New Year Reflection: Why Being a Healer Still Matters Transcript

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Podcast New Year Update

Welcome to the Doctors Making a Difference podcast where we help physicians to be empowered with the tools they need to be 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. Hello, everyone. I'd like to wish you a Happy New Year.

This podcast will come out around New Year's Day for 2026. And I want to record my first solo podcast to talk about the progress of the podcast and to thank you all for your participation in what I believe is a really important work.

We've had thousands of downloads. And I want to thank all of you who've taken the time to listen and engage with the stories that have been told. and also to thank those who have been on the podcast, those who've been here as guests on the interviews, and also those of you who have commented, emailed, or engaged in some way with Doctors Making a Difference.

One of the things I was thinking about as we reflect on 2025 and looking forward to another year is the state and progress of the podcast, but also the mission of what we're trying to accomplish with Doctors Making a Difference.

I personally have loved meeting so many people all over the place who are physicians and who are making a difference. And I've also enjoyed meeting people who are providing tools and resources for doctors so they can become better at what they do and make a more meaningful difference in the world around them.

So thank you. If nobody's told you thank you for what you do, let me say it out loud. Thank you for what you do. What you do does make a big difference and patients really need doctors.

I've shared on this podcast quite a bit for those of you who've listened regularly that I'm a patient myself. And I think all of us will run into health problems throughout life.

That's part of the journey, part of the experience. But just to reiterate, for those of you who may not Be familiar with the story, at 43, just a couple of years ago, I had the misfortune of being diagnosed with a very large retroperitoneal tumor that filled up about 26 to 28 centimeters, depending on which report we look at, of the left side of my abdomen.

Very large and displaced all of the left abdominal organs. And in early 2023, I had a surgery to remove that after I had gone through radiation and met with my surgical oncology team and my general oncologist.

I think I was a good doctor before. I really care about my patients and have a deep affection and love for them.

Personal Cancer Journey and Doctor Appreciation

But as I went through that, I just remember thinking so clearly, so distinctly that What these doctors did made a tremendous difference for me and what we do as physicians in general makes a huge difference for our patients.

Specifically, when those conversations happen, when I first found that tumor and had to go through a CAT scan and talk to the oncologist and the surgery team and go through radiation and all the challenges that are associated with having a tumor, Everything hinged on those conversations and it wasn't just an academic procedure.

I wasn't really wanting to just be a statistic. Of course, I'm interested in statistics and I like the science behind hearing what's going on and what are the prognostic things and what ongoing studies are being done.

But what really mattered, I would say the most, for me and for my family was the care and the meaning behind those conversations. And then also the fact that team of doctors and then all the ancillary medical staff really represented many decades worth of collective training so that they could be ready to help me and my family in our hour of need.

And I wasn't sure how that was going to turn out. It was a very large surgery, a lot of blood loss. And by definition, some of these big cancer surgeries have to be a little bit exploratory in nature.

There's no way to know exactly how it's going to turn out when you start that kind of surgery. So I was advised at the beginning that there was a high likelihood I would lose my left kidney.

My colon, my spleen likely have an ostomy and there was all sorts of possibilities of even possibly having nerve injury. And I think we all do that as doctors.

We tell people all the potential outcomes when we are doing surgical consent. But there was a high likelihood of all those things happening just because it was such a large involved tumor.

And we were looking for a complete resection of the tumor, an R0 type cancer surgery where there was no leftover tissue. And so the surgeon did a fantastic job of removing it.

I had placed my trust in my surgeon and her surgical team. I may have shared this on the podcast. The surgeon I chose to work with the cancer center was actually one of my surgical preceptors when I was a medical student years ago.

And she worked with medical students and was known to be a fantastic surgeon. We were all a little bit scared of her because she was really focused, but I knew she was a fantastic surgeon.

And in the subsequent years, I had referred several patients to her who had complicated, difficult surgeries because I knew she could handle it. And I appreciated her and her team taking the time to look at me and my tumor and not only just to look at the surgical mapping of what we're going to do, but to treat me as a human being and to treat me as someone who had all of their attention and their focus and their needs.

As I lay there recovering from that surgery for a few days, I had this very distinct, very clear thought that if I got to do it again, I would be a doctor.

