



WEIGHT LOSS FOR BUSY PHYSICIANS

— with Katrina Ubell, MD —

[00:00:08] **Katrina** : 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 friend. Welcome to today's episode. I'm absolutely thrilled to have a guest for you today. I did not know Doctor Gita Pensa until pretty recently when one of my clients introduced her work to me. It was not long after I took a look before I realized, absolutely, I needed to get her to come on this podcast to talk to you. As you know, we talk about all things related to weight loss and eating and emotional eating and overeating all of those things. So you might wonder, why do I do episodes like this? And what I want you to know is that this is, first of all, lots of people overeat because of this issue. But think about it like I have this platform, and if I can use it to share information that doctors can benefit from, then I want to definitely take advantage of that. And today is one of those days. So Doctor Gita Pensa is an emergency medicine physician, and because of her own experience with going through malpractice litigation, and she will tell you on the episode how this all came to be, but she decided to start putting together some resources to help physicians who are undergoing litigation of all different kinds. So basically being named in a malpractice suit.

[00:02:04] **Katrina** : And this podcast is so good. It's called Doctors and Litigation: The L Word. It is incredible. It's so good. I right away asked my husband to listen to it too. And I was like, we have to talk about this. This is so good. He loved it as well. And I really want to strongly encourage you to listen all the way through its 13 episodes, whether this is something that is actively an issue in your life or you know, somebody

who's going through litigation, or even if not, it's really, really good to educate yourself early on from the beginning. And her approach very much aligns with the work that we do here and that I teach and talk about on this podcast. So she now speaks and coaches and talks to groups just extensively. She teaches on this topic of malpractice litigation, stress syndrome, and just educating people on the process and how to help doctors through this. She's talked to residency programs, professional society conferences, CME companies, peer support groups, defense attorneys, malpractice insurers. She's really developed a name for herself in this space as a support for doctors who are defending themselves or being named in a lawsuit. And I just love that she came to this by filling a gap that she had noticed when she was going through the experience herself, so we kind of connected on that fact. After we stopped recording the episode of kind of like we both were like, hey, how is there nobody helping doctors with this? I need help for myself, and it's not available. So, okay, fine, I'll be the one who goes first and puts it out there. And that's really what she's done.

[00:03:52] **Katrina** : I understand that it's like excessive how much I'm gushing over this podcast, but it is that good for real. It is really, really that good. And I really want to encourage you to listen to it, to share it. If you have any kind of, you know, social media, you might want to post it for other people to find, other doctors to find. And my understanding is that even other people in health care, other defendants may be, you know, psychologists or nurses and other support staff have found it really, really helpful as well. It's such a great mix of really educating you, but then helping you to understand what resources are available, helping you to be supported emotionally. It's really just I can't say enough good things. So I wanted to invite Doctor Pensa on to talk about her experience, and there's no way that we could cover all the great things that are taught in this podcast on this episode, but we did touch on a lot of the main points, so I hope that you can get something out of this episode. And maybe after you listen to that, head on over to Doctors and Litigation: The L Word, you know, literally medical schools, residency programs are using it as like a mandatory learning. It's a course assignment in a health care leadership graduate courses. It's like the real deal. And I really want to make sure you know about it. So please enjoy my conversation with Doctor Gita Pensa and then check out Doctors and Litigation: The L Word. Gita, welcome to the podcast. I'm so, so, so excited to have you here with me today.

[00:05:21] **Gita:** I am the one who is excited. I'm very excited to be here and to talk to you and to your many, many listeners.

[00:05:27] **Katrina :** Yes, thank you so much. So I first heard about your podcast from a client actually. So it was actually, I don't know, maybe 4 or 6 weeks ago we had an in-person live event, and on one of the breaks, one of my clients came up to me. She will know who she is. I'm not going to out her by name, but she will know who she is. And she said that I should listen to your podcast. That had really, really helped her. And she's a client who's, you know, I've worked with on and off for many years now. And she was just like, it's really, really great. And I was like, oh yeah, that does sound really interesting. I hadn't heard anything specific to doctors for this kind of work. And I was like, yeah, tell me the name, thinking I'm never going to remember this. And she's like, it's called Doctors and Litigation: The L Word. And I'm like, oh, the L word. So anyway, I started listening right away and immediately I was like, oh, she is right. This is really, really, really good. And I have to share this message for real. So I reached out to you. I think I'd only listened to a couple of episodes and I was like, I don't care what she says in the rest of them. Like, definitely I want her to come on. So the first thing I wanted to say is everybody needs to listen all the way through Doctors and Litigation: The L Word can they find it anywhere podcasts are?

[00:06:41] **Gita:** Yes, they if you just Google Doctors and Litigation, if you just Google the L word, you're going to find something else. So there's like this I think it's an old Showtime show or something like that. But so it's Doctors and Litigation: The L Word. And then you'll find it okay.

[00:06:57] **Katrina :** Totally free. Available to anybody.

[00:06:59] **Gita:** Available to anybody.

[00:07:00] **Katrina :** Okay. Yes.

[00:07:01] **Gita:** There's only 13 episodes.

[00:07:03] **Katrina :** It's only 13 episodes. Exactly. You can totally get through it. So what I would love to start off with is just let us know kind of a little bit of your backstory,

what prompted you to even create a podcast to help doctors who are going through litigation?

