Introduction to Burnout and the Guest

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So they didn't have to get involved, you know, on the front. And then it felt like the orders were coming down from administration remotely in their offices, you know, telling us how we should approach this.

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Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

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Hi everybody. Welcome back to Double Down with doctor D. I'm doctor d, doctor Dahlman, triple board certified physician. Today we're focusing on wellness and self-care.

This conversation goes beyond the halls of medicine to resonate with women who are, in any life circumstances or career experiences. The burden of burnout.

For this complex conversation, we have a guest doctor, Lisa Rubino. She's a board certified internal medicine, board certified lifestyle medicine like me and a life coach.

She's also a founder of her company, Way, a eye doctor. Lisa's Ruby on a mission is to help women physicians and professionals to move from a surviving mode to truly thriving mode.

Her passion is to get women to stop suffering, especially from the burden of burnout, and regain their well-being and joy. She truly believes that true health relies between a balance between mind, body, heart, and soul.

From her expertise in lifestyle, medicine and transformational coaching, she helps her patients and clients to get out of autopilot and start taking the driver's seat and controlling their own lives.

So let's welcome doctor Lisa Rubino to Double Down with doctor D. Hi, Lisa. Hi, doctor D, thanks for having me. Appreciate you. So we're going to start with our first question for our listeners.

So let's don't leave behind all this journey that we have to endure as a physicians. We were very young with high hopes. We get into very prestigious medical schools.

We think we made it. And once we're inside the system, we start these unbearable rays. A lot of conflicts with colleagues, driving through very, very rigid systems and even towards graduation and beyond.

Giving us that feeling that all these energy that we put in the past might not have any objective in life. Also, there is this pervasive feeling that we should not complain or we should not even show our weaknesses because we're physicians, we can totally bear any type of load.

Worse, if we are women in medicine, because we tend. I don't like to generalize, but we tend to keep it quiet. And that will brings us to a very dark corner alone that if we let increase, the pressure will finish in burnout.

So burnout is the main conversation today. And I would like you, Doctor Romano, to explain to us what burnout is. Yeah. So that sounds really heavy already, right?

Although, like thinking about the whole struggle we've been in.

Defining Physician Burnout

So just want to acknowledge that the specific reasons that each woman experiences burnout is tied to their own unique experiences and beliefs coming in.

But there is something shared between all of us in the medical community about burnout. So we'll start with the formal definition. It's a syndrome characterized by high emotional exhaustion, depersonalization, and a low sense of personal accomplishment from work.

So what does that actually mean in in our lives? To show up as feeling drained and feeling exhausted? No matter the amount of work or the amount of rest you get, you can have increase forgetfulness, increase, difficulty concentrating.

You could be feeling disconnected from your work, from your patients, from your colleagues. You could develop a cynical attitude towards work. You can experience something called compassion fatigue where you start becoming numb to the suffering of others.

You could feel like your work doesn't matter anymore. You lose motivation. You could question your career choices. This shows up a lot of different ways.

Sometimes you just struggle to keep up with tasks that were manageable before you can feel guilty. This is especially common in women. Guilty. Just saying no to other things.

You can have a lot of perfectionism and this can lead to, more stress and self-criticism. Physically, some people experience a lot of muscle tension, digestive issues, headaches, sleep disturbances.

And you can also notice, perhaps more coping with caffeine with sugar food in general. Alcohol or other substances. And this can all lead you to withdraw socially, whether it's, at work or even in the capacity outside of work.

Wow. So it's a full world from physical to mentally to creating some behaviors. And we might, despite that, we're doctors and we understand that many of those same terms have like a root cause.

Sometimes we just are unconscious about it and we continue as a physician and as a woman. Do you ever, experience any type of burnout? Absolutely. So I practice hospital medicine for about 12.5 years.

I think the burnout actually started back in residency, and I call it like a smolder instead of the burning fire that it became. So it started out slowly.

Back in my training, we were doing, like the 30 hour overnight calls which transitioned to night shift. I think I spent most of the last two years of the residency working nights.

So by the time I came out, I chose hospital medicine. There was a lot of flexibility there, and I chose a place where I didn't have that overnight call because I already saw how the lack of sleep affected me personally as I transitioned into being an attending.

That's where I noticed a lot of, fear about making mistakes and not missing things. I think I was trying to maintain a

really high level of care for my own patients.

