

Fixing Healthcare Podcast Transcript

Interview with Jen Gunter

- Jeremy Corr: Hello, and welcome to 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 and CEO of Executive Podcast Solutions. With me is Dr. Robert Pearl. For 18 years, Robert was the CEO of The Permanente 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*. His next book, *Uncaring: How the Culture of Medicine Kills Doctors and Patients* will be published this spring and can be ordered on Amazon or Barnes and Noble now. Together we host the biweekly podcast *Coronavirus: The Truth*
- Robert Pearl: Hello everyone, and welcome to the sixth episode of season five. This season is focused on the culture of medicine and how it both supports doctors and nurses in providing superb medical care in the most difficult of circumstances, such as during the current coronavirus pandemic but also leads them to inflict harm on themselves and their patients. If you want more information on the culture of healthcare, you can find links to articles and other podcasts on the subject on my website RobertPearlMD.com.
- Jeremy Corr: Our guest today is Dr. Jen Gunter. Dr. Gunter is an Obstetrician-Gynecologist specializing in chronic pain. She's also a New York Times columnist covering women's health and the author of two books, *The Preemie Primer: A Complete Guide For Parents of Premature Babies* and *the Vagina Bible*.
- Robert Pearl: Jen, this season of Fixing Healthcare is about the culture of medicine. You're an expert on the subject, particularly when it comes to a broad range of women's issues. I can't wait to hear your insights into the impact of culture and how women get medical care, provide medical care, and are treated in the healthcare system. Welcome to the show.
- Jen Gunter: Well, thank you so much for having me.
- Robert Pearl: Let's begin with your decision to become an obstetrician gynecologist specializing in pain management. How did you make that choice?
- Jen Gunter: Well, I do a lot of things out of, I guess, righteous indignation. That's my big motivator. So, when I was a medical student, I'd always been very... When I was in high school was when there was a lot of discussions in Canada about overturning the abortion law, which at the time had required three physicians to sign for someone to get an abortion. And it was done in a very... You had to basically write a letter, you didn't even get to present your own case, this is awful.

Jen Gunter: And so, I was very active in being involved with that even in high school. And so when I was in medical school, I was... I got in when I was 20, so I was still pretty young. And there was still a lot going on about that. And I just thought, I really need to go into women's health because these conversations... It's ridiculous that a decision about your body is made by somebody else, and you don't even get to advocate for yourself in person. So, I think that was my driving force for going into OB-GYN.

Robert Pearl: Your first book that you wrote was the Preemie Primer. What's it about? And why did you write it?

Jen Gunter: Well, so there's an old adage that the most complicated pregnancies happened to OB-GYNs, and I always like to represent, so that was me. And so, I had a triplet pregnancy that was incredibly complicated, and I delivered my first... I ruptured my membranes at 22 and a half weeks, I delivered my first son who passed away, and then I managed to stay pregnant with the other two for three and a half weeks more and have an interval delivery at 26 weeks.

Jen Gunter: And so, my boys were 783 grams, and 843 grams. And then on top of it, the smallest one, had a complex cardiac defect, and he needed his pulmonary valve to be ballooned, but he was too small for any of the equipment, and also had an ASD and other issues. And finally, all that was done. And they were on oxygen for a year and my other son has cerebral palsy. And he's dealing with oxygen and physical therapy and occupational therapy and gastroenterologists and cardiologists, and it was so overwhelming. And I thought, if this is hard for me, how does everyone else manage? And then when I went online to try to get good information, it was really hard to sort good from bad. And so that's why I decided that people need a textbook. And so, that's why I wrote the Preemie Primer.

Robert Pearl: I'm sure quite a number of women have written to you to thank you for the information you provided, when they faced the same types of choices that you had to overcome.

Jen Gunter: Yeah, a lot of parents really appreciated hearing from a doctor, because you notice the little things that maybe aren't right, or the little things that are really good, and people maybe miss. And so, having that behind the scenes take sort of like a docent, if you will, I think people find very helpful. And when I started, I got into all of this, helping people with health misinformation because of my own experiences. But then I started to think, well, what's happening to my own patients in women's health? And so I decided to pivot from prematurity, to women's health for my online writing.

