What Matters Most: The One Word That Helped Dr. Scott Abramson Stay in Medicine Transcript

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Introduction and Scott Abramsonu2019s Background

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today, we are privileged to have Dr. Scott Abramson here.

I'm so glad you've been able to join us, Scott. He and I have been talking a little bit off mic before about his story, and it's fascinating. And I hope you'll look forward to hearing from it.

So Scott, would you mind introducing yourself to our audience today? Sure thing. Thank you for having me, Peter. My name is Scott Abrahamson. I was a neurologist at the Kaiser Permanente Medical System in Northern California in San Francisco Bay Area. And I worked as a neologist for over 40 years there.

I started in 1979 and I retired in 2020. So it's a cool thing that when you think about it, a lot of doctors work over 40 years, but I worked parts of six decades, like 1977 to 79, 80s, 90s to 2000, retired to 2020, so it was Ted Williams.

He started it in 1939, the great baseball player for the Red Sox, and retired it 1960, he played parts for four decades. Now, the other thing that I really want to say is that for the, I was there for 40 years, but the last 20 years that was I there, was one of the champions of our physician communication mission at Kaiser and our Physician Wellness, Health and Wellness mission, at Keiser.

And that became really my passion when I It's neat. I think it's really interesting to, like you said, span across multiple decades. And what my observation is that it seems like a lot of people don't make it that long.

In other words, their career in medicine is really curtailed because of the challenges of medicine. So it working for maybe 15 years, 20 years and then they hope to find a way out.

So the fact that you did it for 40 years. And continue to serve patients and continue serve your colleagues for that long is remarkable and I applaud you for it.

I think that's wonderful that have that legacy. And Peter, the thing is, I retired when I was 72 and most doctors at Kaiser, you know, they do. You get a great retirement plan and you can start retiring when you're 60 years old.

And a lot of people take that 60 and out. It's a good retirement program. And they kept asking me, why are you sticking around? You could retire. You know, it's your 72, my God, you know.

Take the package, go. But the thing is, because I had been involved and learned so much from that physician communication mission and from the physician health and wellness mission, that's what kept me going.

If it wasn't for that, if I was just doing the nuts and bolts neurology, find it, fix it explain it and all that. I would have retired early too. I probably would have still been working, except my wife said, I either retire or she divorced me or should kill me.

I figured retirement was probably the best thing to do with willing those choices. It's neat. So you found a way forward and one of the things that connected you and me is you wrote a book.

And so you've been able to accumulate lots of patient stories. This book, if those that are watching on video can

see it, it's called Bedside Manners.

Tell us about your book? I've being able read a bunch of it here since you sent me a copy and I really enjoyed it. But tell me what led to this book and why you write it?

As I mentioned, those last 20 years, I was involved with physician communication coaching and physician wellness. And every month during those 20 year, s I would write an article for our Kaiser physician with 10,000 strong Kaiser physicians in Northern California.

It seems so many things would happen, just something a patient would say, something, a colleague would, say something the way that I would be in a situation and I'd say you know what?

I bet other people feel like this. I learned a lesson from this patient. Maybe others can learn from that.

Writing Bedside Manners from Patient Stories

And so it's basically just these articles that are just culled together after 20 years of accumulation. You're quite a good writer, as I listen to that, because I think about stories that I come across every day, a patient said something or some funny little thing that a person had, or you receive a compliment for something that maybe you didn't even realize was helping somebody or making a difference, but that's the thing it meant the most to them.

There was one story you shared where you went to a funeral of one of your patients, and it means so much to the family members. I just never write it down.

I was thinking like, this is quite a remarkable thing that over the course of all those years, you kept maybe not a journal, but a living legacy of these stories because they were written down and so I want to hear the background.

How did you become a good writer? What made you start doing that like say 20 years ago? I'm going to show you the secret right now, Peter. I want to put it on the screen so your viewers can see it.

