DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 77 She didn't leave medicine, she found joy in a new path

With guest Dr. Dana Muhlfelder

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HF: Oh, really? Death café?

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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 non-clinical 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. When we're at the crossroads in medicine, we're often looking at what we can do to stop the burnout, but still be able to use our skills and help patients. Sometimes the answer is to find a way to help patients list directly in a nonclinical role and not infrequently the remedy can come from changing up what we do in the clinical setting.

Our guest today found her answer by combining two very different ways of caring for patients. Her name is Dr. Dana Muhlfelder and she is an emergency medicine physician who began her path out of burnout by doing a fellowship in hospice and palliative care.

Dana currently splits her time between working in the emergency department and doing hospice and palliative medicine. We're going to hear her story and learn how she combines these very different roles in her new career configuration.

Dana will help us understand more about the area of hospice and palliative medicine, as well as what the training involves and why she finds this work so rewarding. She'll also give us some tips for exploring hospice and palliative medicine if this is of interest. I'm very excited and honored to welcome Dr. Dana Muhlfelder to the podcast. Hi Dana.

DM: Hey, Heather. Thanks for having me.

HF: Oh my gosh. Thank you. I've been looking forward to this for a while and it's going to be a good ride I know, because when we talked before, I could just feel how connected you are to this direction. And I think it's going to really be very informative. So, I'm excited.

DM: I hope I can help in any way.

HF: Yes, I'm sure you will. What I'd like to do is go back in time to 2015 when you first reach out to me. You were finishing up residency in emergency medicine, and I'd love it if you could take us there and catch us up to the present.

DM: Sure. It feels like quite a long time at this point, but I know it hasn't been that long. I guess I can start with my story. I went into ER as a very ambitious adrenaline junkie sort of personality. In med school, I came to Tulane in New Orleans and just fell in love with the high intensity of ER and pursued that residency. I ended up matching in New York in Brooklyn. I did a four-year academic residency there.

But in doing it, it wasn't exactly what I had expected. I would say a few years in or even just by day one, something didn't feel right. I struggled a lot with burnout and really had a lot of emotional trauma I would say from my time there. I was hoping and looking for

help at the end of my residency, thinking that just becoming an attending would solve everything.

That's when I reached out to you when I was making some of those decisions about where to practice and what setting and what type of environment I was looking for. And so that's when we first got in touch. I moved back to New Orleans and took a job in emergency medicine and have been working as an attending since residency. That's been about six years at this point, but I also knew very quickly once I was doing the attending job, that something just wasn't right either.

I've struggled with ER at times for many different reasons that we can get into or not. But I knew I had to make a change at a certain point. Since the beginning of medical school, I was always interested in talking about end-of-life care. And I didn't even realize that the hospice and palliative specialty existed, or that it was something I could go into. But in training I gravitated towards very sick patients and really valued my time spent at the bedside, talking with patients, navigating their end-of-life care or talking about code status. And I could just tell that this was something that I was interested in. And if you want, I can kind of give you my story of how I ended up deciding to go into it.

HF: I think that would be great because there's sort of the one theme of emergency medicine just didn't feel right. But then there were these dots that connect you to this direction of palliative and hospice medicine that you were noticing early on. So yeah, follow that trail, the breadcrumbs of getting into this new direction.

DM: Yeah. And I don't know at what point I reached out to you, kind of our second rendition, but I was just struggling with ER of not feeling fulfilled, dealing with the burnout of having the same day to day job and not really thinking that this was the right fit. And I started similarly to residency. I still really enjoyed having end of life conversations and was looking more into palliative medicine and trying to see if I could work at a hospice company or looking for outlets.

I could tell that I had a passion for this aspect of medicine. And one day I was out for a run and I literally ran into an attending that I had had in medical school that I hadn't seen. And at that point probably six years or so, I told her a little bit what was going on. And she just happened to mention that she was starting a hospice and palliative

fellowship here in New Orleans. I was like, "Well, I'm just going to have to be your first fellow."

HF: That is crazy. Literally you just ran into her and you hadn't seen her in over six years.

DM: Yeah. I know. Sometimes things just seem to work out. It's all about the right place at the right time.

HF: That is incredible serendipity. What are the chances of that happening and her wanting to start this fellowship?

DM: Right. Right. And it did feel serendipitous, the whole process. I was just so excited about interviewing and meeting other providers that were doing hospice and palliative. It just felt so right.

HF: Such a contrast.

DM: Yeah. Yeah. It's obvious. I was in the first class of fellowship trained hospice and palliative care docs in Louisiana.

HF: Wow. Made for you.