[00:07:16] **Gita:** Well, if you do listen to the podcast, you'll hear it come out over time. But the short answer to that is that I myself was a defendant in a very, very long malpractice case. I was about five years out of residency when I was named in 2006. Well, I saw the patient in 2006. I was named soon after in 2007, and then it lasted 12 years. And so I was the sole defendant in a malpractice case with the initial demand was \$28 million. And I was a completely helpless. I had no idea who to call, what to do. I felt like my whole world was caving in. When I got notice. I had had these thoughts about myself, this identity as a very good doctor. And all of a sudden I felt that whole thing crumbling. No one had told me anything about what to do. Once, you know, the finger was pointed at you like there was literally no instruction. And the implication seemed to be that, you know, if you're a good doctor, you wouldn't need to know. So, like, that's why we don't teach you. It began this descent into just a really, really terrible place where I lived for quite a few years. I went on trial in 2011. The wheels turned very, very slowly. And I'm from Rhode Island, and it was just very, very slow process.

[00:08:35] **Gita:** And as I approached trial, I was just so anxious and depressed. And of course, this was seeping out into all the parts of my life, my family, my work. Everything was suffering, but I was still showing up and doing my thing. And I went on trial and then I was still miserable. I did win, didn't matter. I went back to work miserable. And it wasn't until 2015 when I found out, like I found out soon after the trial, that they were going to appeal it. And then in 2015, my verdicts got overturned and I found out I had to go to trial. And I wound up just falling into just this really, really terrible. I mean, I thought I was bad off before, but this was really, really rock bottom. And I had to make a decision about, you know, I had really terrible thoughts. Am I going to let this thing just eat me alive now, which, you know, in some ways felt like it might be easier or I can't be like this, what am I going to do? And that actually started off this journey. It sounds like such a hokey word to use, but it really was, um, learning one about how to accept help too, about how to help myself, and three, learning about the law and how it is that one shows up as a good defendant.

[00:09:48] **Gita:** And I went through a series of career changes, and one of them involved me learning how to do things like blogging and podcasting. I joined an

academic faculty and I became I was the educational technology social media person. That was like, what they are, what they said, oh, we need this person. I don't know anything, but I learned a lot. And then before I went on trial a second time, I started thinking like, you know, like I've learned a lot. I've made peace with going to trial. I know what I'm doing, but I think. There's something I could do with this, and I want to start laying the groundwork. And that project is eventually what became this podcast. I just wanted to make the thing that I wished I'd had when I started, and I really felt like I had something valuable to say. And I also felt like people needed to know, like just the practicalities of what it really means to be involved in litigation. And a lot of our anxiety is just because there's this dearth of knowledge and it's anticipatory anxiety. So long answer to your question. But that's the background.

[00:10:50] **Katrina** : Yeah. Well, one thing I thought was so interesting, you said on the podcast, I think when you saw the patient, you were pregnant with one of your children, and by the time it was all done, that child was 12, I think, or like 12 years old in middle school. I mean, just think about that, right? Like you're pregnant and that child is in middle school. That's a long time. Yeah. To be dealing with this.

[00:11:12] **Gita**: It was really like this sort of dysfunctional family member really just had a hold over everything in my life for, you know, the better part of a decade. And meanwhile, my kids were growing up, and, I mean, I was there, I was functioning, you know, not well, but I was just, you know, I wasn't really present or enjoying my life a lot in those days. And I think I was just kind of doing whatever I needed to do to keep people alive in my household. But I was I don't think anyone would have thought of me as a happy person. You know, I think we especially, you know, women physicians, we show up, we do the work, we do the work at home. We take care of the kids, we go to work, we show up and we do that. And we have a lot of resilience and grit and determination, and it's pretty amazing how long you can do something, being unhappy with just those things alone.

[00:12:02] **Katrina** : And I was saying it's more than even just unhappy, right. Like really in some sometimes being in a bad way.

[00:12:08] **Gita:** Oh, very bad, very, very bad. Yeah. I was help resistant at the time, as I think a number of physicians are probably not the group of people who are listening to this podcast.

[00:12:20] **Katrina :** I was thinking about it because I was like, you know, I never was so resistant. Even back way back when Oprah was on, you know, she'd be talking about stuff. I'd be like, yeah, totally, like totally into it. But when you were talking on the podcast about being so resistant to self-help and, you know, not really judgmental of other people needed that or help them, but like, judgmental of the idea that you might benefit from it. Like you don't need that kind of stuff. I think that attitude is actually really, really common, particularly amongst doctors. So I was like, no, you're the perfect person to address this. I love what you said. It was like, I think there was like a book on your nightstand. It was like something like when good doctors get sued or something like that, and you were just like, you know, kept looking at the title and you're like, hmm, like, I don't want to read you, you know? And then you said you broke the self-help seal. And I thought, oh my gosh, that's so good. And then you're like, wait a minute. And I think that has probably happened for some people who are listening to this, I.

[00:13:12] **Gita:** Would imagine that to be the case. And honestly, now there's no zealot like a convert, right? So right now that I like I, I'm here, I believe I, you know, now I can't get enough of it. But I really was this person that I was helped. And there you know, I talk a lot about the origins of this, of both the help resistance in the physician, but also like of litigation stress in general. And there are so many reasons why we might be help resistant. You know, the psychology of physicians is complex, but also we're discouraged from getting help, like if when we're talking about this being like a really serious mental health challenge for people, the system actively discourages us from talking about it or from seeking help or, you know, you're worried if I go to therapy, is that discoverable? There are a lot of things that are keeping the physician from being able to pursue the help, and they themselves often have this feeling of, if I need that, then I'm weak because I don't see anybody else that has to do that. And so there must be something wrong with me. And then there are also fighting against I've listened to your podcast, and so there was the one on self-compassion and you mentioned terminal uniqueness. And so physicians have this feeling too, of like, we're bred to feel somewhat exceptional in terms of our thinking and that we shouldn't need these things and that these sort of pedestrian techniques that might help other people, like, they can't

help me. A lot of things keep us from getting the help we need, and from helping ourselves to adjust our mindset about the whole process. Yeah.

