

[00:00:08] Welcome to the Weight Loss for Busy Physicians podcast. I'm your host, master Certified life and weight loss Coach Katrina Ubell, MD. This is the podcast where busy doctors like you come to learn how to lose weight for the last time by harnessing the power of your mind. If you're looking to overcome your stress, eating and exhaustion and move into freedom around food, you're in the right place. Well, hello there, my friend. Welcome to today's podcast. I was just chuckling to myself, recognizing that today, as this episode airs, it is July 4th and in the US this is our Independence Day. And so what could be better than bringing on a guest who's Canadian? Didn't really plan for that, but it all works out right. So funny.

So today I have another [00:01:00] amazing weight loss success story for you. I love sharing these episodes with you because first of all, I just love to shine a spotlight on amazing women doing amazing work. And also because I think that hearing about other people's successes can really help to inspire us. It can help us to see what's possible for us. It can open our eyes to new opportunities, new ways of thinking about things, new perspectives. And so I'm just excited to share another one of those opportunities with you today. So my guest today is Sandi Siegel. So she is a pediatrician in Canada. So in Canada, if your pediatrician, you don't really do general pediatrics. It's the family medicine doctors who do like, well, visits and things like that.

[00:01:43] So she's taking care of sick children. She works in the NICU. I mean, she's going to tell you all about it, but it's quite a busy life. She's got there lots of responsibilities and different things. And she has managed to lose, I think she said 47 pounds. She's also 62 years [00:02:00] old, which I think is something that well, first of all, it's something we talk about in the episode, but something that I think is a really

good thing to shine also, again, a spotlight on, because a lot of people think that particularly in your 60s and on it's done, there's no way you can lose weight. It's not possible for you. And I don't believe that. And Sandi is an example of the fact that that's not true. So anyway, she is just a hoot. She's really a lot of fun. You have to stay tuned to the end where she talks about her clothes. I just I love her clothes. We had a special in-person book event weekend when my book came out last fall, and she had the most fun outfits, several of which had like sequined curse words on them, like so fun. Everyone was just delighted by her attire. So she'll just let you know what that's all about as well. So anyway, lots of great things. What to do if you're a foodie and you still want to get your eating under control, talking [00:03:00] about work and work responsibilities, particularly when things are short staffed, which is the case for so many people.

[00:03:06] So lots of great information and great sharing in this episode today. So please enjoy this episode with Sandi Siegel. Sandi, thank you so much for being here. I am delighted to have you on the podcast today. Well, thank you so much for asking me. I think this is going to be super fun. So as we were just talking, I think you're my first Canadian success story, so I'm very excited about that. So so we know that you're Canadian. I would love for you to just introduce yourself a little bit to the audience, like just, you know, tell us a little bit about yourself, whatever you're comfortable sharing.

There are so I am a pediatrician like Katrina, and I work mainly in the hospital. White hospital work is in a neonatal unit. And then I also have a community practice. So it's a little bit different than a lot in the States. It's it's consultants. So I don't do primary care. I see kids with issues. I also came [00:04:00] from today. Since 95, I've been doing the pediatric HIV clinic. And that's a long story that you don't have time to how did a general pediatrician who's non ID do that? But anyways, I landed there. I used to work on the child maltreatment team, but I don't do that for the last couple of years. And oh, and I'm a national president of a charitable organization in Canada in my spare time.

[00:04:23] In your spare time, right. Called NAMA, which is a Jewish women's organization. So, yeah, I'm very proud of that. Awesome, amazing, amazing. That's so good. Okay, so I would love to know your story a little bit about like, whatever you feel comfortable sharing, like, you know, when you first started struggling with food and kind of what led you to the point where you were starting to consider life coaching as an

option? Well, I heard you how I found out about you, as opposed to I think a lot of listeners who are listening to this podcast. I came to the podcast through Waldo. The other weight loss for doctors only. Yeah. Okay. Yeah. So, [00:05:00] so I came to the podcast through the program because I'd already joined it and found out about the podcast as opposed to listening to the podcast and, and joining the program. And I've heard you at the Canadian Women in Medicine Conference. So again, Canadian and that was it was Covid, it was virtual. So we all remember what that was like. It'll be two years this September. So it was 2021. So, you know, a little bit into Covid and I'd listened to it and I've lost and gained the same 30, 40, 50 pounds many, many times in my life. I'll tell you my age, I'm 62. I there's nothing to hide there. So I joined when I was a little over 60.

