



DR. PAMELA WIBLE INTERVIEW Medical Care & Suicide Prevention Expert

By Chris Wark

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DR. PAMELA WIBLE INTERVIEW

Medical Care & Suicide Prevention Expert

Hey everybody, I'm here today with my friend Dr. Pamela Wible, MD – a family practice physician with a really fascinating story. You're going to love her. You're going to love her story and how she got started. She's also an advocate for the prevention of physician suicide, which you probably don't know is an epidemic. Physicians have some of the highest rates of suicide of any profession, if not the highest. And Pamela's mission is to help reverse that and really help change the industry from the inside out because being a doctor is a really tough profession with a ton of stress. And we're going to get into all that.

Chris: Hey Pam, how are you?

Dr. Pamela: Good, how are you?

Chris: I'm doing well. Good to see you.

Dr. Pamela: Thank you for having me.

Chris: Yeah, it's my pleasure. I'm definitely excited to share your story. We had a call, I guess it was a few weeks ago or a month ago, and it was so much fun to talk to you. And so, I was like, "Oh man, I can't wait." So, I'd love for you to tell some of the stories that you told me, about coming up through the medical education. And then, also, how you chose to practice medicine as a family physician, versus how so many other physicians do it.

Dr. Pamela: Well, I had a very strange childhood in that both my parents are physicians – my dad is a pathologist medical examiner and my mom was a psychiatrist. So, I got to go to work with my parents as a kid, like hang out in the morgue, you know, with dead bodies.

Chris: So weird!

Dr. Pamela: Yeah, I know. That's really weird. I know.

Chris: Let me interrupt you and just say a friend of mine, who I was visiting in Cleveland, I just learned that his family's business was a funeral home. And so, he grew up in the upstairs from the funeral home, and was around like dead bodies every day, which is so weird to me. But anyway...

Dr. Pamela: To me, that's great. Yeah. So, I don't have the usual fear of death that most people have because I was hanging out with my dad, who loved his

job. He absolutely loved what he did and it showed every minute of the day. So, to be able to hang out with him in his jovial, lighthearted, but sort of intellectually curious mode, in a morgue was just absolutely like awesome. I couldn't think of any better childhood. And so, the way most people think of their childhood with their parents is probably going to baseball games, ballet recitals, like Santa and the cookies the night before Christmas sort of thing. Like for me, it's just being with my dad in the hospital in the morgue, being with my mom in the psych hospital, and those are like the most cherished moments of my childhood.

And so, physicians, like you said, work really freaking hard. They're workaholics. So, if you're going to spend any time with your physician parents, you are going to be in the hospital with them, because they're not in the kitchen making breakfast and smoothies. They are at work. And so, you're eating in the hospital cafeteria, which as a kid is really fun because you just get to pick what you want from the vending machine. And you can have chocolate milk and total crap all day long.

Chris: Yeah. Pudding and jello.

Dr. Pamela: Yeah! So, I'm just trying to share that I got like a strong dose of what medicine was like as a child. And then, my dad also worked at a methadone clinic. So, after we'd go to the morgue, we would go to the methadone clinic where he would interview the people that were trying to get off heroin. And he would introduce me as a doctor-in-training, as a little kid.

Chris: At like eight years old?

Dr. Pamela: Yeah. Like six, seven, eight. And he would put me like in between him and the guys who were trying to get off the drugs, and he would be like telling them to show me their track marks. He basically had me examining people in the gutters and talking to his dead patients, and all that.

And then, at the psych hospital, I got to go to work with her. And they were on call and they'd have to sleep at the hospital sometimes. So, I was at the hospital overnight. And also at the jail, I have to tell you. I know this is probably more than you guys want to know, but it gives you a really interesting insight into what medicine was like in the past and its heyday. My dad also worked for the Philadelphia City Jail. Before breathalyzers, they actually had to have a doctor onsite to examine drunk drivers. And we had our own room in the jail, where we used to sleep every eighth night. And I would be there as my dad was checking in all the DUIs. So, I mean, I thought this was frigging awesome. This is my childhood.

Chris: Yeah, you had some adventures. No doubt. So I'm curious, when doctors are on call, where do they sleep? Is there a place in the hospital where they can work, with cots or beds? Or how does that work?

Dr. Pamela: Yeah, it's called a call room. And so, when I was in training, we had our own little call room with like a bunk bed or whatever. And you basically stay there not very long because you're constantly going on. If you try to sleep, it's not good REM sleep, let me tell you, because you're about to be called to total catastrophes at any moment. So, yeah.

When you finish medical school, you become a resident. You can't actually practice as a doctor once you get your MD. You have to have about at least one to three years, or more, of additional training. Like if you're going to be a transplant surgeon, you're going to be needing a bunch more training. And so, I did three years as a resident. And the reason why they call us residents in family medicine is because you're supposed to actually live in the hospital. Traditionally you lived in the hospital, so you reside there. And that's where the term resident comes from.

Chris: Oh! That explains it!

Dr. Pamela: Yeah. But back in the days past, when there wasn't as much technology and the acuity of cases wasn't so high, you actually did have time to sleep. Because back then, like if you're a woman delivering a baby in the hospital, you spent like five days there. You know what I mean? Now, it's like you have a C-section and you're out in less than 24 hours, and good luck. Right? So, the turnover and the complexity of cases has increased to the point where there's no time to sleep. Even if you have a call room, you don't have time to sleep, let me tell you.

Chris: And that leads into some of the problems that doctors are having, which we'll get to. But I want to hear more of your story because it's so great. And at some point, we've got to talk about what happened in med school. You've got some great stories from med school. Do you want to tell those now?

Dr. Pamela: Oh, sure. About nutrition or just...?

Chris: And the weird stuff, too. All of it.

