Raising Resilient Kids in a Toxic World, and Caring for the Healers Too Transcript

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Opening Thoughts on Parenting and Technology

The biggest factor influencing your children's use of technology is your use technology. Children are watching you from the day they are born and seeing how often you are checking your phone or online or scrolling or doing all of these things.

So children are imitating their parents behavior long before parents are ever conscious of it. So the best thing that you can do for your children in the way of managing exposure to social media and technology is to manage your own.

Welcome to the TBD Fit podcast on Dr. Talks. I'm your host, Daniel Keeley, and I will be guiding you through this wellness journey in terms of optimizing health and longevity, where we unpack the science, the do's, and everything in between.

Come join us. Look forward to seeing you inside. Welcome back to another episode of the TBD Fit Podcast where we explore the intersection of health, mindset and purpose, how to bring more vitality into both our professional and personal lives.

Your host, Daniel Keelam, a functional medicine practitioner and founder of our clinic outside of Chicago, TBD fit, or how we now call it total body diagnostics, where we dive deep into all things holistic health.

Today's guest, we're going to highlight some of that, is our guest today is Dr. Joe Sherman. He is a board certified pediatrician, physician coach, healthcare consultant.

and season medical leader with over 37 years of clinical experience. He trumps me guys. You serve in medical director roles across the US, Uganda, Bolivia, and brings a deeply human centered approach to leadership and clinician well-being.

In addition, he's a master certified physician development coach and a trained facilitator through the Center for Courage and Renewal focusing on clinician, well being, leadership development and career discernment.

Dr. Sherman, it is a genuine pleasure. Welcome to the show. Thanks so much for having me. I appreciate it, Daniel. So how I love to start each conversation is just getting to know you a little bit better.

How did you get into what you do now? Well, What I'm doing now is coaching health providers, usually predominantly physicians and also working with healthcare teams to try to help folks bring more of who they are to what they do instead of following a role or a path that someone else has provided for them.

However, I've had a long career as a general pediatrician, mostly bringing trainees from training programs, both pediatricians as well as family medicine doctors into community settings, internationally as here in the US.

Something that I got interested in being a doctor from a young age and pursued that through undergraduate work as I studied biomedical engineering and wanted a more human-centered approach to my work.

Podcast Introduction and Guest Background

I decided to head toward medical school and then pediatrics because I love kids and really wanted to work with families, parents, as well as their kids.

And then went on from there through many, many crossroads and many twists and turns in my career. I definitely want to highlight some of the, the places you've visited in the work you'd done, but let's hit first perhaps on

pediatrics.

So. As I shared offline, I typically treat adults, but all the time they're asking, hey, can you see my kid, or where do I go? Because there's not many pediatricians who perhaps take a holistic health lens approach, in terms of trying to focus on nutrition and sleep and natural nutrients.

Just overall trying to approach from a more natural medicine lens. In terms of your decades of experience, what has been the biggest hurdle and what maybe have you seen that has changed recently?

Well, I… believe that there is tremendous pressure and increased levels of stress that both pediatricians as well as other primary care providers, as Well as parents raising kids, my kids are now in their mid 20s, low mid-20s.

And I can tell you the difference between raising my children who are still young, I think, compared to parents who were raising Kids that are Now preschool or elementary school age.

The amount of technology, the amount information, and the communication is just overwhelming, even in that span of time. raising children as a parent in this day and age with all of the different stressors that are coming at them, as well as being a primary care physician who is trying to help parents navigate all those challenges to raising kids these days.

And with our healthcare system that is twisted and turned upside down from misinformation about vaccines and all these other things, I think the idea of approaching things from a more holistic approach is something that really falls in line with the philosophy of pediatrics and the whole preventative care.

However, trying to keep in touch in a very stressful kind of clinic or office atmosphere and trying to check all the boxes that the EMR is trying, to get you to.

Check and try to expand your scope to be more holistic in a 15 to 20 minute visit is extremely challenging. I would say beyond extremely, challenging, impossible.

There's no way that you can discern someone's I mean, what's now touted, I guess, is root cause medicine. What's the root causes of someone? They come in with, you know, a slew of symptoms and often enough, we're relegated to, okay, let's priority one or two on your list of 10. It's impossible.

And then you're just providing a symptom management solution. But in terms of. of pediatrics and kids. I think you nailed it. The problem is our modern society or evolution with tech, while it has enabled us to be more efficient, productive, it certainly hasn't afforded us maybe more health benefits.

In fact, I see that with my kids who are a little bit younger than yours. And if you give them a screen time, when you take that away from them, unless you prep, Like you have to explain and give them a timer and kind of all these other caveats.

I mean, it is diabolical and I see that with my youngest at three, like my suggestion is avoid at all costs, but if they have somehow get access to it and you take it away, It is met with instantaneous roar of which the neighbors can probably hear.

And so it's probably detrimental. It's not congruent with our evolutionary biology, this kind of extreme hits of dopamine and constant scrolling and these pages with a lot of lights and colors and flashes and flicker and how has that impacted our young brains and our children?

I truly believe, I know that My daughter and son's brains are different than mine. They are able, I remember my son who's now 25 years old. I Remember when he would study in high school and he had music going in his ears and earphones while he was writing a paper or studying or doing something.

And I said to him, isn't this distracting? How do you do that? I can't only do one thing at a time. He said, dad, I.

Can't do it unless I have that. And he said I, have this kind of music for math, this, kind, of, music, for, you know, writing the paper, and he had it down.