It sounds maybe trite, maybe a little bit silly, but I wasn't sure if I would ever get to work again. I was only 43 years old. I wasn't sure if how it was going to turn out for me or my family or if I would have to use disability insurance or how I was going to provide for my family going forward.

I did know that I had to take care of this tumor and it had to be taken care of by a team that knew what they were doing. And I was so thankful for that team that I think that maybe inspired my thoughts.

I was just so touched by how much that work meant for me and my family. And I really did have that thought. If I got to live life again, if I got to do it, I would want to be a part of this team of healers, these people who give of themselves and their expertise and their knowledge to help people get better.

And I was thankful for every member of that team. And so I had thought about doing something along these lines with a podcast years ago, but that really was the catalyst to say, let's do this.

And so Doctors Making a Difference has a mission to highlight the important work being done by physicians all over the place. More than just following an algorithm or providing evidence-based science to a person, but more than that, we want to be healers.

And you can't cure everything, but you can always comfort and you can always help and you can always provide information and insights to people And people need more than just someone who's peddling information.

You want someone to be a healer. And I celebrate doctors who are doing that. And I'm thankful for those doctors in my own life. I strive to be that kind of doctor myself.

I know I don't always make it, but I think every one of us can relate to it. So now it's the holiday time. Those of you who are listening, you're probably finding this around New Year's or shortly thereafter.

And what we do is hard. I want to acknowledge that. Being a doctor in 2025 is challenging. There's lots of things that seem more difficult than it needs to be.

We have complicated electronic medical record systems and our interaction with insurance Companies sometimes feels a little bit adversarial because we're trying to authorize things that seem so important for the patient.

But you have someone far away saying no, sometimes for illogical reasons or so it would seem. And then we have to work odd hours. I'm recording this the day after Christmas.

I had the challenge of having to work yesterday on Christmas. I had a 24-hour ER shift on Christmas Day and I was able to only participate in Christmas festivities with my family on a limited basis.

That's hard. We try to rotate that responsibility among my partners. And thankfully, I've got an excellent group of doctors we work with so that not everybody has that burden fall on their head.

But it's hard. I thought that yesterday. This is challenging work and some of the patients that come to the emergency room really need help and I'm happy to help them.

And some that come to the ER probably didn't need to be there. And you wonder why is this person coming to an emergency room on a really important holiday?

But I think we've all been there and we all have to reflect on why do we do this? The real reason hopefully resonates with most people that we want to make a difference.

We want to help people. At least when you get down to the core of why we became physicians, it is because our first desire was to have a positive impact to help individuals and to help people when they're in their hour of need.

One of the things I've noticed over the last few years, but it seems like it's become more prominent over the last year, is people are increasingly receiving their medical information from sources that are not physicians.

And that's okay. I really like well-educated patients who are seeking information, and we try to direct them to credible sources. But there was a time when physicians had the corner on the market on medical information.

Why Physicians Must Be Healers

That's where you would go first and foremost when you wanted information. And with the rise of the internet and internet influencers, social media, many people are first getting information from some place on the internet or a social media source, or they're first going to artificial intelligence to sort out their symptoms.

And as a repository of information, sometimes those places are good, but sometimes they're not. And I've been pretty interested over this last year. I can think of several encounters of some of my older patients.

I'm a primary care doctor, so we have patients I've known for years. My older complicated patients who will get partway through the interview and we'll do a medication reconciliation and look and find out, oh, this person's on a whole bunch of hormone supplements or vitamins.

And some of the vitamins are fine. I always tell people simple solutions for simple problems and complex solutions for complex problems. And so sometimes if a herb or a vitamin or something that helps with a small problem, I'm not opposed to it at all.

As long as it's not interfering with something that they need to take for something more serious. But I've been interested over the last year. at the number of patients who come in who have seen an integrative clinic or a wellness clinic or have gotten something from an online doctor, online nurse practitioner, and I'm not opposed to people having a whole variety of places to get information.

The thing that concerns me is rather than going to their trusted physician first, they're often seeking these other sources first and saying if it is a simple problem I will go to my non-physician practitioner as my first step.

And so I guess it brings up this idea that physicians need to probably maintain the first and foremost highest information and knowledge set regarding disease and pathophysiology.

We also need to make sure that we have in first place the idea that we are healers, not just peddlers of information or proponents of algorithms, because those kind of things people can generally find on the internet.

