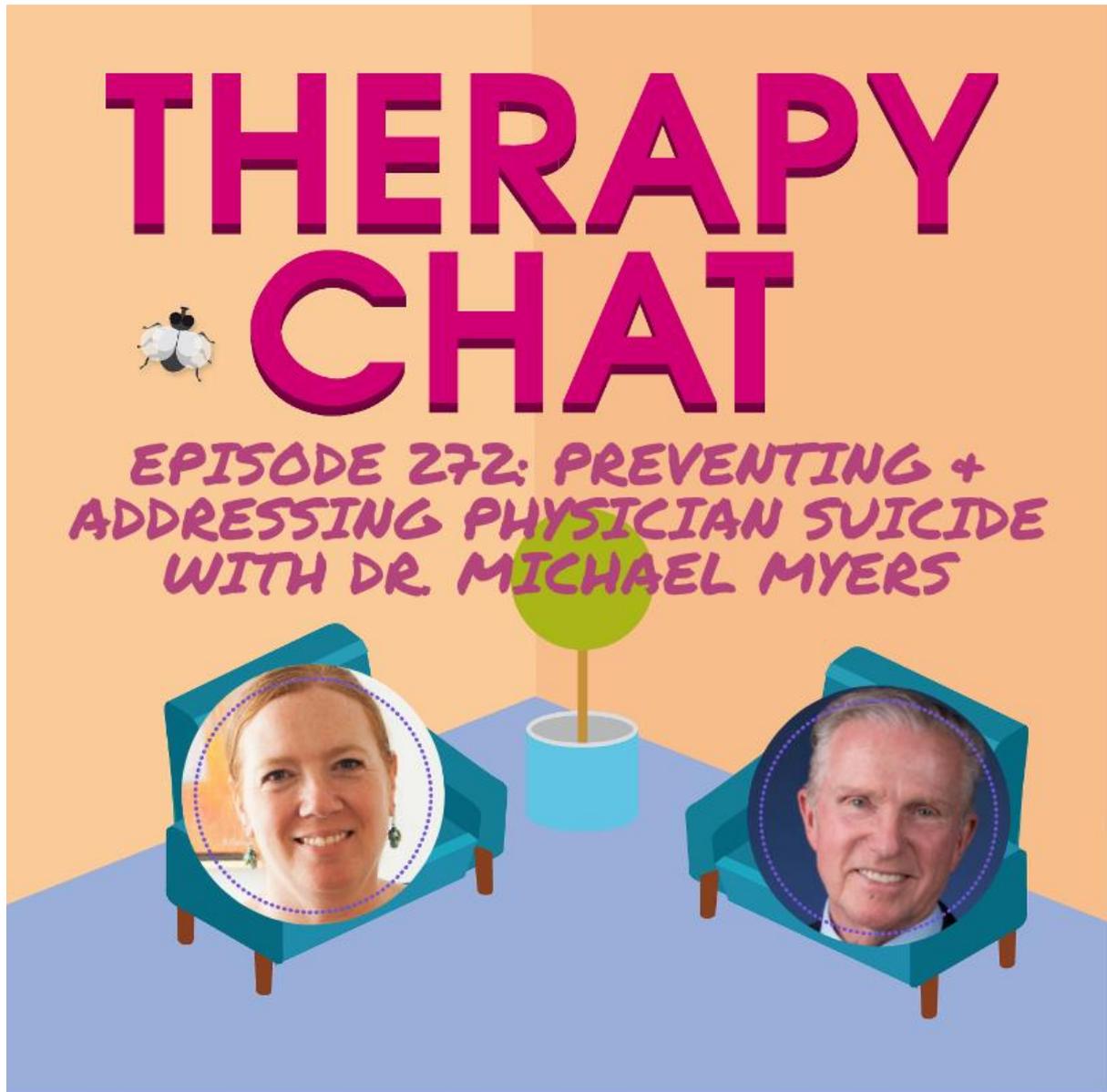


Therapy Chat Episode 272



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast, Episode 272.

