Treating the Whole Person | A Conversation on Modern Pain Care (feat. Override Health) Transcript

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Introductions and backgrounds

Hi all, welcome. My name is Stephanie Hi all, welcome. My name is Stephanie Berer. I'm here from Override Health. Um Berer. I'm here from Override Health. Um I am very delighted and excited to speak I am very delighted and excited to speak with two um prominent physicians in the with two um prominent physicians in the pain field today. We have Dr. Lashort pain field today. We have Dr. Lashort and Dr. Gimenez. And I would love for and Dr. Gimenez. And I would love for you to go ahead and introduce yourself.

you to go ahead and introduce yourself. Welcome. Welcome. Welcome. >> Hi everyone. I'm Dr. Javier Jimenez. I >> Hi everyone. I'm Dr. Javier Jimenez. I am the director of consultation am the director of consultation psychiatry and chronic pain at Long psychiatry and chronic pain at Long Island Jewish Medical Center, which is Island Jewish Medical Center, which is the academic hub for Northwell Health.

the academic hub for Northwell Health. It's a large health system in and around It's a large health system in and around New York City, comprised of 28 hospitals New York City, comprised of 28 hospitals and many clinics. Uh my uh current role and many clinics. Uh my uh current role is clinical and nonclinical is clinical and nonclinical administrative. I I see patients with administrative. I I see patients with mental health needs, but also I'm pain mental health needs, but also I'm pain medicine boarded and see chronic pain medicine boarded and see chronic pain patients in my clinic. I'm also patients in my clinic. I'm also addiction medicine boarded. So I do see addiction medicine boarded. So I do see some of individuals who unfortunately some of individuals who unfortunately are afflicted with chronic pain and are afflicted with chronic pain and associated concerns that are mental associated concerns that are mental health concerns and addiction. It's a health concerns and addiction. It's a pleasure to be here today.

pleasure to be here today. >> Thank you for joining us. >> Thank you for joining us. >> And I'm Christina Lashort. Um I'm a pain >> And I'm Christina Lashort. Um I'm a pain physician anesthesiology um by physician anesthesiology um by background and I am the medical director background and I am the medical director and VP of clinical delivery here at and VP of clinical delivery here at Override Health. Um so here I also have Override Health. Um so here I also have sort of two hats I wear just like you sort of two hats I wear just like you Dr. Jimenez where I am seeing patients.

Dr. Jimenez where I am seeing patients. I have a cl clinic as well as do some of I have a cl clinic as well as do some of the operations work um and oversee the the operations work um and oversee the teams that are uh delivering the teams that are uh delivering the interdisiplinary care that we um do interdisiplinary care that we um do here.

here. here. >> Great. >> Great. >> Great.

How each doctor entered pain medicine

>> Welcome. Welcome. Well, I um why don't >> Welcome. Welcome. Well, I um why don't we just jump right into it? I have so we just jump right into it? I have so many questions um for you all, but I many questions um for you all, but I always like to start with understanding always like to start with understanding your journey a little bit, right? I feel your journey a little bit, right? I feel like folks that end up in pain medicine like folks that end up in pain medicine are um are a special kind of person. And are um are a special kind of person. And so I'm curious, you know, what first so I'm curious, you know, what first drew you into pain medicine? Um and how drew you into pain medicine? Um and how has your perspective evolved as you know has your perspective evolved as you know you've worked across different you've worked across different disciplines?

