

20. Intentional Nutrition - with Dr. Siri Chand Khalsa



FULL EPISODE TRANSCRIPT

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Michael: Well, hey everyone, and welcome to another episode of Doctors Living Deliberately. So excited to have everybody back here with us today, and welcome to my co-host, Arpita, how are you?

Arpita: I'm great, Dr. Hersh. How are you doing?

Michael: I'm doing well. So today we are gonna talk about something that affects so many physicians and that is medical malpractice. So this is something that affected me personally and something that I really struggled with and to this day is, was kind of like kerosene on my burnout fire, it was something that made me think that I didn't want to practice medicine anymore. And so after I got through that and I was kind of dealing with the aftermath, I found this incredible podcast called Doctors and Litigation, the L word. And this podcast is phenomenal and I recommend it to everyone. It's so, so good, and it really changed my perspective on medical litigation. And then you and I, we had the distinct pleasure of meeting a fellow physician and colleague, Dr. Shideh Shafie. And it turned out that she and the host of that podcast, Doctors in Litigation, the L word, Dr. Gita Pensa were not only colleagues but also friends. And so we have the incredible opportunity today to talk to both of them about their work and what they're doing, and I'm very excited for this episode. What do you think Arpita?

Arpita: I'm excited too. I have listened to, I think, almost all of these episodes, and they, they are amazing and I'm excited to bring both of our colleagues and friends here. I'm gonna call you a friend, Gita, even though I'm just meeting you today because I think of you as a friend for what you put out there and how you've helped physicians so much, I'm sure already, but, so let me just do some quick introductions. We're gonna start with Dr. Shideh Shafie. She was with us back on episode eight where we talked about stress in our life. And so I highly recommend that you go back and listen to that one if you haven't. But Dr. Shideh Shafie she's an assistant professor for emergency medicine at Brown University. And we also have with us Dr. Gita Pensa, she is also in emergency medicine. She's an adjunct associate professor of emergency medicine at Brown University. And I am gonna let them kind of take it from here to describe a little bit more about how they got to know each other, how this program they've created, developed, and what they're doing together these days for all of us physicians. So take it away guys.

Shideh: We got started working together in the ER. Remember there's a small emergency room that's on a small island in Rhode Island and I was working with Gita and I remember a long time before I mean this was like years ago, at least five years ago, where we were just sitting and chatting in the ER work area and I said, you know, we should do something like this. We should do something together at some point. Or we had like this, like, it was like a very passing conversation and I only recognized it quite recently when we were working together on some projects and we're like, oh wow, look, I guess that thing came to fruition, like it was literally like the first few months that I had started working at Brown I was like, we should someday do this. And it was like not even on the radar anywhere that we were gonna do this work together. So that's how we met.

Arpita: Tell us a little bit about how it actually transpired. Like what were your first steps about what you, you had created with the podcast and, and the L word.

Gita: Okay. Well that's, that's sort of a long story. The long and the short of it is that I was in a really long lawsuit and I was first named about five years after I got out of residency back in 2006, and then I got named in the lawsuit a little after that. And it turns out it was a really, it was a big money case. It was a, you know, a lot of damages in a young person. It was kind of this perfect storm of just a bad setup for a litigation, and I was

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a sole defendant and eventually there was like a 28 million demand and I was, I'm working as a nocturnist in this little, this community hospital. And there were no support resources. There was like no one to talk to me, and then I show up completely deer in the headlights to meet my attorney and they're just like, okay. First thing is you are not to talk about this with anybody. And so I just put it all away, except that I didn't know how to deal with any of it.