Dr. Pamela: Yeah. Okay. So, yeah, I was a vegan, at the time, in medical school. I was vegetarian when I started, and then I met a guy in my class and we had a long talk, and vegan just made sense to me. So, I was vegan for 22 years, or so. I'm back to vegetarian now, but during med school I was vegan – and animal rights activist-type vegan. Okay? So, not even primarily for health reasons, but I was just completely appalled at the fact that they threw us – and I didn't see this coming – into these dog labs. We had to

actually murder people's pets in our first year of medical school. That threw me over the edge.

Chris: For fun? Or what was the reason?

Dr. Pamela: The reason, I guess they thought they were... I mean, I know what their real reason is, but the reason they told us is to learn the EKG, learn how to watch something die, see what a heart attack looks like. I mean, you're freaking like shocking the heart of a dog, giving them a heart attack, cutting their heart open, looking for heartworms, which humans don't even have. And watching their EKG flatline. Like, I think that's barbaric.

Chris: What was the real reason?

Dr. Pamela: Well, the real reason is a dehumanization process and control. Like, they're trying to teach you – I mean, they won't say it this way – but they want you to be able to take poor people and just throw yourself into terrible catastrophes and be numb. Like, just be a robot; do your job and don't cry. Okay? So, it's kind of like to desensitize and dehumanize you. And it's a control tactic. Once they can get you to kill man's best friend, they could probably get you to do a bunch of terrible shit. You know what I mean? So, it's control.

Chris: Wow. And so, why did the owners of these dogs...?

Dr. Pamela: Oh, they just go to the pound and they pull these dogs out.

Chris: Oh, they're pound puppies.

Dr. Pamela: Well, I got exempt from the lab. I actually protested and I was about to drop out of medical school. And the Dean, actually...when I explained to him why... First of all, I didn't see the use of this lab. I'm not going to be looking for heartworms, in the future. Why should I...? I'm not going to be giving dogs heart attacks. Why do I need this skillset? You know what I mean? I'm probably not even going to be reading an EKG for several years because the first two years are basic science. There's no reason for you to start doing things that are irrelevant. Anyway, whatever. He let me out of the lab, and he actually diagnosed me with Bambi Syndrome. That's what he told me I had: Bambi Syndrome. Which was way to belittle me for caring about animals, you know? So, that's what I was told.

Chris: Wow.

Dr. Pamela: Yeah. So, my experience in general, in medical school... I went to an all-women's very progressive college – Wellesley College in the east coast. And so, literally, on day one of college, they told us we were women and never to let anyone call us "girls." And that we could literally be leaders in the world and nothing could stop us. I felt very invincible as a

powerful woman in college. And then, I went back to this like good ol' boys medical school, where we actually had fraternities where guys... I had never even been around a womanizer. I mean, I guess I was shielded from some of the stuff I didn't want to see in life. But I'm really much more of an intellectual sort of visionary-type person. So, I just don't get into the lower level conversation and weird stuff that goes on, I think, in high school and in some frat parties and shit. I'm just not into that. So, anyway. But in our medical school, we were one of the few medical schools that actually had fraternities. Can you believe that?

Chris: No. I didn't even know that was a thing in med school.

Dr. Pamela: Yeah, well we were one of the few in the country with fraternities. So, there were guys in my class driving around in a car with like naked women on the side that said, "Trust me, I'm a doctor." Okay? This is what I had to see!

Chris: Wait, what med school was this?

Dr. Pamela: University of Texas medical branch, in Galveston, Texas. And I just have to say, my mom went to medical school there too, before me. And whatever I'm telling you is nothing compared to what she went through in 1965, because she was one of 8 women with 160 guys in her class. And the first day of school they told them that they were taking a man's seat and that they shouldn't be there. And when they called roll, the whole year, they wouldn't even call my mom by a female pronoun. She had to answer to Mr. Wible.

Chris: What??

Dr. Pamela: The whole year in anatomy, when they called roll. Yeah. Yeah, totally. And they, of course, had to listen to completely filthy jokes that were very misogynistic, you know, in the operating room, about the patient who was a female. Right? And there were females in there. And it was just unbelievable. Okay? So, whatever I went through wasn't quite as bad. But I would tell you, it felt like going back into the 1800s. Okay? As far as like people's mentality. Where they thought it was fine to just kill people's pets, drive around with naked women on the side of their car, like stuff I can't even...

And anatomy lab, like taking parts of people's bodies and playing practical jokes on other people. One guy took this guy's penis off of his body and went into the bathroom and held it like over the urinal, and then dropped it in. Just like people's heads of their cadavers missing. Like if you sign your family over for use in science, you don't want their body parts, like practical jokes stuff. Anyway. Whatever. I'm just saying...

Chris: I'm laughing, but I'm also horrified.

Dr. Pamela: Okay. Well, I'm just telling you the truth. This is what it was like. And as far as nutrition, just to get back to that, we only were given like two hours of nutrition training. I was like super excited to be like, you know, total prevention. I think, I'm sure, along the same lines as you do. And so, I was excited to be in medical school and finally be in a setting where I could just really help people.

And the two classes that we had on nutrition, I think they were both on parenteral nutrition, which is basically how to feed people by IV when they can no longer use their mouth. So, that was the nutrition training we got. And like I told you the last time we talked, I wanted extra training because I really wanted to know something beyond what I learned on my own. And so, I signed up for an elective called Pediatric Gastroenterology and Nutrition, which I thought, "Great, I can help little kids eat healthy," right? But no, I sat in a room with a guy that looked like Homer Simpson for the whole month, surrounded by rat bones and the little jars. And it was like totally crazy.

