



# WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hello, hello, hello. How are you, my friend? Welcome to the podcast. Summer is in full swing here. What's going on for you? In fact, when this podcast airs, I will be in Peru. I mentioned that one or two podcast ago that I was going to be traveling there with my son. We're going to be in winter there and possibly freezing. We'll have to see. So I am recording this podcast ahead of time for you, guys, so that you are all set to go and don't miss an episode. Today, though, at present time as I'm recording this, today is the last day of school for my little kids and then my older one has one more week of school. I don't know about you but, gosh, transition times with the schedule, it's a lot of work to stay out of overwhelm. You know what I mean?

I know just a few weeks ago, I was like, "No, no, no, I'm good and getting it all done. Everything's fine," thinking I'm coaching myself out of overwhelm and then I'm like, "No, like I'm totally so overwhelmed." I think what I need to do is spend some quality time with the calendar and the schedule, just making sure it's all organized. Everybody has got kids. One of our biggest issues in summer is who's taking care of them and just the whole schedule and all of it. One thing that I really am working on is to make sure that I'm scheduling in some fun time and also not having a huge expectation about how fun it will be. Like someone's going to get stung by a bee on a hike. You're going to go on a hike and it's going to be this amazing hike, and it ends in tears and screaming. Or like your trip to the pool. Like sometimes it's going to be a disaster. Like sometimes the kids are just going to be totally crabby or like someone's going to poop in their swim diaper and it's going to leak out and they're going to have to close the pool.

It never has happened to me. I mean I guess I should knock on wood, right? We're not in swim diapers anymore, but it did happen to a friend of mine and she was mortified. There's going to be times like that. It's just not going to be that fun and you had these expectations. You just plan things and hope for the best and make sure that you're focusing on the parts that really were fun. Like work to not have other people's experiences of the activity cloud your experience of it. You might have seen some beautiful scenery or you found a caterpillar. Or your kids, for the five minutes they're happy in the pool, were just doing that awesome belly laugh that you just can't help but smile when you hear it. Just be sure to focus on the positives that are there, too.

This leads me into today's podcast topic, which is negativity. Woohoo! I have been thinking about negativity for the last few months and wanted to do a podcast about it and wanted to spend some time really assimilating my thoughts on the subject. We all know about overt negativity. Sometimes it's our kids who are super negative or contrary at times or seemingly all the time. Or we have those friends or family

members or co-workers who basically barely ever have one nice thing to say. You know what I'm talking about. I'm not going to talk a lot about that on this podcast because it's pretty obvious that their thinking patterns lead and tend toward the negative and then we get to decide what to make that mean when they're like that.

But a lot of us don't think of ourselves as negative people, yet the results of this underlying negativity that we have shows up all over the place in our lives. That's what we're going to talk about today. To some extent, it's just the nature of our culture right now that we find the things that we don't think are right and point them out. We judge and we criticize others and ourselves, for sure, like crazy. I notice this a lot when I talk to other moms. Women can be so quick to point out what they feel are their shortcomings.

Have you ever heard a mom talk about how she should be Mom of the Year? If she messed something up and forgot her kid's boots for a muddy field trip or something, then she'll jokingly and sarcastically tell the other moms that she should get the Mom of the Year award. But what she's really saying is that she's the opposite of someone who'd get that award. She's saying that she's a failure as a parent, all because of a simple error. No big deal, right? We moms tend to point out all of our failures and some of us spend a lot of time in conversation with other moms discussing what's wrong with our kids.

I'm guilty of this, too. Complaining about potty training or tantrums or spending too much time carting kids around to activities. Things cost too much or our families are driving us nuts, or our teenagers won't listen to us and get off their phones. It doesn't even really seem like we're being negative. It seems like we're just conveying the news about what's going on in our lives. We feel like we're connecting with others through our struggles, but there's a few reasons why this is a problem. If this is how we communicate with others, what we train our brains to do is to constantly identify the negative. Our brains are really efficient and proficient at identifying the negative. We know this because this thinking comes from our primitive brains. Our primitive brains are always scanning for danger. Just think of a little red light scanning, scanning, scanning for danger. Something might kill us or kill our young. It comes very naturally and easily to us.