And so I, you know, I can say it in one long sentence, you know, I went to trial in 2011 and then my verdict got overturned in 2015 in an appeal. Then I went to trial again in 2018. Except that it was 12 years of absolute, you know, misery. And maybe, maybe it actually wasn't 12 years of misery, it was probably eight because around then, around the time that they overturned my verdict I had a real low point in my life. I would say that, yeah, I would say it was a real rock bottom time. And I had been, you know, sorry, hanging on and just kind of showing up at work and trying to take care of my kids and my home, but really from just a very empty place. And I really wanted to leave medicine. I think the analogy of kerosene on burnout is pretty, pretty good. And then somewhere around there I had this epiphany of, you know, like, I, either this thing's gonna eat me alive completely, or I have to figure some things out. And so there was a real, I had a reckoning I would say, where I just realized you are doing this poorly and you have this one life and you have wasted a god awful lot of it suffering. And so why don't you pull yourself up and see if there's something we can do?

And so that was when it really started. I, you know, reading books and trying to understand the litigation process and what was happening to me and why did I feel this way and why couldn't I get over it and what can I do next? And it was a very long odyssey of sort of clawing my way back into the land of the living. And on the other side of it, there's a long story in there, but on the other side of it, I had become someone who joined this academic group and I learned how to, I became the educational technology social media person, which was, I did not have any preexisting talent whatsoever, but I learned how to podcast. And then one thing sort of led to another and I got to this place where I was feeling really good before I went to trial the second time, and I was like, you know, it just sort of occurred to me like, I think I could do something with this. Like I have a lot of experience now and a perspective that's very hard one, and I've learned a lot. And I think people should know this. And I think that I have some tools to make something compelling in a new and different way. And maybe people will listen to it and maybe this could be the thing that I wished I had when I started. And that was, that's where it all came from.

Michael: And you did a phenomenal job. And I honestly and truly feel that and I was so excited to find out that you and Shideh were friends and that I would get to meet you someday. So I'm so glad. You know, one of the things that came up a lot for me when I was going through everything was everybody kept telling me, just, you know, don't worry, this isn't about you. And I found that to be such a, a difficult thing to believe because I think in medicine we make a lot of things about us when things don't go the way that we want them to. And so, you know, what do you tell physicians who are struggling with the fact that this is happening and they can't find the control, they can't kind of move forward?

Gita: Well, I'll start and then Shideh can finish, I don't think it is believable when you tell someone that this is not about you. So I don't, I don't tell people that. It's not really about the medicine. That's a whole other thing that we can talk about. If I can pull people back into this space where they can believe, okay, this is not a hundred percent about you, it is happening to you, but it's not a hundred percent about you. You are a player in this big tapestry, a big machine that's moving now. But there are a lot of things that influence this that don't have anything to do with you as a person or your care. There is a place where we have to process what it feels

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like to be a human being in this position where perhaps something bad happened to someone that you were caring for, or perhaps you were falsely accused of something that you don't think that you, you're in a place where you don't feel like you deserve to be. This process is not about that this is happening to you, but you have a role to play that you can learn how to show up and do. And then there is the processing besides it. It's that, you know, I, I don't know if you, if ever listened to Esther Perel, she is a renowned psychotherapist who does a lot of relationship work, and in the end, everything that we do in medicine is about relationships, right? So she talks a lot about communication and there was one episode of her podcast where I heard her talk about infidelity. And she says that when someone feels betrayed by something, by infidelity, the hardest thing to convince them is it's actually not about you. It's happening to you, but it's not about you. And I was thought about that for a while and I was like, what? But there was a lot of parallels, like this whole other machine is happening. It is absolutely a thousand percent affecting you, but it's not all about you. And it's hard to get there, but I think that it's an important distinction to make.

Arpita: Yeah, I think that that puts it very succinctly that it is not all about you, like you said, but it has to do with you. Because immediately you know, with us, with physicians that perfectionism the shame and the concern about what other people are gonna think about us, are we not performing up to standards? And we start questioning our own abilities. Are we practicing? Are we still fit to practice? All the doubt that starts to pour into our brain. We have to kind of compartmentalize that. And deal with that on the side. And then at the same time, how do we show up in a way which is going to serve us the best in the courtroom? Right? And in, in prepping for it. And so those are the two, kind of like the dichotomy that we have there, that we have to put our emotions aside and then deal with the matter at hand, per se.

Gita: Right. But the processing has to happen.

Arpita: Yes.