So, that was what I learned. Everything I learned about nutrition, I learned on my own, kind of like maybe you, right? You sort of have to learn on your own because they're certainly not going to help you by shoving sloppy joes and jello inside you. Right? And basically, they made fun of me for being healthy in medical school. I was the brunt of the joke in my surgery rotation, where the surgeon was making fun of people for eating health food and buying bulk foods. That was the thing, you know. And fiber. He thought that was bullshit. So, this was the surgery rotation. That's what I have to say. There we are.

Chris: And sadly, things haven't changed very much now. I mean, some changes are happening. I mean, there are more plant-based MDs, more diet and lifestyle medicine practicing MDs than ever before, which is great. But

Dr. Pamela: But it's nothing they learned in medical school. They had to go off and do that on the side.

Chris: Right. So, after you graduated, you went into private practice?

Dr. Pamela: Well, we took a bunch of jobs at these terrible, what I call, assembly line medical clinics. They sort of funnel you into these corporate jobs, and you don't sort of see it coming. But because they teach you no business strategy, you don't feel well equipped to sort of launch your own practice. Medicine is an apprenticeship profession. And so, we've kind of lost our mentors because they've been gobbled up by these big systems. So, it used to be, when my parents opened their practices, they could learn from the people ahead of them that were in successful private practice. But when all the private practices are bought up, you end up sort of working with 85% overhead. And all the money you're generating is being stolen by these corporations. And by the time you figure out what's going

on, you're exhausted and you don't know your name anymore. So, yeah, that's where doctors are.

Chris: And it's gotten really bad, too. And I don't know what your impression of Obamacare is, or whatever. But the reality of that program is that most of the private practice clinics in Memphis were forced to merge with the big hospitals because, I don't know, the pay structure changed.

Dr. Pamela: They basically completely complicated something that should be very easy. Just to like break it down for your audience and you, primary care – just to explain what that is – is what most people need on a daily basis. Like simple shit: acne, ingrown toenail, stuff that's like real simple that you should be able to handle in your neighborhood with somebody for a reasonable fee, without having to drive to a parking garage with a five-story hospital and a helipad. Okay. So, there's different levels of care – primary, secondary, tertiary. Tertiary care is like the you need to have your kid in the newborn intensive care unit for six months because they came out like one pound. Right? Or like you need a lung transplant. There's a time and a place when you need all that medical intervention. But the average person just needs to have regular stuff done at intervals, which should be pretty cheap.

But what they've done is burdened primary care with the tertiary care delivery models, so that now they literally were having me trying to deal with acne and ingrown toenails inside a five-story hospital with a helipad. And that makes no sense for me to be burdened with the cost of maintaining such a huge, with all the complication of like insurance and a million third parties. Everyone in the country should be able to pay for an acne visit or their ingrown toenail by cash or some sliding scale fee.

Chris: Or you've got a fever or rash or something.

Dr. Pamela: You shouldn't have to be driving halfway across the country dealing with a phone tree, fighting with somebody for an appointment, parking in a six-story parking garage for freaking acne or a pap smear.

Chris: And filling out a ridiculous amount of insurance paperwork.

Dr. Pamela: Yeah. Yeah. Yeah. So it's just like, the system that we have now has been created for the convenience of the people that are parasitizing us for money. Okay? That's pretty much what's going on.

Chris: Is that a word you made up? If it is, I like it.

Dr. Pamela: Parasitizing? Yeah. I use that one a lot. Yeah.

Chris: That's good. So, you had a string of...

Dr. Pamela: ...of terrible jobs.

Chris: ...jobs that did not produce much satisfaction in your life. And then you made a change.

Dr. Pamela: Yeah. Oh, and just let me tell you what it was like, just really quickly. My favorite factory job, which I call assembly line medicine... I have a good attitude. I can pretty much almost enjoy anything, even like shit. I'm a glass half full person. But so, I was in this job and my overhead was 74%, which meant (check it out) I didn't make any money until I saw 4,004 patients every year for free, just to pay overhead. Can you imagine? 4,004 office visits every year. 5,400 per year. And I only made money off of 4,005 onward. Okay?

Chris: Describe the overhead costs, for people that don't understand. Like, "What is all this overhead? Where's it coming from?" What were the costs that you...?

Dr. Pamela: I think, in that office, the main cost is just all the staff. They have like a million people running around in circles with fax machines going off. And they think they're helping you, but they're really getting in your way. So, you end up with like four doctors and a nurse practitioner, but we had like 20-30 staff or whatever – the nurses, the MAs, the billers, the coders. They were buying the building, so the mortgage on the building. The lights. All the stuff. Right? And malpractice insurance, which is really not that high. I only spend like \$2,000 a year, now, for malpractice insurance. But people somehow think it's supposed to be like super expensive. If I was a neurosurgeon in Chicago, I might be paying \$300,000. But anyway.

So, basically now my overhead is 10%. I have my own office. So, I keep 90% of what I earn, which is way different than giving 74-85% off the top. That's like freaking moving to a state with 85% income tax. Like who would do that? That's what these doctors are doing, working for these crap organizations. And so, the reason why your viewers should care about this is like you're getting crap care from people whose incomes are being stolen. Like they're only keeping like \$7 per visit. That's why they're only spending \$7's amount of time with you. That's why you feel like you got a \$7 visit.

Chris: Yeah! And I say this often, because I'm such an advocate for nutrition and natural nontoxic therapies, and health and wellness. And I'm very critical of the cancer industry, in general, and aspects of the medical industry and the pharmaceutical industry. I'm often accused of being anti-doctor and I'm not; I'm not anti-doctor at all. And by and large, I think most doctors are really sincere, caring people that got into the profession for the right reasons. But they're trapped in a system that's like a prison.

