Why Better Relationships, Not Better Prescriptions, Drive Better Outcomes Transcript

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Introduction and Guest Background

A person came to me with obesity and on, you know, struggling with weight management, we went through all the things, medications. We tried some work, didn't work.

Tried some behavior change. Nutrition exercise work didn' work three years and three year and we got to the childhood trauma. And we, wow, We got through the, childhood, trauma of how it not only indirectly, but directly influences their food behaviors and relationships to this day.

Wow. And no amount of, hey, we prescribe five servings of fruits and no ammount of Ozempic and any of these things is going to sustainably change that until you get to that root.

Welcome to My MD Unscripted, where healthcare gets personal and the script gets tossed. I'm Dr. Clint Carter, ER doctor turned direct primary care freedom fighter on a mission to challenge how our healthcare system treats patients in America.

In every episode, my expert guest and I dive into real conversations about what's broken and how we can fix it by making healthcare about people, not just managing disease.

It's time to rethink what healthcare should be and we how can make it better together. Welcome Hey guys, and welcome back to my MD unscripted podcast.

I'm your host, Dr. Clint Carter. And today's going to be a fun one. We're joined by Dr Hussein Kimji. He does medicine the right way for all the wrong reasons, but kind of what makes this conversation more fun is He's a physician, a speaker, an advocate for whole person health, which in his translation means something like blending clinical medicine and personal development.

So I can't wait to get into what that means, but I think it includes something, like addressing mindset, behavior, self belief as core drivers of health.

He is a self-proclaimed recovering perfectionist himself, and he emphasizes growth, This is all great in both the exam room and everyday life because he's also a dad and a member of this thing we call the human race.

So, um, Dr. Hussain, thanks for coming on and joining us, man. Yeah. Thanks for having me, dr. Carter. I'm very excited. Um, I am going to let you introduce yourself properly.

Uh, but I'll lead with this question, which I think will get us set off in the right direction because. You know, the normative patient experience within modern system of medicine in America feels broken.

And could that be because healthcare is perfectly optimized for disease management, and specifically not optimized, for human flourishing? And if so, what does that even mean?

Take it away, Hussein. Yeah, thanks, Dr. Carver. I appreciate that. Actually, I love that question. You know, a little bit about me, you know right off the bat, my name is Hussein.

And I go by Dr Kimji online and to my patients. On a mission, and I'm here to do three things, help people optimize their health. How are we going to that?

Help people live happier, healthier lives, prevent and reverse chronic diseases, optimize mental health and

emotional well-being. And I'm very lucky, I have to say.

I am very grateful because I get to do this with patients, with clients, but I try to try and do it for myself as also a human being in progress. And as you mentioned, a recovering perfectionist.

So it's been a very healing and transformative journey, for sure. About four years into my current practice, which is in lifestyle and obesity medicine, and which then does spill over into a lot of those topics you've mentioned at the start, as well.

Yeah, to dive right in if we can to your question. You know, I don't know that the system is designed, the normative patient experience right now, even well enough for disease management.

Ideally, probably over the last 50 years, and as it kept becoming established to what it is today, that was the end goal. And I'm sure you know the WHO definition of health versus the absence of disease versus for the other half of that spectrum.

That does lead us towards not only a state of thriving, but more importantly and more deeply perhaps, flourishing. And I think just one last thing I want to share about that that comes to mind is it's not just about individual flourishing I Think if we can get individuals to find what is meaningful to them Then we'll have communities and a society that is flourished and then I thing something like health or a health system May actually just take care of itself.

I Love that. That's pretty I love that. We could go off on that all day because society feels broken, right? Yeah. So many, I mean, and all the algorithms just points you to the things you either love or hate and there's no middle ground and it's just so polarizing.

It's so, you know, having healthy individuals help create a healthy society and even a. Healthy health system. That's, that's pretty fun, man. Um, I think so.

Yeah. I mean, how did, How did you tell me about how you, we got here, right? Like, so how'd you end up in this spot and, and with this philosophy and then we can get into what you're doing and what that looks like.

Totally. I'll start from the beginning. Born and raised in Calgary, Alberta in Canada. And I went to med school in Dublin, Ireland. Nice. Yeah, that was a fun time.

That's fun. It was awesome. I was lucky that I could come back to Calgary to do my family medicine residency and I did all the things as a family physician for the first few years.

I worked in rural practice, emergency, palliative care, ICU, clinic, walk-in clinic. plenty of experience across the board. I transitioned to urgent care for a couple years, which was very rewarding.

And I was lucky, I worked at three different sites in our province, and I had such a great team to work alongside, not just physicians, but nurses, colleagues, allied health staff, non-health staff.

Phenomenal health care team people you want in the trenches trenches with you. Nice.

Why Healthcare Needs Human Flourishing

Yeah, so that was amazing Yeah And then my wife and I had a baby so I left urgent care pretty note for the shift work to do the shifts of baby not sleeping and such and in parallel to all of that around May of 2022. Funny enough, I came across a Facebook post in my sort of residency class page about a clinic that was hiring.

And that's the AB clinic where I'm at now, the Alberta Bariatric and Lifestyle Clinic. And I remember talking to my wife saying, oh, this kind of looks a bit interesting.

Maybe I'll check it out. And was intrigued. They talked a little bit about lifestyle medicine. I had no idea what that was at the time. Didn't have experience in weight management.

But I was piqued by interest, and I wasn't going to go, believe it or not. My wife kind nudged me and said, hey, just go check out, talk to them, see what it's about.

So I did, I went for an interview, we hit it off. Started working there about a half day a week. And, you know, looking back, it was fun. But I also was just learning as I went, right?

Like, obviously, yeah, trained physician, but I didn't have the extra training at that time. So I was doing the courses in lifestyle medicine. As I seeing the patients, I kind of reading around cases.