[00:05:39] And I just sort of thought like it just what you said just really made sense to me and just sort of saying you could get a handle on this and I'm not going to trash the Weight Watchers. But like many of people on the who are listening to this call, I've done the Weight Watchers journey and lost the weight only to gain it again. And I just sort of thought like, I'm tired of doing this. And [00:06:00] I guess, you know, when you get your milestone birthdays, you know, once it ends with zero, you sort of it's the time to sort of regroup and look at your life.

And I sort of thought like, I'm 60 and I am maybe heading to retirement in a few years and I really want to enjoy it. So I think, you know, I want to be healthy. I don't want to carry around the physical baggage. And I didn't realize that the emotional baggage went with the physical baggage sometimes. And so it was just an interesting way, a way that I'd never done this because, I mean, I remember since I was a teenager, I struggled with my weight. It's a long standing issue. Like like with many of your listeners, I'm sure. Yeah. Yeah. So let me ask you a little bit more about the age thing only because there are a lot of people who I've discovered I'm 47 myself, so I'm 15 years younger than you.

[00:06:53] I have really found that a lot of people for for a lot of women, like menopause is sort of that cut off. They think like after [00:07:00] menopause, like that's the end of it. But especially then once you're into your 60s, like there's this mindset, sort of a collective mindset that your chances has long passed, like it's not possible for you, or that's going to be extra hard that the progress is going to be super slow. It'll be like a snail's pace. Like these are the kinds of thoughts that people share with me, and I'm just

curious if any of those thoughts kind of crossed your mind as well, or if you've always just ignored that kind of. Well, I've heard that. But I mean, I'm very fortunate that I have a lot of friends around my age, and I think 60 now, maybe 60, was always like this, and it just never got good publicity. But 60 now, I think, is different than what we used to think of 60 in the past. Certainly when I was 30, when I thought 60, I thought, Oh, that's so old. And now it's not so old. Like, you know, my friends are all vital and they're whether they're retired or working or doing stuff, they're all busy, they're all doing stuff. You know, I just saw spam a lot. I'm not dead yet, you [00:08:00] know, We still have hope. The next chapter in our life, we want it to be good.

[00:08:06] So you can't just sort of say life has passed me by. Like, you know, you can't, you know? So part of me looking at that sort of saying 60. Yeah, I felt yeah, that. Significant. I'm older. You know, the way you think about yourself is different. It's not over yet. You know, the next chapter is there. And I think some of the things that I've been thinking a lot on is as we sort of think about sort of our next chapter may be past retirement or slowing down or what that looks like, what's important to you. And, you know, we're not fading into the background if you want it to be active. If you wanted to have quality, then you can still invest in yourself. Like it's not too late, right? Yeah. I mean, I completely agree. Like it feels very defeatist, right? To me personally. Also, I know what what is really possible, but to just kind of, you know, throw your hands up and say, well, you know, it's [00:09:00] over for me.

I guess I just have to struggle. Well, it just, you know, kind of pains me a little for those people. It's like, no, don't give up on yourself. And I know the whole menopause thing and I know you've talked about that. You know, when the menopause myth that, you know, that nobody loses weight after menopause, well, I'll prove you wrong. 47 pounds later, I'll prove you wrong, you know, because that's what I've done since I've joined.