[00:14:43] **Katrina** : One thing I thought that was interesting is I don't know if you mentioned, but you are emergency medicine and it sounds like, you know, within that practice field, being sued is, you know, maybe more likely than in other specialties. All the experts you had on were kind of like, yeah, of course you're going to get sued, especially when you're emergency, you're going to get sued. And so I do find it so interesting how, you know, maybe you have like 1 or 2 lectures on risk management. The idea is like it's like the it's so when you really think about it makes no sense. It's like. This message of like, you know, if you operate enough, you're going to be sued. Or like, you know, you see enough patients, like you're going to be sued, but then also don't be sued because only bad doctors get sued.

[00:15:26] **Gita**: That's the messaging. And we never really stopped to think about how strange that is. And we're not taught to deal with it in any way. But it is, you know, it's a cultural thing in medicine that it's a it's a taboo topic to talk about. And it's sort of like maybe divorce was Once upon a time or cancer once upon a time. And so you never had this ability to see someone work through the process. And so a lot of times when I work with people, I use the construct of, of grief not only like, oh, there's, you know, the stages of grief. And you'll feel that when you go through litigation, when, I mean, is that. Grief is something that we all understand because if you haven't experienced it personally, you have seen it modeled. Right? So, you know, at some point this thing is coming for you one way or another. If you enter into any sort of human relationship or even a relationship with a pet or whatever, like it's coming, you live long enough, it's going to happen. And you know that when it happens, it will feel terrible. But you also have seen that people, they live through it. They find their way somehow. And there are people who are swallowed whole by it. But then there are other people who manage to come out on the other side as, you know, different. But but okay, better, wiser. You know, sometimes they're happy on the other side of that. And you've seen that happen. You've seen it in books and movies and all this stuff. You don't see that. You don't see that in medicine. You never watched an attending get sued. No one talked about it, although.

[00:16:51] **Katrina** : They for sure.

[00:16:52] **Gita:** Were. Of course they were. Of course they were. And it's funny, like I make this comment all the time, like, oh, I didn't, I didn't know anyone. And one of my attendings from like way back in the day got in touch with me and was like, I feel like I should tell you because it's okay now. I'm okay now, but thank you. Yeah. So it's a disservice that we do to each other and to our learners that we don't address it head on.

[00:17:15] **Katrina :** I think one thing that I felt like you did such a great job on in this podcast, I mean, it's like multifactorial, actually, lots of ways that I think this podcast is so good, but it's kind of like a curriculum. It's like Legal System 101 very clearly laying out like, exactly what's going to happen all the way through, at least to a certain extent, with generalizations, of course, but like really laying it out, explaining things. But then, I mean, you continued to just hammer home, like your response is normal. You are normal. If you're struggling, you are normal. Like really trying to help people to see like this is hard. And the reason it feels hard is because it's hard and it's okay if you feel that way. And then also encouraging people to talk about it. I couldn't believe it when somebody I don't remember if it was you or one of your guests was saying that they knew people who didn't tell their spouse or partner that they were even, you know, named in a lawsuit till the day they were going to go testify or the day that the case started in court, you know, or just never, like, completely kept it from them, like, never told anybody. And, you know, we can't judge how people cope with things, but we could just assume that holding that all inside can have some detrimental effects, particularly to the majority of people. So I found it very interesting because, yeah, I never had just like in my practice, no one just sat around and talked about that. It was like, if you had been sued, I think it's kind of like a scarlet letter, right? It's just like, oh my gosh, you know, it's almost like we don't want to talk about it because I don't want that to like, rub off on me or like somehow it's like contagious or something.

[00:18:56] **Gita:** Yeah. It's the scarlet letter L.

[00:18:58] **Katrina :** Yes. Yeah. Exactly. Like it's just this idea of like, oh, like other that person because that's happened to them. And then you find out that, you know, there are so many people who are named in suits who did a very, very, very good job. And they're still named in suits. And also, some people make mistakes even when they're very, very, very good doctors and they get named.

[00:19:22] **Gita:** And we don't know how to deal with any of those things. We don't know how to deal with any of those things. And so there's always going to be a strong emotion, whether or not you feel like you are responsible for what happened or not. And there are themes that come up over and over and over again. But we do a very poor job in medicine of actually preparing the physician for adverse events, for certainly for litigation, and for the inevitable mistake, like if you are working in medicine every single day. You will be right a lot of the time, and you won't be wrong sometimes. And it's a given. It's a given. You know there is an art to it and art is not precise. And so you are going to miss some things and you can process that intellectually. You know, most of us are like, oh yeah, I'm going to make a mistake, except that we're kind of taught. In a different way by culture that we really ought not to.

[00:20:14] **Katrina :** Well, and it's that exceptionalism that you spoke of earlier, but if you're really exceptional, then you won't be one of the ones who makes the mistake.

[00:20:21] **Gita:** Exactly. But when the exceptional doctor doesn't say we don't talk about it and they're meant, you know, obviously complex reasons why we don't do that also. But this is something that I think is influenceable just in the way we see cultural changes and how, you know, how shameful is it to talk about divorce, how shameful is to have cancer, like those are cultural shifts that are made by people being open and honest and a little vulnerable to start with, and then just totally okay with it. And you hear people be okay with it. That's what has to start to happen in medicine around this. Mhm.

