where concierge, direct primary care, integrative medicine, that's where it thrives because the current model is very acute care based, chronic disease and medication management and stuff.

But if you want to make sure you're stay healthy and live a long life with a good quality of life and that you don't end up getting diabetes, heart disease, all the you have it, it doesn't get worse.

then this model is necessary because or maybe hopefully other models pop up that are that work for patients. Correct. But yes, there's there's no other way you can't see a doctor for 15 minutes and expect to talk to about all your issues.

I mean, my console, my first console is an hour and a half. yeah many times i'm running late because i'm talking to my patient for two hours and like whoa i didn't expect to be in a doctor's office for two i'm like i need to get all this information and i i talk about specifics and you know down to the brand of if they tell me i eat oatmeal i'm like no that's not enough what brand And they're like, wait, what?

That's awesome. Same thing. They're like, oh yeah, healthy. I drink nut milk. I'm like, no, no, no. Tell me which brands. Nope, that's not a good. So I get down to that.

I'm calculating the amount of protein, fiber, omega, they have in each of their meals. So it's very, it's asked to do a lot of work and I expect my patients to do homework.

I mean, if you come to see me, you're going to get homework and it's not the right fit for everyone. And even my patients who come in and they're like, Oh, I'm looking for a concierge doctor.

I'm like, okay, let me explain to you how my practice works because you may not be ready for it. I'm, I am so invested and you know, it's, it's very satisfying to have patients who are invested on that.

And because it's satisfying for both of us, you know, we both, it's a win-win for both of us. You have had lots of, when I tell people what I'm doing, you know, their first thought is of a rich entitled kind of self-absorbed jerk patient.

I'm like, no, we fire those people. And I have had patients where they were like, this isn't working out for me. You're not meeting my expectations. Cause they called and they were like, I coughed yesterday.

I want a Z pack today, antibiotics. And I'm like, Well, no, you probably don't need it. And then they get mad and they're like, you know what, this isn't what I want.

I'm, you know, you're fired. I was like, okay, great. Except I'd love for you to come in for an exit interview. This would be fun for both of us. And so finally they come in and they're like, yeah, you know, we're just, we expect this.

And I was like, okay, here's the thing. For an incredibly affordable amount in my practice, you get a doctor in your pocket 24 hours a day. I have a team of like 15 people here watching the app, tentative to your every thought comment need.

And then if you get sick, I will see you same day. Preventive, I will see you for an hour at a time. And if we need to do it again next week, we'll do it again next week.

It's unbelievable value. What you don't get for that monthly membership is a prescription B. I use the word. I'm like, I am not your prescription B. I don't just prescribe because you think you need it.

You get a doctor and I will doctor you very well. And she and her husband were like, yeah, that's a good point. It's not bad. In Mexico, you just go to the pharmacy and get what you think you need.

Why am I worse than Mexico on the street? But what they want is a doctor that knows and loves them and takes care of them. It wasn't a hard conversation because I wasn't trying to keep them.

I was trying to clarify expectations. Exactly. And I tell patients, I'm like, if you are looking for a doctor to just refill your Ativan, that's not me.

I'm going to talk to you about why are you on Ativan? Let's talk about that. What are you anxious about? How do you manage this anxiety so that you're taking less and it's, you know, so it's, it's going to be very involved.

And so it's not the right fit for everyone. And I'm okay with that. You know, if it doesn't make sense for them, it doesn't make sense. And, you know, usually they'll just call back.

Well, there's an infinite number of people in Manhattan, so you can't be for everyone. You want to be for the ones that are going to get the most value.

They're going to get the most value out of their membership, right? That's my deal is the people who don't use me much, we kind of bug them. They're like, why are you bugging me?

Why concierge and integrative care matter

I had a wellness visit six months ago and I'm like, no but yeah but everything wasn't perfect and you want to feel good for a long time let me help you and ultimately what i'm trying to do is i'm trying to give that value that they're paying for if nothing else so that when their annual is up they'll think that it was valuable right But some people just want, I'm so affordable in Texas that some, some people just want to have me for when they need me, you know?

I'm like, okay, fine. I guess, but that's you've missed the point. Yeah, I try to do the education of like why it would be important to touch base in between your needs.

And I do, and you know, our practice, you know, when people come to this practice, they know it's, it's a holistic. approach because we have, you know, when you see us, you see me, you have a guided meditation session.

