



Episode 35 - Tragedy and transformation lead to a gem of a career niche

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JA: “It's actually very immediately gratifying because I'll have a whole day of follow-ups and almost every patient will lose 5, 8, 12 pounds. And I think that a lot of people would like that about this field”.

HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a nonclinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello and welcome back to The Doctor's Crossing Carpe Diem podcast. You're listening to episode number 35. One of the reasons why I just love, love, love what I get to do is that I meet the most amazing people. Our guest today is no exception. His name is Dr. Kevin Gendreau. And I want to start with a review I've read about him on the internet.

“Hi. All I can say is I'm 72 years old and Dr. Gendreau is the most wonderful, wonderful doctor I've ever had in my entire life. He's knowledgeable. He's smart, but most of all,

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he's the kindest, most compassionate person. I am so sad that I'm going to be losing him for my PCP, but people that are going to receive him in his new practice are extremely, extremely fortunate. We just adore him. Thank you”.

I couldn't have said it better myself. He is adorable. He's a beautiful human being and you'll get to see for yourself. Now, why is he leaving his practice as a PCP? Well, he is not actually leaving where he's practicing, he's changing his focus. He's going to be doing full-time weight loss and obesity medicine.

Kevin is board-certified in family practice and also board-certified in obesity medicine. There's a story behind this though. And the story has tragedy and heartbreak to it. And it didn't end there though. He took these heartbreaking experiences and use them to transform a real challenge he was having as a result of these things. And he went on to take this transformation and use it in the work that he does as a physician helping patients. So, he's going to tell you this incredible story. It's amazing and I'm super proud of him, but at this story though, I'll let him tell it.

And then he's going to go on to give us an insider's view of how he worked with his patients in the office and the kind of weight loss program that he likes to use. And then we'll be giving you some steps if you're interested in exploring this area, how you could start out in your practice now without having to go do a big fellowship or spend a lot of money.

Kevin will also tell you about a book he just published “Fasting While Furious”, and I'm going to link to it in the show notes, as well as his website, kevingendreau.com. You'll also find that he has a great Instagram with a lot of followers. So, he's out there in the world, but he's really a down-to-earth guy.

Even if you're not interested in weight loss management in your own practice, I think this podcast has a lot of value because there may be some challenge that you've had,



something that you really struggled with, and it could potentially lead to a new career or a different way that you work with patients. So, it's my true honor and pleasure to welcome onto the podcast my dear friend, Dr. Kevin Gendreau.

KG: Hi, thank you so much for having me.

HF: Yes. It's my absolute pleasure. And I have to confess, I was watching a rerun of the Today Show this morning that had you on it. And you were fabulous. You were fabulous.

KG: Really? I thought I deleted every copy known to man.

HF: You missed one. So, folks, if you want to meet Kevin, and he's a doll, Google "Kevin Gendreau Today Show", and you will get to see him. He's such a handsome guy and he tells this story and you can get that live version. But today we're on the podcast, so I'd love to have a start with your story of how you ended up specializing in weight loss as a physician.

KG: Thank you again for having me. This is such a pleasure. I listen to your podcast all the time. I have probably heard every episode at this point. I love your voice. It's very soothing. So, I can't believe that now I get to be a guest on the show.

HF: You're so sweet. And my voice is one of the reasons why I didn't do a podcast for forever. So, I love you for that. But anyway, take us back in time.

KG: Sure. So, I lead a very active childhood. I was involved in martial arts with my father. I love to hike and to fish. Super active, very fit kid. And unfortunately, at age 17, my dad was diagnosed with metastatic melanoma. And so, he had stage four skin cancer. He ended up undergoing a variety of rounds of chemotherapy and radiation and multiple surgeries.



And unfortunately, between, he's passing a couple of years later and the rigors of college and then medical school, I ended up putting on an excess of 125 pounds. So, by the time I reached residency and was actually a physician, I was 306 pounds. I had type two diabetes, hypertension, hyperlipidemia, fatty liver disease, plantar fasciitis, obstructive sleep apnea. And I was diagnosed with depression, as well.

