Introduction and Guest Background

Take care of yourself. And in the meantime, realize that even if you're not the world famous specialist that you're getting this fellowship for, you are going to be the doctor you were meant to be.

And there are going to be so many people that are going to be touched and thankful and healed by you. because of who you are, not because of the credentials and the diplomas and the publications and all of that stuff.

This is Doctor Talks, real talk from real doctors on the issues that matter to you most. Okay, welcome to the Two Curious MDs podcast. Today our guest is Joe Sherman, MD.

He's a pediatrician, a physician coach, a healthcare leader and consultant. A board certified pediatrician, physician coach, consultant and seasoned medical leader with over 37 years of clinical experience.

He's served in medical director roles across academic and community settings, providing care to underserved populations in the U. S., Uganda, and Bolivia.

He's a Master Certified Physician Development Coach and a trained facilitator through the Center for Courage and Renewal. His work centers on clinician well-being, leadership development, and career discernment.

Dr. Sherman integrates frontline clinical experience, organizational leadership, and a passion for human-centered care to improve both patient outcomes and provider fulfillment.

Welcome, Joe, to the Two Curious M. D.' 's podcast. I'm your host, Surya Raman, and I can't wait to get into this conversation because I feel like that moment, I don't know if you've watched the movie Finding Nemo when he's on the continental drift, and they're all just kind of drifting along and you're like, hey, dude, you're over there.

And we've just been kind of drifting along because we're pediatricians, you know, medical education, leadership development, just this idea that the development of a physician and the development of a human being, that there are correlates there that As pediatricians, we know how development kind of unfolds.

There are certain stages. You got to go through one stage before you can get to the next. It has to be supported and scaffolded and you can't run ahead.

You have to go through all the steps. There's all of these kind of logic to human development that we can really take and put onto the physician. kind of trajectory, developmental trajectory from the pre-contemplation to the actually deciding and then, you know, recognizing that this is a full contact sport, not just a profession, but an art form.

Finding a Calling in Relationship-Based Care

And it really gets to all the different things that we carry. And so the journey of a developing physician can go through so many different aspects. And so I just love that as a pediatrician, your second bloom of your career, you've chosen to do this.

I'm really excited to talk to you about this. I really ask you, you know, just starting with, you know, what led you to this work? What were some moments that kind of pointed you in this direction that, hey, Joe, maybe, maybe you should try this?

Well, first of all, thank you so much, Saraya, for inviting me and for that gracious introduction and just chatting even before we started to record and the resonance that's there.

As I get older, I am much more conscious of energy presence that I feel. It's a little harder through the screen than it is in real life, but I often feel that way more and more now.

So I appreciate being here. My story is long and convoluted, but I think in answer to your question, kind of bottom line up front, my brother always reminds me, bluff it, bottom line up front, Joe.

before you start talking too much, is that I feel like I was always meant to be in a counseling coaching role. Always, I felt like that was my natural calling.

And I happened to have taken a path to do that through medicine. And I could have been a teacher. I could have been in ministry. I could have been in counseling.

And I really felt that way in college when these realizations started to well up inside of me and medicine seemed to be a way for me for many reasons to put it all together and to move in that direction.

But I stumbled my way through it through many jobs, many countries, many different settings. But always, as I look in retrospect, the thread that was always there was building a relationship with another person, usually through support, assistance, helping in some way, that goes deeper than the superficial.

And in building that relationship, I would be able to learn and grow myself. while I was assisting and accompanying someone else to do that. And in pediatrics, that's what you do with parents.

That's what you do with young kids. That's what you do with your colleagues and your team around you. And that's what I experienced when I loved pediatrics.

And when those elements weren't there, it was a grind and I burned out quickly and I would go downhill. So, I think my last major episode of that burnout led me to coaching and facilitating retreats and trying to bring medical teams together in supporting each other as I support individuals.

Beautiful. I'm just reminded that when we talk about medicine and people are thinking about, would I be a good doctor, it's almost become de rigueur to say, oh, that means you're becoming a technician, that you're becoming a professional in some way that has to do with this kind of one way of being a doctor.

And I think when we enter med school, we recognize there are so many ways of being a physician. And that's kind of the beauty of it, is discovering your way.