Gita: Because you can't just say, this isn't about me, and then not deal with all the stuff that comes up with it, because that's, that's not gonna be helpful. But it doesn't have to get dealt with in this arena.

Arpita: Exactly. And I think for me, when I was thinking about this, just like as a, just an individual, if you have a case when you know you're not at fault per se, you know, it's easier to say, this isn't about me. But when you are not sure, that's when that question comes in was, did I do something wrong here or did I not perform the best that I could? That even if that's the case, let's put that over here and then I'm gonna have to show up first game, face on. Right? And I think that's the part that I really loved about your podcast is that you address that, you talk about that in how we can do that, how we're capable of doing both things. So tell us a little bit about, with regards, there's so many crazy nuggets, but if somebody is new to this process, it's the first time they've ever had to deal with this and they get served. What are some tidbits that you guys suggest or recommend in terms of what are the first steps that they should do to help kind of get themselves on the path to, to be prepared for this?

Shideh: I guess I'll start with that one. Lead it to, I think the first thing to realize is that there is a strategy on doing this correctly, and I don't mean like a litigation strategy. I'm not telling you, you should go to law school and figure out how to do the litigation part of it. Don't do that because that's a lot. And I know doctors wanna do everything themselves, but there's, you can actually have a strategy of how to take care of yourself so that you can show up in this space the way that you want to, which means learning how to compartmentalize a little

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bit and it's not even learning, it's shifting our compartmentalization to this space, right? Because doctors are expert compartmentalizes, we compartmentalize all day, right? We have one patient who's yelling at us and then we just walk into a new room and we're like, hi ma'am, how are you? And we just put on our game face. So you already know how to do that. So you need to apply to this space. But the part that we're not so good at is unpacking, right? So when we compartmentalize, we're literally taking a package, putting it away on a shelf to process later. But we don't usually take it back down, like the bad negative patient interaction, whatever. We don't take it back down to unpack it. In this specific scenario, you need to learn how to unpack it and unpack it in a way that's productive, not in a way where you're sitting there punching yourself in the face while you're suffering going through this entire litigation. And so we help people with that.

Gita: Yeah, I totally agree. From a, a really practical standpoint, I think people should understand that the process is engineered in a certain way to, to evoke certain feelings from the Physician. So when you read the complaint, it is going to be phrased in a way that makes you feel like a villain. That is the part that they are assigning you in the play. That is not the part that, that's not the role that you wanna be auditioning for, but that's the part that they're trying to cast you in. But understanding that, it is strategy. I think that physicians are completely blind to the ways in which they're being emotionally manipulated during this process. And I think during the podcast, I make this point about how it's like dealing with a patient with a borderline personality disorder. Then you're gonna feel your buttons getting pushed and getting really, really upset until you realize like, oh, wait a second. Oh wait, this patient's borderline, oh, oh, oh. I don't have to take this like this. I can respond professionally instead of react emotionally. And oh, like, okay, I can do this. And so cultivating that attitude to like, everything that you get, every piece of correspondence, like it's supposed to make you feel like crap. Like that's the goal. And you're going to feel, you know, like they are saying that you did things that you didn't do or that you're responsible for, things you weren't responsible for. You're like, why am I even in this? I don't even know this patient. There's a million ways in which you could feel like your whole world, just your head just caving in at the start of this process. That's all deliberate. And so just at least it's gonna affect you, but at least understanding like, oh, okay, like and so it begins, like this is just par for the course. And I think people should expect to feel pretty outta sorts for a little bit like sleeplessness, stress, all the, you know, physical stuff that goes along with it is very, very common and to be expected because it's a traumatic start, but it doesn't have to derail you to the extent that it often does.

Michael: I think you make some excellent points here, number one. This is a stressful situation, right? Medical litigation is stressful, and it is part of what we do as physicians. And so the expectation that this can be or should be stress free, that, you know, we, we need to put that aside. We need address the fact that it is stressful and then focus on ways of, of learning to manage it. And I know Shideh is an expert on stress and management and so I think realizing that and not having this expectation that I should just feel fine. That's one important point that you just made.