I had a fear of lawsuits and a lot of things. Generally, I'm a pretty. You know, chill person, laid back. But in the hospital setting, really, my Type-A side was engaged there, and the inner critic was trying to protect me from, you know, making that mistake or doing something wrong.

You know, all of the things that we experience in the like, psychological aspect, this could be considered our ego, which is part of the drive to protect us.

So all of this, coupled with the systemic things in the hospital, the things I could not change, I think contributed to my burnout in addition to other concepts.

We may talk about a little bit more, which is like moral injury in addition to the compassion fatigue I mentioned before. So all of that showed up for me, in different ways.

You know, I will if I remember, like in the system standpoint, we were trying to make things change. We were trying to make the system better for us as hospitalist.

We were a large group. But things were just getting worse. We were actually told in the literal sense that we were expendable, that people wanted our jobs.

And there's the door. So I didn't feel very good, you know, in our group, a small group of us, came together to try to work with administration to create more transparency so we could all get on the same page and understand our goals.

And, so we can maintain our goals in alignment. We'll say, eventually we did have a new medical director, but our needs were not really met. Our needs were not really heard, nor did they matter.

So this led to like a period of years where I said I lived in apathy. You know, I felt like I couldn't change things. So why try and around, you know, after, let's say, several years of that.

Then came Covid. So that, I think, was the straw that broke the camel's back. At that time, we did matter now all of a sudden to administration, because we were the frontline of Covid as hospitals.

Our hospital developed a policy that, you know, they want a minimal, physicians and other staff to interact with patients. So it's really was just us and the nurses.

So it felt like we were protecting everyone else, like the specialists. And so it's like we were like the infantry. The specialists were, you know, higher up.

So they didn't have to get involved, you know, in the front.

Lisa Rubinou2019s Burnout Experience

And then it felt like the orders were coming down from administration remotely in their offices, you know, telling us how we should approach this. So it was a it was a tough time.

You know, we were actually hailed as heroes for a bit in society. Yeah, that was nice. But it was it was short lived because we soon became villains. We you know, I would I recall everyone just felt like they became an expert on Covid or just medical information in general.

And it was tough because we didn't have all the answers. We were all learning as we went. So as we didn't have the knowledge, there was a lot of misinformation as well.

The narrative about us as physicians just kept getting worse, you know, that, you know, we're working for Big

pharma, keeping people away from cures and all of that.

So now I had a new duty with my patients, which was, you know, defend what my actions were, what were the intentions behind my action? Was it because of the health insurance?

Was it big pharma? Was the administration like, why was I doing the things I was doing? And at the end of the day, it was really all for their best interests.

So yes. So it was an extra fight there, which was the thrust on us. I totally believe. And while you're talking, I'm just thinking in thinking about the military system. Right.

Right from the beginning I said this career, it is like a military system. And I kind of like it because it's organized, is hierarchical. Seniority matters, and then we go on on life.

But the difference between the military's and today, I just and to us is that I feel that they are more protected. Same way they can go to war and come back home with PTSD.

Is the same kind of trauma that it might be holding behind burnout, but there is no supported system for us to be there. So but we we stay there. We thrive out of this war hero.

But at the end, the military or the soldiers come back home and everybody takes off their hat and is like, thank you for your service, sir. You're a hero to me.

For us was like, I don't think you know. The answer is I think, Doctor Google knows the answer is more than you. So it's like we couldn't hold on on anything else.

Not our knowledge, not our capacity of giving. No, no, no capacity of totally. Investing our even free time to take care. So I think Covid uncovered a lot of, of those, weaknesses that there were already in the system.

We I was hoping during that time that maybe things will get better, but here we are five years later, and I don't see any improvement. And for the contrary, I feel that we continue now being more and more more burnout.

I feel that the system continue, pushing down and down. There is more layers above all of us as a physicians, there is no moral authority. And and there is no more agency from our side either.

And when you were talking about the group is expendable, is expendable. We just doesn't matter seniority anymore. Doesn't matter how many titles, certificates, how much time you spent in front of a book just to sit down and write a board.

They didn't care anymore. It's the big systems are starting to shift towards something, and we are shifting with that boat and we're drowning. So I think this is where we're standing all together and listening to you.

Obviously I can relate to you and but I would I'm just wondering when was the moment that you said, wait, this I, I am in this situation called burnout, and I need to get out of this boat.