Robert Pearl: I hope your kids are all doing pretty well right now, and it's just a distant memory of those first couple of months and years.

Jen Gunter: Yes. I mean, they're 17 and a half, and they're doing you know, very well, we're very fortunate and privileged that we had the kind of medical care we have, there's still cardiac issues and other things, but in the grand scheme of things we're very lucky. And we're dealing with homeschooling and all the COVID issues like everybody else.

Robert Pearl: That's wonderful to hear. Jen, there are obvious differences in the issues that men and women face in getting medical care. What are your thoughts about how the culture of medicine impacts women differently than men when they come for medical treatment?

Jen Gunter: Obviously, it's always a little bit hard for me to answer that, because I've never cared for men as a physician, I mean, in medical school. So, it's hard for me to compare and contrast. But I would say that I really do feel that women are not listened to in the way that men are, or they have a harder time navigating the system because of that. It just seems that many times, they're told their pain isn't that serious. Or they're told it's not that bad, or they're told they're bleeding isn't that heavy.

Jen Gunter: I mean, even just today, I wrote a post for my Substack. And I included a throwaway line about the definition of heavy periods. And one question that we ask in the office is, are you soaking your clothes? That's a pretty good screening question. And it's a nice question, because everybody understands what you mean, when you say that.

Jen Gunter: And within an hour that coming up, I had a woman reply to me on Twitter going, "Why can't I get any doctor to believe me that I'm soaking my clothes, and this is a medical problem? And I don't understand that, I disconnect. I'm trying to help figure that out, but I believe a lot of it is just part of the general ways that society dismisses the concerns related to the reproductive tract.

Robert Pearl: In your sub sub-specialty of pain management, I would imagine that this is particularly a problem when it comes to women and pain, with men being far less empathetic for the degree of difficulty, the degree of intensity that they experience, compared to some of the other injuries that men might get. Is this your belief as well?

Jen Gunter: Well, I think in general, chronic pain is actually taught very poorly in medicine. And I mean, part of it is very complex, it's very difficult to understand. And there's a big overlap with a lot of other factors, with chronic pain. And so, I think that in general, there seems to me to be more dismissal for women who have chronic pain versus men. Although, again, I don't practice in the field of chronic pain for men, so I don't truly know the answer to that. But certainly, one of the big issues for me with chronic pain is that medicine is set up to look after people with acute health problems. So, you break a bone, you go in, the emergency departments like, "Broken bone, we can fix that." They either do it or they call an ortho, you get your X-ray, its done. And then you're given this period of healing and that's it.

Jen Gunter: But things that aren't acute, things that may require visit after visit or that are not going to get cured, but maybe you can make them better, those things we don't teach very well. And so, not only don't teach them, but our systems aren't designed for it. People call and they want to be seen, but instead of getting in with the person who saw them last, maybe they get shunted into somebody else's schedule, and then you've lost that chain of follow up.

Jen Gunter: And having continuity of care with pain is really important, and you can't have many captains for that ship, you can really only have one. And I don't think our system is really well designed for that.

Robert Pearl: Part of why I wrote the book *Uncaring: How the Culture of Medicine Kills Doctors & Patients* was about this type of issue. I think when physicians can't cure a problem, and chronic pain is one of those problems, obviously you're an expert in it, that often we can't cure, all we can do is help manage, doctors don't like it. They want to shy away from it, they want to avoid it. And I think that the patient gets the short end of the problem or the continued intense aspect of the problem. Because in the physician culture, if we can't cure it, we don't want to face it. And in some ways, what we do is minimize it. Is this your experience?

Jen Gunter: Oh, I definitely think that's part of it. I mean, I think that that maybe also an American part of it. I think maybe other cultures are more accepting of shades of grey of improvement versus absolute yes or no, from a cure standpoint. I think when people can't cure things, they have a hard time maybe explaining that to people because they view it as a failure, I'm not sure but I actually find that most people respect those conversations.

