Jared Rubenstein Interview

Karen Wyatt: [00:00:00] Welcome to End of Life University on YouTube. Today I'm sharing with you a conversation with Dr. Jared Rubinstein who is a pediatric palliative care physician. He makes animated videos for YouTube that teach people about palliative care and it's been a really effective way to spread the word about palliative care but also dispel some of the myths out there about palliative care.

So I think you'll enjoy my conversation with Dr. Rubinstein. make sure you've subscribed to this channel down below. Also, subscribe and leave a rating and review for the podcast wherever you happen to listen and go to eoluniversity.com/support if you're willing and able to make a small contribution that will help keep this, channel and the podcast on the air.

Thanks in advance if you choose to do that. So I'll move on now with my conversation with Jared Rubinstein

Today I'm very happy to welcome my special [00:01:00] guest, Dr. Jarrod Rubenstein, who is a pediatric palliative care doctor and medical educator. He uses metaphor, animation, and satire to help people lean in to challenging topics. He is the program director for the Baylor College of Medicine Pediatric Hospice and Palliative Medicine Fellowship.

He's passionate about teaching all healthcare workers how to incorporate palliative care into their work, and increasing public education about palliative care, and you can learn more at his website, jarrodrubensteinmd.com. So Jarrod, thank you so much for joining me today.

Dr. Jared Rubenstein: Yeah, thanks so much for having me.

I'm really looking forward to this conversation.

Karen Wyatt: Yes, me too. I was really interested in your work, for one thing, that we'll talk about a little bit later, but how you're using animation, to educate people. But I'd love to hear a little bit about your story and what led you to choose pediatric palliative care as a specialty.

Dr. Jared Rubenstein: Yeah, so my pathway into medicine in general was a little windy. So I grew up, with a [00:02:00] pulmonary critical care father and a social worker mother. And, our dinner table conversations would often be like

little interdisciplinary team meetings, and my dad would talk about, talk about his work, and my mom would add context.

And he, wouldn't talk about the heroics that I think of in intensive care. He would talk about family meetings and having hard conversations and, compassionately taking people off the ventilators to have peaceful deaths and going to their funerals. And that just always stuck out in my mind as necessary and worthwhile work, and I never thought about it for myself because I was scared of hospitals as a kid, and so I never even considered being a doctor.

And then when I eventually found my way back into med school, and I started doing coursework and started my clinical rotations, I realized that now there was a, name for what he was talking about, and it was palliative care, and that it had become a whole field since the time when I was a kid and he was talking about it.

And, did a rotation in palliative care and loved it, and thought, "This is what I'm gonna do." [00:03:00] And then later I did my pediatrics clerkship and loved pediatrics, and I felt torn 'cause I thought, I love both these things. How do I make that work?" And is there even such a thing as pediatric palliative care?

And at that time the field had begun, but it, I'd never seen it before, and where I was a med student and a resident there, there wasn't anything. And then, I was able to do a visiting elective with the program at Boston Children's Hospital and got to see their pediatric palliative care team and just loved it, and thought that was the field for me, and the rest is history.

Karen Wyatt: Wow. I love how it's ... You were almost destined for this even though you may not have known it. Feels that

Dr. Jared Rubenstein: way sometimes, yeah.

Karen Wyatt: You may not have known it when you were younger, but how fortunate in a way to have your father as a role model and to be able to learn from him and get inspired in a way by the work that he was doing.

Dr. Jared Rubenstein: Absolutely. No, it's ... I think all the time about those dinner table conversations. I think it, to me they didn't feel like... And I don't think they were even being [00:04:00] said as, professional guidance of, "Here's what you should think about going forward." I think he just talked with us about the parts of his work he felt were, interesting and meant a lot to him.

But I think all the time that those conversations very much paved the way for, a lot of what I'm doing now.

Karen Wyatt: Yeah. I've been... It seems like this is coming up in a lot of my interviews lately, but the importance parents have in their children in teaching them even about death and dying or how we talk about it, and those of us who work in this field, it's so important that we teach our children because that's really how we will move things forward.

That's how we will change our society. Absolutely. It's parents helping their children get comfortable with ideas around death and dying.

Dr. Jared Rubenstein: And I think especially as we've gotten further away from, I think, the origins of healthcare at home and taking care of your loved ones when they were sick at home, and things have moved more into hospitals, I think we've gotten further away from that knowledge and that sort of cultural handing down.

And I think I really like the [00:05:00] work that you do and that folks that are bringing these conversations to the public, 'cause I think it, it's a reclaiming of stuff we used to know more about and had more comfort with than we do now as a culture.

Karen Wyatt: Yeah. It's so interesting. I've, I'm a little bit fascinated about that, the idea of what we forget as a society and a culture, a civilization even.

After, visiting the Pantheon in Rome and how, during the Middle Ages, everyone forgot how the Pantheon was built, so no one could pass that knowledge on. No one re- remembered or knew how it was even built, and it was such a marvel and a mystery for so many years. And like that, I, stood there looking at that and thought, "In a way, this is what we've done with death."