We also somewhat think that telling other moms about our wins and successes makes us a humble-bragger or arrogant or stuck up. The other reason this is a problem is because of the results we get when we have these negative thoughts. Remember the thought model, which, if you're new to the podcast, be sure to check out the first few episodes to learn what I'm talking about. With that thought model, every result in your life started off as a thought. You have thoughts which create your feelings. Your feelings drive your actions, and your actions create your results. When you have negative thoughts, you generate negative feelings, feelings like frustration, disappointment, anger, disgust, hatred, irritation, annoyance, and impatience. None of these feel good.

Then we go about our lives letting these emotions drive our actions. I know for sure if my action is, say, taking my kids to school and my emotion driving that action is impatience, the result for me is not good. Frankly, my kids don't have a great experience of me either. But if my emotion driving my action of taking the kids to school is patience, the result is totally different for me. The kids end up at school both ways, but my experience of that action is a 100% different and so much more pleasant for me when I'm patient.

A common negative thought pattern I have is that we need to leave so we can get to school on time. I can get extremely impatient with one of my children who shall remain unnamed, then I used to find myself speeding, driving like a bat out of hell on the freeway to get to school. One day I just had a thought. "Is avoiding a tardy slip really worth getting into a high speed accident and possibly hurting or killing us?" Of course, the answer is no. But my primitive brain was acting like something horrible was going to happen if we got to school late. We were for sure going to die if we had to get tardy slips.

This is why it's so important to be aware of your thinking. These automatic and habitual thoughts are creating the experience of your life and they're not even true. Who cares if they get a tardy slip every now and then? It's certainly not so bad that it's worth showing up as a mom from a place of being a frantic, crazy person. With doctors though, there is a bit of a different element that most jobs don't have. Some do but most don't. That's the need to be able to go to the negative place at a moment's notice. What I mean is that it's good for us to have negative thinking sometimes. When we're in med school and we saw a patient, we were taught to always come up with the full differential diagnosis. We always need to know the worst case scenario for everything. We need to know what weird, rare diagnosis might be masquerading as something that isn't a big deal, but could actually kill the patient.

If a little kid comes in with a few more bruises than usual, it could just be from bumping into their friends in the bouncy house they were in over the weekend or they could have leukemia. A pediatrician needs to know that. I had to know that if a baby wasn't gaining weight, it could just be because mom's milk wasn't in yet, which is super common, or it could be because the baby had a congenital heart defect, which is super rare. The list goes on and on for all the different specialties. Just insert your version of this in there. We're trained to be able to focus on the negative and identify it quickly and easily. There's definitely other jobs that are like this, too, like insurance auditing or tax auditing or some forms of law. We're not totally unique to this.

But I think it's important to realize this because it explains why so many of us have this underlying negativity streak. When we're always looking for what could go wrong with a patient, we're also looking for what's wrong with our staff or our hospital system or our EMR system or our kids or our husband or our mother-in-law. The list goes on and on. Then there's even another element in medicine that creates this negative thinking, and that's the overall culture of medicine. When we start doing our rotations in third year of med school, that's our first real indoctrination into the culture of medicine. We start working with all these interns and residents and fellows, and we start learning about this whole new world that we can't wait to enter into.

The vast majority of us though then saw how our residents and fellows approach patient care and being in the hospital and call and scut and all of it, and adapted their mindsets as our own. It's just part of the culture. Most of us didn't see them modeling this behavior and then think rationally to ourselves, "Hmm, I don't think it actually has to be this way. I don't think I want to think about what I do in this way." Now, maybe here or there, you had a particularly toxic thinking person you worked with and you decided you didn't want to be like them. That's great. But for the most part, the underlying negativity was just accepted by us as a way to get through hard times, to get through the day. Some sarcasm, some snarkiness, some joking, a lot of self-pity.

So like a rite of passage, we adopt this mindset and then we passed it on down the ranks once we were the residents and fellows, and the culture continues. It's so interesting. I was coaching a client once and she was complaining about taking call. I told her that taking call is neutral. She just looked at me with this look and said, "Come on, you get it. Call sucks." Now, did I ever have thoughts that call sucks? Hello? Of course, I did. But that doesn't mean it's true. Now, I might have lost you. I feel like I can hear you in your car talking out loud to me, going, "Come on, Katrina, I was all-in on this thinking stuff, but seriously you expect me to believe that call is neutral? I don't know about that."

