The Widowmaker's Gift: An interview with author J. Paul Luftman, MD Transcript

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Introduction and Sponsor Message

Welcome to the Art of medicine, the program that explores the arts, business and clinical aspects of the practice of medicine. I'm your host, Doctor Andrew Wilner.

I've planned a great program for today. But first, a word from our sponsor, Locum story.com. Locum story.com is a free, unbiased educational resource about locum tenants.

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Pas and NPS at Locum story.com. And now to my guest today I am pleased to welcome doctor J Paul Laufman. Doctor Laufman has been a family and sports physician for 25 years.

He is also the author of the new book, The Widow Makers Gift Balancing Science and Well-Being in Health Care. Doctor Laufman was prompted to reevaluate his life's priorities after a massive heart attack.

The widow maker's gift describes his healing journey and offers practical strategies for physicians and others to achieve wellness.

Meeting Dr. J. Paul Laufman

Welcome doctor J. Paul Laufman. Thank you, Doctor Honor. Appreciate you having me. Doctor Laufman, thanks for joining me. I, recently, had a few days of vacation, and I read your book, and I found it fascinating.

It's just published now, right? It's just just come out. Yeah, yeah. This is launch week coming out today. And, it's in, soft copy and e-book and then hard copies come in and probably next week.

And then we got an audiobook that I narrated myself that's, launching next week. Probably. So. Oh, congratulations for doing that. I, narrated my, my book, The Locum Life.

And that is not an easy thing to do. So I have a lot of respect for people that narrate their own books. How long did that take you? I think I was, let's say it was about, 13 for almost 14 hours of recording time.

Including the ups and downs back and forth and editing for about almost seven hours of book time. Right. That's, That's right. I had to do mine early in the morning before my voice came out at the end of the day.

Yeah. Well, I, I think that'll be that'll be a fun book, to listen to, because it's a very personal book. This, Widowmaker. And hearing it in your own voice, I think would be very interesting.

Appreciate it. So. So why don't you tell us about it? Why? Why write a book? That's a big job. Yeah. You know, I think I was in this automatic living place that I describe a lot in the book.

I was kind of on autopilot in my life, doing a lot of things and teaching and seeing patients and raising a family. And, you know, I think there was suffering going on that wasn't really recognized.

I think it was easy for me as a health care provider to always look at everyone else's issues and problems and feel for them and, you know, sort of just skirt around my own issues.

And it wasn't until I had a near-fatal MI heart attack that really opened my eyes to what was happening around me. And then I think in the process of that, obviously I'm I'm narrowing down, you know, a lot of chapters of the book

here.

Heart Attack and Life Reassessment

But, you know, I had to I didn't have to, but I felt in many ways compelled and on a path to understand more about what happened, about my experience.

And really, there was this incredible sort of intuitive sense that I finally tapped into that said that I think that the suffering was for a reason. And I think, I have to tell my story.

And I think in telling that story, I'm hoping that it will reach others before they run into similar difficult challenges in whatever shape or form. So as background, you're in a traditional practice.

You were taking care of patients, you had your family, you were very busy or had a teaching appointment. You did some, I think you did some sports coaching as I remember.

I mean, you're busy guy. And it's not unusual for people like that, you know, to have type A high achievers, American males to have a heart attack. But what why was it that your heart attack was was different?

That it that it said, gee, something strange here. You know, I think that, although it may seem like type A, I didn't live my life like that. Yes, I was achieving, but I thought I was doing it with the right sense of balance in many ways.

I was taking care of my family. I was trying really hard to do things on the side a little bit, and it just it it kind of just fell apart very suddenly.

And I think I didn't fit the paradigm of what you see when we go to see our colleagues or cardiologists or other heart specialists in terms of traditional risk factors and things that were there, that should have put me into this sort of really extreme situation that I wasn't aware of.

And it took some investigation to understand, in my case, why a 48 year old male who had no really traditional risk factors. Yes, there was stress, but there was no other real risk factors.

And I think this whole stress leading to physical complications thing has been an emerging phenomenon, you know, in terms of the way that traditional Western medicine has looked at, disease and ailments.

And I felt like, again, it was, partly I was being called to talk about that because it is hard to measure. Right? It's easy to measure cholesterol or years of smoking or family history, genetics.

It's really hard to measure this thing that is stress. And so, you know, I didn't feel like a type A, but clearly I was living like a type A, and, I think that that I guess there was just something about it that needed to be investigated for me much more in depth.