[00:09:23] And, you know, give or take, have I lost more at some point and then, you know, gained a couple back here and there? Yeah, it's possible. I mean, I think it's possible at any age. I remember Oprah saying back when she had her show when she turned 50, I think I remember her saying 50 is the new 30. So maybe 60 is the new 40. Maybe that's the way to look at it. Yeah, I think you're only limited by your own imagination as far as I'm concerned. Yes. I love that. I love that mindset. Okay. Well, so you have some other identities like you are you see yourself as a foodie, which I know a

lot of people do. And [00:10:00] in some ways, you know, some people think it benefits them to kind of give up that identity. And for other people, they really don't want to. Could you share your work on that? Your thoughts about that? Yeah. So remember and listening to some of your stuff and the whole thing about over desire and thought, if you're a foodie, is it like the over desire and is really, am I not supposed to do that? And how do I incorporate like, I like food? I'm going to be honest with you. Sure, I really do. And but then I remembered you saying something like, If it doesn't taste good to me, I'm not going to eat it.

[00:10:32] And that's sort of how I look at the foodie thing. Like, don't have to eat it all. I don't like to eat tons of it. So I'll give you an example. The other night, my son, who all my kids are like amazing cooks, bakers, chefs, everything, like they're really good. And he made me a wonderful birthday dinner and I knew it was going to be an exception meal. And it was like overstuffed, but it was like phenomenal. And I really enjoyed it. And then by looking at it like, what did I enjoy? Yeah, [00:11:00] I enjoyed the food, but I enjoyed the time with him, you know, probably more than the food. So then I'm trying to think this is what I'm struggling with.

And that's the point is like, I think you're never done in this. Like, if you think that, Oh yeah, I'm going to get and I'm the elusive 10 pounds, give or take, away from my goal weight, the elusive 10 pounds, you know, and I hope and I believe I can get there. I can whatever time it will take me to get there. But it's just sort of it's a journey, you know? And then I really like how you tell us not to beat ourselves up. We have what we think is a setback because as I say to my patients as a pediatrician, you know, in kids who are really, you know, hard on themselves and something and I say to them.

[00:11:45] I've yet to meet the perfect person. I've been doing this a long time. I'm not perfect and nobody's perfect. And so that's okay. You know, that's we're all here to learn. So it's just sort of like it if the point of us being here is to grow and evolve and all of that, right? [00:12:00] Like it's kind of boring for us if we don't have anything to work through. Right. And what was just going to say about the 10 pounds is it's not because like the 10 pounds makes such a big difference, it's just that the 10 pounds are kind of like when those are gone. That's sort of like the end result. The evidence of that personal work that you've done of really dialing that in like, I'm never going to tell people they can't get pleasure from food. That is a natural part of a human's existence, right?

But it's like then figuring out that dial because I had to really work on it a lot to myself. Like, this is all so good and more doesn't actually make it better. I really used to think it made it better. It really doesn't. Maybe not thinking about it, but a little bit of planning in my mind. So like give an example. We went to Italy last fall and I sort of thought, you know, no flour, no sugar. Well, how do you how does that work in Italy? And so I said, would I go to this trip in Italy and never have passed out the whole trip? And if I came home and I did that, maybe I would have been [00:13:00] a lot of I gained a little bit, but not as much as I would have in past days.

[00:13:04] And then I thought, well, would I come home and how would I feel if I didn't eat pasta at all? And I said, I feel like you're stupid. You may feel like, what do you mean? You're in Italy, you don't eat pasta. But then I thought, I don't have to eat it every day. I don't have to eat it every meal. So I will have pasta maybe once or twice or something. And it's going to be the best path that that they're serving on that trip. Exactly.

And you're going to taste it and enjoy the heck out of it, right? Like really, really enjoy it. Yeah. It's like so I used to say and I've been coached and I used to say too, when the coach is like, Is it worth it? And so what? And then they say, Well, what do you mean? Is it worth it? And so I said, if you're going to eat something, whether it's on fat or offline, well, that's another thing is you can travel the world and there's so many things that are online. It's amazing. You know, if you're going to do something and you're going to eat it, it better be like, taste amazing. [00:14:00]

