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

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Introduction and Scott Abramsonu2019s Career

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be 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 Doctor Scott Abramson here.

I'm so glad you've been able to join us, Scott. He and I've 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. And thank you for having me, Peter. My name is Scott Abramson. I was a neurologist at the Kaiser Permanente medical system in Northern California and San Francisco Bay area, and I worked as a neurologist for over 40 years there.

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

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

And that became really my passion when I was there. It's neat. I think it's really interesting to, like you said, span across multiple decades. And what I 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 seems to me like a lot of people plan on 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 to serve your colleagues for that long is remarkable, and I applaud you for it.

I think that's wonderful that you have that legacy. Yeah. And, Peter, the thing is, I retired when I was 72. In 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, 60 and out. It's a great retirement program. And they kept asking me, why are you sticking around? You could retire.

You know, it's you're 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 that 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, you know, find it, fix it, explain it and all that. I would have retired early too, but that's what kept me going the extra years.

As a matter of fact, I probably would have still been working. Except my wife said I either retire or she divorce me or she'll kill me. But I figured what time?

And probably the best thing to do when that's with within those choices. It's neat. So you found a way forward and I one of the things that that connected you and me as 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's that it's called bedside Manners. And yeah.

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

Why you wrote it. Well, as I mentioned, those last 20 years, I was involved with physician communication, coaching and physician wellness. And every month during those 20 years, I would write an article for our Kaiser physician with 10,000 strong Kaiser physicians in Northern California and it seemed so many things would happen to something a patient would say something a colleague would say something the way that I would be in a situation, and I would feel and I'd say, you know what?

I'd been. Other people feel like this. I bet I learned a lesson from this patient. I learned a lesson from this conversation with a colleague. Maybe others can learn from that.

And so it's basically just these articles that are just culled together.

Writing the Book from Patient Stories

And after 20 years of accumulation, you're quite a good writer. And as I listen to it, 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 that meant the most to him. Or there was one story you shared where you went to a funeral of one of your patients, and it meant so much to the family members, and 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 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'm going to put it on the screen so your viewers can see it. This is the secret. Okay? I carry this around with me. I put it by my bedside at night. I wake up two in the morning, and if a thought comes to me, maybe something that happened that day in the clinic, two in the morning, I'll wake up and I'll write it down here. Yeah.

So I gotta tell the most people are probably hearing this on a podcast, so it's a little spiral bound 60 sheet. The pocket sized notebook. And so you kept that with you.

And so whenever a thought or idea would come to your mind, instead of saying, oh, I'll 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, and, cause it's two in the morning and you say, oh, I go to bed, I wake up, I remember you're not going to remember, you know, you're going to.

I knew there was something at night. The other thing is my process is not really, being a writer. I 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. I've never been. But the way my writing process worked is telling a story verbally. So, something would happen, and I'd tell someone.

I'd come home and tell my wife or something. I'd tell the story, and then I tell the story a few times. And by the time

I got the story, then I would write it down.

So it was really a process verbally that then got transferred into to paper. Yeah. And then the more you did it, I'm assuming you get better at it, but it was the stories are really good.

And the book, like I say, encourage people to pick it up is Bedside Manners for Physicians and Everybody Else by Scott Abramson. And the interesting part about the stories is they're not like they're not like 10 or 15 page stories.

They're 1 or 2 pages, they're little snippets and just an insight into, a life of a physician and your interactions with patients over decades. Yeah, exactly. Yeah.

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 you have any kind of writing background in the in your undergraduate years or anything like that?

No, I did and no, not at all. I never wrote anything. What led you to neurology again? You started off years ago in medical school and decided to become a neurologist.

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

I thought I was going to be a psychiatrist, but then I was really realized that I was too screwed up for that. Oh, dear. So I thought I'd better do something more concrete.

And I went through a neurology residency there, and then neurology month of rotation. And I had some good mentors, and that's what drove me on. I hear people, you know, on your podcast and other other podcasts and, and the question is, why did they go into medicine?

And I'm really into all 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 was, you know, I couldn't wait to put a real doctor's kit on.