[00:20:56] **Katrina :** I was thinking more about how somewhere in the podcast you or some one of your guests was saying about how like even if you know somebody who's being sued, most people don't tend to like bring it up and check in and hey, how are you doing with it? And I was thinking more about that, and I was thinking about how it has some parallels, in fact, to grief, where people will say, well, I didn't want to bring up your loss because I didn't want to make you feel bad, or I didn't want to make you remember that they died as though they had forgotten that this important person to them had died. And you had to remind them, it's like they didn't forget that they're being sued, you know, like they know.

[00:21:34] **Gita:** Yeah, exactly. They know. And it is hard because, you know, sometimes the physician has heard this admonition not to talk about it and take it very seriously. And they're worried about like, well, what if somebody asked me about it, which is sort of an unnecessary panic? But that's what a lot of people feel. And, you know, we tend to isolate ourselves and other people, as you said, isolate us. And the isolation is, as we know, is a real driver of suicide. I mean, we finally have evidence that civil legal problems are a contributor to the problem of physician suicide before no one asked the question. So you didn't have the answer. But we kind of knew because people left notes or while they were really struggling with this lawsuit, then they took their life. But we knew it, but we didn't have proof. Now, finally, someone did the study. And yes, it is a known contributor. And what we also know about risk for suicide is that isolation, trauma, despair. Sometimes substance use is and maybe we'll talk about this later in terms of what people do in terms of coping and buffering and avoidance of these really difficult emotions. But it's a terrible recipe. It is a recipe for disaster. And the isolation is a really key part of this because especially, you know, I've had, you know, I've talked to spouses of physicians who've taken their lives or, and other family members. What starts to happen in the minds of many of these physicians is this belief. It becomes a belief that they are a bad doctor, and everybody else also thinks so. Mhm. And so when you start to incorporate that into your identity and you are being shunned, it feels like by other people, other peers, it just perpetuates that notion.

[00:23:16] **Gita:** It takes people down a really dark path. One thing that I do recommend, because people that then they always have this question of like, well, what do you say? Like, how do I address that person? Like, like, hey, I hear you're getting sued. Like, that doesn't go over great, right? What I ask people to do, because so much of the distress comes from this feeling of other people thinking we're a bad doctors, like we begin to feel ourselves, that we are bad doctors, and also my peers, my respected colleagues going to perceive me as a bad doctor. What's going to happen to my reputation? All of that. And I remember I felt those feelings very, very deeply. And, um, just the act of reminding somebody that they're a good doctor is amazing. Like, just if you're like, if you if you were an ER doc, but just saying to someone actually, you know, like, I'm really glad you're here. I heard you might be going through something. All I want you to know is that I think you're a great doctor. I really like working with you. I'm happy when you're on. The staff really loves you. You know, I would trust you with my family. I've taught residents how to say that to attendings if they know, like they heard

something, just. Hey, guess what? I think you're a great teacher. And thank you for today, because I really learned a lot. And I think you're a really special doctor. Like, you're a good role model to me. I'm, like, welling up over here.

[00:24:31] **Katrina** : I'm like, that's so touching the whole thing.

[00:24:32] **Gita**: I found the.

[00:24:33] **Katrina** : Whole thing to be quite emotional, which is fascinating because I'm not practicing medicine anymore. Yet I was completely there, completely there. And the whole experience like, quite. And I hope that doesn't scare anybody off. But like, it really is important that we learn how to have these conversations, be able to share that.

[00:24:53] **Gita**: And I think what's emotional about it is that even if you're not practicing medicine, you still have the heart of a doctor. You still understand the meaning and just, you know, it is this sorority or this, you know, we speak that language. We all have it running through our veins. And you know what it means to have that integrity questioned and to start to question it yourself. Because we do have this awesome responsibility for other people's lives, which we take very, very seriously. And we're really just human beings trying to do good on the earth with limited resources and limited time. But but with a pretty sharp skill set and a desire to do good things. And so I welcome the emotion. I want people to bring the emotion into it because, you know, that's, you know, as you and I both know, big.

[00:25:36] **Katrina** : Problem locking that down.

[00:25:38] **Gita**: Yep.

[00:25:39] **Katrina** : The only reason I'm able to have this emotional response is because of all the work that I've done on myself to allow it. I mean, that would have been completely locked down in the past. So I did actually want to go to that next. What you mentioned a little bit ago, it's called malpractice litigation stress syndrome. Yeah.

[00:25:53] **Gita**: I mean, litigation stress on one end. And then this malpractice stress syndrome, which is when it starts to get really, really ugly, you know, really significant

physical symptoms, depression, anxiety symptoms, substance use and abuse, relationship harm, suicidality. Yeah. Yeah.

[00:26:11] **Katrina** : Okay. One thing that I found helpful about that is, again, with the isolation and the terminal uniqueness and us all thinking that we're the only one who's had it this bad or experiences it this way. When something has been named, you feel like that's always helpful. It's like, oh, if there's actually a name for it, that means that I'm not the only one, right?

[00:26:31] **Gita**: I had no idea that there was a time for it. I didn't I had no explanation in my own vocabulary and my own head for what I was suffering from. I just knew I was suffering, and I judged myself for the suffering because I was like, what the hell is wrong with you? Why can't you get your act together? Like, why can't you handle this? Get over it. Couldn't do it.