Even though death is present for everyone in every single life, every family, because we haven't talked about it enough, we've almost made it so mysterious that, it's, challenging now.

Dr. Jared Rubenstein: Absolutely. I love that metaphor.

Karen Wyatt: Yeah, that it [00:06:00] literally, it's possible to forget the wisdom that we used to have- about how to manage death. And I think that's what a lot of us are doing now. We're trying to reclaim all of that and figure out, how do you teach something that people are terrified of? How do you get them-

Absolutely ... to sit and listen to it? Yeah. And so I, I, love the idea that you've been using videos, animated videos, and, I wanted to hear that story of, what inspired you to do that.

Dr. Jared Rubenstein: Sure. That very much started by accident. I think like my whole career, that, I never endeavored to be like a content creator. I've always enjoyed doing cr- creative things and, finding creative outlets in my work in, hospitals in whatever way I can. But I was coming back from a, a patient consult, and the consult request from the primary team sounded like a story I imagine you and a lot of your listeners will know, where the doctor said, "Oh, we'd love you to meet this patient, but..."

I'm just worried about the message it'll send if palliative care meets them, so maybe don't say that you're called palliative [00:07:00] care, and maybe just say you're there to talk about pain, and definitely don't take away hope, and don't say anything scary. And also, have you considered changing the whole name of your field?

' Cause if you did, we'd consult you more." And I just walked back to my office after that conversation so frustrated, and started thinking about, I had the idea that it felt like you were calling the fire department and asking them not to talk about fire, and had this vision of one day I would get a grant and have a bunch of money to, make this big scoping video with the fire... a house on fire and the fire department coming and this conversation, and realized immediately I don't live in that world and I was never gonna have that money to do that, and started thinking about these little animated videos I'd seen from when I was in medical school where they were making light of the way different specialties talk to each other, and would have sort of these cartoon characters, have caricatured conversations about different specialties.

And I thought, "Oh, I wonder if I could make one of those," and I got online and found a program that, I'm not particularly tech savvy, and so I, it's a program that [00:08:00] you create the characters and then you write the dialogue, and it does all, text to speech, and I don't have to animate any of it myself.

And so I just get to come up with the dialogue and pick characters and put it together that way. And, that's when I made the video that became, Palliative Care: We're the Fire Department, Not the Fire. And, Just for ev- at first, I was really just doing it for me. it was a way to channel the frustration of that encounter into something that I thought was funny.

And then I showed some folks on my team and was encouraged to share it on social media, and it went palliative care viral. And I got more encouragement to say, "Oh, we can't wait to see what you do next." And I didn't plan to do anything next. I didn't think there was gonna be a next. But then I realized that, maybe there's others, and I started creating others with the whole idea, as a kid that grew up with The Simpsons and South Park, realizing, I think you can use animation and satire and humor to really talk about big, important things.

And I thought, "Why can't we do that for palliative care?" And, that's, [00:09:00] was the beginning of what's now become 60 or 70 videos, and, collaborating with folks to dive into topics that I don't know as much about. That the majority of them are about palliative care, but there's some about, health equity, there's some about mental health, there's some about gender equity, there's some about racism in medicine, and actually partnered with a couple colleagues to make a whole spinoff series called The Anti-Racism Animation Series using the same principles to really lean into the discomfort of racism in medicine.

Karen Wyatt: And they're really fun to watch because they're short, so it doesn't require a huge time commitment, but they make the point really clearly in a short time. And I love the one you referred to about we're the fire department, not the fire, and how that's also a great metaphor. What if, we told the fire department you can't tell anyone you're the fire department?

You can't say the word fire. You have to somehow convince people to let you come into their house, but you can't tell them why or what you're actually doing.

Dr. Jared Rubenstein: Yeah. And [00:10:00] I've always loved video metaphors 'cause I feel like we don't... It's so easy to normalize within our own minds stuff that's really abnormal or that's preposterous.

But when you see it enough and do it enough, it starts to feel normal. And sometimes- Using the metaphor or analogy to something else that seems outwardly preposterous and pointing out it's the same, I think can help people realize that it's preposterous to say, palliative care team shouldn't meet someone because they're gonna scare them and they're gonna send the wrong message.

Karen Wyatt: Yeah, exactly. And the truth is the moment people actually look at their own mortality and the fact that, each, all of our lives are fragile, we will all die, it actually shifts something inside and the f- the fear lessens, so the terror that they think they will feel about the subject is, it isn't actually real.

It can actually shift once they have these conversations. And those of us who know that, it feels like we have a [00:11:00] responsibility to help everyone get over the hurdles and the obstacles so that we can all start to talk about this more openly.

Dr. Jared Rubenstein: Absolutely, yeah. And I think that's so true for helping people get over death anxiety.

But even a step upstream from the palliative care part, if you told people, things are, going hard, would you like to have somebody that can come help you support through these hard things?" I don't think anyone would say no, and yet it's framed, we're grouped into that, that because there's death phobia, people should have palliative care phobia.