[00:14:00] And then I've started to think of why is travel? And it's almost like we're going to eat. What restaurant did you make? Reservations, All this stuff? Yes. Where are you going? And so there is a little bit of that chatter. And so I'm thinking, well, what does that mean? But then I said, What am I really enjoy about it? It's like the atmosphere of the place, the company, the conversation, the being with people. So what else is it about going out to a special place to eat besides the food? Yeah, the food is a lot of it, but what is it? And can I sort of focus a little bit on that part of it and not sort of think that, you know, because you can look at a menu, you can see 20 amazing things. I'm not going to eat all 20 of them, right? I feel sick, but which one do I really want to try? And then can I eat some of it and not eat all of it and be happy? But those are some of the thoughts that you're working through. And you know, what I am striving to do is to also

like check in with my body, you know, like, does that feel like that will sit well with me? Like, what is my body kind of wanting? And I know that can sound so like kind of like out there and a little, [00:15:00] you know, ethereal and like, how do you actually grasp on to that? But the more you practice it, the more you're like, you know, that burger, just for lack of any other, you know, just the first thing that came to mind, you know, like if I'm like a burger and fries, oh, that would be yummy.

[00:15:15] But then, like, that is kind of feels like it would sit, like, really heavy, kind of like a brick in my stomach. Like, maybe that's not actually the best choice. I'm sure it would taste good. And there's other things that taste good as well. So working with myself rather than like letting my brain make all the decisions, you know, like letting my body kind of have a say too, if that makes sense. It really does. And I'm just sort of thinking, you really are recalibrated when you're being on land and you be doing, let's say, no flour, no sugar for a while.

And I had a funny thing happen. We were sort of on a road trip. We were on our way back. And when I started the program, I used to have like tea with milk and a sweetener. And then I said, Oh, I'm not supposed to do the sweetener thing. How's that going to go? And so that's what I've been doing for [00:16:00] almost two years. And so then I went to some place and they said, I like chai tea. So I said, Well, I want the tea, the tea bag, I don't want the latte, I want the tea, the tea bag.

[00:16:08] And she gave it to me. She said, Oh yeah, yeah, it's a tea bag. And I tasted it. And it was like the concentrate that they used to make the latte. So it was so sweet. And I go, Oh, this is disgusting. I really don't like this. And thought like, in the past it wouldn't have tasted so sweet to me. So I thought that was fascinating how your taste buds and your perception. And again, when you're saying when you're not used to eating a lot of heavy things that maybe you ate in the past and you eat them, it's not just the hunger scale. It's what you're eating, too, right?

Right. You physically don't feel so good and then you sort of say, well, maybe I, you know, didn't need to eat that or. Yeah. So it's just you do change after you've been on the program for a while. And not to say that you never eat a burger and fries, it's just maybe not today, you know, like. Or do you really, you know, you go to this place, they have the most amazing burgers. You never [00:17:00] like, Oh, God, traveling to this

place. And they're known for their most amazing burgers. You could go and you could share it with somebody and you could have a bite of it and you go, Yeah, you know what's a pretty good burger? I don't feel like eating the whole thing.

[00:17:12] And then you wouldn't feel so sick. You've had that experience of tasting the amazing burger, but you don't need the whole thing, and then you don't feel sick either. Or you just make sure you show up really hungry and ready to go. You know, like some of that, especially with travel, you know, I find that where it's like you've already eaten this amazing breakfast and then three hours later they want to feed you lunch and you're like, My body does not actually want more food right now.

Yeah, like everything is like all the different meals, you know, like, exactly, like figuring that out, like, so that you can be, you know, appropriately hungry at the right times or being willing to skip some meals if you legitimately are not hungry or I always say it's like you have to be the detective. You go to a place and they have a buffet, let's say, you know, and they say, and I say, like, I would challenge people that you could look if you're on a plan and you could look and you [00:18:00] could definitely find probably buy things on plan there. Yeah. That you could sort of say. And so if you had a bigger breakfast, you could say either I'm not going to eat at all because I really am zero hungry or I'm a little bit hungry and I'll have a small salad or I'm just going to have some veggies and hummus and I'll be done.

