Nutrition Mastery Requires Support

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What would have to be true for you in your life to develop mastery over this particular topic? It's not about watching more recipes being built on Instagram, right?

So for patients, I really want you to think about that. I want you to think about why haven't you changed up until this point? What would have to be true out of a structured program for you to develop mastery on this so that you could navigate like turbulence in your life and busy weeks and holiday dinners?

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Introducing Doctor Talks

Would you believe me if I said that 99% of the way that we execute on nutrition recommendations right now is not very evidence based? I find it so fascinating that most of the time we're arguing online about what we're saying about nutrition.

And we're not talking often enough about the delivery of nutrition recommendations. And I'll back up for a minute and talk a little bit more about what I mean.

I'm happy you're here. I am Doctor Jordan Robertson. I'm an Canadian natural doctor, host of real integrative medicine, podcast. And I am evidence of vast, I say, evidence obsessed.

And what I mean by that, my entire career has been spent looking at critical appraisal, which is the research of research and trying to understand what research belongs in clinical practice.

When we say, like I always say very simply, not every study that gets published belongs in medicine, right? That there is a difference between research as a practice and then medicine as a practice.

Why Nutrition Advice Needs Better Delivery

And not every single paper that gets published should change the way that we practice medicine. And yet, sometimes when we talk about evidence based medicine or when you're online and you're consuming content where people have done their research, many studies are making it into sort of public domain and public conversation that don't totally belong there.

Meaning that they maybe are this, like needle in a haystack study that really shouldn't change the way we approach patient care, or it's an outlier study.

And now everyone's pointing their fingers at it as if it's truth. But there's like 9000 other studies that prove otherwise. That's really my expertise.

And my background is in how do we decide which studies belong in a guideline for clinicians? How do we decide which papers should influence the way that we show up at work tomorrow? Because not all of them should.

And that's where, you know, sort of my, my vision and sort of this relentless pursuit of standards of care for integrative medicine has even come from is my background in critical appraisal and realizing that we've never had an integrative medicine, we've never had, like a reservoir of information for clinicians who practice, integrative medicine, nutrition, lifestyle, behavior change, supplements, even exercise.

There are very few reservoirs of information where someone has gone through the literature, where teams of people have gone through the literature to say, you know what?

Based on all these millions of studies, this is how we should practice. We don't actually have that in integrative care. And it makes me mad. It makes me mad that patients could see two different integrative doctors and get two different answers for the same problem.

That's always frustrated me. So I've been on this like relentless pursuit of improving that for our industry. But nutrition, is so fascinating because it is this like bridge between behavior, medicine and, and medicine medicine.

And what I mean by behavior medicine is that there is a science to change. There's a science to habit formation. There's a science to how we fall into habit, how we break habits.

There's a lot of literature about the impact of our, automatic thoughts and our beliefs and whatnot, and how that changes, how we're able to make change in our health.

There's a ton of literature on that. And nutrition is this thing that we need people to comply with every day, right? We need people to make choices every day.

We need people to change their pattern of behavior every day for them to make, you know, real, honest to goodness change with their nutrition. And yet we often get talking about nutrition as if it's a prescription, you know, that's written down on a piece of paper, like just do this right, just do this.

And if it was only that simple, right? I mean, so many of us, first of all, would be unemployed. But second of all, we'd be a heck of a lot healthier as a group if it was so easy that if the first time you heard something or the first time we studied something and realized something was healthy, that we just all did it like that, that would be a very different world.

And yet that's not how things are. And yet we often still talk about nutrition, or we prescribe nutrition like that, right? Do this. And we don't actually look at what the evidence suggests with respect to behavior change when it comes to nutrition.

And so I, I want to talk through that a little bit because I think it's important for clinicians to hear this. Because I think the way that you're maybe delivering care, it could be better.

How Nutrition Studies Build Compliance

I also think that it's important for patients to hear this, because I think we approach a lot of our health and health appointments with skepticism and I think perhaps unhealthy skepticism at this point, so much so that we probably shoot ourselves in the foot by not doing the very things that need to be done in order to be better.

And so I wanted us to have this, like, kind of reality check on what is actually required for change so that you can see maybe with more clarity, why we would recommend your nutrition, to be done in a particular way or in a, delivered in a certain way, because it that the treatment of nutrition and the supportive nutrition is actually very,

very, very different than any other recommendation that we would that we would make.

It's much more similar to exercise than it is prescribing fish oil. And sometimes I think we treat nutrition recommendations more like we treat a fish oil prescription than the way that we treat a exercise prescription.