And I love physics and I love, but I hated all that stuff. Oh, really? Yeah. So I was never. And I was never that good at all those sciences. I like things like history, and I 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 think of this one thing is my father was a traveling salesman, sold vacuum cleaners, and he was always would tell me, don't beat your brains out like me.

Get an educate, have a profession, be a lawyer, doctor. And of course, growing up Jewish, that is the sort of the big thing to be a to be in the medical profession now, Very prestigious kind of thing.

But matter of fact, as a matter of fact, I remember once we had this physician wellness kind of workshop and they ask 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 picture of this big guy, this big, rough guy with a football helmet on.

And his name was Biff.

How Neurology and Medicine Drew Him In

And then there was this beautiful blond woman, and I was in between them, this kind of a squinty, spaghetti arm kind of guy. And the bubble thing from the 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 maybe being nerdish in a way and so forth, that this was an 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 you're helping them, most people at least at some point in their core, want to help people.

They want to make that difference for a person. They want to help, like you said, save the world or make this tremendous change and thinking about your career is quite interesting.

Like you said, you spanned several decades and neurology has just changed leaps and bounds during that time. I think of that whole idea of anything to do with our brains, anything with neuro cognitive sciences.

There's still so much to learn, but over the course of your career, I'm sure you've been able to see like breakthroughs and forward leaps that you would have never envisioned at the beginning of your 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, the reason why I really loved neurology was not because of all the technological advances, but because it seemed to me you could that that you could still make a difference in the exam room before you got all the tests, because so much of neurology, I think, depends on getting a history, understanding people and also your physical examination, because that tells you where to ordered 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 the in the future. My children will grow up in an era where information is immediately accessible, and I can connect the dots on a lot 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 really is that exam. Finding the neurologist, 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 a little edge over where the AI stuff. Oh actually I think so. The if our specialties depend on only on pattern recognition and assimilating data, AI is going to have, I think, some of a sort of a disruptive change in that.

And I don't know how it'll be. I think there's 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. And 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 forevermore, 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. It? Exactly, exactly. And that's that. And that's what brings, I think that's what can bring us so much joy and meaning in our professional lives, is when we have that interaction with patients.

Yeah. Did you find I was curious for someone that worked for multiple decades like you did, did you find after a while you were seeing just like as far as the medical side of you were seeing repetitions on a theme, you'd seen it thousands of times.

I was curious, how did you 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's a little bit boring, or maybe it's not quite as academically interesting.

How did you remain engaged in that process? Well, that is such a great that's such a great question, Peter, for everybody, I think, engaged in this. If I hadn't taken this communication mission.

And so the communication mission and that I don't, I would have been stuck in that, okay, find it, fix it, explain it type of mode. I. Let me let me try to explain this.

I if I could boil down our communication mission that we had, if I could boil it down to one word, that'd be a very simple word and you would never guess it.

The word is t h e v. That's what's that's what makes the difference in communication. And I explain 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's the matter?

What's the matter? You know where you're hurting. How long has it been hurting? Which, you know, is it on Thursdays? Tuesdays? When does it hurt? We do the exam. We do the.

We do the history, the physical.

Finding Meaning Through Communication

We make a diagnosis, we get treatment, so forth. And that's it. Out the door. What's the matter? I mean, I'm not saying you don't have to do that, but with the communication mission it 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 know, see million of those. I'm sure you see them too. Right. And you can say, what's the matter?

Okay, maybe you're stressed out. Maybe you got allergies. Let me give you this. Let me give you 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, you've been having these headaches. What are you most afraid of? What do you fear?

And maybe you might get something like, God, I. When I was in my 20s, I had the venereal thing. And maybe that could be I heard about these infections go into the break name.

And that's what really matters. Not the headache itself, not the pain of the headache, really. But that. And if you could address that, you could 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 I don't have to wake up at night thinking about these little spiral kids.

Sure, whatever they are going around in my head, I can rest at night, my wife can rest at night. And as a physician, when you make a connection like that, you're thinking, myself, man, I did something good today.

I really relieve someone's suffering. Someone's were. On the other hand, if it's just another run of the mill tension headache. Okay, here's some Ellisville or something like that.

Tell me, how are you doing in two months? It's not going to be very meaningful or joyous. So that one word, if you can get rid of that one 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 is this important, and in what way is it actually affecting you in a way that is meaningful to you and it the most challenging thing on this, Scott, is time.