[00:18:15] I'm fine now and I'm done. And the other thing that you said, and it's really, really true, is nobody cares what you eat, Nobody cares. You go to a party and if they offer you something and you say, No, no, thank you, nobody really cares. I haven't had I'd never had anybody like, bully me into taking it. You say they may ask me, Are you sure? And I go, Yeah, yeah, that's fine. Thank you. It's all about like the energy that you bring to it, you know? I always think when people are offering that food, they just want to be a good host. They want to make sure you're taken care of. And so you reassure them that you are taking care of and then they can go move on to somebody else. Yeah, for the most part, we're more worked up about it than they're going to be. Yes, for sure. Okay. Let's switch gears a little bit and talk a little bit about the work that you've [00:19:00] done around work. You know, we were talking before we started recording like, you know, the Canadian medical system has some differences to the US, but then a lot of similarities as well. And a lot of the problems tend to be pretty similar, being

short staffed and, you know, leadership issues and things like that. And you were mentioning that there was a lot that you've done. Like your thoughts are very different today than they were a year ago.

[00:19:23] Would you share a little bit more about that? You know, I think we all are going through particularly post-COVID. There's major staffing issues, I think, everywhere, though I don't know if that's comforting that we're not you're not alone in wherever you are with your crazy staffing issues and it's nursing and it's physicians. And so, you know, I do in house call in a level two neonatal unit. And so when you see a blank on the schedule that has to be filled, I used to and I did sort of do admin and leadership in the past and I'd see that and it's like my heart would be racing. It's like it's got to be filled and it's, you know.

And my biggest fear was like, I was on the [00:20:00] schedule and it wouldn't be filled. And it was a shift after I'm supposed to leave and how could I leave? I thought, leave those babies, come on, You know, And then But how could I stay? I can't stay and do in house call for 48, 72 hours beyond like I can't do that. That's dangerous for me and the patients. And so I used to think it was my job to fix, you know, like and I knew intellectually that wasn't true, but emotionally I really felt that way. And then I did some work on that and I thought, well, you know what? The problem is much bigger than me, myself is the problem.

[00:20:36] And now the more I'm reading, it's an international problem that I think a lot of us are going through. And we didn't create the problem and it's bigger than any one individual can fix. So yes, there are systems issues. There are things, there are different solutions that have to be done by people that are higher up for me. So what can I do? You know, and I was listening to your latest podcast, The Control Thing and what do I have control of is [00:21:00] how I show up every day. I show up every day. I do my best job. I do what I can. I can't fix the bigger things. So when I am working, I show up to try to be the best me I can be. And that's all I can do. This is too, too big. And so like not taking ownership for something that is. And even those of us who are leaders, because I know there are those of us who are leaders in this group because there, you know, are people who listen. It's sort of realizing what you really can do and what you can't do and what is sort of beyond your pay grade that you can't do. So what, you know, show up to

be the best that you can do. And when thought of it this way, I mean, we still have a lot of issues sort of going into the fall, but just sort of said.

[00:21:44] Like Goebbels, show up the best they can be and really had an epiphany. Like it got to extremes, you know, and and unfortunately had a health issue. I had a disc and I had disc surgery a few months ago. And I actually worked in in House call 24 hours on a Saturday and a Monday on a [00:22:00] long weekend in Canada, our family day weekend in Ontario. For anybody from Ontario listening and I didn't know I had a disc at that time. I found out subsequently and the way I reflected on that, I thought like, why did I put my own personal health at risk to to do that? And then I felt like that was not really smart.

So I just sort of said, like, you really the whole boundary issue. So like doing what you can do, but sort of not putting yourself out there to put you either physical or other risks, you know? Yeah, I think you're you're completely right. It's like we want to be team players. We want to be supportive. We want to help out when it seems to be that for people who are attracted to my work or, you know, listen to this podcast, like sometimes we tend to overdo that, right? Like now we're doing it at our own expense. And how does that work out? Right? You know, it's not like there's a prize for the person who, you know, has self sacrificed the most at the end.

[00:22:56] And I don't want that people to think, Oh, she works for a horrible place that made her work [00:23:00] with like a disc pressing on her nerve. Like, no, they came from me because I knew that we were so short staffed. And in my mind I thought, there's no way I could say I can't work because who else is going to do it? So that came from me. I realized nobody said, You have to work sick. Nobody said that. So I don't want you to get the impression that it was. Right, right, right. That there's like tyrants there that makes you work sick.