But the data's pretty clear that the general public doesn't, and that when they do, it's often the healthcare workers are projecting that negative bias, and I think we should talk about that all the time.

Karen Wyatt: Yeah. That's so interesting, and that's a, I think that's another big frustration I have is how much death phobia actually comes from within our very profession, within the healthcare system itself.

I've often wondered that, do some of us become doctors because we are afraid of death and it feels like [00:12:00] being a doctor gives you some sort of control because you'll have all the answers, you'll know what to do?

Dr. Jared Rubenstein: Yeah, I think that's probably true, and I think there's also a compounding effect that I think doctors, and wherever they practice, have all the cultural phobia around death.

And because it also f- it compounds a feeling of failure that they couldn't save someone if they're dying, and that they're adding their own feelings of failure to compound their already existing death phobia. I think doctors get like a double dose of the phobia and discomfort.

Karen Wyatt: Yeah, that's such a good point.

And then it easily just plays into the fears their patients already have, and so together then they become this joint denial system of death, and they a- almost have a silent pact to not talk about it and not bring it up.

Dr. Jared Rubenstein: Absolutely.

Karen Wyatt: Yeah, and that's a, that's where we need change. We, need change on all the levels, but if we change the public [00:13:00] without changing healthcare, I'm not sure that will help, and if we change healthcare without changing the public, it's like we have to do all of these things at once.

Dr. Jared Rubenstein: Yeah, and I think, I feel like over the last several years I've seen so much really good work being done for the general public with things like podcasts and YouTube videos and people writing books and social media stuff to, to really demystify and normalize these conversations with the general public.

But you're right, I think if those people get it normalized and then go to the doctor and say, I've heard good things about this palliative care. I'd like to see the palliative care team," all it takes is the doctor to say, "Oh, no, you don't need that right now," for it to be over. And so for me, I've shifted, I think, a lot of my focus because I see so much really good stuff being done on, the public-facing side to more the healthcare worker side to say, exactly like you're saying, we have to work on it at home first so that we don't wreck it when people come to us for help.

Karen Wyatt: Yeah. I've had some colleagues say to me, "But I trained and I went into medicine to [00:14:00] h- to help people get better and to save lives, and death isn't my area. That's not my lane. I'm not here t- to deal with that. That's just not what I'm interested in." And I don't know how to convince them that it's part of the whole picture for every illness and for every patient.

Dr. Jared Rubenstein: Absolutely, and I think, we're all allowed to have lanes. My ask to other healthcare workers is that's fine. If this isn't your lane, that's okay. I'm glad you can acknowledge that, but it is my lane, and so let me help, and don't wreck it when I try. Because I think that's what we see is that people are so discomforted and feel so not their lane that they say things that I think are probably well-meaning but wreck it.

like, when we started our team here at the hospital about 10 years ago, we started a list that when we met a new patient family for the first time and said, "Have you heard of palliative care?" Had, or had, what has your primary team told you about our team when they said they were calling us?

If they [00:15:00] said something that was really wild, we'd write it down on the list, and so we've had this list going for years, and it has things like, The family was told, "We're calling palliative care, but don't be scared." And the patient's mother said, "I didn't know I, I should be scared, but- I was told not to be

scared, so now I'm scared 'cause that's what happens when you tell someone not to be scared."

Exactly. Or I remember being in the middle of a, new patient consult and the patient's mother said, "Can you tell me why your team has a bad rap? I'm en- I'm enjoying talking to you, but why do you have a bad rap?" And I said, sorry, I, what do you mean? I didn't know we had a bad rap." And she said, the doctor said, 'I'm calling the palliative care team, and I know they have a bad rap, but don't worry, it'll be okay.'"

And I "I think we have a bad rap 'cause people say stuff like that." Yes. I think one of my favorites was in a, note from an ICU doctor where at the bottom of the note, it was the normal progress note for the day, and then there was an update about how he'd broken some hard news and talked to the family about where things were.

And he said, "And then I knelt with them and I prayed with them and asked them not to be [00:16:00] scared of palliative care." And I was like, geez, I don't know how, I can follow that up. I, if, you have to, if I'm so scary you have to pray for a family not to be scared of me, I'm not sure I can go into that and be successful.

Karen Wyatt: I, yeah, what a setup. That's- Yeah ... really fascinating. But it shows you how these biases are really largely unconscious. I would imagine those clinicians wouldn't think of themselves as having a bias or that they're con- conveying that to their patients.

Dr. Jared Rubenstein: 100%. I think it, it's a very unconscious bias.

And I think, I've also done some training and work over the last few years in, in leading into the anti-racism in medicine spaces, and I think a lot of the language, to me, feels very portable, like ta- unconscious bias, de-biasing, the language of learn- not just learning, but unlearning.

That before we can, really help people learn what we're talking about and what'll be helpful, we first have to have [00:17:00] them unlearn all the biases that they've either learned explicitly or implicitly from their medical training.