It felt like residency of sorts again. Yes. And then that kind just slowly built. I did my lifestyle medication certification that year, December 22. you know, majority of the patients coming to us were actually seeking weight management.

And I think that's obviously a very common trend nowadays across the world, particularly North America, right? But globally as well. I realize that wildlife medicine helps significantly.

I better know what I'm doing on the obesity side too. So I studied that and then I got my certification in 2023 for obesity medicine management. Over the past four years, I've been at the clinic.

I have now been there pretty much three, four, five days a week, depending on this season or what the child is doing. But it's been amazing. And it is these few years of helping people with their weight, helping with other chronic diseases like the common ones, as you know, are things like type 2 diabetes, high blood pressure, or high cholesterol, metabolic dysfunction associated, steatotic liver disease, that mouthful of non-alcoholic fatty liver diseases.

And then, of course, mental health, so depression, anxiety, ADHD, binge eating disorder, other disorder eating patterns, and consequences of obesity. osteoarthritis, sleep apnea, acid reflux, super common things that affect the majority of the population.

And I have the luxury of time with patients, which maybe we can talk about later. So that really influences the care I'm able to do. Well, that was actually going to be my next question.

It sounds like you're at a clinic that allows you time to go into all those things, right? where much of the system is broken down, where it's, you know, volume driven, not value driven because that's how payers pay.

So, I mean, how is it that you get time with your patients? Are y'all a cash based practice or? Yeah, great question. Great question and I think like it is probably more of a struggle in the United States than it does for us in Canada because we have so much majority of public health care system.

Yes, right. you know, government funding and support. But you're right, still for us we face the same challenges, whether we're a specialist or a family doctor as an example.

You're very time-limited. You know, you're trying to see a volume of patients or it's the same principles that you were describing. And it is tough to go through the patient's agenda, right, which never really matches the physician's agendas.

Both people are there trying help the patients and you are trying cover everything. I think that leads to the physicians being burned out. It contributes to broken system and the patience don't feel heard.

That is the most critical part of that. Right? And you look, you know, fast forward to today online misinformation, social media, wellness influencers, supplement industry, dah, yeah, there's a lot of distrust of physicians or broken healthcare system.

But where is it coming from? Right. It's rooted in these unfortunate short transactional experiences and doctors. Most doctors don't want that either.

No, no, I mean, all the time in my town, like I'm, we're kind of a referral center and a fairly rural part of Texas, you know, um, it's a town full of doctors and they're all doing an amazing job for the most part.

Most of them are doing amazing jobs. with what they're given in their tool belt, a 10-minute visit, you know, limitations of the insurance that the patient has.

And then, God forbid, there's limitations in the patients' life that they didn't even know about because they don't have time to get there. Or their internal monologue or their mental health or all the other things going on that are all between time constraints and system stuff.

It's just tough. Yeah. So that's exactly it, right? So I'm lucky because our system is government funded. Well, our clinic is Government funded and the majority of our systems is, we are currently not like a mixed private public.

We're purely public, We are fully covered and we've got sort of an arrangement where we're paid on an hourly basis, which certain specialties and physicians here do have.

Oh, that's yeah, it's cool. Because again, you get the patients covered to the time covered. You're not rushing through people. And I think other specialties who have this like it as well, because you're remunerated for your non direct patient time.

Right. Which is which is a huge challenge for the physician side of things. Correct. For the listener out there, what that means is usually if you're in the hospital, you are somewhere and you've been reimbursed by insurance, your having to document how much of this time you spent was with the patient.

Direct care, high level care. You've got to prove to the insurance company that it's worth paying you full price or some version of full price just to make ends meet.

Whereas here you're just being, you know, getting paid for spending time with patients and listening and being there. That's, that's pretty good. You're getting pay paid to take care of people, right?

Yeah. Which is, which is really, I think what it's all meant to be.

From Family Medicine to Lifestyle and Obesity Care

Um, so I, as I'm very, very lucky, definitely acknowledge that because around the world, it is so hard to get that. Um, that being said, you know, my consults are 90 minutes.

My followups are 30 minutes and I still run out of time. Yeah, no, all the time, I don't know how I. There's never enough time every visit, right? My consult and my follow-ups for about an hour.

So same idea. run out of time every time. We're always like, well, I guess we need to cut it off, but that's a lot. Let's plan moving forward, you know, blah, it's amazing how much time you could possibly spend.

I wonder what we would do if there was no time limit. Yeah, yeah, and I think that's, you know, it's worth considering that idea, right? Practicalities aside, I feel to think about because even though that may not happen, i think it allows the provider to build the therapeutic relationship with the patient.

Yeah. And again, It allows The patient an opportunity to feel heard. I come back to that because I Think that such a fundamental piece here. People do not feel hurt.

You know as a physician and you Know this, it's a privilege for us. People will tell you things they don't tell their spouse, their parent, the child, they're sibling.

It's a big responsibility. And it's it is a blessing, I would say. A privilege to carry that duty as a physician. But if you actually discharge that and actively listen to the person in front of you, then you start to really move the needle on someone's health.

Well, even in the ER, because I did the same thing as you, I do family medicine, and I got out. I was like, clinic, not so sure. Went into the E R slash urgent care.

And it's one of the more rewarding specialties in some ways because you can just fix things. Yes. our the system is really well designed in our training as physicians is Really good at putting out fires.

That's right. So people just come in on fire and you put them out and send them home, right? You know, a prescription, you know whatever the prescription for their fire is and they get to go home and But even in the ER, the more complex patients, I can't fix fix it, but they're not dying today.

I wasn't the fastest ER doctor because I wouldn't leave unless they understood they'd been heard and then there was a blanket. And my supervising, you know, that the boss doc in ER was like, listen, we've got fast docs and they get complaints all the time.