And I love that you said that because to me, medicine took me back to writing. For me, it was always kind of like a similar kind of thing. It's like, I want to do medicine, but it's actually about this other thing that is the storytelling.

I was like, I love the stories of medicine. I love the drama. I love uncovering what's happening here. What subtextual elements are coming through in this just beautiful human drama, right?

But for you, it was that accompaniment, that relationship. It's almost kind of spiritual. alongside, which I think is one of the best roles that physicians can play, especially with our patients, right?

Just to be alongside and say, I'm here too. I'm also going through something and maybe we can help each other. as we muddle through this. I just love how in through this coaching work that you're doing, you can help students and residents and physicians hold on to that heart.

hold on to what they love about medicine, right? And recognize, okay, when has it left the building? Can you tell me a little bit about that? You mentioned burnout and the layers of it.

So that seems like a really wonderful kind of place to maybe dig a little bit. I feel like I had a glimpse, a little bit of a head start. I feel like nowadays the medical students and residents that I run into have had so much of life experience, much more than I had when I entered medical school.

I did the fast route. I just kept going. And literally I just put my head down and kept going. Don't question it, just go with the plan. But now these young people are coming in with all kinds of world experience and experience in all kinds of different fields that have nothing to do with medicine and life experience and self-awareness and all these things that I didn't have.

What I did have was in my senior year of college, both of my parents died. I lost both my parents that year. And I'm the youngest of seven kids.

Early Family Loss and Lessons in Medicine

And one of my missions in life was always to look at those six older ones on top of me and say, I'm gonna learn from them and I'm gonna do something they have not done.

and all of them were deathly afraid of anything to do with head medicine and doctors, so I went in that direction. So that was one of the reasons that I went there.

But my experience accompanying my own parents when I was a young college student, and seeing how their experiences with the healthcare system and what went well and what did not go well.

And my mother had the opposite experience as my father. My mother had a cardiologist. She actually had postpartum cardiomyopathy after I was born. It's a whole other world that I had to kind of figure out later on.

But she had a cardiologist that had been following her for most of her illness and had become a family friend. I went to kindergarten with his son. They were living in the neighborhood.

That was a true physician for her. And I remember being there the night before she died at the hospital and staying up late in the waiting room. And he came in and brought his wife in to say goodbye to my mother.

And he came in, and this was back in 1980. And he came in and he said to me, he said, I wanted to make sure that my wife came in and saw your mom and everything.

This is before I knew anything about medicine. I really, I knew she had something wrong with her heart, heart failure or something like that. And then he said to me, I'm so sorry that I couldn't do anything more for your mom.

The thing that she really needed at this point would have been an artificial heart because everything had gone too far and we don't have those right now.

So I'm so sorry. And that was just a heartfelt presence. My father, on the other hand, four months later, diagnosed with metastatic bladder cancer after a mother died.

And his urologist never told him his diagnosis because he thought that he was too depressed to handle it. And so he thought he would just hold on to that information.

And instead he told me at 21 years old, someone who on the phone, that my father was dying of metastatic cancer. And before he even knew. And I was devastated and I had to go back to college and know what was going to happen to my father and he didn't even know it.

And it finally took my oldest brother to tell him that because the doctor was I don't know what you would say why, you know, paternalistic, whatever it was.

I would say cowardly maybe. I don't know. He didn't know how to handle it himself. He refused to tell him. So fast forward, I find myself in medical school and I have this experience of what it means to be a doctor and what it means to be the kind of doctor I want to be.

And as you go through rotations in medical school, the best way to get ahead and to get the best grades is to be as

close to the doctor that your chief resident or your attending is, to imitate that doctor.

And then they think that you're doing a good job, so you get a good grade. Whereas for me, we're all meant to be different kinds of doctors. There's different kinds of patients.

Everybody needs someone that they can relate to, not the same machine technician that you say. So I remember being in third year and medical he-monk and having these patients who were dying of leukemia and different types of cancers.

And I would go and I would draw the blood and I would push the platelets, all these different things we used to do as medical students. I don't know, they still do it anymore, but.

But we have to spend hours by the bedside with these patients. And I would just get to know them. I would ask them questions, you know, tell me about your life.

Tell me about what you do. Tell me about your family. And I would get to know the entire family. I would go back and visit them at the end of the day.