disciplines? disciplines? >> Um I you know went into medicine >> Um I you know went into medicine thinking that maybe I'd become a thinking that maybe I'd become a surgeon, maybe uh an oncologist, surgeon, maybe uh an oncologist, something of the sort, but all something of the sort, but all physicians need to experience a variety physicians need to experience a variety of of disciplines. And the one that of of disciplines. And the one that really resonated for me and really uh really resonated for me and really uh moved me was psychiatry. And so I moved me was psychiatry. And so I actually trained first in psychiatry at actually trained first in psychiatry at the University of Pittsburgh Medical the University of Pittsburgh Medical Center. um had stellar training in Center. um had stellar training in psychiatry but along the way I always psychiatry but along the way I always wanted to have some impact in the wanted to have some impact in the medical space and so I specialized medical space and so I specialized further in what's called medical further in what's called medical psychiatry or consultation leaison psychiatry or consultation leaison psychiatry and that's when I went to psychiatry and that's when I went to Mass General Hospital part of the Mass General Hospital part of the Harvard system and did a fellowship Harvard system and did a fellowship there in that specifically again mental there in that specifically again mental health issues in the in the medical health issues in the in the medical space and and I've not looked back I've space and and I've not looked back I've only worked in the medical space and only worked in the medical space and it's been now 15 years of of working it's been now 15 years of of working with mental health concerns in the with mental health concerns in the medical space. That first experience at medical space. That first experience at Mass General actually exposed me to Mass General actually exposed me to acute pain patients. I worked on a burn acute pain patients. I worked on a burn unit and a trauma unit um as a unit and a trauma unit um as a psychiatrist and of course there were psychiatrist and of course there were other mental health concerns to think other mental health concerns to think about trauma anxiety but we were about trauma anxiety but we were actually assisting other doctors in actually assisting other doctors in alleviating acute pain surrounding skin alleviating acute pain surrounding skin grafts and other interventions that grafts and other interventions that these individuals would face. really these individuals would face. really terrible situations, but I learned a lot terrible situations, but I learned a lot about pain management and how that could about pain management and how that could really alleviate alongside mental health really alleviate alongside mental health interventions the suffering that some interventions the suffering that some patients faced. And I never really patients faced. And I never really forgot that lesson. After that, I forgot that lesson. After that, I trained and worked in a variety of trained and worked in a variety of different spaces that were medical, some different spaces that were medical, some more related to pain, some less. I went more related to pain, some less. I went to the Cleveland Clinic and worked there to the Cleveland Clinic and worked there for about eight years and once again for about eight years and once again inserted myself in a number of medical inserted myself in a number of medical spaces, transplant medicine, spaces, transplant medicine, orthopedics, rheumatology, epilepsy, but orthopedics, rheumatology, epilepsy, but the one that really uh took more of my the one that really uh took more of my attention and time and focus was chronic attention and time and focus was chronic pain. It was a program there. It's a pain. It was a program there. It's a multid-disciplinary program with multid-disciplinary program with physicians, psychologists, physical physicians, psychologists, physical therapists, occupational therapists, therapists, occupational therapists, nurses, all working together to help nurses, all working together to help severe chronic pain patients. And I severe chronic pain patients. And I actually became the director of that and actually became the director of that and worked with the team. And we had a it worked with the team. And we had a it takes a village approach, if you will, takes a village approach, if you will, for these endstage individuals with with for these endstage individuals with with chronic pain. And so, it's sort of an chronic pain. And so, it's sort of an accidental trajectory for me to get to accidental trajectory for me to get to this point. within that space I became this point. within that space I became pain medicine boarded and addiction pain medicine boarded and addiction medicine boarded and felt very strongly medicine boarded and felt very strongly that this is something that I should try that this is something that I should try to assist with and help with. So that to assist with and help with. So that was my journey.

was my journey.

Defining successful chronic pain care

>> Wow. Wow. Thanks for sharing that. >> Wow. Wow. Thanks for sharing that. >> Sure. >> Sure. >> Sure. >> Amazing. Uh well my journey may be a >> Amazing. Uh well my journey may be a little bit more direct I suppose little bit more direct I suppose [laughter] than yours Javier. So, I came [laughter] than yours Javier. So, I came to pain medicine um through a traumatic to pain medicine um through a traumatic accident that happened when I was

