Fixing Healthcare Podcast Transcript

Interview with Zubin Damania

Jeremy Corr: Hello, and welcome to season five of the Fixing Healthcare podcast. I am one of your hosts, Jeremy Corr. I'm also the host of the popular New Books in Medicine podcast. With me is Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente Medical Group, the nation's largest physician group. He is currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business, and author of the bestselling book Mistreated: Why We Think We're Getting Good Health Care—and Why We're Usually Wrong.

Robert Pearl: Hello everyone, and welcome to the new season of our monthly podcast aimed at addressing the failures of the American healthcare system, and finding solutions to make it, once again, the best in the world. In this, our fifth season, we turn to the culture of medicine and the impact it is having on patients and healthcare providers.

Jeremy Corr: Today we'll have the opportunity to interview Dr. Zubin Damania, best known to his fans as ZDoggMD. He hosts the internet's number one medical news and entertainment show, reaching millions of people every week. He is a leading voice for patient-centered healthcare, focusing on prevention and team-based medicine. He graduated from the University of California School of Medicine and completed his residency in Internal Medicine at Stanford, where he later worked a hospitalist and taught on the faculty. He, along with Zappos CEO Tony Hsieh, started Turntable Health in Las Vegas as an alternative to the broken American healthcare system. ZDoggMD was our first guest during season one of the Fixing Healthcare podcast and is our first-ever returning guest in this our fifth season.

Robert Pearl: Zubin, ZDogg, Dr. Z, all the different names, welcome to Fixing Healthcare.

Zubin Damania: Robbie, it's a thrill, man. Apparently in Canada they call me ZED Dogg, which I think again, I've said this before, it's 70% more cool. So I'm going to roll with it.

Robert Pearl: And if you're a Greek, you'd be Omega Dogg. So there, it all goes. This is season five of our show. It's hard to believe already there. You were in season one. And in this season five, we're going to be looking at the culture of medicine, the good, the bad, the beauty, the ugliness, the things that inspire, the things about which we are embarrassed. Why don't we begin today by asking you to describe your view of the culture of medicine, both the positives and the negatives?

Zubin Damania: I love the way that you frame that actually Robbie, because you point out that there's a large standard deviation between the highs and the lows in the culture of medicine. And that's been my experience. I found that ever since the first day of medical school, actually, I think it starts in our pre-med years, we start getting exposed to this culture, which is, it's an adaptation of a group of humans to

their environment and the challenges at hand and they found that this adaptation helps them function.

Zubin Damania: In medicine, that adaptation to me seems like it's a culture of, yes, we value science and knowledge and learning. We value human connection. We value what they call empathy, which I think is a tricky thing, but that's, what's valued feeling someone else's pain and then acting from it to alleviate suffering. Those are the real positives. We value teaching which I think is an important thing. And I think that's sort of built into the culture of medicine. So those are some real positives. And this idea that we value selflessness and sacrifice and diligence and sucking it up and sort of being strong.

Zubin Damania: The highest compliment you can give in a medical training program is, "Strong work, strong work," which is kind of like, it's almost like a masculine, which is the bias, right? This masculine, "Hey, good job. You've really toughed it out and you sacrificed and you put in the work and here's the result." You can spin them as positives or negatives, but those are some of the things that are held up as big values of medical culture.

Zubin Damania: But then there's another aspect which I think has been so negative. And this bristled with me, because I kind of was born with the big five personality traits of high openness to experience, high neuroticism, high disagreeableness and kind of low diligence. So, for me, the culture of medicine really, there's a part of it, which is conformity, inertia, fear based sort of, "Am I going to hurt somebody with something I do?" So I have to be particularly careful. This high sheen of professionalism, which often allows us less latitude to be authentically who we are, so we have to sensor how we behave under this perception that, "Oh, that's not professional."

Zubin Damania: There's been a lot of social media talk recently, whether it's #MedBikini or whatever about what is professionalism in medicine. And this idea that if you deviate too much from the standard practice, you really will be squashed. It's very, very hard to either be published or have a voice or not meet a lot of resistance. So healthcare has this sort of push back on that.

Zubin Damania: I think the other thing that healthcare does is it becomes, part of it's culture is we are this insular, in-group tribe, and people on the outside are pushing at us all the time and we need to defend. I think the AMA is a good example of that expression of medical culture, where it's like, "We're pushing back against infringements on our autonomy." And I think autonomy is this huge part of it, and yet increasingly medicine is a team sport, it's a systems thing. This idea of the doctor patient relationship is a bit of a myth. It's really a team relationship with a patient and their team, which is their family and their social environment. But we don't really value that as much. So it's really, I don't know this kind of cowboy mentality, which has kind of held us back.

Zubin Damania: When I look at the 30,000 foot view, then I look at that. I think the last thing I wanted to say is that part of the culture of medicine is to go with this flow of

momentum. So doing stuff to people for the sake of doing stuff. So, "We've always done it this way, let's continue to do it this way." Or, "We get paid to do it this way, therefore it must be good." And then we start to rationalize and think, "Okay, yeah. This is how... I'm sure that this unnecessary three vessel CABG is a good thing because I'm getting paid to do it and therefore I'm going to rationalize any reason that it's the right thing to do."