And I think the other important point is that we do make this about the medicine, and the vast majority of this is not about medicine, right? It is this other kind of theatrical performance that we have never been in before. This is a, a completely different venue and we are being asked to play a role, one that we may not feel like fits us at all, and then we're just expected to know how to behave in that role. And the truth is that's not a fact either. But as you so clearly point out, you can learn how to do this. But it all takes time and practice. Nobody walked in on their first day of medical school knowing how to be a doctor. But through practice and effort and energy, we figure it out and, and this can be learned as well.

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Gita: A thousand percent. Both the skills, the mindset, all of it is something that, we're all real smart people. We're all smart people, it just, someone's just gonna show us, just have to show us like there are ways to think about this that aren't as damaging and are also true. So, but yeah.

Shideh: But the rules are just different, right? Like I think one of the common things we always talk about is like, this idea is the rules are different, and so you just have to learn the rules because we joke that you're often doctors are showing up in their tennis whites ready to play country club tennis, and the lawyers are playing football. They're like ready to tackle you because their job and objective is to win, and they're not hitting you hard because, they're just playing a different game. Their job is to tackle you to win, and you're there like, let's go play a friendly game of social tennis, maybe new game pickleball.

Gita: It's amazing to me. You know, things become obvious when you spend a lot of time in this world, but to the uninitiated, it's like a light bulb when you remind them like, okay, this attorney, like we love to hate on plaintiffs, attorneys, you know, and say like, how could you sleep at night? And all these things, right? When someone goes to law school, just like when we go to medical school, they're indoctrinated into a culture in which they are taught what is right and just and good. And what is right and just, and good for an attorney is to zealously, like if it's a criminal situation to zealous. I think that's the wording, zealously defend their client with all means at their disposal. Meaning that if they're defending a child killer, their job, what is right and just and good is to get that child killer off. That's like they, you know, that's the way they are trained. That's what's right. And so in the civil litigation world, what the plaintiff attorney thinks the right and just and good thing to do is to fight as zealously as possible with all means at their disposal to win for their client. And if that means making that physician feel awfully uncomfortable, Oh, well, that's what's right and just, and good. And so like wrapping our heads around that, like, these are all like, it's all fair game. You just gotta learn how to play the game and make this less about like what you did and how much guilt you're carrying inside you. Because again, like Shideh said, we gotta unpack that later. But right now, we gotta get you a helmet and some pads and teach you, we gotta draw some X's and O's and lines and we like, this is how you show up.

Shideh: Our football strategy's not as good. That's our life strategy. I echo that. You know, my husband is a lawyer and I remember when he was in law school, he had to argue for incest. Like he had to learn how to argue pro incest case. He'd be like, I think incest is good and I think brothers and sisters should be able to get married. He had to make that argument. Now, obviously he doesn't believe that.

Gita: Incest is best, Put your sister to the test. I remember that from some, some, something was like echoing,

Shideh: That's not what he wrote, but he literally had to write that argument. So they're literally taught to argue things that they don't necessarily even believe. So that plaintiff's attorney might even think you're a great doctor. Mm-hmm. But that's not their job. and that's so hard for us to get around because we think of goodness and justice as in a very different way.

Arpita: Yeah, we're very trusting. I think doctors are so trusting and so for us we can't conceptualize that that's what their job is, right? Because everybody's supposed to be honest and good and practice with integrity. And so that's where I think even when what you spoke to in a couple of the episodes, you know they are counting on your reaction. They are counting on our being very defensive or angry when we are approached with these questions that are leading questions as you'll lead to a lot of times, right? And so, when we have the ability to gain this and look at this as this is another skillset that I gotta add to my tool belt here for how I'm gonna show

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up with them. Because it is, like you said, it's a game. It's completely a game. And I think in, in another episode you alluded to, yeah, you did a great job to the attorney speaking to the physician. You did a great job. Let's go out to lunch. I could use you as an expert witness on one of my other cases. You know, you're like, no freaking way I'm not doing that.