[00:26:50] **Katrina** : So the episode where you talked about relationships, it was another really good one. As one might assume, if you have strong relationships in your life, those can be very supportive for you and going through this process, but not always. And also, if there's already a little bit of a rocky relationship, it could be that this is continuing or starting the unraveling of that. And so it can have other like basically the effects of this case. It's like little like finger like projections all into all the different areas of your life. And then, you know, just looking for ways to not feel like we mentioned. And so of course, I help people who are using food to not feel and sometimes alcohol. And so I immediately picked up on that. I'm like, right. You know, I've over the years I worked with clients who are like, you know, I'm being sued. I know I can't really talk about it, but I still need some help. And so, you know, being able to coach them without knowing the details of anything, but still coaching them to help them to not use food to process what they're feeling and to be able to get through it. But of course, not with the understanding or background that you have. I mean, it's obviously like a huge expertise that you have. Okay. So I want to transition here to the fear of being sued because I've. Touched on this a lot too. So there's one thing to actually be named and to go through the process, but I notice a lot. Of doctors kind of being. I mean, I don't think it's exaggerating to say consumed with the fear of a potential lawsuit. Not like, oh, this thing happened and I'm afraid I'm going to be named, but just like a broader, you know, like I'm a surgeon or I do whatever, and I'm just afraid I'm going to make a mistake. I'm so concerned that

something I'm going to do is going to be wrong, and then I'm going to enter into this whole legal experience. So I would love to know what you think about that. Like the anticipatory fear and anxiety.

[00:28:46] **Gita:** It's very common any time I speak about this. People will always come up to me afterwards and say, you know, I spoke to a group of Ob-gyns recently and, you know, someone came up to me and said my plan was to practice until I got sued, and then I would quit. Like, that's my plan. That's how I'm going to deal with this. That is surprisingly common. And I know people who are, you know, paralyzed just by indecision because they're worried about all the ramifications of any decision that they make, even before they've ever had to go through this process. There are so many reasons for this, but I think the chief one is that we've been trained to be afraid of it. But it is like the boogeyman. You don't have any practical experience with it, you don't have any knowledge about it. So it's very easy to catastrophize around it because there is no knowledge to come back and say, you know, here's a more realistic view of what this is. And, you know, there are some skills that you can learn and you can show up and defend yourself. And again, you know, maybe, maybe it is like grief. So you know about grief, but it doesn't prevent you from entering into a relationship. I mean, for most of us, we accept that risk because we want the relationship. We want the relationship. We want the love. We want that fulfillment that comes with it, even though we know.

[00:29:59] **Katrina :** Yeah, it's like getting a puppy. I feel like that is like the most upfront, right? You're like, I love this animal so much. And I also understand that in ten, 15 years this is going to end.

[00:30:09] **Gita:** Yeah, exactly. We still do it. I, my dearest dog, died a year and a half ago and I thought I would never be able to get off the floor. It was just supreme. Terrible grief. And now I have a ten month old puppy. I said at the time, I will never do this again. I will never do this again. I will never, never, never, never do this again. And I now I have a puppy and I get it. And we can't stop ourselves. But it's because we have this understanding of like, yes, it will be difficult, but somehow it will be okay. At least there's that feeling of somehow it will be okay, but so I can do the thing that I love, right? We don't have that. There's no anchor feeling of like, yeah, that's a normal human thing. It's a normal doctor thing. It is part of my career. It is a normal occupational, you know, inevitability of what it is that I'm doing here. This is what I signed up for. When I signed

up to be a doctor. I signed up for this. Maybe I didn't know it, but I signed up for this. And if you sign up for it, like, you know, it would be better if we had an understanding of this being just a really difficult human experience that we're going to have to go through, but understanding that in some ways we can arm ourselves, we can equip ourselves, we can do the things that we need to do so that it becomes more of a challenge than something that we have to just live in fear of.

[00:31:31] **Gita:** So, you know, I always try to help people come at it from this lens. You know, fear is often a driver of decision making, but it's not a great one. It's really not. And so people who like they choose their specialty based on like, the least likely, you know, in a lot of ways this thing is like death in the marketplace. You asked before about like which specialties are like the ones to get sued. And if you know that story about death of the marketplace, like the thing's going to find you, like whatever it is that you go, it is likely to find you. And so when people are in a specialty in which they feel like I wasn't supposed to get sued, and they do, sometimes it's even worse. Yeah, it's.

[00:32:06] **Katrina :** Like a false reassurance. Um, you know, like they were sold a bill of goods, kind of. Right. Like, if I do this, then the exchange is that I won't be sued. And now I got sued anyway.

[00:32:16] **Gita:** Right. And that's what we train people to think, because that's how we teach risk management. That's how we like. Even the phrase risk management annoys me because you can't manage risk a lot of the times, right? I mean, it makes it sound like this is all on you and it's not. Mhm. But I mean the reality of the situation is like this is going to happen. Know that when you sign up, don't just live in fear but learn about it, learn about how you're going to show up. Listen to other people when they talk about it openly. Understand that you are going to have to go through some things, and you're going to incorporate those things into who you are as a human being, and you can come out better on the other side. It is something that's going to happen in your relationship. You probably don't spend every day decision making from a place of fear about losing that person. I mean, sometimes that might actually alter your behavior, like pay attention because someday this person won't be here. Like that's a nice reframe sometimes. Mhm. But you don't live in that place of fear every single day because it keeps you from enjoying the relationship. Mhm. And so if we want to enjoy the practice

of medicine, which we ought to, because we worked really hard to get there, yeah, it doesn't feel good to be operating from a place of fear all the time. Um, I.

[00:33:25] **Katrina** : Think sometimes, and this is like subconscious. And this is not like a conscious, logical decision. But I think sometimes it's kind of like some people I think, are afraid to give up that fear and anxiety with the kind of the idea that, like, if I'm afraid and anxious enough, then I won't make a mistake, like then I won't suddenly be caught off guard and make a mistake, you know? And that's something to unpack and work through. But yes.

