

Sawbones 400: Doctoring While Sick

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Intro (Clint McElroy): *Sawbones* is a show about medical history and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've learned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello, everybody, and welcome to *Sawbones*, a marital tour of medicine. I'm your co-host, Justin [coughs] McElroy.

Sydnee: And I'm Sydnee McElroy. If you're going to cough like that...

Justin: I'm not! I'm not. I'm not. I'm going to say hydrated and pumped and no more coughing. That's my last cough.

Sydnee: Okay. It would help if you didn't do, like, chanting in our intro. If our intro didn't have to be a chant.

Justin: I refuse. I refuse to bring down the energy for our audience that relies on us to get hyped and to get pumped for their week.

Sydnee: With a chant. With a...?

Justin: It brings the energy.

Sydnee: Okay. Um, this is appropriate for our topic this week.

Justin: Mm-hmm.

Sydnee: This is actually why we're doing this this week. So we didn't have an episode last week, and I'm very sorry about that. It is primarily my fault. I guess it's partially your fault because you were also ill.

Justin: We don't need to assign blame.

Sydnee: But I was the— I was ill-er.

Justin: [laughs] The ill-est.

Sydnee: The ill-est. I was the ill-est.

Justin: In middle school, in her Tasmanian devil sweatshirts. The ill-est.

Sydnee: I did not have a Tasmanian devil sweatshirt. I had a Tasmanian devil baseball cap and it was just a big T, you know, looking all cool.

Justin: Very cool.

Sydnee: Yeah.

Justin: The coolest. The ill-est!

Sydnee: The ill-est— This is a true story. I had that hat. Anyway, I'm not talking about ill in that sense. We were just sick. We had a sickness.

Justin: Y'all, we took so many COVID tests. You have no idea.

Sydnee: I was certain we had COVID. I'm trying to convince myself we definitely did not. We had, like, home tests and PCRs. We did the whole thing.

Justin: The whole mit. A lot of home tests...

Sydnee: A lot of home tests...

Justin: Several PCR, three PCRs.

Sydnee: Three PCRs. We were just— The symptoms fit. We, of course, as you know, are fully vaxxed, to the max.

Justin: Quintuple-vaxxed.

Sydnee: Quintuple-vaxxed in this household, like, the two of us. Our kids are fine.

Justin: Yeah.

Sydnee: Never got a symptom. Both fine.

Justin: Both fine.

Sydnee: So I don't know. I don't know what it was, but oof. Oof. I will say this, if it was COVID and all those tests were wrong, which I'm not saying it was, but if that's true, this is testimony to the importance of vaccination because we were both pretty sick. I was— I'm still— You can hear it.

Justin: I was kind of inspirational I felt like, in the way that I pushed through to take care of you and our family...

Sydnee: See, don't give me— You are playing into...

Justin: Like, Syd was still in bed, curled up on her stomach watching Don Draper, and I'm like, up making lunches, bringing home the bacon, fry it up in a pan kind of deal. You know? It's like, "Come on, Syd. Are you sure you're this sick? 'Cause I feel fine."

Sydnee: It could have also been the flu. We've also both got flu shots, of course, but it could have still been the flu. Um... Either way, we are both getting better and we will be fine. So if it was either of those, thank you vaccines. If it was some other virus, I'm mad at you.

Justin: [laughs]

Sydnee: Uh, but it called to mind the idea that generally when I am sick, I do not miss work. I know I did last week. We didn't do a *Sawbones*. And I also did not go— I work at Harmony House. I volunteer there to provide free medical care. And I did not go mainly at the request of the director, our good friend Amanda, who said, "Please do not come, you are sick. What is wrong with you?"

Justin: "You are not wanted here."

Sydnee: "Why would you come to work when you're sick? You could make other people sick." And I'm thinking, well, "I'll wear a mask. I'll be very careful." Her other point was, "Shouldn't you rest? Like, shouldn't you get better? You know, when you're sick, even if it's not about being contagious, shouldn't you, like, rest and take care of yourself and get better?"

And this is an idea that had not ever really occurred to me for me. I preach it. I do not practice it. So I thought it would be interesting to talk about that compulsion to work when you're sick that is true for many people of many

different professions, especially in like a sort of a capitalist economy that really stresses the importance of going to work. I mean, our whole culture does, right? Like, that's why we have perfect attendance awards.