So what do I mean by that? I've written a couple of papers for practitioners about, study methodology. And don't, don't don't leave. I probably for this is not going to be a, you know, critical appraisal one on 1I1 hundred one, I promise.

But we talk a lot about how studies are delivered, right? So if we were going to say, study fish oil and we were going to give you fish oil right now that we've researched it, we're going to give it to you.

We think it's a great idea based on what you're coming in with. We're going to prescribe you fish oil. The questions you would want to know, right. Or I hope you would want to know is like, well, how much do I have to take, right?

How like, how much right to take? Do I take it every day? How long do I have to do it for before we would see change? Right. Like that's generally how we approach prescriptions for medications or how we approach prescriptions for supplements is dose duration.

And then like magnitude of a factor, what we would expect to be the magnitude of benefit with nutrition. When we run a study on nutrition, we kind of sort of jump to the same conclusion.

Okay, cool. So they ate this amount of protein. Amazing. How long did they do it for? Okay. Three months. Great. And then we take that at like super face value and decide that that's now the prescription.

You name it sounds good. That's that's what we did with the fish oil right. It sounds good. Dose duration, magnitude of benefit. Cool. If you up your protein you do it for three months.

We should see an increase in muscle mass. See you later. The curiosity is this. When we jump in to how we deliver research studies, right? When we give people fish oil in a fish oil study, I mean, we have a lot of vested interest in them actually completing the study studies are enormously expensive.

We really want everyone who's in it to take the pills. We really want to follow up with them. We we put in all of these mechanisms so that we don't lose them.

Right. We put in all of these, strategies in studies so that people don't fall off. We count their pills at the end to see if they complied. We text them or call them.

We make them meet halfway through to see if they've taken the pill. Right. We put in these strategies to catch them so that they finish the study. Because if you were going to fund a study on your supplement that you invented and you're going to dump all this money into it, and you were going to give this supplement to half the people, and we were going to follow them for three months, you would want to do everything you could to make sure that they actually did it.

Right. Unless the study was on compliance. We were like, let's see if they take it. The study actually is only successful if the people do the thing. So we put a lot of things in place for them to do the thing.

Nutrition studies are similar. And and yet this is like this piece that's lost when we start to talk about behavior change for you. When we put people in nutrition studies, we don't slide them a pamphlet across the table and say, eat more protein.

That's quite often the control group, right? The control group is like, Here's Canada's Food guide, like, good luck. We'll see you in three months. That's considered to be the untreated group, the group that we give them a piece of paper that says, this is how you should eat, is the untreated group.

That's the control group. That is the untreated group, the group that gets a piece of paper. We consider them to not be treated in nutrition studies. The other group is the treated group.

So what do we do? We ask them to eat a little more protein than Canada's Food Guide. And then we support them. They meet with a dietitian. They get pictures of high protein meals.

They get handouts. They get an app. They get text reminders. They have group sessions where they have to come once a week and listen to people talk about chicken.

We support the shit out of them. Just make sure that they do it right. We we want to make sure that they did the thing. And at the end, we almost jumped to this conclusion that like eating, the more protein worked.

Like yes, it did. Biochemically, talking to a nurse biochemically does not increase your muscle mass. It was the protein.

Why Pamphlets Alone Don't Work

Could you imagine if talking increased our muscle mass, I would be jacked. It wasn't the talking biochemically, it was the protein. But the compliance was the talking.

All right. Remember the control group, we're the people that we literally gave a piece of paper to. And we were like, hey, here's what you should eat.

We'll see you in three months and we'll see what happens to your muscle. And they all lose muscle. Why? Because they didn't do it. We gave them the piece of paper, but they didn't even eat what was on the paper in the study group.

We supported them and quite often. And when we look, there's lots of different methodology and there's pros and cons to all of this, right? Like if we, are looking at technology, we're probably limiting the people that we can study that have a smartphone if they're, having sessions with a health care provider, we may be missing communities and people that English isn't their first language.

Lots to consider here, right? From, like, a, critical appraisal perspective, the more support we give patients, that probably means we're missing out on some groups of people for sure.

But the support that we gave them was what their success hinged on, right? Their ability to actually comply with the recommendations hinged on the things we did.

And I've watched this evolve a lot. I mean, obviously technology is has entered, studies at a very positive way for compliance. Right? We have the capacity to do virtual meetings with a nurse or a dietician or practitioner.

