Moral Injury: Redefining "Burnout" in Medicine with Dr. Jonathan Fisher (Episode 90) Transcript

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Opening and Guest Introduction

The best part about having this podcast is when I get to have a guest that I've been admiring for a long time and hoping to meet in person. And while it's not in person yet, I am thrilled to have Dr.

Jonathan Fisher on the podcast. Andrew, it's so great to be with you. I've been following your work too. Thank goodness for social media. It is not all bad and it brought us together and I can't wait to get into the conversation.

Yes. And that's a great message. There's many people that I have made friends with, like real friends. And some of them, Cheryl Barton. Oh, yes. Cherie Johnson.

Yep. Yep. And it's just the best when we finally meet in person, which I know will happen someday with you as well. For sure. Well, I feel like I know you pretty well, but some of our audience may not.

Tell us a little bit about yourself. I love every time I get that question. I think it's sort of the philosopher in me that when it's tell us about yourself, it's not an easy concrete answer because myself has changed.

My identity has changed so many times in the last 50 years. Myself tomorrow may be different than myself today because as we discuss how I made it through some of my hardest times, some of it had to do with exploring that idea of who are you?

And my identity had to change. And that was painful. And there was a grieving process when my identity was, well, I'm a Harvard-trained cardiologist. Well, what happens when you spend more of your time in executive well-being work?

Well, two things. What about my role as a husband? My wife's a breast oncologist and I need to be a father for three teenagers. What about that? So if I tell you that I'm a cardiologist, it doesn't quite begin to describe who I am more broadly, which is someone who's trying to make sense of, I think, a potentially confusing life and a really challenging one working in modern healthcare.

With that, the philosophical fight a flight of fancy out of the way, I am, what's relevant to your audience is that I have one of the largest medical families ever, I think.

My dad was the town doctor in suburban New Jersey and all seven children followed in his footsteps to become physicians. Oh my gosh. Is that like, are you in the Guinness Book of World Records?

I feel like that could be worthy of the book. It probably would be. I think there's a family who wrote my physiology textbook, the Guyton family, who had 11 physicians in their family.

I'm not sure. And so if you want to enter us, but..

Identity, Family, and Medical Background

. It felt remarkable growing up, but at the same time, it felt very normal. This was my normal, is that, oh, you have a family. Your dad is the town doctor.

Your mom is a nuclear physicist, which was unusual because she became a professor in the 1960s when women didn't have that role typically, especially in the STEM fields that we call them now.

And I had these role models, and I had this family that just seemed exceptional. exceptional in so many ways academically, intellectually, from a community and health public health service standpoint and it was just my house.

That's remarkable and I'm trying to like even wrap my head around it and somebody on the opposite end of the spectrum there was nobody in medicine in my family and I'm kind of fast forwarding a little bit to what I want to get into later in the podcast.

I want to kind of dig into it now. A lot of your career has been about, I mean, in the last few years about burnout. And I felt a lot of shame around my own burnout because it's like, how are you feeling like you don't know if you want to keep doing this career in which so many people wanted and they don't get to go to medical school?

And I'm wondering what your burnout, just how it felt from being in a family that was all doctors, or did anybody else in your family have that experience?

And I don't know. I just feel like that would have been another added layer of complexity. Well, you hit on a couple of really nuanced and important psychological points that physicians often face.

One is this idea around shame. The shame of having your own human experience of suffering, which as we say it out loud, sounds ridiculous. Like, wait, you're having a really hard time being a human that's committed to helping others.

And you're also feeling like you don't want other people to know about that. So you feel some discomfort and shame around that. It just, if we step back, it sounds ludicrous.

But of course, when we're experiencing burnout, we've lost the ability to step back and to see our own life from a broader perspective. So highlighting that, I think it was perfect what you said there.

I certainly can relate to that. And burnout, there's two ways to talk about it. There's their nerdy academic scientific way, which Christina Maslach, great researcher out in California, began doing in the 1970s and 1980s.