Justin: Right.

Sydnee: I never got one of those. Never won. Not a single one. But that's why we have those, because we think it's important to show up no matter what.

Justin: It's especially true for doctors.

Sydnee: Exactly.

Justin: It would sort of be like, if I may, it would sort of be like if a mechanic called in and said, "I can't come to mechanic work today because my car broke down."

Sydnee: Yes.

Justin: Then everybody would be like, "Just fix your car."

Sydnee: Well, I do think there's a lot of reasons. I think that's part of it for sure. And I think specifically, if you look and there's data to support this, health care workers and the worst offenders being physicians, come to work sick at rates that are higher than the general public. We do that.

And that seems wild because we are also the people who tell you to stay home when you're sick. So what's going on? So I thought it would be interesting to kind of look into that. And this has been a big topic of conversation because of the pandemic, because we are kind of compelling

people— Not kind of, we are compelling people to work sick now, especially when hospitals are at crisis standards.

The recommendations are basically, "If you have COVID, but either you're asymptomatic or you're getting better, put on your mask and come to work." In crisis standards, not regular standards. But that is the new dictate in a lot of hospitals that you will have people who might be working, who have COVID who would be contagious.

But we are so short staffed, that is the new idea. But this predates the pandemic. A lot of people went to work sick before COVID was ever concerned. Reasons for that, there's a whole range. And certainly there are some things that are more like, practical. You don't have a sick day. You can't miss work because you get paid hourly for when you're there and you cannot miss out on that paycheck. You know, people need the money to pay the bills, keep the lights on.

Lack of coverage. "If I'm not there, there's nobody there." That's been my story my whole life. If I'm not doing it, there's nobody to do it instead, so I better go.

Justin: And this is, like, just to drill down this and I think we've illustrated this before, but like, this is not as simple as Sydnee isn't there today, so call in. There's an issue with continuity of care, right? Sydnee is the one who's in charge of the patients and it's not as easy as you come in and watch them for a day.

Sydnee: There is no— Exactly, that happens in the hospital and in the office. If you are scheduled to see your family doctor and your family doctor calls in sick, there is no backup plan to like, "Well, why can't we put these patients on other doctor's schedules so that they can still be seen today?" Maybe that happens other places, but my experience is, no, they just cancel

all the appointments. And that's very frustrating if you've waited a while to go see your doctor and then your doctor isn't there and your appointment gets canceled and maybe you had an issue you want to talk about.

So anyway, there's also, like, fear of repercussions from your boss for not showing up when they wanted you to. Cultural things like, I just want to do it myself. I don't want to let my colleagues down. This is who I am. Professional identity. There are a lot of issues.

Justin: It's mainly that one. [laughs]

Sydnee: And while all of this would clearly hold true for members of the medical profession, all of these things I just mentioned are concerns. But it's still shocking, I think, that— This is called sick presenteeism, is the term for this. Presenteeism is showing up even when you maybe shouldn't or can't do your best. Do you know that term?

Justin: Yeah.

Sydnee: I never used that term. I know absenteeism.

Justin: I had that with a lot of parties when I was in high school, showing up when no one really wanted me to.

Sydnee: No, it's not— That's not true and that's not what it is. Presenteeism is when you show up— And this doesn't have to be because you're sick. This could be because you're going through some sort of stressor or family crisis or something like that. For some reason, you are not up to being at work that day, but you show up anyway, that's presenteeism.

And specifically when it comes to sick presenteeism, doctors are among the worst. And there's a long history of this across cultures, by the way. This is

not— I know a lot of people would say, "Well, this has got to be like an American thing because that's Americans, they go to work, that's their thing."

It's not just in America. It is a cross cultural issue. It wasn't until, and I want to talk about, a little bit about the idea of doctors getting sick in general, because obviously everybody gets sick.

Justin: Yeah.

Sydnee: So doctors have always gotten sick as long as we've had doctors, sometimes they've been sick. But that specific issue sort of like you mentioned, the idea of the car mechanic whose car breaks down, the doctor who gets sick. That sort of entered into, like the cultural imagination in the 19th century and it was primarily based on a certain illness that was not solely a problem for physicians, but was highly linked to the medical profession and that was addiction.