So, the situation really all came to a head when my sister was unfortunately diagnosed with a rare aggressive form of cancer herself that was germ cell carcinoma. And that happened in 2016. And she had two young children at the time, my niece and nephew who were six and two. And I just knew that I needed to be healthy in order to help my brother-in-law and my mom raise them in the event that something happened to her. So, it takes a village to raise kids.

So, I ultimately began my weight loss journey, August of 2016. And I used a low carbohydrate approach with intermittent fasting and ended up losing 125 pounds in 18 months, which actually garnered national media attention. So that's how I ended up on the Today Show. And I ended up in People Magazine and I did projects with My Fitness Pal and Under Armor.

And my sister ultimately passed away in 2017. She was 32 years old. And her passing certainly made me appreciate how short life is, but also how important it is to seize the day, which of course goes along with this podcast, honestly. Her children, Sophia and Henry, they're 10 and 6 now. They're doing really well. They're like the apples of my eye. They're so strong. And honestly, their strength inspires me every day.

And now I'm actually slim enough to keep up with them, which is nice. And I then decided to get board-certified in obesity medicine by the American Board of Obesity medicine in 2020. And then I think that pretty much catches us up to when I reached out to you initially for advice.

HF: Well, that is a very hard story and I'm really sorry you lost your dad and your sister. We don't want that to have to be what wakes us up to our own life, but it's not lost on me that likely saved your life.

KG: I think so. Yeah.

HF: When you think back in time, what was it that was causing you to put on all this weight and continue to put on more weight?

KG: I had developed such an unhealthy relationship with food. It was just food for comfort and emotional eating problems. And so basically, donuts and cookies and bread and really sugary cereal and chocolate milk. They were all my antidepressants and rather than opening up about my feelings to a therapist or a family member, I instead just ate my feelings. And so, the weight kind of just piled on. I remember the late nights in medical school, just eating Doritos and cheese puffs and cookies all night long while I was studying.

HF: I love cheese puffs.

KG: It was like brain food.

HF: They are so addictive.

KG: They totally are. And I still love all those foods too, but I just know that I have to stay away from them. It's almost like a cocaine addict. I just couldn't control myself. So, at this point I try to look at it like an alcoholic and alcoholism. I just try to keep those foods that are very addictive to my brain out of the house.

HF: One thing I hear a lot about people who've gained this excessive amount of weight is that there's a lot of emotional eating going on. And I think we're often not taught how to

deal with our emotions in a healthy way. So, it's very understandable that that would be a coping mechanism.

KG: Right. Right. And even having been a physician at the time being 306 pounds and giving weight loss advice to patients, we don't really get trained that well in medical school on nutrition and fitness, I think it's probably somewhere between two or three or four hours of your entire, four years of medical school. And certainly not much of residency either.

So, I remember the family medicine boards because I'm a primary care doctor. I was a primary care doctor first. I remember the family medicine boards didn't have too much in the way of dietary interventions for people. There was a bigger focus on what medications to use for hypertension and diabetes rather than how to prevent those two things.

HF: Would you like to give us a window into the work you're doing currently as a physician in obesity medicine?

KG: Sure. So, at this point I am a half and half - primary care and obesity medicine. I have about 32 patient care hours per week. And I'm doing two days of primary care and two days of weight loss medicine. By July 31st of this year, though, I'll be transitioning to full-time weight loss medicine. And that transition I actually started in November of 2020. And that's kind of right after I spoke with you initially, actually I reached out to you to see if you could help me with my career choices or my future. And I remember you saying, "I'm not even sure if you need me, Kevin".

HF: That's a compliment you, you had a plan, you had a passion and you were already working it out.