[00:00:04] **Announcer:** This is the therapy chat podcast with Laura Reagan, LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Hi, Welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I'm really happy to be talking with Dr. Michael

Myers, the author of, *Becoming a Doctor's Doctor: A Memoir*. Michael, thank you so much for being my guest on Therapy Chat today.

[00:00:50] **Dr. Michael Myers:** Thank you for having me Laura.

[00:00:52] **Laura Reagan:** You're welcome. I'm so interested in your work as the subject of physician, mental health has been [00:01:00] something that's really been an interest of mine. And then recently with COVID, we've all become more aware of just how much stress healthcare professionals are under. So I'm really looking forward to discussing your book, but before we even get into it, can you just start off by telling our audience a little bit about who you are and what you do?

[00:01:21] **Dr. Michael Myers:** Sure. I'm a psychiatrist and I've been at this for a long, long time. I finished my training after, medical school, et cetera, et cetera, my psychiatry training in 1973. And, uh, my career until 2008 was always halftime, private practice and halftime academic work. I was living and working in Vancouver, Canada, and I moved to New York city in 2008.

[00:01:44] And at SUNY downstate, I was the director of training and vice chair of education until about five years ago and now I'm there part-time and I'm the ombuds person for our medical students. And I also play a key role on our medical students [00:02:00] admissions committee. And I continue to do even though I'm no longer in private practice, I continue to do a huge amount of work in the field of physician health.

[00:02:08] **Laura Reagan:** It's so needed and I guess now more than ever really, but like I said before, long before COVID started, I think physician mental health was really an overlooked area of need.

[00:02:23] **Dr. Michael Myers:** Yeah.

[00:02:23] **Laura Reagan:** Can you start off by telling us what drove you to write this book?

[00:02:29] **Dr. Michael Myers:** Yes. Well, that is really the gist of all of this and you've already kind of put your finger on a couple of things Laura, just in the introduction. I really wrote the book because I want readers to know that doctors are human too. That we're no different than the rest of humankind and that we can suffer from psychiatric illness, stress, and all kinds of things. And like everybody else make very good improvement. My book is full of gripping stories of basically suffering human beings who just happen to be physicians.

And [00:03:00] I want the reader to see the power of human connection. A lot of that is based in psychotherapy as you well know, and how healing works.

[00:03:07] And after reading my book, I hope that listeners will understand the immense strain that doctors are under, especially during this COVID-19 pandemic and how much they can benefit from psychotherapy and other treatments. And I also wrote the book because I wanted readers to understand how hard it is for doctors to get help in their hour of need.

[00:03:24] There are a number of barriers to life saving help, and stigma is the biggest one. And too many doctors are suffering needlessly and too many doctors are giving up and becoming quite ill and some are dying by suicide. I'm sure you're aware of that. I'm also hoping that the book will attract young people to the field of physician health.

[00:03:43] I'm reaching out to medical students and doctors in residency training, early career physicians, other mental health professionals who are looking to where there is a need.

[00:03:53] **Laura Reagan:** Yeah. I think what you said about how difficult it is for doctors to get help [00:04:00] really kind of resonated for me because I know you mentioned stigma is a big barrier, but can you talk about what some of the... To me I think that there is a certain personality type that decides to become a doctor. I don't know if it's personality type, but a certain type of person who becomes to decides to become a doctor because it's such a grueling process. Do you think that there's an aspect of that, like people who are super high achieving, driven, becoming physicians, that it leads them to feel they shouldn't need help or something?

[00:04:35] **Dr. Michael Myers:** Absolutely. Yes. And so let's just leave stigma aside for a minute and develop what you just really mentioned. Which is true. I mean, as you know, it's not an easy field to get into, very competitive, lots of hard work, even getting there and then staying there and then, and then actually developing, um, a successful career where you provide good medical care, good research or good teaching or something like that.

