Podcast Introduction and Guest Welcome

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

Join us as we highlight doctors and other professionals around the world who are making a difference. I'm excited today to introduce someone to you here in a second.

Dr. Sagar Naik is a really cool radiologist, and you'll hear it on the podcast, but think about this for just a minute. I am a solitary fibrous tumor patient.

And I've actually never even met another person with my disease because it's so rare. So I sat down by Sager at a dinner at the financial conference I attended earlier this year.

And we got to talking and he said, oh yeah, I see patients with that all the time. He's an abdominal radiologist that reads at MD Anderson. And it was just such an impactful meeting to me to see a doctor who does a whole bunch of abdominal imaging on this specific thing that affects me and my family so deeply.

he's a really inspiring physician and I'm excited to share this with you. Today, I'm really excited to welcome Sagar Naik. So I want him to introduce himself, but I wanna start with just a little bit of a introduction.

Saga and I happened to sit next to each other at a table at White Coat Investor Financial Investors Education Conference. And I just really enjoyed meeting him.

I am excited share this conversation and to share some of the work that he's doing on the podcast. Saagar, would you mind introducing yourself to our audience in more detail?

Sure. So I'm Sagar Knight. I am a radiologist by training. Uh, I did a fellowship initially in interventional radiology and a subject related to abdominal imaging fellowship.

Um, currently at MD Anderson, uh, worked there as an abdominal energy oncologist, oncologic radiologists. And I live in the Houston, Texas area. Yeah.

That's where I now. You say it so humbly, but that's actually a really amazing resume because I know you've done a lot of work and you spent time in academia and as an interventional radiologist, and now you read for a respected institution and do a The reason I was impacted by this is Sagar and I were sitting at a table and the podcast listeners know that I am a patient of solitary fibrous tumor.

I have that rare type of sarcoma. And so we were talking about different things, just kind of introducing ourselves to each other. He mentioned he was a radiologist and said, oh, have you ever heard of the solitary fibros tumor?

He said of course, I read those every day. type of tumor. Most people when you say solitary fibrous tumor, they've never heard of it. And Sager is a leading expert in imaging on abdominal sarcomas.

Sagar Naiku2019s Background and Path to Medicine

I was like, what in the world? What are the chances that I could meet someone that has such a deep knowledge on this particular topic? I'm so thankful for someone with your expertise and wisdom.

How did you get interested in radiology in first place? I think it's been so long, sometimes you forget, but when I was in medical school, I really was drawn to a lot of areas, But I started really…

I did a radiology rotation just as a lark, and I just kind of loved it. I'm was really drawn at the technology aspect of it, one of the first times I've seen a CT scan, which I remember was a patient that had some sort of teratoma, it was just absolutely mind-blowing to actually release those kinds of images and see all those things.

And so that's, yeah, I was just drawn to it and I liked the personalities of the people that are actually working in radiology. It seemed like a fun, fun environment.

And I, sometimes when you look at a case and you don't have a lot of information and just sitting there and thinking and kind of figuring stuff out, it was really, It's I really just enjoy that process.

So yeah. I just started enjoying it. Never. it wasn't something that I wasn' anticipating going into medical school. never even really spent much time thinking about it, but yeah I started just enjoying.

So back up even further, you shared with me that you grew up all over the place. You spent a bunch of your childhood in Africa and then you moved to the US as a teenager.

It's just a wild journey to end up in the role you're in. I want to hear that just to briefly give us a synopsis on that experience. Yeah, sure. I'm of Indian origin.

My grandfather moved from India to southern Africa. It was Zambia, it was a country in the 30s, and then they went back and forth. But yeah, I grew up there.

So my family, my father grew there, the rest of his siblings were born and raised there and I was born or raised here. This community has been a legacy of the British colonial rule along that part of that country.

The continent world was part British Empire back in that day. And so yeah, I grew up there. It was a wonderful childhood. A lot of the community of people we had around had a good high school education.

But around sort of college age, around college time, at that point I wanted to leave. I just wanted a better college education and explore what was out there I had some relatives.

On my mom's side, my relatives live in the Los Angeles area. So I had that kind of a base that I could come to. Yeah, I left from high school and I went to LA.