um in accident that happened when I was um in medical school. And essentially what medical school. And essentially what happened was my house that I lived in happened was my house that I lived in with my younger sister burnt down. And with my younger sister burnt down. And in that um accident, my sister had to in that um accident, my sister had to jump out of the second story window. She jump out of the second story window. She suffered first lumbar spine fracture, a suffered first lumbar spine fracture, a um something called a Lisf Frank um something called a Lisf Frank fracture of the foot compound. um fracture of the foot compound. um fracture of the foot and so she had to fracture of the foot and so she had to go through numerous surgeries, nine in go through numerous surgeries, nine in total. Um [clears throat] total. Um [clears throat] had injections, stem cell treatments, had injections, stem cell treatments, medications and I watched all of this as medications and I watched all of this as I wasn't a medical student and deciding, I wasn't a medical student and deciding, you know, what I was going to do with my you know, what I was going to do with my life. And in the end, you know, all of life. And in the end, you know, all of the treatment she got, the interventions the treatment she got, the interventions and medications weren't doing it right.

and medications weren't doing it right. They they weren't solving the problem. They they weren't solving the problem. And what I saw, what finally worked for And what I saw, what finally worked for her over the years was um staying her over the years was um staying active, getting out into nature was active, getting out into nature was something that was really healing for something that was really healing for her, building a really healthy her, building a really healthy lifestyle, and she got into Pilates and lifestyle, and she got into Pilates and all of that sort of um you know, helped all of that sort of um you know, helped her deal with the the pain of the her deal with the the pain of the accident and now she's thriving, you accident and now she's thriving, you know, and it's been so many years and it know, and it's been so many years and it could have gone really wrong in a in a could have gone really wrong in a in a really sad way, But um so yeah, that really sad way, But um so yeah, that shaped a lot of you know my experience.

shaped a lot of you know my experience. Um anesthesiology was a way to get to Um anesthesiology was a way to get to pain medicine and um so I did my pain medicine and um so I did my training down in Miami in anesthesia and training down in Miami in anesthesia and then followed up at MD Anderson for my then followed up at MD Anderson for my fellowship. Um and you know it's been fellowship. Um and you know it's been incredibly rewarding. Um, what I've not incredibly rewarding. Um, what I've not what I've noticed throughout my what I've noticed throughout my experience is that, you know, the, you experience is that, you know, the, you know, I was an interventional know, I was an interventional proceduralist and a lot of that there's proceduralist and a lot of that there's a time and a place for, but what most of a time and a place for, but what most of my patients needed more of wasn't more my patients needed more of wasn't more procedures. They needed more time, procedures. They needed more time, guidance, empowerment. They needed a guidance, empowerment. They needed a team-based approach. And so, you know, team- based approach. And so, you know, hence why I ended up joining Override hence why I ended up joining Override Health to uh help build that.

Health to uh help build that. >> Thank you. Yeah, I've I'm familiar with >> Thank you. Yeah, I've I'm familiar with how both of you speak about, you know, how both of you speak about, you know, biocschosocial pain care and this team biocschosocial pain care and this team approach, right? This truly approach, right? This truly interdisciplinary approach to pain care.

interdisciplinary approach to pain care. Um, but I was wondering if you could Um, but I was wondering if you could define, you know, for for the folks that define, you know, for for the folks that will watch this, how do you define will watch this, how do you define successful pain care beyond, you know, successful pain care beyond, you know, just reducing pain scores, for example?

just reducing pain scores, for example? Feel free to jump into. Feel free to jump into. >> Yeah, I'll just jump in if that's okay. >> Yeah, I'll just jump in if that's okay.

Thanks so much, by the way, for sharing Thanks so much, by the way, for sharing that that very personal experience with that that very personal experience with with pain and how it affected your with pain and how it affected your family. And I'm just grateful for the family. And I'm just grateful for the silver lining here that now you're silver lining here that now you're helping others as a result of this helping others as a result of this terrible um

experience. But to answer terrible um experience. But to answer your question, Stephanie, I I when I your question, Stephanie, I I when I think of chronic pain in particular, think of chronic pain in particular, acute pain might be a different ball of acute pain might be a different ball of wax, if you will. But particularly wax, if you will. But particularly chronic lasting debilitating pain, I do chronic lasting debilitating pain, I do think very often much more about pain on think very often much more about pain on a 0 to10 scale. I think that's critical a 0 to10 scale. I think that's critical to think about the effects of pain, the to think about the effects of pain, the impact on quality of life, on impact on quality of life, on functioning, on socialization. Um, to functioning, on socialization. Um, to use your word that I use very often, use your word that I use very often, it's not just biological but it's not just biological but psychosocial ramifications of chronic psychosocial ramifications of chronic pain. Chronic pain is in a way a complex pain. Chronic pain is in a way a complex syndrome. It's not just uh a pain signal syndrome. It's not just uh a pain signal that just keeps hitting the individual.

