



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Hey there my friend. Thanks for joining me today on episode 17 of the Weight Loss for Busy Physicians Podcast. I'm Katrina Ubell. I wanna share with you guys a movie that you definitely should watch. You can watch it for free. If you have Amazon Prime, which I'm gonna guess a good 98% of you listening to this podcast probably have Amazon Prime. So if you have Amazon Prime, then this is like considered a prime video, so you don't need to pay any extra to watch it. The name of it is that Sugar film. Okay, so not a very fancy title. It's called that sugar film.

So good you guys, man. I mean, he's from, I wanna say New Zealand. I can't totally quite remember, maybe Australia. But anyway, he basically eats a regular like low fat diet, like the normal food we eat that has, I think, 40 grams of sugar in it a day, which is like normal food. He is not even eating a bunch of candy or junk, and it just shows what happens to his body when he eats all of that, and then the process he goes through to lose the weight and everything. It just is a really good descriptor to what sugar does in our bodies. I mean, we, none of us really think it's good for us, but highly recommend it. It's like a pleasant watch too.

It's not something that's, you know, particularly taxing to watch. So a lot of fun to watch that want that sugar film. Definitely check it out. So today I wanna talk about the past and how that impacts us in terms of our emotions. So I got a really great comment on episode 12, which was about processing negative emotions. You may recall that in that episode I talked about times when we either don't want to really feel a more positive emotion, or we just haven't been able to coach ourselves out of the negative emotion yet during those times, you can imagine wearing a backpack that has those uncomfortable or painful emotions in it. It's a metaphor for that heaviness that you feel when this is happening for you. You aren't always sitting around sobbing. You aren't binge eating, you aren't getting drunk, you aren't super short and crabby with other people around you.

You're letting yourself feel the heaviness of the emotion while carrying on with your day. Of course you can, of course, you know, of course and should take dedicated time to release some of that emotion, and for some people just having a good cry or journaling or something like that is exactly what they need. But we don't want to just stuff down the emotions and try to convince ourselves that everything is fine and move on because those emotions haven't been felt and processed and then ultimately resolved.

And that's a natural process that we go through, especially when we're dealing with more intense emotions like grief. So the person who commented on the show notes page for episode 12 had a really good question. So she wrote, the backpack metaphor is interesting. My question though is what about when there are too many negative thoughts and feelings? Think about people with trauma or repetitive loss.

Does the backpack just get heavier and heavier? Does it slow you down? Do you expend all of your energy dragging it around so you're unable to do much else? Or what if there is one emotion, so great and heavy that the bearer is pinned down by the backpack, effectively paralyzed? I also have an image of adults walking through life, particularly doctors accumulating sorrow after sorrow, like bad cases and patients lost gradually becoming slow and bent by the backpack. What can we do to help ourselves and others in these situations? Do you think there's a way to lighten our burdens or unpack our bags more actively? I may be pushing the metaphor, but I'm curious as to your thoughts. So this is such a great question. I love how you guys are really sitting down and thinking this through and deciding how this applies to your lives. So this question really inspired me to talk to you today about the past because most of what the listener is asking about pertains to the past, meaning a trauma that was experienced in the past, bad cases that happened in the past, patients that died in the past.

Now, the first thing I want to teach you about the past is that from the day you were born up until a second ago is all a series of thoughts. That means that your whole entire past is 100% made up of thoughts. The past only lives in your brain. We know this because it's already happened and it's over. Now, there have been studies on adult siblings who went through some sort of traumatic experience as children, like say a house fire or something. Each of the adults will recall exactly how the experience went down and swear up and down that their story is exactly how it happened, except all of their accounts of what happened will be different. So they each think they're right and they disagree with each other. Each one of them has their story of their past living on in their brain, which is their truth of the event. So because it varies, we know it's all thoughts.

This has happened with me and my brother too, where I say, don't you remember how this and this and this happened? And he's like, no, that did not happen that way. We both think we're right now, we could say that there was a house fire and that that is a circumstance, right? That's a neutral fact. Maybe it was in the newspaper. So we could confirm that yes, their family's house burned down on one specific day, but their version of the story is all just a series of thoughts about it. Think about eyewitness accounts of a crime. Each witness believes that their version of the story is how it actually happened, but there can be a lot of variation between the stories, and then the police have to sort through all these stories to decide what really happened and what the neutral facts are.

So the trauma that someone experienced lives on only in their thoughts, assuming that they aren't continuing to be traumatized. Of course, the bad case that happened only lives on in your thoughts, stories about patients dying only live on in our thoughts. Now, what I wanna offer to you is that this is really excellent news, and I'll explain to you why most of us think that what happened to us is just what happened to us.

There's no room for interpretation in there because we've never spent any time exploring how we decided to interpret what happened before filing it away in our memories. So I wanna give you an example of something that happened to me in med school that's not hugely emotionally charged a little bit. You guys will probably notice you, you know, your bristle started to stand up a little bit. But besides that, it's not anything horrible, and I think it's a good one to use as an example.

