Living with Metastatic Cancer: Finding Humanity in Oncology with Dr. Christy Gomez Transcript

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Introduction and Christieu2019s Background

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

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

Dr Gomez, she's given me permission to call her Christie, is here with us today. She is a GI oncologist and I'm really interested to hear her story. she has published a wonderful book that I want to talk about.

And I hope she'll share some of her journey as an oncologists and as a human being. So Christie would you mind introducing yourself to our audience? Tell us a little bit about yourself.

Thank you so much, Peter, thank you for having me. Thank for being among physicians who maybe make a little difference at least from my angle. So I'm Christy Gomez, honored to be here.

But I am a medical oncologist and my focus is in GI cancers. I think if I jump a little bit, I chose that. A resident asked me the other day, why GI? And I thought, because we have 13 organs in the GI tract, and so I couldn't pick one.

So I said, let's do GI. But I knew I wanted to be a physician early on. I was born and raised in Miami. medicine wasn't in our lineage, in genealogy, it's not passed down.

Like Rachel Naomi Remen, the author says, right, that we are of the lineage of Maimonides. Well, my genetic lineage was not. In fact, when I mentioned it to my parents, They were blown away.

My parents are Cuban. They came to this country. my dad came in the 40s, but my mom did come in 1960. So, you know, immigrant, refugee, exiled were ethic that they were teaching us.

And here I was like this little kid saying, I want to be a doctor. The opportunity that brings I think was new to them. as they were just building life, but seeing that the American dream was possible now, right?

First generation in the States, so Cuban parents, Miami upbringings, and that thread or that interest to be a physician never wavered. I highlight a little bit in a book that my father asked me.

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

I think one of your guests talked about how we all dream of being firefighters or astronauts in our youth, but that he too had this thread or this interest in being a physician since early on, and that moved me because it was my story.

And by high school and college, I said to him, hey, dad, can't let this go. And so right then he gave me his full support. And I joke that part of my medical degree belongs to him because he would work late at night.

When he'd get home, my light was on and my anatomy books were spread on the floor. So medicine came to me early on, and I'm so honored. Here I am almost touching the door of 50. I love what I do.

That's so neat. I can reflect so much on that because I think, like we talked before we hit record, we're humans first. We're people first, and then we choose to become a physician.

And hopefully most people choose that, because they want to heal. They want help. They want make a difference. All the things that are themes of the podcast. All of us wrote a personal statement before applied to medical school.

Those themes ring true to us when you go back and think like, why did I do this thing? Why did i make this sacrifice? And it's good to reconnect with that.

It's really interesting. You have that desire even as a very young child. Yeah, that was wild. And I remember we'd play. I grew up with a sister and a cousin who was like a Sister and they played in retail or teachers and I was always asking to be the doctor.

It stuck around and now looking back or listening to, as you and i were sharing, your podcast community, it's a select group of people, right? Tribe or we're a certain pattern of individuals and so I'm honored.

i think i was born to do this. I think so too. One of my friends, she's not a physician herself, but she works with a whole bunch of physicians. And she always says, you guys are so weird because we designed a continuing medical education course and we were talking about all the different people that could talk to us.

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

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

Anyway, it's just fun. You're right. We are all cut from a similar cloth. That is for sure. Maybe this is like my own little CME. I recently adopted a little boy five years ago.

And I don't know what I'm doing, right? That's what parents say. Maybe I am one of those weird people because the way that I was parenting him is that medicine is master.

My only way to teach is using medicine. So something as simple as a scrape on his knee, But I'm using it ideally, that it may have ripple effects, and everything really heals.

How the Book Was Inspired

Things take time, but they'll heal, right? That may be the adoption process or any heartache. And he'll remember that because I taught him in medicine that the scrape on his knee is going to heal.

I am using these big terms like, everything heals, it just takes time. Like surgery, or I was using my practice to raise a little boy. Maybe that's really weird parenting.