I mean, he knew what was what. and I just thought he was listening to rap the whole time and didn't, realize that he, had, diversified with all of his music tastes, but I think.

The biggest factor, it's so interesting because I remember again for my kids it was the age of VCR tapes and then the dawn of DVDs. It was so much easier to kind of take those things away than the internet.

But I would also say that the biggest. Influencing your children's use of technology is your use. Of technology. Children are watching you from the day they are born and seeing how often you are checking your phone are online are scrolling are doing all of these things.

So children are imitating their parents behavior. long before parents are ever conscious of it. So the best thing that you can do for your children in the way of managing exposure to social media and technology is to manage your own.

Pediatrics, Holistic Care, and Modern Parenting Stress

And then that model is then taken up by your Children because there is such, there was this period of time before they're really exposed to the peer pressure that comes through school, usually in playground and daycare or whatever that is.

even at the young age, still parents have the major influence on their children's behavior. So check your own behavior and take care of yourself and you'll be a better parent and be doing the best that you can given the challenges that we have.

I think that stands true as We evolve in society as humans being humans in terms of modeling behavior that we want to reciprocate or the respect that want bestow upon others.

It's interesting because when you said that, immediately I chuckle. constantly on technology and my justification for better or worse is that I, I indicate to my children, this is purely work.

Do you see dad scrolling or on Netflix or watching movies? No. You see mom doing that and I don't want to undermine what mom does or doesn't do. Um, but, um, The premise is that I couldn't agree more is they will mimic the behavior that we model as acceptable.

It's really interesting too though when you say how kind of advanced kids can be. I had my two-year-old picking up my phone calling my parents on FaceTime.

And then like interacting with tech and understanding how to use it, what to us it for. It's remarkable the speed of how well we can learn. But what's interesting and perhaps you can speak to this as ADD or ADHD or neurodivergence or some of these other kid, uh, issues with kids that we see in other rides, certainly in terms of GI and allergies and food sensitivities.

How, how, um, have you been able to navigate that with parents and what are some of the solutions you've provided? Cause that was brilliant when you said, it starts with us, you're sorry, bullseye, but in, of then, I'm relaying that to, to children and some, unfortunately, deterioration in health, How have changed how you practice over the years?

I think there has been a history of such misinformation for quite some time about the influence of environmental toxins or different aspects of food or different, all kinds of different things that have for pediatricians and kind of the traditional institutions of pediatrics that we follow as pediatrician, namely the American Academy of Pediatrists primarily, there has been a long history of misinformation that says this is the cause of autism or this was the causes of seizures or behavior problems or ADHD.

Now I will say that we as pediatricians have been taught to kind of like stick your stick your heels in and don't let people kind of push you because you know that we've eliminated so many amazing, terrible diseases from the earth by immunizations or by all these other things and that research studies that have been done on all of these things in the past have had been fraught with all kinds of problems.

So I think that pediatricians are coming in with that philosophy of kind of like being ready to defend the traditions of what we know is true. But what I've discovered as an adult, and especially with my own health and wellbeing, is that there's a slew of research coming out that's excellent that is showing now that are direct impacts of environmental toxins, of food preservatives, all of these things that impact our our health and wellbeing.

So it's slowly starting to enter into mainstream medicine, but I will tell you the more that it is backed by research and kind of the old network of, I call it the kind staunchy ivory tower institutions, they are backing it up, then people start to listen.

And I believe for me, parents are way ahead. of pediatricians and other primary care providers in their own search and their knowledge of these things.

I always, as a pediatrician, I've always wondered about, you know, following these studies and if it's double blind, random, all of the, it was like, what about the end, the parts of, of people that don't fit the statistics?

The ones that actually do respond to certain treatments, but they're in the minority. Do we just discard them? Do you just not pay attention to them because you, know the statistic show that the majority show they respond something?

So I think we need to be more open-minded as we move forward. I understand the defensiveness, especially about immunizations and vaccines. I took care of patients, children in Uganda and Bolivia that died of vaccine preventable diseases, and I do not want to see them return back to the population in the U. S.

I don't want see anywhere in world when we can prevent them. At the same time, I believe that we have to open our minds to research that's being done and that really increases our ability to know about root causes of neurodivergence, of behavior issues, behavioral health issues and a slew of other things.

It's interesting. I'll give you a anecdote here, but first I want to provide some statistics and while statistics sometimes can be manipulated, especially in terms of vaccines, I do want open that door since you made a mention of that.

Not that I'm diametrically opposed or anything. All else in conjunction with some of the adjuvants that are included that might be dubious at best. But in terms of our chronic disease epidemic, if you will, one in two kids today has one chronic health condition, 1 in 2. I mean, this is astounding.

And my goal as a not only practitioner, but as father is how can I protect them because they're at a huge disadvantage. They were born into this. into our chemical soup.

When you say environmental toxins, it's estimated that there's two billion pounds of chemicals in circulation at any given point. I mean it is remarkable what we have to adapt to and the bodies are resilient, but it it being demonstrated in our health outcomes.

One in five has eczema. We see this all the time. 1 in 5 has obesity, 1 and 10 has asthma, one in 13 has anaphylactic food allergies. We're not even talking about sensitivities anymore.

Allergies. One in thirteen has autoimmunity. one and six has a developmental disability, One and ten has ADHD. 136 is autism. That was like one-in-three thousand at one point.

And then you have suicide and anxiety and mental health issues that continue to um, to grow. And so the genes to me are, are no longer the answer. Genes, um.