That was the first medical condition that was sort of connected to the idea that doctors get sick. And it was because, and we've done shows on this, with the invention of the hypodermic syringe and the ability to inject, first morphine for pain control, we saw a lot of physicians develop addiction to morphine. And so for a while, there was this sort of linkage of like, "Well, doctors do get sick sometimes. They get addicted to morphine."

And this was sort of the first writings you would see, people writing about hospitals where over half of the doctors there are using morphine on a regular basis and that kind of thing. And the next accounts, again, are linked to particular illness. So first it was this concern for substance use disorder, and then it moved on to the classic doctor illness became angina.

Justin: Uh, what's that?

Sydnee: For— Chest pain related to your heart, angina related to lack of blood flow, meaning oxygen to a part of your heart muscle, causing pain. Angina. That became very closely linked to the medical profession. And there were some— Again, there was some research that suggested that while anyone in a high stress job may experience angina, certainly, doctors did tend to get angina at a higher rate than other professions, necessarily.

And so you began to connect like, "Well, that's the doctor disease." So that was the other way doctors got sick. They either could get addicted or they would get chest pain because they're in these high stress jobs that attacks your cardiac health. And so they develop a heart attack, would be the concern, right?

But again, these were really accounts about doctors. These were people writing about, like, this kind of doctor figure, the doctor figure who either, because they have access and are constantly around morphine and syringes, become addicted to morphine, or they were writing about the doctor figure who worked so hard, so many long hours, denies themselves all of the relaxations that the rest of us enjoy, and maybe engages in high-risk behaviors like smoking or whatever, and so they developed chest pain.

Justin: Gotcha.

Sydnee: Heart attacks.

Justin: Yes.

Sydnee: Um, this was not doctors writing about being sick. Doctors weren't doing that yet. But by the 20th century, you start to see that change. You start to see doctors considering the idea that maybe being sick and having

the knowledge they have could make them a useful conduit for what that experience is like. Do you know what I mean?

Justin: Yeah, yeah, yeah.

Sydnee: Like, I can filter my experience of having an illness through my medical knowledge and give you an account that might be more illuminating in some way.

Justin: You can send me to the bottom of the sea and I'm going to be like, "Dang, there's a lot of fishes down there and they're just wild now. But if you get Jacques Cousteau down there, he's going to have some perspective that will probably be a little bit more useful."

Sydnee: There you go. That was exactly— And that's exactly the first accounts that were put together. There was a collection that was put together in Germany in 1929 called *Doctors As Patients* and it was very much doctors giving accounts of their illnesses through their own medical lens.

Justin: Jacques Cousteau was, like, barely alive when I was alive. I don't know that the new generation has like... What's, like the comparable— I mean, Steve Zisu from *The Life Aquatic* is fictional. Who's like the deep sea guy for this generation?

Sydnee: Well, honey, I don't know.

Justin: Who's the deep sea guy that millennials turn to when they need a reference for a deep sea guy.

Sydnee: I don't know. People will have to tell us.

Justin: A person in general. It doesn't have to be a guy.

Sydnee: Yeah. It could be anybody.

Justin: These days, people all on the gender spectrum can go down the bottom of the ocean and walk around. It's just, who's the deep sea person for this generation?

Sydnee: Justin, I don't know the answer to that question. That was not part of this episode.

Justin: Okay, go ahead.

Sydnee: Maybe somebody can tell us.

Justin: Yeah.

Sydnee: Maybe somebody will helpfully tweet to us.

Justin: Tweet that at Barack Obama and I'll just look for his mentions.

Sydnee: Who is the Jacques Cousteau of this generation?

Justin: Just tell Barack Obama and, you know, CC me on it.

Sydnee: Barack will appreciate it, too. I'm sure.

Justin: Barack loves to hear— Yeah, I tell people to tweet Barack a lot for no good reason.

Sydnee: Uh, so anyway, and these accounts were, again, doctors writing about their own illnesses. And the idea was this could be helpful to other

doctors. It could also be helpful to people who just want to know about an illness. Maybe they have it. Maybe they know somebody who has it. This would be helpful for people.