Luckily I enrolled in a junior college. I finished highschool and enrolled at a juniors college there. And did well and transferred to UCLA and graduated from there and then went on from here.

In my head I wanted to be a doctor. It wasn't something that had thought of when I was a kid, but I really was inspired by my dad's youngest brother. He became a Doctor, he was the first Doctor in our family.

Otherwise the rest of us were accountants, business people. I was really inspired by him and that's what I wanted to do. I'm lucky a lot of things fell into my face.

It's been a journey, it's all over the place. Coming to the U. S. initially was very difficult for sure, just the cultural differences and so on. But I think I managed pretty well and eventually got accepted to a few schools.

And I, when I was looking at a school, I really fell in love with Baylor, Bayler med school here in Houston, Texas. I just, there was just something about the school that I loved.

So I decided to come here and then ended up staying here for most of my career. It's inspiring. Like I say, some of our podcast audience are. Medical students or residents or people that are thinking about this and they sometimes people, especially folks who say, look, I grew up in a place that's not your typical place where people who are in medical school grow up and you grew in this international, really culturally diverse, interesting place.

But sometimes, people would say this. I feel like the cards are stacked against me. This is a pretty challenging.

thing to go to, but you went to a really well-respected, multiple really, well respected academic institutions, and now you make this tremendous difference as a, really experienced radiologist.

What would you say to 18-year-old you, if you could go back in time and say, hey, this is a long journey, but what insights would tell yourself it was worth it, or what do you think?

Yeah, absolutely. I'd say it's worth. And I don't think I really understood what was involved. Um, I think that was a thing. At least at that age, at least I had a belief I could do it.

That was the biggest thing I hear what you're saying. Sometimes you run into an environment where. You just don't have any examples and you just, don' think it's possible for you.

But I, at least at that time, I did feel that, okay, this is what I want to do and I just need to find a way to try to. And I probably did not look very far in advance, meaning I wasn't thinking, five or 10 or 15 years down the road.

I was simply thinking of what do I need do for the next step, right? So what am I going to need get to America? What do we need, to get, college and so on.

Just that message of just focus on what you can and for the next and then just keep working at that. Just keep at working as a goal. I really did not fathom how my life and career has gone.

And I don't think I could have really planned it the way it has. It's just the idea of essentially just trying to keep that and having faith that it'll work as long as we try.

Yeah, I can relate. I think most doctors, when you talk to them, most people came from a background that wasn't like they had the silver spoon and they have everything given to him.

We had a small family farm in Idaho and we had this little tractor with no cab and my job was to go pick rocks. all summer, go pick rocks and wear a bandana over my nose so I wouldn't get too much dust in my face.

And that's what I did. We had some doctors in. My hometown and I looked up to them, but we never really went to the doctor much because you don't have any money.

You'd go there if you were really sick, But I really respected them. I thought about that. But it seemed like such a far stretch to go from a farm kid on the tractor with no cab with all the dust.

That was my normal existence to say, I'm going to a big university somewhere and go to medical school. and go on this big, long journey. But I would say that most people, when they set some small goals, it's really far to get to the end.

If you say, I can take the next step and I could take that next. And that's essentially what you did. Just say here's where I'm at and this is where want to be.

So let's go through the one step at a time. In some ways we all have that story as physicians, but in other ways, everybody has such a unique angle.

Why Radiology and the Value of Subspecialty Expertise

It's, really pretty cool that you ended up in medicine as with the level of specialty that Yeah, I want to highlight that as well, is that sometimes we think, at least I did, that our stories are so ordinary.

Meaning that, hey, i'm just growing up here and what do I have to say or contribute or what? There's nothing that I had that's different or unique. And I think that it's not true.

I mean, no matter when you grow up and in what circumstances you're in, even in growing in a solidly middle class.

We all have these stories, we all they have, these things that have happened to us and we have unique perspectives and everything.

And even if your life just seems amazing and perfect, you've had struggles, everybody's had troubles and everybody brings a unique kind of thing to their practice and to the profession.

So, trying to forget that also, which also get that everybody has something you need to bring. I'm not sure I knew that then, but it's been many years that I hope to realize that for myself as well.