I'm not going to just simply drown with all these people in the same boat. I'm going to make a change for my well-being. What was that moment, Lisa? Yeah.

That moment came when I. I was suffering, you know, my husband noticed in me that I just wasn't myself. I had all of probably the things I listed in the beginning, you know, with the apathy already.

And I was just really sad. I remember he wanted to take me to the beach. It's one of my favorite places. I just find a lot of peace and relaxation there.

I just love it. But we went. It was probably like midway through 2021. So, you know, people were just getting back

out there. So we we went there, I sat down, was looking at the waves, and I was in tears.

I was just I found that I was profoundly unhappy. I was wondering I was asking myself those questions. Why am I so unhappy? Why am I doing all of this?

Is medicine. Even my calling, you know, it was something I dreamed of doing since I was five years old. So that, to me was a wake up call when I was in my place of peace, relaxation and respite, I was in misery and I knew I just couldn't go on that way.

But that was like a cry from my soul at that point. Fantastic. And then what was the next step you did on your self? And I'm just assuming that after learning through own experience, what is that that first step that you hold your your clients on or shifting and, and stopping that cycle of I am blind, I don't want to see the reality.

Let me just survive. And being in and out of pilot, tell me how you just grab that person, or you grab yourself in that specific moment just to change gears drastically?

Yeah. Was really one step at a time. I think the first thing I did was I took a trip. I decided I really needed to get away. I chose a place that I loved, I dreamed about, I never been, it's very expensive, but in the era of Covid, I was just like, you know, YOLO, you only live once.

And it was really in our face how how precious life is. So I decided to take that trip. I gave myself some time and some peace to see what was actually going on inside of me.

Why was I so profoundly unhappy? At, that resort, there was a shaman, so I spent some time with a shaman. I didn't know what I was trying to get out of it, but I just knew something had to change.

I looked at the reason I went into medicine. If it was still my calling, what being in medicine meant to me. So I spent just a lot of time answering those questions for me.

I decided I needed to pull back, so I went per diem at that time where I could have more flexibility with my schedule and dig into those questions that I asked myself.

After that decision, I found a woman physicians coaching group and I decided to join. I saw it, I was like, you know, this sounds like a good place for me.

I learned about that work. I learned about limiting beliefs, affect labeling. I saw the stories of other women who were experiencing the same thing. And during that time, I came upon the specialty of lifestyle medicine, and that resonated with me as to what I love about medicine, how I love to help people.

It was I was seeing that how we did things in conventional medicine wasn't helping people the way I wanted to, and I thought coaching was a good way for me to learn of the how I could help people achieve those things that they want so desperately.

But sometimes it's something in their way that's preventing them from getting there. So in summary, it's really a time and space to become aware of the suffering and what was causing it.

I think I really nurtured for myself, nurtured myself, and cared for myself deeply during this time, and I got to really know who I was. Martha Beck calls it like your essential self.

And that's you at the deepest level. And that's really what I even consider you at a soul level. So I spent a lot of time with all of this and learn to observe the thoughts.

I had learned to feel the feelings I was feeling in medicine. I think a lot of us are so analytical. We're so busy. We have so many things going on, with patients that we just move and we get things done.

We do the things that we need to do, but in real life, what we're really dealing with is sometimes watching someone die, and then you see the next patient giving someone bad news and their family, and then you see the next patient, someone reaching out their hand to you as they're actively dying.

The Turning Point and Recovery

And you see the next patient. So I think I really learned, you know, from some of Martha Beck's work about getting in touch with my body, what I was actually feeling, the sensations that came up.

And at first I was really skeptical because this is not, you know, let's say, familiar to me or somewhere that I was before all of this work. So it took some time for me to warm up to it, but it has really helped immensely.

So I meditate, I practice mindfulness, I seek joy, connection and community. I learned to become passionate towards myself, kindness to myself and that practice of positive psychology.

So it's just a whole new way of thinking for me. And it's a practice to maintain this, like I call it Lisa 2.0. That's fantastic. And is this where you put in practice with your clients?

This is where you just grab them at their bottom of their moment, where they are, and you try to shift them and just pull them out of the waters, is the way.

It's just through mind body connection. Or how do you guide them through that first? I think, you know, with every client, every person is different. You know, like I said, we we do share a similarity into the symptoms of burnout, but everyone has their own story.

So really it's just holding first that space for the client to meet themselves where they're at. Because sometimes we're so busy trying to be somewhere else, we're not actually present with ourselves.