Oh, wow. Cool. Um, and then we also have, if you're only available to our patients is a Pilates with an instructor in house. We have a nutritionist. So we have a lot going on.

And so you come in and you know, okay, we're, this is going to be not just coming to see my doctor. That's correct. Yeah. Yeah. No, you're, you're, you're a bigger, yeah, you're a bigger production.

You're a full integrative production, which is beautiful. I love that. Yeah. It's a great. Okay. So what would you say? This is always fun. So I have lots of, you know, my kids are graduating high school college age and they're, you know, certain percent of their friends want to be doctors when they grow up.

Right. If there's a medical student resident listening to us right now, what do you have to any words of wisdom? What do you, what is there to say? or what got you excited, what gave you passion because there's going to be points, there are going to be points in residency and in your career that you lose that and you are either burnt out or going in another track or pressures from like any which it could be from the hospital itself or your colleagues or whoever, your boss, you're pressuring you in different angles or directions.

And you have to take a moment, whether it be journaling, meditating on it, praying on it, whatever it is, and think back to that moment when you got that acceptance letter into medical school or into residency and what you envisioned your life to be like.

Because there were many points in my career that I did listen to that inner voice and it was like, this is not it. This is not it. This is not sustainable.

This is not the way I want to practice. What did I go into this for? There has to be another way. And I always went back to that and was able to be open to opportunities that came my way because of that mentality.

So I had, you know, when they, you know, the division chief was like, try this fellowship. Okay. Yeah, that actually makes sense. Oh, you know, try this other fellowship.

Okay. Yeah. You know, opportunities, this, I met, you know, I met Dr. Wise-McCarthy and she was like, I do cross origin. I was like, wow, this is interesting.

And I wasn't ready for it, but it was in my mind. And I kept going back to how I want to practice medicine. So I think it's so important to have dedicated time to think about.

whether or not you are following that path that you envision for yourself. And it may not, there's no perfect path. It's going to change things evolve.

Like I didn't know I was going to end up doing integrated medicine, but I knew I wanted to take care of patients in a way. that I truly changed their lives.

And that's what I always came back to. And I remember how much I was inspired by my global health work and seeing how community, spirituality, nutrition, all those things played a role in health.

And when I remember the times I was happiest doing medicine or being part of the medicine career was when I was doing work. volunteer work in global health.

And when I did work in homeless shelters, there was a clinic at the Grand Central homeless shelter. And I remember like, it wasn't specifically the medications that made the biggest interventions.

It was the education. Yep. I remember thinking back to that and I'm like, I don't do as much patient education in hospital medicine. And I remember that being the biggest intervention I ever made when I was a medical student.

And so when I kept thinking about how much I want to go back to feeling that feeling of changing someone's life, it's not whether it's 20 or 40 of IV Lasix.

It was what do you envision your health being like and how do we get you there and what are your barriers and addressing barriers. I remember addressing the biggest thing when I did that work and I wasn't doing that on a daily

basis.

So when I thought about that, that's when I got into it. So just think about that initial, the initial thing that gave you passion and pursuing a career in medicine and just periodically remind yourself of that.

And I did journal a little bit throughout the years. I wish I did it more. Um, and I want to take that up more because I think it could be really helpful to put it down in writing.

Because you don't stop to think you just go. I remember early, early in residency and I was in a relatively, you know, semi rural residency where, you know, we were, we did everything.

We were, we were the ER, the hospitalists, the, we delivered babies. We kind of did it all and it was awesome, but I do, I do remember patients going, well, why can't we just do this?

Like the common sense thing here is that, and I was like, well, that's not really how the system works. And then you start thinking like, but why? Why not?

Like that's, that's absolutely how we should be handling this situation. But that's not how the system works. You're going to have to wait until you're so short of breath that you're, we're going to have to readmit you for your heart failure instead of all the other things that we should be doing to keep you out of the hospital that to keep you not out of the hospital.

That's, that's not the bar we're going for. We want health, longevity, quality of life, quality of relationships. These are the things that we can make a difference as health givers and guides along the way in the right model that allows us the time and the education, because we had to go seek these educations out.

It's not, it's not the average. So, you know, for the residents out there, perhaps just remember your why, right? Why are you doing this? What is it that you want to be when you grew up?

Really? And then, you know, don't, don't settle. Yeah. There's going to be opportunities out there. Don't set up. Meet as many people ask, especially I think for residents, ask attendings what their life is like right now and what they don't like and what they do like and what keeps them there.