Sometimes I talk to my patients who feel like they're the only one who's going through something challenging and they are going to like legitimately very challenging, difficult things.

And I think what we've concluded is everybody's actually broken. They might look like, they have it all put together, every single person you come across.

They're living these challenging circumstances of mortality and some got it easier, some get it harder. But if you look at it, almost everybody has challenges.

So anyway, I want to commend you for what you've done, but switch with me for just a minute on specifically what do. Sometimes people I've talked to radiologists, or other people who say, I went to medical school to help people, but I'm somewhat, maybe for example, say pathology or radiology, one that's doing a lot of support for other physicians and reading films or reading pathologies specimens.

And sometimes people will say I've not sure how big of an impact I am having. It's just me in this room and I doing this thing. I kind of reflect on that a little bit because I think you make a tremendous impact, especially as a solitary fibrous tumor patient.

To me, what you do is incredible and impactful and amazing and important. But talk through that a little bit because throughout the course of your career, you've worked in different practice settings and I'd like to hear your perspective.

Yeah. Yeah, that's something that I, when you're talking about as a radiologist, you just sitting in the back and you are just doing your things. And I think a lot of us radiologists, we included, feel that the work we're doing is not impactful or that nobody really cares or it doesn't really matter.

In a sense, it comes from we are not directly interfacing with the patients. A lot times in my previous job and career as an IR, I was doing that, but now I don't.

I do a little bit, not as much. And also, one of the things over the years that has happened a lot is, whereas when I started my career, we would be in the hospital and we'd be the reading room, even if you're just a radiologist who's reading cases, you would end up in a reading area where there's a lots of other radiologists, and you'd end in hospital.

clinicians would come down to the reading room to discuss cases because obviously they couldn't just access. The PAC system and the electronic system wasn't as widespread and a lot of docs just didn't know how to look at the images.

I think a lots of the younger docs nowadays are very easily able to pull them up on their screens or whatever. So there was a little bit more of that collaboration and lot a that was there.

As a radiologist, you did seal that. You did when a clinician came down and talked to you, or you got to know the docs really well. But what's happened since then, and certainly COVID accelerated a lot of it, is that a lots of our reading is done very remotely, sometimes we're at home, even if we are in the hospital, a lof of is remote.

Sometimes the systems are so big that it's hard for clinicians to gather, or a doctor to come into an office and say,

hey, sorry, but what do you think of this?

This was read by… Not having that kind of personal interaction on a daily basis does make you feel, can make me feel like, okay, what am I doing here?

But I would say that, and it's taken me a while to get here as well, is that I have had so many experiences now doing this day in, day out, where I've seen, I read a case and I seen a follow-up to the same patient and read the note about how one thing I picked up.

I made impact because it was maybe it hadn't been missed before. It made an impact in the way the patient was treated differently. And then there's a lot of other, like for instance, you're talking about solitary fibrous tumor as an example, a, lot, of kind of routine way of understanding whether the tumor is getting bigger or smaller.

Traditionally has always been based on size, right? It doesn't get, is it getting, bigger, or is he getting smaller? Is it disappearing? But a of these tumors, so the solitary Fibrosis is one of them.

A lot others, the newer treatments that are the kind, immunotherapy treatments. don't accept the tumors in exactly the same way. So on imaging, the tumor may look exactly same size, but the morphology changes, density measurements change, borders change.

And understanding, having a very deep and nuanced understanding of a lot of how the treatment and how a tumor behaves based on a month or two months or three months from now, behaves on imagining.

Having that understanding makes a huge impact on how, on the treatment protocols, right? Because a lot of times, whatever you are saying as a radiologist is essentially telling the doctor and clinician whether the tumor is getting better or worse, whether therapy that you're doing is doing better, worse.

And that's a solitary, fibrous tumor, but that also for many different types of cancers as well. Maybe I work with a group of doctors who deal with appendiceal cancers.

which are very rare, actually. But understanding, for instance, that a low rate of tendiceal tumor behaves very distant from a high rate tendceal, understanding the distance.

So when I'm reading a cancer on a patient two years after the tumor was removed and I see no metastases or anything like that, I should understand what the tumor is doing, because if I don't see anything for a high-grade tumor, that means something's wrong.