that just keeps hitting the individual. It's also the effects of that uh It's also the effects of that uh constant bombardment of pain and uh you constant bombardment of pain and uh you see a snowball effect right a vicious see a snowball effect right a vicious accumulation of different psychosocial accumulation of different psychosocial u you know elements to chronic pain. So u you know elements to chronic pain. So when I think of uh you know chronic pain when I think of uh you know chronic pain and alleviating it and and see a new and alleviating it and and see a new patient or evaluate someone, of course I patient or evaluate someone, of course I ask about pain and location and ask about pain and location and alleviating factors and aggravating alleviating factors and aggravating factors and all of that and do an exam, factors and all of that and do an exam, but I I really also am thinking but I I really also am thinking simultaneously about um you know things simultaneously about um you know things like pain disability, pain avoidance like pain disability, pain avoidance patterns, pain thinking patterns like patterns, pain thinking patterns like catastrophizing and things of that sort.

catastrophizing and things of that sort. Not to get too jargony, but all of that Not to get too jargony, but all of that has to be done at once simultaneously in has to be done at once simultaneously in parallel, if you will.

parallel, if you will. >> Absolutely. We we talk a lot about all, >> Absolutely. We we talk a lot about all, you know, fear avoidance, you know, all you know, fear avoidance, you know, all the cycles of of pain here. Um, I'm the cycles of of pain here. Um, I'm curious how you feel curious how you feel that you can, you know, cover that in in that you can, you know, cover that in in one appointment, right? How does how one appointment, right? How does how does a physician in your position does a physician in your position address that, you know, realistically?

address that, you know, realistically? Um, given that there that chronic pain, Um, given that there that chronic pain, to your words, I've heard you say this to your words, I've heard you say this before, that chronic pain isn't pain before, that chronic pain isn't pain that has just lasted longer. It's a that has just lasted longer. It's a completely different beast and requires completely different beast and requires a completely different approach. Um, is a completely different approach. Um, is there any way that you can address that there any way that you can address that in in a in a health setting like that?

in in a in a health setting like that? >> Well, the short answer is no. not in the >> Well, the short answer is no. not in the first visit and I think it's actually first visit and I think it's actually very important to set the stage in the very important to set the stage in the first visit that there is complexity first visit that there is complexity here right patients will come in and say here right patients will come in and say doc treat or fix my pain right fix it doc treat or fix my pain right fix it fix it fix it make it go away which I fix it fix it make it go away which I think is perfectly understandable think is perfectly understandable perfectly natural for somebody who's perfectly natural for somebody who's living with unrelenting pain but to do living with unrelenting pain but to do that or to alleviate pain and its that or to alleviate pain and its ramifications it's going to take some ramifications it's going to take some time there's no shortcuts in this in my time there's no shortcuts in this in my experience. So I actually one of the experience. So I actually one of the very first things I love this question very first things I love this question you're posing. One of the very first you're posing. One of the very first things I do is to say we're going to things I do is to say we're going to need time for this and I sort of expand need time for this and I sort of expand the goals beyond analesia or pain relief the goals beyond analesia or pain relief so that it's about pain relief but it's so that it's about pain relief but it's about other goals functional restoration about other goals functional restoration if you will achieving you know quality if you will achieving you know quality of life expanding your level of activity of life

expanding your level of activity expanding your world which very often in expanding your world which very often in the world of chronic pain people's the world of chronic pain people's worlds sort of shrink over time because worlds sort of shrink over time because of reduced activity and and and and of reduced activity and and and and socialization. So that's the answer I socialization. So that's the answer I would give is that no, I don't promise would give is that no, I don't promise anyone that this is going to be fixed anyone that this is going to be fixed quickly. In fact, it's the opposite.