Zubin Damania: And again, I'm giving an extreme example, but this is part of the culture of medicine that our payment models have changed how we actually view what is right and wrong. And that's been a real problem to moving forward with any kind of real change in medicine. So medicine by its nature, by its culture, resists change.

Robert Pearl: Those are great points. And your idea that the belief and culture includes beliefs and values and norms, but the belief that more is always better, is certainly one that we learn in training and it permeates into our practice. It does align with the economic reimbursement, but I think it's more than that. I think doctors at least believe that not doing something is a failing. And cultures are designed, as you said, to protect people from having those types of negative emotions.

Robert Pearl: But let me take it down one level. The show that you host is massive in audience and it's probably the broadest healthcare show that I'm aware of in terms of participants. So let me ask you to look at some subcultures. How is the culture of the physician, different than the culture of the nurse and different than the culture of the patient?

Zubin Damania: Ooh, what a great question. In our audience, it is a cross section of everything. So you've got patients and nurses and doctors and respiratory therapists and dieticians, administrators. And so it's fun to watch how they come at the world in different angles. And in the early days we used to actually, we understood these cultural differences and we would design certain ideas and videos and music videos around a particular subculture of medicine, knowing that, that would engage that subculture. Because you learn from the comments, what those cultures are feeling and how they see the world.

Zubin Damania: Let's just look at doctors and nurses. Wow. Here's a team, they cannot exist without each other. And then you drill into how different they are. Well already, there's a gender difference. And if 90% of nurses are female and in the old days, particularly, 90% of doctors are male. Now that's all changing, thankfully, but in the early days, that's how it was. You have this really interesting dynamic. Because you have a power hierarchy, you have a gender hierarchy, you have a difference in how they see the world.

Zubin Damania: The nurses, I mean, even from the Latin root, nurtire, I think. I forget the exact Latin root for nurse, but it means to nourish. And doctor, docēre, to teach. Very, very different angles, and yet both do both. And when you look on and say Facebook on our platform, there's like 2 million healthcare professionals and activist patients, the nurses behave very different than the doctors. The doctors

are often quietly lurking there, kind of listening and they'll leave a comment when they feel safe to do so, and they've thought it out and this and this and this. Whereas, the nurses are right up in there. "Man, I see this every day. It's so sad for our patients." They're much more willing to wear their compassion on their sleeves. It's a very different thing. And of course they each have their own subculture within, and sometimes those cultures mesh well and sometimes they really butt up against each other, as I'm sure you've seen as a surgeon, Robbie.

Robert Pearl: Let me ask you to cut in a different direction, which is that your audience, again, is so wide in scope and age. You have some baby boomers, gen X's, gen Y's probably right now, some gen Z's. How is the medical culture different now than when you were in your training?

Zubin Damania: I think it's changed a lot because of, like you said, the young-ening, that's not a word, of the audience. The audience, see, I think about my own audience all the time. Of the healthcare worker population. There's this old saying, right? Robbie, you've heard it, "Medicine changes one retirement or one funeral at a time." That's because the old guard changes and the new guard comes in. What I'm starting to see now, culturally, is, medicine used to be a little more politically conservative, I think a little more professionally conservative. That's starting to open up and change a little broader. Obviously, we're seeing gender shifts. There's a lot more push in the younger generation to consider issues around, say climate change, social justice, race, inequity, social determinants of health, than there were in the older generation. That's an opening and a changing of how the culture is.

Zubin Damania: I think people also culturally, fall into bubbles more. So they're much more strident about their political beliefs than it used to be. And so, there's a lot more polarization. And I think people with divergent ideas are tolerated less maybe in the younger generation of physicians. There's also this feeling that, this idea of you work 24/7, seven days a week, this work-life balance illusion, because honestly it's just life, but we've created these artificial distinctions, they don't see that anymore. Now it's more of shift work. It's more of handoffs. It's more of how can I separate these two non-overlapping magisteria of work and life.

Zubin Damania: It's no longer just life in an integration. Now of course, that was very harmful for even my generation of gen X in healthcare. We had the 36 hour shifts. We didn't have the work hours that came just after I finished training. And you could see the culture start to shift to a more shifts sort of minded identity. So definitely, as a teacher on the wards, I see that shift quite dramatically.

Robert Pearl: At some point, and Jeremy and I on our show Coronavirus: The Truth, often talk about when that time will be, and it's not likely to be soon, we're going to have some degree of return to what will be a new normal following coronavirus, following the tragic shooting of George Floyd, following the economic challenges that will have been engendered around the globe over this past year, year and a half, whenever we finally, finally have an end. How will the culture of

medicine need to be different in this post coronavirus era than it was in the pre coronavirus era?

