Fixing Healthcare Podcast Transcript
Samuel Shem

Jeremy Corr: Hello, and welcome to season three of the Fixing Healthcare podcast. I'm one of your hosts, Jeremy Corr. I am also the host of the popular New Books in Medicine podcast. With me is Doctor Robert Pearl. For 18 years, Robert was the CEO of The Permanente Group, the nation's largest physician group. He is currently a Forbes contributor, professor at both the Stanford University School of Medicine and Business, and author of the best-selling book, "Mistreated: Why We Think We're Getting Good Healthcare-and Why We're Usually Wrong."

Robert Pearl: Hello, everyone, and welcome to the new season of our monthly podcast aimed at addressing the failures of the American healthcare system and finding solutions to make it, once again, the best in the world. In this, our third season, we turn to the world of politics and the role of government in healthcare. As always, we invite you, the listeners, to share your thoughts on this topic. Please take the new Fixing Healthcare Survey available on my website, RobertPearlMD.com. We'll be reading and discussing the best listener suggestions throughout this season.

Jeremy Corr: Robbie, as you know, our listeners love the podcast interview with Tyler Schultz, the whistleblower from the Theranos debacle. They're fascinated by this season's theme of the role that government can and should play. Listeners are looking to the government to drive down drug prices, make hospital costs more transparent and affordable, and eliminate surprise billing. They also have a deep desire to restore the traditional mission and purpose of medicine.

Jeremy Corr: Today's episode will focus on many of those opportunities. Our guest will be Stephen Bergman, whose literary pseudonym is Samuel Shem. He's the author of multiple works of fiction, including two books on these themes. In 1978, Shem published a satirical novel titled "The House of God" based on his internship year at the Beth Israel Hospital, a Harvard Medical School associated teaching facility in Boston. The novel has sold over 2 million copies. His most recent book, "Man's Fourth Best Hospital," is set in a nearby institution, the Massachusetts General Hospital, 40 years later, with the same cast of offbeat and unforgettable characters. Shem currently teaches at the NYU Medical School.

Jeremy Corr: Robbie, I know you've read both books. Any thoughts before we ask the author about some of the more specific areas?

Robert Pearl: Absolutely. First, for listeners who have not read "(The) House of God," it is a classic in the medical field. I recommend it to people who desire to understand what it takes to become a physician and the ways humanism is slowly extracted from doctors during their seven to 10 years of education and training. In this book, the author graphically portrays a medical mindset that so highly values intervention, that it produces as much harm as good, and an approach to

patient care that rarely misses an opportunity to generate revenue for doctors and hospitals. His just-published sequel looks at a more recent cause of despair, the electronic health record, and suggests solutions to salvage the interpersonal side of medical practice for the benefit of both physicians and patients. Let's begin.

Robert Pearl: Welcome, Shem. We're thrilled to have you on the show. Let me begin by asking you a couple of things I've wondered since I first read your book, "(The) House of God," many years ago. How did you pick your nom de plume?

Samuel Shem: It's hard to pick a name. You want to pick one that no one has, and I thought ... I don't know why I thought of it, but I thought of Shem because Shem in Hebrew means name. So I got a name that's the name.

Robert Pearl: Excellent.

Samuel Shem: Also, in Finnegans Wake, the two sons of Finnegan are Shem and Shaun, and Shem is the writer. Shem the penmen he calls him, so that seemed nice too. I was heavy into Irish writers at that time.

Robert Pearl: 1978 you wrote the book, "(The) House of God," which I think may have been the funniest book in medicine I've ever read, but also, I think it's one of the saddest. I've recommended it to thousands of medical students and others interested in the healthcare profession. You predicted so many things about today: burnout, suicide, over-treatment, motivation to get money out of patient care. From your perspective 40 years later, that's your sequel that we'll talk about in a few minutes, what do see that's different about medical practice, and what do you think is the same?

Samuel Shem: Well, at best, the same is the same. I'm a writer of resistance to injustice, and the injustice, both in "The House of God" and in "Man's Fourth Best Hospital," is the doctor-patient relationship. The injustice of being forced in a system where you can't really do what you want to do and, as you know, what we docs came into it for, which was to help people, to make contact and guide them through their suffering, and be there at the worst times in their life to help them through.