Because I think that's not talked about, at least when I was a resident, it wasn't talked about enough. and look outside the hospital. Talk to doctors in private practice and a group practice in different settings outside of the hospital so that you know what else is out there and what looks like is a model that fits your goals.

And so I would definitely say ask as many people about their experience in different models. I think, you know, when I went to med school, I had no idea what a doctor did, really, honestly.

I mean, it was my, I had gone to the doctor so seldom as a kid that, you know, basically it was sports injuries and that seemed cool, right? So by the time I got into residency and I realized, you know, well, really late med school, you realize, oh, this is, there's a lot here.

There's a lot going on. It, I got, you know, I fell in love with, with the, the, the, the avenue to be able to help people, the ability to take this knowledge to be in the top 0.0001% of the world that gets to have the knowledge and then apply it to my community.

It's like, well, that's freaking awesome. And then somewhere along the way that just kind of gets beat out of you. So you're like, Oh my gosh, I hope I can see enough people this month to cover payroll and all the things.

to work. I mean, work is a third of your life. The other third is presumably maybe sleep if you're even. Yeah. So, and then the, you know, that's a long time you're going to be doing this for and for a good part of your day, week, year.

So you really have to be excited and love what you do. Otherwise it's misery. If you're miserable for God knows

how many until you decide to retire. I think a lot of doctors go past the age of 65 practicing, you know, that's too long.

Well, and, you know, when you're asking these folks, you know, when you're asking private practice docs and hospitalists and, you know, teaching hospitals and, you know, you're getting a kind of a wide sampling, ask them, have they been divorced?

What, what, how many times? Like, do they, you know, their home life? is usually if you're going to go all in and give it everything that the system right now asks of you, well, you, something has to suffer.

And so usually there's some, you, you, you give some sleep away. That's, you know, that's, that's pretty common, but then you run out of that to give.

And then pretty soon it's your, your relationships, your, your loved ones, they pay a pretty hefty price. Sometimes every once in a while, my wife who is a physician assistant and is my business partner.

Advice for trainees and daily grounding habits

So it's a double inside joke, but every once in a while we'll, we'll get, we'll go somewhere nice to eat or do something nice for ourselves. And I'll just joke and be like, man, it must be nice being married to a doctor.

And she, and then I duck because she swings at me and she is, she assures me it is not, but, uh, No, but you know, it's just funny. The, the, I don't know when we were growing up, I just figured doctor meant happy and rich, but I mean, that's not why I went to med school, but that's just kind of the assumption I made, you know, happy, happy, not even burnt out and in debt is the first part of the career.

Probably the more, more honest depiction. But yeah, no, I mean, I agree. I mean, this is a constant conversation that my husband, my husband's a physician.

He does interventional pulmonology and totally. I mean, I do integrate medicine, less invasive. But yeah, so we have to constantly remind ourselves about our goals.

Yes. And is this worth it? Are these hours worth it? What does our daughter's life look like? What does our family life look like? How long has it been since we've been on a date?

So it's constant reevaluation to be with two people in healthcare. But yeah, I mean, you do, yeah. Make sure other things in your life don't suffer. I mean, the balance part is so important.

And I think at the end of the day too, One of the other, we didn't talk so much about this, but I felt very uncomfortable telling patients about how to be healthy without practicing myself.

And now I'm in a position where I can practice what I preach. So that feels good to be aligned with what you're teaching and what you're doing. Whereas like that wasn't the case when I was in hospital medicine or even in my any other practice style.

So I have the time and the ability to do that. And so that feels really good. It feels really good. So personally, professionally, relationally, it's been, it's been, you would say it's been a good transition.

Yeah, absolutely. I mean, you know, there are the pains of building a practice and a panel and learning the business side of things and all that stuff, but it's also kind of exciting to try something even different.

It's really fun. I have fallen in love with running a business where I run out of where my work life balance gets thrown off. Now is not charting and, and hospital beaten me up.

It's it's now it's more like, well, I should probably quit doing this extra thing for the business and, and, and pay

attention to my family while they're still in the house.

But it's partially because it's just, you know, God's given me the joy of it and wanting to grow it. And so it's just really fun. Okay, to wrap this up, Juvi, since you are an expert in this field, what is one thing that you do on a regular basis that makes a significant difference, quality of life for you, whether it be a supplement, whether it be some sort of practice that you do on a relatively routine basis, at least, that our listeners might be able to implement that could potentially start them down the path of better.