And at that time I was like, there's something different. I don't know what it is. My classmates are not doing this. What's going on? And that was really this idea that this is the part of medicine that I enjoy, that relationship building, and not so much that, you know, I know the 10 causes of whatever disease there or whatever it is.

I think it's important. I want to be skilled, but I don't have to be exactly like the chief of the department. So those are just some of the early experiences I had.

Thank you for sharing that story. Sometimes we do find that it is in those really difficult, traumatic moments where, I mean, if I can say like the rug gets pulled out from under you and you really are kind of forced to experience that, what's that like?

to to get dropped into that moment that really hard moment and all we can do when we when we're in that moment is feel that somebody is accompanying us and You felt that in one instance and you didn't and that stark difference between the two in such a close proximity I felt like I feel like now looking at backwards in that retrospectroscope as we talk about it.

I mean, just that for medical students right now who are attending medical school from their screens, really, going through the human to human interaction of medicine at a fraction of the level at which you describe, and so therefore our patients are, you know, turned into checklists, a to-do list.

a diagnosis, a thing to be gotten through instead of, and what are we losing here, right? Is what you described, which is I loved being there. I loved asking them.

I got so much out of that interaction because we were making it meaningful together. Oh, because they were feeling it. They were like, yeah, I'm being taken care of.

That feeling of being taken care of doesn't just occur in these episodic like, oh, I checked in on you for 10 minutes today. and then nobody came in or it's all fragmented and everybody's changing shifts and you're just trying to keep all the information together.

I mean, we just forget how much information overload people go through and what a stress state people are in. And so I found my way to narrative medicine in this way, recognizing that when you're in a chaotic room, you can recognize that everybody, everything's just chaos because everybody's kind of living on a different timeline and That's a chaos narrative and you kind of like switch over and say, well, you can kind of ground people in the moment that they're in by doing some of what you're describing, which is just being curious really to start with, but then being human and I'm finding that there's an element here where you go into the difficulty.

I wrote that down. Is that one of those elements of, because you were watching those other seven, six of your siblings and you're like, I'm going to go into the thing that you're most afraid of.

And I can relate to that. And I can relate to that a little bit because I feel like as pediatricians, we don't just rely on our verbal. We're reading the entire tableau.

Burnout, Authenticity, and Physician Identity

So tell me about some of what you're seeing in your coaching clients. What are some stories that we're living through in medicine right now, especially in the last five years since the pandemic?

What's happening? Yeah, I think, you know, for myself, you asked about my own kind of experiences of burnout and everything else. And from an early, early on in my career, I realized that for me, it was, I derived a tremendous amount of validation and affirmation from that helping that ability to have the skills and the tools and the privilege of being with people and being able to help them and the satisfaction that came from that.

And that can be addictive at times. I was raised as a very traditional Catholic in this Catholic family. Self-sacrifice, putting others first, was something that was a very high ideal and value.

And so the more that I did that, the better I felt kind of about myself. And yet my body and my soul, my heart needed nourishment also. And for me, sometimes I would ignore that and just work harder thinking that that's how I'm going to get the nourishment.

That's how I will get it. But that is very short-lived, that's not sustainable, that doesn't come from within, that doesn't permeate every cell in my body.

It's almost like a quick fix and then move on to try to work harder. So I went downhill just trying to work it out, to work, to receive the love and affirmation.

So I needed to stop. and I needed to stop and really analyze my life. I read a book by Parker Palmer called Let Your Life Speak, and it really spoke to me.

And it was all about who are we authentically? What have we picked up from the outside of voices telling us who we should be? And that's what all of medical training is.

This is what you should do. Very few attendings say, I'm here for you to discover what you were meant to do. And something that as an attendant, I always love to say to trainees, don't be like me, be like you.

And so for me, when I had this final, our family lived in Bolivia for four years. And in Bolivia, we worked and lived amongst indigenous cultures, the Aymara and the Quechua people, the Andean indigenous.

And I really learned from them, I learned the importance of community, the importance of interdependence, that we're not meant to be here alone on this earth, and that we should actually look for how other people can really be of help to us, and how we can be of help to them.

It's not a one-way thing, it's two ways. So I came back from that and I just tried to dive back in to the culture that I had left and it just broke me down.