So I was doing my pediatric sub-I, and I was trying to do a really good job because I wanted a great recommendation and because I wanted to learn everything I could in anticipation of internship starting, you know, I wanted to be really prepared, and I had a fabulous senior resident who was med peds and was a super high achiever. He loved teaching and really took me under his wing. He advocated for me like crazy to be able to do procedures and taught me how to best manage patients. One of my patients though, came in with a low bar pneumonia and eventually developed a pleural effusion that needed to be drained. So we consulted the pediatric surgeons for a chest tube, and my senior really, really wanted me to be able to put in the chest tube. He pushed me and pushed me to ask the fellow if I could go to the OR with them and place it, and I never got a firm yes or no. So my resident would bug me again to ask and prod them.

Now in hindsight, I can totally see how this was maybe not the best approach to get them to let me do this procedure. All you surgeons listening are like rolling your eyes, that med student, right? But I didn't know any better. So I did what I was told, and the day came and I met them in the or. They were all in the OR when I got there, and the mood in the room was kind of weird, but I think I was just kind of nervous about doing the procedure. So I didn't think much of it. The attending basically ignored me, and the fellow let me come over, and he walked me through the placement of the chest tube. We finished up and I figured that was it. I planned to write the procedure note and get back to the floor.

Then the attending asked me to go into one of those little ante rooms, you know, those little rooms between the ORs, that stock supplies and stuff. I literally had no idea why he would want to talk to me privately. So I followed him in there and he proceeded to ream me out up one side and down the other. I was so shocked.

I just stood there and took it. I just nodded my head and said, okay, yes, I understand. I'm sorry. I won't do that again. It almost felt like an out of body experience because I had no idea what was going on. At first, I didn't even really know what he was talking about, but basically he was telling me that I was overstepping my bounds by bugging them all so much to do the case and blah, blah, blah, right?

And I'm sure he was right, to be honest. So I don't know how long he actually was chewing me out for, but when I left the room, the or we'd been in already had a new patient in it. So it had been cleaned and they had brought someone else in it. So I had certainly been yelled at for quite a while.

I honestly think that he was planning to just keep going until I started crying, but I'm not much of a crier, especially in front of other people. So he just kept going. So anyway, I wrote my note and left, and as you can imagine, I was so upset. I was more than embarrassed. I was so humiliated. One of my classmates was on that service, so I knew she'd been hearing about the fellow complaining about me. I couldn't even talk about it with my senior afterward because I knew I'd just start sobbing if I recounted all the details, and he was so excited for me. So I was just like, yeah, I did it and tried not to make a big deal out of it. I also didn't want him to either talk to the attending who yelled at me or worse talk to our attending and ask her to talk to the attending that yelled at me.

I just wanted the whole thing to go away, and that night at home, I had a good cry and worked my way through it. But that was a heavy backpack day, right? I was just filled with so many emotions and none of them felt good, and I was not at a place where I was able to sort through them quickly and feel better. But what I wanna show you now is how there are different ways that I can tell that story to myself and to anyone else that I ever tell that story to.

So I'll give you two versions. When I was on my ped sub, I as a fourth year medical student, I had a patient who needed a chest tube. The pediatric surgeons were consulted and they agreed to put it in. My senior resident got the idea that I should try to get the surgeons to let me put the chest tube in. So he paged the fellow a bunch of times and constantly hounded me to make sure they would let me know when the case was going so I could be there. I put the chest tube in, but then the attending, who was such a narcissistic jerk, pulled me aside and screamed at me for no reason. He seemed to think that I was being pushy and annoying, but I honestly was just doing what my senior told me to do. So really it was my senior's fault. It all happened after that. My confidence was shot. I was really timid when it came to procedures, and I'll never forget how horrible it felt to be humiliated in that way. For the rest of the rotation and on through residency, I was always careful to avoid the surgeons, and I never again advocated for myself to be able to do any procedures unless I had to.

So that's version number one. Here's the second version of the same story. When I was on my ped subi as a fourth year medical student, I had a patient who needed a chest tube. The pediatric surgeons were consulted and they agreed to put it in. My senior resident was this amazing support for me who only wanted me to have a fantastic experience on his service. He suggested that we see if the surgeons might let me place the chest tube. He totally advocated for me and asked the fellow if I could do it. He might've asked a few times because he was so good at following through on things, and I asked a few times too.

When the case happened, I went down to the OR and had an amazing experience. The fellow walked me through the entire process of placing a chest tube from start to finish. It was really cool, and I'm so glad I got to do it. After that, the attending pulled me aside and let me know that I had crossed the medicate boundaries.

I'm grateful that he let me know because up until then, I honestly didn't think my senior or I had done anything wrong. He did seem pretty upset about it, but I'm pretty sure that he might have been upset about a bunch of other things, and that came through to me because what I did was not really a big deal, but it was a great lesson in being tactful and knowing when it's too much and I'm being pushy in how to deal with someone who's providing feedback and criticism at the same time, and figuring out the balance required when working with other teams teams. Sure, I was upset for a little bit after it happened, but it wasn't that big of a deal. I'm glad it happened because I'll never forget this powerful lesson. So you can see the difference there, right? Both stories are true. What's so great though, is that I get to decide how I want to tell that story.