quickly. In fact, it's the opposite. It's going to take time. Let's devise a It's going to take time. Let's devise a care plan that may take many visits and care plan that may take many visits and many providers that are working together many providers that are working together to really treat you completely, right?

to really treat you completely, right? Sort of whole care of the uh not just by Sort of whole care of the uh not just by the way patient, the person that we are the way patient, the person that we are seeing, right? I mean that's they're seeing, right? I mean that's they're they're different not just patient they're different not just patient person. And so that's that would be my person. And so that's that would be my response to that. I I'm the very first response to that. I I'm the very first to not promise a quick fix.

to not promise a quick fix. >> I'd love to hear from you Christina what >> I'd love to hear from you Christina what your thoughts are you know in this your thoughts are you know in this conversation um around successful pain conversation um around successful pain and care and even you know to the and care and even you know to the expectations point.

expectations point.

Barriers to whole-person pain treatment

>> No I think I mean ditto all you've put >> No I think I mean ditto all you've put it very well Dr. Jimenez but um so one it very well Dr. Jimenez but um so one on the successful pain care so on the successful pain care so completely agree what it you have to completely agree what it you have to focus on the function and the functional focus on the function and the functional goals for me it's when does pain no goals for me it's when does pain no longer control your life but when do you longer control your life but when do you have control of it right patients might have control of it right patients might still have pain but it doesn't stop them still have pain but it doesn't stop them and that's successful pain care to me and that's successful pain care to me and so we're looking at we're looking at and so we're looking at we're looking at you know what are their goal their you know what are their goal their functional goals we're looking improved functional goals we're looking improved just function at sleep you know having just function at sleep you know having fewer flares fewer flares um less going to the urgent care center.

um less going to the urgent care center. You know, all of those things are sort You know, all of those things are sort of the successful care to me and 100% of the successful care to me and 100% agree with the expectations and letting agree with the expectations and letting patients know that this is not a quick patients know that this is not a quick fix. You know, this isn't going to be, fix. You know, this isn't going to be, you know, a band-aid. This is we're you know, a band-aid. This is we're working to treat that central nervous working to treat that central nervous system that has been changed due to your system that has been changed due to your pain. And so I like to remind patients, pain. And so I like to remind patients, you know, think of how long it's taken you know, think of how long it's taken you or how long you have been in this you or how long you have been in this chronic pain and your nervous system has chronic pain and your nervous system has learned it. And so it's not going to learned it. And so it's not going to reverse overnight. It's not going to reverse overnight. It's not going to just turn off. It's going to take a lot just turn off. It's going to take a lot of time and a lot of chipping away, but of time and a lot of chipping away, but over time things will get better.

over time things will get better. >> Absolutely. Yep. I think we're we're >> Absolutely. Yep. I think we're we're preaching to the choir here. We're preaching to the choir here. We're deeply aligned in this. Um but uh deeply aligned in this. Um but uh shifting slightly I'm curious you know shifting slightly I'm curious you know there are some barriers of course to there are some barriers of course to delivering this kind of care this whole delivering this kind