This was followed by, in 1952, the book *When Doctors are Patients*, which was put together by Max Pinner and Benjamin Miller. And again, it was the same idea. There are a lot of different disease processes sort of explained by doctors from their autobiographical perspective, everything from typhus to manic depression is described and they're written so that even—

They're not written for, like, a textbook audience. It's so that nonmedical people, if they are so inclined, can read them, gain an understanding of the disease, learn about it from a doctor and the idea was, again, that as a doctor, you may be able to describe this better. You may be able to give insights into it.

So, like, I'm experiencing it, and I know the anatomy and physiology, so I can talk about it in a more robust way. And I'm not saying this is necessarily true, but...

Justin: It's like, lived experience that colors their— Yeah.

Sydnee: This was the thought process—

Justin: Along with, like, aside from the specific illness, like the anxieties and fears and concerns and all that stuff.

Sydnee: Exactly. And there is no thought in these anthologies and these stories, and I'm using these as sort of a window into the minds of physicians of the era. It is not an identity thing. It has nothing to do with who they are. It's, "Oh, yeah, I had that. Let me tell you about it." It's that. It's that simple.

And it's not a very convoluted idea to be sick as a doctor because the idea is, "Well, yeah. I mean, of course. I'm a human. Of course I get sick. So here it is. Here's the experience, there. Did that help you? Good. Okay, moving on." And that's really it. But then we see a shift and I want to tell you about that shift.

Justin: I'm ready.

Sydnee: But first we have to go to the billing department.

Justin: [sighs] Let's go.

[theme song plays]

[ad break]

Jesse: Hi, I'm Jesse Thorn, America's radio sweetheart.

Jordan: And I'm Jordan Morris, boy detective.

Jesse: Our comedy podcast, *Jordan, Jessie, Go*, just celebrated its 15th anniversary.

Jordan: It was a couple of months ago, but we forgot.

Jesse: Uh, yeah, completely. Our silly show is 15 years old. That makes it old enough to get its learner's permit.

Jordan: And almost old enough to get the talk!

Jesse: Wow, I hope you've got the talk before then. A lot of things have changed in 15 years. Our show is not one of them.

Jordan: We're never changing and you can't make us.

Jesse: *Jordan, Jesse, Go*, the same forever at MaximumFun.org or wherever you get your podcasts.

Hal: [wrestling announcer voice] Prepare yourself for the greatest pro wrestling podcast spectacular known as *Tights and Fights*. A backdropping audio showcase that helps you understand the world of pro wrestling with a lot of love and no toxic masculinity! [crowd cheering] Featuring hosts Danielle Radford.

Danielle: Time to kick butt and chew gum... and I'm all out of butt!

Hal: [wrestling announcer voice] Lindsey Kelk!

Lindsey: I'm a brutal Brit and my fists were made to punch and hit!

Hal: [wrestling announcer voice] And Hal Lublin! [normal speaking voice] I was doing the voiceover this whole time.

Danielle: Hear us talk about pro wrestling's greatest triumphs and failures!

Lindsey: And make fun of its weekly absurdities!

Hal: On the perfect wrestling podcast, [wrestling announcer voice] *Tights and Fights!* Every Saturday, Saturday, Saturday on Maximum Fun.

[ad break ends]

Justin: Things were shifting, Syd. There are big things afoot.

Sydney: The medical profession has continued to change, especially, you know, in places where medicine has been more highly tied to business. And there's a lot of money to be made off of medicine by not just the people, not just doctors, but everybody involved. And as the profession has shifted, the identity and attitudes of the people who work in it have also shifted.

And that is true, again, cross culturally, but especially in this collection of stories from 1987 called *When Doctors Get Sick* by Harvey Mandel and Howard Spiro. You see a very different tone begin to develop. And that's not that far apart. We're talking about the 50s to the 80s, the grand scheme of things. That's not a huge chunk of time, but it's the same format. So again, these books are very similar in that you have, here is a chapter that's just, "This is who this doctor is. This is what they have. Here's their story." And that doctor can write however they want to about it. Like, "Here is my experience with getting diagnosed. Here's my experience with getting treated." Whatever piece of that tale they want to tell, that's up to them.