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

and yet, when I, think about my life, it is my most important work. provide a good income for my family and I want to do all these things with my life.

But the only legacy I really will leave is my kids. After I'm long gone, probably the people that will remember me really are my children. So I hope I leave a legacy, even if I teach them in my own nerdy doctor way.

You got it. Your patients, your colleagues, but yeah, our kids will tell our story. That's right. Well, tell us about this book. This is a wonderful book, those who are on the video viewing this can see the book is called Stopped in My Tracks, and it's a collection of cancer patients quotes.

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

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

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

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

But I was blessed with amazing English teachers, creative writing teachers in high school. letters, if you will, right? Not only sciences, but the art and in particular writing arts.

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

Then fast forward to med school, there was a clinical skills course. It was called, which I think it was really humanities. They didn't call it that in my school but it, was art of medicine.

And they reminded us to look to physician writers, those who have written before us. I mentioned Rachel Naomi Rehman, her book was gifted to everyone in the freshman class, the book Kitchen Table Wisdom.

and her invitation to speak to our patients, like if we're sitting at the kitchen table. So all of that was planted first year medical school. And then they asked us to keep these notebooks.

This was before iPhones or iPads, but we had still to pen to paper, knowledge. They asked to us keep little notebooks in our white coats. to jot down kind of pearls or nuggets of what you learned.

If you saw something for the first time that you had only previously seen in the textbook, Capulet Medusa, ascites and what it looks like, what the heart sound sounded like with the murmur, What you say in pediatrics or OBGYN or radiology, right?

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

That booklet was empty, page after page. Was empty. And felt almost I like I missing out on something. When I went back to that I said, God, I'm gonna forget all of this.

There's been so much money in my medical education. This is where real knowledge happens or real learning happens at the bedside. and I am not writing this down.

Whatever I prayed that my memory in its youth would be okay. And then I would know what I needed to know. I had a mentor in school who said, you can't know everything, right?

So in medicine, You'll know where to look it up. So then they found myself once I was a fellow, once, I wasn't oncologist pausing at the patient words about their experience with chemotherapy, their experienced with the diagnosis, they're experienced, with life and death, the experience, side effects.

And I remember then, as I'm taking their history, on the side of the note-taking, jotting their quote, literal quotes, and I'd rip the paper and stuff it in the bottom of my coat.

Like you're ripping paper off the exam table? Yeah, exactly. Paper towels, exam room paper towels. Exactly. I draw

them a picture of what their liver was looking like and then their, quote.

And rip it off, stuff into the top of a coat, And I didn't know what I would do with that. I joked with them. Hey, one day I'm going to write a book. Can I quote you?

And, I remember that my teachers taught us to quote someone if you were going write an essay. Right? Almost like a leader passage. And then I think we grew up with this show that was like kids say the darndest things.

Yeah. So I joke with him that patients say that darendest thing. My truer knowledge, my trurer learning was happening right there with their words. And sometimes I literally stopped in my tracks, paused.

That moment when we're holding the doorknob and we are about to leave. Many times I, not for their last question, but for mine. I'd let go of the doorknob and say, can you say that again?

Because I was moved. And I am moved so often. I've stopped collecting them, I have to keep doing it. But that's how the book was born. That was just a seed, right?

We were taught about physician authors, we were talked to write down the pearls of knowledge, and I collecting quotes. Fast forward, that was at Yale University, faculty there for a little bit and it was pandemic.

And in physician wellness, they had a writer's afternoon, physician writing afternoon so that we could channel the immense stress that were faced with.

We had only studied epidemics and pandemics, we had studied it as a definition almost, and now we were living it. But that author was an editor and a publisher.

She said, what do you guys think? What are your thoughts? Where's your writing? And I almost like virtually pulled out these little scraps of paper and stopped in my tracks was born.