- KG: Right. Right. I had a little bit of a plan to stay where I'm working at the moment, which is at South Coast Health. So, I'm at a hospital group and they were kind enough to offer me a position in their medical weight loss program, working alongside the bariatric surgeons, but on the medical weight loss side rather than surgical weight loss. And so, I took them up on that and began the transition back in November. And at this point I've helped patients lose over 1,500 pounds total just working a couple of days a week.
- HF: That's great. That's really an achievement and I'm sure they really resonate with you and your story. And it's probably very inspiring to them.
- KG: Yeah. I do tend to share my own journey and I think it's helpful for patients to know that their doctor can relate and has struggled with similar things before. And I'm open about the history of binge eating. I'm open about temptations and what needs to be kept out of the house. And even the foods that I keep out of my own house. And so, I think people appreciate that and it kind of inspires them and motivates them to know that their doctor started this weight loss 35 years ago and is still doing it. It's not just like a fad diet. It's like a way of life that's been really successful for me. And so, hopefully really successful for them.
- HF: One thing that I was wondering, which I heard on the podcast interview that you did on The Low Carb MD Podcast, was when you did have all that weight and were 300 pounds. how patients responded to that and whether they said "You are going to tell me to lose weight?" And you did say that some of them called you on the carpet.
- KG: They totally did. And I would have like a number of patients who are smaller than I was. I was 306 pounds, maybe they were 230 or 240. And every time I brought up their weight, it was like, "Well, what about yourself?" And I do happen to be one of those people who put the wellbeing of others before myself a lot. So, self-care was not really a top priority for me. It was always about my family members and about my friends and about my patients.



And so, I was more concerned about them living long and healthy lives rather than myself. And so, I just pushed my own health aside for so long and turned to food to cope with my emotions. And so, yeah, I guess that whole aspect of the journey is definitely relatable to patients now, but it was very odd being a 300-pound doctor for a while. Thankfully it was just during a couple of years of residency.

HF: Exactly. And maybe you also inspired them because they thought, “Oh, I don't want to get like that. I better do something now”.

KG: It was helpful too. During residency, I went to Tufts in Boston and we had obesity medicine, weight loss group visits. So, as I started to lose the weight, people were noticing and I was attending the group visits with patients. And so, it was like we were all losing weight together. So, I turned it into a tool to help people which is nice and it sparked a very similar thing with me, for my social media presence and sharing before and after photos and exactly which dietary interventions that I've tried and successes and failures and things like that.

HF: You're walking the walk so you can talk the talk now. For physicians who are listening, who might be interested in weight loss and obesity medicine, is there room for more physicians to work in this space?

KG: I think there is so much room. I think maybe at this point, we're up to 6,000 or 8,000 obesity medicine specialists in the country. But with over 40% of our country being considered obese, over 70% being considered overweight or obese, I just think there's so much room for growth. And then also with more and more time constraints that we have in primary care, then there's less and less time to address the root cause of so many of these comorbid conditions that people like me and other doctors are managing every day and that people are suffering from.

So, I frequently found myself waiting through primary care visits, like a swamp and never being able to actually address the underlying cause of people's comorbid conditions. And so, now I get my whole 15 or 20 minutes, sometimes longer 30, 40 minutes with a patient just to address their lifestyle choices. And my visits really do predominantly focus on diet and exercise. And just a small portion of my patients are actually on weight loss medications.

HF: What kind of training is necessary to be able to do this kind of work?

KG: At this point there is a fellowship pathway that you can go and do a fellowship after your residency at places like Harvard, Cleveland Clinic, Johns Hopkins, Boston Medical Center. And then there's also a CME option that is 60 credits of category one CME and a four-hour comprehensive obesity medicine exam that's given by the American Board of Obesity medicine.

HF: Could a physician just start treating weight loss on their own and hang up their shingle or say this is my specialty?

KG: Do you mean if they are board-certified or if they're not board certified by the ABLM?

HF: Do they need to do any specific training? Could they just say "I'm an obesity medicine physician" or "I'm a weight loss physician" and sort of do their own training?

KG: I think people could probably go to their own CME courses by maybe the American Obesity Medicine Association, or perhaps Harvard's Blackburn Obesity course and start to get knowledge in obesity medicine and then incorporate that into their own primary care or endocrine practice.

But certainly, right now, the pathway to getting officially board certified by the ABOM is fairly straightforward and actually doesn't require a fellowship. So, it's pretty easy to

do at this stage before they require a fellowship, which may inevitably happen. So, I think now's the time to get into it if you're going to.