Largely haven't changed. So to, me, it's, the environment that you spoke to and the gene slowed the gun, but it is the microbiome that pulls the trigger.

What we're now seeing, especially in practice, we spoke offline about a comprehensive stool analysis. That's been my focus for the last decade is we see now signatures in all of these chronic issues in terms of asthma and anxiety and, and um well depression, obesity, autoimmunity, ADD, ADHD, autism, we see specific microbiome signatures within all these issues.

And once we can clean up the GI, once can push out the toxins, the kids almost heal overnight. Certainly adults equally, they just take a little bit longer because we've accumulated a lifelong laundry list of toxicity but kids especially can heal fast is the environment that really are this notion of kind of epigenetics that has really paralyzed us and our kids are representative of that.

So when you were doing some work overseas I just want to preface with this. When I first started I partnered with Children International if you're familiar with that nonprofit because kids really speak to me and what I wanted to do after I spent some time in India My question was, how can I give back?

So I partnered with Children International that builds communities, provides access to health care and education and community centers where we sponsor.

So, I have three sponsored children myself where you can write to them and you eventually meet them. It's very, very transparent, interactive, but the premise was to try to always give back and do stuff.

Technology, Screen Time, and Modeling Behavior

Again, humans being good humans, this notion. I'm curious, how did you get to those, some of those third world countries? How was that work kind of, the cattle's behind the work?

Yeah. First of all, statistics that you ran off all of these different numbers and everything, I have seen in my long life and long career as a pediatrician.

I don't know, they called it the hygienic theory of the prevalence of infectious disease in relationship to the prevelance of autoimmune and allergic conditions in there.

What I have seen and part of it is a huge portion is our ability to recognize and diagnose these conditions. But I think even if you take that into account in the equation, there is still an increase incidents of these conditions.

But I know that when I took care of kids both in Uganda and in Bolivia, I remember seeing those kids that were constantly exposed to microbes in their environment and were not kind of sanitized by everything in their environment that they had less autoimmune conditions, less allergic conditions.

I didn't see a lot of those conditions as compared to coming back here and seeing all of these. So I do think that that is something that that I believe is true.

But where is the balance? Because I can tell you that, and I will get back to your question, I'm sorry, but I could tell that the answer is not to eliminate immunizations because I saw kids with neonatal tetanus, huge wards of kids, with measles, pneumonia, encephalitis, tracheobronchitis and it's just not an area that we want to go back.

But I do believe that there are things that we can be more meticulous about as far as our immunizations and our vaccines. As far my own personal experience, I was first exposed to international work when I as a resident.

My senior year of residency, and this is back in the mid-80s where this didn't happen too often, is that I, was able to do an elective abroad and I went to Belize on the border of Guatemala and Beliz and worked in a small village there as a pediatrician and really was captivated by this cross-cultural medicine experience, kind of got into my bones and then really wanted to continue to do that.

And I continued to that short term for a while and I found eventually my life partner, my wife, When I returned back to the US and started practicing, she had some experience studying abroad in East Africa.

So when we got married, we made a plan to spend time abroad living first without kids in east Africa, later with kids and Latin America. That was a deliberate decision for us to make that personally something that we wanted to do.

I was able to work in Uganda initially after she finished getting her PhD in clinical psychology. and worked in HIV. a maternal child HIV transmission prevention program in Kampala, Uganda for two years, and that was in the nineties.

And then later, after we had kids, we joined a mission organization that worked in all over the world, but we were assigned to Bolivia and we worked and lived for four years raising our kids there in Boliva amongst the indigenous people of Bolivia.

How did that experience shape you? Or practice. Tremendously. I mean, and there was two different experiences and they were crossover, but I can tell you the differences and some of it had to do with the time in history.

When I was working in Uganda, in all of the continent of Africa, this was in the late 90s, There were no antiretroviral drugs available to people unless you were extremely wealthy.

And I was coming from the US where I part of programs that were bringing prenatal treatment for mothers with HIV infection and beginning to use AZT to prevent transmission of HIV to newborn babies and having tremendous success.

And we had a lot of evidence. It was just a matter of trying to educate both primary care providers that were taking care of pregnant women and newborns, as well as the general public.

But then to go to Africa and not have anything available to anyone to see the prevalence of HIV in Uganda documented to be in the mid-teens across all of the population.

And then in Southern Africa, after a while, when they started to allow testing to done, showing it to more in 20s to 30s percentages of of population infected.

I mean, this, I realized, was a complete injustice. And at first, I thought all we can do is try to stem back and try and prevent further spread. But what I realized through reading and learning more about it, mostly through Paul Farmer's work with Partners in Health, is that it was just a matter of distribution of resources.

And since that time, we've now, well, now recently we had some cutbacks in our funding of it, but being able to provide treatment for everyone with HIV in Africa, the resources are there if the will, if political will is there to do it.

So I think we have come a long way from that perspective. But I would, when I was working there, every morning I'd come into the hospital and I these small infants rolled up in blankets that had died the night before of all kinds of diseases that were complications of HIV, as well as malaria and TB and just diarrhea and dehydration.

Our experience in Bolivia really was profound because we had kids. And when you have kids and you live abroad, especially in a low middle income country, you you have this instant connection with the community.

And when we had our kids and they were going to school with our Bolivian neighbors, we were instantly part of that community, so we got to know people intimately.