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

She'd never seen one and it's an amazing procedure and there's a new baby and then there is lots of blood and fluids. And we do them all the time. And it's just kind of part of the practice and my practice partner and I were doing this and it was great, but I was caught off guard or stopped in my tracks.

As you said, when I just, you could just see the wonder in this student's eyes. She just was so excited to see it and just thrilled to the birth of a baby.

Narrative Medicine and Patient Quotes

This was. a C-section and I just wonder how often we get so busy, so, busy doing all these things. And I got to rush to the next thing. I've got somebody else waiting on me and finished charting all this stuff.

There's a thousand different things, but I probably should write that down and just say like, I go to channel, watch somebody experience that for the first time.

You see the wonder in that person's eyes and then all of us do it again and again. That's what you're talking about. both the pain and the bravery and just all the experiences that a patient has in their oncology, their cancer experience.

You were able to capture lots of those little nuggets and then reflect back on not just your experience as a doctor, but what that patient, it was their first experience with it and what it meant to them.

And anyway, that's pretty cool you did that. Thank you. Maybe I'm doing it a little differently. I had a resident this

week and I introduced him to my patient.

And I asked the patient permission, but it was okay that the resident listened in, learned from the patients. The patient happens to be on surveillance.

He's doing really well. and he stopped the rest of my interview and said, hold on a second, young physician, I want to tell you something. I trust Dr.

Gomez because she talks to me like a friend. And so maybe I'm getting these quotes or these opportunities, like how they want to live or how the want a down life or what things really feel like.

Maybe because I have the opportunity to just sit back and have a conversation like this. Like we were early taught that the patient physician relationship is unique.

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

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

Or literature. What the patients were saying, that I was able to walk into a moment between a spouse when they look at each other and say, honey, it's really your choice, or I'll do the chemotherapy for you.

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

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

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

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

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

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

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

Right? Just this week, a patients said to me, have you tried that medicine? She had oral thrunch. And I say, look, I'm going give you some of my statins.

Some patients hate it, but it's going clear this up. You're going taste again. you're gonna gain some weight. Come on, let's do it! She said, have you tasted this?

And it reminded me of these quotes or how people describe things. We use it in everything, right? We used it any other things. We read reviews of where to stay.

This Airbnb's reviews or we're purchasing something. I think maybe some of these quotes are patients' reviews on this journey. And really, they're the authors of the book and they are the teachers.

You don't want to be a patient to have to like take a taste of your own medicine. But I do remember in medical school, it was a pharmacology class. Must have been in the third year of medical school during one of the rotations.

We had a pediatric pharmacist come and they made us taste test a bunch of pediatric medicines. Like just a little taste, you get, this is what amoxicillin tastes like.

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

And so it is good to reflect with patients like well, I can't say I haven't been down that path, but I could reflect you. So that is really good that you get those honest experiences that patients will share with you and instead of being bugged by it, you are taking it and just making it human, making real.

I'm assuming patients really enjoy it. It sounds like they enjoy talking to you because you talk to them just like you would with somebody else as a neighbor or a friend.

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

Right. Time and again, I'm moved. Some of them say to me, What would you do, right? We're so respectful. We are taught to be so respect for people's choices.

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

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

But recent grad reminds us that medicine is storytelling, but that storytelling is medicine So since day one, we're taught how to tell the story. We need to our residents and our attendings, and we tell each other.

Tumor board this morning, I told story after story so that my colleagues can pitch in or share their experience, their knowledge, So in telling the story, we gain knowledge and we can serve the patient.

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

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

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

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

And we don't want to make them wait too long. Those things we try to do to keep a busy schedule, but on the other side, you do have to sometimes just stop and say.

Okay, I'm here. What do you need? Let's sit down and talk. Knee to knee, eye to eye, what is it that you'd need

because the patients are dealing with it.

And I shared with you, shared on the podcast, that I get to be a patient and often I am doing my treatments and then I m a doctor and back and forth and I mean, a doctors office as a.