You keep being that guy, because we need people to feel heard, and we've never gotten a complaint once, right? Because they felt heard. Because you can't really optimize people's health without understanding the human involved.

Not at all, actually. It's impossible. I don't understand. All right. Keep going. Yeah. No, no. I love that. Thank you for sharing that I'll tell you my ER urgent care analogy that comes to mind actually funny enough.

Well, I tell my patients now in the lifestyle obesity outpatient clinic setting where the behavior change and the act of listening is what I get to do.

I'm in the car with you. I have the water and the healthy snacks and Siri or the Google or even the AI, whatever, the evidence-based AI. And we've got the tools and systems and supports, and I am here and coaching you and guiding you, cheering you on.

But I don't drive. Right, you gotta take charge of your health. You gotta be, my job is to educate and empower you so that you then take of charge your of health, I can guide you, help you make the informed decisions, answer questions, but I'm just an annoying backseat driver.

Sometimes I am holding on tight, depending on how they're driving. But I always in the car. And then I give the example of when I was in urgent care, someone has central crushing chest pain and we think it's a heart attack.

I'm driving and like the patient wants us to drive, right? It's like, here's my keys. Fix me. As you say. Yes. That's great. We do the, we do a million dollar workout, you know, if it's something we deal with it.

And if not, hear your keys back, drive home. So what I get to do now is very much. I hope to never drive. Not because I don't want to, but because they know sustainable health change and that flourishing we're trying to tap into people have to take ownership to get there.

You don't love that analogy. I've always said, since I started this practice about a decade ago, that I'm the co-pilot, they're the pilot. It's the same analogy, except that most people totally are gonna identify with an annoying backseat driver way more than a co pilot feel free to use this all day.

Yeah. Totally stealing that. That's great. And I love it because people, cause I tell them like, listen, I am here to tell you where the pitfalls are and where, you know, what's out there, but If, you know, I always say if you, if your cholesterol is a million and you hate statins, great.

Yeah. What are we going to do about that? Yeah, right. I mean, what's our plan? So, yeah, and I, even on that

note, like I tell them something has to control the condition.

Right. So if it's not going be the statin, okay. Why is it going. Exactly. Right and so we that that's where the beauty I think of lifestyle medicine comes in or behavior change comes In or as you said earlier understanding that person and what are the barriers to the statin or what?

Are the Barriers to The behavior Change or What are The barriers To the fruits and vegetables? Because until we address that stuff, which is usually mental emotional stress other stuff not even sometimes health related It doesn't matter Two jobs and three kids, single parent, you know, when am I supposed to mill prep exactly?

And when I'm supposed go to the gym and you there's, there is a bazillion things, right? But in the end, we need, a patient centered approach. And, you know, so how do you get adherence outcomes, patient satisfaction, things that are, that you got with a patient-centered approach?

Tell me, tell me more about, about how you dive in and what your strategies are because, um, You know, it sounds like you earn their trust pretty well.

You're, you're making sure that you feel heard. Yeah. And you know what? Again, I'm very lucky because I've, actually recently been fortunate to have a few patients to say that to me.

and share those kind words of, hey, you know, I feel like I can trust you or, or you had someone open up to me after working with them for three years.

And so they came to one person came from me with obesity and on, struggling with weight management. We went through all the things, medications, we tried some work, didn't work.

Tried some behavior change, nutrition exercise, worked in work three, years and three and we got to the childhood trauma. and we got to the childhood trauma of how it not only indirectly, but directly influences their food behaviors and relationships to this day.

Wow. And no amount of, hey, we prescribe five servings of fruits and no amounts of Ozempic and any of these things.

Time, Access, and Patient-Centered Practice

is going to sustainably change that until you get to that route. And again, huge privilege and duty as a physician. Again, a blessing. It's like that person did not share that with partner, child, you know, nobody, family doctor who they've known for however many decades, therapists they have seen in the past.

So how do I get there with people? A couple of things. Number one, genuine care. And I can see it in you as well. You've got to genuinely care for the human being in front of you.

Whole person health. I'll tell you quick aside, very relevant. We refer to patients in medicine and societally as the obese person, the person like the diabetic, right?

The broken knee in room three. I really strongly, strongly will die on this hill of person first language. I am a person with obesity. They are a personal with diabetes.

We are not our disease. And as soon as that gets tied to your identity, it becomes way harder to change, not to mention the negative self-talk and the self beat down and self pressure on the all or nothing and that that follows.

Right. So coming back to this person, you know, genuine care and empathy, the human being in front of you. caring for them, that's my number one. And you can't fake that, right?

It's either there or it's not. So that is number 1. Number 2 then, actual tangible strategies, active listening. When I

first meet someone for a consult, you know we have some of their background info, we get the referral letter, some blood work, and we've done our homework.

We get them to fill out a questionnaire to get some background prepared in advance, prepared on the day of. You meet the person. I don't put my laptop on my lap, I do not take notes, anything.

I just leave everything on my desk. I actually physically turn my chair and my patients get to sit on a couch. So I lower my share. so I'm at the same level.

hate sitting over people. And so, I am just equal to the person and I say, why are you here? And then I, and then, just let them talk. I do not cut them off.

And now again, I have the luxury of time to do that, right? Yeah, it's a luxury and a privilege, man. Exactly. I share it with you and it is amazing. It's amazing, its life changing for us and the patients.

Yep. So I just say, why are you here? And of course, like 95% how I'm here, can't lose weight, struggling in these ways. These are the things affecting me, IVO diet, weight cycle, you know, sure.

And I let them go on and they'll talk about their stressors as he said, you know, okay, I'm going through a divorce. You know my washing machine broke down.

My dishes are piling up, my two kids, all those two jobs, not sleeping, very stressed, coping with emotions through unhealthy means, can't afford psychotherapy because it's not readily available, so much.

And then again, right, not to mention that negative self-talk that keeps coming up for all of us. I'm not doing good enough. Well, I should be exercising, and I know I shouldn't.