I was anxious, depressed. I had suicidal thoughts. I thought there were several times I actually bought out. Now what would my family's life be like without me?

How much easier that would be? How much easier it would be for my wife not to have to deal with my moodiness? All of these things. And physicians today, I have to say, you know, there have been surveys and statistics that right now, I think the last one that I saw, 38% of physicians are aware of a colleague who has either attempted suicide or contemplated it.

And 15% of physicians themselves admit for themselves that they have contemplated suicide. That's a huge number of people who supposedly are put in a position of a very fulfilling career, right?

But instead, I feel like we're not given the tools and haven't been given the tools to really take care of ourselves and to understand that we need that support.

We need to reach out for help, that we're dealing with a world that has accelerated so rapidly in communication, technology, information. There's no way, there's no way that a medical student can learn all of medicine now.

I really think when I went to medical school in 1980 or something, that in those four years they taught us most of what was known. I mean, most, the basics, not everything, but I mean, that's absolutely impossible.

You couldn't even begin. But I feel like right now, in order for young people who truly want to follow what they believe is their calling in medicine, then it's absolutely essential to hold on to who you are.

who you are behind the white coat, not what the white coat gives you and makes you, what's underneath it, because that's what will sustain you. And until you discover what that is, you will be following everyone else's agenda.

And that's exhausting. Thank you for Thank you for retreading that space, right? We're literally trained to do what other people want us to do so that we can get the grades to move on to the next thing.

So you're basically taking legions of people, putting them through their paces, training them to, oh, you've got to get the high scores, you've got to sacrifice.

you know, social life, you've got to make sacrifices with your family, opportunities that you otherwise may have gone for. Everything is worth it to make that goal because it is so just meaningful.

It is really, you know, just a, we get to do this. This is a calling and an honor and it's still a very small group of individuals who get to do this.

And so how do you get from being that person who yeah just just poured everything in to this achieving that and then you end up you know or there are times and I think we can all relate to this those high numbers that you quote.

get at the fact that it is so common right now for us to feel that despair, to feel that level, that kind of bottom falling out because we've been so trained to meet those marks.

And so when a boss comes and says, well, you're not making enough RVU or we get one bad review out of 99% amazing reviews that one sticks out that really gets at us, right?

Because that's who we are. It's like, I have a pattern recognizing, you know, animals who is literally trained to see the one thing that might be wrong in a field of things.

And, and now you're telling me to ignore that negative review? No. I mean, I'm being funny about it, but there's really like this, you know, like everything that's wonderful about us can also reveal to us a weakness, right?

Our perfectionism, our ability to excel also hides the fact that we may not be okay with asking for help. And there's a lot of shame and guilt involved with that.

But when we do, we recognize that to be able to give that compassion to others, to be of service, if we can't receive it, if we don't know how to source it for ourselves or keep that flowing, we're going to tap out.

at that kind of emotional burnout level, right? And so I think one of the disservice things we do in medicine and have done, and you're right, medical school didn't have to teach us all of this because we also had life experience

and it wasn't that demanding, but now it feels like we have to deliberately train it in, which is where this role of coaches comes in.

Yeah. and it's a fairly new thing. So maybe can you describe to me a little bit about what are some of these elements that you're finding now are useful for physicians to kind of develop in themselves?

Right now, what my clients come to me down the road, many of my clients come to me in their kind of mid-career where they have pursued all of those things that they were told that they should be doing and that are right for them and that will bring them success.

They have listened to all the external voices And now they have absolutely gotten to their limits. They're overwhelmed. They can't keep up with the work.

They can't keep up with the expectations that have now been internalized. They have that negativity bias where they do see those one things or two things that they didn't do right called the Teflon Velcro effect that all of the good stuff just slips off of us like Teflon and the one bad thing that happened is stuck to us like the little toddler Velcro shoes you can't get open.

So those things, that's what people come to me about. And they're stuck. They say, I'm stuck. I don't know what to do. I've just invested all of this time and now I feel like maybe I should never have been a doctor.

Maybe I should never have done this. Oh my God, what am I gonna do now? You know, I've been that all this time. And what I usually do if someone comes to me that way is first of all, a tremendous amount of compassion, just listening, hearing them, truly allowing them to tell their story.

