**EPISODE 169**

**With guest Dr. Courtney Barrett**

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CB: “A lot of grieving happens when you lose that role of a physician. We've spent so many years and so many hours becoming a physician. That grieving process is pretty real for a lot of us that have chronic medical conditions and ultimately have to stop working.”

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.

Hi there and welcome back to the Doctor's Crossing Carpe Diem podcast. I'm your host Heather Fork, and you're listening to episode number 169. We talk a lot on the podcast about all the different challenges these days in practicing medicine. There are many struggles and ways in which the demanding schedule and long hours can be taxing. But when you add in having a chronic medical condition or disability on top of everything else, the difficulty becomes exponential.

Our guest today, internal medicine physician Dr. Courtney Barrett has a long history of type one diabetes that was complicated by a number of events and diagnoses to the point where she had to stop working completely. Last March she underwent a kidney pancreas transplant and is currently able to work part-time doing telemedicine.

Dr. Barrett is joining us to talk about how her own health journey informs your care of patients and offers suggestions and a hope for physicians navigating their careers while dealing with a disability or a chronic illness.

She'll also share helpful resources as well as examples of other physicians who have found new career directions when faced with specific health issues. It is my true honor and pleasure to welcome Dr. Courtney Barrett to the podcast. Welcome Courtney.

CB: Thank you so much for having me Heather.

HF: Yes, and thank you for coming on. I am really excited to talk on this topic and have your expertise because I know there are a lot of physicians out there who are dealing with illnesses and also who have had sometimes career ending disabilities and had to completely reconfigure what they do. And it can I sure be a very lonely and scary place to be in.

CB: It can be for sure. One of the things that has helped me through was finding a great social support network.

HF: And we're going to be talking a bit about a great group that people can join who are facing these issues. But first let's start with your story. Where would you like to begin Courtney?

CB: Ultimately, like you said, I've dealt with type one diabetes since I was nine years old. I went into medicine with that background and that challenge already in my life and that adversity to overcome. And I worked through medical school and residency training and dealt with pretty labile type one diabetes. But the complications of a labile disease like that took its toll in different manifestations including retinopathy and neuropathy and things.

But then over the course of my attending career, which is pretty short lived of about four years, I encountered a lot of other diagnoses. None of which were zebras per se but collectively pretty much made me a zebra just with one after the another of different situations.

HF: What else were you experiencing?

CB: On the job I had a lot of GI issues where I was running out of the room with nausea or vomiting. I had the lay bile diabetes, so falling short with hypoglycemia issues and things. When I was in corporate medicine and prior to primary care as a private physician I was diagnosed with MS. And those symptoms were essentially like a stroke-like aphasia, difficulty in communicating in any form or fashion.

And so, ultimately with all of that together, with falls related to the MS and broken bones in there because of all of it and even working alongside of all that, my kidneys started to shut down with the complications of type one. I was having a lot of fluid overload symptoms, some congestive heart failure in there, working with significant anemias and things until I eventually stopped working altogether about four years in.

HF: When I first read your email describing all the things that you've experienced I just thought “How can you even go on?” And I thought it’s hard enough to go through a day but when you're not feeling well at all and I think you said you had a hemoglobin at one point of around 5.8 that you were working with.

CB: It's a shock to look back.

HF: Did you just feel terrible when you were seeing patients? How did you even have the presence of mind to focus on someone else besides all of your symptoms?

CB: I think to a certain point the chronicity actually benefited me. It's amazing what our bodies can actually adapt to, and that's the case for I think any illness out there. Sometimes we don't even recognize how far gone or how well we're functioning with very little until we actually get better and realize that “Oh, this is what normal feels like.” For me it was just a normal day. It was really just a normal feeling. It wasn't anything significantly detrimental if you will.

HF: Well, it is still kind of mind blowing to me, and I'm sorry that you've been faced with all these health issues. Was it in your mind that because of all these medical conditions that you might not be able to practice? And if so, what was that thought like to have?

CB: Ultimately it came down to when my kidneys really fell short. They really went down in just a quick year and as that was happening it became more realistic to me that that might be what happened. And when I finally did go on dialysis that was when I stopped working. But through that I always had that focus and that goal of getting transplanted and returning to patient care. I knew it might take a different route or a different form but my goal was to really return to that patient interaction. That really drove me, that passion.