Zubin Damania: You made a great distinction in that, which is how will it need to be different, not, how will it be different? Because if I'm being fully honest, I have a lot of skepticism that anything will change because medicine doesn't change like that. Even a disaster like this, what I think will happen is we'll fire up the retrospect-oscope and we'll look back and be like, "Ah, we probably overreacted to this thing and under reacted in certain ways. We didn't keep our frontline troops safe with PPE. Our administrators who had one job, which is to prepare us and keep us staffed up and all this and didn't really plan for this. The government failed. All these things failed. We'll try to do better next time. It wasn't the severe disaster that was being foretold in the very beginning by Imperial College of London," and all that. And people will just go back to a business as usual with a little better hand hygiene, a little fewer C. Diff deaths and infections, because that culture will continue.

Zubin Damania: But overall, I'm very skeptical that the culture will change. What I would like to see happen, is an awakening, where people realize, oh, hey, how important were those nurses who are willing to go into harm's way? How important was it that our fee for service reliance nearly destroyed the very profession that it has been, almost like crack cocaine for so many years? Because when the elective procedures stopped, the money stopped. And huge organizations were quaking on the brink of bankruptcy and having to furlough doctors and nurses, because they couldn't survive during the one-time they're needed, which is a pandemic. And every way we've paid for it and structured it was shown to be absolutely the worst possible way to prepare for something where society needs us.

Zubin Damania: And so my hope is that, we'll look at our incentives. Because ultimately, Robbie, I think at the core of this, to change the culture of medicine, you have to change how we align our incentives, how we pay for it. That changes then, that supports care delivery systems that actually work. It supports a culture that encourages team-based thinking and good staffing and flexible staffing and ways of operating and being anti-fragile. Growing stronger when there's a challenge to the system, instead of being fragile and breaking.

Zubin Damania: Or even resilient. Resilient, where we resist change, that's held up as, "Oh, we're so resilient as an organization or as individuals." That's a worst thing you can be. You want to be anti-fragile. You want to get actually stronger and adapt like an organism in the face of change. And medical culture has never been that way. That's why I'm so concerned. I think hopefully, this will shake people up enough, that they wake up to the idea that real significant change needs to happen.

Robert Pearl: I don't know if it's positive or negative, I have a view that change will be more inevitable than the one you just offered. Not because doctors are going to want to see it happen, or hospital administrators are going to prefer it to the current opportunities they have through market control, but because the world will no longer be able to afford the inefficiencies with the government having borrowed

a trillion dollars, with states not being able to balance their budget, with businesses teetering on bankruptcy. I think we're going to have an economic challenge coming out of this.

Robert Pearl: That is to going say the 5% year over year increase in healthcare costs, that we've come to expect is, that's natural, that's normal, that's unavoidable, I think people are going to start to say, it may be what you guys think you need, but we can't pay it. You're going to have to provide great care with the dollars that exist or we're going to find an alternative solution outside of the system that you value so much. Any thoughts about that?

Zubin Damania: I sure hope you're right, Robbie. I mean, that's my hope. That's my hope. And again, it's not great to hope for economic disaster, but the idea is that we're already there, right? And everything you're saying is correct. We cannot continue to have this albatross around our neck of $3.2 trillion, 19% of GDP and climbing, when we're trying to be economically competitive and the money's just not there. And I think necessity is the mother of invention. What'll happen is, you'll see, when you're forced to it... Because before it's like, when you have a blank check to do whatever care you want, and it doesn't matter if it's wasteful, it doesn't matter if it doesn't work, doesn't matter if it's harmful to the patients, if you're getting paid to do it, and someone's willing to pay you through a third party and administrators are in the fiduciary interest of their companies, advocating it and so on.

Zubin Damania: And I think this elective procedure crisis is a good example of that, where you see what happens when you put the brakes on that, big companies are brought to their knees. Then, we're going to see, hopefully, a real change. Because there won't be any choice. No one's going to want it, the doctors are going to oppose it because they've done things this way forever, and I've seen it. But the truth is if you really drill down into the hearts and souls of frontline, healthcare people, doctors, nurses, everybody, they really, they want mastery, they want autonomy, they want to be able to do the right thing for their patients and they want to make a living doing it. And that's it, really, at the heart.

Zubin Damania: And if you can strip away like Michelangelo sees David in this raw piece of marble and just strips away everything that isn't necessary, if you can do the same thing in medicine, through necessity and go, "We just don't have the room for all this extra marble. We have to chip it away," you might find the beautiful thing underneath is actually simple and awesome and easy and much easier than what we're doing now. So that's the hope. And I think what you're saying is probably quite hopeful.

Robert Pearl: I don't know hopeful is the right word, because it's going to be disruptive, and that's going to be very painful. But the recent merger of Teladoc and Lavango now creates an entire healthcare system for the most minor problem to the most severe chronic disease. It doesn't include anything in the current system. There is no personal physician that exists there, there is no sense that the local hospital and local doctors are the ones you should see for your specialized

procedures. It creates a truly alternative path, one that at least theoretically, could lower costs and raise quality. And I'm not sure that physicians and nurses are seeing this threat.