of care this whole person care um you know with timing and person care um you know with timing and um so many so many barriers but I'm um so many so many barriers but I'm curious to hear from you what do you curious to hear from you what do you feel that um what are some of the feel that um what are some of the biggest barriers that you experience by biggest barriers that you experience by delivering this kind of care integrative delivering this kind of care integrative pain care um and how can we address it pain care um and how can we address it >> I've said this poor um it's we have to >> I've said this poor um it's we have to change our our system you know change our our system you know unfortunately that it's incentivizing unfortunately that it's incentivizing the the quick fixes the procedures and the the quick fixes the procedures and the prescriptions less so the the prescriptions less so the anti-disiplinary care but um I've also anti-disiplinary care but um I've also said before that I am hopeful that we said before that I am hopeful that we are shifting towards more of a value are shifting towards more of a value based system in the future and that you based system in the future and that you know there will be more of a focus on know there will be more of a focus on functional rehab programs that I I think functional rehab programs that I I think will make a resurgence um as we see that will make a resurgence um as we see that this the health care system and the you this the health care system and the you know the costs that we are we are using know the costs that we are we are using just are not sustainable [snorts] and so just are not sustainable [snorts] and so I I do I am hopeful that things will I I do I am hopeful that things will improve but um that's the biggest improve but um that's the biggest >> yeah I I would uh agree with those >> yeah I I would uh agree with those barriers and there are plenty others barriers and there are plenty others I'll just highlight a couple of others I'll just highlight a couple of others that come to mind I think one is in that come to mind I think one is in medical education um maybe Dr. Lure can medical education um maybe Dr. Lure can remember this also in medical school we remember this also in medical school we receive very little information or receive very little information or education on what chronic pain is some education on what chronic pain is some on pain and and pain physiology if you on pain and and pain physiology if you will but to extrapolate the lessons from will but to extrapolate the lessons from acute pain on to chronic pain is is acute pain on to chronic pain is is actually an error. We need to think of actually an error. We need to think of chronic pain differently and as a more chronic pain differently and as a more complex syndrome. As I mentioned complex syndrome. As I mentioned earlier, I agree completely with what earlier, I agree completely with what you just said a moment ago about how you just said a moment ago about how time changes the central nervous system.

time changes the central nervous system. That's not something that most doctors That's not something that most doctors really are equipped with when they leave really are equipped with when they leave medical school. You learn that in medical school. You learn that in practice and and and that's really not practice and and and that's really not the best way to disseminate education.

the best way to disseminate education. And then related to that, the second And then related to that, the second thing, the second barrier that I think thing, the second barrier that I think about is sort of the exceptionalism, if about is sort of the exceptionalism, if you will, the the specialness that you will, the the specialness that neurologic uh health sort of um you know neurologic uh health sort of um you know gets in society. people tend to really gets in society. people tend to really learn a lot about, for instance, heart learn a lot about, for instance, heart disease, kidney disease. Um, but when it disease, kidney disease. Um, but when it comes to the nervous system, there's comes to the nervous system, there's really this vague abstracted sense of really this vague abstracted sense of what it is, how it works. Um, does it what it is, how it works. Um, does it really affect me? It's more invisible.

really affect me? It's more invisible. That's, I think, a huge barrier, not That's, I think, a huge barrier, not just in the medical education space that just in the medical education space that I mentioned, but also in the community.

I mentioned, but also in the community. Imagine somebody with no medical Imagine somebody with no medical training now trying to grasp how their training now trying to grasp how their central nervous system has changed over central nervous system has changed over time. So I think more public time. So I think more public dissemination of information about this dissemination of information about this coupled with upstream medical education coupled with upstream medical education of our providers uh you know along with of our providers uh you know along with the other functional restoration the other functional restoration paradigm changes that Dr. Lashort paradigm changes that Dr.

Training the next generation of pain physicians

Lashort mentioned might alleviate part of the mentioned might alleviate part of the issue. issue. issue. Yeah, that's a good point because once Yeah, that's a good point because once you're in the, you know, the pain field, you're in the, you know, the pain field, it feels like there's a lot of it feels like there's a lot of conversation around the nervous system, conversation around the nervous system, right? But delivering that to a patient right? But delivering that to a patient really isn't, you know, might not land.

really isn't, you know, might not land. Um, but I'm curious what advice you Um, but I'm curious what advice you might give um to just this next might give um to just this next generation of physicians as you're generation of physicians as you're talking about, you know, some of the talking about, you know, some of the barriers. What who would you barriers. What who would you how would we build more whole person how would we build more whole person models of care um in your opinion? Dr.