Coaching Physicians Through Stuckness

Because it's so important, it's so important And whether that's their story or whether they're angry at everybody else that's making them be something that they're not.

And it's everybody else's fault. You know, and I'm sitting here listening to all of that. I was like, absolutely. You're absolutely right. This is terrible.

I am so sorry this is happening to you. And then ask a question like, when was the last time that you felt, or not the last time, any time, that you felt like you were truly alive, that you felt like you were doing something that you hoped would never end, or when it did, you said, I can't wait to go back and do that again.

And you felt like it had nothing to do with what other people were cheering about you or praising you for. It just had to do with what you were doing and what you felt inside.

And we go there and we start there. And most of the time it has nothing to do with medicine or being a doctor. And I say, great. That doesn't mean that you're not supposed to be a doctor.

It just means that you have an experience of what it feels like physically, emotionally, spiritually to be yourself, your authentic self of what you were meant to be.

Now, what are those elements? What are the values? What were the feelings? Who was involved around you? What was the setting? What were the values? What were you living out in that moment?

And I kind of help them tease that out a little bit. Okay, well, where have you felt a little bit of that, maybe? When have you had an experience perhaps in what you've done in medicine where you've gotten some of that, you know?

Oh, well, there was that. And then there was that time of this. I was like, great, wonderful. So trying to just switch the mindset from this, oh my God, I'm always stuck.

It's just terrible. It's overwhelming. They're all against me. There's no way I can keep up. but I'm going to try doing it till the day I die. I'm going to show that I can do it.

Never saying no, never setting a limit. And so just starting from that, from that starting point and then moving from there and seeing how we can integrate some of those learnings of your life into your daily life.

And sometimes you find out you're in the wrong place. And sometimes you find out that you might be in the right place, but you've just been focusing on all the miserable things about it.

And maybe you can carve away some of the things that make you miserable and expand a little bit some of those things that bring you joy. And maybe that's the answer.

I love that. I love that. I'm thinking of the mental game of medicine. You know, what we're talking about here, to use a sports metaphor, I'm not very good at these things.

But, you know, I mean, we're thinking of medical students and physicians as athletes. as we do in our culture. And I think that helps us to really recognize we're talking about the longevity of a career.

We're talking about that investment that was done that is really precious. Not just, you know, the effort and the time and the energy and the resources, but really the fact that as physicians continue to practice our experiences just accrue and our expertise at 30 years hence is always going to be just full and rich and have so much to offer.

And that when we encounter burnout, what we're kind of recognizing is that in that moment, that physician has forgotten or lost touch with that kind of that, why am I doing this?

Why am I doing something so hard? I could be doing anything else. It's not about making that money. You know, there's a lot of different ways, better ways to, you know, have a really decent, happy life.

But this is something else. This requires of us. And I think Maybe I can ask you and you mentioned some of that early life trauma and how that has kind of informed some of this work you do.

And maybe we can even talk about some of the ways of trauma healing that we're discovering now. This mind-body, the somatic connection, like some of these concepts, we are physicians who use our minds to learn about bodies, but in our training, we get disconnected from our bodies.

Okay, so I know so much about everybody else's body, but nothing about mine. And how that is part of it. Listening to the needs of our bodies can sometimes be one of the first things we do to return back.

to reclaim that space from burnout. And so as we're talking about how that goes and what is this inner work of healing, specifically maybe through psychedelic healing that comes up, that's a little different when we talk about physician burnout and what we're doing.

There's the coaching element. I think that's a beautiful, I think it gives us a framework in a direction and an authentic place that everybody can go to, which is, yeah, let me discover what's within me.

And then how are these medicines of psychedelics, specifically in the space of traumatic events, coming in the mix here? Where do you see these things?

Yeah, I can speak from my own experience that I feel like I was diagnosed with general anxiety disorder the year I started my practice outside of residency and I had all kinds of somatic symptoms of numbness and back pain and headache and and I was having anxiety attacks.

The interesting thing was it was because I went from working all the time to only working a little bit of time. All of a sudden, there was all this empty space and I didn't know what to do with it because I had spent the last eight years or more just working and filling it up.

Whenever I got restless, I would just fill it up with more work. But now the office is closed. There's no more work to do. You can't. So I was like, where can I volunteer?