Robert Pearl: And it's not just there, it's other organizations coming along. Again, no one can see the future, especially as they say when it hasn't yet come, but I see that as a significant threat and possibility where I do believe the cultural will need to evolve... We saw it in the telemedicine during the coronavirus. How many doctors do you know who would have told you six months ago, "I would never do that, it's bad medicine," and now we're doing it for 60 or 70% of their practice?

Zubin Damania: I think you just really described what disruption is. Again, it was pushed in this case by economic concerns. It's true. People were very disparaging of telemedicine and now it's really the only way to do it. I got to say this, and again, we were talking offline about this, I hate Zoom. I find it dehumanizing. I don't like doing interviews on it. I feel like I'm losing some human connection, and yet it is an important tool to do things that we can't do otherwise. I still think telehealth ought to be utilized for everything that it's good for, and then you save those in-person visits for the stuff that that's really good for.

Zubin Damania: So that kind of disruption, it's coming, whether you like it or not, and there's going to be new payment models for it and all of that. I think one thing that we need to encourage too and remember in the very definition of disruptive technology, is this idea, and Clayton Christianson talked about this when he wrote his book about disruption, he focused on this idea that when you start with a disruptive technology, it sucks. It's worse than the gold standard.

Zubin Damania: Xerox, they used to have these big central copying machines that were very high quality, but you have to go there and you have to pay a bunch money and you have to have someone make copies for you. When they had decentralized copying, the initial copy quality was crap. But the convenience, the cost and the general disruption starts there. Same thing with telehealth. Right now, it's low bandwidth and it doesn't feel right and you can't read human gestures and it's just frustrating. But as that technology improves, and either you start to get virtual reality technology and three dimensions with high refresh rates and near real-time experience, what's the difference then with being in person?

Zubin Damania: And you're going to start to see that disruption move towards the mainstream, get better and better and better for cheaper and cheaper and cheaper. And that's when you have a brand new paradigm. So I think that is coming. And I think doctors are going to have to open up this culture where they resist change, because that's how we've always done it, that's how we've been trained. Because it's coming, whether you liked it or not. So either you're going to be steamrolled by it, or you're going to be taking advantage of it and innovating with it and being first movers to do it.

Zubin Damania: We did the same thing with social media. When Facebook was first starting to do video, I was talking to my team and I'm like, "This thing is weird. Why would you do video on Facebook?" But maybe if we start trying it, it's got some interesting potential it's not perfect yet. And you're there on the front, just pushing that edge. Well, the benefits are then, you're one of the early movers, you have that Pareto distribution effect where you can be quite successful. I think the same is true in medicine, people who are adopting these technologies and nailing it now, a lot of direct primary care people, things like that, I think they're going to be ahead of the curve when the whole thing tips.

Jeremy Corr: This one's from the patient's perspective. And one of the things I hear from literally, everyone I know is just how hard it is to stay positive and mentally healthy right now, with everything going on. You have news about COVID-19 and politics and everything coming from so many different sources, so much disinformation. Nobody knows who to believe. Are we going to have a vaccine in a couple of months? Are we ever going to get a vaccine? Or is hydroxychloroquine this miracle drug, or is it poison? Or everywhere in between. I think the side effect of that is, and I think my friend said it best is, everybody's kind of living in their own head. People are drinking more, people are less positive, people are just in general kind of down. What are your thoughts as someone who talks to brilliant people on a daily basis as how to kind of combat the mental health issues that are going on? But also not to get information overload with all the depressing and contradictory information out there while still kind of being aware of what's going on?

Zubin Damania: That's a great question. I think what I've seen is there's a ton of anxiety in my audience. Part of the reason they tune into my broadcast is that I try to come from a rational middle perspective. When I talk to the really smart people, the doctors and the people that are doing research on this stuff, off-camera, they all say the same thing. That there's a moral contagion, there's a social contagion, there's a fear contagion and that we are ripping apart the fabric of society on poor evidence, and that our response is going to be more harmful than the virus.

Zubin Damania: I tend to agree with this. Part of it is because we have a polarized social media landscape, social media is designed to get clicks to advertisers. We just did a show on this, designed to get clicks to advertisers, and that means the algorithms are going to feed you polarized information in a rabbit hole of your choice. You're going to feel there's no other viewpoint out there. And if they have another viewpoint, they're villainized as bad people. The cable news networks and other news networks all have their own spin on this thing, and it's going to sell headlines and clicks to catastrophize.

Zubin Damania: So what I tell my audience, and it's self-serving, is stop watching the news. Maybe read your local paper, maybe stick with stuff that is locally relevant, because all of this is local, really. In the absence of a big federal national response, we're just handling this as municipalities. And really get out in nature, go and see the bright side on the idea that there's less traffic and things like that

then you can spend a little more time with your kids, even though that can be torturous at times and do the best you can. But get off social media as much as you can, get off the mainstream media as much as you can. Because honestly, it's a poison. It's a mind poison.

Zubin Damania: I had a psychiatrist on my show named Jud Brewer, and he talks about this. He says, "Someone can sneeze on your brain from a continent away and cause panic and contagion." And that's what's happening with our media and social media. It's an artificial crisis to a degree. We have pandemics, like we had swine flu, we had 1957, we had 1918. But what we've never had is the kind of mass media, social media panic that we see now.