And that led me along this crazy winding trail. Now, you did sort of, I guess, discover that, you'd had some childhood experiences that, frankly, were pretty nasty, that I guess you'd sort of, just, kind of buried, I guess, which, you felt were responsible for some of this, personality that you, personality trait of trying to help others and neglecting yourself.

And I know in the book, you did a lot of self discovery. Discovery with various therapies. Imposter syndrome. That's something we talk a lot about. Did that affect you?

Yeah, I think a lot of us are affected in medicine by that. I don't think there's any question. It was a huge issue for me, and I think it was because my core wasn't built on self-confidence.

It was built on doing stuff for others. And it's just, I think in many ways not sustainable. It may be sustainable for some, but I think for a lot of people it just breaks down.

I think that that sense of, yeah, I'm doing all this. I'm not sure I deserve it. I'm not sure I really worked hard enough for it. And, you know, it sort of pushes you to these heights of, I'm doing I'm going to do this, and then I'll feel good, and then I'll take care of this, or I'll publish this thing, or I'll get this following or make this ten year level that it just it's never enough, you know, and I think it's never enough to calm that voice inside our head that is constantly telling us that, you know, if you just do this a little bit more, you're going to make it finally and you'll feel good, you'll feel peaceful and happy.

And I think that was leftover from my childhood, and that's why I had to go back and look at it. But, feeling satisfied it didn't happen, right?

Childhood Trauma and Imposter Syndrome

Yeah. Very much. I think that it was just never enough to soothe those things that were happening inside. And my life was built on this sense of, like, what others see is success on paper.

Right. What is a what is a sort of westernized culture successful life look like for, let's say, a physician or anyone in health care, you know, buy a house, buy a car, or have kids, live a happy, happy life, go on vacation once in a while, sort of this checklist of things that I think most people are striving for, that they think will get them to some place of feeling good about things, let alone sort of raising to higher heights in their career.

And, you know, if the work isn't done internally, I just think it just you're you're always going to feel like you're falling short. So that's that's pretty disappointing, right?

After all that work and you and you do make those achievements, you were successful in your practice and teaching was going well. And on the face of it, your life seemed to be working.

And then boom, this heart attack comes out of nowhere and it's like, well, maybe, maybe that's a signal that something isn't right. So is that kind of what?

Yeah, I think so. I think and I think it was really it was declaring itself in the midst of the heart attack, like the heart attack was the wake up sign.

And I know a lot of people don't believe in that stuff. And I, by the way, had a very I wanted it to be I wanted to be very careful in the book talking about spirituality and things, because for many people, getting into spirituality and God and religion is is extremely polarizing, and it can be just as bad as politics, right, or other things.

And I want to stay away from that and trying to stay positive. But I think that, you know, there was something that needed to happen to wake me up. And I think we all get wakeup calls in different ways, but I think there's more going on that I describe in the book.

As you probably recall, around us in our universe, that speaking to us, that is just hard for our sort of like standard five senses to tell. And I sort of related it to that.

So as I went in deep into the science and the physics and all of these things, my grounded, westernized self was able to sort of say, okay, there actually is not voodoo or magic going on here with the things in the universe that are speaking to us.

There's some real good science now to back this up so I can lean into it a little bit more, not necessarily a different belief system, but lean into the fact that, yeah, I think this needed to happen for me.

Unfortunately, there was too many things happening that weren't waking me up. And yeah, I feel like it did happen for a reason. And you know, I'm thankful I'm still here and I'm thankful that I'm able to tell my story and I hope it helps others.

All right. So post heart Attack and you did a lot of exploration into Western and Eastern sort of philosophies to try

and find some truth to the matter.

How are you living your life differently today than, say, you would have, you know, five years ago before all this happened? Great question. I mean, I you know, I think that there we have to be careful not to also build in the piece of the perfectionism of like getting well after something like this, that we had when we were struggling and trying to achieve, achieve, achieve.

Spirituality, Awareness, and Healing

So I'm trying to really slow down and live in the moment and you know, that has a lot of weird connotations for people, and I understand the difficulty of it.

But I've learned with these practices to take moments here and there. I'm still busy. I'm doing stuff, I'm working, I'm taking care of my family. I've got a lot of, you know, still still challenges, around.

But how I approach it is different. And how I approach it, I think, is I'm thankful and I have gratitude that I was able to find this path. And then I'm implementing things here and there.