This, again, is the same idea. And they have a wide range of illnesses that they have doctors talking about. Everything from multiple sclerosis, Lyme disease, Parkinson's, alcoholism, depression, Crohn's, lymphoma, all different manner of issues, sometimes multiple chapters about one thing, you know? There are a couple of different accounts of depression from different perspectives.

But the interesting thing is that as you read these stories, and I've been able to read— I would love to get a copy of this book. It's hard to find now. There aren't a lot out there easily available and it's pretty expensive.

Justin: I got you.

Sydnee: But I found some—

Justin: I got you.

Sydnee: You found a way?

Justin: I found one on eBay.

Sydnee: Oh! I would love to read this book in person because I found some excerpts. I was able to find some little free samples online so that I could read bits and pieces of it. But I do want to pay for this book because I want to read it. But the stories are so different in the way that they talk about being sick.

It's clear that this isn't just here's a story of an illness. There's an underlying hint of sometimes shame, fear, frustration. There's anger, sometimes. There's confusion, not about what's happening. It's very clear and I haven't read every single story in the book, obviously, but from the samples that I was able to read, it's very clear that there is this layer of an identity crisis that is happening for a lot of people because they're able to intellectualize what's going on with their disease process.

They know what that means. They know when the doctor tells them what it is, they even know before the doctor tells them. They know just from the sequence of events that are occurring in the hospital.

Justin: Right, they get— Yeah.

Sydnee: "I already know what this diagnosis is going to be because you did that test and you said you were going to do that one and then you canceled it. So that means it was this." And they—

Justin: You read enough Poirot books and you see someone that has, like, a blow gun on the wall that's briefly mentioned, like, "Ah, I got you."

Sydnee: Exactly! So they're not confused about what's happening. Unlike for a lot of patients who go through these experiences, they have that knowledge that makes them sort of a step ahead in terms of knowing what comes next. But they don't know how to reconcile that with who they are.

And I'm not saying that that is explicitly stated over and over again, but that feeling is definitely there. I wanted to share a couple of examples from the book. So there was one doctor who is sharing her story of depression and she talks about how she knew there was something wrong, but she refused to say anything to anyone. She tried to treat herself. She was terrified of admitting this to anyone around her, but she never stops working.

She actually writes, "In the autumn of 1982, I went on holiday, came back and thought, 'I can't face going to work.' Of course, I did manage to work." Is the next sentence because, of course, she still went to work.

Justin: Right.

Sydnee: Which I was reading this and I thought, "Oh, man, I can identify with that so strongly. I know that feeling." Like when you think that I cannot get out of bed and go to work, whatever the reason, because you've got a really bad respiratory illness or because of depression, whatever it is, I know that feeling. But then I know that simultaneous "Well, but of course I will."

Justin: Mm-hmm.

Sydnee: There is no question as to if I will. I can't, but of course I will. There was another account of a heart attack. And the doctor, as he is

describing this, as he's leading up to what's happening, he knows it from the first twinge of chest pain. He knows what it is and it is a textbook perfect account of someone experiencing a heart attack, of angina.

We know that's what's happening. He knows that's what's happening. And he tries to convince himself otherwise. He tries to talk himself out of it. He tries to test himself, "Well, if it's angina, it will get worse as I go upstairs or exert myself more and it'll get better when I rest." And he does it and that is true, but he's still not ready to admit, "Well, but maybe it's just I pulled this muscle... but it's not sore there."

He's talking himself through it. And then finally he gives in and says, okay, I know what this is. And it is, he's having a heart attack. He goes to the hospital. He has— They attempt stenting with a cath, but they end up having to do surgery, a bypass surgery on him.

And he says when he finally decides to go in, "Ultimately I had to surrender to my greatest fear, not of death, which I considered without apprehension; not of disability, which I did not consider seriously enough; but fear of giving myself up to the doctors. It had to get very bad before I was willing to become a patient." Which is a wild statement. And he goes on to say, like, it's not that I didn't trust— I knew these doctors. It's not that I didn't trust them. It's not that I didn't think they knew what they were doing. It was nothing like that. It wasn't like a technical expertise thing. It was an identity issue.