Samuel Shem: That hasn't changed as what is the best, but what has happened was something that is a problem for both doctors and patients and nurses, et cetera. The biggest difference that has caused all the trouble, as far as I can tell, are the computer screens that are linked, that link data to payment, that link code to cash. That is that, as you know but the public doesn't know, it's mainly in a lot of ways a billing machine or a cash register, that we doctors are at these machines from 60 to 70, 80% a day because we are tasked with the job of fighting for the highest payment of our diagnosis that we're putting down.

Samuel Shem: On the other side of the war of the screens, the insurance drones are trying to pay the least for each of the codes we click. Like all wars, it's about money, so that's what got me going to write "Man's Fourth (Best) Hospital." What got me going for "The House of God" was the abuse of interns and residents.

Robert Pearl: In both of your books, there's a list of absurd-sounding, immutable laws or rules that consistently prove true. Each of the lists is created by an unforgettable character named the Fat Man. Can you put him in context for the listeners?

Samuel Shem: Well, "The House of God" is a story sort of one step off real of my internship where it's really going through the internship with five other interns as major characters. This character called the Fat Man, who is their resident that teaches them, who's the hero of the book, of both books, and who is this marvelous kind of huge in every way, wise, foolish in a way, expert teacher and doctor. The book is about how the sort of innocent interns, including the narrator, Roy Basch, enter this system with all high hopes of being humane doctors and treating patients well, and, alas, this big hierarchal system does not allow them to do what they think is in the best interest of their patients.

Robert Pearl: Jeremy, an important area of opportunity for the government, is relative to resident education. What listeners may not know is the funding for this training comes directly from the federal government. Today, the government delegates oversight to hospitals, especially societies, but it could play a more direct role. Shem powerfully captures the problem residents face through the Fat Man's law number eight: They can always hurt you more.

Robert Pearl: This rule describes in one sentence the fundamental power dynamic impacting medical students and residents. They're aware that their future's dependent on those above them, and they are forced to confront the reality that power often is abused. A recent study published in The New England Journal of Medicine titled, "Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training," showed that 32% of residents felt that they had been discriminated against because of their gender, including 20% of women who reported overt sexual harassment. Thirty-nine percent of residents acknowledged experiencing weekly burnout symptoms, and 4.5% had suicidal thoughts in the previous year.

Robert Pearl: Issues of discrimination and harassment are areas of governmental oversight and responsibility. Let's hear Shem's thoughts on a few of these subjects.

Robert Pearl: When the book came out, I believe that you were severely castigated by the medical establishment, including many doctors, as you point in the book. I don't think that would be the case today, but I suspect that people who read the book might be "offended" by some of the portrayal of the women that you do, overachieving senior residents like Jo, and some of the sexual dalliances that are there. How do you view this societal evolution in the context of medicine?

Samuel Shem: Well, yeah. I really got a lot of shit from the older doctors because this didn't resonate with them, "The House of God." My guys and women, too, even though women were not portrayed all that well in "The House of God," they loved it. It was all word of mouth. There were no ads. There were no reviews. There was no interviews by me. It just zoomed out of the stores because of word of mouth, which anything that sells books is word of mouth for any length of time.

Samuel Shem: They were really nasty to me at Harvard. The one thing that came out of Beth Israel Hospital, which is what it's about, is they passed around a rumor that I didn't take good care of patients. That really bothered me because I did take good care of patients. That wasn't in question. I may not have been the best intern, but I was a good one.

Samuel Shem: Then, there were criticisms, valid criticisms, by nurses especially, who are mostly women, that oh, the way you portray women in this book, this is really not very good, blah, blah, blah. I plead that that's the way it was. That's the only defense I had. I write not only real, I wrote one step off real, my editor said, which brings out the humor. I write from real.

Samuel Shem: What I've done consciously in "Man's Fourth Best Hospital" because it's such a different era, that you will be pleased to hear, and everybody will be pleased to hear, that when the Fat Man founds this clinic leaning up against "Man's Fourth Best Hospital," this public clinic, by the end of the novel, we have achieved parity with women. There's as many women as men, which really makes me feel good because that's the way it is now.

Jeremy Corr: Robbie, in "The House of God," the characters often talk about the Gomers. What do they mean by this term, and what is its relevance to the government?

Robert Pearl: Reading a parody decades after it was written can prove uncomfortable and emotionally difficult. In rereading "The House of God," the use of Gomer is a clear example, due to the derogatory nature of the word. At the same time, in the book itself, it is used more often as a term of endearment than derision. The word is an abbreviation of the phrase get out of my emergency room. The authors use Gomer to transmit the Fat Man's disdain, not for the patients, but for the individuals who have sent them to the hospital with minor problems hoping they will be admitted, and therefore, they won't have to provide the care themselves.