Neurodivergence, Environment, and Microbiome Health

I, as a physician, was able to expand my work from just not just treatment in a clinic, but being in the Community and educating, counseling, accompanying people, learning a lot about salud integral, that health means more than just biomedical health, but it means educational health community health economic health.

All kinds of different aspects of what people view as being a healthy society. So that's what I brought back with me from my experience in Bolivia. Going back into preventative care, I mean, it starts with the parents, right?

Also obviously starts for the environment exposures, sanitation, hygiene. I know you mentioned kind of the hygiene theories, germ theory, where we see that in practice now.

Our goal is to kill and sterilize everything. The prevalence of antibiotics is much higher. and coincides almost in one to one ratio with the prevalence of atopic derm issues with our young.

Also just in an adult population too, I mean it's estimated that I think there's close to 300 known chemicals now that we've tested in the placenta, the burly mom.

I means it is remarkable where it almost like it has an unfair disadvantage uh, starting at birth, but certainly starts earlier on. And it sounded like you wanted to say something about that.

It was just about what? I'm sorry. No, it sounds like he wanted you to chime in there for a second. Um, if looking at vaccines, do you agree with what is now evolved to be the CDC kind of timeline?

or more vaccines administered before four months of age. I mean, is that something that we need to be doing when the infant's immunity is so susceptible all the same time?

I don't think anywhere in nature would you be exposed to all those, some of these really nasty issues that you were able to intervene with vaccines. So it's not that I'm not a proponent of certain vaccines at the right time.

And especially in terms of Um, location, but is this something that we need to be injecting our kids with? When I was in residency, um, in the eighties, the vast majority of the children that I took care of in hospital were infected with bacterial infections that now have vaccines for.

And those bacterial infection have been, uh, almost eliminated. I'm talking about meningococcal pneumocockle disease and as well as group B strep infections in that are transmitted at the time of delivery and other types of bacterial infections that we do have immunizations for.

And so things like meningitis and sepsis and epiglottitis, all of these things that I saw children die from have been eliminated from by immunizations.

I believe that I think that we could certainly look at the effectiveness of the timing as well as the I would say the purity of those immunization and trying to maximize that.

There's I feel like that's something that there the technology and the research development that with pharmaceutical companies, certainly that can be looked at and can maximized and optimized.

But the times that children are most at risk is that first two months of life, first 2 to 3 months, as far as life-threatening infections, though that's the time when they are at most risk.

And I think that has been the drive in my career to try to immunize children as early as possible so that we can save lives in that 1st newborn period.

So again, I'm not against trying to optimize and trying constantly look and review at what we are doing as far as scheduling, as what is the product that we're using.

However, i am strongly in favor of trying prevent those life-threatening, in fact. I think we both stand in congruence in terms of prevention, but just like really quickly, Hep B right out of mom's, right after birth, is that essential?

Is the kidney exposed to Hep-B in the first three months of life? I would say that if you had a consistent and reliable health care system that was able to diagnose, screen, and treat hepatitis B in all pregnant women in trying to make

sure, as best as you could, to guarantee that that mom has not been exposed or is infected with hepatitus B, then I can see where there can be some discussion about the selective use of hepatitic B vaccine.

And I have to admit that, again, this does go back to pediatricians and institutions of pediatrician believing that they have this absolute stand in order to prevent this wave of of vaccine or anti-vaccine beliefs.

And I believe that that's, I think people are intelligent and if you treat them as if they're not and you just say, look, you have to listen to me and do what I say.

then that's not a good attitude and it's just gonna make people run and not trust you. So I believe you need to be in the conversation and talk and constantly, just because say the CDC or the ACIP says we recommend this, doesn't mean that you stop looking at it.

Doesn't means that you know, keep reviewing and seeing is this necessary? Can we change it? Do we modify it?" So I do think that we need to constantly be looking at that.

So that much, again, we definitely can agree upon. The premise for me is just from what I'm seeing, I am not necessarily seeing infants, but we're in a pediatric crisis with all these issues continuously on the rise.

And what i've been able to correlate that is that Again, it goes in hand-in-hand with our microbiome-specific signatures. We see that with C-section babies versus vaginal delivery babies.

Obviously, we can screen for moms ahead of time with certain issues. That too will likely improve outcomes. But what's happening is that we're seeing a lot of these issues develop later in the child's life cycle where what happens preterm, meaning prenatal, and looking at the health of the microbiome with the mom, which is obviously passed to kin, and how we can intervene with it, adding in HMOs if the mama's not breastfeeding, or specific probiotics, if there are missing microbes within mom.

All of this can be hedged against, especially with neurodivergence. We realize now this is not much of a, well, yes, there is a small portion that genes can play a part in this, in terms of susceptibility, but we hedge against predispositions simply by changing what is modifiable, which is our environment and our microbiome, and quickly too.

And that's why we've been able to see very, very quick interventions within our youth here, enabling them to pursue what we want in terms of health outcomes.

So reducing not only susceptibility, but also reversing a lot of the statistics that I spoke to earlier in terms of healthcare, because you mentioned that what would you, if you could redesign everything, what will you change right now?

How would make it different? Well, I would have universal access to primary care for everyone in the country. And I think that that is. I mean, my entire career has been taking care of children that are at risk, children poor urban settings, typically not so much rural, except for abroad.

I've worked with children living in rural settings abroad, but it's that population that I feel we have this And this has been something that I have seen in my career that we have moved further and further away from the belief that healthcare is a right and is something, that is good to provide health that everyone should have healthcare available to them in society and that that benefits all of society.