This is the And I'll write it down here. Yeah, so I got to tell that most people are probably hearing this on a podcast. So it's a little spiral-bound 60-sheet pocket-sized notebook.

And so you kept that with you. Whenever a thought or idea would come to your mind, instead of saying, well, I will write that down somewhere down the road, you just grabbed your pencil or pen and wrote some notes on it right then and there.

Exactly. And cause it two in the morning, and you say, oh, I'll go to bed. I wake up, you're not going to remember it. You're going… I knew there was something at night.

The other thing is my process is not really being a writer. Uh, do work at the writing because I have to try to make it as literate as I can, but I'm not a natural good writer at all.

But the way my writing process worked is telling a story verbally. So something would happen and I'd tell someone, I come home and tell my wife or something, and then I tell the story a few times.

And by the time I got the stories, then, would write it down. It was really a process verbally that then got transferred into paper. And then the more you did it, I'm assuming you got better at it.

But it was, the stories are really good. And the book, like I say, encouraged people to pick it up with bedside manners for physicians and everybody else by Scott Abramson.

Yeah. The interesting part about the story is they're not like 10 or 15 page stories. They're one or two pages. There's little snippets and just an insight into a life of a physician and your interactions with patients over decades.

Yeah, exactly. Go back a little bit to the Scott Abramson in the early career years. Did you write stuff back then or what's your background? Did have any kind of writing background in your undergraduate years or anything like that?

No, I didn't. No. Not at all. Never wrote anything. What led you to neurology? Again, you started off years ago in medical school and decided to become a neurologist.

I'm interested in you story of how you became that. Just to back up, the neurology part was, I don't know, sort of serendipitous. I actually, after medical school, did one year of psychiatry.

Thought I was going to be a psychiatrist, but I realized I too screwed up for that. Oh dear. So I thought I'd better do something more concrete. And I went through a neurologic residency there and a Neurology Month of Rotation, and I had some good mentors, that's what drove me.

When I hear people on your podcast and other podcasts and the questions, why do they go into medicine? And I'm really in awe of these people because they, gosh, I love science.

You know, ever since I was five years old, you know I got a doctor's kit. I couldn't wait to put a real doctor kit on and I loved physics and all of that.

And hated all that stuff. Oh, really? Yeah. So I never, and was never that good at all those sciences. Like things like history and like reading and stuff like that, So I was never like a natural scientist or that part never appealed to me.

I guess when I think about why I went into medicine, I'll think of this. One thing is my father was a traveling salesman, sold vacuum cleaners. And then he always would tell me, don't beat your brains out like me get an educator, have a profession, be a lawyer, being a doctor.

Of course, growing up Jewish, that is the sort of the big thing to be in the medical profession. very prestigious kind of thing. As a matter of fact, I remember once we had this physician wellness kind-of workshop and they asked everybody to draw a picture about why they went into medicine.

So I found myself just drawing this picture. And here was the picture, it was this big guy, this rough guy with a football helmet on and his name was Biff.

Then there was a beautiful blonde woman and I was in between them as a scrawny, spaghetti-armed kind of guy. And the bubble thing from this beautiful girl named Joanne, she's saying, yes, Biff, you are big and strong, but Scott is going to be a doctor.

I think a lot of people may be being nerdish in a way and so forth that this was a… avenue for prestige and feeling important. Although, okay, I still had visions of saving the planet and healing humanity and all that, but so it was a combination of those things.

That's what got me into medicine. Well, it is interesting as I talk to people all over the place, everybody has a little bit different story, But once you get into it and you realize that you're serving patients and your helping them Most people, at least at some point in their core, want to help people.

They want make that difference for a person. Like you said, they want help save the world or make this tremendous change. And thinking about your career, it's quite interesting.

How Neurology and Medicine Drew Him In

You span several decades and neurology has just changed leaps and bounds during that time. idea of anything to do with our brains, anything with neurocognitive sciences, there's still so much to learn.