No, it wasn't that at all. A lot of it was sort of self imposed, but it was just sort of the atmosphere of being chronically short staffed. It's understanding where, you know, your heart is in the right place. You want to make sure these patients are taken care of properly. But sometimes I like to think about it too, when we have these thoughts of like, Well, who else is going to do it? You know, that's like that rhetorical question of, you know, nobody else can do it. But this totally not true. I mean, God forbid, knock on all

the everything, right? If you needed emergency abdominal surgery, they would have figured something out. You know what I mean? When I did have my surgery and I couldn't work in the hospital for a period of time, it got covered because I couldn't do it.

[00:23:59] And [00:24:00] so it actually did happen. And so it just showed that that happened. So, yeah, it proved to you that your line of thinking wasn't actually true, that nobody else could do it. Totally, totally. And I think, you know, I would just imagine, too, I mean, I think just to bring up the age thing again, I think there definitely are people who like, you know, just feel a bit worn, you know, or maybe at the later stages of their careers. And, you know, also just kind of set in their mindset ways, you know, like set in the way they think and less interested in kind of, you know, changing that up or, you know, creating a better experience.

And I just think it's really awesome. Like, you're such an example of being able to be I mean, I don't know, think at 62, you still have many, many, many more good years. If you decide that you want to to work with them. But like it's such a good example that you don't need to be suffering or struggling to justify retiring or deciding you want to leave like you can love it and still decide you want to retire. And the loving it part comes from [00:25:00] each of us, like the way that we think. And I just think, you know, I've done a lot of thinking about what does retirement mean now? And that it can Does it have to be an all or none thing? And I don't think it does.

[00:25:13] And I think we have to like as a society and as a profession, really look at people who are towards the end of their careers because we have experience and we still have a lot that we can contribute that we want to contribute. But maybe we do want to slow down travel a little bit more. You know, a lot of people, not me, but a lot of people have grandchildren and stuff like that and they want to enjoy that part of their life. But maybe they feel like but I do like to work a little bit. So what does that look like? You know, and I think we have as a profession in general and I don't know how it is in the States versus Canada, but I think it's probably a universal thing of looking at how do we do retirement maybe a little bit better. Yeah, I completely agree.

And I think that especially, you know, if you still potentially have 30 or more, you know, healthy years [00:26:00] ahead of you, I think that I mean, it's my personal opinion. I think there is data to support this. Like the more that you use your brain, the more that

you are, you know, continuing to solve problems and, you know, overcome challenges and things like that, like it keeps your brain so much healthier. It's so much more of an enjoyable existence than, you know, kind of not to speak for everybody, but for people who tend to like to achieve, like many doctors do, Like we want to feel like we're contributing.

[00:26:28] We we like the feeling of being valuable. And not to say that it even has to be as a doctor anymore. I think there's, you know, lots of other ways that can be volunteer opportunities or, you know, lots of different things that can be options, but just kind of like, okay, well, that's it, I'm done. It's like it's. Good to stay sharp, you know, even if it's like going back and taking university classes just for fun and, you know, just to because you're interested in that. Like you have to keep yourself, I think, stimulated in some way. And if you enjoy your work, that's a great thing to continue [00:27:00] doing, especially as a doctor, right? You're obviously, you know, just contributing so positively. But I think a lot of people, the word that comes to mind is torturous, right? It can be. It's such a difficult experience that they're like, absolutely not. I'm not interested in doing that. And and that's unfortunate because the other thing, too, that I just want to say, like when I started in my practice, there were several doctors there who were definitely like toward the end of their careers. And maybe I was a little bit more up to date on kind of some of the more recent kind of things to do.

[00:27:29] But they brought I mean, you know, half of pediatrics is not anything they teach you in in your training. It's like all this other stuff. They helped me so much by just like sharing that wisdom and passing it down. And if people retire early or just leave, a lot of that wisdom is lost. And I think it's a it's a two way street and I think like interaction across generations. So I'm at a center where we have residents and we interact with them all the time. And sometimes [00:28:00] I'll ask something or when you have to teach, you know, it's interesting and we'll ask sometimes a question and you go, Hmm, I don't know which is okay to say, I don't know. Let's look it up. Let's find out together. Let's sort of look at what the evidence is on whatever.