We need to make sure that as we do diagnostics and we prescribe medications that we couple the word healer with each and every one of those. more than just a diagnostician, but a healer diagnostician, more than just a provider.

You want to be a physician, a healer, more than just a prescriber, but a physician. And you explain to patients why these medications may help them with something that's complicated and hopefully lifestyle interventions can help the person prevent disease.

But when the disease happens, sometimes we're beyond the place where simple preventative care or dietary changes can make a big enough difference. And we do have to use pharmaceuticals.

We need to be more than just physician scientists or more than just bringing science to our small communities. We need to be healers while we do that.

More than just an administrator, more than just a supervisor. If laced throughout that entire experience, we can put healer first as we work toward helping people achieve healing and achieve increased medical care and improvement to their well-being and how they feel.

I think people will continue to trust us. This particular moment in history is a little bit strange. It feels like there's a lot of public advocacy and government type of things that really put doctors in a negative light.

I saw a headline the other day on a popular news source saying, if I had listened to my doctor, I would have died. That type of thing seems to be popular, a lot of people are publishing that cause it's a headline grabber.

People often call into question. If I had listened to my doctor, I would have had a negative outcome. So if it weren't for my intuition, and if it weren't for me consulting with my non-physician online provider, I would have had a negative outcome.

And maybe that does happen sometimes, but I would like to think that the very large majority of the time physicians are putting patients first and foremost.

and that our position of physician puts us in a place to have knowledge that the patient can't have and experience and some wisdom that comes with having done it for quite a few years.

Sometimes the 2020 hindsight quarterback, somebody will say this outcome happened. And if I hadn't had this in a more timely fashion, I would have had a worse outcome.

And so I advocated for myself. And that's not wrong. It's good to listen to intuition and it's fine to get a second opinion. All those things are fine.

But the problem is that most times we're making decisions in real time, and you can't necessarily know the outcome. You have an imaging study or a lab test, and you have that at that time.

Whereas if you reassess the information six months later, you can say, have we only known this? This outcome could have been prevented. But I think that…

That importance of being a healer and maintaining that relationship is really important and patients need to hear that I've got your back. We're working toward this.

We're going to try this first thing that I'm going to see you back in a short period of time and we're going to reassess. And if this doesn't work, we're going to do X, Y, and Z.

that way of communicating, the way that we speak to ourselves and to our patients. It's important to make sure that we put ourselves in a place of advocacy and healing.

And I think over time, the community, the public trust will restore. People come to trust their own physicians. One thing that I've noticed is people are often distrustful of institutions and the system and that type of stuff, but they're very trusting of their physicians.

They'll say, I don't trust that system, but doctor, I trust him or her with my life. And so the only way we regain that sort of trust and that sort of honor back is to continue to advocate first and foremost for our patients.

The healer should be first and foremost focused on the person being healed, not just on an algorithm, not on who's right or who's wrong, but trying to make sure that as we go through that, we continue to be in that role of healer.

It's harder. I think it's actually a lot harder when we do it that way. Sometimes it's easier just to be like, it says to do this next or this is what we always do.

And patients, if they don't buy it, I guess we're not really saying anything that is going to stick. It has to be something they believe in that they put into their heart and are willing to make those changes.

And I'm thinking of patients who make significant changes in their lives, like lifestyle interventions, such as smoking cessation or changing their diet or starting to exercise or whatever it may be.

And first and foremost, they have to believe it.

Trust, Advocacy, and Local Medical Politics

It can't just be, I have to do this because Dr. Crane said I have to do it. It has to be something that they believe. And so when we go through that as a position of a healer and an advocate and a person who's very strongly interested in their well-being, people are much more likely to listen to it.

Anyway, as time goes on, that's what I think is one of the most important things we can do as we modify the way we interact with patients. Another thing that I've thought about is We're no longer just the only gateway for medical information.

Patients can receive care from a variety of different places. And a lot of states have deregulated the medical industry. So there's lots of people that can get prescriptions through an online source or through a pharmacy or et cetera.

But it's our job to make sure that we continue to be in that place where we're really looking after patients. As we go through that and trust that process over time, I do believe that will improve, but it depends on us to continue to make sure we do a good job.