But over the course of your career, I'm sure you've been able to see breakthroughs and forward leaps that you

would have never envisioned at the beginning of you career.

Yeah, that's true. I mean, the MRI scan has revealed so much and all the technology and so forth. But the reason, I'll tell you, why I really love neurology was not because of all of the technological advances, but because it seemed to me that you could still make a difference in the exam room before you got all those tests.

Because so many neurologies, it depends on getting a history, understanding people, and also your physical examination because that tells you where to order the MRI scan and so forth.

So much of neurology still, in spite of all the technological advances, maybe AI is going to change stuff, but still you're still it's that one-on-one patient.

doctor interaction that still makes things, you know, so impactful. Yeah. I think a lot of people reflect on AI because there will be in the future, like my children will grow up in an era where information is immediately accessible and AI can connect the dots on a of that information, but it won't replace the healing aspect of you putting your hands on somebody and helping.

The second piece of it, it really is that exam finding. Neurologists, in my experience, do the best physical exams, like so detailed, so thorough, and I'm just, my exams are shameful compared to a neurologist exam.

And so I think it's really neat. Like you said, you can pinpoint, this is the nerve pathway, This is happening, And we can devise a treatment or order a test based on that really specific detailed exam Yeah.

Yeah, there's still, I Think we still in neurology, we Still have it a little edge over. were the AI stuff, hopefully. I think so. If our specialties depend only on pattern recognition and assimilating data, AI is going to have, I guess, some of a disruptive change in that.

And I don't know how it will be. There still will need to be physicians in every realm, because it's not just about information connecting dots. It is about making those connections with human beings.

I would much rather, I like to talk to people face to face and make those connections. And I think most people will still find that healing forever more, even though we have technology that makes it so we don't have to memorize lists quite, or it's maybe not so useful to have a list of things memorized in your head as it once was.

Exactly. That's what brings, that's can bring us so much joy and meaning in our professional lives is when we had that interaction with patients. Did you find, I was curious for someone that worked for multiple decades like you did, did you found after a while that you were seeing just like as far as the medical side of it, you are seeing repetitions on a theme.

You'd seen it thousands of times. I'm just curious, how did find yourself still engaged? Because sometimes people will say, boy, it's new to the patient, but I've seen this a thousand times in my career and maybe it is a little bit boring or maybe is not quite as academically interesting.

How did remain engaged in that process? Well, that is such a great question, Peter, for everybody, I think, engaged in this. If I hadn't taken this communication mission and so the communication and that I would have been stuck in the, okay, find it, fix it explain it type of mode.

Let me try to explain this. If I could boil down our communication mission that we had, if I can boil it down to one word, it would be a very simple word and you would never guess it.

The word is T-H-E, the. That's what makes the difference in communication. And I explained what I mean. And after thinking about this a lot, so traditionally we go in and we see a patient and what's in our mind is, what the matter?

What's the manner? You know, where are you hurting? How long has it been hurting, which, you know is it on

Thursdays, Tuesdays? When does this hurt? We do the exam, we do, the history, physical, make a diagnosis, get treatment and so forth, and that's it, out the door.

What the matters? I'm not saying you don't have to do that. But what the communication mission had taught me is if you get rid of the T-H-E and you boil it down to what matters.

What matters? So someone comes in, let's say with the typical tension headache, okay, you see a million of those, sure you'll see them too, right? And you could say, what's the matter?

Okay, maybe you're stressed out, or maybe got allergies, so let me give you this, and let give me that. But if you approach this and you say what really matters.

And so one of the questions you might ask someone in this situation is, tell me, have you been having these headaches? What are you most afraid of? And maybe you might get something like when I was in my 20s, I had a venereal thing and maybe that could be I heard about these infections going to the brain.

And that's what really matters. Not the headache itself, not the pain of the head really, but that. If you could address that and you can say to that person, hey, you know, this I can assure you I've examined you, there is nothing bad like that, This is nothing bad.

