



# WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

Katrina Ubell: Hey my friend, what's up? How are you? This is a little different for me today because I just did an upgrade of GarageBand. GarageBand is a program I use to record this podcasts and it looks really different. All of a sudden I went to record and the metronome was going. I'm like, what's happening? I think I have it all solved. I think I have it all figured out. In a couple of weeks this is going to be the new norm, but I'm a little like, I hope this is working.

Okay, we're going to talk about holding it together today. I got this question from a listener. I thought it was really just such a great, great question. Thank you.

I don't even actually have the name of the person who submitted it, but I thought that this would be so helpful for all of you who are physicians and not even just in your physician life. Really, anybody who is going through a rough time I think can benefit from listening to this episode. I'm just going to read the question and go from there. This person writes, "I have a question steeped in my profession. I am a hematologist oncologist in private practice. For those of us who deal with sadness and death on a daily basis, how do we, "keep it together"? I find myself on a swing of sadness slash happiness multiple times a day. One patient is doing amazing while another needs to have a plan for hospice. I find that I'm depleted at the end of the day, emotionally depleted and typically physically as well. How do you think it is best to recharge? How do I not wallow in pity for myself and my patients? I was hoping you could cover this in a future podcast as I'm sure there are many of us on this emotional swing." I really agree.

I think there is a lot of us physicians, right, who really are struggling with this and it's not just in the heme/onc world. There are kids who are really, really struggling even when you're a general pediatrician or a child you're really worried about, and then you have to hold it all together and go into the next one, "Hi guys, how are you?" You know, just being all chipper. I think a lot of us are really kind of experts at compartmentalizing that. I talked about that before. Like the gynecologist obstetrician who is going from a fetal demise room, right into someone who's about to have their healthy baby and they're super excited and how you just compartmentalize all your sadness for the patient who had the baby die and then have to just be like, "Hey, guys, how it go? Let's do it. This is so great." I can think of so many other circumstances, especially in emergency department. All sorts of crazy, sad, awful things come in.

Then in those cases, sometimes we have to just be patient for the fact that someone brought their child in for an hour of fever, you know? We're like, really? People are actually dying and really sick here. You know, it can be really hard for us to manage our thinking. What we don't recognize is that what's so depleting is our thinking. The writer writes, "You know, I feel so depleted at the end of the day, emotionally depleted and physically depleted, typically physically depleted as well." I think that it's something that we don't talk about that often how physically exhausting feeling intense emotions can be. I know I experienced this going through some intense grief where it was almost like my body was just going through something like you can feel ill from the emotions that you're feeling and you're just exhausted. For me, going to sleep was really almost like just hitting the pause button like I got to have like a little bit of escape from feeling so awful for a little while.

When we are creating emotions that are very depleting on a regular basis and how do we create our emotions? With our thoughts, of course, right? We're thinking these thoughts that create these depleting emotions. Of course, we get home at the end of the day, we're completely wiped out. We're reaching for the glass of wine, we're having the snack, we're eating some chocolate. We're just looking for anything. You know? It's like scanning, scanning, scanning like what can make me feel better? You know what I mean? Sometimes I think about, you know, those things that people have at the beach, like metal detectors, they're looking for someone's watch that dropped or some jewelry or something or money and they're just like scanning, scanning, scanning. Our brains are just like, I feel awful, scanning, scanning, what is around. Have you ever done this where you're then in the pantry just staring at stuff like you're not hungry and you don't even really want to eat, but you're just looking for anything to make you feel better or like what's in the freezer?

Certainly there's got to be some frostbitten ice cream in there that I can just like, it's something else I can do for a little while. Then we do get that little bit of dopamine hit for a short time or it helps us to numb out a little bit so we can escape those emotions that are so depleting for us. One thing I want to mention and one thing I want to offer to any of you who like this heme/onc doc or anybody who's dealing with just the swings of good news and bad news for lack of a better term, is that when we think that people shouldn't die or people shouldn't get sick, that resistance creates so much of these negative emotions that are so depleting. I want to just have you just take a break with me because I feel like many of you, I might be losing where you're like, what? No, like nobody should get cancer. Nobody should be in a horrible house fire and burned or terrible car accident or something like that, but here's the thing, we do know that people should get cancer and how do we know that? Because they do.