DM: I don't know, I have to ask her, but we were the first class and I think I was really lucky that they carved out a non-traditional path for a bunch of us, because all of us had already been out practicing. I was able to do the fellowship part-time for two years. And I finished that in May and I'm now working, doing 50% ER, and 50% palliative care.

HF: I love your story. It's really telling because that phrase something's not right is something I can really identify with and a lot of other people and whether it's your career or whether it's a relationship. And you may not even be able to completely put your finger on it, but it's a feeling.

Knowing what you know now, do you have a way of sort of briefly helping us understand what wasn't right about emergency medicine and what is right for you about hospice and palliative care?

DM: Yeah. I've thought a lot about my path. I think it had to work out the way it had to work out. From my experiences doing ER, it led me to palliative but in terms of fit, there's just this component of people talking about flow. This idea when I'm having a conversation with a family about someone who's maybe imminently dying in the ER, I feel fulfilled when I come out, like I'm connecting with people in a way that I don't feel when I'm fixing a blister or a broken arm.

I can do those things, but like that intimate connection is something that I find really gratifying. And I was coming home from shifts and the shifts that I would have where I had one of these intense interactions. Like I took that away and that was a good shift. And so, it was just so obvious to me that I needed something a little more intimate. And I do think this saved my career. I don't know that I could have continued doing purely ER.

HF: I'm curious when you think about having these end-of-life discussions, what is it that's so powerful for you, Dana?

DM: Oh, that's a good question. I often struggle with medicine in certain ways. Sometimes feeling there's just this crazy momentum to medical care and interventions, and sometimes we're not thinking about what an individual may want or what their family wants. It's very easy just to admit anyone with the UTI to the hospital if they're elderly.

At a certain point I started realizing and understanding that hospitalizations aren't always the best thing for people. And in the last years of life, maybe we want to focus on getting them home if that's what they want. And so, I started really asking serious questions about where people want to receive their care and giving them options. And that's led towards really intimate conversations with people and their family members and has just changed to my practice actually in the ER and how I approach elderly.

And sometimes I feel like I'm saving them from the harm that the medical system can do. Sometimes even getting someone admitted to hospice, I'm actually getting them back home with their family, as opposed to, it's not for me, but to a potential end of life in an ICU or something. Just being able to alter the medical course is pretty powerful.

HF: It is because it has such momentum and we always somehow feel like if we're not doing more, somehow, we're not doing right by the patient. But that's not necessarily true. I'm

curious when you think about yourself and maybe even your childhood or your family, how you potentially were wired to do this work?

DM: I haven't really thought about that before. That's a good question. In general, I feel like intuition is important to me and connecting with people. And I find that I really care about doing right, not just doing the status quo, maybe. There is some element of palliative care, where you are kind of going against the grain a little bit where I feel like, in medicine death is seen as a failure. I want to rebel against that and be like, death is inevitable, but it doesn't mean that we can't prepare for it. And I don't know, there's some part of me that kind of feels like a pioneer maybe in some sense. I kind of like going against the grain.

HF: Yeah. I just get this so many of you are really trying to help understand what's the best way to transition for this person. And to do that, you really have to have a conversation with them and help them understand their options.

DM: Yeah. I guess I find myself drawn towards having hard conversations. I don't know if it translates into my personal life, but I really struggled in medicine when it seems so glaringly obvious to me that a patient is incredibly ill and possibly dying and no one's talking about it.

I feel very strongly that a patient should know the family should know and we need to prepare. That's just this part of medicine that I have found my role I guess, is to kind of educate and to be a part of patient's care at that time.

HF: Well, that's really lovely and it sounds like you found your calling. And that perhaps has a spiritual component too for you.

DM: Yeah. I can't say enough about how it just feels so much more perfect doing. It just works. It fits. And recently, I just didn't even know that it was possible. I really didn't think that I could find a place in medicine that would be fulfilling.

HF: I'm really happy that you have. Could you give us an idea of what a day might be like when you're doing hospice and palliative medicine?

DM: Sure. I work 50% time at the VA and what my job looks like there, there are some weeks where I will be on the consult service. I will be leading a team with residents and a fellow where we attend to veterans that are in the hospital and do consults, mostly discussing goals of care in a critically ill veteran, or maybe addressing a new diagnosis of a serious illness. Or someone that is already established with palliative care that's having an acute hospitalization and working with the primary medicine teams to address their symptoms.

At the same time, we also have an inpatient hospice unit. Those patients as well. We have veterans that are living with us. They qualify when their diagnosis or prognosis is limited to about six months. We have veterans living with us for an extended amount of time at the end of their lives. I'll attend to those veterans as well.