Dr. Pamela: Yeah. It's tiering off of their noble humanitarian nature. Put it that way. So, we should be allies. My big message here is: don't vilify your

physician. They started out as a bright-eyed, 19 year old who just wanted to help and heal people. And they got completely taken advantage of by the same forces that are taking advantage of you, and for profit. You know what I mean? They are profiteering off of your pain, and they're profiteering off of the stolen dreams of these people. Like here is a wall of dead doctors behind me, and these are people that literally martyred themselves – they were killed by my profession. Okay? And so we're all being killed in pieces or in total, unless we do something about this. This is dangerous.

Chris: Yeah. And I want to get into that in more detail, for sure. But before we do, I want you to talk about this next little phase of your life. I think you shared it – I'm sure you did – but there was a news piece on you from some years ago, where they did a local news story, I guess, about you because you were doing house calls for patients on your bicycle.

Dr. Pamela: Yeah. Yeah. Yeah, I mean, after my first job, I was so distressed by like the corporatization of healing, which just doesn't work. Okay? Actually, I just have to tell you – I'm not even making this shit up – I went to the medical library because I'm a very curious person. So, I'm one of those people who will sit in the library until midnight, like reading books that nobody's opened for like decades. You know, that's me.

Chris: Blowing the dust off.

Dr. Pamela: Right. I was in a medical library in Eugene, Oregon at Sacred Heart Hospital and I was on call or whatever; I was there for a reason. But I just sat and I noticed, as I was going through the library, there is an entire section of books on Toyota manufacturing. Toyota manufacturing in the library.

Chris: *(Sarcastically.)* Those are some good books.

Dr. Pamela: Yeah, right. Yeah. Lean management or whatever it is. Anyway, I started opening these books and I realized like they actually are modeling hospitals off of Toyota manufacturing plants. That's what they're doing. And so, when you feel like, "Hey, I feel like I'm on an assembly line," you actually are. I'm not making this up. They are using the Toyota manufacturing model when they design hospitals and clinics.

Chris: Wow.

Dr. Pamela: By the way, if you think I'm lying, just google "Toyota manufacturing healthcare" and there's a shit ton of articles that come up on how to model your hospital after Toyota. Okay.

Chris: That's just so terrible. All you can do is laugh. It's so terrible.

Dr. Pamela: Yeah. It makes no sense, right? Yeah.

Chris: I mean, it makes sense. It makes sense. I get it. They want to be super-efficient and all that.

Dr. Pamela: You could probably do that with cars, but I just think with real people, you can't really set up these hardcore business models like this, without offending or killing people, and harming your workforce. It's like, it's not going to work. Yeah.

Chris: There's no benefit to the people involved

Dr. Pamela: The thing is, after my first job, I was completely disgusted by assembly line medicine. I just was like, "Oh shit, I can just do this way better." So, I opened my own clinic out of my carport in my house, as the super naive, sweet, young 29 year old, like "I just love people" person. And I did house calls on my bicycle. I charged people, I don't know, \$14-100 per visit. And they got discounts if they rode their bikes. And I let people trade, you know, even though I didn't have any kids, they were trading with organic children's clothing and carrot juice and Tofu and whatever. So, it was like awesome. I actually enjoyed it. I did it for a year, but I thought, "Hmm, I'm really much more of a revolutionary. And I just couldn't see like a lot of doctors just quitting their high paying jobs and working out of their carports just because they love people.

Even though I was making, whatever, like \$30,000. Okay. Which is fine. I mean, I'm like a simple, low key person. I was happy to be able to practice medicine the way I wanted to. But I just didn't see a lot of other doctors giving up their jobs doing this, and I really wanted to create like a solution for everyone – like a replicable model. Right? So, I went back into the assembly line monster, just to more like be a spy, I guess – to see what was really going on.

And then, after a few more jobs, I opened my own clinic. I did a series of town hall meetings. I had this cool idea that like what I should do is not just hold people hostage to my cool ideas, but actually invite the community to design their own medical clinic. And so that's what I did. I did a series of like nine town hall meetings over six weeks, and collected 100 pages of written testimony. And I pretty much told my community I would do whatever they wanted, as long as it was basically legal. And so, I literally opened the first clinic in the country designed by patients. And that's where I work now. And I love it. We've been open 13 years. So, I've been helping across the country do the same thing.

Chris: First of all, I know everybody watching and listening is just thinking how much they love you for being the MD on a bicycle who would trade out for carrots or Tofu or whatever. I mean, it's just great. It just makes my heart happy to know that you did that. And first of all – and I'm embarrassed that I don't remember – but I want to guess that you're either in Seattle or...

Dr. Pamela: Oregon. Eugene, Oregon.

Chris: Oh, Eugene. Okay. Yeah. So, what makes your clinic designed by patients – as you said – different than a typical clinic?

Dr. Pamela: Okay. What patients asked for is, they want human scale service. So, they wanted to feel seen, heard, witnessed as a human being, not just like as an interesting kidney or colon or whatever. You know what I mean? So, like they specifically asked for a small square footage space. So, I'm in 280 square feet; a cute little office that I rent inside of a wellness center. Why do I rent it inside of a wellness center? Because they literally asked for massage, yoga, to have other healing arts specialists. They didn't really want a trauma surgeon next door, or like a transplant surgeon. They wanted like yoga, you know what I mean? So, I have this super inexpensive... Like when I first started it was \$280 a month to rent this 280 square foot office. And then, I basically would see people for 30-60 minutes, or as long as it takes. Like some people I'm in there for two hours.