In fact, when I was just speaking at Miraval a couple of weeks ago, I was talking with one of my former clients who is a heme/onc doc and we were discussing as a group the idea of like, is cancer bad? She said, she raised her hand and said, "You know what? I have many, many women that say breast cancer is the best thing that ever happened to me." Of course, that's typically not right when they were diagnosed, but after a while, they really could look at it as a complete blessing. My point in telling you that is not that we should expect people to think that way or even expect ourselves to think that way. It's just that it's an option. It's optional to think about any illness or any kind of thing that a patient is going through. It's optional to think about it however we want to, whatever meaning we can apply to it. That doesn't mean that you're like, wow, that person deserved it. It just means stopping resisting that people shouldn't go into hospice. Right.

This is what's interesting too, one patient is doing amazing while another needs to have a plan for hospice. There are people who've been suffering for years and years and years and years and have been praying to die and needing a plan for hospice is probably their dream come true. They're probably so happy to finally be at the end of their life so that they can be whatever they believe in in the afterlife and free from the pain and suffering that they've been feeling. When we have this assumption that someone needing to have a plan for hospice is sad, it creates a lot of sadness for us. I'm not saying that you need to go into every patient encounter and just like, everything is so great and yeah, it's not a problem to me at all that this really great person that I love is not responding to their chemotherapy. That's not what I'm suggesting at all but it's the resistance to the uncomfortable emotion, like the sadness, let's just call it sadness.

Thinking that you shouldn't be feeling that way that is so depleting. If you can just be present with that patient, with the sadness in that moment, and let yourself just feel sad for them, then that's an authentic emotion. When you're thinking, oh, I wish I didn't feel so sad, or now I've got to stop all the sadness down and be happy for this next person, or, oh being so sad all the time is so sad, right? You know? Things like that. It's the thoughts about the emotion that make it so much more depleting. The way you hold it together, right, how do you keep it together is when you are staying present, you're in the room with this patient. They're doing amazing, you're genuinely happy for them, but you know it's about them, right? You have thoughts about them that create your emotion. Then you go into the next room and you stay present with that person. I'm assuming you want to be the kind of oncologist who really is there and present with that patient and feeling that emotion that you want to feel but then as soon as you leave, you don't have to dwell in it longer.

Your brain is going to be like, "Oh, that was really sad, you should think about that again. Oh that's really sad, now look at this person complaining. They don't even know how bad it could be. This person over here has to go to hospice now and she's like practically a saint." The thoughts that we have continue to bring up that sadness for us. I want you to think about being authentically present with each patient and letting yourself feel those emotions, not resisting them, not thinking that they should be different because sometimes you're also like really frustrated with a patient or you're kind of grossed out, especially if you're in the ER, right? There's things we're like, whoa, but then just knowing you can leave it there, you processed it and now you're onto the next thing. When you're saying, how do you think it's best to recharge? How do I not wallow in pity for myself and my patients? What you have to do is be aware of what you're thinking that is creating the emotion of pity for yourself and for your patients.

Right now, the way that you write about this is very much like it's this external thing that's happening to you. It's like you're at the effect of it rather than recognizing that you're 100% creating that experience for yourself. You really might want to be somebody who is like, yeah, I want to be the kind of doctor that really connects and feel sad emotions when my patients are sad and feels really happy and celebrates with the patients who are having successes and are being cured and having really the results that they want, but that doesn't mean that I have to get home and think that something's going wrong, feeling sorry for myself, feeling sorry for my patients. What I'd love to encourage you to do when you get home to recharge yourself is to actually do some thought work, to empty out the contents of your brain that's so depleting and actually take a look at it, find out what you're actually thinking, right?