HF: Now, you have this amazing story. You have this proof, you lost 125 pounds. You're doing this. What are you seeing in the space where other physicians may be helping patients with weight loss? Can you give us any ideas, other ideas of where physicians are creating their own practice per se or something else?

KG: I think there's such a variety of ways that doctors do this. So sometimes they incorporate obesity medicine into their primary care or endocrine or some other, maybe internal medicine or pediatrics practice. So, they will go and get board certified and then use their knowledge on their own patients, which is great. And I actually have friends who do that. And so, they haven't changed much about their day-to-day life. They really just incorporate their knowledge into their patient visits and sometimes have longitudinal specific visits that are just about patients' weight.

And then there's other ways that people do it like a direct primary care plus obesity hybrid model, which I've seen people do where 50% of their practice is with a panel of their own patients and the other 50% is seeing consults in obesity medicine. So just having other doctors refer to them as a specialist. And then I do know a few people who do that.

And then there's people like myself who actually transitioned from a full-time family practice doctor, primary care, pediatrics, whatever they are, full-time rather than doing that, going into obesity medicine full-time and weight loss medicine.

But it can be a little hard to find a hospital system or network that has a medical weight loss network or medical weight loss department that already exists. A lot of times it is something that's incorporated into primary care, where you have floating weight loss doctors who go from practice to practice and help with things, or you have obesity

medicine physicians working alongside bariatric surgeons to help patients either qualify for surgery or maybe patients want to avoid surgery. Or we can help patients who are post-bariatric surgery and are unfortunately gaining weight back. So, there's definitely a lot of utility for us in a primary care setting or alongside a bariatric surgeon, which is nice.

HF: It sounds like there are a number of different ways to approach this. The training doesn't seem insurmountable. We know how to do CME and exams. And so, getting started, what was it like for you when you started making that shift? How would you see your patients? What would the conversations be like? Can you paint that picture of you doing this work in the office?

KG: Sure. So definitely very different from primary care in a lot of ways. And I really appreciated that. I actually felt that it was almost like a laid-back field. And why I say that is because you can kind of relax about all of the required things that you need to do during a visit. So, in primary care, it's like, you have to make sure their mammogram is all set. You have to make sure that the colonoscopy is booked. You have to make sure that their blood pressure is on point and their A1C is in control. And by the time you get through all of those things, you're like stressed about it. I found myself like very high-strung and stressed about all of these like metrics that had to be done, that it was like, I wasn't even appreciating what was in the best interest of the patient and what really needed to be done at the most basic level for the patient, which is lifestyle counseling in order to fix all those comorbid conditions.

So, I kind of get to relax and really delve into the patient's history. For example, how did they gain all of this weight to begin with? And when they were diagnosed with diabetes what that did to them mentally. And I get to be kind of like a mental health counselor in some ways where I can delve into people's psyche and see why they gained their weight and how we can get them motivated to start losing.

It's also nice too, because in primary care you just see everybody, but in medical weight loss, I often have people who are already motivated before they see me. So, they are excited to see a weight loss doctor and ready to go, rather than in primary care you often have to insight motivation from scratch and be like, "Unfortunately your weight is causing some of these problems" and you have to start from scratch with their motivation is a lot harder. So that is different as well.

And my visit time is different too. So, I went from 15-minute visits all day in primary care to now I do 40 minutes for a new patient visit, 20 minutes for follow-up. And I really do take almost the entire time. I tend to document during the patient visit. I do have to tell them that **half** in the office. And so, it's a very flexible and laid-back schedule in comparison to primary care, and there's less call as well.

HF: You talked about getting into some of the psychology behind weight gain. And do you feel at some junctures that you're in the role of a therapist?

KG: It's funny because I feel like in primary care, you're a social worker, you're a therapist and you're like a health coach in so many ways. And so, I was used to that, practicing in primary care for three years, addressing people's mental health. There's a shortage of psychiatrists in the area. So, we often have to step in and treat depression and anxiety. So those kind of run of the mill mental health issues that people deal with, I am somewhat comfortable treating, but now it's all in the setting of weight gain and weight loss. And so, I feel like in that way, I have a little bit more insight with my training and with my personal story.