I wouldn't say that I'm sitting and meditating, you know, an hour or twice a day or that I'm going to retreats every other weekend or, you know, doing these things that are, you know, I think, difficult I think difficult for most people to really fit into their lives.

And I, most people don't want to just run off and be a hermit. And, you know, I'm suffering so much. I need to just go and sit against a wall and meditate all the time.

And that's partly why I wrote the book, and I hopefully you saw the exercises I put in. There are brief enough where I think it's 30s or one minute of awareness in the middle of something that can snap.

It may not happen immediately, but add it up over time. It seems to bring an awareness to us that we're not our thoughts. There's I like to describe to people the sense of, you know, sort of sitting out here for, for just a brief second, looking in and looking at yourself going, oh yeah, that that's not me.

That's not the core of who I am. It's just how my brain is doing its thing. And little by little, it builds awareness into a sense of wellness. I think that over time, leads to just, a better way of living, more well-being.

If I remember correctly, there was this great line. It's like, well, if we're not our thoughts, who are we? And then it's like, well, I'm the guy that's listening to my thoughts.

Yeah, I thought that was great. I'd never heard that expressed exactly that way, but that, that resonated, for me because, you know, your thoughts feel so much, integrate.

I mean, that's who you are, right? Or your thoughts. But no, you're the one who's listening to your thoughts. I thought that was a nice way to kind of step away from what can be, you know, troubling, thoughts at times.

Yeah. So I thought that was, pretty cool. It sounds like, Well, you know, so I, I mentioned I was on vacation, so on the plane, I watched a lot of movies, and, one of them was, Christopher Robin.

And Christopher Robin is a tale of Winnie the Pooh. But the whole concept is that this poor guy, Christopher Robin, you know, he played with all of his childhood imaginary friends, but as an adult, he gets overwhelmed with work.

And, you know, he weekends at the office and his family's becoming more and more distant, and his child misses him. And it kind of you sort of hear some rumblings in the background.

It looks like a divorce or separation is in the making. And, Winnie the Pooh comes to London to save him as an, as an adult. And so I think this is kind of a universal, theme of, a lot of, us, I think men and women, you know, the

people who are the, providers for their families, you know, get caught up in the necessity to provide, but sometimes at the expense of, as you say, living in the moment and, being together with their family.

Would you say that was one of the underlying sort of stresses that led to your divorce? Yeah. I mean, I didn't want to go in depth into my own divorce.

There's a lot of pieces there. It's too much to talk about. And and, you know, it, it didn't work out for a lot of different reasons, but I felt very strongly that, you know, it.

I just didn't myself, along with other pieces, have the requisite ability to have a balanced relationship, with that partner. And, you know, I think the stresses are so multifactorial.

Right. I, I think that's what we all live with now. And it's even more ubiquitous now than ever with the technology around us and social media and the stressors in our world.

I just think it comes back to staying present for little moments of time, to be able to actually see what's happening. You talked about just go back to what you said.

You talked about this voice, you know, and I think that until you are in the car and you turn the radio off and you just watch it for 45 seconds and you see what it's telling you.

Yeah, I got to go here. I gotta stop at this place. And I got a oh, I forgot to talk to this person. I want to get to work out of this. And I'm worried about that patient and my kids, this and baseball that.

You start to realize, number one, that it's doing it. And you're seeing you're starting to see it for the first time. And then in that awareness comes that place of stepping out and seeing it.

Oh wow. There is an awareness here that's actually seeing the thoughts. So I'm not those thoughts. And it's really easy to put into words. For me right here, it's very I think a lot more nuanced to actually do it.

And the experience is not what my words are. And it really, I think, leads to something different and better that can help. You brought, for example, in my relationship.

But relationships work stress across the board because I think when we're stuck in the loop, we just can't see what's really happening around us. And yeah, we're using our intensive, amazing left sided brains that have been intellectualized and really guiding us.

But I think in many ways there is an intuitive right side that can be brought in, even for the most rigorous scientific of minds. And, you know, people like Einstein and I brought up the the Vedic scholars, you know, have have proven this over the centuries.

Living with More Balance

You know, there's been an explosion of, physician coaches, and a lot of them have become coaches because of their own experiences, being coached. And they found it was so helpful that they are, you know, I, I agree with you that the, modern stresses are, kind of, at a level that we're we're not prepared for.