[00:04:59] And [00:05:00] so what this results in then is this well, sometimes it's denial that I could maybe suffer from the illnesses or the issues that my patients suffer from. And other times it's just really got to do with this sort of ruggedness and there's this, despite for instance, like I lived true because I've been at this so long, the whole era of increased numbers of women in medicine and that's been wonderful. Absolutely wonderful. But even despite that though,

there's still this kind of macho, sort of mystique or whatever you wanna call it to many branches of medicine, where to sort of become ill, or, to need to get help is just, it feels taboo. And so that's why in, in my practice, looking after so many physicians, there was just this sort of sense of you're feeling less than, and guilty and embarrassed and feeling that they're copping out or that the doctors remaining are having to cover for [00:06:00] them and do all their work. And, oh, it's a terrible burden for them to feel. And that connects with perfectionism. You have to be somewhat perfectionistic to even get into medicine. And the downside of that is that physicians who are too perfectionistic are extremely hard on themselves.

[00:06:19] And they don't give themselves really any, any room for their humanness.

[00:06:26] **Laura Reagan:** Yeah. I can see that. I can see what you're talking about. And when you think about, gosh, I remember when I was in undergrad, I took a, I mistakenly took a general education biology class that was supposedly the one that all the pre-med students took because it was so grueling and I could not get through the class. I mean, I'm an intelligent person and I was doing all the work and all the reading and I just like, couldn't do it. And I, that's probably the only time I've had a class [00:07:00] where I just literally couldn't understand the material, cuz it was so in depth and the, I talked to the professor and she said, look, this, everybody else in this class is pre-med they're all like comparing their grades, who got the, a plus and this isn't for you, if you're just trying to get a science gen ed out of the way, so you can graduate. And I was like, okay, drop that class.

[00:07:24] **Dr. Michael Myers:** And, and Laura, yeah, you're so right about this. And one of the paradoxes or ironies of this is that people think because we're in medicine and they think that we would recognize if we're developing symptoms or getting ill, that it would be a no brainer. You know, we'll just pull up our primary care physician, go get some help, get referred on if we need to be, get proper treatment and away we go. But it isn't like that. So many physicians do not have primary care physicians. They recognize stuff for themselves then maybe go directly to a specialist, but they don't always get it right.

[00:07:55] They could actually be consulting a doctor in the wrong branch of [00:08:00] medicine. Too many of them actually begin to treat themselves.

[00:08:03] **Laura Reagan:** That's what I was thinking.

[00:08:04] **Dr. Michael Myers:** And that's not good. I've looked after so many doctors who have done that and, oh, I can't tell you the relief that they express at the end of their first visit with me.

[00:08:13] I mean they literally take a huge deep breath, sometimes get teary eyed and say, I am so glad to be here. And then they look at me and say, Dr. Meyers do you know how hard it's to treat yourself when you're the patient? You know, and you, and you're not feeling well, you can't make correct decisions about yourself, whether it's self prescribing medication or whatever it might be.

[00:08:36] And so just, just the relief of actually sharing all their troubles, whatever it might be with another human being and then connecting with that person. Like this is somebody who's actually gonna help me. Is just, well, it's like, this is what the doctor patient relationship is all about to begin with.

[00:08:54] But for so many doctors, they really resist, taking that first step when they [00:09:00] do, then you can really do great work and I've, that's why my whole career has been so rewarding, and so interesting and, and fascinating.

[00:09:10] **Laura Reagan:** Wow. Yeah. And you know, I just, when you were telling, sharing about that, it, it just brought this thought to me of like, not being burdened to carry everything alone, not feeling like they have to do it all on their own.

[00:09:26] **Dr. Michael Myers:** Yeah. And so some of them of course, will maybe kind of share some of this with a spouse sometimes with their kids or parents or whatever that helps to some degree.

[00:09:35] But obviously it works so much better too if they'll say, look lemme see if I can get you partly get you the help. I used to get phone calls from family members of doctors, some who are sometimes physicians themselves asking, saying I'm calling him on behalf of my father he's really been struggling and we're worried about him and he's open to seeing you, but he just, he can't make the phone call Dr. Myers, would you be willing to see him? I said, of [00:10:00] course. I said, if one of you can accompany him to the first visit, just wait in the waiting room that will ease the journey. And it does.