I might be calling the same consultant the very next day on a patients that am seeing like a back-and-forth. It's such an interesting juxtaposition of those two roles.

But I'll tell you, the thing that matters to me the most is not the medical knowledge of the person. For me personally, I can look up stuff, find out how to read studies, assimilate a lot of medical information.

But what I want to know is on the other end of that conversation, there's an expert who not only knows the information, but someone who actually cares about me and my family and in my life.

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

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

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

Yesterday was the first day of school and patient after patient today asked me, how was that first year of for your little son? It reminds me also of my family.

Medicine rotation as a medical student. The doctor, the attending was a few minutes late. He came to the front of the classroom. We were in an auditorium.

So maybe just starting our clerkships.

Listening, Uncertainty, and Breaking Bad News

And he started the class, the lecture, by saying, hey, guys, sorry I'm running a few minutes late. My kid was sick last night. And my wife and I were up many hours.

Then he gave a whole lecture on family medicine. At the end of the last lecture he said, you may not remember anything I said. But you'll remember that my son was ill last time, that wife I was up late, so that's how I want you to treat your patients.

And so I had never thought about this story in years. Med school was 20 years ago. But the way you talk about us being physicians, people, and the human side of medicine.

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

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

Abramson. So that story that they know that I have an eight-year-old who just started third grade and that, I was nervous yesterday, probably more nervous than the kid, that it was the first day of school and then would I be called on the 1st day school because of anxiety and first days from summer.

that they understood that. One patient saw me again today and said, how was yesterday? Did he do okay? So did

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

Yeah. I think it really does matter. We've made the point a couple of times, but patients need to know that they matter to you as a doctor. And I've, again, I don't think I was ever bad at doing this before, But especially since I have been a patient myself a bunch to realize like, oh, that really doesn't matter and so those interactions, taking the time to sit down with somebody and look them in the eye and make, even if you really only have just a few minutes, make those few minutes all about them.

Like it really does help patients and it helps us. Cause when you come out of an interaction like that, you can write down the stories like you said, or you could say, I thought about that and you'll remember something about.

Not just their diagnosis. And so I. Anyway, I love what you're doing. I appreciate that you've brought this narrative medicine. You did it through writing about patients, but in your book, you quoted patients.

So you are giving voice to these really poignant special moments that they shared with you. And that's a really unique way of doing it. Never seen it happen quite like that.

Thank you for writing that beautiful book. Thank you. Another question, I just want to shift for just a second. So you've done this for a long time. You know how to make diagnoses, you know, how people in trials, know to come up with treatment plans, that you're an excellent communicator with your patients, You've developed all these skills over a lifetime.

And my question I've got a couple of questions on this, but one of them is, What do you tell an aspiring medical student? I think medical students are super aspirational and they're like, I'm going to be the best communicator.

I want to do the thing. And so what do tell someone who's in the training path? And then you get to residency and fellowship and you realize that you really are drinking from a fire hose and it's hard to keep the humanity in it because you're so tired and he worked for so many hours.

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

Oh, wow. So a couple of things come up in what I would tell them. And then this last part, you asked, it's almost like, how do we take care of us? But first thing is, and I don't know that this is a popular thing, so I'm going to go out on a limb here.

that I think holds true, that, I feel is cemented in me, is that while this is a great profession, noblest of professions, all of us are so called to it, still to this day, from early on, it's that it is not for everyone.

Do it if you love it. That quote that if love what you do, you don't work a day in your life. This is hard work, but you gotta love. And it may or may not be for every one.

that kid who says, no, I gotta do it. That kid like me who said, it's a thread that doesn't go away. So one, do if you love it and love. Two, is this really listening.

Really listening to the patient. Know about the wedding and the christening and know one story. Peter, if I may, have a patient today who say, what do we do next?

His cancer's progressing, the toxicity's multiplying. But he showed me a picture of his home in Colorado. It's just the home and a snow-covered mountain.