That means I've missed something. It means that I haven't looked at the images carefully, or I have a look at specific places that i know this tumor will go to.

For instance, it may go into the pelvis, which is often easy to miss. And so I know that, I need to go back and take a little bit of extra time and look in that area, just to make sure I didn't miss anything.

And every time that happens, you're always accepting the treatment of things in one way or the other. And so I think it's going to make a huge impact.

I just think just being aware of it, just a little bit, that makes a big difference. Just as a radiologist, it makes you understand that you are having an impact You can, you have all this deep knowledge and expertise of reading it.

And I think that's where the real big impact, because you've, your career has spanned the time, like you say, where everybody had to come down to the reading room if they wanted to see the images to where.

Everybody could probably pull up those images on their workstation or maybe even on the iPad or whatever in front of them. But. the value comes in having looked at it again and again, and having the depth of knowledge of having read thousands and thousands of cases, you get that level of nuance and expertise.

And so as a patient myself, my whole life hinges on what the radiology says. I've got another CT next month and I'm already thinking about it. You start getting scanziety where you start saying what's going to happen because that impacts treatment.

It impacts prognosis, it impacts almost everything. And so not only is impactful to the physicians who are counting on those reads, but for those of us who aren't dealing with the disease, everything in your whole life depends on what does that scan say.

You don't want the radiologist to miss it and you don' t want them to over call it or under call. But like you say, you're looking for subtle details, not just putting the ruler on there and measuring the size.

Your looking at depth and density and morphology, which is really actually Very detailed and nuanced and complex. So anyway, thank you for what you do.

It's amazing. Thank you. Yeah. Appreciate it. One other question. Oh, go ahead. Go ahead I was just gonna say it was funny when we first met. I remember we were laughing.

We were joking that we're exactly on the opposite spectrum of medicine. Where you have this really broad array of things that you're doing on a daily basis.

And I am like extremely zoned in or honed in, sub-specialized. That was this funny. No, it's true. I work in a rural area in small town.

How Imaging Technology and Workflow Have Changed

You have no idea what's coming through the door. We see every age and every condition. And a lot of times in the small towns, you can refer somebody somewhere else, but it is an hour and a half drive each direction to go to another specialist.

A lot times I'm the one. Managing it primarily or making a couple of phone calls and then you get the ball rolling and okay I got to connect you with this person that knows more about this particular disease But you do have to be a jack-of-all-trades and in your job.

It's so specifically narrowed You only do abdominal imaging and and at MD Anderson, which is gonna be mostly cancer cases and so it's Anyways, like you say, very broad spectrum across this.

If you're thinking about medical school, if you are a person listening, you have thousands of jobs at your disposal and you can be a super duper sub specialist or you could be generalist that does a lot of stuff.

They need doctors everywhere. Absolutely. One question I was going to ask you is over the course of your career, you have seen no doubt a tremendous change in technology because like I've been in post residency about 15 years.

And even in that time, I have witnessed quite a few changes just on the quality of images and what's available even hospitals, almost everybody has MRI imaging capability and high resolution CT images.

And we just now count on that to be immediately available. But even when I started medical school, most little hospitals were just getting their first CT scanners and they were not nearly as good as the ones are today.

We relied on x-ray for a lot of things. I wanted to hear your comments on how your job has changed over the course of your career based on the technology, the imaging technology that has been available?

I think the short answer is the volume. The volume has changed dramatically, I would say, even over the course of my career. As a resident, the surgery resident or the medicine resident at ER had to get approval from us just to order a CT scan.

And sometimes we'd have this back and forth, as a residence, you do all kinds of silly things, sometimes. Not silly, but it was just a fun look at that.

That was because in that era, they ordered a CTScan. It took several minutes just to get done. Once it got done, you printed those images and then they were stacked, and the images had to be taken somewhere, then the radiologist said, look, the whole process took forever.

If you're a surgery resident and you want to order a chat scan, even of a head CT, by the time you ordered, somebody even looks at it, maybe an hour, a couple of hours, something like that.

And if you want to look at it as a surgical resident, if want look it, you have to come and go to the radiology room yourself, reading it yourself and pull it up.