Jen Gunter: And when you explain that... Look, I always tell everybody, when I see someone with chronic pain, and they'll say, "Well, you're going to cure me, right doc? You're going to make this better." And I just say, "We have to stop. I'm going to be really honest with you. My first step is to make it so you're 20% better, and let's focus on that. The first step is 20%." And people are sometimes shocked. And then I'll say, "But wouldn't you be better if you had 20% less pain? Your quality of life would be better, right?" And then they're like, "Well, yeah. Yeah, would be."

Jen Gunter: Okay. So, we're going to focus on small steps, because small steps also add up. And I think sometimes when a problem is really big, and pain is really big, I mean, if it's affecting your life, you can't do what you want to do, people come in and they're worked up. And they deserve to be worked up, their pain has maybe damaged their lives, damaged their relationships, and it's difficult to have pain, it hurts. And you want that to go away immediately.

Jen Gunter: And so, I think what happens is when all that distress comes in, physicians don't know how to respond. They don't know how to sit and listen to the distress, and then say, "Okay, well, let's develop a plan." What happens is, "Okay. Well, let's just do big things." And so, that's I think how a lot of people end up with

surgeries they don't need, because people think they have to respond to a big thing with what looks like a big, flashy medical thing.

Jen Gunter: But you know what, listening to someone is a big thing. Doing cognitive behavioral therapy is a big thing. Medication is a big thing. These are all big things. It's just perspective.

Robert Pearl: As you're talking about the challenges patients have in being heard, I'm thinking back to an episode we had in Fixing Healthcare with Amanda Calhoun, about racism in medicine, what's your view, about why black women have three times the mortality of white women?

Jen Gunter: Well, I think that racism is a huge problem in medicine. For my new book that's coming out on Menopause Manifesto, if you just look at rates of oophorectomy, so taking ovaries out at the time of hysterectomy, and we know that that shouldn't happen for women who are pre-menopausal, that ovary should be left in. Serious cancer concerns aside, that the rate of having ovaries removed is much higher for Black women than it is for white women or Hispanic women.

Jen Gunter: And that can really only be explained with racism, with either people having less access to quality care, people having their concerns not heard, people thinking that you don't deserve quality care. And so I think that there are some serious issues, and we have to confront it.

Jen Gunter: I don't practice obstetrics anymore, so it's always hard for me to have an in depth discussion about obstetrical care. But I can only imagine that all their concerns are the same. One example I give with obstetrical care is, after I delivered, I had sepsis. Because I had an infection, that's what led to my caesarean section, and I was set up for sepsis, obviously. And I was on two different antibiotics afterwards, and I was deteriorating. And nobody was listening to me. My oxygen levels were dropping, my pH level wasn't changing. I actually went back years later and looked at my lab results, and I was like, "Oh, my God, that seems really bad."

Jen Gunter: And nobody was listening to me, and I spent a day and a half basically dying in my hospital bed. And it wasn't until I basically started screaming and got hysterical and yelled at the attending that I got the care I needed. Now, imagine if I wasn't a physician, imagine if I was being victimized by racism. I would have died.

Jen Gunter: So, you can see that, you can start to see how not listening to people kills people, how hard it is for people to advocate. And so, I think we have to really have a good look at the house of medicine.

Robert Pearl: Beautifully stated, Jen. Let me ask you another question. How does the culture of medicine impact women physicians differently than male physicians?

Jen Gunter: Well, I trained in the 80s and the early 90s, and you have to be just like the guys and you had to be as tough. And certainly, where I trained there was very little room for someone in a surgical specialty to not act like the guys, and when I say to guys I mean a stereotypical version of a male surgeon, which I think that also hurts men too, because a lot of guys aren't like that, but they were forced to act that way as well. You just had to be tough, you had to suck it up.

Jen Gunter: And I think that having only one type of person in a field is terrible. We are all diverse, we have different unique experiences and things that make us amazing, and our patients are like that too. So, don't we want our specialties to reflect that, the diversity of experiences? And so yeah, I think the suck it up culture is not a good culture, and I'm pleased to see that there have been so many changes. I was in medicine 20 years before there was a woman who's the chair of my department, so I think that says something.

Robert Pearl: You've battled, I'll call it other cultures, social media cultures, advertising cultures, particularly after your second book, Vagina Bible came out. Can you tell listeners about some of these battles?