Gita: That happens. It really happens. They do not, none of these other people take this as personally as we do. And when they see a physician who like knows how to comport themselves on the stand, how to be a persuasive witness, how to be a human being that can relate to the jury and the judge and who knows how to comport themselves no matter what's coming at them like that is a skillset that everyone can learn how to do with practice. And so when they see somebody like that, they're just like, Hmm like, you wanna be an expert for me, some point, you know what you're doing. Totally happens.

Arpita: Yeah. it's just, it's a little bit upsetting, but that's the part we gotta work through the emotions around it at first and process through that, and then let's get that game face on and be ready to play because we can play just as hard as they can.

Shideh: They're trying to rile you up so you don't wanna get flustered. Right? Like, because only you look like you're out of control and having a big reaction. I know in your work you do a lot of the anger stuff. Yeah. And so, that's exactly right. It's like you don't wanna come across as this angry, belligerent doctor, because that's not, first of all, that's not what you are, right? Like most of us are trying to do good and be like, do good by our patients, but we're human. And you know, systems errors happen, errors happen, or an error isn't happening, but you're still facing malpractice litigation, but you don't wanna come across as angry and out of control. So really learning how to do that work is so important.

Gita: And it's not enough for someone just to tell you, like you probably know. It's like the worst thing you can do for somebody who's really emotionally like off the charts is to say like, calm down, like, Just don't be angry. Giving someone tools and language and you know, if this, then that. That sort of thing. Like, oh, you'll find yourself in this situation when you do, this is what you do. You know that that is the concrete level that people need to learn how to do this with. It's not enough just to be like, you know, try to be emotionally stable. Don't lose your mind when they come at you saying X, Y, Z. It is something that takes practice just like keeping your temper professionally with the borderline patient, or you know, even your kid that's driving you insane or whatever it is, like that's a skillset.

Michael: Yeah, and I think this all gets to just being deliberate in all of these different aspects, right? When you can show up in a way that you, that you are being intentional about who you are, how you're presenting yourself, how you're doing things that is going to, you know, support you in so many ways, kind of through this whole process. And actually when you were talking, it made me think about, I don't know if you are familiar with the book by Chris Voss, never split the difference. He speaks a little bit about how people feel about fairness, right? And when you are thinking that somebody else isn't being fair or this isn't fair, it immediately puts you in a defensive position and it impairs your ability to kind of move forward in an effective way. And I think that that is a perspective that a lot of physicians come to when they're dealing with litigation is their immediate thought is, this isn't fair. And yes, but that thought doesn't help you. Right? That this isn't fair doesn't help you promote who you are and what you are, and get your point across in the most effective way.

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Gita: Right. There's so many things in life that aren't fair. When you live long enough, you start to realize like there's a lot of stuff that happens that is just not fair. It should not happen this way. But whenever you're saying like, it should not be like this, all you're doing is arguing with reality, right? So the sooner you can get to a place of acceptance and say, okay, these are my circumstances and this is the hand which I have been dealt, what am I gonna do with these carbs? And getting to that place where you're just like, I'm gonna play my cards. How about that? I think that's, it's hard because we lay over all this emotionality on top of it, but getting to this person, to the place where you say, like, this happens all the time. Right? And you, you sign up for this job. Actually, Shideh you do a really good job of talking about like you became a doctor, like what was baked into being a doctor; risk. And when you decided to go to school, like you took this on, maybe you didn't really completely flesh out what that meant, but this is what that meant. And learning how to show up for it. Is something that we don't talk enough about.

And Shideh you know, this reminds me there was somebody, so we should talk about the group coaching thing, because it was super, super interesting. But somebody in our, in one of the last sessions, we did a group coaching program for eight weeks with physicians who were all either going through litigation or worried about litigation or in the aftermath of litigation or some litigation adjacent position in their lives and were struggling with it in some way. And she and I were talking and trying to bring some point across, and then somebody said like, that's fine for you. You guys know how to do that, but that's because you are who you are. We don't, we can't do that.

Shideh: We are both angry, just so you know. I get angry very quickly. We're not calm in any way like that is,

Arpita: You guys should take, you should take my course.