[00:10:06] And then, they don't need to come for further visits, but it's just so hard to just take that first step.

[00:10:12] **Laura Reagan:** Yeah. You know, a lot of people who are listening to this are therapists who may be interested in how they can best support their clients who are physicians. I know I work with a lot of healthcare providers, but not any doctors, myself.

[00:10:31] **Dr. Michael Myers:** Mm-hmm

[00:10:31] **Laura Reagan:** but I've heard from other clinicians who work with doctors, that they can be very, you know, intellectualized and have trouble sort of like tapping into the emotional aspects of what's bothering them.

[00:10:45] **Dr. Michael Myers:** Yes, that's right.

[00:10:46] **Laura Reagan:** I'm wondering if you could talk about some of the issues that may come up, that therapists could be helped by being aware of when they are working with doctors who need some support.

[00:10:58] **Dr. Michael Myers:** Laura, I'm thrilled you asked [00:11:00] that question. I was hoping you would actually because there are some, what I would call 1 0 1 type questions here. Or statements. The first one that I always advise when I'm teaching courses on physician health is to never forget that the person opposite you in your office, first of all, is just, you know, a suffering human being who just happens to be a physician. Okay. So that's the first one. And because when you do that, then you don't make assumptions about this individual that because they're a physician oh, they kinda probably know what's wrong with them. Or they might know this, or they might know that because when we do that, we tend to skip and avoid asking things that we would normally ask all of our other patients.

[00:11:41] But we're either think that if the physician is feeling that he or she will tell me, mm-hmm, because, were both professionals or something, or they know, but so, and the other thing too, is that sometimes therapists can just also be embarrassed, but they think, well, you know, he, [00:12:00] or she's kinda a person of stature.

[00:12:01] I'm kinda a little embarrassed to ask that question, but get used to this and just start treating them just like, as you would anyone else, then you're going to do extremely good work and they will be the benefactors of that because they will realize that. Sure. They've got the persona. Oh, which by the way, cause you are correct about using sort of intellectualization, sometimes medical jargon, things like that.

[00:12:24] And as you well know, those are all defenses and I always tell people to just be patient with a physician patient that in the early days or visits, he, or she may need to, to kind of use that whole physician mantle or armor, because they're, they have to ease into the patient role that it's gonna take them perhaps a little time. So if you can be patient and just kind of put up with a bit of that, including maybe even a sort of sense that they're kinda assessing you or judging you or something like that. Just kinda accept that. Cause as somebody who [00:13:00] inside is probably kind of frightened, ashamed, perhaps maybe depressed and covering it up because of sort of the work we do, you know, I mean, you know, yourself as a professional, when we're working, we always kind of have to be on.

[00:13:13] **Laura Reagan:** Yeah.

[00:13:14] **Dr. Michael Myers:** And in fact, so often when I would get a phone call and to see someone in my first visit with that physician would be because something had happened at work. I'll just give a quick example of a doctor said, I called you because something happened last week at work.

[00:13:28] It really was a wake up call for me that I'm in trouble and I need help. And what it was is that I had a patient office at me who I've known for some time. And I asked a couple of questions. She said, Dr. Brown, are you not listening? You just asked me this two minutes ago and I gave you the answer. And the poor guy was mortified.

[00:13:48] And what he recognized then is that he's not as well as he thought he was, that he could cover up this cognitive slowing he was having, or memory difficulties usually often associated with an [00:14:00] untreated depression or something like that. And he realized now he said I think it's showing and I need to get help. And also, I don't want a mistake. I don't wanna make a mistake. I don't wanna commit a medical error. And so by the end of the visit, you know I'm relieved. He's relieved. Cause she's relieved that they've come. So

[00:14:17] **Laura Reagan:** Yeah. You know, and I wonder too, if like that's another barrier, I don't wanna get ahead of myself, but I think about it as a therapist like if I, if I have a situation that I don't know how to handle, what I should do is go to consultation with my colleagues and or supervision of some kind to get another perspective. But what we sometimes do is feel ashamed that we don't know and try to hide that we feel inept or inadequate. And because we think that if anyone knew that then somehow we would be exposed as a fraud or something.