Jen Gunter: Sure. Yeah, I think that's my superpower, is I'm like fearless. I was like, aaah, charge in, and not think about the consequences. But that's okay. I mean, you need to advocate, I get so enraged. Like I said, at the beginning, I have this righteous indignation when things are unequal. So yeah, I mean, I've taken on certainly politicians. I've taken on the wellness industrial complex, Gwyneth Paltrow and Goop. Most recently, Vagisil, and they're awful campaign to make teens embarrassed about their normal body smells and function.

Jen Gunter: And I certainly get a lot of blowback. I get people who attack me. And the funniest thing, or the most interesting observation about it, is the most aggressive and nasty, I would say comebacks come from the wellness community. And I write a lot about abortion, and I certainly do get trolled by Force Brothers, and I do have an FBI agent that I have to send stuff to now and then.

Jen Gunter: But yeah, the wellness community, they get the most worked up. And I find that really fascinating. And I think it's because, one, I'm cutting into the bottom dollar, explaining why homeopathy is never going to help you, obviously, affects people who sell homeopathy or their practices are built around it. But also, I think, for many people, wellness is almost like a religion.

Jen Gunter: And there's all these overlapping sort of spirituality terms, and I think that it's just important, if people are going to take a supplement that if they're taking it for their religion versus taking it for a health benefit, they should be aware that there's a difference.

Robert Pearl: How did some of these battles like the ones you had over the Goop products end up?

Jen Gunter: Well, I won. Yeah, don't ever, ever bet against me. I'm very tenacious. No, I think... Yeah. Well, the district attorney, the attorney general, I think was at California, on behalf of the FDA, sued Goop and they had to pay what would be, I think a paltry sum for them \$145,000 for the false advertising.

Jen Gunter: But I think that people say, "Oh well, you're just doing that for attention." And I'm like, "No. Well, first of all you don't understand me if you think that." But a site like Goop is particularly dangerous, because it mixes good quality information, and they have some good information, with absolute harmful trash.

Jen Gunter: So for example, they sell a coffee enema kit, they promote drinking raw milk, they have people who write content for them who are anti-vaxxers. And so, we know that it just takes one exposure to a medical conspiracy theory for people to start thinking that maybe that's something they should worry about. Conspiracy theories are very sticky that way.

Jen Gunter: And so, when I'm battling a site like that, it's because either their products are super harmful, like Vagisil, or like coffee enemas, or it's because that site, actually, there's a real malignancy there that people need to see. Having someone write content about, "Are you keto, curious?" And you read their recipes, and you think, "Oh well, those recipes look okay, who is this doctor? And let me click on their website."

Jen Gunter: And you click and you go to their website, and all of a sudden, you also see that they're promoting echinacea to treat chlamydia, or they're saying vaccines are dangerous, or they're saying that you probably have heavy metal poisoning, and maybe you should get hair analysis, which is garbage for that. So, there's a real portal to harm in many of these sites.

Robert Pearl: My understanding is that when you wrote your second book that you had difficulty getting it advertised because it included the word vagina. Is this true? And if so, again, how was that battle resolved?

Jen Gunter: One of the reasons I wrote it and has the title was, people treat the vagina, and vulva, and the lower reproductive tract as if it's shameful, I'm like, "Well, the vagina is no different than the elbow, it's just a body part. Get over it." And being able to say the word really matters. Because when you can't say a word, when you use euphemisms like down there, or lady parts or whatever, you're basically, the implication is that it's shameful.

Jen Gunter: So, when it came time to promote the book, my publisher Kensington wanted to do promoted ads on Twitter and on Facebook. And they were turned down, when it had the word vagina in it. When they reworded the ad and put it out without the word vagina, it was accepted. And of course, that was on the day of publication. And I was like, "What?"

Jen Gunter: So, I took to Twitter and started tweeting about it, and I got picked up by a lot of different places. Twitter, of course, said that wasn't the case. But they kept having ads rejected even after that. So, they have a big issue with it. And my understanding too, is also a lot of the morning shows saying the word vagina and vulva is a challenge, because I guess, I don't know, they don't want kids who are eating breakfast with their families who might be watching it to hear the word. I mean, that's problematic. There's nothing wrong with saying the word vagina and vulva.