Now we have, there are apps that are often delivered as part of study protocol where people's compliance is being tracked. They have the ability to send them like digital reading or, videos or things that can help bolster up compliance.

And then often in, in these kinds of studies, they have incorporated some kind of group education where they have access to, a knowledgeable person at the front of the room.

But then they also have access to a group where they're meeting once a week or a couple times per month to learn more about their health condition and how to be successful at complying with the thing that we're trying to study.

So let's contrast that with how you tried to make your last change with your nutrition. Did you have an app, a group, a person who called you? Did you have check ins right?

Did you have to write it down? My guess is, is that none of those things were there. My guess is we treated it a little

bit more like we treated the untreated group, where we said, here's a handout of all the things you should do.

Let's see each other in a couple months and we'll see what happens. And then you're frustrated. You didn't you didn't succeed in the thing that you wanted, right?

You didn't lose the weight. You didn't grow the muscle. You didn't lower your cholesterol rate. Whatever it was that you were hoping to do with that piece of paper didn't happen.

And we quite quickly blame the paper. Right. We blame the protocol and we say, well, that didn't work, but probably you didn't do it. And I'm not. I have all I have all the compassion for behavior change in the world.

I think this is the coolest part of medicine. I think how we get people to do medicine, like in their homes, like how do you do it? I think that's the coolest part of medicine.

Maybe aside from endocrinology. Right. Like endocrinology and behavior change are tied for first place for me in the Coolest Things about medicine. And they're often intertwined as we're learning with, appetite medications.

But that's story for another day. I think this is the most fascinating thing. How do we get you to do the medicine? But we're very quick. Practitioners are guilty of this.

Also, practitioners and patients are very quick to blame. The piece of paper, the protocol, the thing, the diet when. We report our compliance to be way better than it actually is.

And even when we track patients in studies where like how do you do? And they're like, I did amazing. And then we actually track how they did. And they did mediocre, right?

Most of us are doing a mediocre job at our habits. Most of the time that's life, right? That's reality. But we blame the piece of paper as if the recommendations were the problem.

But we didn't see our practitioner for three months. And when we studied this very intervention, the untreated group got a piece of paper too. It was the treated group that we met with that we supported.

We high fived. We clapped right. We sent them gifts. We gave them the olive oil. We did all the things to help them actually be successful at the intervention.

We didn't just give them a piece of paper and like, wish them like, right. But yet if you think about the last time you tried to make change, you probably treated it like that piece of paper versus executing the way that we've executed the majority of studies on nutrition.

If we want to watch a study on nutrition fail, we give people a pamphlet on nutrition, right? If we want to watch a study on nutrition succeed, we create accountability and coaching around behavior change for that person.

And so why when we go to deliver it in real life, do we suddenly default back to the same way we prescribe medication or supplements and even arguably our compliance with that sucks too.

Like I posted this on social media recently, there's a really great paper that talks about bone health and bone density.

What Patients Need to Change

And if we increase the amount of time people get with a doctor every year to talk about their bone medication, their bone density goes up, right? So if we have like one group that just takes their meds, takes their meds, I'm saying and air quotes.

And the other group is prescribed this same medication, but they meet with their specialist, for half an hour a year.

Their bone density is better. Why? It's not talking.

Talking does not biochemically increase bone density. Talking to their specialist meant they take their medication as prescribed more often. And that's how it works.

The medication works if you take it as prescribed. So talking to your practitioner actually increases your compliance, and it actually increases the efficacy of your bone density medication because you're taking it, not because the talking fixed anything.

But we prescribe nutrition like we prescribe drugs, and we say, I'd like you to increase your protein intake every single day at every single meal, eating maybe in a slightly different culturally habitual pattern than you've eaten your entire life.

I'll see you in three months. Let's see if this works. Like all of us are guilty of this, patients and practitioners alike. And it's wrong. It's actually not rooted in evidence for you to take home a piece of paper with no accountability and follow up plan.

It is not evidence based, even if the things written on the piece of paper have been studied in a study and it was successful, the thing that made that study successful is missing from the way you're about to approach it.

And so it's not evidence based, in my opinion. I think 90% of the prescriptions we give in nutrition right now, even if you've got the right answer on paper, are not evidence based, because we're never following it up with the compliance plan that was given the first time we studied that diet.

Right? Never. So if you're so you're patient, right, and you're listening to this, I want you to think about a couple of things. One, if you don't, if you want to make change and you don't have a coach, you're not going to change.