And then there's what does it feel like in your body? What does it feel like to have a life where you thought you were going one way, that you were going to be on this pedestal, you know, helping heal thousands of people, curing disease, And it just feels like crap on the inside.

And this is where I think it helps to approach it from a very cerebral, especially with one of my current roles as an organizational leader for well-being.

I need to look at metrics and measurements of both burnout but also the opposite, which is well-being and human thriving and flourishing. And on the flip side, I think we are in danger if we get stuck in that overly left-brained approach and we forget that at its core, burnout is a very visceral, somatic, psychically disturbing experience.

So I can relate to everything you were talking about there. As far as did other members of my family experience it, not quite the same way, not quite the same way.

without going into too much detail of the personal lives of my six brothers and sisters because they haven't signed an NDA or whatever contract require.

I'll just say that I honor each of their own unique experiences and life experiences and choices and I do think that Because of my personality traits, number one, because of my tendency towards sensitivity and perspective taking and analysis and deep reflection, as the youngest, I had a very different experience of entering into healthcare.

in the back seat. So I had everyone else's experience in front of me. I had my father's experience of 50 years being the town doctor and working also for pharmaceutical companies and doing all sorts of things.

And then I had my own experience, which was just very different than what I thought it would be, which was just

filled with good feelings and compassion and a sense of accomplishment.

When in reality, I spent over 10 years deeply exhausted, physically, emotionally, psychically, to the point where it wasn't just burnout. And that's part of what I really want to emphasize.

Burnout, Shame, and Moral Injury

I think in the conversation around burnout, especially in healthcare, We lose sight of the fact because while it may be easy now to talk about burnout, it was not easy for me to mention it 10 years ago.

That was something that was dismissed because of the shame. And because I had discovered Brene Brown's work and did my own work, working, healing my own shame, I realized that the best way to heal shame is to share it in a way.

And so I think part of the reason that I feel passionately about speaking about these things is not every one of our colleagues is in a place where they can share that shame yet.

They feel deeply alone, embarrassed. And what we know, literally, the word shame comes from the root skem, which means to cover up, to cover ourselves up, to hide ourselves from others.

That's exactly the opposite of the type of life I want our colleagues in medicine and beyond to experience, which is living wholeheartedly. You can't do that.

if you're hiding from yourself and you're hiding yourself from others. So this conversation we're having is part of a much larger conversation. How we heal burnout is we first call it by its name.

We call out the shame as you're doing and we begin sharing our stories with each other in a loving, supportive way. I'm totally going off script. We had this beautiful script plan that I talked to you about.

I have to shift gears a little bit. I know I'm going to have you back on the podcast and so I'll get to all the things that in due course. I'm giving a lecture in about a month and the title is Stop Calling It Burnout, It's Moral Injury.

And as I developed the opening for that talk, And it was just beautiful that I was writing the lecture as I was finishing up my own book. I had the clarity that I called it burnout.

In my episode was most severe at the end of, well, I don't know if it was the end. It was at one of the end of the waves of the pandemic. It was March of 2021. And I took a sabbatical for three months.

I read everything I could on burnout. medical literature on burnout, things from other fields. And I felt like I had a pretty good grasp. So I was like, I understand this phenomenon and how it shows up in healthcare.

And I'm not ashamed any longer that I have this, you know, that I am burned out. And so then I ultimately decided, okay, I'm gonna go back to emergency medicine.

And as I went back, I had this like unease that I feel like I understood what happened, but not completely. And if I don't understand completely what happened as a doctor, then how am I going to prevent it from happening?

There was something that happened a few months later that finally made me feel like I understood completely what happened. And it was a book club with Dr.

Wendy Dean, who wrote, and I see you shaking your head. You follow her work. She wrote, if I betray these words. And she said during the book club, when I see burnout, I know that moral injury is at the root of the burnout.

And then everything started to fall into place and I understood that it looked like burnout. And I think burnout is like, if you think of a tree, it's what you can see at the surface.

But moral injury is at the root, I think for a lot of us, at least definitely for me. And I think in frontline specialties like emergency medicine. I really think that's what we're seeing right now.