[00:14:55] **Dr. Michael Myers:** Sure, exactly. Yes. And I think that physicians themselves we can [00:15:00] struggle with that as well. You know, either the imposter syndrome or whatever it might be. And as therapists too, I mean, we can struggle with that at times as well. One of the points I make in my book, I actually certainly not with all physicians, but certainly some of them can be very, very complicated and, you know, strictly I'm kind of using the biopsychosocial model here now because you know, being a physician/psychiatrist, But for instance, I may be, this may be a situation where I'm really much better providing the psychotherapy and having a colleague do all of the medication management or the other way around that I may, you know, because it's complicated and I'll, I'll do the stick handling of the medication and work with a therapist, for instance, who is doing the psychotherapy with this particular physician and then, you know, we'll communicate with each other on a regular basis to make sure that we're in sync, if there's ever any change in direction from my end or their end, that you know, we're collaborating on this. But then there are other times too, when [00:16:00] I need other professionals, like if there's a history of substance use, I'm a generalist psychiatrist so there's gonna be times when my physician patient is going to need an addiction medicine or addiction psychiatry specialist. If there's a question of say a traumatic brain injury, um, any type of thing that I'm gonna want a neurologist involved. So that's what I try to do. And I think at the end of the day, the patient then ends up with a better equipped team, when it's, when it's really complex.

[00:16:30] Oh, and one other point I wanna make too, that just we're on subject. One of the things I've learned over the years is that too often physicians, they're putting their best foot forward, but we can make the mistake of being sort of seduced into the sense that we're getting the full picture here, because my patient's a physician.

[00:16:50] But what, but what we don't realize is that here she can really just disclose as much of their either comfortable disclosing or that they're capable of because of the way [00:17:00] they're feeling. And I've learned the hard way when I haven't with permission, I've gotten what we call collateral information from intimate family members, that can be a problem because there's just often so much stuff going on at home, that the spouse or kids are so worried about that my physician patient is not able to convey to that. So that's another plug I make in the book is to make sure that you involve family members, especially when a physician is really quite symptomatic.

[00:17:31] **Laura Reagan:** Yeah. That's a great point. Not that the physician patient is deliberately withholding information, but they may just not even see how much what they're dealing with is impacting them and their relationships.

[00:17:46] **Dr. Michael Myers:** That's right. That's right. I put a whole chapter. I also do couples therapy, which is a little bit unusual because most psychiatrists don't do that. But I do, and I put a whole chapter in on that as well in the book, which readers have found [00:18:00] pretty interesting because some of them I'm looking, not just at their marriage or their relationship they have with each other, but the fact that one, or both of them may be also bringing, an illness, into this relationship as well.

[00:18:15] So for instance, there's one couple. That I wrote quite extensively about in the book, but I wanted to share because I'll never forget them. They were it's disguised. They were a lovely couple in their early sixties. And I'll never forget the chief complaint that the woman said, we're here because it's called mopping up after the affair.

[00:18:34] And I like so many people kind of made the assumption that her husband had an affair. Well, that was certainly incorrect. And it was all about her. And, she felt dreadful and he felt very very, worried about her. And then as I explored this much more and how the individual that she had the affair with was so inappropriate that I realized, oh my God, she's [00:19:00] been suffering from a low grade bipolar illness for some time now, and then it was further documented by her husband and even by herself a little bit. So what I was able to do the long and the short of all of this was I was able to treat her individually then for a period of time, both with the appropriate medication, but also with important psychotherapy because her self esteem and her social embarrassment about this was so profound. And she had had a postpartum depression some years earlier, but without, any evidence of hypomanic or manic symptoms, and this would come on later and her husband bless his heart. I mean, he was just a lovely man. They were both physicians. He was so supportive and he was just thrilled to have his wife back, very forgiving, very understanding.