models of care um in your opinion? Dr. Lort, you can go first. Lort, you can go first. >> Uh well, I think um Javier, you kind of >> Uh well, I think um Javier, you kind of touched on it. It does need to go back touched on it. It does need to go back to medical education. That's how we're to medical education. That's how we're going to build that next generation. It going to build that next generation. It has to come through the system. And so, has to come through the system. And so, I would love to see more training in I would love to see more training in pain, neuroscience, and behavior change.

pain, neuroscience, and behavior change. I think it it would be amazing if we I think it it would be amazing if we taught young physicians motivational taught young physicians motivational interviewing, you know, and how to to to interviewing, you know, and how to to to speak with patients in that way. Um, and speak with patients in that way. Um, and then maybe there should be more of a then maybe there should be more of a focus on function, functional goals and focus on function, functional goals and not just pain scores. You know, a lot of not just pain scores. You know, a lot of our our measures of of quality have to our our measures of of quality have to are related to like pain scores, but are related to like pain scores, but what about function? Um, and what about function? Um, and I I encourage anyone to also try working I I encourage anyone to also try working with a team and and see how that that with a team and and see how that that turns out for your patients. And if you turns out for your patients. And if you can find that type of care or that type can find that type of care or that type of system where you're getting to work of system where you're getting to work with um in an interdisciplinary fashion, with um in an interdisciplinary fashion, you'll see this amazing shift in you'll see this amazing shift in patients and their outcomes.

patients and their outcomes. >> Yeah, I agree uh with those comments. I >> Yeah, I agree uh with those comments. I I think in addition to that, this is I think in addition to that, this is even harder to protocolize. I think it's even harder to protocolize. I think it's important to important to cultivate in the next crop of physicians cultivate in the next crop of physicians to be u a desire for or a sensitivity to be u a desire for or a sensitivity for complete person care despite for complete person care despite specialization. I think very often specialization. I think very often physicians will pursue, you know, in physicians will pursue, you know, in [snorts] very technical specialized [snorts] very technical specialized identities and they're needed. They identities and they're needed. They they're absolutely needed, but in that they're absolutely needed, but in that process might lose to no fault of their process might lose to no fault of their own because of the, you know, cognitive, own because of the, you know, cognitive, you know, bandwidth they may have and you know, bandwidth they may have and the pressures that they face, they may the pressures that they face, they may lose sight of of sort of the the lose sight of of sort of the the patient, the person, if you will, that patient, the person, if you will, that is uh being attended to in that very is uh being attended to in that very narrow technical sense. And so you have narrow technical sense. And so you have a number of specialists um trying their a number of specialists um trying their best, but they're really only addressing best, but they're really only addressing one part. And in that effort, we might one part. And in that effort, we might be tripping up on each other and not be tripping up on each other and not quite seeing the big picture. That's a quite seeing the big picture. That's a little harder to get around. But I think little harder to get around. But I think mentorship programs um clinical mentorship programs um clinical experiences with complex patients that experiences with complex patients that haven't responded to highly specialized haven't responded to highly specialized interventions. I think these kinds of interventions. I think these kinds of experiences in medical education might u experiences in medical education might u you know spark that awareness so that you know spark that awareness so that when these you know students graduate as when these you know students graduate as physicians and specialize they still physicians and specialize they still have that sensitivity and awareness and

have that sensitivity and awareness and if it's not them who's going to do the if it's not them who's going to do the whole person care at least they can whole person care at least they can refer appropriately and tactfully and refer appropriately and tactfully and humanely.

humanely. humanely. Yeah, exactly. Yeah, exactly. >> Yeah. >> Yeah. >> Yeah. >> Yep. Exactly. >> Yep. Exactly. Well, I feel really deeply honored to, Well, I feel really deeply honored to, you know, to be able to have had this you know, to be able to have had this conversation with you both today and I conversation with you both today and I hope that um a a physician listening hope that um a a physician listening might, you know, be sparked to uh might, you know, be sparked to uh explore this uh further. Um so, I really explore this uh further. Um so, I really appreciate your time today and uh thank appreciate your time today and uh thank you so much for joining us.

you so much for joining us. >> Thanks. >> Thanks. >> Thanks.