HF: And did you have the option of going on full-time disability if you weren't able to return?

CB: Yes, and I had activated that as well. During that process of waiting for transplant I was on a full-time disability.

HF: And what was it that made you want to go back?

CB: I think I really missed the patient interaction. A lot of grieving happens when you lose that title, not necessarily the title I should say but lose that role of a physician. We've spent so many years and so many hours and hard earned dedication to the process of becoming a physician. Especially for me I was so early on that that was just kind of a disaster really. I didn't have a lot of closure with patients before I stopped practicing and things. That grieving process is pretty real for a lot of us that have chronic medical conditions and ultimately have to stop working.

HF: I'm glad you mentioned that, and I want to touch upon that further in a couple minutes, but first I wanted to ask you what it is like for you to care for patients and then have had all these medical struggles on your own. Because you did mention that it does form your relationship with patients.

CB: It really does. I was really transparent. I grew great relationships with my primary care folks and that's what drew me to primary care, was that longitudinal relationship. I was always pretty transparent from the beginning. Oftentimes if I had to walk into a room with a handful of Skittles because my blood sugar was running low, my patients just kind of chuckle and understand. And I never had a problem being transparent. I think it benefited me, my relationships and my rapport with patients especially because I was young. I think a lot of physicians have trouble establishing credibility when they're young. And even my older patients, I was able to share certain experiences that really showed them that I could indeed empathize directly or indirectly from whatever they might've been going through.

HF: Yeah, it’s so true. If someone who can relate to what you're experiencing can say “Hey, I know it's hard and this is what I do” it’s so much more effective than say someone who's never had to lose weight trying to tell you to diet or maybe you have an alcohol issue and they've never experienced that before.

CB: Absolutely. I think it really translates into better patient care for sure. If you're able to tackle it and you've done your own, working through your own problems, and really have a presence to really bring it to the table in the right way. Certainly my patients were always the folks in my visit but to add in some small little nuanced tidbits in there which showed them that I really understood their battles, I found that invaluable.

HF: And currently you're doing telemedicine on a part-time basis?

CB: Yeah, I work about 25 hours a week. It's all remote practice. I do preventative medicine and it is primarily synchronous visits right now but with a few asynchronous visits as well. Patients can meet with us via a Zoom meeting and look over their risks and things like that and modify and optimize their health in that regard. I am still able to really employ my passions of working with patients and make it work for my situation, now being on immunosuppression.

HF: Do you feel that there's anything missing from how you get to practice with patients because of the health conditions that you deal with?

CB: I think to a certain extent there's that little bit of value in true in-person meeting but I'm a very casual, lighthearted person in a visit whether I'm in person or through a video that I think makes me very relatable and helps establish those similar connections with patients. There's a little bit of loss there and I don't do physical exams anymore. All of our patients have their primary care that they see in person. However it allows me to still fuel that passion for education and truly getting to know patients and not have the stress of time over me as well as I did previously.

HF: I can tell that you really do have a big heart for patients and also for people and I think that's probably one of the reasons why you are also involved in this Facebook group that helps physicians who have chronic illnesses or disabilities. Do you want to talk a little bit about that group and the kinds of things that people are struggling with there?

CB: Absolutely. It's called Physicians for Physicians. It's essentially all of us now on the other side. And it's really nice in the sense that it was my first opportunity to join a true supportive network of folks who have the background to understand the struggles on both sides of the fence.

HF: And what kinds of illnesses and disabilities do you see in the group?

CB: We have a wide variety of situations that people have encountered. Everything from your regular “usual” folks – depression, asthma, multiple sclerosis or long COVID pure zebras with strange myopathies or rare neurological problems, mitochondrial disorders or progressive genetic disorders. And also different traumas where people have had injuries or traumatic brain injuries and such. So, it’s really multifaceted with the backgrounds.

HF: Say a physician is thinking about “Well, should I join this group?” What would be something that they could get out of being part of the community?