Jen Gunter: My 17-year-old boys have grown up with... I have boxes of speculums and teaching tools and stuff all around the house. And when I was writing the Vagina Bible, there were papers everywhere that I was reading with the word vagina everywhere. And they roll their eyes and I'm like, "Oh, my God, people get over it."

Robert Pearl: That's great. Jen, there was a distressing study in the New England Journal of Medicine, about the challenges that women face from sexism, and overt harassment, as medical students and residents. Can you provide insights for our listeners who are not in the medical field about the problem and what you believe can be done about it?

Jen Gunter: Oh, yeah. I mean, certainly, I would say it was more overt when I was in my training in the 80s and 90s. The culture, I think, has maybe made it less overt. Obviously, as I'm now in a different position, when you're training you're far more vulnerable. I mean, yeah, it's still there. I think that there's a different standard if you're off because your kids are sick. I would imagine that falls more often in a heterosexual coupleship on the woman in the relationship. Hopefully, that's changing.

Jen Gunter: But just even looking with the reports that have come out with the pandemic, how having to work from home has disproportionately affected mothers over fathers. And we see that. Yeah, how to solve it, I wish, I guess if I had that answer, I'd be solving it. I think diversity is the answer. I think calling it out is the answer. I think that it's really important for administration at the top to be intolerant of it.

Jen Gunter: I mean, 12 years ago, I was in a position where I was complaining, maybe it's a bit longer than that. I was complaining about something that was happening in a clinic, and the answer was that I was getting too worked up and maybe I needed mental healthcare, because I couldn't handle it. And when a male colleague brought up the same issue, he was insightful.

Jen Gunter: So, those things I think they're still happening. I think I'm very fortunate right now, I'm in a situation where I work that I don't feel that that's happening, although again, now that I'm 30 years into medicine, I'm probably less likely to be exposed to those things. And so, maybe if you asked a trainee, they would have a very different answer. And so, I think that's why it's important to have

these conversations and to call it out wherever you see it and to try to figure out how to fix it, but I don't think I quite have those answers.

Robert Pearl: In listening to you, the question that comes to my mind is, do you ever get embarrassed or afraid?

Jen Gunter: I don't think I've ever been embarrassed in my life. I don't know if I'm able to be embarrassed. I just think it's just me, I just think it's me. Afraid? Sure. Oh, gosh, I get scared of things all the time. I mean, when COVID hit in the first wave, I was terrified. And when my kids are sick, I'm terrified. Oh, I'm also afraid to go under my house. I have an awful crawlspace, and I'm convinced there's vampires under there. I'm convinced. It's so dark and dank. And if I was a vampire, that's where I'd live. So, I don't actually like the dark.

Robert Pearl: Let me ask you, how would your OB-GYN colleagues in the various national societies to which you belong, reacted to your educational efforts through social media? I would think that for some of them would feel a bit edgy, and maybe even inappropriate?

Jen Gunter: Yeah, certainly, when I first started on Twitter, people were a lot of sort of, I guess, senior people in different organizations or senior states people in medicine, saying that I was inappropriate. And I was like, "Well, wait a minute, you know what, I'm a senior states person, too. And I don't think I am." And the definition of what's appropriate in medicine at the time, it was just decided by people who don't look anything like me, and I'm sorry, I don't accept that.

Jen Gunter: What I consider unacceptable is snake oil. What I consider unacceptable is selling supplements that don't help people. What I consider unacceptable is lying to people about healthcare, racism, misogyny, those are the things that are unacceptable. If I happen to drop an F bomb, and you're telling me that's unacceptable, I'm sorry. Sit in the back of class and take a lesson because it's not.

Jen Gunter: So, yeah. So, I did get a lot of that. But it's come around and now people think differently I think, or maybe not, maybe there's people who still dislike me, and that's fine. I don't care. Apparently it also affects when I talk at different conventions, it also affects sometimes where there's drug-company funding, apparently.

Robert Pearl: You're a very prolific writer, you write for The New York Times, you write quite a bit in social media, what are some of the topics you've written about that have generated the greatest interest?