[00:33:46] **Gita**: We all have magical thinking around this. We really do. It just, you know, if I, you know, just like, oh, if I imagine all the terrible things that could happen to my children or whatever, like they won't happen, it's some weird insurance policy. And yeah, that doesn't work either, you know? So, like, none of those things work. Yeah.

[00:34:02] **Katrina** : I felt like your podcast was very grounding, though. Like that grounding force. I think, like you said, like educating yourself. Like I could imagine a lot of people thinking like, well, why don't I just wait until, you know, maybe I'm served or there's actually been something that's happened in adverse Outcome to learn. And really, you should learn now you really, really, really should educate yourself.

[00:34:23] **Gita**: You should learn now. Because honestly, again, being in that fear and panic mindset is a terrible way to it's not a good place to learn from. It's just it's not like if you go in ahead of time having this, you're going to still need to learn, like when you enter into it, because it is this, you know, it's this foreign land that you're going to have to learn a little bit more about the language, but you can go in much more prepared and having a much more clear eyed version of what this really means. I'm not saying there isn't risk like there is risk. We have to make peace with that risk to function. And we also have to sort of, you know, realize the risk, like really be able to understand what the true risks are. And they're often not as bad as you think they are. Do these crazy judgments happen? And yes, they're horrible for all people involved when they do happen. But you hear about them more because they're the outliers. Like this is bread and butter. Like for people in medicine, they just you just don't know that it is it's happening every day, and much of it is much less cataclysmic than what our brain tells us is going to be. And so bringing some of that just basic knowledge and understanding of like, yes, it's likely to

happen. Here's how your insurance policy works. It's why it works this way. It's really important, I think, for us to you need some perspective to be able to get a hold on that fear. And you don't get that perspective without actually like getting some knowledge.

[00:35:46] **Katrina** : Yeah, I love that. That's so good. Okay. So you basically had to go through the same trial twice. It's not the same thing. Right? It was like a but like the same issue like again. And I have to say I found it extremely inspirational how you learn to become a better defendant, how to really show up for yourself on the stand in the courtroom. I actually I've pulled up next to me because this also I was like, oh my gosh, like on your website, there's a little sticky note and I'm assuming this is from your daughter Mira. Is this your daughter? Yes. It says mom. Third days the charm. Good luck with testifying. Show them who's boss. Love, Mira. And I was just like, oh my gosh. This shows how it impacts everybody. It impacts your whole life. Everyone in your family. Anyway, I loved when you had the lawyer who originally worked with you to become a better defendant. I just loved how vulnerable and open you both were about, really how terrible you were at first.

[00:36:46] **Gita**: And he has since become a friend. But the two of us, man, it was so funny in the beginning because he was fresh out of law school and they gave this guy this job to be my handler, because this was the high value case and I was a mess. And they were like, but this is all defensible. And I'm like, mhm. Like your job is to make this go away people. And that's one of the things you learn is like if you come into this process expecting fairness, you're going to be really disappointed. I was so resistant to learning what this man had to offer. My joke that it was like, you know, this whole My Fair Lady thing where I just had to be transformed into this defendant who could, like, stand up and give some testimony. And it was an upward slog for that guy. But I think particularly having him back and talk about how I was I mean, this is not a word of a lie. That attorney is very the seasoned attorney was like, this is one of the worst defendants we've ever had, man. Your job now is to make her better. I was so glad that.

[00:37:40] **Katrina** : You included that, though. It was so good to hear that, because it's easy to think like, look how well-spoken she is. Of course she got off, you know, and then you're like, I was really, really one of the worst. It was very inspiring.

[00:37:50] **Gita:** I was really one of the worst. I was just so terribly emotionally reactive because I didn't have any context. I didn't have any perspective I had I thought this was supposed to be fair. I thought all I had to do was explain to everybody like what happened? And then somehow, magically, they would be like, oh, okay, right. Oh, that makes sense. That makes sense. Like, here you go. And it does not. Work like this when I teach and when I give talks about this, like one of the things that we have to drill home is that this is a totally different. It's like, you know, doctors show up. We've been playing tennis our whole lives, and then we're dropped in this other game and we've got a racket, but they're playing football and we're like, what is happening? And why can't I use this racket? Like the tools that we have, our mental tools, our thought tools, our constructs, all of it. We don't understand why it doesn't apply. And we get very, very angry and upset because nobody seems to be following our rules. What our rules are, what our thoughts are about how this thing should work is not lining up with reality. One of the things I'm sure you talk about in coaching is like arguing with reality, right? You argue with reality, you're going to lose.

[00:39:03] **Katrina :** Yeah.

[00:39:03] **Gita:** If you can't wrap your mind around that and just learn a little bit about this other country that you're visiting and its rules and customs and how you're supposed to engage and you know how to play football. It will not feel good, it will never feel good, and it's never going to feel great. But the real difference between me in trial A and trial B was that in between I got myself an education. I got myself an education about how to think about this and practically how to show up. And I made this joke once to a colleague and I was like, I'm a really good defendant. And he laughed and he said, well, that's a club nobody wants to be in. And I said, you know, I actually disagree. Why would you not want to be a good defendant? I think we should all be good defendants. Why is that a skill set that you would just not want to have? If it's going to happen to you, why would you not? Yeah. And I think it's a good thing to be a good defendant.

[00:40:00] **Katrina :** I also loved how with the second trial, you invited your residents to watch you on the stand with the idea that, like, they're probably not going to have an opportunity to see someone else do it until it's their turn.

[00:40:13] **Gita:** And I'm not going to say that was easy for me. I was really that takes a lot of.

[00:40:17] **Katrina :** Confidence on your part.