And now we're moving further and further toward it being a commodity, something that we purchase, we pay more and more out of pocket for our healthcare.

And when people don't have disposable income, they don' have income that is available to them for them to, for housing or for food or, uh, For the basic resources that they need to provide for their families.

They certainly don''t have extra money to pay for out-of-pocket expenses for healthcare, so for me. One answer would be universal health care coverage at some degree, to some extent, for everyone in the population.

And then some type of, and again, I'm not a politician, a health policy expert, but from what I can see, we are headed more and more to more of a disparity of this two-tiered system of of people who cannot afford to pay out of pocket for healthcare and those that can.

Global Health Work in Uganda and Bolivia

And I see that the further we head down that route, down the road, the more the burden, economic burden and cost of healthcare is going to go up and up.

People who who want to hold on to, and I can see, you know, I want make sure my kids and my family are taken care of. But I tell you the more that other families out there are not covered, but with healthcare and have access to healthcare, the increased detriment to all of society we're going to see.

Universal healthcare to start, are you suggesting that our European counterparts are doing it better? I would say that there are aspects of other countries that have some type of national healthcare coverage that are beneficial and that we could benefit from.

I don't think, and again, I'm not a health policy expert, so I can't comment specifically, but I do think that one model that, we just say, oh, let's adopt the Canadian model.

Let's adapt the British model, whatever it is. But I think there's aspects that that we, we can adopt, especially in the area of basic primary care and preventative care.

You know, that's interesting because I can speak to that with some degree of experience. I did reside in UK for some time and I remember this was when I was younger.

And I Remember, um, when was sick, I would, didn't have to wait. went to go see a doc right away. I was given prescription of which I would fulfill it at the pharmacy and the whole process was not only very quick, I spent a couple bucks and that's it.

If you look at taxes, depending on what tax bracket you are, it's almost equal to what people are paying there. I agree with you, universal healthcare shouldn't be a an option should be accessible for everyone in terms of our privatized model.

Again, the premise of this conversation is not to dive deep into politics, neither you nor I are writing the policies, but certainly we see what happens if you don't have access.

Or if you have to pay a premium for access or worse yet, if your denied after you are going to see a physician and they refusal to pair you up to submit and resubmit and things are not covered or there's copays or high deductibles.

I mean, to me, this is the red tape is designed. For where the privatization of this wins, meaning like these insurance companies, they're the ones who are benefiting above all else, right?

So who loses? The practitioners, because we are stifled in terms of how we can practice, there's limitations. And then the actual patient themselves, if you have, you know, an HMO, can only go see this physician.

You can't see there is out of network, in network. It's like, how do you navigate? Right? I agree with you, certainly it starts with a redesigning perhaps of the model.

I'm not sure when and if that will ever come to fruition. But in terms of wrapping up peeds, I think is there anything else that you would like to maybe chime in, in in your experience and the breadth of what you've been able to in term of helping kids and how that has evolved over time?

Yeah. I think one thing that's been kind of in the back of my mind during this entire conversation and something that I was much more aware of, especially living in Bolivia is focusing in on only one.

Focusing in, on whether it be, uh, you know, the gut microbiome or whether its genetics or weather it's, exposure to, to all of these things are important.

And. I believe that we need to step back and take a look at the entire picture. And I'm just imagining kind of, I am imagining a parent. who is raising a child and is constantly stressed by what that child is exposed to or what the child was getting.

And then that stress and that anxiety is then passed on to the children who was then stressed and then takes that on. And so I think there is a balance here to take a look and take step back and say, let's take our knowledge and our information.

Let's be open. Talk. Discuss these things. What is the best path forward? What's the path for me and my family and the choices I want to make for my children?

And what is the balance that is involved in moving forward with something that's reasonable? So I think that as we start to understand things more, we need more openness to listen to people and truly listen the people without just looking for our own arguments.

And we also need to be able to Be aware of what is the new research? What are we learning? Being open to that, being open, to integrating that into our practices as best we can.

And then taking a step back and saying, okay, I can't learn everything there is to know about everything. So, so that I don't beat myself up as a parent or beat my self up.

As a practitioner, need to be kind to myself too. I think there's a balance here. Let's take a look at the entire picture. um, that we all need to do a little bit.

You know, I think we're going to be able to that more, uh, better in terms of tech and AI, especially, and while it's not there today, the problem is we are in silos as practitioners.

There's no centralized system. And so what, um I'm doing really well. I have no idea what another clinician is doing. Really well, right? We're not able compare notes all the time until we meet at this conferences and it was like, Whoa, I ran into that same problem.

Now we understand what the solution can be, right? So it's kind of this closed door system and certain things you can't even say out loud. You could slap on the wrist again, going back to this insurance model.

But you nailed it. I think that is the epitome of holistic health and what we aim to achieve. Not to say that we're better than anybody else, the premise is just taking this kind global model in terms of healthcare.

Why? Because we are not one organ. We are one pathway. It's impossible to fix it that way. And so we need to look at how, what's the interplay of all the biological systems.

That's a disservice, I think, in term of specialization. Again, i don't want to undermine specialists because these are all brilliant practitioners. But when endocrinology doesn't know how to tie the dots with, um, uh, nephrology or neurology, or fill in the blank.

I mean, that's the problem. And then they're stepping on toes and say, you can't prescribe that because it interacts with this drug. Um, and so I guess the point to, to what you're suggesting is, um, again, trying to be able to connect the dots better without including our own biases.