So that's that's normally where we start. Okay. So it's your first approach is the mind body connection. I love that approach. I actually just before Covid, I was, offered a job in a rural small town in Ontario, Oregon.

And, when I arrived there, I just started realizing how major depression was becoming almost like an epidemic. And I'm talking about this is before Covid, and I was just starting to question myself and see what I was missing to help people around with with depression and with any mood disturbance.

And I found the the center of mind body medicine. And I really found that very interesting. And I went to a retreat of, of a week with, with them, in this beautiful place called Big Sur.

And I loved it because there were many physicians there, trying to put together their mind body, something that becomes intuitively from us, but never was stopped in our medical schools, and is not until we have to go through our own life experiences and understanding.

Wait, what? What is happening? Why? Why my body and my mind are totally separated. And now the only way that I can survive is putting them together. And if I survive that, then I can teach it over.

I can educate my patients over. I can almost start practicing medicine from this context. And and I love that concept because it's one of the first things that I teach all of my patients, regardless of what my patient's objectives are in regards to their health.

So that brings me to this famous countless analogy that we always hear on, in an event and decrease pressure in the plane. Put your oxygen mask before helping others.

But our first reflex as providers is to help others. And ironically, we're the doctors. And this is when we abandon ourselves. And it's not until late at on that we say, wait one second.

Oh, what about me and my oxygen? Now I cannot even help anymore. To the point that brings us to the concept that you already mentioned, that I would like you to elaborate a little bit more.

That is called compassion fatigue and mortal injury, which is two very powerful concepts, and especially in medicine, where everybody takes us for granted and all of us arrive there with our compassion in our giving, our generosity with our time, our energy, our our knowledge.

Can you just just bring us a little bit more into into that that concept of compassion fatigue and the moral injury? Sure. So compassion fatigue is just that where we lose that empathy that we usually come in droves in, in medicine, it's because we are exposed to so, so much suffering and we don't process it that it I think it becomes like a little wall for us to keep a little distance.

Again, we're always trying to protect ourselves. That's what our brain does. So I think that may be a part of that mechanism. The other concept is moral injury.

And this is when your core values, and beliefs are violated by something that you witnessed or forced to participate in, often due to systemic pressures, constraints or ethical dilemmas.

An example might be a physician might be unable to provide the level of care they believe is ethical due to administrative state to insurance issues, lack of resources, and this leads to feelings of helplessness and guilt for physicians.

So all of these things are contributing to that burnout. You know, to go back to your question about like putting your own oxygen mask on, that is probably the hardest step for us physicians to take.

I think it's because of the indoctrination process we go through to become physicians. We are taught that we need to be strong. I was told I needed to put hair on my chest, you know, all of these wonderful things.

The other so many stories we can talk about in medicine, that is just part of the process of becoming the physician. Like, biliary. Yes. You are. Okay.

So part of the process of becoming the physician. And we all have our stories into that. So what we do, what we can do to put our oxygen mask on is to first recognize that we need help and not think it's a sign of weakness by the time we actually seek help, as you're demonstrating here, you said we're so deep in burnout that we have the compassion fatigue.

We have the moral injury. We don't even recognize that we are numb. We're apathetic. We're not as empathetic towards our patients as we used to be, towards our colleagues.

We become cynical.

Compassion Fatigue and Moral Injury

You can dread going to work. You have those physical symptoms I mentioned before, sleep disturbances. But we just keep moving. So if you can, it's helpful to take a little time off.

If you can't do it, do it. Spend some time in nature, connect with yourself. Get your nervous system out of that survival mode so you can connect with your mind and body.

And unfortunately, if you can't, not everyone can take time off when they notice this happens. But the question I like to ask is, what can you take off your plate?

What is not 100% necessary for you in this moment? And I as women, that I get so much apprehension back when I ask that question because it doesn't feel like there's anything that we can do.

But where we work is to empower our selves to find the things that we can actually change, that are in our control, that we can do right now. And there you create that space to breathe.

That room that you need and get help is the next step. Whether that's with a transformational life coach like myself, a therapist. It's an investment in bettering your life and you only get one of those.

So it's important that we pay attention. And if those feelings of depression are really there, hopelessness or even thoughts of self-harm, I think it's important to seek that help immediately.

There's no pausing there. You you can call the psychologist. You call the psychiatrist. The primary. There's a physician support line I wanted to mention, again, the numbers 1-888-409-0141.