The most simple one that I do every day is a five senses grounding ritual. I feel like rituals are really important. They've been used for thousands of years to ground people for anxiety, all kinds of things.

So Um, what I do is there, most of the time I do it earlier than I, so as soon as the sun goes down, I did the lights very, uh, so just like grounding my sense of sight sound.

I make sure there's no like TV on in the background or noise or whatever play like either, you know. very relaxing music or I'm mindful about keeping it quiet as much as I can with the toddler.

I engage her in that. So we pick music together. And then, you know, I'll have herbal tea to ground my sense of taste and smell the herbal tea before.

And it takes five minutes. Sometimes I'll put on essential oils. So like a diffuser. So just grounding all those senses and creating a very relaxing atmosphere.

Because sometimes, you know, there's this craziness as I like come home from work and like try to make dinner and get everything right. So I just, I can be like on edge and I hate that feeling.

And so doing this ritual that takes five minutes and engaging my kid in it too, because otherwise I can't do it. that's the tone for the evening. And it's just you get into a more relaxed space.

And then I also make sure I switch even if I'm working from home, I switch out of those clothes into my relaxation clothing. Yes, physical transition into a relaxed state.

And you can see it in my or I'm wearing. You can see it in my OuraRank 6PM restored. It goes from engaged or stressed to immediate drop. It's insane how effective it is.

And my patients, of all the interventions I tell them on the first day, that's the one they like. It just clicks for them and it's doable because it doesn't require a lot and it's like self-care and it's not hard to do.

And so that I would say is the just fine. And it doesn't have to be five senses grounding ritual. It could be journaling. It could be, you know, I don't know, some people do like knitting or activities or whatever it is, coloring, figure something out that you truly enjoy and just do it for a few minutes earlier in the night.

It helps you sleep. It helps you set the tone because the problem is a lot, you know, I would say 60% of my patients struggle with sleep and you can't expect to be so wired, busy, still working on your computer, shut your computer, brush your teeth and go to bed.

That's not going to work. You have to sort of transit. You have to fall and fall asleep, not like just go to, you know, It's dive into sleep work. So you really need to transition itself because all of that can go into your sleep and not give you quality rest if you're like stressed or like wired beforehand.

So I think that really has helped me. I mean, I do a million different things, but that's probably the easiest one. That's a beautiful, that's a beautiful one.

I should absolutely incorporate that one because life is crazy. Life is almost more crazy when I get home than it is at work sometime. That's right. Which kids doing what, where and when and who needs what.

Yeah. Absolutely. Yeah. There's usually a TV blaring in the background. Yeah. It's, it's, it's sensory overload for sure. Yeah. That would be, that sounds beautiful.

And Stephanie's really good at going changing clothes. You know, she wears scrubs most of the time. Like it's, it's like pajamas, but she's out of them and into something else.

Yeah. It's a, it's a, it's a symbolic gesture of nothing else. And I'll still be sitting there in my, like, you know, I usually wear a button up or something.

And I'm still sitting there at like 10 o'clock at night, you know, running, you know, I may have charted or done something on the computer. It's like, what am I doing?

I tell all my work from home patients, like, You really gotta, you gotta make those, you gotta create those boundaries. That's super fun. I love it. GV.

Thank you so much for this time. That was such a great talk. We, we should, we should connect again as you know, you know, as your, I wouldn't really, as your practice evolves, because I suspect, you know, the way that you guys have so much going on, I would love to hear what it looks like.

six, 12 months from now, you know, you'll be full with a waiting list by then, I'm sure, but still, you know, how has it evolved? What has life looked like?

Some great patient stories. Like we didn't even get into that, but you know, the quality, the quality of life of our patients is so rewarding. So thank you so much.

This was a fun talk. It's a, I'm thankful to God for putting us together through the sort of the convoluted way that we met. That's super fun. And for you guys that are listening, look up Juvie, if you're ever in New York and you need a concierge doc or an integrative intervention.

So, um, Manhattan Island of all places. So thanks, Juvie. Thank you guys. Give us a follow and a rating and all those things I'm supposed to say. And, uh, you guys have a wonderful week.

Have a good one. Thank you. Bye. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

Each day is a new opportunity to make choices that empower your well-being. For more insights and strategies, subscribe to our podcast and visit our website, www.doctortalks.com.

Stay connected, stay healthy, and join us next time on Doctor Talks, real talks from real doctors on the issues that matter to you most.