Robert Pearl: In "(The) House of God," the label's applied to frail and elderly individuals living in nursing homes whose families have long since abandoned or forgotten them. Shem brings a humanism to their plights. To quote the Fat Man, "But Gomers are not just dear old people. Gomers are human beings who have lost what goes into being human beings. They want to die, and we won't let them." He offers rule number two. Gomers go to ground. By that, he means people in this situation will do what they can to escape, invariably falling out of their hospital beds and harming themselves.

Robert Pearl: There is so many issues raised through this metaphor. Walk through the typical ICU today, and you'll see patients unable to breathe on their own, who will never speak, eat food by mouth, or control their bowels, and yet they're stabbed and poked continually. We need to ask ourselves whether this is treatment or torture, and how can we preserve, not just people's lives, but also their dignity. All too often, this debate is framed economically, but instead, it should be examined from the perspective of compassion. Congress, along with state legislators and regulatory agencies, are already weighing in on end-of-life prohibitions.

Robert Pearl: In "The House of God," Shem does a beautiful job of describing how the residents outfox the establishment by pretending to do all sorts of complex procedures when, in truth, they're simply cutting back on how often blood is taken and how frequently unnecessary diagnostic studies are performed. Iatrogenic harm is a word from the Greek meaning brought forth by a healer. It describes how frequently what we as doctors do make patients worse. Even today, once frail and elderly patients are hospitalized, physicians order and nurses administer sedatives so they won't "go to ground." Often, as a result, patients experience delirium, a common outcome proven to inflict major harm, not only during the hospital admission itself but for months afterwards.

Robert Pearl: Listeners may not know that Medicare accounts for $600 billion of healthcare spending each year. Almost no hospital in the United States could survive without these payments. As such, the government could be a powerful force shaping not only coverage but also care delivery. Let me ask you, Jeremy, in what areas would you like to see the government play a bigger role?

Jeremy Corr: An area of healthcare that is becoming more problematic is mental health. According to the CDC, almost 40,000 people die annually from suicide, more than car accidents, and double the number as a result of homicide. Yet despite the legislation that requires coverage for mental health services to be equal to other ailments, more and more people have trouble accessing the care needed.

Jeremy Corr: In Shem's new book, "(Man's) Fourth Best Hospital," the Fat Man offers an important insight through rule two: Isolation is deadly, connection heals. Robbie, let's hear his thoughts.

Robert Pearl: Before we leave "The House of God," I was particularly moved by the suicide of one of your characters, Potts. I believe that you're a psychiatrist. What are your observations and your thoughts both about his death in the book and the 400 suicides that happen today amongst physicians, more than one a day?

Samuel Shem: Yeah, I just would say that I'm in recovery from being a psychiatrist, so if we can say that. Yeah, the thing that the students are most riveted by in the book is when we come to the chapter with the suicide. That's because, here's linking it to your question, that's because there is an increased rate of suicide not just in doctors, which is big now. That's because of "burnout," which I would much

rather call abuse because burnout makes it feel like we're not up to it. Abuse makes it, I think, more clear.

Samuel Shem: Anyway, there are suicides, and suicides are up in medical schools, too, which I find incredibly moving. These kids who have just worked and worked and worked to get into medical school and then, often, on the edge of leaving medical school or first-year, that's when suicides happen, the transition. It's because they get isolated. The suicides now, I don't know that I fully understand them, but what I do know from teaching medical students is that it's so hard in this society to get into medical school. There's so much competition and attempt to have these perfect kids that they get the message they have to be good at things.

Samuel Shem: Once you're into yourself and making yourself a better self to get into a medical school, all of a sudden, you risk "isolation," especially in males, I think. As you know, Nick Kristof, just the other day, isolation now is what? It's as dangerous as smoking a pack of cigarettes a day on health. One of the things I did learn as a psychiatrist is that suicide is a disease of isolation, like others, like depression, to a certain extent. These kids, it's really interesting.

Samuel Shem: I think when you go back over suicides in medical students, isolation is always there, always there. Taking themselves away from relationship and good connections, which is what health's all about. As I said, it seems to me, it may not be true. It seems to me they come at transitions from medical school to internship, internship to residency, or even from pre-clinic to clinical teaching.