[00:40:18] **Gita:** I really had this feeling of like, it's kind of like, you know, inviting someone to, you know, come see you speak or some watch a talk. Like when I was like, I know how to do this. Like, sure, things might not go my way, but I really felt that I had this opportunity to teach them something, and it was motivating for me. But I crafted that email and I like ran it by the program director. And I was like, I think, like you tell me if you think this is a bad idea. And she was like, no, I think it's a good idea. I think it's a good idea if you're in, you know, they're in. And the residents who now, not all of them came. There are a couple who I would say, hey, hey, are you going to be there? And they were like, oh, I can't think about it. And one of them, I asked him afterwards, I was like, you said you were coming. You didn't come. What happened? And he was like, oh, Doctor Pensa, I just couldn't I just didn't think I could handle watching you go through that. Wow. And I was like, I need you to be able to do it yourself, right?

[00:41:15] **Katrina :** Also, it makes you wonder, like, what was he anticipating? Like a few good men.

[00:41:19] **Gita:** All of the residents who came were just like, that was such an education. We had no idea what it was going to be like. None whatsoever. And and they got to talk with the insurance company representative, the claims guy who was there, like they had no idea the relationship between like, claims and the attorney and like, who runs what show and who pays what check. And they had no idea. So they had this like total education over the span of a couple. And a couple of them came on other days thereafter. Just once they felt a little more comfortable showing up. They did come. And I had, you know, at the second trial I've been really honest about, like, this is happening in my life. I talk in the podcast about this ballroom dance competition where I was very like, you know, everybody come watch because I'm doing this for a reason, which was really, honestly was instrumental in getting people to write some big checks. It was great. But like, for my cause, you know, for my charity, cause like, I, you know, going through something hard, right? Right, right. But, you know, they came to trial too, and they did the thing where they reminded me in the breaks in between, like they would

hear what the terrible. Because you got to get ready. They're going to say terrible things about you. Yeah. And afterwards they'd be like, man, you know, none of that's true, right? Right. Like right.

[00:42:29] **Katrina** : Like reminding you you're an amazing, valuable, treasured human being.

[00:42:34] **Gita**: Yeah, exactly. And it was priceless. It was absolutely priceless. And they took care of me. It was a very different experience the second time through for a lot of reasons. And one of them was that I let people in, um, I let them take care of me.

[00:42:47] **Katrina** : So now let's talk about life after litigation, because it's very easy to think, like, okay, this, you know, you sided with the defense again like you got off again like amazing like celebration. Let's move on. It's all rainbows and daisies and it often really isn't. Even when you're exonerated, even if it's subtle. You know, I think we have this idea that it should be a certain way when it's all said and done, and we should just, like, go back to some whatever normal or like somehow be a certain way. And that's really often not the experience for a lot of people.

[00:43:20] **Gita**: No. I think what we're not accounting for there is that the event itself is traumatic for a lot of people, especially if they come in without an understanding of what it is like. It is trauma. Physicians often push back against that word, and I say to them, anything that is making your colleagues kill themselves might be traumatic. And it is. It is. I think that we ignore that at our own expense. And so typically when like even when the traumatic event is like resolved in some way, you don't just get to drop it and like go skipping off into the sunset like there is some work to be done, there is processing to be done. There is incorporation into who you are as a human being moving forward. All of that's very important and we tend to ignore it. We tend to be like, okay, time to go back to work. But there are these feelings about like, what if this happens again and are all of my patients out to sue me? And man, I hate this job. What's all I want to do is get out and you lose sight of the meaning.

[00:44:13] **Gita**: You lose the joy. There's a lot of disillusionment that happens afterwards. And that, again, is if we go into it expecting that we should feel a certain way, like, oh, I should be fine now. And certainly, yes. Does it feel better to win than to

lose? It does. But I work with people who do both. Who who have done both. I've certainly, you know, had to support people who have lost a trial. And it doesn't happen as often, but it does happen. And if you're going to trial it's because your care was defensible. Mhm. Like true malpractice is usually settled. If you're going to trial it's because they believe in you. So it's really hard to lose in that circumstance. But either way reentry is difficult. And if you don't expect it to be difficult and it is uh, then there's a disconnect and you start judging yourself about like, well, why is this so hard? Like, why can't I just get back on the horse? What is wrong with me?

[00:45:02] **Katrina** : And probably even more so if you know someone who is going through the experience and, you know, settled or, you know, somehow, uh, results in, in their favor or regardless, I guess, really. Right. Don't expect them to be back to some sort of normal like that's maybe, you know, another time or maybe even more importantly, a time to be reaching out and connecting, checking in with them 1,000%.

[00:45:26] **Gita**: I had a very my chairman at the time because it was from the community hospital. We had this tiny it was like this tiny little Democratic group, and we were all really very much kind of like family. And that my chair at the time was very, very insightful. And we had had someone else on our team who had lost at trial not long before I went to trial. And he learned a lot. We all did, trying to support that physician. And so when it was my turn, he said to me, because I said, like he would come to trial sometimes. And I was like, dude, I'm not coming back. Like, I don't know what to tell you. And he was like, I know you feel like that. Can you just first you're going to take a week off, you need time, so you're going to take some time off, and then I'm just asking you to give me two weeks and. Can you see what you can do? And this is after my first trial. But I think just that if you're in a position where you provide support to other people or your leadership or anything like that, I think just acknowledging that this is something that it does need a little bit of a delicate touch, like, don't just throw people back to the wolves and expect them to be performant. Like, understand that this is a difficult transition for people. And again, coming back to grief, if someone loses a spouse, you don't expect them to be right. Like immediately. Mhm. It's going to take some time and we welcome you back when you're ready. This obviously people don't understand that this can have this degree. It does in some people's minds. They will tell you that it feels as bad as when their partner died. It feels as bad as when they got divorced. And sometimes they'll say it's worse. Because it's this, this part of their identity that's being

so, so threatened to be crushed. You know, give them grace, like give yourself grace. And and we should give them grace. It's really hard.