Where can I, where else can I work? And I was fortunate to have received some treatment at that time, therapy, medication at a time where I think I was so lost in that moment, just the first year out, I was ready to leave medicine then.

And I was not thinking, you know, am I worried that someone's going to find out about that I'm getting mental health treatment? Am I worried about those things?

And at that point in time, I really wasn't. I was feeling like this is important. This is really important to me. However, I do know from my work now that many physicians are afraid to reach out for help.

What's this going to mean? What's the next question I have to answer on a licensing application or admitting privileges or faculty appointments? And fortunately, we're getting rid of those questions and lots of efforts in those areas.

Healing Through Self-Compassion and Psychedelics

But I would say for my own journey, it was important therapy, coaching, medication at times, and meditation, other ways for me to discover where can I get in touch with what's inside of me.

as a guiding light, as a compass. And I remember during the pandemic, I was driving in my car listening to an interview of a psychologist named Kristin Neff, and she was talking about mindful self-compassion.

And she was talking about like, you know, you put your hand over your heart and you do this and you say these things to yourself. And I was like, this is crazy, you know?

And then she said, these are the following studies. And then she went into the scientific explanation about oxytocin and the parasympathetic nervous system, all these things like, whoa, this person knows what she's talking about.

And so I started to practice this. It was kind of mindfulness plus. And I can actually do something. And if I place my hand on my chest and I soothe myself and I hold myself, I actually do feel better.

That is something I could do for myself. And if I say these words that I would normally be saying to someone else, I can actually hear that and it sinks in.

So that was one revelation. And I have since become this self-compassion cheerleader. I love it. And I think that that's one thing that with my coaching clients, I introduced to every single one of them.

And then the second thing was that I've never been a real risk taker when it comes to recreational drugs or anything like that. But my wife, who's a clinical psychologist, a trauma specialist, gets certified in every single type of therapy there is.

She just is a lifelong learner. And she started to tell me about psychedelics and these breakthroughs that psychedelics were making and this kind of resurgence of that.

And so I started listening to her. And as I was listening to her, I started reading articles coming through my email in psychiatry journals and all these other things about all kinds of studies going on about ketamine, about psilocybin, about MDMA, about all of these.

And I said, wow, this is not just some getting high thing. This is an actually proven form of treatment for anxiety, PTSD, and depression, and for many other chronic pain, other conditions.

It has like If there is something that I can do that's actually going to help me access that part of my brain that's

going to help me understand how to make what's inside a true guiding light for myself and to sustain that, I want to go for it.

And I did. And I've done journeys with MDMA, with psilocybin. I've done a few journeys. I've done a journey with 5MeoDMT. And it's not just the journey.

The journey, I do think, has physiologic impacts and effects on the brain that in and of itself is beneficial. But it's the integration, it's the ongoing work that these doors that have been open to understanding how early trauma that I suffered as a newborn baby when my mother had postpartum cardiomyopathy.

And I didn't see her for six months because she was in the hospital. That's what happened. She's gone. What does that do to somebody? And all of a sudden, through these journeys, I actually went back there.

I was there. I could see. I was in a delivery room where I was the newborn. I was the pediatrician. I was the nurse. I was watching it all. And just being able to have those kinds of experiences and then integrating it into ongoing meditation, reflection, journaling, and awareness of how this fits into my life, that's been groundbreaking for me.

I'm just sitting with the how that it just opened up this kind of lens on how things are connected across time spans in our bodies. And you just reminded me that in psychedelics, yeah, we go to that preverbal state, which is why these are so effective is there's you can only get to a certain level through psychotherapy and you did all of that.

And I love the studies that show that the minds of long-term meditators and the minds of people on psychedelics, there's some correlates there that point us in the direction of, this is something we can trust.

This is inside of us, which is just, I think, so important to hear from within the Western medical practice of healthcare that you and I have both shared.

Because for me, it took me two years to just even come to the realization like this is how much of a barrier I had in my head against ketamine as a psychedelic.

I was like, I'm giving ketamine to patients all the time. What are you talking about? And this isn't body of knowledge that's been there since the 90s and we're kept separate from it.

So I just, I really felt a sense of kind of like injustice. I felt affronted as a physician. How is it that knowledge is kept boundaried in this way when we talk about, oh, we are in this era of democratized knowledge where you can access and still recognizing that as physicians, there's just so much of a stigma.