Now that person goes out of the exam room and it's going, thank God.

The Power of Asking What Matters

I don't have to wake up at night thinking about these little spiral keys to whatever they are going around in my head. My wife can rest at nigh. And as a physician, when you make a connection like that, you're thinking to yourself, man, I did something good today.

How really relieves someone's suffering. Someone's worry. On the other hand, if it's just another run-of-the-mill tension headache, okay, here's some Elaville or something like that, tell me how you're doing in two months, it is not going to be very meaningful or joyous.

So that one word, you can get rid of that word. and focus on what matters to people that can bring so much joy and meaning into your professional life.

And that is how, you know, those run-of-the-mill backaches and headaches, the tingling all over and gurgles here and there, that's how it remains meaningful.

I like that. That's an interesting way to, to put it. I know I've told patients hundreds of times. We often focus on the what, but really we need to get to the why.

Why is this disease process happening? But then also why does this matter to you? Why does it's important? In, in what way is it actually affecting you in a way that is meaningful to.

And it, the most challenging thing on this Scott is time. The hardest thing, that's maybe a question to give you is you're a busy clinician. You've got so much going on.

There's 10 people waiting for you. And yet you need to be able to take the time to dissect that and say, why does this matter to you? Get rid of the T-H-E, the the, and then say what's the big matter?

What's underpinnings of this? How did you manage that in a complicated clinic, in complicated busy life? I can assure you when you use these communication techniques that we used at Kaiser and other places use the same thing, you actually save time.

You actually saved time because let's say that patient that comes in, Okay, you could, most patients that come in

within about 30 seconds of their history or reviewing their chart, You've got a pretty good idea what this is or where you're going.

My approach was, I would ask a few general questions maybe about this and so forth. And then I'd say, now before I ask any further question, let me ask you, what are you most worried about?

Or I might ask, how does this affect your life? or what do you think is the problem? and maybe they think this problem is an aneurysm or something, then I know what I have to do.

And I can really curtail all the other stuff and just get some reassurance about the aneurysms. Because if you don't address those things, if miss those thing, you're going to get a call back.

You know, Doc, the medicine ain't working. Or, doc, I need another appointment. Let's have a conversation about this some more. I'm still hurt. But if can find out what matters and you can address that, you're going to save time, and you can save in the exam room and for all the after stuff.

That's a great clue. I love that. So within, just to restate it, within that first minute, you would ask, why does this matter? Or what are you most worried about?

What do you think this is? Yeah, I think those are three great questions. Three great question to ask people, depending on how you things are. What do you think is causing it?

How is this affecting your life? And what is your worst fear about all this? You may not need to ask all those questions, but one of those, for instance, I'll give you an example here.

So I'm surprised, surprised I am running late in my clinic, right? So my nurse bangs on the door and she says, Abenson, you better get out in the waiting room.

your 230 patient is creating a ruckus out here. And I walk out and there's this guy, he's got a Ford Motor Company hat on, about 50 years old. To the whole exam room, He's going, I ain't waiting.

I'm losing money. Okay, so I had this conversation with him in the exam. Lots of patients are around him saying, okay, i'll be with you in 30 minutes, sir.

I ain't waiting, sir, how about 20 minutes? I'll be… Sir, I wait about 15 minutes. So I mean, sitting here with a room full of patients and I'm dickering with the lunatic.

And so finally he comes in and he's about as happy to see me as I am to him. It turns out he works at this parts manager at Ford. He's got this back pain, and he's had this pain for a while.

But amazingly enough, he doesn't want time off work. He doesn' have a legal claim. He doesn"t want narcotics. And I'm thinking to myself, you know, what does he want out of me?

I hate to be cynical. So I am going and I"m thinking, okay, I' m going to go through all the things, the whole history of the back and this and that. But before I do that, I remember my training.

And I remember one of the questions to ask people is, how is this affecting your life? And so I said, before I ask anything, let me just ask you something.