And I learned that from a therapist I worked with. If you're shooting on yourself, you know, it's not a pleasant experience, so I ask people, why are you here?

And you let them talk. You know the average length of time someone talks for uninterrupted in these clinical settings is three minutes. And like three minutes, yeah, like it's a substantial amount of time.

But then you see them kind of relax, their shoulders drop, what I call the invisible weight that we keep here starts to melt away. That's the real weight management, you know?

And so that starts meltaway. And then they go, oh, they've not released that in however many days, weeks, months and years. They've never been at a doctor's office where they weren't thinking about when they were going to interrupt the doctor and try to interject one of their thoughts.

You done? Yeah. Anything else? I guess I said it all. Yeah, exactly. It's shocking. They never had that opportunity. So that's one of my strategies in the console.

In the follow up, very similar. And actually to your point there, sometimes patients actually don't know what to do. My follow-up question is, how can I best support you today?

The commonest answer is, I don't. Yeah. Is that, uh, you're supposed to tell me that like, well, maybe, but, yeah, no, what you need. And so immediately then I share that I'm the backseat driver, not the front seat driver example.

Perfect. Cause they don' know and that's okay. That's Okay. Right. Because how could they know? They've, they've come up in a system like you and I, where you didn't have the opportunity to, to answer that or even have that asked.

No, never given it a thought. They came in with an AI or Google scripted list of things they think they need and want and then you're like listening and asking how we can help and they're, like, this isn't part of my planned script.

That's right, that's, right. Yeah, we're off of- What do I do with the music? Yeah. Yes, yes. that the beauty, it's then, you are getting to know the human being.

I think then that's you've built immediate connection, right? So just genuine, you know, I say just right. This is simple, but not easy. But the combination of genuine care and empathy, active listening, giving people a platform to share their thoughts and feelings and truly listening to them, not to respond, But to just listen.

You're not sitting there preparing. Oh, I, oh, they said this in the first minute, so I'm going to say this back. No, no, none of that. If you can reflect it, great.

if you cant reflect, it also fine. You can always ask people to repeat stuff or summarize or whatever, but just genuinely being the two set of years or the sounding board or mirror, whatever you want to call it for someone to release, giving them a safe.

This is the last, practical tip, safe, non-judgmental space where people can be vulnerable enough. to share those thoughts and feelings. That to me is like the best concoction, perfect cocktail to start the strong relationship.

– That's a spiritual experience. To be, by definition, to be in a place that's safe enough to confess your inadequacies, your failures, you fears, and your traumas.

I mean, the reason why, you know, it's okay for me to confess to God my sins is because He already knows and He's already paid for them and he loves me anyway to be known and loved.

That is a spiritually transformative experience that you're offering on day one. Right? As much as can be digested by the patient on day one, sometimes it takes three years.

Right. Sure. Yeah. You know, to get down to, well, there was this childhood trauma that may or may not be impacting things. Exactly. But you can't get, you, can get the patients to.

the person the human on the other side of you because I do the same thing like we get out of the exam room as fast as possible we move them into my office and we sit down side by side we look at the big screen together so we're going over the labs side-by-side line by line we go through them all yes and there's lots of them and then and And, and, um, we're both sort of half facing each other anyway.

And then, plus I've got AI helping me write my notes. So I don't have to take notes anyway, but I just turn and face, which is another privilege. I turn in face patient and we just start and I'm like, okay, so there's that and that we talk, you know, he's been talking on and off all the time and it's like anything else on your list?

Like what, what do we make sure we cover today? Yeah. We're just talking the rest of the. Yeah, maybe I'll turn back to the computer and hit a refill for them because they asked me specifically.

Listening, Trust, and the Power of Being Heard

for that, but otherwise it's like eye to eye, comfortable, I've got this chair. The one complaint about my chair is it is too low and too comfortable and some of my older patients are like, Clint.

I can't do that. It's funny you say that because I would say it a common thing. Actually a lot of obesity patients, our couch is a little bit low. Sometimes they'll say, do we actually have a chair as well as an option with arms?

I have some backup chairs. There's a wider chair, yeah. But that's funny because that is a real problem and it's a common one. We're going to need two nurses to get me out of that chair, man.

But once a patient has been heard and felt heard, because my bit on the co-pilot bit has always been like, listen, if I prescribe you a medicine you don't want, guess what's going you're not going to take it.

So why would I do that? That's not how this works. If it's your idea and or our plan together that you agree with and we've got full buy-in, then that's critical.

the odds of success, like 10X. Yes, oh yeah, skyrocket, it's night and day. It's not even comparable. I mean, there's times I was talking to a patient about her surgeon and they like had this experience right before surgery where like the patient was questioning, you know, even going in.

And she was like, up, no, the surgeon was, nope, we're not doing this. We are not, I am not taking you to surgery with your, headspace where that is, right?

Like that's not, that the only bad things happen, like we need to reschedule this. We need talk about this, I'm gonna go do another patient, let's come back and talk, or we can go home.

Because the patient's gotta be all in, even on a surgery where they're asleep the whole time. It just doesn't work. If the patient's like, well, I don't think this is going to work like that.

That whole mindset and belief and buy-in extremely crazy. Um, one thing that you've said a couple of times that I'd love for you to expound on is this, this idea of an identity shift.

They change in their own belief about themselves or their situation or the family of origin stuff comes into play. Tell me more about that because I think that is not what most of the listeners right now think the doctor's even thinking about or bringing into the play, right?

Yeah, no. Thank you for bringing that more to the forefront. I think that's such a critical ingredient as well. There's two parts. Part one is identity is related to our behaviors directly.

You've got leaders in the field like James Clear's Atomic Habits who really touch on that, make identity-based shifts rather than goal-base shifts. So you can still have goals and goal posts and such.