Jen Gunter: Well, I would say, there's a few. Certainly, when I wrote about when my son died, and what that was like, and going through all trauma, that's resonated with a lot of people. Certainly writing about just vaginal health, I wrote a piece for the Times a few years ago, called "My Vagina Is Terrific And Your Opinion

About It Is Not," that got a lot of attention. I love that piece. It's probably my favorite piece of writing.

Jen Gunter: I wrote a piece about why I don't have an issue with sex selective abortion, and a lot of people told me that that completely changed their minds on this subject, they had not thought about it the way that I had presented it. And that piece it's an old piece from my blog I wrote many years ago, and it's still recirculates now and then, and people are just like, "Wow, I never thought about it that way." And then writing about the Jade eggs, that's the gift that keeps on giving.

Robert Pearl: I know that if I don't ask you this question, I'm going to get dozens of emails from listeners, can you explain to listeners what the Jade egg is and what the battle was, and maybe even touch on some of the 5,000-year-old research you did to disprove it?

Jen Gunter: Yeah. So, people send me stuff to write about all the time, and direct messages, and tag me and obviously, and I can't write about every one of them. But someone tagged me in this Jade egg practice thing on the Goop website. And I was like, "What is that?" And of course, it's a total sort of cultural appropriation, lie, bad medicine, like every single bad thing that you could think of wrapped into one. And this idea that you're going to use an egg-shaped object supposedly made of Jade, although apparently most things sold as jade in the U.S. Aren't even Jade. And put it in your vagina and harness your womanhood to improve, you know, name any medical condition that you want to name.

Jen Gunter: And of course, it was absolute garbage. And this idea that you're going to put a rock in your vagina and make anything better is just ridiculous. But the way that it was described how to use was biomechanically incorrect and obviously there was a concern about how you would clean a porous stone that could be affected by acid, a vagina's acidic, obviously.

Jen Gunter: So, I wrote about that and it went viral, and it kind of went crazy viral. So then, that post ... I just detailed all of that sort of the misogyny, the issue, just like it was sort of a litany of problems. It touched on basically every single thing that you could be offensive about, I think pretty much. And then I guess, later on, Goop responded, and they wrote a nasty thing about me on their page. And I think most people would be like, "Oh, my God, this celebrity wrote something mean about me," and they had these two sort of quasi-celebrity doctors, one, of course, with a line of supplements, write nasty things about me and tone-police me.

Jen Gunter: And I just thought it was hilarious, because I was like, "Wait a minute, you all sat around your ionic water cooler, and this is the best you came up with?" So, then I wrote a reply, and that went viral. And then I was like, "You know what? I'm going to dot this i." And so, I partnered with Sarah Parsec, who is an archeologist, and we reviewed the artifact holdings of the three largest sort of Chinese artifact collections in the U.S., Because it's all online. And we did not

find any evidence that jade eggs were used in China at all, because they were sold as like an ancient secret.

Jeremy Corr: Children going through puberty have a lot of questions, both boys and girls. I think that at that age, it's pretty common for people to feel guilty about their bodies and how they're changing, especially as they start to understand their own sexuality. Some feel bad for developing faster or slower than their peers or feel guilty about new feelings they may be experiencing. What do you think can and should be done to help combat this stigma, and help make puberty more comfortable for young people?

Jen Gunter: I think it all gets down to education, knowledge is power. And I think that, first of all, if you don't talk about what happens to bodies and changing, then the act of not having the conversation implies that it's shameful, right? Just like not being able to say the word vagina implies that it's shameful. So, talking about, "This is what happens, this is normal. Here's a great sex educator who's got a great website. Why don't you go here?" Or "Here's a fantastic video series, I want you to look at this here."

Jen Gunter: And just talking about it and acknowledging it is super important. And I think we have to understand that so many teens get very little information about what happens to their body. I certainly know, when I was in the late 70s and early 80s, when I was going through puberty, not anything was discussed, but I had Judy Blume. And I so many people my age say the same thing, like, "Gosh, thank God for Judy Blume that we had her." Now, there's so many more places, so I think cultures of silence are harmful, and so that would be what I would change. And yeah.

Robert Pearl: What's the best piece of advice you can offer women listeners?

