The Menopause Work I Was Meant to Do Transcript

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Podcast Introduction and Mission

Welcome to Hotness, the podcast that brings you practical tools to balance your hormones and rekindle connection, confidence, and desire in midlife and beyond.

I'm your host, Dr. Liz Lister. Hotners is a safe space for honest conversations about menopause, sex, identity, love, loss, reinvention, and desire, because you can embrace your hotness at every age.

In the first episode of the Hotness podcast, I shared with you a bit of my personal journey. And now I want to share with more of you my professional story and background.

It really has also been a process of listening, refining, and coming back to what matters most. When I was in medical school at the University of California at Irvine, I had the opportunity to rotate through different specialties.

Medical School and OB-GYN Inspiration

I did not know right away that I going to go into OB-GYN. It turned out that one particular moment really stood out on my OB-GYN rotation. I followed the senior resident into a patient room.

So I was just standing like the wallflower I supposed to be. And what I listened and heard was her helping this patient feel better. This was a woman in menopause, just so happened.

And the doctor helped this woman feel better mostly by listening. The conversation, talking with her and listening to what she had to say, probably also some hormone replenishment to help her feel but I really could see the difference that it made the therapeutic nature of just the conversation.

And I was really inspired by that. She validated what this woman was experiencing and helped her understand what was happening in her body. And that was what I realized, I remember thinking, this really matters.

I went through my other rotations and I realize that I also enjoyed doing surgery. Also enjoyed taking care of mostly healthy women. There was my choice.

OB-GYN felt like a really wonderful combination of all of these aspects of medicine that I enjoyed. After my residency, I did the full scope of OB GYN, including delivering babies for many years, thousands of babies.

From Deliveries to a Narrower Practice

And all that time, there was nothing like the moment of birth. It was always amazing, inspiring, magical, emotional. And everything else was difficult.

Being woken in the middle of the night because of a phone call of pregnant woman who wanted to know if she could take Tylenol or wanted know she can take a certain cough syrup or some kind of question like that, which that's fine.

She needed to ask the question. But that was it for my night of sleep. Also, prenatal visits, every time saying the same things over and over again, it wasn't what I enjoyed the most about what was doing.

Over time, I started to really be able to see the things that I did and didn't enjoy about this line of work, and also which things did, did not align with how I wanted to live and be there for my kids and for family.

So I started narrowing down my focus. After I had my children, I went back to work part-time after my first son, and

I noticed something very important and very interesting.

I did so much to help women avoid having hysterectomies. I do minimally invasive procedures. We did hormonal interventions, all kinds of ways to avoid her having a hysterectomy.

And what that resulted in is that I was doing very few of them throughout the year. Personally, I feel very strongly that if you're going to have a surgery, you need a surgeon who does that surgery very often.

Now I'm very fortunate I never had any complications with any of my patients, but I decided I did not want to keep pushing my luck. And more importantly, I wanted to continue aligning the way I was practicing with my values and how I want it to spend my time.

Moving to Northern California and Going Insurance-Free

So I stopped doing major surgeries. First, they stopped delivering babies. Then I stop doing the major surgery. And I continued the office-based GYN practice and a few minor outpatient procedures.

That also started to get challenging because the procedure could be something that takes five minutes, but I could pulled away from my office for one or two hours.

So I decided to go back to what I love the very most, which is talking with my patients. I ended up narrowing all the way down to a consultative practice.

And I let go even of those minor procedures. Right around this time, around 2011, I had the opportunity to go and work for another doctor whose practice and patient population overlapped a great deal with my area of expertise.

This was in Northern California. Now I took this decision very seriously because was I going to move my family up there? So I decided to commute. I commuted back and forth between Southern and Northern California for about four months.

And over that time, I realized that I definitely was enjoying this work and I moved my Family up to the San Francisco Bay area. This turned out to be an extremely meaningful chapter of my life.

A lot of which you know from what I talked about in the first episode. I learned a lot working with this doctor. His practice did not accept medical insurance.

So this was a weaning off of that system for me, which was very helpful. And I had a lot of perspective and experience to bring to his patient base. So it really, it was a win-win at that time.

A few years later, I made another big decision. I decided to start my own practice.

Building a Perimenopause-Focused Practice

This was with the, one of the hardest parts, which I have accomplished working for this other doctor was transitioning away from insurance. Now, this was hard for me because the truth is if I won the lottery, I would do what I do for free.

I really would. What I figured out and I could really see clearly is that the insurance model was restricting what i could do to help my patients feel better.

It limited the time I could spend with them. It limit the tests I can order. it limited that kind of care that I wanted to provide. And the Time really was the most important feature.

So I stepped out on my own. without insurance and it was really a beautiful shift. I had the time, I have the freedom, had ability to actually listen and work partner with women and worked with them to help them solve what was

happening and feel better.

And that practice has evolved to my practice as it is today. which is basically entirely focused on perimenopause and menopaus. That's where I see the biggest need and where my own experience going into menopause at age 43 and really having a lot of experience with all the different kinds of hormone treatments during that time really give me a huge opportunity to help women live their very best lives and feel their best so they can go do their.

There's a few men in my practice because men have hormones too. In fact, they often come in because a woman in their life who cares about them says, trust me, just go, go see Dr.

Liz. It is very rewarding to help the men because hormonally they are a little more straightforward than we are. And it can be very gratifying to them feel better.

They can often be pretty quick. So that's nice. But still, more than 90% of my patients are women, women in their 20s all the way up into their 70s and 80s.

I've even taken care of teenagers, especially as we see more and more hormonal disruption in younger and younger women.

Telehealth, Writing, and Full-Circle Reflection

At every stage, it comes back to the same thing. We want to feel good, we want feel like ourselves so that we can go out and live our best lives at every age.

At this point, my practice is mostly online, telehealth. I do have some hours in person in the San Francisco Bay Area. But what I've really created is a life and a practice that allows me to do my very best work for others.

I have the flexibility to spend real time with patients, I continued writing, written several books, and now to be here doing this podcast. Time for my family, time for service opportunities in my world, as well as taking care of my own health.

And I don't take that lightly. I am very grateful to be able to do what I do. At the end of the day, I've come full circle back to what inspired me the most in medical school.

Most of my time sitting with women, listening, helping her understand what's going on in her body, and most important, help her feel better. This podcast is an extension of that.

Conversations and topics that I have with patients every single day brought directly to you. so that you can understand for your own body, so you that can advocate for yourself and feel fully alive in your life again.

That is my definition of hotness. Your aliveness, your energy to be able to flow through your live in any area that choose. And I'm really glad that your here.

Thanks for listening to Hotness. Help more women find these practical tools by liking, sharing, and following the show, as well as leaving a review. As a gift for listing, go to drlizmd.com forward slash hotness for your free midlife guide filled with powerful support for you mind, body, soul, because you can embrace your hotnes at every age.