And the moral injury piece is what hurts so much. And I use the word hurt. And I had this night where I had chest pain leaving work. And it was the type of chest pain that I was like, if I was older, I might consider checking in right now.

But I'm fairly confident at the age of 38 that I'm not having an MI. But it was this like, it was like the Brene Brown, I'll say the universe coming down and like grabbing you and you can't like ignore it anymore.

And it was moral injury. It was this feeling I couldn't do my job in the way that is morally and ethically right. And that discordance was at the root of my burnout.

So I have found in a very long solo, we pick up any thread that you'd like to. The first thread is to acknowledge where you've been and I can hear it in your voice and I can hear it because I know that we had kind of a framework for a conversation and you called out it's just time to go off script and I really want to honor that.

I think that's a sign of a flexible mind and an open heart that's more interested in going deeper than in sticking to what we thought things were going to be.

So I love that. And that's kind of how I operate as well. That's great. And then also this idea of moral injury, what I like about that, and it really, Wendy broadened the conversation around burnout by bringing that into the conversation.

And for those who don't already know and aren't familiar with this idea of moral injury, it comes from the military world. 1960s and 1970s, when on the battlefield, those on the front lines were being asked to betray their core values, sometimes by doing horrific things.

In fact, not only not helping others, but creating pain in the innocent. And I think it was brilliant to sort of bring that concept into healthcare because it does touch on a bit of what drives our pain as healthcare providers when we are often working in larger organizations that are often led by non-physicians who may never in their lives have cared for a single patient.

And I appreciate your calling that out as a really important factor. As someone who studied moral philosophy in college, It is interesting to me to bring that into the conversation as well because it touches on our deeper humanity as physicians.

We're no longer saying that we're simply prescribers, orderers of tests, now clerics who click the right buttons to make sure medical billing is appropriate and coding.

It reminds not just ourselves, but it reminds the larger health care and our society that we are humans who have a moral and ethical compass. And when that is violated, we can't sustainably do what we were called to do.

So some people are saying that maybe we shouldn't be calling it burnout anymore. But I don't think I'm to that degree. the phenomenon is larger than that.

And it's multifactorial. I think earlier episodes in my career were more around kind of, you know, residency or working 80 hours a week. And it was more like a pure exhaustion.

So I don't know. I mean, what's your thought on where moral injury kind of the percentage? I don't know. Well, thank you for calling that out. I'm not sure if you've read anything that I've written on this.

And this is where working on my ability to communicate in a way that includes as many of our colleagues and doesn't exclude people has been helpful for me, because I know many feel strongly that moral injury is the sine qua non of burnout.

I strongly disagree. Ooh, I love this. Go on. Yeah. I strongly disagree. By bringing the word moral into it, it immediately brings in judgment. In fact, you often don't hear the word separate, moral judgment, right?

And our moral compass and ethics. I think a lot of burnout is more boring than that. Like as you were alluding to. An 80-hour work week. Isolation from our peers.

Now that's not a moral issue. A lack of joy at work. That's not a moral issue in the way that I conceive of it. It's not existential. It doesn't get to my core directive as a compassionate human, it's a little separate.

So I think the concept of moral injury has a very important place in a much, much larger conversation about the drivers of burnout. Because if we step back, we see that there's burnout in healthcare and then there's burnout in industry in general.

Agency, Resources, and Meaning in Practice

Since the Industrial Revolution, this has been chugging along. And since this capitalist model has really taken over, We have cross purposes. We have organizations fighting for the almighty dollar or the yen, whatever it is.

And then we have human workers. Well, maybe not for too long. And this is part of our future conversation is what's the role of the human healer alongside the AI and large language models, et cetera.

So when I conceive of burnout, I think about both the individual factors, which when this conversation started was a large part of the conversation. So Maslach talked about a mismatch of several pillars between the individual and the organization.

Ah, that's okay. But again, that always points back to the individual as having some deficiency driving their burnout. I don't fully advocate that model.