Robert Pearl: Before you became the guru of social media, you were the CEO or the founder or the president of Turntable Health in Las Vegas. The culture there seems to me to have been very different than it is in the rest of medicine. Can you tell the listeners a little bit about that culture and how it came to be?

Zubin Damania: We partnered with our partners, Iora Health, and they brought out some of these cultural elements and we brought our own kind of informed by our experience with one of our investors, Tony Hseih, the CEO of Zappos. Zappos is renowned for its customer service, for its employee engagement and happiness. And the fact that they work towards core values rather than some metrics or outcomes, things like that. It's really about, "Here are our values and what can we do?"

Zubin Damania: So with Turntable, it was a team-based approach. You have doctors, nurses, health coaches, licensed clinical social worker doing behavioral health stuff, lab phlebotomist was on the team. And we would have these daily huddles where nobody was the boss. Everybody was coming at the top of their training, providing what they could. And so it could be that a health coach was teaching the morning topic on huddle or running the huddle that day. And it could be that the doctor was running the front desk. You would rotate through, greeting patients.

Zubin Damania: So it became this kind of culture of a living organism. We're adapting, we're changing. Each cell kind of does its thing, but it can also be a little pluripotent and do other things and understand where the other teammates are coming from. And so it was this team-based collaborative thing. And the core value was, "What can we do for our patients and for each other to support just better health?" And so whatever you needed to do, because we were paid a flat fee per patient, per month with maybe a gain share if we did well for our patients. So the idea was, keep them safe, keep them healthy, keep them out of trouble, keep them out of the hospital, keep them away from the specialist if they didn't need the specialist. But pick the specialist, create a good guys network of people that you knew were aligned with the same vision.

Zubin Damania: And so you create this kind of organism that the goal is just, take care of patients. Do whatever it takes to do the right thing for your patients. And don't

worry about money, don't worry about it all and watch what happens. And that was a driving culture and it really did work. It really did work. And I think what ended up happening with us, is you end up becoming a slave to the larger system of medicine that's pushing back. It's very hard to disrupt a payment model where UnitedHealth wants to pay you $18 per patient per month, to take care of its patients, and they want you to charge a copay and they want you to do this and they want to do it in this way.

Zubin Damania: It's like, that's not our model. Our model is just do the right thing for patients. Don't charge them a co-pay. Why would you put an obstruction to seeing a patient? Use telehealth, use phone, Skype, text, whatever it takes, whatever it takes. If you have to go to the patient's house, send a health coach to the patient's house. The other thing about the culture of medicine is the doctor is in charge and does everything. Okay. That's a recipe for moral injury for the doctor because they can't do everything, it's a recipe for poor outcomes.

Zubin Damania: You can send a health coach who's hired for their empathy, their compassion, and trained up to a skill level and they can do motivational interviewing and they can go through shopping lists and receipts with patients and go, "Oh, you're buying garbage. You shouldn't be eating that. Here's a better, easier way to change your behavior, that's not going to impact your life." And that's transformative. And it means that those folks are then in a pipeline too. Some of them went to nursing school. Some of them went to medical school. Some of them became PAs. It's like this living organism. And so that was the culture.

Zubin Damania: And it was so inspiring to even just stand on the sidelines and watch that. Because they ran the culture, it's not like I was setting the culture. And medicine can be like that. It can absolutely be like that. But we're not paid to do it. So what happens? Our financial incentives are screwy, so you never see it emerge. And that's what was heartbreaking about that time. Too early.

Robert Pearl: I'm really excited to hear you talk about this negative impact that the culture can have. And I'll say right now on the physicians providing it, lots of people are getting burned out in healthcare today. But the book that I'll be publishing next spring, called "Uncaring: How The Physician Culture Is Killing Doctors And Patients," is focused on exactly this question. And we tend to think about the external forces that negatively impact us, things like the insurance company with a clunky EMR that we're forced to use, or other things that we can't do much about. And we ignore, I'll say some of these power politics that you describing. You mentioned it between doctors and nurses. Let me ask you to talk a little bit about the power dynamics between the specialist and primary care.

Zubin Damania: Oh, what a great question. I'm really glad you're writing this book, Robbie. And I hope it's super authentic and blunt because I will tell you, you will trigger so many healthcare professionals, their unconscious anger, because they know what you're saying is true. And so they'll try to deny it, they'll try to project, they'll try to defend their egos against this attack. What they perceive as an

attack. What it is, is truth. Because I've experienced this myself. When you hold up a mirror to what we're doing. And I say, we, because you and I are both part of this culture of medicine, Robbie. That's why we're able to see it because we go, "Oh, this is what's happening."

Zubin Damania: And the power dynamics between specialists and primary care is one of the oldest and most interesting. The specialists tend to view, at least there's a perception in the culture of medicine, primary care people are the weak medical students, the people who couldn't get the board scores or the rotation honors enough to become a specialist. Because why would you do primary care? It's miserable, you don't get paid enough, it's just drudgery. You never get to really do anything smart. Okay, these are perceptions.