You know, it's important that you just speak to someone so you know that you are valuable as a human being. You deserve to be here. So now, I love I love that despite that, I been just saying that is nothing and no support for us out there.

At least we are in a moment right now where we have, taken away the taboo of what depression is. Burnout is, and it's okay to speak up. We just won the awareness absolutely.

Before it's too late. And especially in younger generations, because we're right to an age. Is this new, revolutionary way that we're women midlife and we speak up and we're loud.

So now we're talking about burnout and self-care, and we do retreats and we take care of ourselves. That's new. It didn't happen, not even 15 years ago.

And if you're in medicine and you just started and you're a resident and you want to show that you are strong, you might have the tendency not to speak up, but it is serious to the point that there is some, help lines for us there.

They actually train as well within the system, just to recognize who it's, it's in a, in a, in a vulnerable situation and how to approach and all these things are important just as an awareness.

It's not it's not solving the problem behind is just making it aware and and almost like I don't want to say a normal a day to day normal, but at least something that everybody can speak up is like when they were teaching you.

If you see a language that doesn't have no owner and nobody is being watching this, duffel bag in the middle of the airport, just look for the security guard and tell them there is a duffel bag there.

And everybody's now put the ingrain in their brain. Okay, this can be dangerous. Same thing. Those are the symptoms. And this is what you have to do in a situation of burnout or in a situation of depression.

Because all this together, it starts like you explained, and it starts as a fire up. You may going to find yourself in a situation, I'm not feeling good.

I'm a little irritable, I answer back, I, I'm just not as happy as I used to be before all the way to burnout. There is different levels of burnout all the way to depression, and there is different levels of depression.

And that we do have resources from simple fire apps all the way to major depression. And that's important. And I agree, just to bring up to the listeners that, they they are not alone and they can have there is a lot of hands out there.

One of those hands are you, for example, an awesome door to knock, if you want to do transformational coaching, and especially with your experience as a woman and as a physician and, just changing a little bit towards the young generations.

Let's talk about that decision dilemma. Because as much as medicine was so sexy for so many decades, and by

the way, it used to be almost like a male directed field.

It opened to us just for the past 50 years, I would say. You would say more women in medicine. Right now we're going through a period that I don't think is that attractive anymore to the younger generations and even the, the, the, who is already in the field are starting to try to reinvent themselves.

And I understand there is reinvention, there is technology coming, but what will you tell to these new physicians that they are about to graduate, or those ones that they are about to get into residency, or even the high schoolers who are about to pick in in a career that they feel that it might be their passion, but they are doubting it due to there is no more.

There is a lot of us, speaking up about the negative sides. Is there something that we could do, a shift in the culture that we could create to make it more appealing for these, younger generations?

That's, the big question. Yeah. So. It just makes me think of the systemic issues that are in medicine. You know, I think, I think the young people today, I think the people I think who we were going into medicine, we're a resilient bunch.

We have a lot of fortitude. We are hard working with knowledgeable. We're strong. I think systemically to help, this culture in medicine, we the medical system, the healthcare systems have to remember that at the end of the day, we are human beings.

We are humans doing this work. We came to do this work to help others and seeking help needs to be stigmatized and penalized as, as, you know, even getting a job, they make you declare if you've had to seek out mental health in a lot of institutions, and this is changing from state to state, but still, this can be a reason people don't seek help. And the system needs to start actually supporting the people who are going into those jobs.

So I think if the system can recognize which maybe a big ask that we're humans and we're not robots, we are dealing with other humans. And we can be proactive in that approach, proactive in people not reaching that point of burnout.

Then things can change. These things can change. Yeah, we do need a lot of hope for that. Because now that you mentioned best would be the offender, we're human.

I in as optimistic as I consider myself, I think the medical system is trying to go as technological as possible, as I as possible, just because being human is seen as a higher possibility of error.

And, but what they don't understand is like not being human is taking away, the foundation of what medicine is. You might be more accurate to use a robot to remove a specific one millimeter mass in the brain.

Absolutely. I'm sure it doesn't shake. But on the other side, do we need maybe a human psychiatrist listening to you or a human just doing eye contact and understanding what the conversation is about?

And because we're in that transition, it's happening fast. That's what I think the lack of hope in the future, is, is is starting to ignite.