Karen Wyatt: Yeah. That's, such a good point. So and really, that's the area that we have so much work to do in general, with all of the unconscious biases that we're, that are cropping up now that we're able to see now and we recognize in our own field.

Dr. Jared Rubenstein: Absolutely.

Karen Wyatt: , I know when we don't refer patients to palliative care- , effectively or in a timely manner, there is a real cost because patients that get admitted late don't get as much benefit from palliative care, and that's why this, it's so important for us to be aware of it so that we don't miss the opportunities early on when it could actually make a real difference.

Dr. Jared Rubenstein: Absolutely. And I think, yeah, I think with the data that you probably know the adult data better than I do, but I think the, average length of stay in hospice [00:18:00] is, for an adult is, two or three weeks, and we have that, you need the six-month prognosis, but almost nobody gets to spend six months on hospice because they're all referred too late.

Karen Wyatt: Yeah. Yeah, exactly. And that is a flaw in our referral system, in how we decide to make referrals and when we make referrals. But I'm sure that is happening as well in palliative care, even though people don't have to be terminal or have that s- that six-month time limit. I'm sure also they're not being referred as early as they could be.

Dr. Jared Rubenstein: Absolutely, and I think we still hear, "Oh, we don't need you yet. We're not, there yet," or, "You don't need to see this patient, they're not dying." And I think a lot of our work is, just being prepared in the moment to have a quick one or two-minute conversation with people to help- Them see their own unconscious bias and learn and unlearn all, all at once.

And for me, I think those are some of the, highest stakes conversations. I'm in a big academic children's [00:19:00] hospital, and ... I remember walking into the cardiology unit once, and we had been consulted, and I had asked one of the doctors that morning, "How do you think we can be helpful?"

And he I don't know." And he said, not in a pejorative way. I just truly don't understand what you do and how you can be helpful." And then later that day when we were walking into that patient's room, one of the cardiologists barred the door and said, "Oh, you don't need to go see them.

We're not there yet." And just in that moment where it was me and my team, a cardiology team, an intensive care unit team all standing there, I said, this is the second time today that people have set things up here that makes me think maybe the folks that work on this unit don't really understand what palliative care is.

Would it be c- okay if we just talk for five minutes about what that is?" And they said, "Yeah, actually, we're just finishing rounds. Now's okay." And we just talked for five minutes, and I work with our fellows a lot to make sure they have straight what I call, our palliative care pitches. Like, how do you talk about palliative care to a patient and family so they can understand it?

How do you talk to, another medical team about palliative care so they understand it? [00:20:00] And then the cocktail party one, like, how do you talk in your social life about what you do- in a way that you can be welcoming of conversations if people want to ask without wrecking the dinner party. And so those always feel like really high stakes moments where there's all these medical teams standing around to, in one or two minutes, without getting rambly about our field, as I'm want to do because I like talking about it so much, to sum up for a group of intensive care doctors and cardiologists, what do we do and why you should call us.

And by the end of the conversation, everyone said, "Oh, this, this was helpful. Thanks. Yeah, you can see that patient. And actually also while you're here, can you see this patient, and this patient?" And I think those are the best. I just feel like I can retire after those days because, the, job is done, , and

people are understanding, and hopefully , we'll broaden , the scope of the patients that palliative care teams are allowed to meet and help.

Karen Wyatt: Yeah. That's fantastic to hear. Just that statement, "We don't need you yet," shows you right away, they have no idea what you do, or they would recognize they actually need you from the moment of [00:21:00] diagnosis really.

there- Absolutely ... are ways the palliative care, team could benefit the care of the patient, but they have, they don't know that somehow. They haven't seen it.

Dr. Jared Rubenstein: Yeah.

Karen Wyatt: So I think I wanted to talk a little bit about the messaging we have around palliative care, because I think perhaps in the past we haven't done the best job of telling other people, and maybe we haven't even figured that out, h- how to describe what we do in a way that makes sense to other people.

And so I do think that's, that is really important moving forward, that we get clear messaging, but that it's consistent too across the field.

Dr. Jared Rubenstein: Absolutely. And I'd probably argue that to me, I think it's up for debate whether or not we should message at all. And I think that, and I say this acknowledging I'm coming from a place of privilege, that I'm a later generation palliative care doctor, and there are [00:22:00] the people that built the field before me very much had to have those conversations and were always fighting for purchase and always trying to get their foot in the door and get a seat at the table.

But after a few decades, I think there's more than enough robust literature of the benefits in palliative care that I think we could easily make the case that it's the standard of care, and it's no longer just nice to have or, "Oh, I wish people would call us," but I think there's enough data we could probably say if people are not either providing their own good primary palliative care or engaging a subspecialty palliative care team at the right time, I think they're operating outside of the standard of care, and I, I think we should call it what it is.

and I think for me, I try to even push back on the premise that maybe in being so focused on our messaging and thinking about this all the time, we are implicitly agreeing to that we are a second-class specialty. And I think all the time about the quote, what you, what you permit, you promote, what you allow, you encourage, and what you [00:23:00] condone, you own.

in agreeing to have these conversations about, maybe sh- we should change the name of our field to something, quote-unquote, "less scary" or with this hyper-focus we've all had on the, in the last decades on messaging and saying, "Let's make sure we're all on message and we all describe palliative care the right way," I worry if continuing to have those conversations implies that palliative care is scary and that we do need to message it because people aren't gonna want it, instead of what is m- more my anecdotal experience, which is people don't know what it is.