You might be thinking something that you didn't even really realize or you have this belief that things should be a certain way and then you recognize, yeah, but it's not that way at all. Okay, that's why I'm so uncomfortable and this is so difficult for me and what I could do is maybe choose a different way of thinking about this that also feels true and believable, but gives me a different result, a result that I want. When you talk about recharging, sometimes going through the thought work, meaning doing a thought download, taking a look at what all your thoughts are, it can feel exhausting. Like, oh my gosh, I'm too tired to even do that, but it really is so recharging because then you're able to approach the evening from a place that is intentional. You're not going back home and just feeling like a complete zombie and so tired and not able to get anything done and feeling so behind on everything because you're basically in this like emotional hangover from work. You want to get to a point where you're like, okay, that was work. Now I'm done. Now I'm going to take on the rest of my day.

Whatever that ends up looking like. Whether you have a family or friends that you're going to be connecting with, you've got to find something else that you can then direct your attention and energy toward that is more recharging like connection with humans. Maybe you do meditation, maybe you just really prioritize getting sleep because if you've been staying up and having a snack and numbing out in front of the TV or on social media, that's not going to make it any more replenishing for you the next day. In fact, it's just kind of the same thing again, feeling like you're struggling so much with that. The final thing I want to leave with you is you said, I'm sure there are many of us on this emotional swing and I know you think you're just observing your experience of your life, but when you refer to it as an emotional swing, it's like you're again, it's just happening to you. You're at the effect of it. It's the cause and you're the effect. Like your experience is just happening to you instead of recognizing that there is no emotional swing.

There's just emotions that you feel at different times and they're created by different thoughts. From there, there's no swing that you're on. You're just like, now we're going forward. Now we're going backward. Right? You're just creating it with your thoughts all throughout the day. This should be very empowering to you because feeling like you're on an emotional swing is very disempowering. You're at the effect or at the mercy of whatever walks in the door, whatever results this person has, whatever the biopsy shows or something like that, versus going, I'm always in control. Sometimes I still choose to feel an emotion that's uncomfortable that I don't like feeling, but I'm willing to feel it because I'm the kind of doctor that connects. I'm not the kind of doctor who just comes in and these people are having a hard time and I just decided I don't want to care about it. Right. You're the kind of person who's right there, engage with them, but then also has developed the skillset at leaving it there and recognizing you feeling sad for them.

I mean think about all the patients, right? That sadness just builds up, builds up and really it has no positive effect for you. It doesn't give you the results that you want in your life at all. It doesn't move you toward being a better doctor. It doesn't actually heal these people. It doesn't create anything of meaning for you. There's going to be the recognition that you go to a job where there's just an array of emotions that you experience and you do it happily and on purpose and with intention. Then when your time at work has finished, you're intentional about processing what happened and then on to the next thing. That's similar to the OB/GYN who just went from very sad fetal demise to now delivering.

I mean you don't have time to maybe stop and do a thought download, but at the end of your shift or when you come home again or maybe the next morning before you start in clinic again. Just carving out that time to go like, okay, I've just got to like touch base with myself here a little bit and clear up what's going on in my head over what all happen there, and then now I'm ready to move forward.

This is something that I of course help my clients learn how to do. If it's something that I could help you with, I'd be more than happy to work with you as a client in this way. Ultimately, I wanted to be able to help all of you because so many people are dealing with this. Just the swings, I mean, people who work in schools, and I mean you name it, right? I could go on and on with examples of people who are dealing with just the whole array of emotions every day. That can be okay, right? Recharging involves getting enough sleep, feeding your body fuel that serves it, possibly getting some exercise if that feels good. Doing all those things and then also managing your mind. It's so important. It's just as important as any other thing that we offer to patients as a way to be healthy. I want you to think about that. Building that thought download in and really just questioning, is this how I want to think about this? Does this way of thinking actually serve me and allow me to be the physician that I always wanted to be? Am I showing up as a physician I want to be when I'm thinking these things?

The answer might be yes sometimes. The answer might be no sometimes. If the answer is no, that's your opportunity to go, okay, I think I might approach this from a different place. Such a great question. Again, thank you so much for sending that in. If you have any other questions, you're always welcome to go to the show notes page for each episode, which you can find at [katrinaubellmd.com/111](http://katrinaubellmd.com/111) for this podcast and let me know what your questions are.

Have a wonderful week. I'll talk to you very soon. Bye bye.