Robert Pearl: The data does say that when medical students enter medical school, their rate of depression is less than general public, and by the second year, so, as you say, one year after the transition, it's now dramatically higher. That's, I believe, when quite a number of the suicides occur.

Samuel Shem: Yeah, I'm so glad you said that. Let me be a broken record. What happens when they go into the clinic? Now, what used to happen in the old days was that it was really hard. It was hard, but you got teaching. You got a lot of time with your intern or resident. It was a human-to-human instruction apprenticeship almost, right? You've been through that. I guess I'd never thought of this before, but one of the big deals, when they go into the clinic now, they go into a clinic where the interns and residents are in front of those screens up to 80% a shift.

Samuel Shem: I'll tell you one short thing that opened my eyes to this. I was giving a lecture at a local hospital here to medical students, really good medical students, and they started to complain about how they don't get teaching now because as soon as rounds are over, their interns and residents make a beeline to their screens because they've got to get ahead of the tide to get all the payment information in there and coding in there.

Jeremy Corr: Robbie, I'm impressed by the passion Shem has about the problems generated as a result of the current electronic health record systems. This is definitely an area in which the government could contribute. As an example, the government could force the manufacturers of the commercially available electronic health records to open the application programming interfaces, or APIs, so that third-party developers could make the tools optimal for the provision of medical care rather than the tools designed predominantly for billing. Similar to what the government did relative to coverage through the Affordable Care Act, it could standardize and simplify the entire hospital billing process.

Jeremy Corr: In "Man's Fourth Best Hospital," the Fat Man and his crew figure out how to disrupt the facility's computer system so that they can obtain patient data, but make it impossible to enter billing information. A governmental solution would seem less disruptive. I found two of the Fat Man's rules intriguing as they so succinctly summarized the opportunities. The first rule, number eight, squeeze the money out of the machine, and rule number nine, put the human back in medicine. Here are a few additional thoughts by the author.

Samuel Shem: The book's a novel, and the novel, it rides on humor, and it hits the heart and the gut. But I felt an obligation to try to find out what the Fat Man would say about the problems in Medicare. Even though he's a technocrat, he went right to the computer screens and the for-profit insurance billing through those computer screens.

Robert Pearl: You'll be happy to read, I think it's this month's Mayo Clinic proceedings, where they took the 12, I'll call it, leading largest technologies starting with the things like Google and Amazon, and they put the electronic, you like to call it, the medical record because it's not really a health record, but an EMR, and it came in absolutely last. It got the lowest grade possible with something like 40% of people finding it to be utilizable. I think everything that you wrote in your book has been confirmed by the most recent data.

Robert Pearl: Shem, how has "(The) House of God" impacted doctors?

Samuel Shem: I didn't want to go out doing any publicity for the book. Nothing. I refused everything. 1978, I didn't think that real writers went out with publicity for their book. It's interesting. That's the way I felt. I got on with my life. People couldn't find me because of this pen name, and there was no email or anything like that. They didn't know my address or phone.

Samuel Shem: Two years later, 1980, I got a letter through my publisher. I opened it up, and it said, "I'm in a VA hospital in Tulsa, Oklahoma, and if it weren't all night long, and if it weren't for your book, I'd kill myself. I thought, "Oh, my God!" It really hit me. It really hit me, and I said, "Okay, maybe I can help." Doctors want to help. Maybe I can be of use to people.

Jeremy Corr: If you were to talk to some patients who maybe had not heard of you before who were feeling disenfranchised with American healthcare system right now and even their interactions with their doctor, rising medical bills and things like that, why would you recommend your book and how would you pitch it to patients?

Samuel Shem: I haven't thought about that. If I went to talk to a patient group, I would read some of it. I would read. I think in the last chapter, there's a sketch of how your doctor's visit has become satire with the patient's experience and the doctor's experience described and explained in just a few paragraphs there. I would say, "This will help you understand what's going on when your doctor has his or her back to you and why, and how it's both." I think the last line is, "It's the for-profit insurance industry that is not letting your doctor and you have a good relationship and take care of you." I would say that kind of thing.

Robert Pearl: Let me ask you a literary question. I see "(The) House of God" as sort of a combination of parody and satire, and I read the Fourth (Hospital) as being much more of an allegory.

Samuel Shem: A-ha!

Robert Pearl: Do you see it the same way? Is that how you wrote it?