I remember starting there and now today where a scan will take seconds, for example, to be done. And seconds after it's done, within a minute, a couple of minutes, it is immediately available to almost all radiologists.

in the system to review it. From the time the patient hits the standard to the final report. It may take a little bit longer because there's some QA and all this.

Easily to be minutes, whereas it used to hours before. So it's just made, and that by itself has just leaded itself to just a lot more volume. Because once again, the stands are easy to get done.

And then, of course, they're a bit easier. Reports come out a whole lot faster as well. Just the process has made everything even easier, so the volume has shot up quite a bit.

And I think that's the main thing. I Think from a technological standpoint, yeah, there's certain, a lot of improvements in the imaging technology, for instance, in ultrasound or MRI, all of those modalities in terms of the equipment itself.

So yes, I would say that the Imaging overall has gotten better over the years, meaning just the quality of images. There's definitely certain things that I remember, even now when I read CAT scans, Now I see all these anatomic variations, vascular variations and all of these variations that I remember a resident learning, they were extremely aware.

But I've seen them all the time now, not because it's a cancer hospital, just because I was cancerly patients. And there are all those variations we just either didn't detect before or we couldn't know.

There's all this stuff like that, I think, has changed. I mean, the main thing is that the flyingness shifted significantly. And then, of course, going back to our earlier conversation about the actual practice of imaging, whereas before it really wasn't more, you had to go to the hospital.

There were a lot of built-in stocks to develop, a very interesting process, right? And now, literally, anybody can read from anywhere. A lot work, and a lots of radiologists are fully remote, reading from home.

So, yeah, there's a whole lot that has happened. It does impact patient care, that speed of images in these. You go from a large institution down to the smallest of institutions like where I'm at.

I am reflecting on a case. A few weeks ago, we had a middle-aged otherwise healthy woman just suddenly lose consciousness and came into the ER and all the life-saving things to try to help protect the airway.

But the CT imaging was done right then. We have a visiting radiologist and he happened to be in-house. So I was in the reading room. or in the scanner, we're watching the images come off one slice at a time and he's reading it and right there, oh, it's an aneurysm.

And then we'd activate the transport that she needed to go to get that coil placed. The imaging stuff is what really

helped her because she was able to find a diagnosis and she able go up to a place that could do a coil-based therapy and just really managed her case.

Years ago, that would have been like she's had lots of consciousness and one pupil is slightly bigger than the other. here's the broad differential, we'll observe her and see what happens.

It made it much more precise and very impactful to that individual and other patients who count on it. So you're right, it is a big increase in the number because it's so tremendously useful for clinical medicine and I think it really impacts the outcomes of our patients in a way that it never could have even, I would say even 20 years ago.

Absolutely. And then the other thing to your point there is that you don't necessarily have to have a radiologist in the room for that patient, right?

The radiologists have been sitting here, it's been me reviewing that while the patient's in your ERs. A lot of that, there's, been a lot tremendous improvement as well.

Oh yeah, for sure. Most of our reads happen with a remote radiologist that is remote. That one was just unique because it was in the moment. He just happened to be there and he's come look at this.

But most of the time we're transferring images and we are getting reports back within a pretty short time window. And it is actually quite efficient in most cases, but there are times where you get some delay because of that volume.

So I want to shift for a second. Just get your insights on. Everybody wants to talk about AI. Right now it's a big hot topic. Radiology. Well, students that I've spoken with express concerns and say, will I still have a job if I become a radiologist?

In my mind, I'm like, of course, there's so much to do and there is so many nuances, and I don't think that having large language models try to replace the physician would work.

And the cynical part of me says, who would they sue if they can't sue the AI? I am curious, from your vantage point, to manage that tremendous volume of images Is there a place for AI in radiology?

Where do you see that augmenting what you do? Because I don't think it's a replacement, but how do see the tool coming to play over the next couple of decades?

Yeah, okay, so I'm not an AI expert by any stretch of the imagination.

AI in Radiology and the Future of the Field

There's definitely people in our group who've worked with AI models and as such a little bit more than I have, a lot more that I. I like to speak to what I see happening in just, you know, practice and what i see when I think will happen, meaning some kind of a lay radiologist standpoint.

i think to that for the near future and also even when i say near-future i do need a couple of decades at least. What is going to change a lot, right, is our own efficiency.