CB: Support is really an understatement of a word. And really it's a group that's encouraged to support one another when we're able and to just take a back step when we're not able and up to supporting other people. There's opportunities to learn about how to grieve, how to manage this newfound life when you can't work anymore or can't only work in a certain capacity. It's an opportunity to link in with resources. Everything from how to process disability claims to filing disability paperwork with the government to establishing with reputable lawyers and things like that if needed. Also to get different ideas for different work avenues, it's so diverse of the information and the support that's out there that I don't think I could actually list only a certain number of areas that we touch on a daily basis.

HF: I'm really glad that there is a group like this because I'm sure it can feel very lonely and scary too especially when you first get a diagnosis or you might have faced an injury or trauma, maybe you've had cancer and you can't do what you spent your whole life training or planning to do. And so, I wanted to talk a little bit about the grief and other emotions that physicians feel, and you probably felt yourself when you start realizing that you can't be who you wanted to be and do what you wanted to do.

CB: Absolutely. There's a grieving that happens with loss of the career path that you've worked so hard for but then there's also other grieving as far as not being able to fulfill a role of that mom or dad that you feel that you should be able to or not having the energy to be the best spouse that you want to be. And that's where I think the support really gets so nitty gritty. Everyone has so many different experiences and can contribute something to your situation. A lot of people will join and maybe just stay on the periphery, observe how things happen or how people ask questions and go from there. And ultimately they'll share a small story and say that they're struggling in a certain area and lots of people will chime in either with “I don't really have any specific advice to this but I'm so sorry you're dealing with this.” Or “Hey, that exact situation, you could have written my story. Here's what happened to me and how I dealt with it.” Different grieving aspects as well as just different circumstances that you are helping to alleviate some strain with.

HF: And you also mentioned that there can be suggestions and help for people who need to reconfigure their career.

CB: Absolutely. Folks have returned to work in different capacities. They've done it maybe temporarily or permanently. Others have taken what we typically phrase as a medically retired opportunity. There's all sorts of different backgrounds of both where people have come from as far as their different ailments but as well as the specialties that they were in before and what they do now.

HF: Do you have any examples, obviously, of transitions that you've seen physicians do or different ways they configure their work?

CB: Absolutely. I'm a prime example where I still do a lot of patient interaction but on now more of a remote basis. There's that option. A lot of folks have gone truly away from clinical medicine and gone into utilization management or research. There are some folks who've done college grading for papers and things or teaching in a medical school or chart review. There's even one of our folks who had worked for SSDI. We know the struggles on the other side of the fence so what better person to work for SSDI than people who have experienced the other side of it? And then also some folks have worked for the health department and non-clinical roles as well.

HF: I know we had Dr. Stephanie Pearson on the podcast a while ago and she's the OB-GYN physician who got a shoulder injury when she was delivering a baby and it was career ending and she ended up starting her own disability company which she has Pearson kRavitz. Isn't she the one who started the Facebook group? Is that correct?

CB: I believe she was one of the first folks. I'm not exactly sure. I have never dug back in that far but I don't think we have an official administrator per se but there's a core center of people that fill that role if you will.

HF: And how do folks join this group? Because it is a private group. I assume you can't just search it and join it that way.

CB: Yeah. We've kept it very private just for privacy reasons as simple as that sounds. But you can't just search the group. This was always a struggle. You kind of had to learn about it from someone who mentioned it in another group and then befriend them and then get added to the group. However I recently kind of had an epiphany saying “Why don't I just set up a Gmail account and then people can email the Gmail account and then we can find them on Facebook and add them via that route?”

Because what had happened was someone from the group would mention our group in another forum and get tons of requests and they'd be bombarded and not be able to even keep up with the demand and the interest in our group. I randomly started an email for that purpose, that we can help feed people into the group who are interested but may not see a random mention of it on another thread.

HF: Well, that was a fantastic idea because I've known other physicians who wanted to get in that group and it's been challenging for them. Would you want to share that email on the podcast and I'll also put it in the show notes?

CB: Absolutely. Just like our Facebook name, physiciansforphysicians@gmail.com.

HF: Okay. I'll put that in the show notes so people can reach out and share whatever information that's needed to enter into the group because I think it's a fantastic resource. I think you had some suggestions too you wanted to share for individuals who may be having a chronic illness but they're not at that point yet where they're diagnosed and you have some good ideas about how to navigate that dicey train.