Zubin Damania: And believe me, because I had the same perceptions of primary care when I was training, even though our school UCSF gave plenty of lip service to primary care, ultimately, a lot of people went off and did specialties. And so it was really interesting because if you had good board scores and good rotations and all of this, it's like, "Why aren't you specializing?" Even me, when I entered Stanford, I said, "I'm going to end up doing GI, because I mean, why would I do primary care? I'm too smart for that." I mean, that is literally what I thought.

Zubin Damania: And then I did my GI rotation. I'm like, I hate this. This is nothing like my personality. This is not who I am. And I love general medicine. It's wonderful. So in the end ended up going into hospital medicine, which I always thought was kind of just tag teaming with primary care, you know? And then when I started my clinic, it was primary care. I realized, this is the hardest job in the world. This is the most complex thinking, you have to integrate all these things, you have to think holistically, you have to quarterback with all these personalities and deal with the specialist.

Zubin Damania: And then the primary care folks, see the specialist says, "I'm a hammer. The world is a nail." And the goal is to try to keep them kind of keep your patients safe from these specialists, who are just going to do stuff to them, right? But then when you find the perfect team, you see all those things crumble away. And it's just so powerful to see everybody doing their piece. When a cardiologist is aligned and the primary care, and there's a team and the patient is there and everybody's communicating, it's such a seamless organism that you see functioning. Almost different cells, different organelles in a cell working together. It's so beautiful. So that's the potential.

Zubin Damania: But right now we're poisoned by the culture. And I think you nailed it, man. The culture is the fundamental... And again, it's an expression of incentives and all these other things, but it is the fundamental stumbling block here. It has to change, in order for real change to happen.

Robert Pearl: If you ask primary care physicians about the challenges they face, a major one they'll point out too, is the inadequate salary will certainly compare themselves to the specialists we've been talking about. But I find it interesting to compare

adult primary care and pediatrics, which is another primary care specialty devoted to people under the age of 18, let's say. How do you see the difference? Because I see pediatricians being moderately satisfied with the job that they have and I see a major unhappiness in adult medicine, primary care.

Zubin Damania: Wow. What a great question, man. Because I see this too. Some of my best friends are pediatricians and they're making on the lower end of the salary spectrum, they get crapped on by specialists and other people, and, "Oh, you're a pediatrician, Could you not do a specialty? What's going on?" And they are fulfilled, they work really hard, they love their jobs. They complain about medicine the way we do, but it's different. It's very different. And they have to deal with parents that are obnoxious. It's not like just, oh, children are these wonderful creatures. There's something else going on there, that is a beautiful expression of the calling that they feel to do pediatrics.

Zubin Damania: One of my best friends, a Kaiser doc, actually, we went to UCSF together and he was one of the smartest people I know, aced everything top of his class in everything, went into pediatrics and does general pediatrics and some hospital pediatrics at Kaiser. And every time I try to chip away. I'm like, "Why are you not unhappy?" Every single internal medicine doctor I know is miserable, "Why are you not unhappy?" And he's like, "I don't know. My patients need me and I feel valued at what I do. And I take care of them." It's really hard for him to put into words.

Zubin Damania: And so it's hard for me to understand, because I'll tell you a man, internal medicine, primary care docs, family medicine docs, they are struggling. And I don't know if it's more paperwork, I don't know if it's just the struggle of dealing with chronic disease where you feel you can't make a difference maybe with pediatrics. I mean, what's your thought Robbie? Teach me because I haven't figured this out.

Robert Pearl: I think that the power dynamic is a major one in adult medicine. I think it's much less in pediatrics. There are specialists obviously, but most children don't need specialty care, unlike most people who are older adults sitting in play. I think that it comes down to a sense of self in a hierarchy. And as you know, there's a tremendous amount of material has been written about how your social status impacts your psychological health. And if you look at Sir Michael Marmot's work out of England, the people towards the bottom of the hierarchy in the British society that they looked at, had all the same symptoms that we attribute to burnout in healthcare today.

Robert Pearl: And I believe that, that's a major factor. And what, as you say, we've got to acknowledge, look in the mirror, take the arrows that will be fired at us and change. Because that's something that can change. And like you, I have the highest respect for primary care. They take care of every organ, every system and every disease. They have the toughest job. And because they do such a wide range, I think they don't get the respect, which they deserve. And that respect is in many ways as important as income.

Zubin Damania: Wow. I think you might've put your finger on a huge piece of it. Because even I now recalling back to my own experiences, my most fulfilling days, were where I felt autonomy, I felt respect, I felt part of a team. I didn't feel there was a hierarchy above me. I'm a little oppositional defiant Robbie, so that I might be throwing some overlay on that. I don't like people telling me what to do. But the worst days are when you feel powerless, when the specialists are yelling at you, because you didn't do this or that, or ordered some garbage tests that you felt they didn't need. And they were just covering their butts or trying to create procedures, whatever it was. Whatever the perception was, that feeling of lack of control and being lower in a hierarchy. You have no problem with your salary until you find out what that other guy's getting paid.