You would have already. Right. And I've said this to practitioners, I'm like, if your patient wouldn't need the first visit, right. Like if this was easy, if this was intuitive, if this was so accessible, we wouldn't need the first visit.

But if someone needs the first visit at all, they are not well. They don't know why they're not well. They are want to change. They have to make a dramatic change.

If they need the first visit, then they need the second one. And it probably has to be within four weeks, probably sooner. Because what you're all asking of each other in that moment is that one, the treatment plan is right right off the bat, which it usually evolves.

But let's say it's 80% right right off the bat. We're also requiring you to change in order to execute it. And we have so much evidence that you're not going to do that by yourself.

You wouldn't have needed the first visit if that was the case. So if you're going to lean in to change, if you're going to, get connected with a health care professional, in my opinion, if you're committing to one visit, you probably need to commit to 4 to 6.

If you're going to commit to that first step, you have to commit to six steps. If you're going to commit to the first visit, you have to commit to showing up for multiple sessions.

Whether you feel good or bad, whether you hit it out of the park or you totally sucked, you have to be willing to do the rest of it, because if not, you're all asking for a miracle.

You're asking for something to happen that has never happened in human history, that someone receives a pamphlet and has a incredible health and life and behavior change makeover by reading a piece of paper, it just won't happen.

So if you're, health consumer or health seeker and you're thinking about change, then you need to think about how

you're going to be supported to change.

And it really good thing to do is actually reflect on when the last time was that you changed. Right. And for for lots of us, it was a while ago. But think about the last time you like.

You really successfully changed what was in place for that to happen for you, what had to be in place for you to be very successful at that change? And maybe the change actually was a long time ago, and it was when you were in like a very structured academic or training, experience.

Right. Maybe the last time you really, really changed was when you were in college and you were learning how to do a new skill and think about what had to be in place for you to become an expert or a professional in your field.

Right? What was actually required at that time? Did you have to go to school? Did you have to like, listen, did you have to be assessed? Did you have to get tested?

Did you have to try things? Did you have to change over time? Did you have to have meetings with people? Did you have like a forum? Did you have to track your progress right?

When you trained to be who you are in your work or in your professional life, like what was required of you to do that, right? You show up at your workplace seven eight hours a day, or if you're self-employed like 1000 hours a day, what was required for you to do that or get there, right?

Why Practitioners Must Coach

What level of what kind of training and support was required for you to get there, for you to be able to be successful in those eight hours? And now we're asking you to change, and I'm going to stick with nutrition for a minute.

But exercise really can fall into this. Also. Now we want you to 24 hours a day perform in a particular way. Do you know what I was dying for when I was a practicing clinician?

I wanted someone to summarize the latest research, tie it up with a nice little bow, and deliver it to my inbox every single month. And doctor Jordan Robertson, I'm the host of the Real Integrative Medicine podcast, and this episode is brought to you by my free Integrative Medicine magazine called The Stacks.

We're all dying for unbiased and industry funded information to help us be the best in practice. The stacks delivers you quality articles every single month on the latest research on things you care about in practice, as well as opinion articles and business advice for integrative practitioners and naturopathic doctors.

You can subscribe to the stacks with the link in the show notes today, and get access immediately to all of our back issues that show you exactly how to be an evidence based practitioner.

I hope you sign up and you'll enjoy! How successful are you going to be at that? If we don't provide the same? And I'm not saying we need to go to like a four year university program to eat more protein.

I'm just using this as an example because it might be the last time that you developed mastery at something, right? If we wanted to release you into the world and to be an absolute boss at your nutrition, we would want you to have developed some level of mastery over the topic.

The last time you succeeded at becoming a master at something, what did it take right? What what was happening for you to achieve that and for some of us, it's the last time we were involved in some kind of like structured education program or training program.

And so if you think about that and then we try and like superimpose the way we normally think about nutrition change on patients, we couldn't give you a piece of paper.

And then you'd be like, I am an absolute master carpenter. But I like totally understand accounting now. Thank you very much. I watched this TikTok, and yet you have a deep desire to achieve mastery over this part of your health, and you want to do it through those mechanisms of like watching a TikTok and getting a one piece of paper.

So think about that. Think about that. Like what? What is the actual end goal? The end goal is not to get a bulleted list of foods to include and what to focus on.

The actual bulleted list is very short. You want to develop mastery over your nutrition. If that's the goal, how would we create a solution for you that allowed you to do it right and then reverse engineer it from there?

When I worked with patients, the most successful people at nutrition just kept coming and just kept sticking with it. And every time we learned more and we talked about more and we navigated another holiday or some other challenge that was happening in their life so they could develop mastery over this skill.