You know, am I the, I am the kind of person who exercises rather than I'm going to exercise 10 minutes a day every single day. Right. So I think that's the that the first maybe more superficial layer of identity and how it does directly relate to behavior change.

But the second and deeper and much more meaningful and meaningful in the sense of its lasting in terms of sustainable behavior change, whether that's someone's A1C for diabetes, or whether it's the number on the scale, their body composition, like anything you could apply it to.

Their depression, ADHD, all of it. What actually helps them change and then that change to last is identity based. And if I'll tie in maybe one of my answers earlier, but expand on it, When I started this job, I didn't know this.

I was very focused on lifestyle medicine. And I don't how much your listeners get of lifestyle medicines, but in a very quick nutshell, as you know, whole person care, evidence-based medical specialty applied through the prescriptive nature.

That's a key word for me. People know to eat fruits and vegetables. They know how to drink water. We're not doing it. The power of the prescription of me writing down, go exercise, for a walk 30 minutes a day is powerful.

Right? We have studies on that where you hand them the prescriptions physically and they're more likely to follow through. They can put it on their fridge.

Exactly. Oh, I tell people stuff all the time. I know exactly. Yeah. So that's the lifestyle medicine, right? Prescriptive lifestyle change through the six pillars, nutrition, exercise, sleep, stress management, avoiding risky substances, positive social connection.

First year of my practice. I was preaching it, and I still love it. But I realized loving it and knowing it is not

necessarily the same as putting it into practice and keeping it in practice, both personally and professionally.

Much more challenging than, you know, simple but not easy. Year two of this practice I said, okay, well, I need to know the obesity stuff. Kind of went full tilt, studied, did the board exam, learned the surgery types, learn the meds, learning the pros and the cons, how do you follow up a patient for life after they've had a bypass or whatever.

How do you use the medications and, you know, as I learned all that, right? And they're used in parallel. The third part of obesity management is behavior change.

That's where the overlap for me comes with lifestyle. Then in year three, I realized, well, most people seem to have mental or emotional barriers, all right, As we talked about, and it's like two jobs, one divorce, two kids, busy life, not sleeping, stressed, dishwasher broken, life is lifing.

How am I supposed to squeeze in optimal preventative health and suddenly start flourishing? So then I started to tackle that. And in year four, where I am now, and maybe a little bit in your three, I met Dr.

Mark Brehman. He was one of the past presidents of The American College of Lifestyle Medicine. Okay. I don't know if you know him or know of him. No, no, haven't met him yet.

You guys are very similar in some of things you mentioned already. But he's definitely someone I look up to in the field. Not just as a physician, but squarely and truly as Oh, that's beautiful.

Yeah. I've only had the opportunity to talk to him a few times in person and a couple of times like on email, but really, really nice down to earth human being, like genuine human, being hard to find rare gem.

Hard to find. He was past president of the ACLM, American College of Lifestyle Medicine, and he and I spoke at the same conference, which was in Alberta.

We had our first ever Lifestyle Medicine and Flourishing Symposium. It's 2025 and then we had it again actually this year, just last month. And so he and I spoke about a similar thing.

And I actually missed his talk and he missed mine. But I returned on day three of the conference where we connected. Funny enough, people said that my talk was similar to his.

Now, obviously, I'm the junior in that, but I was like, oh, this is super interesting. I got to see what this guy's talking about. And so he kind of really focuses on human beings, whole person health, the themes and the things we've talked about, starting with the person in front of you and realizing that we are all in the human race.

Yes, we're different sizes, shapes, colors, backgrounds, finances, situations, stressors, for sure. But fundamentally, were all human being, We were all born naked.

We will all die, you know, clothed or not, we're not taking the clothes with us. Right? So we are in a lot of ways, it's a shared common human experience.

Yes. So I met him and that really got the gears turning and then I started to put pen to paper and got on the whiteboard and I said, okay, what am I trying to envision here?

And so I came up with a framework. Now he's got his own and this is my version of mine, but it really sort of answers what we're talking about and allows me to expand on your question about identity.

So people come to me with a physical problem. I have obesity, I've diabetes, high blood pressure, cholesterol, the things we are talking. Very quickly, or took me two years of practice to learn, often it's rooted in mental health.

We go through a basic CBT, cognitive behavioral therapy triangle, things like how your thoughts shape your feelings. Your feelings shape, your words, words shape.

your behaviors, Your behavior shape Your thoughts or feelings, right? And then you're going in that back and forth cycle, never ending in any direction.

Smart people will sometimes use, as you know, intellectualization or rationalization to stop doing work beyond that. Oh, yeah. Well, I've thought about my thoughts or I have interacted with my feelings.

I learned the relationship between them. But then we're still not changing behavior or taking action and identity is still shifting. So the third part of the framework is, well, what if emotion and emotional well-being is rooted, right?

Identity, Behavior Change, and Root Causes

We're doing the thinking part if we engage with mental health in some way. We are not doing feeling part. And we're actually very working hard to avoid the feeling.

So that's all things that we can do as humans, physical, mental, emotional. But we are human beings, not human doings. And that brings me to the identity piece.

As we talked about spirituality, but for people who are non-religious, I think it's the same thing you say, meaning and purpose. Do people have meaning in purpose?

And I that is rooted in self-worth. And self worth is inherent, it is unconditional. It is something Dr. Brehman taught me about. That is where the identity shift or beginning happens.

Right? People are living out of alignment with their values or they're not comfortable looking at themselves and saying, I have inherent value as a human being.

I am worthy. I'm not worthy of feeling better. Yeah. I am worthy. Of a healthier body. Whatever that looks and feels like. Right. So I deserve a meaningful life.

Yes. And they don't. That's the identity. A day slash we do that all the time where we're like, well, no, I don' I I. Don't I, not the kind of person who goes to nice places and just enjoys myself.