How's this back pain? You're still working, you're doing everything? How is it affecting you life. And he says to me, he said I have a 12 year old son and I can't play catch with him.

Now when he's said that, It reminded me a few years earlier, I had a nerve problem in my arm and my son was about 12 years old. And that was one of my great fears that I'd never be able to play catch with my sun.

So we talked a little bit about the back pain. It was really, and I didn't have any magical cures, but we talk a bit a baseball. We talked about having sons.

I can tell you that we both left that exam room with a feeling of connection with another human being. And I know, like I said, I mean, didn't have any magic curse, but I knew he left there feeling that someone heard him and someone saw him.

I left the exam rooms feeling, you know what? I think I did something good. It wasn't just a chronic back pain that maybe I had given some new medicine for, Neurontin or whatever, but man, I felt good with that connection.

I'd felt I really connected with another human being. And that's the kind of thing that brings joy and meaning into our professional lives when we can connect like that, even with the routine, run of the mill, chronic back pain, and chronic headaches, a chronic tingling all over type of patients is making that connection.

And, that is why we still hopefully have an edge over AI. AI couldn't do that. All right, and think about the encounter you just shared. That is in the book.

I remember reading that story. And I was going to ask you about that. So I'm glad you brought it up. But that is kind of a difficult patient encounter.

You were able to diffuse it, find out what actually mattered to this gentleman. just the fact that he was there and you had a connection, and he knew that you was listened to, you hoped that could offer something that would actually help him have less pain, etc.

But that's more of the what. You focused on the why and made that connection in a way that stood out for you and I'm sure for him as well. Yeah, and not only that, but because we had that connection, you know, just talking about saving time and so forth, they helped me.

He was, because he, we developed that degree of connection degree, of trust, whatever I'd given him, he'd be or suggestion I made, He's going to be more likely to follow it.

That's true. Even if it was something that wasn't that effective, placebo studies show that if the patient really believes their doctor that this is going to work, they're much more likely to have a benefit.

And so that should be even more amplified in our studies. show things that are effective. And if the patient, I trust Dr. Abramson, he's not going to give me something that's a bad idea.

You're more likely to actually derive benefit than if you're like, oh, that guy was late and he didn't pay attention to me. Why should I even try this?

People do get a different level of healing when they feel like they've made that connection. Exactly, exactly. And again, what it brings to us as physicians, it bring that joy and meaning that so many of us it seems have lost.

Burnout, Moral Injury, and Gratitude

A related question to this, the word burnout gets used so much. I think it gets overused, but it represents the idea that folks feel like they don't have anything else to give.

They're empty-gassed to do so may clinical tasks or so Prior authorizations are so many things that don't really bring me fulfillment and joy. And then they want me to work crazy hours and be responsive at all times and people feel empty or maybe they feel disengaged.

So I'm curious what your experiences over your career span of seeing that come to light. If you ever had any of that with you or your colleagues and how you manage it, just any advice you would give us regarding burnout.

we all have bad days where we just don't want to get up and go to the clinic and all that. We all had bad day, but I think burnout, you're right. I mean, burnout may be overused is, we don' have the bad, days but when it's persistently bad maybe that's what people are talking about burnout.

But Peter, I'm so glad you asked me that question because I have been thinking about this. So I haven't talked to a lot of doctors who seem to be going through it.

And I know I've had a bad times too. Let me try to give you my perspective about these. read all these blogs and people are talking. They talk about burnout.

Okay, burnout, what is burnout? Burnout is moral injury, they say. So here's the crucial question. What do you mean by moral injured? And I would submit to you that what moral injuries means is that our behavior, our actions as physicians don't match our values.

We have these gray ideals we're going to save the world. If you look on Kaiser, we have a home page that tells your philosophy of medicine. It says, I trained here, and I believe in excellent patient care.