I found that the hardest thing that's maybe a question to give you is your busy clinician. You've got so much going on. There's ten 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 tag, the that and say, what's the big matter? What's the underlying underpinnings of this? How did you manage that in a complicated clinic?

In a complicated, busy life? I can assure you, when you use these communication techniques that we used at Kaiser now in other places use the same thing.

You actually save time. You actually save time because let's say that patient that comes in okay, you could you know, most patients that come in within about 30s of their history or reviewing their chart, you got a pretty good idea of what this is or where you're going.

My approach was, you know, 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 do 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 give some reassurance about the aneurysm, because if you don't address those things, if you miss those things, you're going to get a call back.

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

And for all the after stuff, that's a great clue. I love that either. So within just to restate it, within that first minute you would ask, why is this matter?

Or what are you most worried about? Or what do you think this is? Yeah, no, I think those are three great questions. We three great questions to ask people and not depending on how you think things are.

But what do you think is causing it? How is this affecting your life and what is your worst fear about all this? And you may not need to ask all those questions, but so one of those question might, for instance, I mean, I'll give you a I'll give you an example here.

So surprise, surprise. I'm running late in my clinic. Right. And so my nurse bangs on the door and she says, Aids and 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, you know, he's got a Ford Motor Company, had only about 50 years old, and he's to the whole exam room.

He's going, I'm waiting. I'm losing money. I'm waiting, I'm losing money. Okay, so I had this conversation with him in the exam. I mean, lots of patients are around, and I'm saying, okay, I'll be with you in 30 minutes, sir, I wait, I'm losing my eye, sir.

How about 20 minutes? I'll be it. Sure I ain't wait, I'm about 15 minutes. So. I mean, I'm sitting here with a roomful of patients, and I'm dickering with a lunatic.

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

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

What does he want out of me? I hate to be cynical, so. And I'm 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 this, 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. What? No. One time. How is it affecting your life? And he says to me, he says, I have a 12 year old son and I can't play catch with it.

Now, when he said that, it reminded me a few years earlier, I had a nerve problem that 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 son.

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

We talked about playing catch with our sons and 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, I didn't have any magical curse, but I know he left there feeling that someone heard him and someone saw him, and I left that exam room feeling, you know what?

I think I did something good. It wasn't just a chronic back pain that maybe I didn't get given some new medicine for neuron thing or whatever, but man, I felt good with that connection.

I 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 even with the routine run of the mill chronic back pain, chronic headaches, chronic tingling all over type of patients is making that connection.

And that's why we still hopefully have an edge over. I couldn't do that. All right. And think about the encounter you just shared. And that is in the book. I remember reading that story.

I was going to ask you about that. So I'm glad you brought it up. That is a kind of a difficult patient encounter, but you were able to diffuse it, find out what actually mattered to this gentleman.

And even though you didn't have a ready solution, just the fact that he was there and you had a connection and the he knew that he was listened to, and you hope that you 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 you made that connection in a way that stood out for you, and I'm sure for him as well.

Burnout, Moral Injury, and Gratitude

Yeah, and not only that, but because we had that connection, you know, the talking about saving time and so forth to help him, he was because he had 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 the power, even if it was something that wasn't that effective. Placebo studies show that 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 that show things that are effective. And if the patient I trust Doctor Abrams, someone 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.

And why do 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, the what it brings to us as physicians that brings that joy and meaning that so many of us, it seems to have lost.

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 their empty gas to do so many clinical tasks, or so many prior authorizations, or 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. And 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 that, 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, and we all have bad days, but I think burnout.

You're right. I think burnout may be overused is we all 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. I have talked to a lot of doctors who seem to be going through it.

I know I've had bad times to. Let me try to give you my perspective about this. So when you read all these blogs, when people are talking, they talk about burnout, okay, burnout.

What is burnout? Burnout is moral injury. They say, okay, so here's the other here's a crucial question. What is what do you mean by moral injury? What do you mean by moral injury?

And I would submit to you that what moral injury means is that or. Behavior. Our actions as physicians don't match our values. We have these great ideals.