Mind-Body Tools for Healing

And, and as, as much as, pro technology, the system, when we talk about the system and we all know that the system and the reason why we doctors being like, ostracized from the system is because most of the people who manage the system and administrate the system are not most of them are not physician, medical in the medical field, are not trained in the medical field.

So it's a way of thinking that is different. It's a it's a, it's a brain, wiring that is a little bit different. And that's why it's based more in profitability.

And the business side. And, and a lot of that has to do with the fact that we feel, dispensable, for example, which is a very important point of why we one get burnout.

And second, we don't want to get into medicine as a career. So, that coming back into your, a mind body connection and, once you have a client with you and you start, like, taking him away from that, taking him or her away from that cycle of, of autopilot.

And and you are a kind of a guide and stopping them and say, here, stop. Just let's let's be present in the moment and start with the shift and this is when you do the shift.

Tell us about some of the techniques that you can just, suggest to some of these, professionals that they are in, in, in those at the verge of burnout or during the burnout to start making their life, more livable and, more, and starting to making that right brain of creativity to be awake.

And they kind of start reinventing themselves. Yeah, I think there's a lot of things, people can do to explore that mind body connection. I think a very simple way to get started is a little bit of that body work.

I think I mentioned before, with Martha back, you know, she considers our body a compass, like a North Star, if you will, as to which direction, like things we should go.

So it's really starting to just explore with even a simple body scan. I don't know if like, some of your listeners have ever done a, a body scan type of meditation, we're just tuning in to different parts of your body.

What's going on there? Focusing there. It grounds you and brings you right into that present moment. The just starting there is a great point for people who especially have not explored this type of work before.

In the world of coaching, we do other things to explore that right brain, that creativity. We work with metaphors. We work with dreams and interpretation of that.

The symbolism that's occurring in dreams. So there's a lot of things you can do to tie into that right side of the brain where you can let that left analytical side, you know, just step aside for a minute so your brain can engage in problem solving in a different way.

Yeah, I love that. It's a very holistic approach. And, today we are all recognizing the power of coaching. Which is absolutely fantastic that the way how you reinvent yourself was through lifestyle medicine.

Exactly what happened to me. I found back the reason and the purpose of my medical knowledge and career out in life is to medicine, which is basically go back to basics of the six pillars of the wellbeing.

And you, you basically combine it with the power of coaching, to help others. That means to help us in between all of us. Because this is let's talk a little bit about the power of community and how giving and receiving and being vulnerable and, creating a community where we all belong and our eyes are connected to each other and not to the cell phones, might be a way as well, not only for, healing.

If you are in a, in, in, in a specific time that you require healing, but also to continue and how medicine has proven it's, it's, it's a tool for longevity the more we connect to each other.

That has been proven for the Harvard study, which is a beautiful study, that the more connection between humans, that the longer you live and the cognition actually stays lucid.

If you are not isolated, it would you like to touch point on that? Sure. I think, there's definitely a lot to be said about community and connection. You know, the the world is so much bigger than us alone and kind of and tying back to where society is going with AI, with the future of medicine.

I can I don't I don't I don't think at least at this point I don't think it can be that give you that human connection that

you feel we are all part of a bigger system where we and and we are interconnected in this web together.

I don't think I and those types of things really fit in there. And that's part of the magic of medicine, part of the magic of the patient doctor relationship, the magic you feel that, I think drives a lot of us in medicine is that connection with our patients and seeing them through time.

So I think that's a really powerful component of medicine in the communities within, like physicians or health care spaces where others are feeling seen and feeling heard, it supports and gives us value with each other.

So I think that in itself keeps us connected and supports us. Yes. Because I see like the sixth pillar in life is telemedicine, which is meaningful connections.

And we're talking about meaningful connections, because that for me is very important more than just the small conversation in a social event. We're talking about meaningful connections with people that really meaningfully.

And I I'm a true believer what you just explained that we are all interconnected, intertwined beyond what we can almost feel with the five senses. But these meaningful connections as well requires a little bit of effort.

So I, I bring it up because I as much as I know that coaching, promotes that you you can connect to others and create community and all the how volunteer at work will really fulfill the human, the same way especially us that we're in medicine or in professions that they are very, that they demand a lot of time from us.

The last thing that we want is just to try to volunteer hours or to create a community, or you prioritize.