Cause we all have them, right? Often predicate upon the tools in our toolkit and our patient population. So my goal

is always how can I amass more tools?

How can collaborate with more physicians who already have that experience and have some of these tools. Where is science and medicine going? Because it's evolving very quickly and some newer tools in terms of stem cells and peptides.

bots doing surgery at a very high level now. I'm super excited with the future, right? So the the premise of this is not all doom and gloom. There certainly is hope and that's what we want to instill with all our patients and if you provide the right environment the body will heal and often enough very quickly.

Yes and I think that what I have seen in my lifetime is The research and technology of healthcare and the knowledge that comes with it has skyrocketed exponentially.

The systems that we try to deliver it in and policies that have to deal with are chugging along at a snail's pace and they are often, you know, one step up, two steps back, to steps up one set back.

And the more that separation between the amount of knowledge and the technology and how fast that's going. in our culture of healthcare and how we deliver it, the more separation there is, uh, more misinformation, and more people are going to be confused.

So, I think if we could invest our time and efforts into trying to develop systems that can deal with all of this rapidly expanding technology, that better off we're going So let's segue then into kind of present day with what you're doing now.

I think you said in terms of perhaps it is setting up some systems or, uh, assisting clinicians or teams, collaborating retreats. You mentioned I'm eager to hear kind.

how that, how you segue into doing something like that. Perhaps probably because of the holes of what we just alluded to, but talk to us about what you're doing present day.

Yes, right now I would say that there are tremendous pressures and stressors that practitioners, medical providers are dealing with today. The amount of information, again, that's coming at them as well as the technology that is involved in electronic health records and the access that people do have to individual providers is increasing the amount workload that providers are facing.

This is increasing the stress on each individual provider.

Vaccines, Prevention, and Public Health Debate

It's increasing amount of burnout. Increasing the amount mental illness that we see in physicians and other health professionals. And so being able to address that both on an individual basis as well as a collective basis with medical teams and organizations is something that I am focusing on.

I think as patients Often enough, and we're all patients of life as I call it. We're living kind of one big experiment and thinking sometimes we know best.

Often we learn only for open to receive that there's so much more to learn. But burnout is certainly real. I was speaking to a colleague some time ago who's now all she does is podcasting and she closed her book.

Um, she no longer sees patients because specifically at burnout and how we become jaded often enough, um, because we, we take on a lot that patients don't see what happens behind closed doors.

And for me personally is I have a. what I call an unrelenting commitment to my patients to get them better one way or another. So when I take on a new patient, success to me can only be the outcome.

Failure is no longer an option. Whatever they're struggling with, I am dedicated to find a way and often enough sometimes I'm thinking about them at night.

It's not like the book just stops nine to five. We're done. And we can check out, go back to our families. I think often enough, we're, constantly ruminating with like, Oh, actually, how can I do this better or that better?

How can we improve, um, any one of our patient outcomes? So when you mentioned burnout, that certainly plays a role. How are you then, what tactics or suggestions are, are providing for, for patient, uh, practitioners?

I believe that. When I first started out in practice, we had a different society. And I was right on the verge of a transition in society where the physician, specifically the physicians, more so than nurse practitioners and PAs, because the PAS were like barely known and nurse practitioners were something just coming along on the horizon.

Everything around society was built to support them and to allow them to provide everything they could in their lives to dedicate their whole existence to caring for their patients.

Now, that doesn't exist in society anymore. The structures, including our own families, are not there to just be around waiting to support us to devote every minute of our lives to our patients.

So there has to be some balance, there have to some boundaries, some limitations to what we are able to do. And I say this, being someone who when I first started in my career, wanted to do everything I could all the time, work all day, volunteer in the evening, go to community meetings, do all of this stuff, and think that I was the answer to everyone's ills.

And some of that's arrogance, some that is misguidance. And all of it is based on goodwill, is all based upon good intentions. But today, in our society, and our healthcare system that we have today you cannot sustain yourself if you approach life and practice in that way.

There has to be boundaries, there has be limitations, you have to able to say no, close down the computer for the day and go home and really turn it off.

Otherwise, your body cannot physically and emotionally deal with that type of stress. So what I do in working with individuals is I try to understand, what is it about your practice?

What is about you practice that you see as being most life-giving? And to me, trying to focus on, What Is Most Life-Giving, focusing on how to amplify that experience as much as possible to try to look at those things that work against it, those that are really dragging you down.

How can you minimize the amount of time and energy put into that? And then try alter your mindset filled with self-compassion when you fall short of your own perfectionistic tendencies that we all have as physicians.

And how can you provide that self compassion in a way that enables you to find where you fit in doing the things that truly bring you life and have room for yourself and your family in addition to.

So let me push back because. Balance is key, perhaps, if what I'm trying to understand, but I don't know who it balances anymore, right? Say, let me preface, how do I balance being a father, a husband, friend, mentor, teacher, practitioner, son, brother, fill in the gap.

How do you find balance? And if I, you know, my patients take a good chunk of my time, the clinic, trying the grow the clinics to be able to expand our reach to help more patients.

to change more lives, which I have identified as my mission. How do I balance that with being a father? And I'll even take one step further. I was with my daughter who just turned eight.

This was a few weeks ago, very recent. And she goes, dad, why don't you spend enough time with us? I'm trying to

hold back the tears right now, but that was And what I did then, and after that, two weeks later, I prioritized the trip and I was like, okay, need to clock out for a little bit.