And then we also have an outpatient clinic that I staff, a few afternoons a week. And that's following usually I would say cancer patients, but also anyone with advanced COPD, CHF or any other life limiting illness.

HF: I know a lot of people when they hear that a physician that's working in hospice and palliative care, they wonder how do you deal with death all the time and dying? And doesn't it just get depressing?

DM: Sure. I feel otherwise, and that might just be me, but I feel like the work is invigorating. Like I mentioned before, it's having these really intimate connections with people at their most vulnerable times. And for me, it's just much more fulfilling compared to the hustle and bustle of the ER, which can really be trying at times.

Yes, approaching death can be hard and it's heavy. But I think in doing hospice and palliative work, I'm part of this incredible team, we all have this very similar perspective that death and dying is a part of life and it's not a failure. We're helping families navigate this really challenging time. For me, it's not depressing, at least not right now. I'm at the beginning of my career. So, I'm sure there will be struggles, but it is much more meaningful work for me.

HF: How has it informed your own life?

DM: Yeah. I think ER taught me that anything can happen at any time. Life is precious and hospice and palliative work has taught me that similarly. In life there's a lot of unknowns. In meeting people at vulnerable times, I think it's given me an appreciation for how short life can be and you want to be living your best life, I guess. But really focusing on your priorities and making time for what matters and following what brings you joy. I think it's made me re-evaluate what's important to me.

HF: Has it changed the way you live?

DM: Yes.

HF: Well, let's look a little bit at the nuts and bolts if someone is interested in doing this. For listeners who may not even be physicians or maybe even wondering, "Well, what's the difference between hospice and palliative care?" Could you give us a brief definition?

DM: Sure. Well, the definition that I give oftentimes is that palliative medicine is a focus on the whole person and addressing symptoms, quality of life, emotional, spiritual distress for anyone with a serious illness. It doesn't have to mean that it is necessarily terminal even. It's just addressing someone's total care. Their mind, body, spirit, family connections with a diagnosis.

Whereas hospice becomes a part of palliative care when someone's life is limited to a prognosis of six months. It's a philosophy of care. When we start focusing on quality as opposed to quantity of life and making those decisions. And hospice itself, I could go into, but it is just a benefit that anyone qualifies for when their prognosis is six months or less.

HF: All right. Excellent. And in order to work in these areas, does the physician need to do a fellowship like you did?

DM: I believe it has recently been updated. There's a formal fellowship training to become board certified in hospice and palliative care. Previously, it was something that physicians could get grandfathered into and take the boards without having to do a fellowship. But now I believe physicians have to do a fellowship. And it's one year available to I believe any specialty, to be honest. Whereas for me, I had to do four years

of ER residency. This fellowship was one year. I was able to do it part-time so I could continue working in the ER. I did a month on and a month off over two years.

But I'm not entirely sure if that's available or out there. I do know that there's plenty of education and certification out there if people are interested in gaining palliative medicine skills. But I don't know if a fellowship is required for certain positions, whether or not people are looking for fellowship graduates to be like a hospice director or whatnot, because previously that wasn't required.

HF: Right. And how does the job market look? I may be asking you a question that you're not familiar with, but what's the word out on the street?

DM: I can just speak to more perceptions of hospice and palliative medicine. It wasn't anything that I was exposed to in med school. And now we're getting med students asking to rotate with us and it's a required rotation for internal medicine residents here in New Orleans. And we have a fellowship program here that's growing and having more fellows year after year.

I think for many reasons we're needing more palliative care doctors. There's not enough of us to meet the growing need with the silver tsunami that's coming. And I think it's just a field that's growing because medicine needs it. And I know a lot of people feel like it's a field that it's addressing the art of medicine on the humane side.

HF: Well, when you describe palliative medicine as addressing the mental, spiritual, emotional, like holistic aspects of the patient, well, that just sounds like good medicine right there.

DM: Yeah. There's this saying in theory, we wish that all doctors could be palliative docs and that was just something that was taught.

HF: Right. More integrative. Are you able to give a little guidance about compensation, which is always a common question when you're making changes?

DM: Yeah, sure. I believe that my role as a palliative doc, at least working at the VA, is compensated similar to a hospitalist physician, which is fine. But it's a pay cut from the

ER. If I were to work full time as an ER physician. That is a little bit more lucrative, but it just wasn't something sustainable for me.

I've made some calculated decisions about what's important to me. And one can definitely get by on a palliative physician salary. It's just maybe a little different than what I had anticipated.

HF: I love that you shared that because you were making it sound like that you wouldn't not have been able to continue in clinical medicine strictly working in the emergency department. It could have been a career ending in that sense.