The first way makes me feel ashamed and guilty and inferior and powerless. The second story makes me feel confident, determined, a go-getter, wise and powerful. So let's bring that back to say, a case that had a bad outcome. You can decide to think about that however you want. Now, of course, right after it's happened, you've got the heavy backpack, right? You're finding out more about the extent of the complications, and you probably feel a lot of regret and sadness and possibly even self-loathing and guilt. So if we add this experience to the metaphorical backpack, it does just get heavier and heavier. Honestly, I think this is a big source of burnout for physicians. If we don't work through these emotions, they do weigh us down until we're paralyzed. But when we have a bad case, we have options of how to manage it. We can continue to beat ourselves up about it until we die. We can let it shake our confidence so that we end up second guessing the majority of our decisions and really letting the experience steal the joyful parts of medicine away from us.

We can basically continually punish ourselves for the mistake by perpetually thinking the same way and creating all that negative emotion for ourselves. Or we can do our best to explain to the patient and the family what happened. We can be available to answer any questions that come up. We can make sure they get the follow-up they need. If they aren't wanting to come back to us anymore, which is totally understandable, we can talk out the case with their colleagues, or we can bring it to m and m and make sure that we really understand where things went wrong, how to prevent the same thing from happening again, again in the future, and sharing it with others so that they can learn from our misfortune as well. I think one of the best ways to deal with a bad outcome is to make sure we learn every single possible thing we can about what happened.

We owe it to the patient to do our best to try to prevent something similar from happening to someone else if it's possible to prevent it. Once we've learned everything we can, we can give ourselves permission to think about it in a different way. As you remember, our thoughts create our emotions. So the backpack only persists in feeling heavy if you continue to have thoughts about the circumstance that create those negative emotions for you.

So when you're ready, you can decide to think different thoughts about the bad case. You can decide that you're done beating yourself up over it, and that you've learned everything you possibly can, and that the best way to honor that patient is to apply what you've learned from the experience in a meaningful way to your practice of medicine. And this can mean so many different things from changing the way you and your staff communicate in the office all the way up to changing hospital policies.

I mean, I'm old enough to remember when we didn't do timeouts before procedures, that practice came into favor because accidents happened and timeouts were deemed to be a good practice to implement in order to minimize mistakes. A few years back in my practice, I had a beautiful, normal, healthy, little nine month old patient who got RSV as so many children that age do every year.

She was checked a few times in the office and was deemed to be okay, and then she took a turn for the worse, and her parents took her to the er. In the er. She rapidly decompensated and the ER staff had to code her for 30 minutes to bring her back. Then she spent the next couple days in the PICU under full support until she died.

It was devastating for everyone involved. This for sure was a heavy backpack experience, but I'm not honoring her memory if I carry around that heavy backpack on my back for the rest of my career or life. Every person in my office went through that chart to determine if there was anything else that could have been done or any order or phone call that was missed.

I spent a lot of time counseling the family and helping them understand what was going on in the I C U I counseled them on what it's like to have a dead child and what they could anticipate happening moving forward. We talked about how they could tell their three older children and how we could support them as they move forward in life without their little sister.

I helped organize a meeting with an intensivist so they could get the results of the autopsy from a live person. I tried to support them in any way that could possibly be helpful. Basically, do I feel sadness when I think about her dying? Of course. But I learned so much too from that experience, and so did the rest of the doctors and staff at my office.

We learned to not just assume that full-term healthy babies will be fine when they have R S V. We changed how we counseled parents about when to call and what they should worry about. In this case, there really wasn't anything that anyone could have done or should have done differently. Nobody made any mistake that we could determine, but we can still learn everything we can about that bad outcome and use it to practice the highest level of medicine we can.

So the sorrows in the backpack only accumulate to the point where they're paralyzing you if you let them. We have to learn how to process negative emotions so that we don't end up living our lives dragged down by all of our past sorrows. Think of people who've experienced horrible traumas. Some let it ruin their lives.

They might commit suicide or become drug addicts, or just live as victims forever more, and others take their horrific experience and turn it into something good. Maybe they become counselors for people who are experiencing similar traumas. Think of people who became doctors because they had a sibling who died of a chronic illness when they were children, and they wanna help other children who have the same illness. Or look at someone like Malala who was shot in the head for speaking out in supportive education and didn't just hide.

She doubled down and didn't work that earned her the Nobel Peace Prize. So I'd like to challenge you to think about your past. Does your story of your past serve you? How do you tell it to yourself? And what kind of emotion does it create for you? What action does that emotion drive and what's the result of that action? You can decide to tell the story of your past in any way you want to.

So my recommendation is to choose wisely. It benefits nobody to keep adding more and more heaviness to the backpack. Do the work to process the emotions of the past to lighten that load for yourself. Alright, my friend, thank you so much for listening. As always, let me know your thoughts about this podcast over on the show notes page for this episode, which you can find@katrinaubellmd.com slash 17. Talk to you next week. Bye-bye.