Like that's not. But I'll do it for others. But my wife makes me go, I try not to ruin her best. Hopefully that makes sense. I know I took you on a journey there.

If your identity is someone who doesn't either deserve or could never, then you're not gonna make the changes. Because you have already decided that it can't be done.

Yes, you've already decide, yes. And that's where no amount of convincing helps. You can tell them, they will, we, I wish you quit saying they. We will intellectually agree with the good advice in front of us that that is right and good.

That we should do that. And then we will go home and believe ourselves out of doing any of it. That is right. Because that's not who I am. My life's too crazy, you know, working out with the identity, right?

That's for, someone else who doesn't have all of my hurdles to jump just to get through the day. So, man, dude, that is great. So the behavior change being the key, the hardest part, and then that doesn't come in without sort of that identity shift.

And then you've got the medicine pieces, whether they, you know, whatever else is ailing them to come around and make that difference. It's such a, such, a beautiful thing.

You know what in medicine, So for the listeners that are like, some of my listeners in theory are docs who, or providers in general, who are burning out, right?

They're in a system where they're like how come I'm having to see patients every eight and a half to 12 minutes

and I am not, you know, I'm not being, you know, satisfied personally and professionally.

I am not seeing the change in my patients. It's just, it's not working for me. Why can't I spend an hour with my patient's like, Clint and Dr. Kimji, right?

So it is like the, for those folks, Right now, where they are at, start making a change. What would you have them do in a 15 minute visit right now tomorrow?

Yes. I love that. Such a challenging question. So two answers. First, I'm going to go unscripted and tell you what I want them to do before the visit, before they start their day, or even after their You know, you ask someone, are you a compassionate person?

Most people, or I like to think people are compassionate people. Unless they're an ER physician has been, and that's the burnout, right? But yeah, he asked most people or providers, especially most of us came into this with the desire to help human beings in front of this.

If I say, Are you compassionate? Person? You'll say yeah. And then if I, say are. You a self compassionate. Person. You won't say, yeah, you know, it's less important, right?

So I think that would be the first step is pre-visit, post- visit, before your clinic day, after your clinical day. Give yourself some grace and practice, actively practice self-compassion.

That could be something little like, hey, I did the best I could today. Saying that out loud to yourself on your drive home, phoning a friend on their drive, phone a colleague that someone you can confide in and talk about a difficult case or situation with, taking out your frustration about dealing with insurance, venting in some way, giving yourself the space as a provider to look after yourself.

Maybe that means you go for a workout. Maybe you do 10 push-ups before you see your family and your kids. And maybe that mean you, you know, make sure you drink your water.

But pick one thing that is meaningful to you that allows you to give yourself the love and kindness that you give to your patients. That you strive to gift to patients, that are frustrated about because you feel burned out and cannot give it to them anymore.

You went into med school to get. Why are you not giving that to yourself? Right? That's the first part. That just bought me time to think about the answer to the real question of what do you do?

While you're formulating part two, that also gives, especially if it's after your day, gives you that moment of reset and freedom to give more again, when you walk in that door, that's whatever's going on and you're, you know, let's say you've got a, a wife and kids at home or whatever else life is lifing.

When you get off of work, right? And, and if you just come in frustrated and spent and disappointed and feel like a failure, or you not going to have much to offer.

No. And you show up poorly, poorly for yourself in them. Yes. And the success rate in marriages in those situations is not good. Yeah. Then you're in a situation where everyone is burned out, right?

At home, they're burned in the clinic. So yeah, thank you. In that 15 minute visit, I would say, get the patient's agenda first. Yeah, I think that and that's again the same act of listening the Same giving them the floor.

I mean, yeah You're gonna have to choose what how many minutes after you're going to cut them off because you have two Right. Yeah But just at least get their top three things and and you don't gonna know your agenda, you know, You got to go over the labs.

You know You've got a refill, you know you you what you and what your trying to cover and You what's urgent and

know what can truly wait but they are gonna have their own list.

I don't know if, you must be familiar with the concept of the door handle issue, right? So a patient comes in like, hey, I need a refill, or you probably may call it something else, but I know you know this.

Yeah, so it's like they put their hand on the handle, So for the listeners, I guess I'll back it up. So it's like, yeah, we're in the room, wait, the patient comes in and we bring the patients in.

They go, yep, you know, want to talk about my antidepressants. I need some refills, maybe a dose adjustment. Maybe internally, they've got some stress, like my cat died, but I want talk to you, and you need support, We go full tilt of like, well, you have these blood work and you gotta get your preventative screening test.

Okay, yeah, let's look at the dosing and make sure it doesn't interact. And suddenly you're at minute 14, right? And then they go, then say, oh man, my cat died yesterday and it's just been so much.

Now you are like shit, I have 60 seconds. Really, how do I squeeze the genuine empathy and active listening? Oh my God, this was actually the thing on their mind.

And the door handle issue example is like, oh, and by the way, doc, I have central crushing chest pain. Bye bye. You know, it's just like okay. But so I think that's the challenge.

So if you up front say, look, what's on your list today? Here's what my list is today. Hey, does anything match up? Cool. What's most important to you?

And maybe even be so plain and direct with people, honestly, and just say, hey, look, you know we only have five minutes. I know, we have only five. What's the most important thing that you need today?

Again, why are you here? How can I support? What is it that what is that that do you envision you're going to get out of today, right? And the stuff that can wait will wait.

But if they feel heard, they'll walk out of there feeling way better than if just got the refill or if you push the agenda, you know? I love that because if get their agenda up front and you still have 12 and a half minutes left.

together can then decide how to rank these issues in order of importance and how we can blend enough in and maybe touch on some things that were on your list that you think fit in priority with their list and just spend another 30 seconds talking about that.

Now you've really got 11 good minutes. It's all about spending the time the, if you spend all the time on the one thing at the top of list, that's the most important thing by far.