Zubin Damania: So when you find out, okay, as a hospitalist I'm getting a good salary through Palo Alto Medical Foundation, then I found out what the urologist makes. And I'm like, "That guy has a great life. He goes and does these procedures and da, da, da. Here I am busting my butt taking calls middle of the night, admitting these complex train wrecks, social cases, all these things that I have no control over, and I'm getting this? What?" And then you become unhappy.

Zubin Damania: And so this idea that the British hierarchical class system, too, having the similar symptoms, that's fascinating. I can't wait to read your book when it comes out, because if this can be applied to some solutions in healthcare, that would be really transformative. Because I feel like intuitively that feels correct to me.

Robert Pearl: In the American healthcare system's culture, one of our fundamental beliefs is that we treat every patient the same and certainly in an academic world, one of the beliefs is that your promotion and your advancement and your titles reflect your ability. And when you step back and you look at racism and sexism and all the other isms that exists, it's a lie. Tell me your thoughts on this imbalance between what we tell ourselves and believe about the care we provide and how we treat our colleagues and the reality, at least that I see, in American medicine today.

Zubin Damania: I mean, you basically struck at the heart of what causes moral injury in many people on the front lines of healthcare. Is this difference between ideals and reality. A good example might be this: VIP patients, the VIP syndrome. Which for some reason, I don't know part of my moral pallet is I have this artificially inflated sense of what's fair. Like you really have to be fair to people. Money cannot buy you an advantage in healthcare.

Zubin Damania: And yet every single time, a VIP patient, a donor to the hospital, somebody came in, they get the red blanket, they get the special room, they get the special attention. They get worse care because we're treating them differently, everybody's on pins and needles. And I saw that and it made me so sick inside, yet I had to continue to provide that differential care. The poor Medicaid patient or the uninsured patient, you're trying to rush them out, you're trying to find a sniff for them. You can't, no, one's wanting to take them. You're seeing that the outcomes are different and there's nothing you can do about it.

Zubin Damania: And I think that this finds this expression in doctors who will tell you, "I took a six month sabbatical and I worked in Africa. We had no equipment. We had no testing. We had minimal resources and I've never felt so fulfilled. We treated everybody equally. We did the best we could. Every patient was the same." And they woke up to this idea that, "Oh, that's how it should be. Right?" But in our system here, not now, it's nothing like that.

Zubin Damania: I don't know, Robbie when people say it's due to direct bias and it's due to racism, it's due to this, I'm not smart enough to know the answers to that. I just know that in terms of outcomes and in terms of what we're seeing, there's huge inequities. And some of that may just be the momentum of generations of prejudice, discrimination, all of that, and it's just so hard to unwind. Some of it is economic and some of it is cultural. And it's all combined together to inflict this kind of injury on us as healthcare professionals, because there are very few of us who want to practice in a world like that. Really.

Robert Pearl: The only shift I might make is I'm not sure it's all inflicted on us. As you said, my most positive healthcare memories are some of the global surgical trips I took. We had worked 12, 14, 16 hours a day in blistering heat in Central and South America. No air conditioning, you often had GI symptoms from the different food that you're eating. You couldn't imagine a more horrific environment, and everyone came back so fulfilled and excited. It was the highlight of the year or five years for them.

Robert Pearl: This sense of mission and purpose, I think we've lost some of this because of what's been done to us, but I truly believe that much of it has been our own fault in medicine, particularly over the past 20 years, as we've not been willing to make the adjustments that we needed to embrace things like evidence-based medicine, to really utilize technology in ways that benefit patients and not necessarily benefit us as individuals. There's been something wrong about healthcare. And as you say, that's the function of the book.

Jeremy Corr: And this might be hard to answer, and it's all speculative, but had COVID-19 happened in say the mid '90s, how do you think it would have been handled then?

Zubin Damania: If this had happened in the mid '90s, what would have happened is, and I've speculated this on my show, if you don't have the 24/7 news culture, social media, all of the other stuff, and this is me editorializing. This is what I think would have happened. We would have noticed, "Oh man, something's going on in our hospitals. We're getting a lot of this weird ARDS picture. Oh, it turns out to be this virus. Oh yeah. You hear about this thing. Yeah. I had a friend, a grandfather who died of that thing. God, what are the doctors saying? Man, our ICUs are full. We need to staff up. Yeah. It's kinda crazy."

Zubin Damania: It makes a few local news stories. "There's this crazy thing going around. Oh, it's coronavirus. Oh, that's a new thing. I wonder where it started. Ah, they say it started in China, like flu. Okay. Well, it's going to be a tough season. All right.

Well, hmm." We'd had excess mortality, we would have had some hospitals and certain localities overrun, others, nothing would have happened. There would have been a degree of concern. There would have been no panic. We would've gotten through a winter of it.