What would have to be true for you in your life to develop mastery over this particular topic? It's not about watching more recipes being built on Instagram, right?

So for patients, I really want you to think about that. I want you to think about why haven't you changed up until this point? What would have to be true out of a structured program for you to develop mastery on this so that you could navigate like turbulence in your life and busy weeks and holiday dinners, maintaining that level of mastery.

Right? What would have to be true and and and build it from scratch in your head. Like what would you need? Forgetting the time commitment and the price and all of that?

What would you actually need? Because then it also helps you contextualize what you have tried to do up until this moment, which probably looks a little bit more like a pamphlet. Right?

And then a good luck with that. We'll see you in three months. So there's that. And then for practitioners like I think we just have not done a good job at, leaning on how important that coaching aspect is of what we do.

And I don't know why that is. And maybe you guys can give me some thoughts or feedback about this, but is it that we've tried to, like, squeeze behavior medicine into the same model of health care that everything else fits?

My guess is that's true, right? No one would imagine that they would go to their therapist one time and be cured of all of their PTSD, and yet we kind of expect that out of our exercising nutrition, we just need it.

I just need someone to tell us what to do, and then magically, we're going to be different human beings and we're just going to do it. But that isn't actually how anything works.

But is it that we've tried to squeeze it into this model of health care that we actually are all incredibly dissatisfied with, like we are so dissatisfied with the way that we give regular medicine.

And yet the very most important foundational things we do in integrative medicine, we've kind of squeezed it into that same delivery model where I'm going to see you for half an hour and give you a piece of paper, and you're going to change.

Why wouldn't we have built it more like the psychology model where, okay, that's great. I can see that you're crying about this chicken. We'll see you next time in a month and we'll see how we're doing.

I've always laughed. It's always made me laugh that psychologists can end appointments when the appointment is over. That always makes me laugh, because in my world, patients get frustrated when you end the appointment.

When appointments are supposed to be over, if they still have one more question and then you're psychologists like shuffle you towards the door, in a loving way.

And you, you accept, right? And you're like, okay, I'll see you next time I will. We'll dive more into that. And so I say that lovingly. But for some reason, we've decided that delivering nutrition, integrative medicine, behavior change, we're going to try and squeeze it into that other model where we're not really letting people, understand what it takes for them to develop mastery over their health.

I mean, I also I'm gonna I'm going to blame, some policy, and some, regulation too, like, we also regulate, integrative practitioners, kind of similarly to the way that we run sort of that biomedical model approach in medicine, where you have to pay for every visit and every visit has to be X number of minutes.

And we we very rarely are able to capture patients in a model that allows them to have better adherence and compliance. If you pay for every visit when you go, then your mental health is going to make that decision a lot of the time.

Customization and Accountability

And if you don't feel successful or if you don't feel like you're winning, if you feel a little busy, you're actually a bit more likely to cancel the appointment when if we'd said, you know, you have to hang with me for three months to get real change, you probably would show up better and you'd have way better compliance.

And so I've always tried to coach patients and practitioners who are in that fee for service model, that you need to think of it more like a membership.

You need to think of it more like a deeper commitment, because your emotions will make too many of the decisions. If you think about swiping your credit card or putting an appointment in at every single, visit, you have to think about it a little bit deeper than that.

But I actually think by having practitioners be regulated in that model where, you know, we're letting patients, I say mental health and I mean that like we're letting emotion decide if you're going to go to the doctor today, we actually get less out of people and we we don't help them move forward as much as we would if they could sign up for a program.

However, that's a conversation for a different time. But if you're a practitioner and you're not like leaning on that aspect of coaching and supporting patients, I think you need to ask yourself why?

Like, what are you? What are you trying to save them from by not having them return? Are you trying to have them not spend very much money? Are you trying to overdeliver in that first visit?

Have you just fallen victim to, you know, that we this is what people want when I don't know if we've asked them what they want, I think they want to develop absolute mastery over their health.

I think everyone knows they can't do that in half an hour. So maybe we're not really getting a good sense of what people are actually asking for, and then building that version of medicine for them.

I think that that's something that's really worthy of of consideration, but we can't change them in an hour. We can't we can't change them with the pamphlet.

So the emphasis or emphasis, which if you've been listening to for a long time, you'll do that. I just can't say the word emphasis without saying emphasis.

If we are not putting the emphasis on the visits, we are not practicing Evidence-Based nutrition, and we're really doing quite a disservice to our patients.