You spent your time. Well, yes, right. Exactly. That's how it works. I mean, it's, how we side, nah, running a business for a long time, I was just making it up as a win.

And now I'm in, use a system where. When we have a meeting, we rank the issues by importance. So if we spend our limited amount of time on the most important issue, and hopefully we get to the next and the, next, but if not, you spend it on, the right thing.

Yeah. Right. That's exactly it. And that's a, yeah. True. It's just, so when I hear you say that, not only like it, everyone in the meeting is more satisfied.

and Yeah, that the one thing about the, the burnout for me in the ER was multi you've touched on so many, uh, it wasn't Mrs. Smith. It was the gallbladder in room five.

There was no real relationship. Everyone was in having the worst day of their life. So, there wasn't there was no positivity I mean every once in a while you have a positive even you just you came in you did the right thing they

feel better they're moving on they got a plan but yeah for the most part yeah you're not getting happy patients thankful patients you not Getting you know and to the extent that you Did you spend way too long to get to that point and now your list of people waiting on you is growing yes you've just not given us just goes up yeah yeah I At some point, none of the reasons we went into medicine are being achieved internally.

Practical Advice for Burned-Out Clinicians and Patients

People are not dying and that's important. But most of them weren't anyway. One reason I went in this practice was because these people aren't having emergencies.

They just need access to their doctors. You know, so my patients get an hour long visit and 24 seven access to me after the visit, if they have something come up and how they need it.

And it's, it just, that's just like this exhale for, for me and the patient, like used to, and if, If I saw someone in the urgent care on day four of their upper respiratory symptoms, they're like, dog, man, these always turned into bronchitis is for and I'm going to be sick for a month.

You know, it's still viral for sure, but I tell you what, here's your Z pack. Maybe you don't feel it for a couple of days. Yeah. Right. But I both know you're going to fill it in 30 minutes and that's okay too.

We had the discussion, But now I'm like, you know what? Call me tomorrow. Let's see how you feel tomorrow morning. Call in the afternoon if you need to send my team a message.

will take care of you. I don't have to over treat you just because you usually get bronchitis. Like we can, I might not wait till day eight because this is a personalized medicine approach.

But I do have just over-treat and go and hope and pray. It's just so much better. That's so awesome you have that style of practice. And I bet just even people knowing that they have you in their corner.

Right. As you said, access, huge and advocate because I can't do it all. So they need us to advocate on their behalf when they're going to a surgeon or they.

They need something outside of the walls of my building. Yeah. Um, yeah, man, I'm, um, still here with you. I am still your annoying backseat driver. telling you that you should also go see this, you know, person and then I will over, I'll call him and make sure that that visit went great and blah, blah blah.

You know? How can I continue to be your annoying backseat driver? Yes. Yes, yes. I think that means the world to people. And then it changes their experience of healthcare, which then changes, their life for the better.

So as the patients that are listening right now, that you know, don't have the privilege of getting to see you on a regular basis. Maybe don' t get to me at my practice or get t see anyone at m practice because we all it's a wonderful, it' awesome.

What does the patient need to do? I get two, two sides. what can the patients start doing right now? Yeah, just the most useful tip for me in general right now, and then what do they need to do next time they go see their doctor that probably has 15 minutes to max.

Yeah, I love that. It is honestly, yeah, but I'm gonna give the same answer, because it's really… I thought you might, that it was worth doing. Well, now I'll give you a bonus just to switch it up, But I give it the answer because provider or patient, common thread, human being.

The same human being, regardless of professional title, is burned out in a lot of the same ways, funny enough, but is burnt out and stressed and overcapacity and unheard and underappreciated and underestimated and feeling disrespected and tired and stress and cannot cope.

So the management is the Right, so before I go backwards as well, before the visit, I want the patient to write down what's important to them. Bring a list, jot down the note on your phone, write it out by hand, whatever you need, bring a diary, or whatever works for people, it doesn't matter the method, but write a down, get it outta your head.

Write it down maybe weeks in advance even, as you think of something, right it done. Try to rank it, give it a shot, see what you feel is important you.

And then if you're comfortable, share it with your doctor, show it, talk about it. I think then you become a patient self-advocate, which is critical.

Doctors are here to help you, but we can't read your mind. And go ahead and tell them what you are really scared of after Googling it? Oh yeah. Yeah. Just go ahead and tell them that.

If you're scared you have cancer and the doctor could tell you in 10 seconds, you don't have cancers. Google said you might. Let's get right to it. Yes.

And then we can, again, like you said earlier, have those 11 and a half minutes to do a bunch of other stuff. You know, the thing people could do outside of the visit as a patient or again as Oh, there's so many good ones.

I'll say bring awareness and attention to any negative self-talk. And I'll make it even clearer and easier like that. We talked about shutting on yourself, not a pleasant experience, but a lot of us use that self-talk terminology.

I should do this. It should be that I have to do. This I need to. These words create a pressure, a stress, and ironically tend not to actually lead us to doing those very things.

And funny enough, they actually push us away. So I would say, and I tell this to patients too, bring your attention and awareness to anytime you're saying I should be, I shouldn't be.

Catch step one, awareness and attention. Step two, catch it. step three, see if you can reformulate that sentence to get to, deserve to maybe even want to.

The silly example is, oh, should do the dishes. Doing the dishes is fine, and it can even be a pleasant experience. But when I lead with, oh, I should do the dish, then I'm dragging my feet, you know?

When I say I get to do dishes, it's like, man, have running water. I have warm running, water, dishes. You know, that's right. It's I saw them doing the issues, either way you're doing dishes right?

But the way look at your experience of it, night and day. So I think that something that could serve people without having to see us. Oh man. Yeah. That's, I was hoping you'd go somewhere like that.