I'm in the desert of Phoenix right now. He's here because of MD Anderson in Phoenix. Only here, because that. And he says, I just want to go home. That was a couple of weeks ago.

Today, The can doesn't look gray. The side effects are adding up. How do I get you to that home? Because I close my eyes and I see your home and the white mountain.

And he lit up, he smiled through cracked lips. He remembered and could close his eyes to see the picture he showed me. The last thing I would tell a medical student is to practice the pause, something I'm still working, right?

The pause to answer. We're so taught to keep the schedule where we know what to say, but to listen to understand, not to listened to answered, and it's okay to leave silence for what it is.

If the patient may need the silence to the question, or the patients may needs silence after they've made a decision, For us to be okay with the silence is something I would tell young house staff who practice for the rest of their lives, because that's where I was moved, where that where healing happens, I think.

And I that then that just leads to why we stick around. I want that patient to go back to Colorado, and I don't know if he may be able to. The closest cancer center is two hours away, the big cancer centers four hours from his home, but he said I just want to home.

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

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

Why are you all the way down here in Arizona when you want to be in Colorado? Because obviously the person wants to there, but do you down to that why or that core reason of why they're doing it?

You can find alignment and maybe that will result in this patient continuing on this treatment pathway. And maybe they'll choose something a little bit different.

It depends on what the journey results in. But the fact that you took time and listened will mean everything to that patient. When they go home, they will be like, yeah, Dr.

Gomez listened to me and will make a decision and I'll feel good about it. because it was the right decision for that person. But it does make a big difference when you sit down and listen.

I wanted to ask another question. Again, your expertise as an oncologist for years, you've had lots and lots of experience or an expert in your field.

All these things that we deal with as patients, they just present so much uncertainty. And I think about the night that I found out that had a 28 centimeter tumor.

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

Everything in that moment, it just felt crushing. Like how can I go on? And I was just doing fine. I'm 43 years old and having my family and working really hard.

And suddenly I can't have cancer. What's going on? I guess the question I would ask you is reflections on what do you tell patients in those moments of deep uncertainty when somebody has been given news that is really devastating or disappointing?

because it's real. It's something we get to deal with a lot as physicians, but I think particularly in the world of oncology, it presents a tremendous amount of uncertainty.

So I'd be interested in any thoughts or guidance you could give from your own experience. And then again, most people listening to this podcast are physicians.

What do you advise us to do? Because these are hard conversations. Thank you for that question, because I'll be even more honest. I grew into this. And I remember in my training and having hard conversations that are now normal lectures and core curriculum opportunities.

In fact, I was able to participate in one the other day for the School of Medicine at University of Arizona. It was honored that they were having an entire class on breaking bad news.

But I remembered thinking, patients don't really want to know. just sit with them, make it all a feel-good visit. I remember that in my trainee, and patients have taught me time and again, they really want to know.

In fact, there's data on this. Do people want know numbers, or do people wanna know now that we've got circulating tumor DNA that can… prognostic age, risk of recurrence, I thought nobody wanted to know.

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

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

There's so uncertainty in all aspects of our life and that now we're in this. Hey, I can't imagine what you went through. I have a colleague who also came upon his pathology results and he was with a full team of house staff, nurses, Eptecs.

Final Reflections on Walking With Patients

And he's like, oh my God, have cancer. So a very intimate and private moment, but that you are not alone at home, your community, put the community in medicine there to walk with.

Am honored by what life can give us and what The body can give us, if I'm teaching my young son that medicine is the way, that body remains master in that.

We don't need to make a decision today that we can listen to all of these options and that the body will tell you, right? Yes, I am strong enough for this line of therapy.

I was strong for the surgery. Or, Doc, let's do a shorter course, radiation, and I'm going back to Colorado. So, speaking to that, I think I wake up every morning with the spirit that I can offer patients options, right?

So there's this line of therapy, this one of the therapy and then there is a clinical trial, but also maybe options with life, Right? Newly diagnosed, biliary trapped kids, she's fit, no medical problems.