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

I believe in compassionate medical care. I believe in treating everyone as family. Right? God, those are values. But what happens? And I believe that burnout is based on two myths that tell us that we can't and this explains why our behavior, our actions, and physicians don't match our values.

The first is we have this idea in our heads. I do it right. I do it right. All my life I've achieved if I brought home a, a c in middle school, it was a family crisis.

I asked my previous Saturdays, my s.a.t.s, my med caps, my match day. Every time I had one of my colleagues tell me, she said I was raised to be an Asian perfection machine.

Really? We memorized the Krebs cycle, for God's sake. Well, here's where it comes in. We're. So we have this idea that I do it right. I get excellent care.

So my own experience and I could give you a thousand instances. So it's a Friday afternoon. I get a call from the

family of a Parkinson's patient. The guy's not doing well.

They want him seen. It's a Friday afternoon. I just couldn't do it. I couldn't see him. And. And so I had my nurse, I call him and tell him they do this and that, and we'll get him in on Monday or something.

But if I was really giving excellent care, if I was 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. And when that happens, it takes its toll. It takes its toll because our actions don't match our ideals or what we do just can't match it.

So that's the that's the first myth about, about burnout is that our actions don't match our 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 I love healing, I love people. So thinking about that Parkinson patient, I can give you a lot more examples.

So here's what I'm thinking. I'm angry. You know, I'm angry at this family for calling on a Friday afternoon. I'm angry at Kaiser for the way they schedule my appointments, and I'm angry at myself for feeling angry and all this stuff.

Okay. The truth I'm feeling a little annoyed. Annoyed with God for making all these people want a defective basal ganglia. So that's the deal. I know I should be feeling compassion.

I'm a compassionate God. That's why I went into this. I want to help people out, but I'm not feeling it. I'm just feeling angry. So that's the other aspect of this why burnout or actions don't match our ideals.

We we don't do it right. We don't do it right all the time. We're we were we're not Asian perfection machines like we were raised. And we don't do it with compassion.

We don't do it with 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 in all in our career, you're most people listening to this are either in training or mid career or maybe their late career.

What would you tell someone who says, I am not just someone who had a bad day? I'm someone who feels like my career needs to change. 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 I can't have compassion.

What advice would you give? And here's what I, here's what I, 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 I would call mindfulness, self gratitude, mindfulness, self gratitude. And let me just explain what that is. And I think I wrote some of the stories in the book that, that sort of emphasize this.

I'm not afraid of flying, but whenever I'm on an airplane, whenever I'm on an airplane, I always have a reasonable appreciation of being in a 30,000ft up in the air and what could go wrong.

And that's why whenever the plane lands safely, I 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 you's are probably nothing special.

He probably gets thousands of those every day. They don't mean anything to him. So if you apply that to us as physicians and healers or we land people safely all the time runny noses, GI upset skin rashes, we land and when they give us their routine, thank yous, we probably think it's nothing special.

But if we did think it was something special, if we took those thank you's 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, or even longer, maybe over. Yeah, maybe even 40 years ago. Okay. So one Sunday night I'm shaving.

I usually shave at night. And I noticed this mole like thing on my face. And I had this instant recognition that this was malignant melanoma. I just knew it. And so that night, I walked up and down the shoreline where we lived all night long.

And I was thinking all that at night, you know what? What I'm going to do in the last six months of my life, what rule who's going to take care of my son?

Who's gonna play catch with my son? Who's going to come to my funeral? What are they going to say? And I'm thinking about all of this. And so the next day, I'd make an appointment, a routine appointment to see the dermatologist on call.

And I'm going to get my diagnosis going to be confirmed. So the guy, the dermatologist was a guy named Doctor Gary Deck, and he was on call seeing all the work walk ins, comes to me, looks at this mole like things, takes a scalpel out of his thing, takes a scalpel to the mole, and he says to me, just a blood blister.

Take care buddy. Now at that moment, I felt such gratitude for Doctor Gary Deck. He had given me my life back. I wanted to fall to my knees and kiss the hem of his Kaiser issued lab.

What? I wonder what was this like for Doctor Gary Day? Did he get satisfaction from this? Did he feel like a hero? Did he feel like he did something special?