So, for instance, I'll give you a very quick example. When I started my career, we would dictate, and when we'd dictate there was a person transcribing our reports, okay?

And when I'd start it in those days, i would, dictate so fast. I would mumble through words, say all these things. And the transcription was so amazing and they got to know us.

And so they would, it almost didn't matter like how quickly I said things or very few errors, because they were able to fix all those things, conscribe it and get it done.

Eventually we went to a voice dictation model and the voice citation model, which we've now had since I've seen 20 years, It's gotten better, but it's still nowhere near a lot of transcriptions transcribing your report because it means a lots of errors.

So a long time, for example, that's just one point I'm talking about, a We're actually just spending a lot of our effort correcting the report, make sure that there's some discrepancies.

I may say in the body of my report there is no cancer. My impression says no, cancer or no metastasis. Often it lobs off the word no and the first word is metasicist.

Sometimes we don't catch it. So there are a lots of that stuff where I will help. A lot for instance just the reporting part. It's almost like we're going full circle where A lot of AI models now can basically listen to what you're saying.

You don't have to say everything in a very specific, precise manner. And then check for mistakes. So if you said no and yours is no, and here he says yes, it'll ask you if they say right in the, on your, in your findings, but intentionally you say less, less.

I think there's a lot of that kind of changes that are already happening that will just increase efficiency significantly more. That's just on. So I think that a lot of what's going to change is, I thing we will just stay a little more efficient.

The radiologists will get a whole lot more efficiency in producing the reports. Then there's also, there are certain programs that are now coming out where they're looking at very specific things.

For example, we have one that really every time a CT scan opens up, the images get processed through this one night. And actually does a fairly good job of it.

So that will slide you to think there is a chlamy embolism. So that's one example. But now, when I'm reading a scan of a chest and a pelvis, I am not only looking for a pulmonism, but I look at the thyroid gland, the lungs, and the heart, looking at skin and liver.

So one has to have an AI model or an app that is going to especially look to every little thing. To me, that seems to happen at some point. But to get there now, I would think that that's a long road to actually get to that particular place.

And even then, you still need a medical background. You still an understanding, when you're looking at image, what it actually means in the context of a patient, in a constant of patient's treatments, and so on and soulful.

Just because the AI picks up on the animalism, that doesn't mean that significant, so I think I took the 100% wrong, but I don't foresee AI replacing a radiologist anytime soon.

I think it will enhance what we do significantly. It will make, I see, in a lot of ways, it won't make it work easier. In some ways it may do way too worse.

That thing will just be expected to potentially read more cases because we can read it faster. But yeah, that's where I would think the direction is, at least for now.

Yeah, good answer. Thank you. It just seems to me like all AI or large language models, it just puts information, a lot of information immediately in your hands.

You don't have to spend time researching stuff. So I think it can enhance, but I just don' ever see it replacing. Our jobs will look different in 20 years because of AI.

But I don't think there's ever going to be a time like, okay, I won't go see the doctor. I go to see my AI robot and it tells me what to do. Because no matter how you shake it, large language models, that's all they are is you're associating facts from published data and trying to get credible sources.

And it is really a useful decision tool or a computer model that bases it on all these associations. the human component has to be there. And so I think that we just have to adapt with it, not be fearful of it but adapt and say this is going to part of the future and look at it in a practical way and try to make use of those tools rather than be fear.

Absolutely, and even like that PE monologue talking about we do rely on it and I do I will always check to make sure that as I'm reading case I Do check it.

And so I think so far as far I can turn I thinks so for I see a lot of positives Some for our workflow, but I personally not worried about being replaced.

No an AI So one more topic I want to hit with you, which is you and I have lived through this time where lots of doctors have left medicine and it's a little bit disappointing or frustrating or sad because we lose these wonderful experts who get so frustrated and burned out by a system that doesn't always value the life and the wellbeing of the physician.

And so people say that I've had enough. And you and I met at a financial conference. Like it's really important to have your finances in order so that, so you can be a good doctor.

I would argue that you're a better physician if you not doing it because you have you feet to the fire. And if don't do this, you are not going to be able to make your mortgage payment or your student debt payment, or whatever it may be.