I believed in compassionate medical care, but I also believe that treating everyone is family. Those are our But what happened, and I believe that burnout is based on two myths that tell us that we can't, that this explains why our behavior, our actions as physicians don't match our values.

The first is we have this idea in our heads. I do it right. I'd do right all my life. If I brought home a C in middle school, it was a family crisis. My pre-SATs, my SATs.

One of my colleagues told me, she said, I was raised to be an Asian perfection machine. Really, we memorized the Krebs cycle for God's sake. Here's where it comes in.

So we have this ideal that I do it right. I give excellent care. It's my own experience, and I could give you a thousand instances. so it's a Friday afternoon, I get a call from a family of a Parkinson's patient.

The guy's not doing well, they want him seen. it was a friday afternoon. i just couldn't do, it I couldn' see him. And so I had my nurse. tell them to do this and that, and we'll probably get them in on Monday or something.

But if I was really giving excellent care, if was I really treating everybody like family, I would be seeing that guy on that Friday afternoon, but I couldn't do it.

And it happens again and again. When that happens, it takes its toll. It takes it's toll because our actions don't match our ideals. or what we do just can't match it.

So that's the first myth about burnout is that our actions don't matter value. The other thing is I give excellent care with compassion. I'm a compassionate guy.

That's why I went into this field, right? I love healing, I loved people. Thinking about that Parkinson patient, and I can give you a lot more examples.

Here's what I am thinking. I'm angry. You know, I am angry at this family for calling on a Friday afternoon. I-I'm anger at Kaiser for the way they've scheduled my appointments.

And I' m angry myself for feeling angry and all this stuff. To tell you the truth, I'm feeling a little annoyed with God for making all these people with a defective basal ganglia.

So that's the deal. I know I should be feeling compassion. And I am a compassionate God. That's why I went into this. But I want to help people, but I not feeling it.

Just feeling angry. Why burnout? Our actions don't match our ideals. We don' do it right. Asian perfection machines

like we were raised. And we don't do it with compassion.

We don' do with it compassion either all the time and that takes its toll. That is the moral injury, I believe, is that paradigm. Makes sense. So what would you recommend for folks, you know, in our career, most people listening to this are either in training or mid career or maybe their late career.

What would tell someone who says, I am not just someone that had a bad day. I'm someone, who feels like my career needs to change. And I have to switch to something else because I can no longer find joy in this because everything seems empty or I feel like I, can't be the level of doctor that I thought I would be, or can have compassion.

Well, what advice would give? And here's what I have tried to implement in my own life. It was a struggle every day to do this, but I had to try. And I would say that the answer is what would I call mindfulness self-gratitude.

Mindfulness self gratitude. Let me just explain what that is. And I think I wrote some of the stories in the book that sort of emphasized this. I'm not afraid of flying, but whenever I am on an airplane, I always have a reasonable appreciation of being in a 30,000 feet up in air and what could go wrong.

And that's why whenever the plane lands safely, always thank the pilot. Because at that moment, he's my hero. But to the pilot, my sort of run-of-the-mill routine thank yous are probably nothing special.

He probably gets a thousand of those every day. They don't mean anything to him. So if you apply that to us as physicians and healers, We land people safely all the time, running noses, GI-obsessed, skin rashes.

And when they give us their routine thank yous, we probably think it's nothing special. But if we did think that it was something special, if took those thank-yous to heart and realized that we really were helping people, that's what I'm talking about, is being mindful of the gratitude that people show.

Let me give you another example. And this happened maybe 35 years ago, even longer, maybe even 40 years. So one Sunday night, I'm shaving, and I noticed this mole-like thing on my face.

I had this instant recognition that this was malignant melanoma. I walked up and down the shoreline where we lived all night long, and I was thinking all that night, you know, what am I going to do in the last six months of my life?

Who's going take care of myself? I'm going play catch with my son. Who is going come to my funeral? What are they going say? And I'm thinking about it all of a sudden.