[00:19:44] And of course this meant a tremendous amount to her. And I got the chance to meet their adult kids who they didn't know the full story, which is appropriate and fine, but they were also thrilled to see their mom, kinda get back to who she was before, [00:20:00] before all of this. So it was just sort of an example of, I felt really kind of an important story in a book on becoming a doctor's doctor.

[00:20:09] **Laura Reagan:** Yeah. I mean, those are things that I hadn't even thought of too. And the fact that you do couple's counseling, I think is really valuable.

[00:20:19] **Dr. Michael Myers:** Thank you.

[00:20:19] **Laura Reagan:** Can you talk about, I think one of the things we haven't really touched on, but I find this very compelling is the idea of moral injury as it impacts physicians.

[00:20:31] **Dr. Michael Myers:** Yes. Thanks for asking about that as well cause this is extremely important and it's kinda newish the last few years where first of all, I mean, it's so much of the original work is in the military but how it's come into the healthcare field because it's not just physicians, it includes nurses as well, but, just restricting this to physicians was because there's been pushback about the diagnosis of burnout in physicians. And as you [00:21:00] probably know, burnout is not in our DSM classifications and illnesses, but it's been the term that's been used for such a long time now for a couple of decades on that syndrome in physicians where they get really depleted and it's not just fatigue, it's what I would call the sort of an erosion of meaning and purpose in their life or a sense that they're not really helping anybody. And then this kind of detachment, that they lose their warmth and empathy and things like that, which is very demoralizing for doctors. But because some physicians have felt that, that the burnout is kinda blaming they've really felt that the term moral injury fits much, much better. And in many respects it does because sometimes they feel the reason I'm struggling with this is because I feel that I'm having to practice medicine in a system that is not right.

[00:21:53] **Laura Reagan:** Yeah.

[00:21:54] **Dr. Michael Myers:** I'm having to see so many patients, in such a short period of time, [00:22:00] it's become very mechanistic. I have to get put on a computer. I don't get as much time with my patients. I don't even get to make as much eye contact. I don't get as much time to even touch them. That was before the pandemic. And it's just a kind of corporate business model that is just really, really disturbing me. So there's that. It's recertification. It's just so many things about the everyday practice of medicine today for many, many, many, many, doctors is not good. And it makes them ill. And so for them, this is about moral injury. I'm. I'm not allowed to practice medicine as I was trained to do.

[00:22:40] And I'll just give you one, I think, very good example of this. At the very beginning of the COVID pandemic, where our city New York city was the epicenter here.

[00:22:52] **Laura Reagan:** Yes.

[00:22:52] **Dr. Michael Myers:** My colleague and I were doing support groups every once a week for the critical care physicians, the emergency docs, the [00:23:00] pulmonologists, et cetera, their hospital who were right on the front lines.

[00:23:02] And I'll never forget this one doctor and they were, ugh, they were so stressed. Their patients were dying just so rapidly and so many died. But I remember him saying, you know, this is really weird. I don't feel burned out anymore. I'm tired, I'm sad. But I feel I'm getting a chance to practice medicine the way I've been trained for this. This is how I was trained to look after seriously ill people. And I'm not having to worry about so many of the bureaucratic things associated with, this he said at one level I'm revitalized. So it's a, it's kinda an interesting take on this that he felt that he was really doing good work, important work, so

[00:23:41] **Laura Reagan:** Well, gosh, I'm glad that he had that perspective. That's really talking about finding a silver lining in something horrible that you're going through to be able to say, but yes, I get to do what I really love doing and helping people in a way that feels meaningful. It's really important.[00:24:00]

[00:24:00] **Dr. Michael Myers:** Yes. And Laura you know how you mentioned earlier about sometimes how doctors will use quite a lot of intellectual language and things like that.

[00:24:07] **Laura Reagan:** Yeah.

[00:24:07] **Dr. Michael Myers:** What we've been finding in our groups is that because of this pandemic, and there's just been so much uncertainty with this virus. I mean, it's a little bit better now in terms of the treatment algorithms that doctors have, but it's been really, really difficult.