Shideh: I mean, that is a huge part. It's like we all learn how to do it. I mean, yeah.

Arpita: I think one thing that, I don't know if you were commenting more on that, but one piece of this also that I, I've had clients that bring it up, like their fear of practicing or making a mistake and then, and then what? You know, how that's gonna reflect on me or what are people gonna think, am I gonna lose my job because of this? Are they gonna terminate me? And I do go back to this one thought that I've had, and granted, I've never been in the position myself, but part of this is recognizing that we have insurance. That's what our malpractice insurance is for, and we're not saying go ahead and be lazy or neglectful with how you practice. Again, it goes back to our integrity. We, we practice with integrity. We do no harm for with that oath, that's what our intent is, but when something happens that we might not have been in control of, or maybe we were, and it was just an oversight. That's when that insurance kicks in and that's what their job is. It's to help support us in that. And so I think we also forget that sometimes. So I don't know if you have any any comments to add with regards to that, but I think that's part of it. We have the insurance for a reason to cover us, and we need to be okay with kind of relying on that.

Shideh: And also recognizing it's part of our career path. I mean, we talk a lot about that as like, you know, we work with some spine surgeons and like spine surgeons sort of know that they're gonna be sued in their career. It's like part of the deal, like you become a spine surgeon, you operate on people's backs, you get sued. Like it is the, the risk of that is so high in their career and they sort of are much more comfortable with it. Whereas other career choices have less of a risk of that. And it's not about just error made, it's just sometimes it's like part of the risk that you take or you, well, we work in the er. It's a little bit like playing Russian roulette

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sometimes, because there's always that one sick patient that could be in the waiting room. Right now emergency rooms all over the country are overcrowded and if you happen to meet the ER doctor, when that patient doesn't do well at waiting for long periods of time in a systems issue overload. Doesn't really matter. Like your, your name is gonna go on that suit and it's not about you. It's not about anything other than that family needs some place to place, you know, to move forward with your litigation and your name's gonna be on that, and you're often gonna be the person that takes that fall. And it's, and just recognizing that it's not about, It's not, not that it's not about you, it's just that it's not only you that is part of that system.

You are going through it, you are being challenged through it, but they're, and then to be able to like really pull out the pieces and open them up, look at them and decide what parts of it you're gonna let go of and what parts of it you need to still process, right? And so there's so many elements of that. And then just to recognize that it doesn't just end with the litigation, right? The litigation ends, and then you're like, well, how do I wanna be in this space now? Now I have to go back into this space that was kind of dangerous or unfair to me, and I have to function again. And then deciding whether you wanna integrate yourself back in. Do you wanna be in the same spaces? Do you wanna be in different spaces? What risks are you now willing to take now that you've paid the price of having your hand burned? Do you wanna take the chance of that happening again? And there's just so many things to think about. And it takes time and effort to think about it. And you can't just bury your head into the sand and just keep moving, which is what we all like to do as doctors, just so you know. Like we all are just like, we're gonna put our blinders on and work as hard as possible because working hard always works. No, it doesn't. Sometimes you have to think and strategize. You can't outwork every problem in your life. It's not possible.