After his account— So he talks about going through the surgery and the recovery and everything like that, and he's doing better. And he says, the thing is, even though he did all this, nothing changed. He returned to his, quote, "lifestyle of overwork, deadlines, tensions and anxieties." And at the end, you think, like, well, has he learned anything? And what he says is, "I will do almost anything to avoid being a patient."

Justin: [laughs] Except make the changes in his lifestyle that would actually be beneficial.

Sydnee: He says he jogs, but...

Justin: Whoa! That'd be nice. I should do that.

Sydnee: And these are really— What you see here are people who can't be sick, because if they are sick, then they can't be a doctor.

Justin: Is that because you have a— Is that a looking down on patients or is it just like that's not the identity that you have for yourself?

Sydnee: I think it is very much— It is who you are. You are the person who stands to— You fix the problem.

Justin: Right.

Sydnee: You are the one outside of the illness who fights it off. You are the one who protects people from sickness and death. You are not the person who succumbs to it. I don't think it is a judgment. It's an identity. It's who you are.

Justin: Um, you don't have this in your notes, but I think that it is worth talking about the inverse of this that I have seen you do where you have seen things break weirdly bad so many times that you have talked yourself into some truly heinous diseases that you are in possession of.

Sydnee: Yes, this is true.

Justin: Just because you've seen the worst-case scenario all the time. Like, you don't know how many times I'll look across the room and I'll see Sydnee with a stethoscope on her chest. And just this morning, you were listening to your lungs to see if you had pneumonia. And then you were like, "I think I might have a heart murmur." And I was like, "Are you going to go get it checked out?" And she's like, "No. [wheezes] Probably not."

Sydnee: I was also becoming increasingly panicked as I was listening to myself and my heart rate was going up. And then I was having trouble discerning that from the children yelling as they were playing Roblox. And it was not— I need someone else to examine me, which is why you shouldn't doctor yourself. You shouldn't doctor yourself!

Justin: I will do it. I will do it. You don't have to twist my arm, I'll do it.

Sydnee: You shouldn't doctor yourself. But I mean, part of it, too, is the idea of letting people down. If you're sick, you can't take care of others. And that's so much a part of who you are that the inability to do it, you lose your entire purpose on Earth. One man and one of his accounts of being diagnosed with a form of cancer, the first thing he does is sit down to call his staff and say, we're going to have to cancel patients.

That's the first thought is, "We need to let the patients know. I don't want them to show up at the office and think they have an appointment with me and then find out. I don't want them to be inconvenienced. We need to reschedule people." And it really is— I saw one person write that it comes from the perspective of—

And I'm not saying that I feel this way, but this was one sort of sense of, why would this be so. When you become a doctor, they felt like, it's like you made a deal with God that as long as you took care of sick people, which he

would like you to do, I suppose, in this feeling, that he would not let you get sick.

Justin: Mm-hmm.

Sydnee: And that was one feeling like, that's the deal I made. I've devoted my life to taking care of others so you can't let me get sick. Which of course, is not— I mean, everybody gets sick. Doctors get sick. We all get sick.

Justin: Is there any part of it— I would bet this is like more for surgeons. But, like, is there any part of it— You ever heard the old riddle? I guess it's said if you go to a town with two barbers and one has a bad hair cut and the one has a good hair cut, which one should you go to? The one with the bad haircut, because the other guy is cutting his hair.

Is there anything of that with, like, doctors where they're like, if you didn't think you were the like— Everyone probably thinks on some level that they're the best at what they do, specifically. Is it hard to like, "Ugh, this guy. Just don't let this guy work on me, please, this guy's a doofus." Like, not trusting that your colleagues are up to it.

Sydnee: I will neither confirm or deny that those conversations happen behind closed doors.

Justin: [laughs] Right, all right.

Sydnee: I mean, of course, you know. People are people. Everyone has preferences. Everyone has— But I mean, that's not just true of doctors. That's true of everybody. You get recommendations. You have to go have a procedure done or go see a specialist and what do you do? You ask your friends, "Do you know anybody?" And they tell you, "Oh, that person's a

quack. Don't go see them. But yeah, this person's great, go see them." I mean, everybody has that feeling.

