Longevity Care Isn’t About Trying to Live Forever Transcript

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Podcast Intro and Longevity Setup

most of the times I get guys coming here and be like, Hey, um, I was listening to this cool podcast and I want to get on some peptides. And I'm like uh-huh.

Well, let's talk first. Like when's the last time that you went to the gym or exercised in any kind of way and whens, you know, what are you eating and how are sleeping and How stressed are and maybe those are the reasons that feel tired or you don't feel like you're at your best.

There's a, You know there's a lot of basics that we have to cover. Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed.

I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and Hey guys, and welcome back to the My MD Unscripted podcast. I'm your host, Dr. Clint Carter. And today I am going to share the secret to immortality.

Just kidding. No one wants to live forever. That's terrible. Um, I certainly don't want to life forever most. There's so many horror movies about, you know, people that end up living forever and wishing they hadn't.

So that's not really what we're all about. But I do have a lot of patients when we were talking about longevity and we are talking eating right and, and you know, what that even means and supplements, all the different things that go into hormone replacement, other things go in to living well long.

And they're just kind of like, why are we so obsessed, obsessed with living forever? I just kinda want to do what I want do.

Lifespan vs Healthspan

Um, And so I think the key here is that, um, I agree wholeheartedly. No one is trying to live forever. Ultimately, Longevity is about living well. So let's define our terms.

The insurance-based medicine is all about lifespan. Such-and-such medicine increases lifespan by 10 years. You know, decreases all cause mortality, which means you didn't die, so you got to live longer.

And so we're really talking about lifespan. But what we like to get into is really more about health span. It's living well longer, it's feeling well as long as you are alive.

The modern literature suggests that there's about an eight, eight and a half year gap between lifespan and health span. So if you live to be 90, then you spent age 82 and on being miserable, kind of wishing God would just take you home already.

And that's just a terrible way to live. It's normative, as in that how the last couple generations have experienced it, but it's not normal. know, 2000 years of humanity have experienced it prior.

Part of the problem was we didn't live long. So, you know we got that going for us. But ultimately what we are looking for are, while medicine has gotten really good at extending lifespan, how do we purposefully make the

decisions now that are going to help us to have a healthy life.

So the problem is really in how the system is designed. wanting to feel well is this novel concept. It's just that the modern American insurance-based medical system, it pays for things it can measure.

Its easier to measure lifespan, its easier even than that to measures disease. So if your sugar gets high enough, you have diabetes, we can treat that, We can reimburse for that.

If your blood pressure gets higher enough you can have hypertension. We could treat, that we could reimburse that you know, so then everything gets falling into we're treating, we treating illnesses and we are treating disease and are not really treating people.

And if we lose focus there, then we loose track of whether this person who's living long is living well. Um, One thing that has drawn me into this is that I'm in direct primary care.

Direct Primary Care and Personalized Longevity

My practice, as you guys probably have already figured out, is a membership-based practice where people pay me monthly and they get 24 seven access, they get long visits, no wait, we're really able to dig down deep into what's going on in their life, where their stress is, how they're sleeping, eating, exercising, what their labs look like.

What else do we really need? What other labs do you need to check that their regular doc probably wasn't going to how do we dig into feeling better? My whole practice was based on the fact that, you know, 45 year old women that were going to the gym six days a week and looked great, felt like crud.

And I couldn't fix them. I'd already started a direct primary care practice and I thought, well, if I've got unlimited time, I can make all these people feel as, feel their best.

It just wasn't happening. Then that's when sort of we opened the door to hormones, we open the that the hormone door opened up into a room full of doors of sort of, you know, functional medicine type things and how to live right and what, nutrition and exercise and all of that really meant and why and who cared.

So what we love is that, You can measure certain biomarkers, you can check a blood count, hormones, kidney and liver and all those things, but there's not a lab for how you feel now and how want to feel in 10, 20 or 30 years.

you know, you're 50 and you like to play golf. Well, are you going to want to Play golf when you are 60? Are you gonna want play Golf when your 70? Or are going want Play Golf When your 80? Dare I say 80.

Are going get down on the floor with your grandkids and be able to get back up? Like, what are your plans? You like carrying your own luggage through an airport?

I mean, I know more and more people are jumping on that little beeping uh golf cart that drives around the airports these days but um wouldn't it be nice if you could just take care of yourself are you um you know all the things right sexual activity you like you have an intimacy with your spouse now are going to want to have intimacy in 10 years how about 20 how bout 30 right so you what we have to do is think 10, 20, 30 years down the road and really work on preserving capacity.

We're talking physical capacity, we're taking cognitive, dementia is one of the three, four horsemen that really take us down. Metabolic capacity diabetes leads to the other three horseman, emotional sort of mental health relational capacity.

So longevity medicine isn't really about adding years to your life. It's about protecting the life in your years. You have medicine, we are going to also work on lifespan because we're good.

providers at our clinic and the people that think longevity medicine. Longevity medicine is never trading lifespan in

order to get a health span. Although, if given the option, I probably, might be willing to do that.

However, the things that make you live well longer also help you to live longer. So what are we talking about? You know, sometimes talking about longevity is just not sexy.

It's not, you know a big fancy medicine. And it's. Not, it really isn't, if you're on YouTube right now and you've got that column to the right, there's going to be a link that says, eat this food and your live blank.

You'll lose 30 pounds. There's a lot of cool toys like NAD and peptides and cold plunges and red light. And there's bazillion supplements. You know, I believe in all those things.

Basics Before Biohacks

I will even hormones. Um, you know there there is and boss should buy you a doctor until then.