I wouldn't be here today having this conversation if I hadn't done over a dozen years of deep inner work. I can tell you that. I am a different person today than I was when I was deeply burned out, isolated, hopeless, and depressed in a call room at three in the morning cursing the world and my life.

I am not that person. Moral injury has not changed in healthcare in my system. And my organization hasn't changed in meaningful ways so that I can attribute my change to a change in healthcare.

In fact, healthcare has gotten worse since my burnout has gotten better. So how can we explain that? And I know that I'm not alone. And I feel like we're doing a disservice.

It's a potentially harmful message. to individual physicians who are suffering to say that until and unless organizations change, there is no remedy for your suffering and burnout.

I strongly disagree with that. Yeah, I agree with that. And so the last third of my lecture is how do you rekindle your sense of agency? You accept that the system is very problematic right now.

And I agree with you. The tail of COVID is so long. Our agency departments are so dysfunctional right now. It used to be summertime was kind of like a lighter season that you wouldn't be boarding.

Boarding's off the charts right now in the hospitals that I'm working in. So I think agency is the antidote. I think it's recognizing that what I agree with you, moral injury, moral is a word that I don't really like.

I think it's like ethical injuries. Cause I do think we have a code of ethics. We, white coat ceremony, the Hippocratic oath, the modern version. I like a lot because it talks about justice and financial implications that our patients experience in the healthcare system.

So if there's some ethical issues that we feel like we can't provide care in the way that we think is, how do we

harness agency? And then the other interesting point that I delineated was there were two situations in my career in which I practiced under a very low resource, actually three.

Month in India, deployed to IRA and working in a county healthcare system. Interestingly enough, lowest resource systems that I practiced in, I had the most meaning, the most purpose, most value alignment, and I would argue lowest moral injury.

And along with those individual factors of alignment with the organization, all of those organizations were also really good, honestly. There was clarity in what our mission was.

There was transparency. And this is the limited resources we have. Here is how we are distributing these resources. And there was a chance to express our opinions.

County hospital, I worked at the staff meetings. People said what they thought. They certainly voiced their opinions. And it was sometimes a bit contentious.

But looking back, I think it was awesome. And that's probably how we got through dealing with this feeling of we don't have enough, we wish we could do more for our patient.

But I think most of us felt like we actually are doing the best we can and We matter to our patients and we matter largely to the leaders and in those situations.

And so I think there's a lot to learn from that relationship that I drew the lower resource places. I actually don't feel like I experienced moral injury.

Any reflections on that? You've highlighted that there have been lots of equations to sort of describe how burnout happens and how bad it is. And in the cardiovascular literature, when we look about the risk of burnout in the workplace causing heart attack and stroke, it has to do with this balancing act between the resources that you're provided, whether that's as you described, the ability to speak your mind.

somebody making you feel like you matter. Some colleagues just point to the paycheck. I think that's short-sighted and I don't think more money is going to solve the problem of physician burnout.

I strongly disagree with that. It may be important in some cases. More resources, meaning instead of having groups that are wired to compete with other groups and with one another, We create environments where camaraderie flourishes because we need that sense, along with agency that you alluded to, we humans need to feel a sense of belonging.

And that's been lost in the modern healthcare machine. And so there's this balancing act between resources and demands placed on us. And that's not only, COVID is an extreme example.

Being an emergency room doctor on the front lines of COVID is the most extreme example. incredibly high demand, so much so that you have 35 patients waiting out in the hallway.

That's the demand, and you don't have the resources. You don't have the beds. You don't have the protection, personal resources. So that was a perfect example, a very tragic one, of gross imbalance of this balancing act that drives burnout.

Now, I want to inject into the conversation something that you and I have alluded to, which is Years ago, when I told people I would be writing a book, they said, oh, you're going to write a book on burnout.

You're going to be the burnout expert, the burnout doctor. And one of the practices that got me through to this place was the science of positive psychology.

And part of that, along with learning about emotional intelligence, was to learn about human motivation.