Zubin Damania: We would have reached either the idea that we would have a vaccine or some natural population homeostasis. If you say the word herd immunity you're some kind of right wing nut, now, because of how it's been politicized. And we would've gotten through it. And the economy would have been not touched. Schools would have remained open and we would have had excess mortality, largely in elders and people with comorbidities and we'd have gotten through it. And that's honestly what I think. I could be wrong. People can come at me, but that's what I think would have happened in the '90s.

Jeremy Corr: Is that how you would have handled this? If you were Dr. Fauci, obviously you're not, but if you were that person that was like the right hand of the president on said pandemic taskforce, would you have advised economic shutdown?

Zubin Damania: This is a really tough question, because it's all retrospect. At the time I remember commenting publicly and saying, "I think that the damage from what we're doing now is going to exceed that of the virus." And I think that may well still be true. Because the data will bear it out. We don't know. I could be totally wrong. And the truth is, what I might have told the president is, "Listen, you need to communicate in a way that specifies the gravity of the situation while calming people down." So you don't sweep it under the rug and you don't inflict panic. I think it's a very tight rope balance to walk. And there are things that we've learned from this pandemic that we can apply to future pandemics.

Zubin Damania: Like we're going to learn a lot more about masks and their efficacy or lack thereof, depending on the data. I actually, tend to agree with Monica Gandhi on this, who was on my show, talking about viral inoculum and that it does help and actually may generate some immunity without actual without protecting you fully from the virus, which may be a good thing. Again, it's very frustrating because of the voices that are sane, that are making these points are often silenced along with the voices that are insane, that are advocating conspiracy theories and it's all a hoax. Which is nonsense.

Zubin Damania: I think Robbie wrote a brilliant piece that I cited in a video that I did, where he talked about the buckets that we have to balance in any sort of approach that we take to this. There's the health bucket, how many people are dying and who, and what are, and how do you protect them? The economic bucket, which is everything you talked about with our businesses going out of business. And then the cultural bucket, which I think includes the social cohesion, the fabric of how we live and communicate and shake hands and be together. We're social creatures. That inflicts a mental cost.

Zubin Damania: We have increased substance abuse, increased 12% increase in overdoses. Who knows what's happening with alcohol abuse. Like you said, people are in their

heads, they're drinking. And then this is the part that bothers me the most because it's so politicized. You have the people on the left who want to catastrophize about it, and you have the people on the right who want to deny it, because it's in political interest, in an election year. The same people on the left who want to catastrophize about it and shut everything down are forgetting the fact that one of their big platforms, which is social justice and equity is fundamentally incompatible with closing schools.

Zubin Damania: When you close a school, that is a regressive tax on poor children, who rely on schools for food, who rely on it to get away from abusive parents, who have structural abuse, that's perpetuated because of poverty. We don't talk about these things, these generations of momentum, it's almost karma that just repeats itself. And what do you do? You shut down the one thing that could lift them out of that, because you're afraid that they're going to get sick and give it to an elder who's 90 with dementia in a nursing home. Let's be completely authentic.

Robert Pearl: If you have a magic wand and you could change three things about the American healthcare culture, what would they be?

Zubin Damania: Hmm. Alright, let me think about this here. I think the first thing I'd say is, I would elevate teaching and learning to one of the highest cultural values. We should encourage our doctors and nurses and respiratory therapists and everybody to be tremendous teachers. Because that's just going to help us to do those things that you just mentioned, understand evidence based medicine, understand how to critically think. And so by valuing teaching, we actually value learning. And what we teach will matter.

Zubin Damania: Let's see, number two, we need to go back, as you mentioned to this mission-driven idea, the why. That almost needs to be plastered on every wall. Why are we here? To be an authentic expression of who we are, to help other people in this thing. When you talked about going to South American, and that kind of thing, that's exactly. I hear it all the time. People well up with tears, because it was such a beautiful experience. If you're driven by that at the core, you will find a way to make the other things work and it will get you through a lot. I think really elevating the why as part of our culture.

Zubin Damania: Gosh, let's see what number three would be, to magically fix our healthcare system. I think we need to wake up to the understanding that less is more. That we have a hubris in medicine that has been conditioned. It's no fault of our own, necessarily, but it's a fault of our own, now that we perpetuate it. A hubris that doing stuff to people, that we can control human health and things like that in a way that we really can't. And I think I'll just leave with this.

Zubin Damania: The coronavirus pandemic is a wonderful example of how healthcare system hubris can damage society. And this is an editorial on my part. I think that we in healthcare have almost held the rest of the country hostage because what we see is a biased sample of people, sick and dying in our hospitals. It's terrible. The

suffering is awful. Our own people are dying. And so what do we do? We're the first to advocate for stay at home, lock down, close the schools, without being able to look at the 30,000 foot view of the harms that those things are doing to the very patients that we're supposed to be protecting. That, culturally, the culture of dissent and of good civil discourse of arguing ideas and of really questioning everything, needs to be the fundamental third magic wand wish that I would have. So that's my thinking, Robbie.

Robert Pearl: I love your number three, because you've hit on the key issue of culture. It's first, do no harm by the doctor. It's not, minimize harm to the patient. And those two views, sometimes are very aligned. But when they drift apart, I think the physician culture does kill both doctors and patients.

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