You know, there's been an exponential jump, the 24 over seven availability, the onslaught of information, you know, just sifting through it and trying to decide how to manage it can take all day, no question.

Now, part of your part of your exploration into, other ways of, managing stress and wellness had to do with, I thought this was pretty interesting with sound.

And you, you've developed something called the saturation of sound. Can can you tell me more about that? Yeah, I'd love to. I, I'm excited about this.

The the book itself is sort of the step one of this venture. And I hope to create a community. I came up with the name or the name came to me, I would say in a moment of clarity where I was in a sound bath experience.

Right? I was in a meditative environment, playing ambient music, watching these sort of beautiful sort of abstract visual art visuals. That was in a church.

And, and it was just an incredible experience. And I, I sort of slipped into this day where I could hear people talking around me, but I was kind of a little bit otherworldly.

And this name came to me, and I think it was a combination of my years that I describe in the book how how, you know, really invigorated I've been and how much music in general has enlivened my life.

Not playing per se, but just taking part in listening. And I was deejaying for many years at the radio station in college, so I think it's some combination of those things that, you know, sort of lit a spark in me.

And this name came to me and I thought, you know, it's a great I think it's a great, you know, what I call a metaphor for our current state, right? It has double meaning.

I think we we are saturated, use sound as a proxy for our senses. We are saturated right now with overwhelm. Essentially just stuff coming in, probably at a rate, you know, that's 100 x, maybe a thousand x more than people even just, let's say, 30 years ago.

If you look at the statistics, right, and the amount of information coming at us, let alone the senses, sound, sight and everything else. And so there's an overwhelm with that, that I think I was wanting to describe, that I have felt and I think in being saturated in music and sound and frequency, what I did when I went on my journey was I saw that there's a lot of healing to be had there.

And so I loved it. I it just it had that double meaning where, you know, it's it can be both and I hope to tell both sides of the story. Here's the difficulty that we're all having.

And can we be an awareness. And here's a way of looking at it above and beyond, maybe some of the traditional things that we've been used to. You know, I did a program actually with Renée Fleming, the opera star, and we talked about music, and its healing powers.

And, this is, sort of a current, area of, of investigation. There's a new book about that with many, many scientific investigations of how music affects the brain and how it can be used to, create, at least a better sense of, of wellness and maybe even healing.

So saturation of sound. So where do we go with that? Are we listening, to certain sounds or making them. What happens? Yeah, I think what I'm going to do is create options.

I don't think it's a one size fits all for for anyone.

Relationships, Stress, and Modern Overload

And there's people who aren't moved by music, but they may be impacted by sound in the right frequency, and they may be impacted by just putting it on for one minute.

When they're in the shower. It could be having it on in their office, or they're, you know, while they're working, just sort of in the background, kind of emanating and, you know, kind of moving over them in the midst of getting stuff done or responding to an email real quick.

It's I think what I believe and what I'm building is a sense of incorporating in it in, in like little bitty, itty bitty ways that add up to making a difference.

Just like I talked about the sort of mindfulness moments. And so I want to do a speaker series. I want to present the kind of music and sound and, and quiet contemplation that I speak so much about in the book.

So that's a big part of what I'm going to be hopefully building here. And then the other piece is just really just like you said, just the amount of literature coming out that's relating to how sound impacts us and trying to allow for a build in that community of other younger people.

Just entering the field who are saying, yeah, I want to find other ways of looking at this. I think it's ripe for more investigation because it's not just when I listen to Verdi and my my heart rate improves or this it's it's, you know, like everything else.

What's the outlook? Why what's the what's the dose that's needed? What's the minimum dose that works. And I do it. If it's five minutes, five times a week.

Is that enough? You know what type of, you know, not only the frequency but follow up. Is there a lasting effect from doing it, let's say, for six weeks and then sort of falling off all of the things that traditional medicine has looked at, I think needs to be looked at in these principles to the difference is in the past it would have been, let's say, promoted by people who want to talk about alternative lifestyles or alternative living or alternative healing.

And now I think a lot more mainstream people are jumping into this because there is literature and there is data to support what we're doing, at least early stage.

It may not be you know, large randomized controlled trials, but you have some really interesting findings that are worth building on. And so I love the fact that we can combine it and I have this chapter in my book.

I'm sure you remember living in the end. You know, let's, let's, let's keep doing what we're doing. We're making a lot of progress in a lot of areas. You know, we've really advanced wellness and, improved mortality and morbidity.