There's a tremendous benefit to kind of having your financial house in order. And then hopefully medicine becomes a joy rather than a burden. But I wanted to hear your insights or comments on that because I think it's pretty important that we keep physicians delivering medicine to the best of their ability.

Oh, absolutely. And I was there too. I went through some career transitions. As I said, I, was doing an IR and then I just made some changes and, and I wasn't a hundred percent there.

At some point, even I keep saying, we met at a financial conference and my goal was years ago was just, okay, need to just get to that. and need get into this and that I'm out.

Burnout, Financial Independence, and Staying in Medicine

Um, And, um, so I remember having this conversation with a CEO of a company, a friend of his friend had gone to their house and And most of these people were not doctors in the rap or just having a conversation about some things.

And he said to me, it was really interesting. He said, most people think that they don't like the work that the do. They don, or they get tired of the word that to do that.

If you're a, if an engineer, they can burn out. It's because they all like engineering anymore. What he's saying is that's not true. Most of time what happens most times, is not the world.

it's just everything that happened to work, right? It used to be the people you working with, the company you work with or circumstances or environment.

So change your environment that I remember this week. vividly exactly where this phishing song is. And it made a huge impact on me. Because I did get to a point where I was like, okay, I hate this.

I don't want to do this anymore. and I really had to sit back and reflect and out of long fiction I began realizing that no, it wasn't that and today I'm 100% certain I've never, yeah, there's lots of points of radiology that are boring or just like with anything else, right?

There's a lot of parts of the practice of it that's frustrating. But I think a lots is our brand on a frustration does come with all the stuff that around that thinking just the practices of what we enjoy harder, whether it's administrators or whether insurance companies or the hospital set up or whatever it is.

I have my own things that I was just really frustrated with and After reflecting on and making some changes, I realized what was going on. And even today I'd love to go back to doing exactly what I was doing before with the same models that I have now.

So yeah, yeah. I don't want to continue practicing, but I think it's extremely important. Those of us in the forties, fifties sixties. We're at the peak of our knowledge, our expertise, and it's unfortunate that around this time that everybody starts getting burned out.

You have family pressures, you have aging parents. And so I think we're just at this point where even though our experience is at a top, or we are at top of a game in that regard, we have all these other pressures and sometimes it is hard to separate, right?

It's just hard separate everything that is happening around you with your career and then that burnout happens and you feel like you need to get out, But I don't, a hundred percent, I would agree that trying to get to that state of financial independence or trying get the place where you think that you don t need to keep doing this for the money is extremely important.

And I'm still working towards that. Just leaving medicine entirely. I think it's a tremendous waste. Especially for those of us who have spent so much time doing it.

We have such a breadth of knowledge and so many expertise. that it's the imp and one can tell with the impact of especially what's happened since covid in our area now getting a neurologist and you know an appointment for neurologists takes six six seven weeks it is not more and prior to that there was within maybe two or three weeks or four weeks i remember even five or ten years ago now i agree with them i think the burnout is real But I think it's really important to reflect and think about what is actually burning you out.

Is it the medicine part? Is that the circumstances? Isn't it your environment? Maybe it is a family situation. What is it exactly that's creating this sensation of frustration and burnout?

And then really reflect on what one can do to mitigate a lot of those, rather than just saying, Alright, I think it's done with this, throwing the baby out with the bathwater kind of thing.

But yeah, there's so much expertise, so many knowledge, it is a tremendous waste to just lose it because of all these other factors that makes it just difficult.

Yeah. No, this is important because we kind of wrap up time. I think that's one of the messages that I want to leave with our audience and just reflect with you.

If you don't like it, change it because you're still needed. And if you do not like the hours, then change those. One of big arguments, like you say, is to kind get yourself financially independent.

It's not to just leave medicine, but to try to find a way to live in that world and be able to adapt and change so that you can keep doing this meaningful work and find fulfillment and joy in it.

Sagar, I have really enjoyed this conversation. I really appreciate what you're doing. Like I say, what do you do makes a tremendous impact for people like me, and you are an inspiring guy.

So I'd really appreciated you taking the time to share with our audience. Thank you so much. Thanks for tuning in to the Doctors Making a Difference podcast.

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