Cause that, that mean really is. you know, because lifestyle, a lifestyle medicine specialist could have said something about going to walk 30 minutes a week, right?

Like that would be a super powerful piece of advice. And the patients and the humans listening would just go, yeah, I should do that. Yes. Yeah. See, this is the whole thing.

This is not going too, and they're going, life is going a life when they get out of their car or wherever they listen in and then it, you should have done that, Yeah.

And then they beat themselves up. We beat ourselves up and it just, Oh, the should is so heavy. It's so, it's hard to lift. I can't get off the couch.

Um, I'm weighted down by shoulds. So that have built up for decades. Yeah, my parents have should that I still haven't gotten rid of yet. You know, when I buy a bike, anything, I've got to, come up with the story of why this nice thing was such a good deal.

I couldn't not buy it so that my dad doesn't look at me as a frivolous, you know, waster of money. And that is just part of my story, and I don't have to and he's way over it, but You know, I've got a story every time I tell him what I, if I got something right.

Yeah. The deal I go on that truck was unbelievable. But look at how that influences identity, right? Oh, completely. It becomes part of who we are. Yep.

And now I'm also the guy that can't, doesn't want to go in a nice vacation to a place and just sit and relax and pamper myself because I don't know if I should.

That's not the identity that, you know, which I, it sounds like I'm shatting on my awesome parents. My parents are awesome. They're great. But, I love that you, spoke at the first and follow up, you know, lifestyle medicine and flourishing or whatever the exact word was, but definitely you want to, patients, medicine, the system of medicine is really about survival.

It's about life expectancy. but flourishing quality of life, health expectancy. That's not even on, I mean, that's just, you know, it's in the functional world, but it just really getting any momentum whatsoever.

And then to take it from, some quality life to like flourish implies quality upon quality, upon a quality that you deserve to even experience. Yes. Meaning and purpose and fresh new identity that you are worthy of.

Self-Worth, Flourishing, and Closing Thoughts

Absolutely. And I'm going to bring it back full circle. That is the most spiritual sounding sentence in the world, right? Like I know everyone's not a, um, you know, a religious person, but everyone in some sense is a spiritual being formed to worship and experience life in this in a very life outside myself, purpose, meaning, um, you know, self value, all of that.

I have value in like, in the Christian world, do you have God has said so. You've been bought with a price. Jesus himself died on the cross for your sins.

That is really just like hitting you over the head over and over again. No, no, you're actually valuable. Yes. you, you should have, then you did, but because he has said so that, and we're getting people psychologically, mentally, emotionally there with this kind of conversation as a physician in a, You know, non-spiritual environment.

I just think that's such a. life giving thing that can't, it will show up. Don't get me wrong. Like you said, It will up in their cholesterol. It'll show in there.

For sure. Yes, for sure it'll keep score. it's beautiful. But the experience of, of the, the human involved is going to be sway better. Yeah. I love that.

Well, man, um, What else do that? That's awesome. I'm going to wrap it up. What other wisdom you want to drop on us today? I was going say, I've not looked at the time and I feel like we're over, but I want share one last thing.

Awesome. This is my current favorite example story that ties into what you just spoke about in terms of that spirituality, meaning and purpose, self-worth.

I'll do it in US dollars for the American listeners. So here goes the story. I've got a Chris, you know what? Not me. Your bank, wherever you bank is doing some form of cash rebate.

Yeah, I know, not believable, but let's just go along. Banks give out money all the time. I don't know what you're talking about. Yeah, so no strings, no interest, da da.

Bank says you get a crisp 50 US dollar bill just fresh off the press. We're handing them out. Each customer gets one. Here's free 50 bucks. Would you take it?

Most people say yes. Yep. Bank will say, OK, well, hand me that bill just for a moment. I'm going to crumple it up in my hands, really make it really wrinkly and gross.

And I flatten it out, try to make a look pretty. Give it back to you and say hey, banks doing a rebate. Here's your free $50 cash. Would you still take it?

Most people say yes. Yep Bank will take it one last time before you still do get to keep it. And they'll say, let me take that bill. I'm going to wrinkle it up one more time.

In Calgary, we get a lot of snow. So I say I am going go rub it in the snow and the slush and dirt and mud and ice. Now it's all wet and gross and dripping and try to clean it off.

It's wrinkly. Hey, here's your free 50 bucks. Would you take? People are still going take. 50 Bucks. Why do we say yes every time? The value hasn't changed.

Yeah, there you go. The values did not change. Didn't change one bit. It's worth exactly 50 bucks. Exactly. So that's a human being. That is self-worth.

Your value and worth as a Human being is inherent. it is unconditional, not tied to external circumstances, and not because somebody said so. Not because you failed something, Not Because you succeeded at something.

not Because You're awesome. It has nothing to do with your external factors. It doesn't have to, to deal with the circumstances of life. You are enough already the way you are.

That is, that is the power, man. So I hope that's worth that. Perfect way to end it. The future of medicine isn't more technology, it's more humanity.

Right. We're going to that, that people need more. They need to be shown maybe a mirror that shows their value in, you know, not, nothing mirror they have at home that tells them all the bad things about them, but they need you to the mirror.

That shows them that their, their valued, they're valuable, um, just the way they are. And they were the of. flourishing. I love it. Exactly. Strong work, man.

Dr. Kimji. Thank you so much. Um, thanks for what you're doing in Calvary. Thanks for making me a better doctor today. For your advice for our patients and man, keep it up.

Uh, look forward to hearing from you and talking to you soon. Yeah, absolutely. Thanks for joining me today on My MD Unscripted. I hope today's conversation opened your mind and inspired you to imagine a better path for your health and therefore life.

If you found value in this episode, be sure to subscribe, leave a review, and share it with someone passionate about transforming healthcare. Real change starts with real conversation, so let's keep on going.

Until next time, stay well, say curious, never stop pushing for better.