And I think people leave with the feeling that... Like one woman said, "I feel like I just had a full physical, a pap smear, I met with a marriage counselor, and I had a spiritual epiphany, like all in 60 minutes charged to my insurance." You know, like people love it because they actually get like awesome care. And suddenly the insurance reimbursement, which doesn't suck in my area, it's pretty good. But like if you think about it, if you're getting, I don't know, \$200 reimbursed by an insurance company and you give 85% away to your employer, then you're probably pretty bitter for getting \$30 for doing a whole physical and having to shove your finger in people's asses and shit. For \$30, you should get paid more than that, you know, no matter what your profession is.

Chris: You should get paid extra for that. No doubt. Well, so how many, how many people are on your staff in this little office? Like a couple of people.?

Dr. Pamela: No, no, I don't have any staff. I do everything myself.

Chris: So, you do all the insurance, billing, paperwork, and stuff too.

Dr. Pamela: Yeah, I do claims and everything myself. Yeah. And it's easy. I figured it out. I use like a free online clearinghouse and submit claims. Like basically, I think what's going wrong in healthcare is that there's too many cooks in the kitchen. Now that I've removed all the unnecessary parts and staff and people, it just turns out to be me and my patient and we have a lovely time together. And it's just like, they finally get healthcare. I'll put it that way.

Chris: Yeah. I'm sure it varies per day, of course, but how many patients do you see per day?

Dr. Pamela: Okay, so me, the way I like to work is... I don't personally think it's healthy to work full time as a doctor, because I give my heart and soul. Like I connect with my patients spiritually, emotionally, physically. I couldn't do that 40 patients a day, which is what I was doing before. Which was just basically putting band aids on top of people's problems and saying "good luck" – throwing pills at them. So now, I see like eight patients per half-day, and I work three half-days a week. And that's what I like to do. I don't believe, for me, it's healthy to work more than one... I can't work two days in a row. I mean, I'm available 24/7 and people call me anytime. But I like to have my scheduled visits Monday, Wednesday, Friday afternoons and evenings. And that's pretty much how I've done it for like 13 years. So.

Chris: I love that. And I know people watching and listening just cannot believe how awesome you are. Like no one listening or watching knows any MD like you, and they wish they did.

Dr. Pamela: Okay. Well, there's a lot all across the country. If anyone needs to find an MD like me, just go to idealmedicalcare.org and email me. And I'll hook you up with somebody like me around the country.

Chris: That's amazing. That's great. Is there an online database or do they have to contact you directly?

Dr. Pamela: Well, I used to have a map on my website. It was just really hard to maintain because of all the hundreds of clinics that are opening. And the other thing about the map, like just because people like graduate from my program, I have this ideal medical care like retreat and seminar. Like I never really wanted to certify other people. Or like I don't know how they practice like in their clinic, I just know that I helped them open a clinic. But they could be doing stuff that I don't agree with, you know? So, I know doctors that I think are super awesome, superior doctors that I can recommend. But I couldn't really create a map. I'll put it that way. I had one, but I took it down.

Chris: Got it. I completely understand that. Yeah. Makes sense.

Dr. Pamela: Okay. So, let's talk about the doctor suicide problem. You've alluded to it, in your own experience going through med school. But yeah, I'd love for you to elaborate on like the causes, the contributing factors, like why so many doctors are so unhappy and frustrated to the point of killing themselves.

Yeah. Well, I think we come into medicine as these open hearted, loving, compassionate people by and large, especially if you're going into primary care, right? Because you just want to be a family doc. Right? So like, your whole dream is to do house calls and do what I'm doing. Right? But you ended up in medical school, in this dehumanizing process of training

where they're forcing you to kill dogs. And you can only imagine it goes downhill from there.

So, basically your dreams are stolen. And I personally felt like they were trying to like actually pull the soul out of my body. Like I felt like I was having... Like it was terrible. I cried so much my first year of medical school that my eyes actually sealed shut. I have never in my life. Even when my favorite relatives died, I had never cried as much in my life as I did in my first year of medical school. And it was like completely due to the fact... And even the way I was crying was so weird because the sounds that were coming out of me weren't even like normal crying sounds. I mean, I feel like it's the sound of somebody pulling the soul out of your body. It was like the worst thing ever. And literally I woke up one day and my eyes were sealed shut. I couldn't even open my eyes. I couldn't even see around my... I couldn't even go to class that day because, I don't know if anyone has cried so much that your eyes are sealed shut, but it's pretty terrible.

Chris: You probably just cried yourself to sleep and just all the swelling and the gunk and it all dried...

Dr. Pamela: Well, it's like an unbelievable amount of crying. Okay? Even when I was suicidal later, I didn't cry that much. So, my first year of medical school was like a complete torture chamber, I would call it. Okay? And I feel like it was the same for my classmates, although they like played it off. And maybe they weren't vegan like I was; it didn't hit them as hard, but whatever. I do feel like these people were injured at the soul level. I mean I got out of the dog lab, but let me just tell you, I had to be in the building when those dogs went by in a cart with their wagging tails. And I saw them going into the room to get murdered by my classmates. And I can't tell you how horrible it is to see that many wagging tails go by, and to know that my classmates are in there... It's not just bad for the dogs. When you do something like that, you lose a piece of your soul that you never get back. Okay? And I just felt like I was carrying the weight of the soul of my soulless classmates. You know what I mean? Unbelievable, that they were being like literally dehumanized right in front of me. It was very horrible to see this.

Chris: It reminds me of Star Trek. This might seem a little from left field. But it reminds of these old Star Trek episodes. Like there was this enemy of the inner USS Enterprise crew called the Borg. And their like mantra or whatever is like, "You will be assimilated" Right? And it seems like that's what's happening. They're just assimilating all these humans into a factory system and basically turning them into robots.