I don't think he did. It was just bust a blood blister on some neurotic colleague and off to the next patient. But what if he did? What if he did know how I was feeling and know what he did for my life? He.

The thing is, he deserved to feel like a 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 all were like Superman and Batman were 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 it? Wouldn't that bring joy and meaning back into our professional lives?

Wouldn't that be one way we could match our 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 you receive, whether it seems like it's run of the mill or not.

Yes, being aware, just 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 being chronic, there's chronic back. It's run of the mill stuff.

But how often do we actually feel gratitude and 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, truck loads of south of sprouts and everything. And so one day, one day, he blows out his knee.

He was devastated. But he realized, you know, that these sort of things happen and, you know, things could have been worse. But because now it meant that, you know, he was now vulnerable and his body was vulnerable.

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

So the time comes when he post-operative and so forth and he goes in, it's it's first day of physical therapy. He can't wait to start. Physical therapy is seven first thing in the morning, you sitting in the waiting room, the physical therapist comes out and he has a clipboard and he looks at the clipboard.

He looks at the guy, and a physical therapist is, sorry, you're my 730 patient. The guy says, no, I am not your 730 patient. I am the guy to whom you're going to give his life back.

Choosing Joy and Meaning in Medicine

I'm the guide. And you know what? If we as clinicians and physicians and healers had a mindset that every person that we saw, we were going to give a little bit of their light back, maybe just helping someone get rid of a rash and keep it up at night, or reassuring someone that the course 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 like that and maybe it's just by reassuring them or something, or maybe just give him a pat on the back.

You're doing good. You're in one direction here. We lose in some way your blood pressure. Let's do that. And I told you it was a struggle because honestly, I knew 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.

Well, how can I give you a little bit of their life back? My first stop. Plus, how can I get out of here in less than 20 minutes if we did? But if we did have that mindset, I'm going to give each person a little bit of their life back.

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 do this and stick with it to be able to have a 40 year career.

I don't know if every listener will have a 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 you see yourself in this role of healer and look for opportunities to give back and connect with the person.

And when that quick connection, my own experience as a patient and a doctor, those doctor visits, those surgeries, those 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 is 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.

Are there any final thoughts you would want to leave with our audience? I just want to get back to that theme. I know when people were writing about burnout and all this stuff, they know that it's the EMR, it's your administration, it's all this.

You got to change all your scheduling, all that. And that may be true. And if you can do that, great. But it's the change of thinking in terms of all of 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, and a rabbi is talking to his students, and he asked them, where does God?

Well? So one of the students says, God dwells in heaven.

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

And I think that's the same thing with this mindfulness about seeing patient is where does the self gratitude? Where does the joy and meaning come in medicine?

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

Yeah, yeah, it's Kenny Rogers 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 what to keep.

Cause every hand's a winner and every hands I'm sure. 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 hitting, you could play it as a losing hand.

Oh God. Is just another patient gone. I'm behind. I'm don't know. What do I give another 11 on the wrong thing. Whatever. You could play it as a losing hand or you could play the winning hand.

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

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

This is an amazing story. Gosh, it was so poignant, so touching, this physician that I know his. I would urge all your listeners, if they haven't heard that podcast, to listen to this very powerful, moving story that Doctor Winkler wasn't so keen to share with us.

But at the opening of that podcast, you said something that just crystallizes and capsizes 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.

I said, this is so good. 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, the struggles, the 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 statement, it was something that was so profound and said almost it was 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 to choose what life we live. We get 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 live 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. Listen, I appreciate, but I think the messages you've shared with us, I mean, these are like aged, aged, proven wisdom.

Like, people can take this through any profession and 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 level of connection is what matters.

It's not the what, it's the why, it's the connection. It's the it's not the like you said, it's the ability to make those connections and find out what really makes a person tick.

And I have loved this conversation. Thank you so much for taking time to do it. I encourage everybody to check out of the book. The hold it Up Here again, The Bedside Manners for Physicians and Everyone Else by Doctor Scott Abramson.

Inspirational book and inspirational interview. Thank you again so much for taking the time to do it. Thank you Peter, I so much appreciate 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.

Your work truly helped so many people. We produce this content to help you have the tools you need to stay in medicine, and to highlight the amazing work being done by physicians around the world.

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