Justin: You mentioned— You're talking about this kind of clinically, and we've joked about it, but like, if you're in a relationship with somebody for a long enough time, you have every permutation of every conversation there is, and you can disagree about stuff and argue about stuff. And sometimes you run into these roadblocks, like, logically, I think probably everybody has these where it's like, "You know that I'm right. You've said that I'm right. But you still can't get past like—"

This is that deep, right? Where it supersedes logic, it supersedes intent. It's like down deep inside. And I feel like it's worth noting. It's not like doctors would hear this episode and be like, "Oh, okay, I won't be that way anymore." It's down deep.

Sydnee: Yeah. No, it's a hard thing because, um, it's a perfect storm, because I think that there is some idea, at least I know for me and I'd say a lot of my colleagues would say the same thing. When you decide to become a physician, when you decide to go through that, there is some sort of sense of like, I am choosing to be like, I am health, I am wellness. That is me. That is who I can help you with that. That is what I have taken on.

And so, even if— And that is a— There's a lot of cognitive dissonance involved in that, because a lot of physicians engage in a lot of unhealthy behaviors, right? We're not all the best. You know, we don't all eat a healthy range of different foods all the time. We don't exercise regularly, you know. Some of us stay up too late and drink beer. But...

Justin: Some of us.

Sydnee: I'm just saying, not all doctors are healthy, but for some reason, there's this identity of like, that is where I am in the spectrum. I am on the health end. And then there's also, like, the external pressures, because I think that's the other part. So you already sort of have that kind of internal voice saying, like, "Stay well, take care of others. You have to, you have to, you have to. That's who you are."

But then there's this flip side of all of your training reinforces it. I think that every residency probably has heard the story when you start of the mythological resident who rounded on patients while hooked to an IV. I think that you have all heard it. And I do not believe it is just at my program that you've heard the story of, "Well, so and so had the flu or had diarrhea or whatever, and they were so dehydrated. But they hooked themselves up to an IV of fluids and then rounded on their patients with their IV pole."

I guarantee you that myth is told in every residency program everywhere. I can't tell you how many of my colleagues would brag about coming to work sick, working through an illness. "I've never taken a sick day." We would all talk about like, we've accumulated all these sick days. I mean, that's how I took maternity leave.

The only way I was able to take maternity leave is because I had accumulated enough sick days, because I never took a sick day. So then I was able to use them to have a baby. I think that our training perpetuates that. And there's tons of pressure from colleagues, from the people you're taking care of, from patients, from your administrators, from everybody: come to work, take care of others. That's who you are. That's your job.

And we are also people pleasers. We want to get As. We want to get gold stars. And so we do it, and it's not good. I am not endorsing this, by the way. I'm saying this is true. And there are studies that support this, not just in the US. They've done studies in the UK and Italy and Sweden and Norway

and Hong Kong. All over the world, they've done studies that show that health care workers in general and, specifically doctors, are the worst.

They come to work sick. Some of the numbers were in the 60% range. Some of them were up in the 90% range of people admitting to coming to work sick. And these are people who are saying, "I am coming to work with symptoms that if my patient told me they had, I would tell them to stay home."

Justin: Right.

Sydnee: So they're admitting it. They're saying, "Yeah, I went to work and I probably shouldn't have." And the reasons are all the things we've already mentioned, you know, all those— From practical fears of who else will take care of people? I mean, if I'm not there, there's literally no one else to do the job, which is sometimes true. Two, I would feel bad letting other people down. Just that sense of like this is my job.

And during COVID, I think the problem is that, like, if you bring all this to the now, I would imagine that there has been a shift internally in a lot of physicians recognizing, seeing in real time, that if you do go to work sick with something contagious, you are a threat to the people around you. You're a threat to your patients and you're a threat to your colleagues and your staff and everybody, you know?

That is not okay. It's not okay to walk around out in the world with a contagious disease, knowingly exposing other people to it. Maybe legally it's okay. But it's not morally okay.

Justin: Right.

Sydnee: And I think that there certainly must have been a shift in a lot of— I know there was for me because when I had the— When we first got sick and I thought there was a possibility that we had contracted COVID, there was no way I was leaving the house. Of course not. Of course not. I would never expose anybody to this, you know? There was no thought of that.