So they bring, you know, sort of curiosity, latest study this and that, keep you up to date and you bring the experience. And I think the mixture is really beneficial to both generations. So I really like that interaction where you're interacting across generations. I think, you know a lot to learn and to gain from both ends, and that's the perfect attitude

to have about it. You know, like I definitely remember I specifically remember this one time when I won't even say it was specialty I was on. I was rotating as a medical student and there were like older doctors who were just complaining about how, you know, you don't know what it was like in our day and da da da, and like, okay, sometimes there's a time to have that conversation.

[00:28:57] But it just felt it felt a bit heavy handed, you know, It was [00:29:00] like, okay, we get it. You really, really are dissatisfied with how things are now, you know, we understand. So anyway, yeah, I love that perspective. I think that's so helpful. So, Sandy, thank you so much for sharing your thoughts and just all of it. I think it's just so fun. I have two more questions. One, I would love for you to share a little bit more about the fun designer clothes that you like to wear. Oh, God. So her name, her store is rocking karma, rock and karma.com like r-o-c-k and karma.com.

And I should show you can stand up and show you what I'm wearing. Yes yes. Be it on the podcast. But anyway, I'll describe it. So black tank top the front is in like multicolored sequins and it says made you look and the back has the fabric has big eyes like eyeballs, like eyes drawn out pants on it. Anyway, so, so, so my husband said that's something I probably should be coached on, but I haven't brought that up. He says it's [00:30:00] an addiction and it's probably true, but she's wonderful and it makes me happy. And maybe it's the pediatrician in me, but she she's wonderful. And and and you know what? It just gives me joy.

[00:30:12] And some of it's racy. Some of it is, you know, a little spicy in the language, which I think is even more we can't say we can't say on the podcast, but some of it. But anyways, yeah, I don't wear I don't wear it to work. I don't wear it that way. People are interested, can go on a website and check it out go go on our website there say Sandi sent you and then anyway but she her she's a lot of fun. That's awesome. Okay. Thank you. And then my final question is for somebody who's listening to this podcast who is maybe considering you know, is the coaching thing for me is weight loss for doctors, for me, what would you tell them? Well, I would say, you know, having done it without coaching many times before, but not kept it off, I'm not saying the other programs that can give you a protocol and you can do it and yes, you can [00:31:00] lose weight, but you never get at the root cause of why you eat certain things at certain times. And I sort of said what I learned from this is in general, it doesn't happen all the time. I'm not going

to eat or drink my feelings. So if I'm upset, you know, I just even think of the surgery or you've had a hard day at work, you know, like a lot of us would do the hard day at work.

[00:31:20] I'm going to come home, have my glass of wine, or I'm going to eat some chips or I'm going to eat this or something because like, I deserve it because I had such a bad day and I don't do that anymore. I sort of say, I've had a bad day. It sucks. This sucked. Something bad happened. Whether it's my personal life, professional life, whatever. And it's okay for me to be upset, you know? Okay. That's right. Okay, let's figure that out. And I can.

And sort of be upset but not eat it so I can do something else. But I can acknowledge, you know, it's normal to be upset and feel it and not eat the feelings and bury those feelings, you know, and feel it and say, you know, like even going through the surgery, that was theory, you know, And [00:32:00] I'm not going to get into it, but I had some complications. Thankfully, everything's fine. You know, very thankful that I got my surgery very quickly. But it was a hard time and just going through and having a way to process my feelings, you know, it creeps into work, you know, And sometimes, like, I'll have kids say that, you know, they'll come and they'll say things about school or something or they'll say something and I'll say, Is that a fact or is that just your thought? You know? So again, just like, whoa, where did that come from? I said, I know where it came from, but, you know, like it's just sort of like how to process things, which I never had in all the years.