[00:24:25] So, but what we've noticed though, is more of an open display of emotion so that physicians will indeed talk about those feelings. And that's been really like very, very important, and I think they feel better for it. And those, they train feel better for it. So it's quite a change.

[00:24:41] **Laura Reagan:** Yeah. I wonder if, I wonder if it's one of those things where it's like, there's a collective awareness that this is a horrible thing.

[00:24:51] And so physicians feel that it's okay to show that it's horrible for them, or is it maybe that it's just so horrible [00:25:00] that they can't hide it?

[00:25:01] **Dr. Michael Myers:** I think it's, I think it's a bit of both actually. I think we're physicians where they don't have, perhaps that kind of control over it as, as they maybe once did, because it's been so, and for some traumatic as, as well as, just this collective sense that we hear in that adage, we're all in this together.

[00:25:19] And because of this uncertainty, it's been extremely humbling, everybody against that. This was very, very humbling, all of this. And because of, there's a contagion and isolation, you all felt, as you probably noticed, the word loneliness has crept into basically the scientific literature. There're now articles and research studies on loneliness and because that's the predominant emotion that so many people are feeling because of our social distancing, our isolation, our sheltering at home, the missing of tactile sense of touching, hugging, seeing people in person, all that, all that kinda stuff is, it's affecting, you know, the whole world, including of course [00:26:00] our, frontline workers.

[00:26:02] **Laura Reagan:** Absolutely. And I hear from people that having to do their healthcare work in the mask, the face shield, the protective clothing, you know, and their peripheral visions cut off. And you can't see, who's walking up next to you and you know, there's this feeling of, you don't even know who you're working with, cuz you can't even really see their face.

[00:26:26] **Dr. Michael Myers:** I know that's right. One of the things too, that we were heard from physicians in these early groups is what they would do. They would take their badge, like their name tag and put it in some sort of like plastic covering or something, leave it outside or make it visible to their patient.

[00:26:44] **Laura Reagan:** Yeah.

[00:26:44] **Dr. Michael Myers:** And still have their sterile gown on and their shield and their mask, their N95 mask, all of that, but they wanted a way for this terrified patient to be able to see their face to because otherwise they could maybe just see their eyes. I thought [00:27:00] that was such a novel, creative thing to do, to, to basically try to forge as intimate, uh, a doctor patient relationship you can at this very precious time in the patient's life. Because as

you know, their family members were not allowed to come into the hospital. So they're outside and the physicians and nurses are having to FaceTime, the patient with their family members. And so they've been, they've been acting sort of as go betweens and things like that.

[00:27:29] It's been tough. So anything that they can think of, to kind of ease that journey for those dying patients are amazing things that I found that our healthcare professionals have been doing. So it it's so commendable. In fact, I'll just add one thing I remember in those early days, so many of the physicians saying that they feel so handicapped, they feel so useless.

[00:27:55] That there's nothing they can do that patients are going on respirators and dying so [00:28:00] rapidly. This is before we had really any of the things that we have now. But one thing that Dr. Vis my co-facilitator and I would say to them, though, is don't forget though, all of the sort of non technical things that you are doing for these seriously ill patients, just being present, showing up, talking with them as best you can, trying to answer their questions, et cetera, means a great deal to individuals, the so-called art of medicine is basically what we wanted to remind them of.

[00:28:33] **Laura Reagan:** That's such, such a beautiful reminder because I think that for any of us, when we see someone in so much pain, we want to make it better, whether it's physical pain or emotional pain or both. And when there's a sense of powerlessness to be able to do anything about it, we have to remember that our compassionate presence really is doing something.