[00:47:12] **Katrina** : You know, I really hope that people listening will listen to the whole series. But I also really hope that by listening to it, that it can spur some conversation in whatever kind of communities doctors are in, like creating a little like podcast listening club, like, let's listen to an episode and then talk about it like, do what you're encouraging people to do, which is to actually educate themselves and then talk about it more. You know, I was thinking like, you could even do that, like within a certain department or a specific practice. Like everybody can learn how they can support one another with the idea that probably at least one of you is going to be going through this at some point in the future. And wouldn't that be so great to be able to rely on that foundation when that happened, to be able to, you know, be supported?

[00:48:00] **Gita**: I love that.

[00:48:02] **Katrina** : What I love also, though, is you provide a lot of resources for people to learn more. You're certainly not like this is like the end all, be all, all you need resource here is a really great introduction. More than an introduction, really, but it's a really great place to start. And you suggest several books and some other resources there. But I also just wanted to wrap up with letting people know that you do offer coaching services. Now to physician defendants who are going through this. I'd love for you to just share a little bit more about what those services are. I know you also speak and things like that and then how people can find you.

[00:48:40] **Gita**: Yeah. So you can find me at my website is doctorsandlitigation.com. I do one on one and group sued, talking more about self-coaching strategies and things like that, and so that I don't know how the website, maybe by the time this airs, I will that you will be able to find at leap-coaching.com.

[00:49:34] **Katrina** : Okay. Amazing, amazing. I have one final little like detail, but if you are currently you're named in a case and say that happened to me and I wanted to work with you, could my malpractice attorney hire you so that it would be covered in the legal fees and there wouldn't be an out of pocket expense for me? Is that typically how people do it?

[00:49:58] **Gita:** That's my ideal scenario, and I do both. And so three different ways. I work with some insurance companies and I take referrals from them. They will often refer like when a claim is initiated and they're like, man, we met with this doctor and I think it's they're going to have a really hard time. Like they will refer them. That's one way or attorneys. I know a number of attorneys and people do ask their attorney, like the organization that pays the bills is the insurance company, by the way. So it all kind of goes back to the insurance company. But that is a really great way to do it because then it is protected. I do, I believe, a very good job of when I'm working with clients to avoid talking about the details of the case, because I really don't need to know them. I mean, all you really need to do is to say, you know what's in the complaint, which is this is a pediatric case. And the baby had anoxic brain injury. Like, what else do you have to say? Like there's really not a lot you know what the emotions are involved in that. And so we do a really good job of just sort of steering clear. When I work with the attorneys, often the attorney will fill me in on like, here's what you need to know about this case. And then honestly, the client and I don't have to talk a lot about it, but I get their I get their perspective. And I do some witness preparation work for like getting people ready for trial, getting people ready for deposition. I do that through insurance companies. Yeah.

[00:51:07] **Katrina :** That's so cool. I just think what you're doing is amazing to tell you. So I'm listening to this to your podcast. I immediately tell my husband, who's a doctor, I'm like, you need to start listening to this, and I want you to finish it before I interview her so we can talk about it first. It took me a while till the end to really figure it out. I'm like, I don't know who is doing her production, but it is so well done. I'm like, and she doesn't credit anybody. Like, she doesn't say thank you to anybody. Like even if someone in her family was helping her, like, what if she has a communications degree? I mean, she sounds she's on NPR or something and the music is so good. I'm like, could not get over just, you know, having a podcast myself. And then at the end you're like, yeah. And I do it all myself. And I'm like, oh my gosh, she's a genius.

[00:51:45] **Gita:** It was, well, that's why there are only 13 episodes in five years. But it did. It started off as like this sort of passion project. I'd like learn how to edit. And I was really fun and the creative and it was like just this. Freedom Flex, and also something that I thought was going to do some good. It really, truly has been a passion project for

me, and it's led to just these things that I couldn't possibly have imagined for my career. And I'm making choices now about like, okay, like I'm still practicing. It's interesting. I'm just I'm moving from emergency medicine. I'm doing a little more urgent care. And it's the litigation didn't drive me out of emergency medicine. Menopause did. But then like, my inability to sleep, um, and so like, yeah. So I'm trying. I'm at a really interesting crossroads right now. But this work, to me is just so just truly like, it's important to me. It's important to me. I feel it very deeply. And I'm really thrilled with the way that the podcast came out in terms more of just that. I've, you know, I hear from people that it helps them. And as someone who is still, you know, you're always recovering from that traumatic event and looking for the meaning in it. And to find that meaning for me is such a gift. So invitations like this just make me so happy and thank you so much.

[00:52:57] **Katrina** : Yeah, well, thank you for agreeing to come on and talk about it. That commitment and passion that you have absolutely comes through. Like that's not something that people can feign very well. You know, you can feel it and hear it as the listener of the passion you feel. And I'm just so glad that you decided to move forward on this because it is really, really, really filling a gap that I mean, as you know, was really needed. So thank you. On behalf of all the doctors, everyone listening, thank you for doing it and everybody listening. Go check out Doctors and Litigation: The L Word. You need to start listening to it right away. It's so good. Gita, thank you so much for joining me.

[00:53:36] **Gita**: Thank you. Thank you so much.

[00:53:41] **Katrina** : Ready to start making progress on your weight loss goals? For lots of free help, go to katrinaubellmd.com and click on Free Resources.