DM: Yeah. There were times when I was looking for ways out of clinical medicine. And like I said, I think this saved my career. I think I found a place in medicine that feels right and is fulfilling. I've just been shocked and surprised at myself that I could enjoy this as much as I am.

HF: Well, I wish people could see your face. It was definitely glowing. And I can really hear that this is connected to your heart and you're bringing an amazing healer to these patients in a real time of need. Because if they're not going to get it now, it's going to be too late. And that is such a gift that you're giving them. I'm really proud of you and happy for you Dana.

DM: Thank you. It's been so rewarding. Just anecdotally, I've gotten more gratitude and thanks from patients in my two months of doing palliative medicine compared to six years of ER.

HF: Wow. Wow. That's some telling there.

DM: Yeah, it's obviously a good fit for me. I'm really lucky to be able to do this job.

HF: I'm sure you'll be inspiring others. And if someone's interested in starting to explore this on their own, what are some steps that you would recommend?

DM: Yeah. I would reach out to physicians in the area that are doing palliative care. Just getting to know what a typical day looks like maybe, seeing if your hospital system has a

palliative care section and meeting them or reaching out to maybe some possible mentors or people that are doing this work.

There's a lot of literature out there about this aspect of medicine, death and dying. And there's plenty of books out there. There are laypeople's events. There's a death café, it was something that I had gone to when I was contemplating.

HF: Oh, really? A death café?

DM: Yeah. And these forums where it's a movement of forums for people to meet and talk about this subject matter that has long been avoided.

HF: Oh, interesting. So, you had some coffee and…

DM: Cake

HF: Oh, I like that. Let them eat cake. It's interesting. A friend of mine from residency was visiting and she finished a big career in dermatology and she's looking at what to do next. And she's volunteering at this hospice program near where she is. And part of preparing for that, they're having her take these courses where they talk about this transition time.

And she says interestingly hearing about this transition language for those people who are dying is really helping me think about this transition time for me, that there are a lot of parallels. I just thought that was really interesting. And I just also wanted to bring it up too, because there may be some physicians who aren't looking for a career, but they'd like to volunteer in this area.

DM: Yeah. And I think this area too, it can benefit any physician. So much of the work and the training that I received doing my fellowship was about communication and talking to people.

HF: Yes, yes.

DM: And learning how to have an actual conversation as opposed to talking at them, which doctors like to do. I think it's valuable for everyone. We all need to talk about our plans for the future.

HF: Yeah. And how to have difficult conversations. Another thing my friend said when she was talking about this training is that they emphasize how to be with somebody and truly listen and not fix things. Because we're always about, "Well, let's fix the problem." Well, when someone's dying, you're not fixing that problem. What do you have left? You need to be with that person.

DM: Right. I feel very strongly that this is a real gap in our medical education. When I think about the percentage of physicians that go into a field for birth, like OB-GYNs and pediatricians. And then on the other side are geriatricians and palliative docs that are similar working at the end of life. The numbers are shocking. And in terms of the amount of medical education that focuses on death, something that happens to a hundred percent of our population, and we just don't talk about it.

HF: Well, you're talking about it. You're part of the change here, Dana. And just one last question, well maybe two. But one question is on a scale of zero to 10, how much are you enjoying hospice and palliative care?

DM: 10.

HF: All right. Awesome. I love it. And any last words that you'd like to share for a physician who might be feeling like "I'll never figure this out? I'm stuck at the crossroads?"

DM: Yeah. I've been there. And I think being honest with yourself, acknowledging that your career may not look like what you are expecting it to look like, being open and humble and really following things that do bring you joy, I think will lead you to something. And it may not be medicine and that's okay. But you're not alone.

I know so many physicians, like friends and colleagues and classmates, this is hard work. And I don't know if it's what we anticipated or I don't know if it's what we were told we were getting into, but I think you only have one life and it's best if you can find something that you enjoy doing.

HF: That's beautiful. Well, those are great words to end on. Dana, I want to thank you so much for being a guest on the podcast.

DM: Of course, I'm happy to share my story. And thank you, Heather, your expertise and presence was so helpful for me during many times of this transition. So, I have to give you some of my gratitude. Thank you.

HF: Oh my gosh. Well, you're incredibly welcome Dana. It's been really a joy to get to follow your journey and see you so happy. A big thanks and a bunch of gratitude back to you. Thank you.

DM: Thank you.

HF: All right, guys. I want to let you know that in the show notes, I'm going to share some links for you, including a number of really great books that Dana is recommending. Don't forget to check those out and as always, don't forget to carpe that diem. I'll see you in the next episode. Bye for now.

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Podcast details

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