Samuel Shem: Wow, that's the best question I've ever had on "Man's Fourth (Best Hospital)." Put it this way, I never thought of it like that, of course, as the writer. I just am in it. I'm just trying to be in it, and let it lead me in a certain way once I get the décor of it. But the thing that I realized inexorably, of course, is that I did go through "The House of God," and it's written very close to the bone.

Samuel Shem: "Man's Fourth Best Hospital," alas, I had to write from my imagination because it didn't happen. This didn't happen to me, so that's an interesting way of looking at it. I'm glad you brought that up. I think the other big difference is in narration. The narrator is looking back several years after the events in "Man's Fourth Best Hospital." He's older, and he's looking back, so in some sense, I was very aware of writing from an older doctor's view. You know what I mean? I guess when you are writing explicitly about a healthcare system that's so much larger than just a personal journey, I suppose it can take on allegorical or parable terms. You know what I mean?

Robert Pearl: This season of Fixing Healthcare with Jeremy Corr and myself is focusing a lot on what the government should do. What do you see based upon your experience both at NYU and in writing the current book, the role the government should play in addressing the problems? Whether it's the electronic health record, whether it's the pharmaceutical industry, whether it's the health plan, insurance industry, where do you see the role of government stepping in to help solve the problems?

Samuel Shem: Well, yeah. As you know, in the middle of the book, the Fat Man gives a lecture on the six rackets of American healthcare and what to do about it. I've really, really tried to understand it. Here's what I understand, and here's what I think where I come down. Electronic medical record, 2008, Obama wanted to do a good thing. He wanted to have something that could really help get data and how to communicate information across various different parts of the system. That was a good idea, but then somehow, finally, or somehow at the start ... And somebody should investigate this. No one's written about this. This is a great thing to think about. Somehow private insurance got into that model, and all of a sudden, they linked a code of data with cash. They came in, and that's what it then became all about.

Samuel Shem: What I think really would work, and I haven't seen this said in this sort of completeness, is that we will have within five years some kind of a more public healthcare system. There's no doubt about it, especially since more and more women are coming into politics, I think. We will have it, okay? How is it going to work given the private insurance industry? Some of the candidates are saying, "We've got to get rid of private insurance." No, we don't. We don't. What we have to get rid of is the presence of private insurance billing in the public system.

Robert Pearl: What are your thoughts on the intersection of technology and the physician culture?

Samuel Shem: Culture is in the environment, response to the environment. What's the one thing that doctors are responding to? It really is, as you know, it really is the time they have to spend in front of screens that they can't do in front of patients. Now, what is the effect on the doctor culture? Well, there are all these statistics on "burnout." Individually, doctors are ... We know that there are a lot of unhappy and impaired doctors who, actually, the suicide rates are up, as well.

Samuel Shem: They're people who don't want to work in this system. The system comes down on them a lot worse than the system in "The House of God." So what I see and what I hear is almost all of the House staff and young doctors and doctors are trying to figure out how to stay alive, but more important, how their culture can stay alive for being with patients. That's my broken record talk. Every time I start to think of those things, I'm led back to trying to figure out, a doctor trying to figure out, how to turn to face the patient while still typing, or how to get home on time, or ...

Samuel Shem: I'll give you a little example. Somebody said to me about Bellevue, which is a 500-bed, public hospital attached to NYU. Nine-hundred people, nobody's ever refused, and this was a long-term doctor at Bellevue. The people who work there love it. They love doing it. I said to him, "How do you stand this?" He said, "Well ... " Because it's really hard in terms of the work and the severity of disease and the hopelessness and all of that stuff. And, he said, "Well, every night when I go home, I try to think of one good thing that I've done to take care of the patient, and I almost always can think of that."

Samuel Shem: He said, "That's the way it used to be, but now, I find myself, against my better judgment, I'm walking home, and I'm thinking, "Can I think of one good thing I did for the care of my computer, and it sucks."

Robert Pearl: I love it, Shem. I love it because we know that from the standpoint of creating physician unhappiness to satisfaction, call it burnout, that lack of purpose is a major component to that. I think that that's what you're describing, that someone who is a data entry clerk the entire day goes home at night feeling like they have not achieved an important purpose for which they trained for 10 years of their life.

Robert Pearl: Your most recent book ends with optimism and a prescription for the future. It includes rule number three, connection comes first, and rule number six, it's what we do together. Let me ask you to expand on this theme. Roy Basch has a lot of you in him, and Fats has probably a lot of you in him, and I'm guessing that Barry is your current wife to whom you've been married for a while. Can you talk about the importance of relationships for physicians in their training, physicians in their practice, any which ways you want to opine on the subject?