I need balance being a father, especially because I don't get those years back, the early years. But how do I… Also trying to stay current. We really like, science is evolving fast.

The oneness is on me to go attend these conferences, attend, these lectures. Now there's, you know, webinars and such, which, helps certainly, but the onus is, on us as practitioners to, stay, current with the research, with, the medical literature.

How do we find balance within all that? First of all, let me just say that I've been there before. And so my heart goes out to you when you hear something like that, that's That hurts.

That's a form of suffering that we encounter as humans. It's something that encounter every day of our lives of where we feel like we're falling short in some way in our life.

that's human nature. That's the nature of being a human being. It happens. From my perspective, we have to find room to give ourselves compassion. We have in that realm and then motivate us to take a look at where we're spending our time, where were investing our energies and do the best that we can to try to rebalance, try let go of our expectations to be everything in all aspects of what we do.

So I would say that, um, My belief is that each person has a different level of capacity to handle so many different things and being aware of what your own personal capacity is to do that without suffering the implications both physically and emotionally.

of spreading yourself too thin and having unrealistic expectations of yourself is a major goal in trying to understand where can I have space for myself?

Where can i have compassion for my self? What are the priorities in my life? when it comes to my family versus my patients versus staying up on the latest technology or information that's there.

So understanding, it's kind of identifying priorities, right? And then how that coincides with your principles and perhaps what mattered most. I think people don't realize often enough a business is a child and it takes time and there's a lot of needs and sacrifice.

Beyond just treatment with patients, Like myself as I mean, the founder of our clinic, uh, there is a whole nother animal trying to, that needs attention.

And so, no, I, appreciate, um, your reply. So taking it kind of one step further now, how do we, How do you find that balance? Because it's, it sounded like earlier on, you said you you're running retreats.

Now is that in terms of trying it balances that trying. Help practitioners navigate this.

Universal Healthcare and Systemic Access Issues

This whole evolution of our modern work area where it's just one button, go, right? Until we run an empty and then we say, I need to caffeinate and go more.

So is that kind of what you've established or what do you do? I mean, the way that I have evolved over many years is that my answer to believing that i'm not doing a good enough job is to do more.

And I would work harder. So if I didn't feel like I was really living up to my own expectations, then I will just go back to the hospital and keep working.

and, you know, expand my hours or add something else more. Maybe that would help me feel better about myself.

When the actual answer is that it's human, it is a human nature, we're limited in what we can do.

We're in our capacity to fulfill all of those things. So my answer, is start small. Start small with just the realization. Where are the areas of my life where I am trying to make up for my own belief that I'm not doing a good enough job.

And where can I find some compassion for myself in those moments? Where can i just take small breaks, take a deep breath, and take in the small moments where I feel like I have had an impact on people, where i have felt good about what i'm doing, allow it to sink in, Where can I take those moments where I feel like I'm falling short and give myself some forgiveness, give my self some compassion?

Just take a deep breath. I keep placing my hand on my heart and my chest because that activates the vagal nerve. It activates a parasympathetic nervous system.

it also releases oxytocin. to give me that sense of being nurtured and held and taking a deep, slow breath, expanding the exhalation also activates the parasympathetic nervous system.

These small acts of kindness that we can do to ourselves and for ourselves throughout the day as a small step without spending an hour in meditation every morning when we wake up.

If you want to devote some time to meditation or just some mindfulness practices, I suggest starting with five minutes. Don't do 20 minutes or 30 minutes, or an our, and just take these small steps first and be able to just realize you have limitations.

You have a need for compassion just as much as you're giving to those other people. So that's what I suggest starting with. I do have retreats that I have for both medical teams in order to discover ways they can support each other in trying to develop balance and in try to bring out their own individual gifts so that i can see that, oh, I've a gift for administration and organization.

iMovie here, i have a gifts for connecting with people and being empathic and compassionate. Okay, will you take some of my administrative load off me so I can spend more time with patients?

Sure, I could do that for you. Those types of things are ways that medical teams can work much more in congruence with one another and complimentary to one.

As well as retreats for physicians and other healthcare providers to get away and to understand where have I gone in this path. How have I ended up where I am?

Were there any twists and turns that I have taken? Not that i resent or regret, but that can learn from and know if I've learned something about myself that will make the next choice in my career one that's more intentional and based on my values and the experiences that have had in life instead of something where some random opportunity happened across my path.

That's what I work on is trying to be more self-aware, more compassionate, and more intentional. I have really allowed my team a very high degree of autonomy, which they appreciate, but it also comes with boundaries, as you said too.

And what, uh, I ever recognize is I don't set boundaries with my time because my answer is always yes. Can you do help me here? Can, can you, yes, Yes.

Yes, And Derek Sivers, brilliant author, I think one of his books is Hell Yes or Hell No. That's kind of now how I've tried to shift more my paradigm in terms of actions or choices.

Is it a hell yes or not? If it's not a Hell yes, then let's revisit it in another day. So living with more intent, has definitely allowed me to create more impact and find more balance.

Um, so is that kind of what you're navigating within your coaching? I don't know you, but I get the feeling you got a lot on your plate. So I feel like that plate's getting kind of hard to hold.

If that's balanced with a hell no, then I think that that is okay. I also believe that it's important to understand that we are only human. I will tell this story, I remember being a young attending, 29 years old, as an attending in a hospital, a children's hospital and having my division chief chair, whoever he was, brag to me.

saying that he wants his residents to know that his car is the first one in the parking lot in morning and the last one to leave at night. And the impact of me at a 29-year-old young attending was, oh my God, let me make sure he doesn't see me coming or going from the park lot so that I don't feel any worse about myself than I do now because he's there before and after me.