CB: Absolutely. One of the things that really became aware to me when some of my diagnosis was unfolding over the few years that I had started work was that if people don't have their own occupation disability policy it is definitely beneficial to grab that. Even if you might be working through possible diagnosis or not, a lot of that information isn't clear cut and defined until much much further down the road. Gift policy, if you don't have one now, even if you don't have a medical condition, it ultimately is something where it can be lifesaving financially and just from the mental burden of it all to have that on board.

HF: Go ahead and get your own occupation for your disability insurance if you don't have it already. I think it's really good to have somebody potentially review your contract too because I think Dr. Pearson said that she thought she was really well covered and then she found out later on that it really wasn't very good coverage at all and it was very challenging for her and her family.

CB: Absolutely. It sure can be. And one of the other things is that once you're on the other side and you've accepted the fact that you no longer can work, one of the things that was extremely worrisome to me was being so young and new as an attending I still had student loans to pay off. And my husband, we're working on that diligently and now all of a sudden, we're losing this main source of income that was doing that. And I learned the option for loan forgiveness that I was not aware about before.

The idea that if you're stuck with that permanent disability and lack of long-term income that loan forgiveness is an option for disability, not necessarily the other loan forgiveness options that are out there for different government loans.

HF: I know that can be very devastating. I'm sure when you've been making a certain income you're planning on this income for yourself and your family and then all of a sudden you could lose it all and maybe you don't have disability or the disability isn't really adequately covering your expenses.

CB: Yeah, definitely. A lot of folks vent about their struggles that they're having with it. And that's another nice resource is that it's so hard to be in the moment and think about the resources that might be out there and all those resources vary state to state as well. It's really nice to be able to network with other folks who might be in the same state or have different references that they hadn't thought of in that moment because it's such a stressful moment that you're almost very foggy minded to think about it on your own. And when you can just put it out there for others to really contribute their suggestions, it's very helpful.

HF: It seems to me, Courtney, that this could be a really good area for someone who wanted to do coaching like specialize in helping physicians who have disabilities or chronic illnesses because there's so many different challenges that we've talked about and someone who's gone through the path like yourself I think could be an incredible coach for others. I don't know if there's anyone who specializes in this for physicians.

CB: Not that I know of but I think it's a great niche that could use some fulfillment. We might have a couple coaches in that group but I can't swear to it. It might just be a general physician group that I'm part of but that could be a great role for someone who is considering stepping out of clinical care and broadening into a different area that they can still serve but isn't that clinical upfront nature.

HF: We talk about the grieving process that occurs, and I'm also wondering about the whole identity issue where if you feel like you can't do what you trained to do, have you seen people talk about their feelings of failure in a way even though there's nothing they did wrong to get sick or have an injury or an illness but that feeling of somehow I failed?

CB: Certainly. And a lot of people, I think they identify as being a physician and then they feel like when they're talking with people in the community, friends or family and people often ask, what do you do for work or what you're training in? People can still say I'm a physician. No one necessarily took that away simply because you don't practice.

The other aspect is that we are more than our work. No matter what your work is. Anything from a bridge engineer to a physician to a delivery man, we're not defined by what we do for work. Certainly we've spent a lot of our lives doing it but we're more of what makes us us. It's our inside, it's what we have to offer others and who we are as people, caring people. We are empathetic, we are compassionate. We are mothers, we are sisters, we are brothers, fathers. Things like that.

And ultimately it's about really finding that identity outside your job role. And I think that's great advice for anybody in any field. I think a lot of times we focus too much on our identity within our roles as income providers and not as people in the community, whether it be our friends and family, local community or national community.

HF: I love that. That's really beautiful. You have a very strong spirit and I'm wondering, I'm sure you've probably been through some pretty dark times but when you're at your darkest, what did you do and how did you talk to yourself to move out of that space?

CB: My husband was a great source of support. He was always my rock right next to me. And then also my family, my friends, my other coworkers as well. At one point it almost seemed like I had a new diagnosis or a new ailment because one of those diagnoses comes down the pipeline every three months. I dealt initially with a lot of humor. It was like “Okay, we're approaching that three month mark. What's coming next?”