Samuel Shem: I went back and looked in "The House of God" for evidence of how important connection was. It's implicit all the way through, and how disconnections are bad. But there are these wonderful sayings, actually, from the Fat Man. He says, "Be with the patient." That's his big thing. He said something like, "These patients know that I'm with them in this through all of their illness," or something like that. Roy actually says in the book, "What these patients wanted was what anyone wants, a hand in their hand, the sense that their doctor could care." There are these glimmers of being with the patient. Fats says, "I make them feel like they're part of some grand, funny scheme, and not alone with their diseases." Those are quotes that I happen to come to. I found these later, and I said, "Geez, that's pretty good. You sort of were on the right track."

Samuel Shem: Well, when it came to "Man's Fourth Best Hospital," to answer your first questions, yes, Roy is very much like me. I think he was a little more innocent than I was when I went into the hospital in "The House of God." Barry is my wife now and mother of our child. So when I got to write "Man's Fourth (Best Hospital)," as a writer, you write what you love. You're sitting there. You want to write this. I'm dying to write this. You know what I mean? I was on fire writing this. Oh, Janet can be here again, and our daughter. I can write about our daughter when she was five. I hope you enjoyed that with the daughter. She's sort of-

Robert Pearl: I loved her and her bunny and all of her sayings. She sounded like a really smart individual. I'm sure she's been very successful in life.

Samuel Shem: Yeah. Thank you. Thank you. Yeah. Janet and I, with her, teamed up to write a couple of things. One was we did gender dialogs all over the world, 20,000 people, and we wrote a book about gender relations called, "We Have to Talk: Healing Dialogues Between Women and Men." The theory that's in "Man's

Fourth (Best Hospital)" about how a shift from a focus on self as a measure of mental health to looking at the quality of the relationships or connections as a ... I'm sure you picked that up in the book, the idea of bringing Barry into join, to try to help this process with the Fat Man and the guys.

Samuel Shem: Actually, I was the Fat Man too, I must say in "The House of God," and I am in this. This was wonderful for me to do, and I think it works. All this about connection comes first, and it's not just what you say or do first, it's what you say or do next, and trying to look at the we, all of that. I think that really I didn't just put it in. I think it's organic to the whole because, to spoil it for readers, Barry winds up being part of the team of the Fat Man.

Samuel Shem: Of course, as you know, one of the things in doing this new book is that I realized as a young man writing "(The) House of God," face it, the Fat Man was an ideal. There was never anything wrong with him except being fat, right? There were no flaws. I thought to myself, "He's not perfect. He has flaws." At one point, as you know, Hyper Hooper says, "You're fat! You're fat!" Well, nobody had even mentioned fat in "The House of God."

Samuel Shem: The underpinning of the journey toward how to be a doctor and how to be a doctor in a community and in a clinic and in a larger structure, in this book, takes me right to the edge of my experience and possibility as a human being in trying to be in good relationship with others. Also, not to make this too arrogant or fancy, to how to respect a spiritual endeavor, a spiritual learning, whatever that means, which means beyond self. I think that I'm trying to do this because people grow, and everybody in this book has grown since the last. Don't you think?

Robert Pearl: Absolutely. I think the conclusion is one of resolution, and maybe you should tell the listeners a little bit, whatever you want to do without ruining the endings of the book, about how you see the future unrolling, how you see the time frame evolving either based upon your own views or based upon those of the characters.

Samuel Shem: Yeah. Well, I won't reveal what happens in the book, but I'm very glad you asked that because for better or worse, I am a person who lives with hope. Everybody's suffered, big suffering, little suffering, but it's how you walk through it that's important. We doctors, that's our job to help people through it. In our own lives, getting back to suicide, if you are going through a tough time and you withdraw, the alarm bells should go off.

Samuel Shem: Especially men, very often we think, "Oh, we can take care of it ourselves," but you have to move in the exact opposite direction and ask for help like alcoholics in AA do, the successful ones. What I see happening, and maybe this book will ... I would hope some politician or other would talk to me about it because I think this is a fairly sensible way to try. Not sure it will work to talk about. I don't know. I grew up in the '60s. We stopped the Vietnam War when we got together and spoke out, and we put the Civil Rights laws on the books.