Can we also bring some of these more esoteric principles in in the right way, not just with a guru standing up before you saying it works, but really actually testing it and making sure that it's the right thing for the right population and the right way of doing it.

Now it it seems like you're you're coming out now on the other side of all of this. And are you still seeing patients? Yeah. I have a part time practice, patients, a little bit.

I, I'm a pro team position, so I'm taking care of athletes, and, I have an administrative role, and I'm doing this, so, you know, I'm still busy, but I do like seeing patients still.

I just felt that for me, I needed a little bit better balance. And what I'm doing now kind of works out a little bit better for, for the situation I'm in.

And I think that, you know, I want to create something that especially for the younger generation, I'm around residents and med students and fellows and I, you know, I see what they're going through, and I know the challenges.

I don't know it personally because I'm not living in that generation. But, you know, I'd, I'd like to be able to bridge the gap between our generations and start implementing things that are going to work so that they can see patients long term.

I the what the other thing I mentioned, just to just to finish this thought, you know, I went to a reunion with my med school friends and, you know, I'm, we're on our mid 50s and and most are really burned out, right?

I mean, almost everyone is talking about early retirement, and I think, you know, whatever everyone can have judgments about that. And whether it's good or bad or there's problems.

I mean, we know there's problems in our health care system. There's no question. But I think my goal is to just try to add in some of these things in a community way that allow especially the younger generation, to think that they're not just working towards an early retirement goal, that there's meaning in what they do and that there's longevity that can be there, and actually sustainability because they have the right balance.

That's what I'm working towards. Yeah. Well, I think that early retirement for physicians is a national tragedy, because you have people who have invested so much time and energy to become good at what they do as healers, and for them to drop out of the system before they have to, you know, to retire at 55 instead of 75.

Yeah, I mean, you've lost 20 years of someone who could contribute in a very positive way.

Sound, Music, and the Saturation of Sound Project

I mean, that that's terrible. No question. Now tell me how your learning in the past few years influences your patient encounters. Now, what do you do differently?

Yeah, I think there's a listening that happens. I think I was always empathic and trying to hear perspective, trying to hear, and understand and be an acute listener because I think patients in many ways needs that.

I mean, I felt like especially when I was doing traditional family medicine for, you know, over ten years, there were so many people coming in with all these ailments.

But really the underlying issue was either the lonely or they just don't have anyone to talk to. And their physician often was the one who would listen.

And I felt like, you know, people would leave and I'm like, I didn't even do anything. But yet there was a connection made, you know, maybe I didn't put an order in or give a medication, but there was a connection made that I think really helped people.

And I'm trying to take that to the next level with not only understanding, but really. And I talked about this in the book, having the patients advocate for themselves because I think there's a certain sense, if we are too much in the realm of God, this person really needs help.

I'm going to get this guidance and this guidance. Is it really disempowers people even in medicine? Right? I mean, we talk about it in other areas of life in terms of people going around getting, recommendations for things and not being able to sort of, you know, vie and fend for themselves and make decisions.

But in medicine, it's just as crucial. There's no doubt that it has to be a partnership for, I think, people to really get better. Otherwise it just keep feeling like they're in the sick role and you're giving them the information.

So I love, you know, a lot of what I found again by serendipity was like the talks by Rhonda, us. You know who who previously was Richard Alpert at at Harvard as a psychologist and saw patients and taught and then, you know, went on this this incredible journey that he went on, you know, to find some spirituality.

And he talks about that a lot. He talks about just not taking people's, ability to really engage in their own process, but supporting them along the way.

And I think it's subtle. I think it's nuanced, but I'm trying to really put that into place when I talk to people now. So yes. Recommendations. Yes. Give some guidance.

But I think there's a way of doing it that is yeah, a little bit more balanced and allows patients to, to feel like they can have their own agency. Yeah.

I, I concur with, listening and I'll add that there's this, concept, the psychiatrist talk about, of, of active listening. You know, you're not just sitting there like a stone, letting the words go by and being patient so the patient can vent.

You're really listening for for certain words and certain cues, that are going to guide you as to understand what the patient who may not even be aware of what they're trying to say, but that you should actively be listening to try and figure it out so, so you can help them.

I think that's great. I think so, and, and I hope I mean, as technology I mean, you know, everyone obviously not everyone, but it's it's a common trope now to to bash on technology and artificial intelligence and all these things.