So the next day I make an appointment, a routine appointment to see the dermatologist on call and I am going to get my diagnosis going be confirmed. The dermatologists was a guy named Dr.

Gary Deck and he was on-call. He had seen all the walk-ins. Comes to me, looks at this mole-like things, takes a scalpel out of his thing, and takes the scalple to the mole.

And he says to just a blood blister, take care, buddy. At that moment, I felt such gratitude for Dr. Gary Deck. He had given me my life back. I wanted to fall to my knees and kiss the hem of his Kaiser issue lab coat.

What was this like for Dr. Gary Dick? Did he get satisfaction from this? did he feel like a hero? Didn't he felt like he did something special? I don't think he didn't.

It was just bust a blood blister on some neurotic colleague and off to the next patient. But what if he dead? What if you did know how I was feeling and know what he'd did for my life?

The thing is he deserved to feel a like hero. because he was one, to me. And all of us healers and physicians, we are the real-life heroes to so many people.

We're like Superman and Batman. we're the Real-Life Heroes. Don't we deserve to honor ourselves as Real Life Heroes for doing all this stuff for popping blisters, for helping skin rashes, allowing people to sleep at night.

We deserve to feel like heroes, but we don't think it's anything special. But what if we did? Wouldn't that bring joy and meaning back into our professional lives?

values to our behavior, just with the mindfulness that we have done something good just in these routine, ordinary, mundane, run-of-the-mill, blister-popping stuff.

So it's like the idea that you intentionally, mindfully think about gratitude, both gratitude you give and gratitude that your receive, whether it seems like it is run of the mill or not.

Yes, being aware just of those everyday things that we do and realizing that, we are making a difference in someone's life and feeling and knowing that and incorporating that gratitude into our mindfulness.

If we can do that because you're seeing one patient after another chronic back pain, chronic ear pain chronic this chronic that it's run-of-the-mill stuff.

But how often do we actually feel gratitude? I mean, feel that. We're doing something special. There's another story in there, there's a colleague of mine who's at one of these really go-getter types.

He's 54 years old, he jogs like about six miles every day, truckloads of alfalfa sprouts and everything. And so one day he blows out his knee. He was devastated, but he realized that these sort of things happen and things could have been worse because now it meant that he was now vulnerable and his body was vulnerable.

It was devastating for him. But being the type of guy he wants, he's going to go through surgery. They do the surgery, everything came out fine, and he is going come back bigger and stronger and better than ever.

So the time comes when he would post-operative and so forth and it's his first day of physical therapy. He can't wait to start physical therapy. It's seven.

First thing in the morning, he's sitting in a waiting room. The physical therapist comes out and he has a clipboard and looks at the clip board. He looks the guy and the physical therapists says, so you're my 730 patient?

The guy says no, I am not your 7 30 patient. I and a guy to whom you are going to give his life back.

Choosing Joy and Meaning in Medicine

I'm the guide and what if we as clinicians and physicians and healers had our mindset that every person that we saw, we were going to give a little bit of their life back.

Maybe just helping someone get rid of a rash. It's keeping it open tonight or reassuring someone that the cough is not a cancer. I'm not talking about doing CPR or curing cancer or anything, but just those little things.

If we had that mindset that I am going to give this patient a little bit of their life back, and maybe it's just by reassering them or something, or maybe just give them a pat on the back.

You're doing good. You're, you're following direction. You'll be losing some weight. Your blood pressure looks good. And I told you it was a struggle because honestly, I knew, that's what I wanted to do.

But a lot of times people would come in and that was not my first thought. How can I give you a little bit of your life back? My first thoughts was, how can get out of here and listen 20 minutes?

If we did, but if we do have that mindset, and I'm going to give each person a bit a their life. This is, I love your wisdom on this. You've been able to do it.

And like I say, you had to find a way to, to this and stick with it to be able have a 40 year career. I don't know if every listener will have 40-year career, but a lot of folks I think can take lessons from this, Scott, the idea that you are intentionally grateful and that see yourself in this role of healer and look for opportunities to give back and connect with the person.