So how do you change and at this point in the, in the, episode, hopefully your understanding that real change comes from commitment, accountability and small forward steps.

I don't mean small forward steps in the plan. And there's a there's some great conversations happening online right now, whether or not the like recommendation for slow, steady weight loss actually is evidence based because most studies don't do that.

Most studies have really, significant weight loss in, in a short period of time. And it's that's not it's not wrong. Again, topic for a different day.

But what has to happen slow is our patience for you to change. The plan can be quite complex, and we need you to. We want you to comply to all of these pieces about it.

Where we need to be slow and steady is that commitment to revisiting how you're doing with it. That's the part that has to be slow and steady. The plan can be hard, right?

The plan can be really significant. If we want really significant change for you, let's make the plan really significant. But we have to connect with you in order for you to execute it.

And so it's the talking with your provider. It's the checking in. It's the tracking. It's those things that actually keep people accountable and make people change.

And the reason that is, is that it's we do do a little better when we start to customize delivery around medicine, right? If you watched a robot tell you, how to make a great breakfast, but you weren't allowed to ask any questions and the robot's recommendations didn't really meet your cultural diet, you're going to be less successful, right?

Part of what is helpful is that you dialog around what your individual needs are, and that is partly what creates this long term mastery. Right? We said more carbs, but you have celiac, right?

We said more protein, but your vegetarian. The customization of delivery is partly what improves long term compliance, because people are able to incorporate the change in the context of their life.

If we prescribe something for someone and they have, you know, three kids, they're the way that they execute that plan is going to look differently than someone who commutes an hour and a half a day in a single right.

They recommendation may be identical, but the way that they execute that recommendation probably needs to be customized. And when you have high contact points with a provider, you get to customize it.

Hey, you said this, but I'm running into this stumbling block. You said this but actually don't like that vegetable, right? How do I customize it? So those touch points.

And if you're thinking about how to create success in your change plan, it has to do with with that right is customizing the delivery of the plan. But the other side of it is helping you contextualize your emotions while you're moving through change.

It's funny, I sent it, I well, I didn't send the text, but the other day I was I typed a text to my exercise, coach to my weight training coach. I typed a text saying I was too sore to go to the gym, which was true, right?

I was to sort of go, or I thought, so. I thought I was so tired and I typed the text and then I realized that if I missed this appointment, it was really going to f up my week, and I wasn't going to hit my goals, and it was being a bit of a baby.

And so I decided to go anyways. And I sent the text after with like an lol, like here's what I was gonna say, but I went anyways and we got into this great dialog about how many times our brain is stupid and how many times our brain actually doesn't know what we need or what we're capable of.

Right? There is this almost a governing, you know, and I the, the best example I have of a governor is, you know, the break on a, on a golf cart where it won't let you drive very fast.

Right? Your brain will also govern your participation in lots of exercise and lots of activities, because it feels like maybe you can't do it.

Closing Thoughts on Mastery

And our emotions, our mass, our personal story in our head. Right? Maybe that's something we saw online, is going to make our emotions weigh in on whether or not we can do what we've been asked to do, and a coach helps you contextualize what you're thinking and helps you overcome what you're thinking.

To still do it right. And and we've all seen those people that don't want to do something but do it anyways and just have this internal drive. I am quite like this.

I have this internal drive, and I don't need a lot of help to get on the horse, right? But sometimes I do and actually will invest very heavily in coaching for people to remind me to do the things I need to do, because it means my compliance is so much better and my success is so much greater in all of those areas.

And so part of why we need a coach is to individualize the delivery of the plan. But the other part of the reason that we need a coach is for them to contextualize whether our brain is correct or not correct about whether or not we can or can't do the thing right, because we're not robots.

If we were robots, we wouldn't have needed the first visit. We're not robots, so we need multiple touch points. We need multiple supports. So all in all, in this to say we're going to wrap up, the episode.

But today is really about if you want to practice evidence based nutrition as a patient or as a practitioner, the piece of paper is like a 10th of it.

90% of it is how how do we deliver at all? How do we do this with you so that you're successful? Because anyone can write you a nutrition plan, but not everybody can help you develop mastery in your health and nutrition.

And the how that we do medicine is the part that's the most important and where we place the least emphasis. And so if you've been unsuccessful with nutrition change in the past, I really want you to think deeply about the last time you mastered something and what did it take for you to achieve that and then go find it for your health?

Because my guess is it's not in a pamphlet. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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