Positive Psychology and Motivation

And you and I, for the last 10 minutes, have been talking around this idea of what motivates physicians to give their best to feel like they want to get up in the morning and they're fully recharged versus what motivates them to leave and to quit and in extreme cases, take their own lives.

So I think we really owe it to ourselves to think about human motivation. And what I learned was there are two core motivators of all people, whether it were doctors or not.

And one is running away from what we are suffering from or afraid of, which is this conversation around burnout. And the other is running towards something beautiful, a vision of a future that we can feel fulfilled in.

And without giving it away, my personal view is that I lived most of my life in the first example, running away from pain and often hiding from it and covering it up.

And if the whole conversation is focused on burnout and running from burnout and injury and harm, I'm not saying the conversation has to change, but the words we use matter.

And if we begin to use words that are more hopeful and create an actual vision that draws us towards it, there's a different activation in the body even, in terms of cardiovascular disease and risk again.

I have to stay in my lane, right? I'm a heart doctor. And I can tell you that when we spend our attention and energy focus narrowly on all of the things that disturb us around burnout and all of these things.

And we don't spend at least some time leveling the playing field, tipping ourselves into some positive emotional state around hope, optimism, and concrete action towards a better future.

While celebrating with colleagues like you and I are doing in this conversation, the balance of emotions is overwhelmingly negative. And that does not allow us in the concept of positive psychology, it doesn't allow us to expand our perception, expand our ability to make decisions about moving forward.

It contracts us when we say stuck in fear and avoidance. There's so much there. And I think even the feedback we give physicians is largely negative. And I've shared this once before, but I have to share this story again, because you're a cardiologist.

I was working a shift in the ER and this patient came in with a non chest pain complaint. The EKG got done pretty late into the day, maybe an hour. And there was a massive STEMI, a big ST elevation MI.

And I'm immediately just in this shame spiral of I'm going to get in so much trouble that this STEMI wasn't diagnosed until an hour into the visit. But, you know, on the other hand, I'm like, you had no chest pain.

This really is one of these surprising, like, I can't believe this is happening. Lovins. The cardiologist was so kind that came to the bedside, rushed the patient to the cath lab, sent me a video clip of opening up the coronary and this really nice paragraph text saying like, this was such a difficult diagnosis and he did such an amazing job.

Like I'm tearing up during the pandemic and I'm like sitting at my desk and I almost lose it because That is such a rare moment. I was like, what is wrong with us?

The minute I saw the text, I was already like, he's going to say something terrible, like that I messed up. And that wasn't the case at all. It's like, what does that say about us?

It says you should have him as your next guest. Because I want to hear what he has to say. I can tell you that when I have been at my worst in the hospital, let's say I got into a fight with my wife.

My teenage kids were being teenagers. I was confused about my career. I was exhausted because of my call

schedule. And then I was called to help someone, but to do it as part of a team with an emergency room doctor, a hospitalist, an intensivist.

other specialists, I can tell you that in those moments when things weren't going right, I was not behaving like that cardiologist that you described.

I was frankly kind of a jerk. And you have pinpointed, and we're taking this conversation in an interesting place, which is around What is the predominant mood and mindset of the individual health care worker doctor?

Because that impacts how we treat our colleagues. And that can either be really, really positive or it can be really negative, and it creates this reciprocating downward spiral where he treats you in a nasty way, and then you're a good person, but it's gonna come out in your interactions with your colleagues in the ER and even with your patients.

Subconsciously, it'll come out. But the opposite is true. He potentially saves you from a devastating, potentially career-ending moment. Because in another world, that cardiologist could have said, you are horrible.

I can't believe you. You're right. You should feel bad. I could see that happening. In fact, I've gotten that from my colleagues, perpetuating that shame, judgment, and guilt.

And that's the kind of social environment that a good coach, the Olympics are happening now.

Heart Health, Social Connection, and Spiritual Well-Being

Any good coach would not allow that kind of environment among colleagues and teammates, and yet in modern healthcare, it's the norm. to compete against each other and to be critical and harsh against each other rather than creating what, not just what Edmondson describes as psychological safety, but I want to go far beyond that.