But ultimately I think I use those moments to really build on them and how I could actually help people with them in the sense of even just talking with my patients on a daily basis and being transparent. Some people don't like to be transparent but I think there's a lot of benefit in it.

HF: Sometimes I've had clients who had a health issue or a mental health diagnosis and they were always wondering “Well, do I disclose this? Am I going to have to say something when I fill out the paperwork for a new job?” What would you recommend to physicians in this space having these thoughts?

CB: I can completely understand. Until my most recent application to get back in the workforce outside of my typical clinical position I came across that question about disabilities. And initially I think a lot of people are turned off by those and either want to not attest to them or don't even bother finishing the application because of them. I found it as an opportunity because ultimately my medical problems are going to come into factor at some point during my work. It's really just a fact of my life.

In my previous roles my nursing staff was well versed, they knew exactly how to help me. At one point I had some broken bones, they would bring patients to me versus me going to rooms. In my new job I was frank with them as far as what my medical ailments were and how they could get in the way of certain things. I think that too many people are scared of being labeled or marked disabled when in fact if a company knows about that ahead of time and they don't choose me, well, bet on them. No, they lost out on a great employee. And frankly if they don't choose me, hey, I may be out in the end because ultimately if I have an issue and then they're going to react negatively to me, that's going to be a bad experience.

And so, if they don't accept me for what I come to the table as then I don't want to work for them. And ultimately the ones who have said “You know what? Not a problem” have been great to work for. I think that it's a new part of us, whatever diagnosis that we're dealing with, that it becomes part of us and sometimes it's not completely able to be hidden permanently.

HF: That's really excellent advice. And it is true that we want a good match and there's sustainability when there's a company that's going to support you and be willing to accommodate you if needed because they really value what you bring to the table.

I know sometimes people get discriminated against. I'm sure if they disclose certain things or there's some fear of licensing being renewed and everyone has to make their own decision regarding this.

We're about close to time here but I'd love it if there's any other words of hope and encouragement you'd like to give physicians who are really feeling pretty devastated by a diagnosis or a disability, an injury or cancer.

CB: I think it's ultimately that like we guide our patients, one step at a time, and there's resources out there to guide you one step at a time through it. Instead of looking at that mountain as a gigantic hill to climb, put your foot in front of the other and make do with each day moving forward because there's a lot of other options that are available. It might not be what we trained for but there's a lot of bright lights on the other side that sometimes we don't always see in the beginning of the situation.

HF: I love your advice and those are really beautiful and encouraging words. I think it's so important especially when you are faced with not being able to practice medicine as you intended. Perhaps you're a surgeon, you can no longer do surgery or can't deliver babies or you're not able to be on your feet all day long. Whatever it is it can feel like a tragic loss but the truth is as you talked about being a physician is very broad. It's not just seeing patients. There's so many nonclinical options and now we can work remotely for a lot of companies. We can work part-time, we can work as an independent contractor. A lot of physicians are starting their own businesses. And when you have your own business you really decide what are the terms that I'm going to work and how do I want to work? And you're not relying on someone else to hire you.

CB: Absolutely. Being a physician isn't just one skill. It's a skill set that is incredibly huge. Really focusing on those other skills that you can use and designing around that.

HF: And the beautiful thing is there are physicians helping physicians in so many different ways now than before and we can look to each other for support because I think more than anyone we really get what it's like to do what we do and also to face a loss of some of the things that we are really hoping to do and be. And so, I think that Facebook groups are incredibly helpful. We're going to make sure to put that email address physiciansforphysicians@gmail.com so people can join this group if they're interested in it and have the qualifying condition to join the group.

Thank you so much Courtney. It's been really wonderful to have you here. I really hope that you have good health in keeping able to help patients in the wonderful way that you do.

CB: Thank you so much Heather. It was a pleasure being here.

HF: Yeah. Well, thank you. And for my dear listeners, please, please share this podcast with anyone you think it could be helpful for. If you know someone suffering from a medical condition, facing a disability or just someone who you think it would be good for them to make sure that they have the right disability insurance because that's so important to have upfront. Yes, please share it. Thank you so much for listening and being out there. You make this all worthwhile. Thank you again and 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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