Burnout, Boundaries, and Physician Well-Being

Every time you're saying, yes, then everyone watching you is thinking, oh my God, I can't say no. I have to say yes. If I get an email in the middle of the night, or if I had an e-mail in them in a weekend, that must mean that I must send emails.

So setting an example for people who work with you, is an examples that you are setting that shows balance and sustainability. as well as dedication. Everything you said is so relevant.

I was interviewing another guest speaker and it was just so interesting because it really struck me where we really try to extend time. We try extend as much time that we can work and so I look at it in terms of our evolutionary biology always.

That's kind of my frame of reference. If you look a darkness, it's almost like Uh, and not an evil, but we try to extend light such that we have these LEDs or really bright lights at night so that can continue to be more productive, whether it's answering emails or on the phone or tablets, computers, et cetera.

And I'm now looking at it in terms of like, hell yes, Hell no. And we should accept darkness and accept that that's part of our evolution that we need to actually prioritize sleep or we to prioritize unplugging.

And what I've seen now is a lot of these retreats. That's why I was interested is the, what, the experience you're trying to curate is one of unpluging or disconnecting.

That's what now it's like these tiny homes in the middle of nowhere going to like just some remote place to just completely disconnect and try to find your inner peace.

I would say if it were just that, then it would just be a quick fix, a short fix. It would not last very long. It's what you do with the unplugging. And for me, the reason to unplug and to get away is to reflect and look at, again, what's been my journey so far?

What have I learned about myself? what will inform me about what is important in my life and for the future? and take those insights back and integrate them into my life so that it wasn't just a nice weekend.

If that were the case, then go away with your partner and enjoy yourself. and get away and unplug that way. But it's also doing some personal work, some person growth work along with it.

I never used to understand. The personal growth worth is completely essential, I think. And I used understand how people would just go to an all-inclusive and vegetate on the beach.

It was like, that is so unproductive, but then now in 10 years or later, when you're burnt out yourself, like man, i just need to go vegetated on a beach!

but that's the problem how we have set up our modern lifestyle that we need a vacation instead of creating our

lifestyle one which is a constant vacation or it's these kind of like micro moments of detox or detachment or maybe it doesn't have to be if you've actually designed our life lifestyle where everything is in balance and so what I've kindof evolved into is how can I be present in each moment and is this moment serving me or is it kind stealing away and I make that same reference with especially with parents and children.

Nutrition is instruction. It's going to heal you or it's gonna hurt you. There's no in between. So what you're doing, is this nourishing you, or is it setting you back?

You know, as you said, like two steps forward, three steps back, right? With what we're, doing with our choices. That is a context of what were ingesting, but Certainly that impacts how we feel, how they look, and how live I guess in some respects.

So going full circle, I definitely appreciate everything that you suggested. I know we're approaching on time here. In terms of your coaching, your retreats, feel free to plug away.

What is the takeaway if someone wanted to work with you? What does that whole process look like? I have a website. It's joshermanmd.com. And if you go to my website, all the information is there about the services that I provide, both individually with medical teams, as well as retreats that i sponsor.

So that information. If you want to reach me, directly, you can email me at joe at joshermanmd.com. I offer free consultations for people who are interested in learning more about individual coaching and what that means and how I work with individual health practitioners.

And I would be happy, you can go to my website, schedule a time to meet with me directly right off my web site under the contact page. Okay. Anything else you want to plug in terms of getting started?

I'd plug a little bit of non-productivity time. I, you know, I don't have anything else to plug right now at the moment, except the plug to take some time for yourself and to be compassionate towards yourself when you don' meet your unrealistic, those high expectations sometimes.

And that's for anybody out there listening is that if I were to wish anything upon anyone, it's that they have compassion toward themselves. I had a trainer on staff and she asked me, Daniel, how do you relax?

How do unplug? What do do to kind of just unwind? And I go, I don't know. I like to read nonfiction or watch documentaries. And she goes, no, meaning how'd you just not do anything.

And it just hit me. Just something as simple as just going for a walk in nature and just listening to nature. As you said, some very easy strategies by putting your hand over your heart or diaphragmatic breathing, nasal breathing just to shift in that parasympathetic, which is our kind of really healing state.

So you said it best. I'm definitely eager to continue this conversation.

Retreats, Self-Compassion, and Closing Takeaways

Love to see how we can continue to collaborate in terms of our team here on a personal level. So I appreciate everything you've shared with us today. the breath and depth of what you've been able to do in your practice in terms of changing lives.

It's certainly no small task, especially overseas. We live in a bubble here. People don't realize that when you travel, and especially in third world countries, you see really quick what happens abroad.

And so my mantra here, the moment you walk in, it says attitude of gratitude, And that's kind of, what I live by. So self-compassion though is the next chapter.

Good for you. Well, I appreciate the conversation. The last question we end every episode is if you could have one

superpower, what would it be? If I could being 100% totally present to every single moment and person who's in front of me.

You have inspired me! I will remember that forever. So again, I appreciate this. We'll definitely continue the conversation. Thank you very much for everyone tuning in.

Feel free to review and subscribe and definitely check out Joe and his work. Decades of experience that can really move the needle. Thank you again, everybody.

Until next time, stay healthy, Stay wealthy. Bye for now.