When you tell them, they think it sounds great and then often say, "I wish we'd met you sooner."

Karen Wyatt: that's a really good point that I hadn't even thought of before, but if we walked into our jobs saying, "Hey, what I offer is great, and everyone will like this and be interested in it," instead of, in a way, bringing a cloud over us of, "Oh no, you're gonna hate hearing what I have to say.

You're not gonna ... So I have to be really careful and I have to [00:24:00] walk on eggshells," that if we just w- came in with confidence, that, uh, "I'm here to offer you something that you are gonna be really grateful for in the end."

Dr. Jared Rubenstein: Yeah, and encouraging our colleagues to have that confidence in us.

I think ... I work at a big world-class children's cancer center, and- Of course, there's the bad news breaking when a family is told that their child has cancer, and it's immediately followed up with, "And we just wanna let you know we're a world-class cancer center, and we have fantastic oncologist who are here that are making sure you're gonna get the best care," and immediately pivots to all the good things that are gonna happen now in, in their care.

Whereas palliative care is still framed as, "I'm sorry, there's nothing else we can do. Here's some palliative care." As opposed to, you're really struggling with the pain of your cancer," or, "You're really struggling thinking about whether or not you want a heart transplant. Guess what? We have a world-class palliative care team here that can help in exactly these [00:25:00] situations, and we're gonna call them so they're gonna come and talk to you and help you navigate this."

I think we should expect that

Karen Wyatt: Oh, I think you're so right about that. And I really liked in one of your videos you said, "We're the people who talk about all the things that the rest of you are uncomfortable talking about," and you fumble a bit in those conversations. But we're okay. Yeah. We can have those conversations.

Let us be your partners in this care- Absolutely ... and let us do that part, the communication part in the beginning.

Dr. Jared Rubenstein: Absolutely. And we can't do our colleagues' jobs, and they can't do ours, and that's okay. that's why we exist in multi-specialty worlds. But I think we can all set each up for success, set each other up for success better than we do.

Karen Wyatt: Yeah. So we need to get beyond the either/or thinking, like either you're working with the curative team or you're working with the palliative team, but no, we need to come together and be the same team that's here to help- Absolutely ... the patient. [00:26:00]

Dr. Jared Rubenstein: Yeah, I think, we used to hear a lot from our solid organ transplant colleagues, like the heart transplant team, for example.

We would be introduced to families with the language something like, you're here deciding if you want to do a heart transplant or not, so we're going to begin

the transplant evaluation. And then in case you don't want a transplant, we're going to introduce you to the palliative care team to talk about what not looking like a transplant is.

And I started giving a talk to the cardiology team called, The Palliative Care Is Not The Opposite Of Transplant. The opposite of heart transplant is not heart transplant. And people should have palliative care on both paths. They should, we should meet them as part of the transplant evaluation process, not framed as here's the team for if you don't want a heart transplant, but this is a big weighty thing you're thinking about, so we have a team that can help you think of big weighty things and help you flesh out both pathways and help you figure out what's right for you.

Karen Wyatt: That's such a good point. and I think that's really where we [00:27:00] need to head in the future, is figuring out how do we bring these streams of care together into one stream instead of, you're right, making it a binary you choose this or that- Absolutely ... but you can have both. but I also think a lot about the problems we're having with burnout in medicine, and, it seems to me, I keep thinking, but this is my bias of course, but that some of it is the denial of death or the denial of the presence of death as part of life that holds physicians back from having some of the deeper, more meaningful conversations that might actually help them get more gratification, out of the work that they do, the hard work, instead of just the suffering of the work in a way, but to, for them to find deeper meaning in the work as well, if they were able to talk about it and look at it.

Dr. Jared Rubenstein: Yeah, I think that's absolutely true. and I think, people [00:28:00] always assume we get a lot of med students and residents that come to our elective. And one question I always ask them after they've spent a week or two with our team is, "Were we different than you thought we were gonna be?" And almost always people say, yeah, because I think there's this sense that because of the work we do and what we see, we're gonna be like these somber, sad, broken shells of people, and we're mostly not.

We're, mostly great, and find joy in our work, and have joyful teams, and, love spending time together. And I think it's because of the work we do that we're forced to have good coping skills, and trained to, how to debrief and how to both, medically debrief a situation, but also emotionally debrief and process a situation in a way that I think is probably unique to us and shouldn't be.