There's so much of this burden both of yes mental health diagnoses but also of just psychedelics themselves and and this societal stigma around psychedelics and how it just makes it so that most of us don't really want to take that risk and and that it is a risk that we're taking but how when you describe this way of healing and this way that we can go into, I mean, we are weighing that against the 30 plus years of experience with Western medicine and not operating from that place.

And now we get to operate from that place. And like you said, Kristin Neff bringing in this idea that, oh, we can source depending on what we do with our breath, with our body, with our thoughts, we can actually source oxytocin.

We can make dopamine flow. The pharmacy is within. Everything is flipped on its head here. As we're wrapping into thinking about, here we are going, these are the things we've experienced.

This is where we are right now with all the forces that are existing. And now we've really, both of us, I think are confirming. I mean, I find this conversation so confirmatory for me because I feel like there's things that you've said that I'm like, oh, I remember saying that to some of my residents or medical students.

And I feel like we've been again, you know, drifting through the same waters and moving towards this place of self-

compassion. and why that's really important.

Coming back to the developmental model that each medical student, any person who decides to go through medicine, each one has their own journey and how important that is to recognize and how a coach who's been there and been through all the difficulties and things can really help steer and go, hey, you know what?

This really nice feeling you have also has the flip side to it. if we overuse it and what kind of wisdom that takes. And I remember doing a session on failure ones for residents and how to deal with, you know, you made a mistake, it had a consequence, it's gonna happen.

And one of the most, I think, life-giving things for our residents to hear was that your seniors can make a mistake and they can actually own up to it and learn from it and show you the way.

Those are some of those precious things that we can do for our trainees. And so as we're taking this lifetime of experience and learnings, and then we're also putting together that, oh, it's psychedelics.

kind of are getting into real healing, you know? What are you curious about at these intersections? What comes next for you? You know, as I get older now, it's almost paradoxical because I have watched so many of, I'm the youngest of my generation in my family, of the entire family.

And I have seen so many of my relatives get older and more narrow and more crumbudgy and more set in their ways.

Growth, Uncertainty, and Closing Reflections

And for me now, it's almost like I see myself going the opposite direction and that my life was so dualistic. It was so right and wrong, so patterned, so formulaic inside.

And in some ways that's safe. You know, it's safe because you can hold onto those things that you've been taught. And it's a little scarier to have uncertainty.

And yet, when you have the courage to go there, when you have the courage to discover what is possible, and you do it in relationship with other people and not isolated, then your life expands.

And for me, that's what I'm curious about. I'm curious about what's next. What's the next experience that I will be able to grow and then accompany other people to grow, to find their pathway, to accept themselves for who they are.

I was just working today with a client, a new mom who's about to enter fellowship and she just finished residency and now she's going to start fellowship and she had a baby in between.

And when I see her, I go, Oh my God, show me this beautiful baby. I just let's just stay right here and just hang out with this baby. And she says, I'm really scared.

I'm dreading the beginning of fellowship, you know. And I said, of course you are. That's natural. It's natural you've taken this break. It's okay. It's okay.

That's a normal human reaction. What do you need to make yourself feel better? Do you need a hug? Do you need to hang out with your baby? What do you need?

Take care of yourself. And in the meantime, realize that even if you're not the world famous specialist that you're getting this fellowship for, you are going to be the doctor you are meant to be.

And there are going to be so many people that are going to be touched and thankful and healed by you. because of who you are, not because of the credentials and the diplomas and the publications and all of that stuff.

That's a long answer to your question. That's beautiful. That's beautiful. I could not ask for a more perfect kind of place to land. I feel that self-compassion.

I feel that we can flow with that. And what you described earlier in the episode where you're talking about the stark differences in experience that we can be a part of.

and how we can choose to be in the difficulty and flow with that compassion and really show up for ourselves and show up for others. And I'm really reminded, yeah, there can be no other physician like you, Joe.

And I want to say that to all of the people hearing this who are in training or are physicians. It says there really is. no other person who can do exactly what you do.

And that is the gift. And thank you so much for sharing your gift with us today, Joe. Oh, thank you. Thank you so much for having me and all the goodness and healing that you spread.

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