Dr. Pamela: Right. Exactly. And I would look at medical school like a cult. It's kind of like a cult. Okay? It really is. Like you have the short coats, the slightly longer white coats, then you get the long white coat. There's a pecking order. There's special jargon that you have to use to communicate with

each other. Everyone has to murder... And it wasn't just the dogs. We had to bleed sheep, we had to do all sorts of other shit. So like, farm animals over and over again that were reused every year that were terrified of humans. Okay? Like just terrible stuff.

And so, what happens is... Like both the men that I dated in med school, by the way, died by suicide. Not while I was dating them, but after they graduated. One left little kids – three and six year old girls – and his wife. The other one left his wife. One was 39, one was 44. You know what I mean? Oh my God. Then I was suicidal. Okay? I mean, I knew people weren't like super happy to be in medical school, but I didn't quite understand. Like I didn't get that there was this dehumanization leading to depression, PTSD, suicide, like serious mental health issues were brewing in my classmates.

Chris: Which group commits suicide more – students, residents, or practicing physicians?

Dr. Pamela: Probably residents and practicing physicians. And by the way, just say "died by suicide" or "died of suicide" because if you say committed, it makes it sound like a crime. Most people don't know. I didn't know, when I first started working on this. But yeah, residency is probably the worst. They just had three female physicians step off the roof of a building at Mount Sinai, you know? These people are like 30 years old.

Chris: In what time span?

Dr. Pamela: That was under two years – same building. Two within five days, at New York University Medical School, recently – a psychiatry resident and a medical student. I mean, I have 971 doctors who've died by suicide on my registry, that I've investigated. These cases are like out of control, I would say.

Chris: And what started you on this path? What was the catalyst? Was it just one or two doctors that you knew that committed suicide, and then you started to get obsessed with it? Or what?

Dr. Pamela: This man here, can you see him? He died in my town. He was the third doctor we lost in our town to suicide, in less than 18 months. And I live in a small cool town where everyone hugs each other and there's farmers markets on every corner and everyone is in love. You know what I mean? So, to have that many doctors die by suicide... The thing is that so many doctors were dying in my town by suicide, I ended up at that guy's memorial service. And at the service I was like, "What the heck?" I started literally counting on my fingers the number of doctors that I personally knew that died by suicide or under super suspicious circumstances for suicide. And I had counted like 10 in a few minutes. I'd run out of digits to count on. I was just like, "Oh my God."

So, at the end of this service, I had to leave early. It was October 28th, 2012 at 3:00 PM. I had to leave early because I was teaching a retreat that evening. I get to the retreat. This is a business strategy retreat where I'm teaching doctors how to launch their independent practices like mine. So, nobody's there for mental health reasons. They're there to learn business strategy. I opened the retreat with, "Hey, how many of you have lost a colleague to suicide?" And every single hand was raised. And then I said, "How many of you have considered suicide yourself?" And every single hand remained up, except for one female nurse practitioner. So, I'm going to tell you, I don't need any more proof than that, that we have a problem in my profession. If you can literally ask any doctor... And some doctors lost eight colleagues to suicide. People were writing me saying, "Since I've been in anesthesiology, I've lost eight of my colleagues to suicide." And they want to know what they can do. And so, I help them as much as I can. But this is like a huge epidemic. And it all tracks back to day one of medical school where they're basically saying, "Your heart and soul are not welcome here. You're a robot. Get to work." That's basically, you know, the scenario."

Chris: So, I actually write about this in my upcoming book – just briefly touch on it. There's a section in the book where I'm talking about the flaws of the medical industry. And one of the results of those flaws is how difficult it is to be a doctor and how physician suicide is so problematic. And it is, in fact, the highest suicide rate of any profession. Right?

Dr. Pamela: Yes, it is.

Chris: Yeah. So, talk about what you decided to do. Once you got this burden for physicians and had this epiphany of how bad the problem is, what'd you do about it? What'd you decide to do?

Dr. Pamela: I just started talking and writing about it. And believe me, I wasn't well received, at the beginning, because a lot of these – especially in my town – male physicians who are like in their fifties, their wives weren't super excited that I was sitting there writing in op-ed in the paper. I didn't list them by name. I just said, "Hey, we lost three doctors in our town to suicide. In the middle of the day, one shot himself in a public park – a pediatrician, a top rated, this one." I didn't mention them by name, but I think in a small town people know who you're talking about. And so, I got some angry letters from the spouses – two spouses. But it didn't deter me because I can understand that there's no convenient time to talk about suicide. When you talk about it, somebody will have just been going through it and they'll want to lash out at you. Like, "You're throwing salt into their wounds," or whatever.

But the point is, this is so much bigger than these three men in my town. I was suicidal as a physician. So, I thought I was the only one, in 2004. It was totally work related because of frustration with assembly line medicine. Eight years later, to end up at a funeral and realize this has

been going on. By the way, since 1858 in England is the first time they realized that we had a high suicide rate. So my profession, by the way, has known about this for over like 160 years and hasn't done anything about it. Do you know how upsetting that is? I have lost my friends to suicide. My profession has done nothing about this. I'm just telling you, it's really upsetting.

Chris: It is. It upsets me and I don't know any of those people. Yeah. It's just so insane.

Dr. Pamela: You see these beautiful people? Look at how beautiful they are. Look at how wonderful these people are. Can you tell that they have a heart and soul and they want to help and heal others? They were like stolen off this planet by my profession that doesn't care. It doesn't care about anything except making money. The people in charge are about making money. They don't even care. Like as soon as these people hit the sidewalk or blow their brains out, they don't get a memorial. They don't get flowers piled up by the hospital. They just throw them in a body bag and they're gone. You know what I mean? The minute you stop generating revenue, you're of no service to the healthcare system, let me tell you. I'm just being honest.

Chris: That's why I'm interviewing you because I knew it was going to be awesome. And you have not disappointed me. You've exceeded my expectations.

Dr. Pamela: Oh, that's good.