And oftentimes we get called to lead debriefings for other teams after they've had a particularly hard run of patient care or if a beloved patient has [00:29:00]

died. And most of us are not trained in how to debrief people. We just have the skills that we've developed at work where we talk to each other after visits and we say, that one was hard for me.

How was that one for you?" and we create space to, to share our feelings before we just immediately move to the next task. And oftentimes we go and just sit down with another team and say, this, we've got an hour blocked out to, to talk with you. How are you guys doing?" And everything kind of floods out.

And I remember once, a colleague in another division at the end of it said, this was really helpful. Thanks so much for coming to talk with us. I hope we don't have to do this again for a really long time." And I said, "No, no, no, I think you've missed the whole point. You actually have to do this all the time, and that's what keeps you from falling so low that you need another team to help y- help your team pick up the pieces."

hard stuff every day, we all do. we should normalize that it's okay to talk about and it's okay to feel things, and it doesn't mean you're broken, and it doesn't mean that you're not being a good doctor and that you're not focused on, the goal. [00:30:00] It means that you're a normal and you're, talking about the stuff that's hard.

Karen Wyatt: Yeah. That we have to stop compartmentalizing, the difficult subjects as if, that's only something that we only open that box occasionally. A few times a year we'll look in there and talk about that. Absolutely. It needs to be open and- Yeah ... and present in- The

Dr. Jared Rubenstein: biannual sharing of feelings.

Karen Wyatt: Yeah.

Yeah, exactly. I do think that we have- we've been working for a long time in the culture of medicine to overcome, first of all, this idea that we're some sort of heroes who save lives, because that's not true and creates false expectations in our patients, but also sets us up as individuals for that failure mentality.

Oh, I didn't save a life, so I failed at my job. And, it also causes us to not take good care of ourselves, to not recognize when I need time off, I need a break, I need to step away for a little while [00:31:00] because I can't function at my best if I'm not taking care of myself. And I have ... I don't know, that may be improving because I haven't been in the medical education system for a very long time, but, at least when I was training and for a lot of years after that, there

is like a value placed on how hard you work or how little sleep you got, or how many hours you put in, how many patients you admitted in one day, and we praise each other for that.

And I, I think that really has to change 'cause we're just creating our own misery.

Dr. Jared Rubenstein: absolutely. I think there's this bravado of, bragging about how long it's been since you ate or went to the bathroom, and I think it's toxic. And I think it is starting to change. And, my hope, and I think my hot take, is that Gen Z is gonna save medicine.

And I think- All of us that were trained in an earlier generation, I think have been slow to realize how much the world is [00:32:00] changing around us. And while I would argue it was never good to, to not eat lunch and brag about how long it's been since you went to the bathroom and how tired you are, but at least there was more of a sense of everyone was in it together and we were building our own systems.

Whereas now, I think there's all too many people that are very willing to take care of doctors, self-sacrifice mentality, and if normalizing that doctors shouldn't eat or go to the bathroom because then they'll bill more for the hospital or re- generate more revenue for an insurance company. And I think, the next generation is coming along and is not gonna be willing to put up with that, and I think can open our eyes if we let them, or at least if we at some point in the not too distant future retire and get out of the way so that they can push back on these groups that are all too happy to take advantage of doctors' self-sacrifice mentality and say, "We're not gonna do it."

And I, I think that's what it's gonna take to change the system, and I think it'll be [00:33:00] a hard and painful change for the system. But my hope and my belief is it'll be better on the other side because I think we need people that, like the younger generation seems to be better at doing, is putting their own self-care on par with patient care.

And I think we should. I, think it's too shortsighted because if you're not ... And I've learned a lot honestly from, my boss now about that, is that she's really created a culture where we put sustainability of our, team and work on par with providing great patient care, realizing that's what you need to do to be in it for the long haul.

Because if you're going all out all the time, even if in the very short term you're getting more done and taking care of more people, if you burn out and can't do it anymore in a few years, you're taking care of a whole lot less people than if you focus on sustainability along the way. And I think, I think that's gonna happen more.

I hope that's [00:34:00] gonna happen more and I think we need people that have been better at breaking out of the culture of medicine than, our generation has been.

Karen Wyatt: That's such a good point, that maybe the culture, it's shifting whether we create the shift or make it happen or not, just generationally, as you said, as Gen Z enters the field.

And I'm wondering if Gen Z, from some of the things I've seen at least the number of people from Gen Z wanting to become death doulas or to start to work in this field who are open. They're showing up at conferences. they're coming forward. They're taking classes. They want to talk about death and dying and understand it, and it does feel to me like that's a, big shift that's coming that will move things forward.

Dr. Jared Rubenstein: Absolutely, as long as we let it and don't try to stop it. Yeah. But yeah, I think both. I think, I hope medicine changes with the next generation in a way that I think it will, and I think our just general culture's gonna change in a way that I think will be helpful for our work. [00:35:00]

Karen Wyatt: yeah. I think you're right.