I was sure she was going to take treatment. And she looked at me at the end of the visit and said, I'm at peace. I've lived my life. My kids are big. And tired.

Actually, they're struggling with addiction, and I can't help them anymore, And I don't want to do treatment. So the opportunity to even sit and speak, that option, That remains an option.

You don' need to this. When my father dealt with cancer, the oncologist spoke. My mom and my sister were like, OK, we can do this. We can come here on Wednesdays and Fridays.

And I stopped, and maybe because I was physician and daughter, oncologists and doctor, I said, hey, dad, but do you want to do? And I remember my mom and my sister almost like stopped breathing, gasped, like if I was asking a sinful question.

Right. But that option remained. That treatment should look like whatever you want to test, independent as if you wanna get married or have kids. We get a chance to choose those things or practice medicine in a rural or in the desert or the northeast to chose a job by where we wanna live.

I think that's been my invitation to the uncertainty, going back to what do you really want? And then the gift that that is for them, for me, the physician, but the gifts that it's for the family, choosing how they want to walk the journey, how do they wanna live it, and how the want close it.

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

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

I could die in a car wreck on the way to work. You could have a heart attack when you're young, you could a stroke. Like one of our former guests in her 40s, You can have all sorts of things that can happen in just a moment.

We really are faced with uncertainty in this life every day. And yet we live in these little bubbles of self-assurance. And we think that everything's going to be okay.

And yet the uncertainty is actually there. A medical diagnosis, I would say, especially maybe a cancer diagnosis presents, it just brings to light so much uncertainty.

It doesn't mean you can't navigate those waters safely, but it really matters. Just like what you said, acknowledge the uncertainly and we'll be there with you.

You're part of a team. I've had to learn that. And I've had to learn to walk with my team and really count on them and let other people help. And so that discussion of just honestly acknowledging the uncertainty and saying we'll be there with you step-by-step, even if you can't solve it and you You can see three or four steps ahead as a doctor, you know what's probably going to happen, but you can't tell with certainty.

So it's just such wise counsel. And I want to emphasize it. Like I said, I'm going go back and replay this because I think that is so useful. Thank you.

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

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

Yeah. It means everything. You're not alone. We were taught that in med school, that patients don't want that you can guarantee that there's no pain. And I think through my years in this, 16, 17, 20 years, More than that, because we've got the meds, we got husbands, the nerve block.

They want to know that they're not alone. Yeah, they want answers for all the medical stuff, but you need to that you're alone and that your team is there with you.

So I think this has been so instructive. Like I said, I'm going to put this book in my waiting room. I want to channel this. It's been one of my favorite episodes to record because I love that you are doing it and you've written down the stories.

And I am going take from this that I need to write things down a little bit more. Because when I reflect back on my day, sometimes you're like, "I don't know I saw 20 people I can't remember." But if you write it down, and like, oh yeah, I have this wonderful conversation with this person.

I think those things bring joy and value to our lives. And that communication stuff you shared, all those pieces of wisdom, will be useful to all of us.

As we wind up here, do you have any final thoughts for our audience? Because I just think this has been a wonderful interview. Well, wow, let me see. Just this morning I got a text, hey, Christy, one of my friends is undergoing a biopsy and planned chemo.

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

The same thing that we were echoing. She may want to be a lone wolf. she may wanna hide. To remind her that you're there. I thank you because what you are giving us in this platform is that were not alone.

that this work is hard, and then we rush to our families who love us and need us, but that we're not alone. It's been an honor to meet you, to listen to your podcasts in preparation for meter research and where we were going to take this.

But thank you for reminding us that were not along as physicians, as healers, that can continue to do this in this uncertain world. Thank you. So much.

Dr. Christy Gomez, look up the book. I really appreciate it. Thanks so much for taking the time to this and keep in touch. Thank you. You bet. I appreciate this.

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