But you know, what I hope is that we can find a better way of of sort of you, I would say measuring, understanding that that piece of it. Right. It's we can send out surveys to patients about how, you know that they like their care.

And we can measure, you know, that they did like the parking and was that person nice to him at the front desk and all these things. Right. I mean, there's all these measures of like quality care is now, but I think there's something to be said for having some innovation in this space.

Right. And not necessarily mean maybe maybe it includes compensating physicians. Definitely. I don't know. But prioritizing that in some way that someone or some groups of someone can come up with and really make it an important piece of that experience, that comes out and whether, you know, it could be even on just an email encounter, not even necessarily or a phone encounter, it, it can be, I think, measured and looked at in a lot of ways.

And I hope that there is, in this generational shift, an emphasis put back on that piece of it for priority. And yeah, we'll see what that looks like.

I don't know, but I love bringing it up because I think I'm not I don't think I'm gonna be the one that figures it out, but I think people will. And the more we talk about it, then it gives.

It gives others ideas that they can churn through. All right. Now, I know you've been doing, teaching of, young physicians and residents for for a long time.

What would be your, I guess, the essence of your recommendations today for, young physicians. Quiet contemplation. I think it's all over my book. I think it's for the young and for the old, but especially for those who have spent ten years write post undergrad grinding, spending their entire 20s essentially, right, as most providers do.

Just head down, right? And just getting through the work and getting through college night and, you know, learning as much as possible to feel like when you come out, like I'm going to feel like I'm skilled and qualified and have the the understanding to be able to take care of another human being and in a significant way that I think it breeds some of that sense of just being in loops and being on automaticity, because I think the goal driven set is to get to that point.

Patient Listening and Physician Burnout

Right. I, I can't get past fellowship and then I can then I can breathe, you know, but I think the hard work begins after that because as you and I know it's it's a long term grind dealing with patients and their challenges, that takes a certain amount of patience.

And if we don't understand ourselves, I think the burnout rate, I mean, we haven't really gone in-depth into burnout, but I think it contributes tremendously.

And so quiet moments that I talk about in the book, little specific small spots here and there that can add up to something. I didn't want to give more homework to people.

I didn't want them to feel like they had to go on retreats and, you know, do all kinds of things that are just it's not going to fit. And they're not going to listen and they're not going to do it.

This had to be something what I felt like in reading everything and experience everything I did after my heart attack

was, explaining things in a different way and then implementing things that were actually realistic and people are capable of doing and small.

I like Alec, what's my word, my my westernized medicine word. But, you know, little small bits here and there that that out of over time so that you don't feel like you have to jump into something that's just another hassle, another burden.

One of the funniest, posters I ever saw was in the early days of, burnout. There was an advertisement for a two day intensive ten hour a day relaxation course to cure burnout.

And it was, like, so ironic. Yeah, that, you know, the idea was, you know, we're going to really jump in there and get rid of burnout, which is of course, was is the whole problem to begin with.

So there was a lot of irony, you know, a complete failure to understand what was going on. I like the I like the intent, but probably executed a little bit differently.

Right. Great idea. All right, Doctor Laufman, this has been a great conversation. Is there anything else you would like to add? Thank you for the time, I appreciate it.

I'm just getting started, so any support would be wonderful. Everything is really linked and tagged in my website. You can go to saturation of sound.com to buy the book.

It's on Amazon and other retailers and I've got, all kinds of stuff going on, you know, starting to build on social media. Not much of a following yet, but, you know, I'm happy with the slow build and we'll see what happens.

I just keep telling my story and hopeful that over time, you know, it will reach people. And, you know, I'm open to feedback. I'm open to hearing other stories and incorporating that into, what I'm trying to build here.

So, you know, I'm excited for the future. Thank you for again for the time. What's the best way for people to contact you? Yeah, I think the contact, page on, on my website is probably the best way.

And it'll come directly to me. I'm answering all those now. And, basically happy to, you know, take inquiries, work with people, work with groups. Would love to, to, you know, and and I'm already planning to, to go to med schools and nursing schools and, talk to groups of therapists and technicians.

You know, I really want to reach people throughout medicine. So. Yeah, I would say the contact page on my website, it's probably the best place to start.

And, you know, I'll get back to you, doctor Jay. Paul Laufman, thanks for joining me on the Art of medicine. Thank you. I'm Doctor Andrew Wilner. See you next time.

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