The other area where I've observed quite a bit of influence, I can't do anything really as an individual physician to make a big difference on federal policy in the United States.

I have very little impact as an individual. But where I can have impact as far as public policy and making sure things

are done in a way so that patient safety is preserved, that local impact can be huge.

It can be a big fish in a small pond or a small fish in a big pond. In your state and your local medical chapter, you can be that big fish in a small pond.

And one thing I've found really helpful is just to get to know my state legislators, give them my cell phone number, try to be a resource. Not because I have all the answers, but to say, Hey, if you run into something.

call me. And when there is something that comes up that seems a little bit uncertain, they're pretty quick to call because they know that they're not physicians and I am.

And my opinion is just one opinion that they may seek, but I'd rather them get an opinion of a physician rather than people who don't do this but have a lot of ideas.

And so that's one thing I think that we as physicians can become pretty involved in is our local politics for our state or our county or our community.

And it doesn't mean they have to do everything that we say, but it is really helpful to be in that position of advocacy. Getting involved with your state medical chapter has been pretty helpful.

We speak. in unison, and it carries a lot of power when you get a whole group of people that say, we feel strongly about this particular thing. Legislators don't always abide by it, but they do listen when you say, hey, we have hundreds of physicians that are all saying this is a big deal.

And then it's kind of like that. We don't trust the institution, but we trust our individual doctors. Sometimes people have come to me and said, I'm not sure what to do about X, Y, and Z.

And they talk about a whole bunch of different talking points. But when they listen to me as the physician that they trust, they're more likely to listen to me.

And I think we can all have that kind of impact as we try to get to know our legislators and we get involved in our local medical chapters, our state medical chapters.

And then if you have the time and resources to get involved in your national chapter of your specialty, what a great opportunity to have an impact and an influence on your specialty.

You can have a lot of impact on those who are coming up through the ranks or who are in leadership and also students and residents and those who are going to fill your shoes.

One of the points of this podcast is to, again, highlight physicians who are making a difference, but also try to make medicine a little bit better for those who come afterwards.

We have to leave it better than we found it. And I think that's really important. Some of the things that are part of our daily medical experience as physicians right now are leading to tremendous burnout.

We have some of the best and brightest physicians who have left, I think, during the COVID era. I don't know what percentage it was, but there were so many doctors that left the region, stopped working altogether, retired or left medicine at an age where they could have practiced for several more years and done a good job because it became so unpleasant to be a physician at that time.

Burnout, Financial Independence, and Disability Insurance

The joy of medicine isn't in working in electronic medical records or doing prior authorizations or responding to difficult patients in the middle of the night that don't need to be in the ER.

Those are hard. But what we can do is make a tremendous difference and help people in their greatest hour of need. And we take our wisdom and expertise and years of knowledge and apply it to a patient.

And it really does make a huge difference. And I mean that personally as a patient and then my own experiences as a physician. The other thing I wanted to hit on today is I think that physicians who are financially independent or who are on the pathway toward financial independence are better physicians.

Why do I think that? In some ways it just makes sense, but the practical nuts and bolts of this is if you are on that path toward financial independence or you've achieved it, you have a lot more power to say, I'm not going to do this thing that doesn't make sense for patient care, or I'm not going to enter into some contract that will lead to burnout, disrespect, frustration.

I'm going to advocate for myself and for my practice partners and my patients in a way that helps me to become the best version of myself. And if you are in a place where you have hundreds of thousands of dollars in debt and lots of consumer debt outside of medical education, it's harder to say no.

It's a lot easier to just say yes to whatever they say because you have to keep generating an income to pay for all that. And if we all can choose to live pretty frugally in those first few years after residency and put some money aside, we can be well on that path toward financial independence.

The other piece of it that I'll say has become personally important is disability insurance. It sounds just logical. Of course, we should have disability insurance.

Your income depends on it. But doctors are in a uniquely vulnerable position coming out of residency. Who else comes out of training with two or three hundred thousand dollars of debt with all you have is a piece of paper?

That's it. In those first few years after residency, you have this tremendous debt load and very little to show for it beyond the credentials and the job opportunities that can come with that.

And over time, it can really pay for itself and be a financially beneficial thing to become a physician. But if we spend a whole bunch of the income on consumer type debt and continue to accrue, debt over cars or houses or boats or whatever it may be, it's really hard to get on top of that debt.