In that quick connection, my own experience as a patient and a doctor, Those doctor visits, those surgeries, these interactions, everything did hinge on that, 100%. When I still go to my doctor's visits my wife always wants to know, how did it go?

Because everything kind of hinges on, How's that going? And I think that's really for all of us. When you are in that position, many times a day, you can find interactions and look for those moments of gratitude.

So I appreciate you sharing that. I know our time is winding up, but are there any final thoughts you would want to leave with our audience? I just want to get back to that team.

I know when people were writing about burnout and all this stuff, they thought that it's the EMR, it your administration, you got to change all your scheduling, all that.

And that may be true. If you can do that, great. But the change of thinking in terms of all the things that come in and being mindfully self-grateful about what you've done, that's what really matters.

There's a story in the Hebrew Bible. A rabbi is talking to his students and he asks them, where does God dwell? So one of the students says, God wells in heaven.

Another student says no, we can't possibly, We're only humans. We can possibly know where God wills. The rabba says No, you're both wrong. God Dwells wherever we choose to let God in.

And I think it's the same thing with this mindfulness about seeing patients. It's where is the self-gratitude. Where does the joy and meaning come in medicine?

It comes wherever we choose to let joy in meaning, self gratitude come into our professional lives. Do you remember the song by Kenny Rogers, the singer?

Yeah. Yeah, it's Kenny Rodgers and he wrote, he had a song called The Gambler. Okay, so there's a line in that song, it says, every gambler knows the secret to surviving is knowing what to throw away and knowing to keep, because every hand's winner and every hands all loser.

And I think that defines us. in our approach to this, if we take that hand, that chronic patient comes in with chronic back pain, chronic headache, you could play it as a losing hand.

Oh guys, just another patient, got them behind, I'm gonna, why don't I give another LLVL, Neurontin, whatever. You could it play as losing a hand or you can play the winning hand?

What matters to the patient? How can I connect with this patient. How I can give them a little bit of their life back. So if have that mindset, And it's up to us.

It's our choice. And Peter, if I could just say one more thing about this. I listened to your podcast. with this week. I listened to it with Dr. John Winkler.

This was an amazing story. Gosh, it was so poignant, so touching. His physician, I would urge all your listeners, if they haven't heard that podcast, to listen to this.

Very powerful, moving story that Dr Winkle was kind to share with us. But at the opening of that Podcast, you said something. that just crystallizes and capsulizes everything I said just now.

I bet you don't remember what it was, but I'm going to tell you, okay? Because I wrote it down. This is so good. As physicians, there's more that connects us than divides us.

We have so much in common. The training, the life you get to live, The challenges, struggles, life and death decisions in your hands and so forth. You made that statement and it was about how doctors connect with each other.

But in that state, it's something that was so profound and said almost, and with six words, It said everything that I just said. Do you know what the words were?

You better remind me. Okay. I'm going to tell you, you said the life we get to live, the Life we Get to Live, The Life We Get To Live. You know what? We get the choose what life, we live.

We got to choose. What mindset we, We have as we do our professional life. If we want to, live a life where we allow joy and meaning and into that life It's going to be a good life.

But we get to live it. We have the opportunity to leave it, it's not given to us. we Get to do it if we approach it with that mindset. And when I heard those words, I said, that's it?

It is so true. You make me sound wiser than I am. I appreciate Scott, but I think the messages you've shared with us, these are like age-proven wisdom.

People can take this through any profession, especially in medicine, And you can translate it to your own career. And I just think there's so much for us to learn when you gather the collective wisdom of many physicians, especially people who have done it for a long time, and say, this is how this works.

Because that level of engagement, that It's not the, like you said, it's the ability to make those connections and find out what really makes a person tick.

I have loved this conversation. Thank you so much for taking time to do it. Thanks for tuning into the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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See you next time.