I want to create an environment where cardiologists do exactly what that one did and said, I can imagine how this might feel. I want to tell you, you did the best that you could with the resources you had.

You have nothing to be ashamed of. Yeah. It's really remarkable to me. Like the work we do is inherently hard enough. And there's all these second, third, fourth arrows that are being thrown.

I know we're winding down, but there is one question and I feel very passionate to promote the health and wellbeing of all the listeners here. And peritoneal vascular disease is still unfortunately the leading cause of death in America.

So I'd love to hear a few tips and pearls and then maybe tailor them a bit to healthcare workers if you've noticed any. potential trends or things that you'd like healthcare workers in particular to know about heart health.

There's been a nice shift in the last 10 years in the way we talk about heart health. Even the American Heart Association changed the words to what we were talking about a moment ago.

The phrase cardiovascular disease is an important one. And there was a shift about 10 years ago towards the drivers of cardiovascular health. And I noticed that happening and I figured that it was to try to align better with this core principle of psychology, which says that if we're constantly running from disease, we're never going to shift from a broken, reactive, a sick care system to an actual preventative, proactive health care system.

So you're asking, I'm gonna put it in my words, what are the drivers of disease that we can avoid, but what are the promoters of health that we can all realistically find?

These are basic. I don't spend a heck of a lot of time talking about these, because there's people who are a lot smarter than I am, like Dr. Ornish and so many others, who can talk about nutrition and sleep and exercise, and we can talk about those.

But I say very clearly in the front, page of my book that for me, the conversation needs to be around something deeper than that. Then sleep seven to nine hours.

Great. That's easy to say. How do we do that? Eat lots of veggies and plants and fiber and don't eat the bad stuff. Okay. That's really easy to say. So how come we're not doing it?

Don't smoke. Don't drink too much. Look out for your stress. Have healthy relationships. So we know that these are the pillars of heart health. And yet, heart disease is the number one killer of men and women everywhere in the world today.

It's getting worse. Obesity rates are skyrocketing. Rates of diabetes are skyrocketing. 30% of Americans are inactive. Why is that? And I think it gets to a deeper level, which for me relates to not just the physical dimensions of the human heart with these basic behavioral habits, but it's the other dimensions of the heart, which have to do with our emotional hearts.

So if you ask for tips and tricks, I'm actually not a fan of tips and tricks. I think you go on Instagram, you can find a hundred influencers who they've got a hundred days of reels set up about tips and tricks.

That's not what we need right now. This may be upsetting to some people. I think we have to go a lot deeper than that. We have to look at our emotional hearts and what's really at the root of rising rates of anxiety, depression, PTSD, and burnout.

Some of that are workplace factors. Some of that are social factors, the disintegration of our communities, of our religious centers, of our civic action, civic pride, politics has a role.

What's happening at a deeper level? With our social hearts, why does the average American in 1950 have five close friends that they can call in the middle of the night if there's an emergency and zero friends?

60% of us are isolated and feel lonely a fair amount of the time, increasing our rate of heart attack and death by more than 26%. We have to look at these deeper factors.

So yes, we can talk about tips, and I'm going to tell people to sleep for seven hours. Well, good luck with that, as long as we have this culture that celebrates achievement and competition and tacitly supports greed.

and on corporate behaviors, we're never going to solve it with tips and tricks. We have to go a lot deeper. We have to then look finally at the fourth dimension of the human heart, which I think is at the core.

And this cycles back very nicely to how you started the conversation around moral and ethical injury. It's the spiritual heart. There's a spiritual crisis going on right now.

And I'm not talking about God, and I'm not talking about religion. To be very clear, as humans, We need to connect with something much bigger than ourselves, because otherwise we live a life that's very constricted and small, wrapped up in our own desires, our own needs, our own dreams.

And that we know from all the research, whether it's the Blue Zones and Dan Buettner, Dean Ornish's research, the Harvard study on longevity, we know that cuts us off from the number one predictor of heart health.