Jen Gunter: Oh, well, I think ... Wow, I think broadly and generally, if it feels right to you, it's probably right. So, all the outside influences that conspire to tell you that you're wrong, or you shouldn't be thinking that way, or you shouldn't be acting that way, or you shouldn't be writing about that, that's an end product of 4,000 or 5000 years of patriarchal society. So, if it feels right to you, then you need to listen to your inner voice, definitely.

Jen Gunter: I think that's probably the biggest take home I have. I think if you're talking about women in medicine, then I think one advice I would have is, go for the leadership positions, go for them. I'm controversial and I've always spoken my mind, so I'm never someone who's going to be the chair of a department. People who run things are the people who are able to bring everybody to the table. And I'm the person standing with the megaphone, talking about how horrible something is, and I'm gathering the troops, but I'm not the person who's able to maybe build those bridges as well, we all have to kind of grow where we're planted, I think.

Jen Gunter: But so, I think another message I would have for women in general is get into politics. Think about going into politics, think about going into politics early. When I was on tours for the Vagina Bible, and people would ask me what they can do, and I get these 18, 19-year-old girls standing up, sometimes 13 or 14-year-olds asking me questions, that have been brought with their mom. And they say, "What can they do?" I'd be like, "Think about a career in politics, because that's how you can really affect change."

Jen Gunter: And it's really interesting, you don't ever think about that. I think a lot of people don't, I shouldn't say don't ever, maybe there are some people who do, but why not? Why not ... We have a lot of great minds going into medicine, a lot of great minds going into research, but we also need great minds going into politics.

Robert Pearl: How about the advice you can offer to men in their interactions with women?

Jen Gunter: Well, I think, treat everybody equal. If somebody is raising a concern, listen. Think about, try to make sure that you're trying to give your opportunities out to everybody. And if on your next panel, it looks like you have eight out of eight men, you need to do everything possible to try to correct that. And to think about, there's many young people coming up who could really use that leg up.

Jen Gunter: I don't need to be on another panel. I mean, I appreciate that often, I'm a draw, and that brings people in, but I don't need to ever be on another panel, career wise. And so, I'm happy to give those positions up to other people if I can, so I would think that that's something that all of us who have senior positions or in positions of advantage should be thinking about.

Robert Pearl: Jen, you grew up in Canada and went to medical school, and did your residency there and then you came to the United States for your fellowship training. How would you compare the two cultures of medicine?

Jen Gunter: Well, obviously, I'm comparing the culture of medicine in Canada to what it was like in the 80s, and 90s. And so, it may not be quite the same, but, I mean, I think it hasn't changed that much. I would say that in Canada, people understand, and maybe that they have to wait, and they understand that the health system is doing its best. They might not be happy with some of the things and they definitely think that things should change. But I think there's such a pressure here in the states to, I guess, fix everything up front. I think there's less acceptance of the chronic aspect of things.

Jen Gunter: I had a lot of difficulties, actually, when I first moved here, the cultures are actually so much more different than you think and now I've been here for over 25 years. So, I think that my appreciation of the differences is probably changed a bit. But when I first moved here, and I just sort of ... I didn't understand a lot of the urgency with things like, "I have to get in for my pap smear today." And in Canada, you're like, "Well, oh my gosh, I got my pap smears, it's in four months. I'm lucky."

Jen Gunter: And obviously, waiting for months is a lot. But you also have to understand that if you have a bleeding concern, and you can get in for that in a day, that's what matters, although, maybe that isn't happening right now. And a friend of mine who is a maternal fetal medicine expert said to me, "Oh, you don't understand, in America, instant gratification isn't soon enough." Because I was just like Canadian from the Midwest in Canada. And the Midwest in Canada is very different from the Midwest in the state, so it was just a different sort of way of thinking. And I'm not saying one is right, or one is wrong, they're just different.

Jen Gunter: And so, I just think that the culture in Canada is just ... Yeah, I'm not quite sure I'm able to put it into words. But I think that people are very appreciative that they don't have bills, that they don't have \$100,000 bills that something's going to happen and they're going to go medically bankrupt. They appreciate that there are problems. They appreciate that ... For example, like in some provinces, physical therapy is not a covered benefit. And that's backwards, right?