Hear me out on this. If you're on call and don't get one call, then it was a good call. Not everybody would agree. Some people would say that it still sucks because you had to carry the pager and you didn't sleep well because you knew the pager was going to go off at any second. I used to do that when I was a resident and I'd finally get a few minutes to lay down, I get comfortable in bed, and I'd think, "Come on, pager, go off. I know you're going to go off. Do it now so I don't get woken up 30 seconds after I fall asleep."

But anyway, back to the call. How can two people have different experiences of the same call? Both got zero pages, but one was super happy and the other one was still feeling sorry for herself. That's right, because the call is neutral. It's what we think about it that creates our experience of it. The same thing applies to all the other things we think are the truth. EMR is neutral. Consults aren't bogus. They're neutral. Drug seekers aren't annoying. They are neutral. The list goes on and on. Now, you might be thinking, "But what if it's the truth? What if the consult really is bogus? It's a waste of my time?" Let's take a moment here and talk about the difference between a fact and the truth.

A fact is provable and everyone would agree to it. The sky is blue. My car is gray. The table is on the floor. What we think about things is our truth. That's why I can think something is true and you can think something totally opposite is true. Politics is the perfect example of this. We decide what we think is true and right, and that can be diametrically opposed to what our neighbor thinks is true and right. That means the truth is optional and chosen by us. We choose to not like something. We choose to be annoyed by other people. We choose to feel like we're at the mercy of hospital administration. This is all fine and good except for the results that we get from this line of thinking.

For so many of my clients, their baseline thinking about their jobs is that they're overworked, underpaid, not respected by management or staff, not accommodated the way they should be, and that their opinion and input isn't valued. We really honestly think that this is just an observation. We're just stating the obvious, but then we have negative feelings all the time. When we feel like that, we want to feel better about things we think we have no control over, so instead of changing our thinking, we reach for food and, for some of you, a drink, to feel better and then we're overweight. See how that works?

First, I want you to just be aware and notice how much of what people talk about is negative. I hear this all the time in regards to the weather here in Wisconsin. Anywhere you go, people aren't ever happy with it. If it's snowing, people are mad. I always find this hilarious. It's like we live in Wisconsin. What did you think was going to happen in the winter? If it's not snowing, it's too cold. If it's sunny, it's too windy or too hot. If it's cloudy, it should be sunnier. It's so interesting how easy it is to focus on something that could or should be better.

Notice other people in your office or at the hospital and how they talk about patients, other co-workers or management. Notice what you're thinking or saying and see how much of it has an undertone of negativity. Then I want you to play devil's advocate a little bit. I have a client who's really good at this. She says it drives her family crazy because she's always giving people the benefit of the doubt, and it's just so unusual. Most people don't think this way. She does pediatrics, so if she has a patient who's struggling and she finds herself having negative thoughts about them, she's really good at flipping that around. She'll think they're just having a hard day, they are just scared. They just don't understand what's happening. Same with the parents and same with anyone else in her life, really, but this serves her so well.

Her thinking about her job is one of the best I've seen in healthcare. It's really important to realize that you don't have to be right, too. Here's the prime example in pediatrics. Vaccines. Dun-dun-dun, vaccines. We think we know how kids should be vaccinated. We think we're right in encouraging families to vaccinate according to the regular schedule. We think we're totally justified in being upset or annoyed when families want to do something else. I used to realize that me needing or wanting to be right wasn't getting any more kids vaccinated, but I couldn't get to a place where I could be okay with them not vaccinating because I thought I was right.

There's really another way of looking at this. Think about needing to be right. What is the upside to needing to be right? Literally nothing except feeding your ego. What is the downside of needing to be right? A breakdown in your relationship with the person you're working with and a disconnection from them, in this case, the family that doesn't want to vaccinate. I love to think about it this way: "I can't possibly ever know what's right for someone else. Ever. Period. The end." When they come into my office, my job is to give them recommendations and explain the facts as we currently understand them in medicine. What they do with that information is about them. I can be the best doctor known to man, and I'll still have patients who don't vaccinate and who don't take my advice, and that's fine, because at that point, it's about them and not me. All I have to do is focus on showing up to each patient interaction with the latest data and recommendations and love in my heart, and then I know that I've created as much value for the patient as I know how to do. Then I don't base my thinking and emotions on what their results are.

I can't wait to hear your thoughts about this subject. Let me know what you think over in the comment section of the show notes page, which you can find at [KatrinaUbellMD.com/23](http://KatrinaUbellMD.com/23). Okay, my love, have a fantastic positive week and I'll be back next week with another episode. Take care. Bye-bye.