But if a person can play their cards carefully, they can find themselves financially independent or well on the path toward doing that. And when it comes to disability insurance, you got to think of stories like mine, 43 years old, active, running, hiking, doing all the things, trying to be really healthy.

And suddenly you get slammed with a 26 centimeter tumor out of the blue and I remember those first couple weeks especially, those first few months even, thinking, how am I going to do this if I can't have an income anymore?

What if I can't be a physician? How am I going to pay this stuff off? And how are we going to pay for our lives? I was thankful that I did have some disability insurance.

I didn't have to use it because I did have some sick time built up at work and I was able to go back to work pretty quickly and probably worked back to full-time maybe even quicker than I should have.

But I felt really blessed to be able to do so. But now if I went and applied for an individually underwritten disability policy with a history of cancer, the likelihood of being approved for that is much lower.

So it's pretty important to obtain disability insurance early on and obtain enough insurance so that would actually replace your income or I think the target is somewhere between 60 to 80% of your income.

Try to move that as your income increases and the job changes over time. change the disability insurance. It's individually underwritten, but it can be done again and again if your health remains great.

And sometimes it's important to do that. I think I got my disability policy a little over 10 years ago. Really thankful for it. I'll hold on to it for as long as I possibly can, but I don't think that I really paid attention to going out and redoing it or making sure that it matched the income as it increased.

I took all the interest-based offerings where it would go up a little bit to try to match with inflation and all that kind of stuff. But I never went and reassessed it to say, do I have enough disability insurance that if I could not work, it would be covered?

And remember, employer-based and group-based disability insurances have a lot more loopholes for the insurance to not necessarily cover it. So an individually underwritten policy from one of the main five disability policies, disability insurance companies that write policies for physicians is something that's worth having.

And I think that contributes to that whole financial independence thing. Like I said a minute ago, we can be physicians who are healers. We can make a big difference in advocacy.

And we can show up for our patients. And over time, I think we will restore trust as physicians as patients put their confidence and trust in us. But we have to be financially independent or on the path to do so that we're making decisions not based on the finances.

We don't want the tail to wag the dog. We want to say, I'm making these decisions because I want to be an excellent healer and I want to show up well rested, happy to be here and glad to be a physician.

this experience of having this major health problem has restored to me the importance and the precious gift it is to be a physician. I don't say I have it all figured out and I don't like being up at two o'clock in the morning in the ER with someone that doesn't need to be there any more than anybody else does, but I really thought that gift was going to be taken away from me and I think it helped me realize more so than I ever had before This really is the greatest profession.

It's an amazing opportunity to be able to engage with patients and help people in their hour of need. And probably a lot of people listening have also been on the receiving end of medicine.

But when everything hinges on those conversations, on that surgery, on the outcomes of whatever is being done, It's more than just a simple conversation.

Everything depends on that. And so patients really count on us to do that.

Closing Remarks and Podcast Outro

And we have to be careful not to drive all the best and brightest minds away from medicine. If all we talk about is burnout and frustration, after a while, we won't have physicians to replace us when we're gone.

And so it's important to leave medicine better than we found it and to continue to provide resources and tools so that people can become the best version of what they can be.

So I hope you've enjoyed my thoughts here on New Year's time. I'm looking forward to engaging with many more in the upcoming year. I appreciate all of you who have been guests and I look forward to meeting other doctors who are making a difference and I hope you'll keep listening.

Please share this with friends and colleagues. It's an awesome opportunity to talk about what's good in medicine and what are some of the things that we can really make a difference on.

And I'm totally convinced if we keep doing this type of work, we can make a difference and we can leave medicine better than we found it. And we can make our own lives quite a bit better as we seek for financial independence and do the part of medicine that lights us up and makes us really good at what we do.

Again, thank you for being listeners. I hope you'll like, share, subscribe, leave us a positive review on Apple Podcasts or whichever podcast player you're listening to, or if you're listening to this on YouTube, please, it really does help spread the message.

Thanks again for listening and happy New Year's. Thanks for tuning in to the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

Your work truly helps so many people. We produce this content to help you have the tools you need to stay in medicine and to highlight the amazing work being done by physicians around the world.

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See you next time.