Samuel Shem: Right now, we are really needed, doctors especially, to get together and try to do something. I haven't mentioned the two big things that affect our work and disease. One is climate change. Huge subject, can't talk about it now, but as I think I said on the first page, the climate is in our rooms, in our patient's rooms as causal. Causal, right? That's one, and the other thing is I feel a real obligation, as you do, too, going with Kaiser and everything, which is a great system. I can't believe it. I know a lot of people in it. Chuck was in the Kaiser system until he retired from "The House of God." He loved it, the real guy from Chuck.

Samuel Shem: But I think that we're going to do better. I think that we're going to do better as a society on taking care of our people, the poor and the homeless, the people of color. I even think, this is very strange, I think like Martin Luther King, the arc of justice bends on toward hope, basically what he said. I would add to that just one simple thing that I put out there all the time to surgeons. Don't say "I" to the patients. Say "we." What are we ... Let's talk about what we're going to do. If you put a we out between a doctor and patient, you concretize the fact that there's a relationship here.

Samuel Shem: What's the reason surgeons get sued most? It's if the patient says there's no relationship with them. So the we, I didn't get to that much, but the we is absolutely useful.

Robert Pearl: No question about it. The patient has to be part of the healing process, whether it's going to be the breathing after anesthesia, whether it's going to be the walking around, the proper nutrition and eating, the right mental mindset. I think it's really expanding that. That's why I see your books coming together. In my mind, it's not a sequel. It's really two parts of the same bookshelf because the two themes of the medical culture and the systemic problem, to me, come together in a way that if we can form this union that you describe so well, physicians and physicians, physicians and nurses, physicians and patients, the entire ecosystem, I believe that we can do a far better job with higher satisfaction, greater purpose, and lower costs. Thank you for writing both of them.

Samuel Shem: From your lips, as they say, to God's ears. I think that's brilliant.

Robert Pearl: Thank you, Shem, and thank you for taking the time with us.

Jeremy Corr: Thank you so much.

Jeremy Corr: Before we go, let's take a few minutes to hear some of the many suggestions we've received from listeners who weighed in on the question: How can the U.S. government best improve healthcare? Don't forget. There's still time for you to add your ideas at robertpearlmd.com.

Jeremy Corr: In episode two of this season, we read comments from listeners who liked their private insurance and opposed what they saw as steps towards socialized

medicine. This time, we read ideas from listeners who feel the private sector and its incumbents have too much power and wield far too much influence.

Jeremy Corr: Marylou Barredo Wittenborn, RN, recommends taking insurance companies, lobbyists, and PACs out of the legislation process and healthcare delivery. Lisa L. White suggests decreasing the power the insurance lobby wields over healthcare. She says, "It should have never been a profit center." Jacques-Emmanuel Corriveau, MD, recommends our nation improve care delivery by value-based payment (and) achieve universal healthcare via a public option. Jeffrey D. Dieden favors allowing everyone to buy into Medicare if they do not have healthcare or like the healthcare they're provided by their employer.

Jeremy Corr: Robbie, what is your take?

Robert Pearl: I concur with our listeners that special interests, including drug manufacturers, insurance companies and hospitals, have too much influence when it comes to legislation. The current rules were often passed following major campaign contributions, and they are not designed to help patients get better medical care at a more affordable price. I worry that unless we can flatten the rate of current inflation that no approach, whether private or through the government, will prove successful, and I'm doubtful that either the current healthcare incumbents or the elected members of Congress will have the courage required to make the difficult choices needed. It's why I remained convinced that disruption is inevitable, whether from large, self-insured businesses or from offshore.

Jeremy Corr: Once again, thanks to Marylou Barredo Wittenborn, Lisa L. White, Jacques-Emmanuel Corriveau, Jeffrey Dieden, and everyone who has participated in the Fixing Healthcare survey on RobertPearlMD.com.

Robert Pearl: Please subscribe to Fixing Healthcare on iTunes or other podcast software. If you like the show, please rate it five stars and leave a review. Visit our website at fixinghealthcarepodcast.com. Follow us on LinkedIn, Facebook, and Twitter, @fixinghcpodcast. We hope you enjoyed this podcast and will tell your friends and colleagues about it. Together, we can make American healthcare, once again, the best in the world.

Jeremy Corr: Thank you for listening to Fixing Healthcare with Doctor Robert Pearl and Jeremy Corr. Have a great day.