And so, definitely I feel like a therapist sometimes and a social worker sometimes, but it's something that I'm so passionate about doing that I never really mind. And I really genuinely look forward to seeing patients in follow-up. And my days are just so much more exciting. It's actually very immediately gratifying because I'll have a whole day of follow-ups and almost every patient will lose 5, 8, 12 pounds. And so, it's very satisfying.

And I think that a lot of people would like that about this field more so than primary care.

HF: Well, it sounds like you found your niche, you found your passion and I'm sure there's a big waiting list to get to see you.

KG: It's about 12 or 14 weeks.

HF: Yeah. That's substantial. One thing I'm wondering is, you had your own journey with weight loss. Now that you've seen a lot of patients go through this journey, what have you learned from watching them that maybe you didn't know or realize through your own journey?

KG: What an interesting question. Everybody tends to have a selfish lens when they look at things like, I look at weight gain and I think about my own story. And sometimes you get pigeonholed into thinking like your story is how people gain weight, but there's just so many ways that people gain weight over time. And it's not just a sick family member or difficulty in college or medical school. It's just such a wide variety from sexual assault or abuse to difficulty with like children, like child-rearing. Someone may have so many children that they have no time to take care of themselves.

I just have learned so many things about my patients that I didn't foresee as complications or problems for ways that people have had weight gain over time. And so, I don't know, I guess it's just been insightful to be a doctor in this field and learning about other ways that people can gain weight and other ways that people end up with all of these comorbid conditions. And I've never had time to ask about that kind of stuff in primary care. So, it's nice to have the time and have the space and the trust of my patients that they open up to me about these things. And so, there's just a wider range of understanding. And with that understanding now it's a little bit easier to treat them.

HF: And we're hearing that there are many different reasons why people overeat and why they gain weight. When you're treating patients with obesity, what is the approach that you use - is it a different kind of diet for different people? Or do you have a program that seems to work well for the majority of your patients?

KG: In our clinic, we have four providers. We have one nurse practitioner and three MDs. And we do tend to focus on a low carbohydrate approach with minimally processed food plus or minus intermittent fasting. We sometimes incorporate that into our dietary regimens. And so, all of us actually do low carb, minimally processed food. And then there's different preferences that we have for incorporating fitness and exercise goals, as well as medications. I feel like everyone has their favorite go-to medications that help.

For example, I'll often reach for a medication like Wellbutrin because sometimes it can help the patients who are dealing with depression while also addressing their cravings for carbs and sugar, and maybe they smoke. So, it can really kill three birds with one stone. So, we all kind of practice differently, but it's pretty much always low carb, minimal processed food, low sugar. And that works for the majority of patients. It only gets difficult when people have certain dietary restrictions.

HF: There was something that you mentioned before we started recording, which was that you don't try to have them do all these things at once, like change their diet, exercise, maybe stop smoking or deal with their emotions, but kind of like, let's start with one thing and then that to me made a lot of sense.

KG: Yeah. Sometimes I spend the whole first visit, it's a new patient consult, it'll be 40 minutes. And the entire visit is discussing how they gained their weight and which dietary interventions we can do that will really make an impact. And we don't get to intermittent fasting. We don't get into fitness goals. We don't get into medications that can help. We just cover a dietary change because that in and of itself is just sometimes

so hard and such an overhaul to someone's day-to-day life, that it's enough to deal with for the next four weeks without adding any of the other potential complications.

So, I tend to wait until people start to lose weight. Like they'll lose 5 to 7 pounds the first month, maybe the first two months. And then once they start losing weight, it's almost like a snowball effect and they get motivated to exercise. So, often I don't even bring up exercise or fitness goals, patients bring it to me like, "Oh, by the way, I started walking two miles a day, or I started walking my dog more, or I've been looking into getting a used treadmill on Facebook". And I'm just like, wow, this is amazing. I didn't even talk about it, you did it on your own.

HF: Yes. I love that.