Community, Connection, and Systemic Change

Let's say that what I'm trying to say is, like, you prioritize your time above your community, time that you could, invest on, on your friends, on the family or the members that they really mean to you or or even even just if you could take away one hour on a Sunday morning to volunteer, would be part of almost that healing process and that treatment of burnout.

I will you just agree with me. I think yeah, I think that connection I can understand why it could feel like for some people like one more thing to do, and they already have so many things to do and really speaks about our system.

I just want to touch on something you mentioned before. About like just the concept of how our system became what it is today and these expectations that we have upon it.

Our medical system residency was shaped by there's a physician, Doctor Halstead, I think it was in the 19th century. He introduced this apprenticeship model where the, trainees resided in the hospital.

And that's why it's called residency. And he was addicted to cocaine and morphine. And so the concepts and the extreme demands of training came from this physician who was addicted to cocaine and morphine.

And that's what created our standard of how we go into medicine. So historically, it was men who went into medicine, and their work life balance was supported by having a wife at home that could manage the rest of their lives.

As more women entered medicine, these societal rules changed and the cracks in the system became more obvious. It was built on this expectation of total dedication with a lack of regard to personal well-being.

And this worked. I'll put that in. Quotes worked when physicians had that full time support at home. But now that we have more awareness about mental health, awareness about burnout, importance on the humans who are working these fields, something has to change.

So in that aspect of that connection maybe being one more thing, perhaps we need to reevaluate our priorities.

What matters to us as humans? First, without all of those layers, what work is demanding, what the family is demanding, what society is demanding.

Because at the end of the day, it's you. You're the person, you're the human, it's your life. So I think a lot of this needs to start focusing on our own autonomy, our own sovereignty as people, and how that can fit into working.

It can be both. And it's a challenge this, you know, because it's kind of like asking work and life balance. But these things can flex. Life ebbs and flows, right?

It's not a fixed thing. Sometimes we have more space for one thing than the other, so things can shift. I think if you're working somewhere where people understand that you're good, the problem arises when you don't, and that's when you have to sometimes make some hard decisions as to how you are going to alleviate that underlying, underlying, let's say, difficulty.

Yeah, lack of it. I love I love that concept. I agree with you. What an interesting historical. Bite sized biotech piece of information you gave us there.

And it's. I wouldn't even imagine that I had to live in the hospital through my years of residency. I already had to sleep over when I was on call. Right?

I mean, it was an off, and, Yes, that would it will be impossible to have that balance, which still is not possible, still is utopic for me. A system that is asking you to do a work life balance, but is not providing anything for you to create that work life balance.

It's a it's an absolutely you to be at this point. Well, Doctor Rubino, I think we are about to finish our conversation. This has been very enlightening.

I'm very impressed. To wrap up, I wanted to ask you one last question. What piece of advice would you have to our listeners that they could use as a protection for any burnout, either in that is right now firing up and about to happen, or that they haven't yet phase and they would be able to protect themselves from that.

Sure. So I think it would be important to remember that your feelings matter. We are feeling beings that think when you feel that exhaustion that isn't going away, when you hear that voice that says, this doesn't feel right.

When you're feeling that apathy, that's the time to start looking within, you know, that's when you prioritize yourself like you do the patient. You listen to your own needs.

You start setting the boundaries that you need and create that rest. That's non-negotiable. You know, like you've heard before. You know, we can't pour from an empty cup, but protecting your well-being is how you keep it filled.

That's how you care for others. It's essential. It's not selfish. And I believe when you embrace your wholeness, you own your authenticity and you lead with intention.

You create a life well-lived, which is what we're all here for. God, I love that sentence. I think that totally wraps perfectly what your purpose is as a coach as well.

And for our listeners, now you have an amazing resource. Doctor Lisa Rubino not only an amazing physician and lifestyle medicine, but an amazing life coach, founder of way w I.

What it stands for, Lisa, is the answer. A whole authentic and intentional. I love it. So now everybody knows you're a physician. You feel that you're going through burnout, or even if you want to learn about burnout before getting into that messy world, you already have a door to knock.

Doctor Lisa Romano. How can they find you? Lisa? They can go to my website. It's a doctor. Lisa rubino.com. Schedule a free session. I'd love to chat and get to know you.

Fantastic. Thank you, Lisa for joining us in Double Down with doctor D. To our listeners, don't keep us a secret. Please share my content. I'll do it from the bottom of my heart, free of bias as evidence based as possible, and I'll see you on my next episode.

Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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