Chris: Okay. So, I want to make sure that anybody who's watching this who is a physician, who knows a physician, who is close to a physician, knows what resources you're providing for physicians to help them either change their practice or to help them with depression and suicidal thoughts and tendencies and things like that. Because I know you're not just complaining about it. You're actually trying to be a part of the solution, right?

Dr. Pamela: Yes. I mean, IdealMedicalCare.org. You can send any doctor to me. I will talk to them. I run a free suicide hotline for doctors. I stay on the phone with doctors for hours who are suicidal. And I help them figure out what to do next. And your doctor just might be suicidal and they play it off. And some of these people like are cracking jokes in the few hours before they die. You don't see it coming. They're really good masters of disguise. So, send any doctors to me, I'm happy to help them. I can also help them if they seem like they're not really having fun at work in seven minute office visits with you, they might want to open their own practice. And I'm happy to help them do that. So, I'm pretty much like a full service "I'll help anyone" type of healer. I originally went into medicine to help patients, I just had no idea my patients were going to be physicians.

Chris: Well, yeah, the world needs you badly. I mean, the medical industry needs to change. And I love the fact that you're providing just a very simple system, right? You've already paved the way. What I'm trying to do for cancer patients is pave the way for them to take control of their life and their health. And to show them there's so much they can do for themselves to increase their quality of life, to reduce the risk of recurrence, to increase their odds of healing and survival – all those things. I've been down that path and now I'm trying to light the way, and I just love that you're doing that for physicians because there's obviously a massive need for it.

So, will you talk a little bit about the cancer industry, oncology, and the perils and pitfalls, from your perspective?

Dr. Pamela: Okay. Well, I hope you get to interview my friend. But there are people out there who are actually oncologists trying to help patients, who are in the middle of this huge cancer money making outfit, where they just keep throwing drugs at people. I heard there was a vending machine with all the chemotherapy agents and you have to push so many buttons a day to keep your job. So, you have to pretty much dose people with this toxic shit. (Hope you don't mind that I curse). But they just have to dose people with this stuff to keep their job. I don't know. It's just so sad. Part of the problem is that we are so uncomfortable with death that we're like forcing people who shouldn't get any of this stuff into such a miserable last few months of their lives, that could be better lived off of these agents.

I mean, a patient of mine, for example, I took this lesion off his back and it was metastatic – lung cancer. And I guess he was just afraid, so he wanted to sign up for everything; even though I was like, "Oh God don't." But they knocked him out and it turned him into this little skeleton, you know, by the time he died. I mean, I don't know. I just think we're not looking at the patient, we're just looking at the abnormal cells. And then, we're just going into some sort of a fantasy about these abnormal cells. And we lose track of the fact that the person has a family or would want to die this way or would want to live this way. And so, I think we're just completely out of touch with the person that we're talking to. And these doctors, like I said, are in fear for keeping their jobs. So, they're forced to...

Part of the problem is malpractice cases. You're guilty if you stray from the community standard. I think people have to understand that. And so, that means if you're doing something that's significantly different than... Say you're an oncologist in Eugene, Oregon and you prescribe something to somebody that's different than 90% of the oncologists in Eugene, Oregon, and your patient has a bad outcome – they die because, let's just face it, they have cancer – their family could come back to you, take you to court, and you will be guilty because you did something different than what most oncologists are doing. So, people have to understand that

these people that are oncologists, even if they are progressive thinkers, they are afraid to do something significantly different than anyone else because they could lose a malpractice case, be on the front page of the paper, lose their job, all this stuff, have high rates on premiums for the rest of their lives.

So, it's a cult. I have to go back to that's a cult. They keep everyone locked down doing the same thing, even when it stops making sense because it's money making – United States, rah-rah capitalism. I'm not super ROI capitalism-driven, by nature. But I'll just tell you, it has completely destroyed the healing profession. So, you're not able to get like the real answers that you need because the people who are trying to help you are afraid.

Chris: I alluded to this earlier, from my vantage point. They are trapped in a system that pays them very well, despite the results. And sometimes it doesn't pay them very well. But even the ones that are making a good income – and the average oncologist makes over \$300,000 a year – it's like, why rock the boat? I think even the ones that still care about patients, that are not completely robotized, (I'm making up my own word now) are... Yeah, I mean, look, they've got a good income and I think a lot of them are just hoping that the miracle drug will show up in their lifetime. Right? And are just, "We'll just keep doing what we're doing..."

Dr. Pamela: Vegetables! Try it out. Yeah. There's some miracle drugs. It's just that you can't charge high rates for them.

Chris: My friend, Dr. Michael Greger, gave sort of this funny famous lecture when he was teaching in med school about a drug called Iloccor-B. Have you heard about this?

Dr. Pamela: No. Continue.

Chris: So, he gives this lecture about it. He presents all this evidence about the anti-cancer benefits of Iloccor-B and he goes through all this kind of stuff. And then, at the very end he says, "Yeah. Oh actually it's not a drug, it's broccoli spelled backwards."

Dr. Pamela: Right. That's great. That's really great. Yeah.

Chris: So, yeah, it's a challenge. It's a big undertaking. And we just need as many people on our team as possible to try to reach patients, reach doctors, change the industry, open people's eyes to the risks. I mean, you know, with all that pressure... And something that a lot of patients and regular people don't think about or realize is that physicians and doctors and nurses have the same rates of alcohol and drug addiction as everybody else.

Dr. Pamela: Or maybe higher.