[00:28:57] **Dr. Michael Myers:** I love what you just said, compassionate presence [00:29:00] because that's so true. I remember a doctor saying that he, one of his patients who was clearly dying, the patient actually asked him, said, doctor, am I gonna die? And he paused for a moment. This is what he told us in the group. And what came out of his mouth was this, we're gonna do everything in our power to help you and to keep you comfortable or something like that. And so that was fine, but why he put that out to the group out, was to just kind of find out what sort of the rest of us felt about that. Because at one level he felt he was being dishonest, at another level though, he felt paralyzed, like what should I have said, or something at a time like this? Well, Dr. Vis and I really didn't have to say anything because all of his colleagues said that, well, they basically clapped and said that you did that right. Or you did that well, or something like that. And I had to agree trying to just kind of project, if that was me, I think hearing that from my physician would at least [00:30:00] give me some sort of comfort at that at that time in, in my life without him having to be

specific and the patient did die two hours later. But I was left there with a feeling that what he said was comforting in some respect to that patient.

[00:30:19] **Laura Reagan:** Yeah. It's like, almost like looking beneath the words as we do when we are doing our emotional healing work with clients that, or patients that they were asking out of fear.

[00:30:32] **Dr. Michael Myers:** Yes.

[00:30:32] **Laura Reagan:** And the person, the physician's response was reassurance and comfort. Yes. Like I'm here to help you.

[00:30:39] **Dr. Michael Myers:** Yes. In fact, Laura. Yeah. That's reminding me of a piece because you said... he said I could see the fear in his eyes.

[00:30:46] **Laura Reagan:** Mm-hmm

[00:30:46] **Dr. Michael Myers:** Am I going to die?

[00:30:48] **Laura Reagan:** Yeah. And if you were just to answer, yes, you are gonna die. Would that have made it better at that moment? It seems that he was responding to the emotional need that was being expressed really more so than the words. [00:31:00]

[00:31:00] **Dr. Michael Myers:** Yeah. Cause see, this is a very different situation than say in another one where maybe somebody has developed a severe metastatic cancer or something. And the oncologist does need to say that this is going to be life threatening or, and then they get into a discussion you know how much time he, or she might have all that sort of stuff. See, that's a very different scenario than this one.

[00:31:25] **Laura Reagan:** Yeah, I see that because the second scenario is more about what am I really looking at here? What's the next step? What do we need to do? Treatment planning.

[00:31:34] **Dr. Michael Myers:** Yeah. And please be honest with me because if I've got three or six months or something, there's a heck of a lot of stuff I need to get done.

[00:31:41] **Laura Reagan:** Yeah. Don't give me false hope, when there's really nothing, that's gonna make this better. Yeah.

[00:31:48] **Dr. Michael Myers:** That's right .

[00:31:48] **Laura Reagan:** Oh, this has been such a poignant conversation and I'm enjoying talking with you, but it's a sobering somber subject at the same time. So, [00:32:00] Michael, can you tell our audience where they can find your book, *Becoming A Doctor's Doctor* Memoir and everything that you're doing.

[00:32:10] **Dr. Michael Myers:** Sure. Yes. With regard to the book it's on Amazon or Barnes and Noble, instead of on the internet, it's not bad. I would, I urge everybody to, to have a look at my website because I got a lot of stuff on that. www.michaelfmeyers.com I've got sort of a lot of information. I've got a lot of podcasts on there on so many different dimensions of physician health, various talks that I've given some of those who translated there as well. They're available. And plus there's my email if anybody wanted to reach out to me and ask about any particular things that I am certainly very open to that, but it is, you know, I try to keep it fairly up to date with regard to well, important information in the world of physician health.

[00:32:56] **Laura Reagan:** Wonderful. I think it sounds like your website is a really [00:33:00] great resource.

[00:33:00] **Dr. Michael Myers:** Thank you.

[00:33:01] **Laura Reagan:** Yeah. And I'll put links to where people can buy your book and to your website on the Show Notes for this episode. But I just wanna thank you again for being my guest on Therapy Chat today.

[00:33:14] **Dr. Michael Myers:** And thank you for having me again. I'll say that a second time. It's been wonderful to talk with you, Laura.

[00:33:17] **Laura Reagan:** You too.

[00:33:18] **Announcer:** Thank you for listening to Therapy Chat with your host, Laura Reagan, LCSW-C. For more information, please visit therapychatpodcast.com.