I see, like I love the animated videos that you're doing as something on the forefront of a new way of educating people and, I think storytelling has always been, a way that we pass on knowledge and information. But to do it in this way with an animated video that people can watch in the milieu where they're watching things all day and all the time that they're comfortable with, I think it's really brilliant, and, I really enjoyed watching your videos as well.

Dr. Jared Rubenstein: Thank you. I really appreciate that. That's ... I love hearing when people tell me that they just, they enjoyed watching it or it gave them a laugh and they watched it as a team. Or even more so love when people use them when they give talks or share them because I think that's the whole goal is getting that message out there and helping people realize what their misgivings and misconceptions and biases are about this work.

Karen Wyatt: Yeah, I enjoyed one of, I, of a palliative care physician [00:36:00] talking to other specialists and saying, "Why don't you change the name of your specialty? Don't you think it, don't you think it frightens people? Maybe you should call yourself something else" to the oncologist and the geriatrician. Yeah, and- And so palliative care hears that all the time.

Dr. Jared Rubenstein: and I think sometimes people need to hear things about, said about themself or about their work to... we're not good at having empathy until it actually affects us. And so I think if that's the closest we can get is, helping someone see a cartoon avatar- Saying to them that they should change the name of their field and thinking it's preposterous hopefully plants the seed that, oh, yeah, maybe I shouldn't ask that of other people either.

Karen Wyatt: Yeah, exactly. And then did I see that you collaborated with Dr. Kathryn Mannix on some of the videos?

Dr. Jared Rubenstein: Yeah, that was a complete joy and honor. she's been one of my heroes in the field for, I think, as long as I've been in the field. And being able to, have read her books and love her work, and [00:37:00] seeing how she, I think, also is very much on the leading edge of, using social media and, being one of those voices of public facing palliative care, being able to collaborate and have her be a guest on the videos was just the coolest.

Karen Wyatt: Yeah, because I saw the character that I think that was based on her, that looks like her and, Yes ...

Dr. Jared Rubenstein: seems to be her. I had to ask her apologies for the bad computer- Oh ... British accent, but ...

Karen Wyatt: No, but right, right away I thought, oh, I know her. And so that, that was, that was fun. I enjoyed seeing that in the video.

So I think that's the other part of it, is that you use humor in, a very skilled way. humor that kind of puts people at ease and that lightens the discussion, not to mock things in any way or be harmful, but just, just it's very inviting in a way to want to come in. And after you watch one video and, oh, that wasn't, challenging or sad or frightening in any way, I think I'll watch another one.

It invites you to keep [00:38:00] going and keep looking at them.

Dr. Jared Rubenstein: Yeah. Thank you. And that's the goal. I think nobody's great at taking onboard feedback about themselves, but arguably maybe they're

a little better at laughing about themselves when they feel like they're in on the joke. And that's the goal, is that I never want them

I'm always worried they, they're gonna feel mean or that somebody's gonna take it in a mean way, and that's never my goal. And as far as I know, it hasn't really happened yet, which I'm always constantly surprised. Whenever I put a new one out, I'm always, holding my breath to see what the reception is and waiting to see if this is gonna be the one where people turn their torches and pitchforks on me and run me out of town.

but my hope is that it's done in a way that feels like we're in on the joke together, and pointing out the silliness of these misconceptions instead of pointing fingers at, you're doing it wrong.

Karen Wyatt: Yeah. do you know the demographics of your audience, like who's watching the videos in terms of profes- healthcare professionals or just laypeople?

I guess

Dr. Jared Rubenstein: it's hard to tell. I don't. I, think I, I [00:39:00] realize that I, think it's probably more healthcare professionals than laypeople, but I've known at least some laypeople that, that have seen it. And I think a really good experience for me and another really powerful connection that I loved making from these videos is a friend of mine, Liz Salmi, who is a medical communication expert, but is also a person living with a brain tumor.

And when she had first seen my work, said, I really like your videos, but have you ever thought about making patient-facing content?" And I said, "Oh yeah, here's a few that I've made that are patient-facing." And she kindly but appropriately and firmly pointed out, "Those actually aren't patient-facing.

Those are still medical community-facing." And I realized that I was so in it that I didn't know how to make patient-facing content. And so in some of my earlier videos, partnering with her to really bring that perspective of someone who is living with a serious illness and has received palliative care to help me realize what an audience that I don't really know, despite working with them every day, what they want to hear.

And so I think, [00:40:00] being able to have that perspective was huge.

Karen Wyatt: Yeah. Yeah, definitely. certainly it's ev- it's all needed, so whatever you create, whatever you're motivated to create or inspired by is gonna make a difference. Oh, thank

Dr. Jared Rubenstein: you. I hope so.

Karen Wyatt: Yeah. And, whether we inspire healthcare providers or laypeople, it's all important, so to reach all of those audiences.

Absolutely, yeah. I think we totally

Dr. Jared Rubenstein: need both.

Karen Wyatt: and so I watched the videos on your website, but they're also, are also on YouTube?

Dr. Jared Rubenstein: Yeah, YouTube. Some of them I put on my website. Y- the YouTube site itself has all of them, and so that's probably the best place, and it's just, just at, @drjrubenstein on YouTube or just searching for my name.