So I imagine there has to be that kind of shift in a medical professional's mind. But what's going to be hard is reconciling that with a system that is telling us to go to work sick. Which is— And that's not happening— If your hospital is still on regular standards, I'm certain that's not happening. But I guarantee there are going to be hospitals working in crisis standards, all kinds of medical facilities, where they are going to tell people, "Hey, listen, we have to have you. I know you tested positive, but you're asymptomatic we got to get you back in here, there's nobody else."

And when you go into health care, when they tell you it's you and there's nobody else and people need taking care of, I mean, you put on your scrubs and you go.

Justin: Yeah. Podcasting is, like, the same way.

Sydnee: Well, I mean, I'm podcasting right now.

Justin: Inspirational, yeah.

Sydnee: Can I just make one last point?

Justin: Of course you may. It's your show, dear.

Sydnee: It is hard not to... And even as I talk about it, I feel it in myself. So I want to give it voice. It is hard not to romanticize the idea that you are so tough that you can work through anything. And I have had experiences

where that has been reinforced, where I have gone to work with 101 degree fever and done my job and been literally applauded, not figuratively, literally applauded for doing so. For being so strong and so committed and so dedicated.

So I know that because of those reinforcements that is still in me, there is still a voice in my head that says, but you soldiered on no matter what. I also recognize how dangerous that is and how it does also further stigmatize people who have chronic illness as, like, that is a bad thing. It is a bad thing to be sick, that it is some sort of, like, moral failing or failure of your strength or will or weakness or something when a disease state just is.

It is morally neutral. You are sick, you are well, you are chronically ill, you are acutely ill. All of those things have nothing to do with your worth as a person, with your abilities, with how you should be perceived by others. None of that comes into play. It is just sickness. But that is a really hard thing, even as I talk about it, for me to constantly remind myself that I was sick, I stayed home. I didn't go to work. I'm not worthless. I still matter. My contributions are still worthwhile. It is okay.

It is okay to stay home when you're sick. It's okay to lay in bed and eat soup and watch *Mad Men*, if that's what you want to do.

Justin: Yeah.

Sydnee: So if you're sick, please stay home. Please stay home.

Justin: Although I understand doing anything to get out of the house with our kids here, because I'm losing it over here, Syd.

Sydnee: Being in the house with our kids?

Justin: Yeah, I mean, like, I think that that's really what this is about. It's, like, just any excuse to get out of the house.

Sydnee: No, I love being home with— Charlie had a snow day today. I was so excited, we're all here together.

Justin: Yeah.

Sydnee: I love it. And they're still healthy, if you're worried.

Justin: They're sitting in the corner, actually, they've been watching Mama and Papa podcast the entire time. Silent cherubs.

Sydnee: If you're worried, they're still quite well. So thank goodness we managed to avoid, you know, infecting them with our germs.

Justin: Um, that is going to do it for us for this week. Thanks to Taxpayers for the use of their song *Medicines* as the intro and outro of our program. I don't want to spoil it, but you should go to McElroyMerch.com come February 1st because I think there's going to be a new *Sawbones* pin that you're going to be delighted by. It would be better if you see it in person. McElroyMerch.com. And thanks for listening. We appreciate it.

Sydnee: Yeah. Stay safe. Get your vaccines. Get your boosters. Encourage others to do so. Wear your masks. Stay home.

Justin: There's going to be a bumper sticker, *Sawbones* sort of bumper sticker.

Sydnee: Oh, yeah.

Justin: With Sydnee's great quote, "I'm not ashamed of my clown husband." So that's also at McElroy Merch, so you can— [laughs]

Sydnee: And I remain unashamed of my clown husband.

Justin: That is— Honestly, Syd, it's so sweet. Thanks to Jacob Bailey for designing that one. And you'll be able to purchase that one, too. And that is going to do it for us. Until next time. My name's Justin McElroy—

Sydnee: Wait—

Justin: Oh, what?

Sydnee: Thank the Taxpayers.

Justin: I already did! I just thanked them first.

Sydnee: Oh, I'm sorry, I missed that.

Justin: That's alright. Unless you're out of your head on cold medicine, you're all hopped up on—

Sydnee: I'm not on cold medicine!

Justin: You're all hopped up on goofballs!

Sydnee: I didn't! I took ibuprofen and Mucinex.

Justin: And that's gonna do it for us. Until next time. My name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head.

[theme music plays]

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