Gita: I made a face. I apologize. I real, I forgot like, oh, this is video. Cause I made a face when you were saying like, oh, spine surgeons. I have spine surgeon clients. I will tell you, not every spine surgeon, I don't want a spine surgeon listening to this who's struggling be like, why can't I, like all the other spine surgeons deal with this? Why can't I deal with this? I don't know that, that's not a hard and fast rule. I think they expect it to happen more than other people expect it to happen. But when it does happen it's interesting, I'm, forgive me for going off on a little bit, a teeny bit of a tangent. I mean when you do this long enough, you sort of, the themes come up, right? And so certainly people handle things very differently and some people are very angry that this is happening. And they feel like that their ego is being threatened and their, their abilities, their expertise, all of that stuff is being impugned. And they can't, they cannot abide by that. And then there are other people for whom this is like imposter syndrome writ large. Like, I knew I shouldn't have been a doctor, I shouldn't be doing this job. I suck at this. Everybody knows I suck at this. And now everybody in the public's gonna know I'm gonna be in the data bank. Everyone's gonna see how much I suck at this. There's just, there's a whole spectrum. But it's interesting to me when you have very, very high achieving people who find themselves in this position, they usually fall into one of those two camps. Meaning like the spine surgeons for instance, the, I've worked with a few actually, and sometimes it's very much like, someone told me to come to talk to you because I'm so pissed off that I can't interact with anybody and they say I'm gonna lose my case because I just, I have this attitude. And then some are very much just like, you know, I have dealt with so much adversity. So many people told me I couldn't do this, but I, I can. But now all those doubts are coming back. Like, I thought I could do it. I thought I could do it. I really thought I was almost there. I thought I was secure. I thought I'd reached that pinnacle and now they're gonna pull the rug out from under me. It's just very, it's all of it's painful. All of it's painful. But it's different. And I don't know that the commonality of the experience necessarily mitigates that because, you know in numbers that things are happening, but you don't have any friends who are talking about it. It's like when people get divorced, like, you know that, is it 50%, 50% of

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marriage does end in divorce and then, but if it happens to you, that doesn't mean it's not gonna be like horribly painful. But it does help if you have people around you that you love and respect who went through a divorce and you could watch them through that process. Or I use the analogy of grief a lot too, like having somebody that you know, model it and how to do it in a way that they're okay on the other side is really instrumental because when it comes to statistics don't give you that. And so the more people actually talk about this stuff out loud, and that's why I think the group thing was awesome because seeing other people, talking to other people in real time who are going through it with other people who have been through it, and just everybody sort of sharing their emotions in that way is, there is something very, very powerful about that in terms of helping people actually heal. And so because you can tell 'em all day like, oh, this is super common. It happens to a lot of docs, but it doesn't mean anything.

Michael: And that's, that's why I think it's so important, the work that you both are doing. And I think that's why your podcast for me was so important because people don't talk about this and you do feel so alone in this process. And you, for me, you know, I had spoken to a couple, there was an older attending that I worked with who, you know, he was just like, oh my goodness, I've been, you know, I've been involved in so many of these cases. Sometimes I go up for, you know, medical staff renewal, and they're like, you missed one of your lawsuits. And he is like, I didn't even know about that one. Right? And so there are so many different aspects to this, but so many physicians are affected by this and equally as many don't talk about it. And so the work that you two are doing and Gita your podcasts and all of this, I, I think it's so incredibly important and that's why it's been such a privilege to talk to both of you today to have you on here so that we can talk about this stuff.

And I'm speaking on behalf of Arpita right now, but I would love to have both of you back to talk more about this cause I, I feel like we could talk for hours on this, and I do think that this is so essential and so crucial for doctors to hear more about.

Arpita: And I'll just add that if you have not, even if you have never been in a legal battle, if you have, that the information that you provide in the podcast is absolutely fascinating, and it would be, I think it should be actually part of our education. Like how do we start preparing ourselves when we're in school for this situation? Because more likely than not, it probably will come up one way or the other. So even just taking a minute, even if you have no reason to, in terms of personally what's going on in your life, I would highly recommend that you go and take a listen to the podcast. The L word, The Doctors and Litigation, the L Word podcast because it definitely provided me so much insight on the backend of things that we don't even know about, we don't even consider. And it was super, super helpful and powerful.

Michael: Well, if our listeners wanna learn more about the two of you, where, where can they go to find out about what you guys are doing?

Gita: They can find me doctorsandlitigation.com. Or if they Google my name, they'll probably find me.

Shideh: And me. It's just my name, www.shidehshafie.com. And you can also find us on LinkedIn. We're often, that's probably the most easy place to find us online.

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Michael: Incredible. Thank you both so much for being here again. We've loved talking to you. Looking forward to the next time already. And, and thanks to all of you for listening to another episode of Doctors Living Deliberately, and we'll see you next time.

Arpita: Take care. Bye-bye

Michael: Bye.