Jen Gunter: Imagine that you can get an MRI covered, you can get back surgery covered, but you can't get physical therapy covered, the thing that might prevent you from ever needing to see a back surgeon in the first place, so that's backwards. And I think that in both America and Canada, that we overemphasize procedures, and we overemphasize imaging, as opposed to just talking to people and hands on therapy, and things like physical therapy. And maybe that gets back to that whole initial conversation we had earlier about acute versus chronic and how the system is designed, the pyramid or the triangle is upside down.

Robert Pearl: If you could wave a magic wand and change one thing about the American healthcare system, what would it be?

Jen Gunter: Oh, I mean, I would change the idea that how much money you have affects the quality of care, that everybody could have access to the same healthcare, and they wouldn't go bankrupt from getting their healthcare. Yeah, I mean, my kids, were both ... I mean, it was a long time ago, but their bills were, I don't know, \$700,000 each from the intensive care unit, maybe. But because I had quality insurance, and because they got Medicaid at birth, due to their birth weight, there was no bill coming home from the intensive care unit.

Jen Gunter: But imagine someone who their baby doesn't qualify birth weight wise, and they have bad insurance, and you're starting your life with a \$700,000 bill, that's not right.

Robert Pearl: How about one thing you change about the physician culture?

Jen Gunter: I still think medicine suffers from a patriarchal structure. I really do. And I think that this sort of culture of punishment, of suffering to sort of get to the top, that has to change, so I would change that.

Robert Pearl: Twenty years from now, what do you believe women's health, women's medicine will be like?

Jen Gunter: Oh, I don't know. I don't know if I have an answer. I would love to think it's some kind of Star Trek like future where everybody is equal, and everybody has access to care, and nobody's getting bankrupt. And certainly, that maternal mortality has plummeted. I guess, if I could fix one thing to make it better in 20 years, I would like to think that if we could make maternal mortality on par with other countries, that we could have the same maternal mortality as Canada, Japan, Norway, England, France.

Jen Gunter: I think that's what we really need to work for, because the maternal mortality in the United States is just absolutely unacceptable.

Robert Pearl: And for our listeners, not only is it the worst amongst the industrialized nations, but it's the only country which has been rising over the past decade.

Jen Gunter: Yeah. It's really an atrocity, and I think there's so many things that are wrong. But I think that if you just get back to the core, believe in people when they have symptoms. If someone says they're short of breath, two days after they had a delivery, that's an emergency, that's not like, "Oh, you're just anxious about your new baby."

Jen Gunter: If someone says they have a fever, they need to be seen, if they have a headache. I mean, when you see these tragic cases that play out in the news media and you read, as an obstetrician, even though again, I'm not active in OB anymore, but these aren't weird things that anybody could have missed. You're reading through and you're like, "Why weren't they calling a code here? Why wasn't everybody getting worked up here?" Like, you're reading it and you don't understand how this could have happened.

Jen Gunter: And for many of these cases, clearly, racism is playing a role, when you're reading like, "How could you disbelieve this person? I don't understand that." And that's something that we all have to recognize and fight to fix.

Robert Pearl: Excellent, Jen. Is there anything else you want to add to the interview you'd like us to put on the air so that listeners can become more informed?

Jen Gunter: Oh, sure. My new book is coming out as The Menopause Manifesto, and so anybody who wants to learn anything about menopause, or people who are getting there, or are there, I think they'll find there's a wealth of information in there, not just about the medicine, but about the history and how we've treated women in menopause. I would encourage people to find me on Substack, that's where I have my new blog. And people can always find me on Twitter and Instagram.

Robert Pearl: Thanks, Jen, for being on the show today and for educating the audience on the culture of medicine. You provided a wealth of information for listeners to consider.

Jeremy Corr: Please subscribe to Fixing Healthcare on Apple Podcasts or other podcast software. If you liked the show, please rate it five stars and leave a review. Visit our website at fixinghealthcarepodcast.com. Follow us on LinkedIn, Facebook, and Twitter @FixingHCPodcast.

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Jeremy Corr: Thank you for listening to Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. Have a great day.