KG: I try to be low-pressure.

HF: That's genius. I think that's genius right there, Kevin. Let people come to you because the body inherently has a lot of wisdom. And if we listen to it, it will tell us what we need. And you're giving them that space to come to you with that wisdom that they're hearing.

KG: Yeah, that's right.

HF: I know. I'd love to go on and on, there's so many things I love to ask you, but since we're getting close on time, I'd love it if you could recommend some steps that a physician who might be interested in potentially working in obesity medicine, how can they start doing this?

KG: Yeah. So pretty much any field that's certified by the American Board of Medical Specialties or any osteopathic equivalent is eligible for a certification by the American Board of Obesity Medicine. They have a website, abom.org. You can check out the



credits that are required there. And a really great first step is a lot of hospital networks or offices will give a certain amount of CME money.

And so, if you can look into certain courses in CME, like the obesity medical association, or the Blackburn course by Harvard medical school, just to get your foot wet, just to kind of like look into this field and see if it's something that you may be interested in. I feel like it's a great way to spend your CME money and for a lot of different specialties, it's a great knowledge base to have in your own practice. So that's like a wonderful first step, it's going to that website and perhaps looking into CME options through Harvard or the OMA. You might also want to check out one of the podcasts like Low Carb MD.

HF: A physician could without ever having to find a job in obesity medicine or change things up big time, could maybe even start seeing these patients in their practice or asking other physicians to refer to them and just start a handful at a time and do some CME and then see how it goes.

KG: Exactly. So, before I was even board certified, I was seeing my own patients for weight loss visits, just to see what it was like to practice in weight loss medicine. And so, it was very nice in primary care to have an entire visit that was dedicated to just weight loss. And I was doing this while I was studying for the ABOM certification exam before I was even certified.

And then once I became certified, I actually started seeing other primary care doctors in my office as patients. And so, they would refer them to me and I would make time in my schedule to see them. And that's how I really knew that I loved it and that it was a huge passion of mine that I wanted to pursue it full-time.

HF: I love that example because so often as physicians, we think we have to go spend a ton of money, go through a fellowship, or go through some big program before we even have the expertise to try something out on a small scale. Instead of the lemonade stand,

we do the moonshot. But start with the lemonade stand and test it out. See if you like the lemonade. If you want to do this.

KG: Exactly. You might love having an entire visit all about weight loss. You may realize that you actually really enjoy primary care and addressing all of these different things and having more variety in your day, for example. So, to each his own, for sure.

HF: Absolutely. Well, what's next for you? What's on the horizon in this story of yours?

KG: So, I'm super excited about July 31st, the full transition to weight loss medicine. Right now, I have a waitlist that's 12 - 14 weeks out that I'm booking new patients. So hopefully my access will improve a little bit when I'm doing this full time. I'm super excited about this book that's coming out. It's called "Fasting While Furious: How I Turned Anger and Sadness into Motivation for Weight Loss". It's going to be out in a couple of weeks on Amazon. I self-published it. And it is a book that is all about my weight loss story, but it also shares tips to start your weight loss journey, as well as sample meal plans and recipes.

So, I'm really excited to share this with the world, because as of right now, the people who get meal plans by me, or just personally patients of mine. So, it's like a few hundred people rather than everyone. So, I'm just excited about the access and excited about what's to come.

HF: Well, it's a beautiful book. I can see it here while we're on Zoom. And I think that you're sharing incredible value through your story, through your love of helping people. You just come across as a really non-judgmental, warm, inspiring man and physician. And if that's not healing, I don't know what is, Kevin.

KG: Thank you so much. You're like my personal hype woman.



HF: We will link in the show notes to Kevin's website. He also has a huge Instagram following. We'll put his book in there and also these different resources that he mentioned for obesity training and the courses and some podcasts. So, we'll have all the good stuff on the Doctors Crossing website in the show notes and you can reach out to Kevin. So, a big hug and a thank you for coming on the podcast.

KG: Thank you so much for having me. This is incredible. Thank you.

HF: Thank you again. All right guys, as you know, don't forget to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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