[00:32:36] And listen, like I got to 60. I probably was doing this for 40 years off and on more it probably since my teens and did it and then lost and lost like weighing less than weigh now you know and but not being able to keep it all and just sort of thinking I'm going to do this roller coaster for the rest of my life. And I wanted to get off. So that's why I joined at 60. I'm done. [00:33:00] And, you know, and I honestly sort of feel and again, it's not even protocol. It's just sort of like, don't count calories, don't do all of that. I just eat when I'm hungry. Don't when I'm when I'm not. And sometimes go out and have like amazing food and sometimes have some meals, but, you know, like eat things that are worth it because they're really delicious. And it's, again, like, you know, and have those experiences of those meals and things like that, you know, that are great. But it's more than the food. The experience is people, It's everything. It's a skill, right? Like and many of us were never taught these kinds of things. Like it was never a topic of

conversation. No one ever brought it up. It's just how would we know to do this in any other way? So it sounds like what you're saying is if you're ready to get off that roller coaster, well, maybe this is for you.

[00:33:48] Do a deeper dive into what's behind the overeating, you know, because we're all you know, we all want to you know, if you're in weight loss for doctors only, we all went to medical school. [00:34:00] We all theoretically have the theoretical knowledge. And yet why are we here? And you don't get into that. Like, you know, you have the theoretical of what you should eat or what you shouldn't eat and all those sort of things. But why don't we do it? Well, yeah, you have to sort of dig deep. And the other thing is I talk about it. We do this all the time, like at our hospital. Anybody who does any quality work, you know, we do PDSA cycles, you know, and we always reevaluating. And I think like even if you're driving on the road or something and make the wrong turn, they say recalculating or recalibrating. That's what I sort of think is if you go on your road of your journey and you make wrong turns or you think it's a wrong turn, sort of come back to where you're going. Right? You know, it's just like you can because like, again, no perfect people. It's a journey. But I sort of feel like it by doing something or I do something and I say like, why did I eat that thing that I haven't done that for a long time? Why did I eat a lot? I was really excited about that thought.

[00:34:59] You know, I was upset [00:35:00] with myself. I said I thought I was over mostly eating and then I did it like a few weeks ago. And then I thought like but then approaching it with not like blaming myself, but curiosity. Why didn't I do that? What was that about? What can I learn from that? Exactly? The mindset as opposed to beating yourself around the over the head and saying, oh, bad you, bad you, you ate that thing that you're getting. Okay. Yeah. Didn't okay, it's done. Why did I do it? What can I learn from that? And not making eating like a moral judgment against you. It's like, okay, so you chewed up some food and swallowed it. Maybe when that wasn't probably the most supportive thing. Okay, cool. What can we learn from this? Just to exactly do what you just said, Like, what are you going to do moving forward? Yeah, absolutely. And I find that to I mean, the point is not to be cured from it. And and I think sometimes we have this kind of like idea that like someday, you know, but like when you think about like people overcoming lots of different things, I mean, the first thing that comes to mind is like addiction, whether [00:36:00] you identify as a food addict or not.

[00:36:02] I mean, we don't spend a lot of time focusing on on that in our program. But there are some similarities. It's like maybe a bit of a spectrum, like still feeling like, you know, trying to use something to control your inner life and like there's a reason why people continue going to, you know, 12 step meetings and like, you know, keep doing all the things that keep them abstaining or whatever. Right? There's like, there's things we have to keep doing. Right? Continue. You're never going to be sort of like completely done. So And I think that's there's a peace that can come around that, too. Like, it's like, okay, but overall, this is still so much easier and more palatable, excuse the pun, than like how Well, I'll just speak for myself being so hungry, you know. Feeling so miserable trying to lose the weight, then gaining it all back again. Beating myself up, like you said, you know, being so upset with myself over it. Then the same cycle again, little adjustments here and there are much easier to deal with than the huge ups and downs [00:37:00] of the kind of typical experience. Yeah. So, yeah, so I think it's just sort of getting to the root cause I think is worthwhile. Well, Sandy, thank you so much for your time. Thank you for sharing your story with everybody. I appreciate you so much. My pleasure. Yeah. Thanks again. Ready to start making progress on your weight loss goals. For lots of free help, go to katrinaubellmd.com and click on Free resources.