And it's not smoking. It's social connection. So for me, I'm a lot more interested in talking about these sort of root level drivers of much higher level behaviors.

And I think unless we address those, behavioral change at scale is going to be really hard if not impossible. I love that. That is such a beautiful pull the action for our audience to really sit with that.

And I remember reading somewhere about the Blue Zones, and there was a group of Italians that moved to the East Coast, and their diets shifted to an American diet, but their rates of cardiovascular disease stayed the same.

And it was posited that it was because they had the social connections, they kept the same tradition. that they did in Italy, and I thought, wow, that is so remarkable.

It's remarkable, and that touches back to what we were also talking about, which was that upward or a downward spiral. You and the cardiologist, for example, but in a larger sense, and you asked me to speak about the healthcare and medical community, We are doing the opposite of that in most cases.

Community, Events, and Where to Find Dr. Fisher

Unless we, a healthcare system and its leaders, are actively looking at what keeps physicians from connecting with each other, as colleagues, as friends, unless we look at those barriers and we actively cultivate communities where physicians are no longer in this old, antiquated, outdated model of it's about me, Look at me, I've got a million dollars, a house in the country, and I'm playing golf on Wednesdays, and those days have to be over.

We have to move into a new way where we are working in community, where if I see a colleague in the hallway, if I'm feeling a little stressed, I can't blow them off.

I have to stop, and I have to say, how are you? I have to care about my colleagues as much as I say that I care about my patients. and that's going to improve our health.

It just has to. Yeah, and it's going to be, I mean, no bones about it. The next decade in healthcare is going to be hard. I mean, you look at the financial reality that we're facing, it's going to be hard.

So can we do it together and stop throwing the second arrows and lift each other up? So I love that. As we wind down, a few things that I would love, for you to share with our audience is what conference or retreat would you like our audience know about?

And I believe, I think you actually organized one. Is that right? So right before COVID, I co-founded the Ending Clinician Burnout Global Community. And three years ago, hosted a three-day event with 83 international speakers, including medical and non-medical.

And we had 1,000 doctors, nurses, and health care leaders from 43 countries. And we've continued in that tradition. So if someone's interested, you can find us online on LinkedIn, the Ending Clinician Burnout Global Community.

We have Corey Feist, whose sister-in-law took her own life as an ER doctor at the height of COVID in 2020 in New York and founded the Heroes Foundation.

We have leaders in healthcare talking about the role of AI. So that's one thing, and then I love speaking about these things. You can see that I get fired up pretty easily.

And I also believe that the way forward in healthcare is both to work within, but also to be wise and learn from the lessons of other industries. So in October, I'll be in Washington DC speaking at the Mindful Leaders Summit.

In December, I'll be in San Diego speaking at the NextMed Future of Healthcare Summit around technology. And hopefully in March, I'll be speaking at South by Southwest on the intersection of the human emotional heart and the artificial intelligence role of empathy and compassion in healthcare.

Oh gosh, I want to have you back to talk about that. And I'm in San Diego, so I hope it works out. You're welcome to come over for dinner. Thank you. Let's make it happen.

Let's do it. And then how can our audience get in touch with you? I love LinkedIn. I'm on Instagram as well. If you just Google Just One Heart, that's a good way.

So Google Just One Heart, you'll find the book on Amazon, and it's self-published, and it's a bestseller, and that's

unusual, and the word is getting out.

So I would start there. Read the book, see the whole picture here, not just about burnout and healthcare, but You don't have to spend 20 years studying how to live a good and full life as a doctor.

I tried to put it on paper and really find me on LinkedIn and let's start a conversation. I love that. This has been such a heartfelt conversation and I thank you for everything that you're doing.

This hour flew by and I can't wait for us to do it again. Thank you so much, Andrea. You are simply awesome. You have walked the walk. You have helped so many patients.

And now you're paying it forward to our colleagues, but also the next generation. And I just want to celebrate you. So thank you. Thank you so much.