And, that's where all 60 and 70 are and broken down into different categories. that's probably the best place for folks that want to see them, and they're just a minute or two, so hopefully you can binge it like a good Netflix series.

Karen Wyatt: Yeah. If you just pop [00:41:00] in, when you look at one, then you're going to want to watch more because it makes you feel really curious.

wow, I wonder what else he covers here. in fact- Totally ... I'm thinking, I want to... Now I want to go to YouTube so I can see more- Yeah. Thank you ... more of the videos. But, I, just want to promote that. And I think, you don't have to be a healthcare professional, but anyone in this death related field would, probably enjoy these videos, so I wanted to spread the word so more people, subscribe to your channel and watch.

So how often- Yeah, I really

Dr. Jared Rubenstein: appreciate that ...

Karen Wyatt: how often do you put out new videos?

Dr. Jared Rubenstein: It depends. I think part of why I'm not a good content creator is that I can't commit to saying I have a certain ca- Like, I, I don't say I'm going to do one every two weeks or every month. And there's times where they come in spurts, and I've done, a few in over a couple weeks.

And then there's times where I've had a long spell of, I think, six months between them, and it's really just... I... And I think part of it, too, because it's self-care for me to [00:42:00] make them-

Karen Wyatt: Mm ...

Dr. Jared Rubenstein: and be able to, channel a frustration into humor, I haven't wanted to make it feel like work, and I've been really conscious of that.

And if it means I don't make as many, that's okay, 'cause I, For me, I want it to still feel fun and exciting. And I made one a few weeks ago, and before that I think I hadn't made one in months. But, it's, random, so hopefully that makes it exciting for people. But for me it's more just about not feeling like it's work, 'cause I

Karen Wyatt: have enough of that.

Whenever, the muse comes- Yeah. ... and you get the creative impulse. But I actually think that's the best, treatment for burnout or prevention for burnout is just being creative and following your creative impulses, and it also turns out to be good for everyone else too who benefits from, seeing what you create.

So you're being a good role model there in terms of it, it would be great if each one of us would, what are you, what do you feel inspired in your heart to [00:43:00] create and put it out there even if it doesn't, even if you don't know for sure if it has a place-

Dr. Jared Rubenstein: Absolutely.

Karen Wyatt: Yeah ... in this field or not? Thank

Dr. Jared Rubenstein: you.

I think social media's been great for that, realizing that people build audiences by accident, and that if there's something that frustrates you, it's something that probably frustrates a lot of other people, or if something there brings you joy on

a hard day, like that's probably gonna bring a lot of other people joy on a hard day too.

And if something feels sad and you don't feel like you have any place to put it and you share it and it helps other people feel seen 'cause they're sad about the same thing and also don't know where to put it, I think all those things are so needed and so powerful. and think we're all, medicine in a lot of ways is really isolating, and I think a lot of us are having the same experiences in parallel and not talking about it.

And I think sharing stuff and, finding a creative outlet is both healing and helps other people too.

Karen Wyatt: yeah. So very true. So true. it's been such a pleasure to talk with you about the work that you're doing. Yeah, [00:44:00] you as well.

Dr. Jared Rubenstein: I've, I've loved this conversation. Yeah. Thank you so much for having me.

Karen Wyatt: And I wanted to remind listeners your website is jaredrubensteinmd.com, so to check that out, but also, go to YouTube, but, and which they can link to from your website. Yeah. And then do you do public speaking?

Dr. Jared Rubenstein: I do, yeah. happy to whenever invited. I think, m- I've been doing some speaking with really with healthcare audiences I think to- Have kind of the two sides of this coin either to talk to a palliative care audience to what I think of as, the red meat for the base talk to rile them up a bit and say "Yeah, we shouldn't be, we shouldn't be tolerating that- this, and we shouldn't have to message ourselves.

We should just be able to do the good work and, share our evidence and our work and be celebrated for that." And to healthcare audiences outside of palliative care to help this de-biasing piece and, help people realize, what they may be carrying that they don't, [00:45:00] that they don't totally understand, and think about how it affects the care of their patients.

Karen Wyatt: Oh, that's so true. I'd love to just put that out there too if there's anyone planning a conference or even online, you'd be a great person to include in, in the- Oh, thank you so much. I really appreciate that ... s- speaker lineup. Yeah. Thank

Dr. Jared Rubenstein: you.

Karen Wyatt: it's just, it's been a pleasure to meet you, to hear about your work, but and also about your, creative efforts as well and the impact that they're making.

And I'm hoping we create a whole new audience for you.

Dr. Jared Rubenstein: Oh, thank you. That would be wonderful, and I, I really appreciate your platform and, using it to give voice to these things.

Karen Wyatt: Yeah. Thank you. good luck to you in, all of your future endeavors as well.

Dr. Jared Rubenstein: Yeah. Thank you. You as well.

Karen Wyatt: Thank you.