Chris: Or higher. And so, I mean, they're under a lot of stress. They're trying to medicate their stress with pills and drugs and alcohol and things and food (overeating), whatever. And so, we know that medical care is the third leading cause of death anyway, right? Just the medical industry – mistakes, malpractice, prescription drug reactions (even if they're prescribed according to the label recommendation). So, all of that stuff adds up to be the third leading cause of death. So, hospitals are arguably dangerous, more dangerous than skid row. But having said all that, people don't think, "Hey, when I go to the hospital or go in for some emergency care, I could be under the care of someone who is under the influence."

Dr. Pamela: Or hasn't slept; that's more likely. There are doctors who haven't slept. And it's legal now for 28 hour shifts for new doctors. Okay? 28 hours. And by the way, if you're up for more than 24 hours, you do have the equivalent of like .1% blood-alcohol level. You have the equivalent of an alcohol level that would make it impossible for you to drive a car without being pulled over. Okay?

Chris: Your impairment, right? Your mental and physical impairment.

Dr. Pamela: I think we have less to worry about doctors being impaired by illicit drugs or drug abuse. But sleep deprivation, the majority of doctors are impaired, as residents, from sleep. And they are taking care of people right now in all the teaching hospitals across the country.

Chris: That's insane. 28 hours. I, mean that's longer than a truck driver is allowed to drive. I forget what it is, but I think they can only drive 16 hours straight or something.

Dr. Pamela: I think it's like 14 hours, and they have to take a break at some point. Yeah. And pilots, same thing. And they have to have a copilot next to them, and they get bathroom breaks, they get to eat. These are doctors who are not only sleep deprived, but they haven't been able to eat or drink. They're dehydrated. Some of them, in long surgeries, don't drink ahead of time so they won't have to pee. Unless they want to insert a foley during the surgery, so they can pee into a bag during the surgery. You know what I mean? So, you're talking about people that are dehydrated, hypoglycemic, and sleep deprived doing your brain surgery. I'm just telling you the truth.

Chris: It's good. It needs to be told. Do you feel like there is an organized movement to change these things, aside from you and what you're doing?

Dr. Pamela: Yes. There's a film coming out – the Do No Harm film, which people should check out at DoNoHarmFilm.com. And I think once the public becomes aware of the rampant human rights violations and medical training that trickle down right onto patient care, there's going to be like serious outrage. And I think part of the reason why there's not more of a

movement to change things is this has been so hidden for so long. And it's very hard to change a problem that nobody knows exists. Certainly your viewers understand there's a problem in the oncology industry, but I don't know that they track it back to medical school as a cult and the dehumanization that happens in year one. And so, people have varying levels of insight as to what the root of the problem is.

And so, I'm somebody that's all about the root of the problem. Once you can have doctors graduate from medical training who are empowered, loving, compassionate human beings who have not had their souls removed from their bodies, that's when we're likely to have somebody who's really going to go to bat for you on your cancer. You know what I mean? They're going to really be able to help you. This is the other thing that I find really funny. There's all these doctors that put themselves out there as integrative medicine specialists. It's like, well, you graduate from medical school completely disintegrated. I think it's really funny that you have a practice that's called integrative medicine, when you're probably still needing a little help yourself getting integrated after the process of medical school. It's just so funny – people trying to give what they don't have to others.

Chris: You see that a lot. Yeah. You see a lot of people not walking the talk. Right? And this is off topic and I want to be respectful of your time, so we'll finish up here briefly. But it just reminds me of the classic physicians who smoke cigarettes; they're not going to tell their patients to quit smoking. And the physicians who eat meat three times a day have meat lovers bias, and they're not going to look at research on a plant-based diet. And they're not going to tell their patients it's going to help them either.

Dr. Pamela: Right, right. Yeah. I have a picture of my dad smoking a cigarette at his desk as a doctor with his diploma behind him. And then, there's these oncology like conferences and they'll end up serving barbecue. Everyone's out there eating barbecue at the oncology conference.

Chris: Yeah, the most carcinogenic meat you can eat – barbecue and bacon.

Dr. Pamela: Okay. Before we go, this is really funny. So, in one of my favorite factory jobs, we had these drug reps that will give you free dinners. I always go as sort of like a spy to kind of screw with them a little bit. I mean, I listen to them, but I'm like, "Hey, does this make any sense?" And so, anyway, I went to this one. You have to imagine, after seeing 4,004 patients, you're really tired and that was just your overhead. So then, you get invited to a free dinner and you're like, "Okay, I'll go." So they, of course, rent out this fancy restaurant, bring all these doctors because they know that they're going to bribe them to prescribe their expensive shit. Right? So, they give you like the chocolate mousse and the big dinner and the this and the that and the other.

Chris: Steak, of course.

Dr. Pamela: It's so funny because I'm there looking for vegan options and they don't understand what I'm talking about. But anyway, I managed to get my pasta or whatever it is. And then, I'm eating and the guy's whole presentation is literally on cholesterol. This one point he was talking about, like how to lower patients' cholesterol. And I think he's a doctor who got bought out by the drug company to like give these talks. Right? And the end result of his talk is like to prescribe this new expensive cholesterol drug. And of course, I raised my hand. I was like, "Well, what about diet?" And everyone there... He basically said, "Well then nobody would be able to eat what we're eating tonight." Like that was one of the first things he said.

And he looked, again, like Homer Simpson. All these people that are trying to train me look like they're going to die any minute of a heart attack. They look worse than Homer Simpson. And so, as soon as I start going in on my like, how we could do this easier than taking the cholesterol meds, all these doctors next to me are like slinking under the table. They halfway feel guilty for being there; they halfway feel guilty for being bribed. They just ate their like frigging huge steak and chocolate mousse. And I'm like this on the edge of my seat, hyperactive vegan. Like, "Hey, I just had my patient go on this diet and just eat more plant-based diet. And their cholesterol is down by 100 points." And like, it's so funny because the guy's like, "Well, most patients won't do that." It's just interesting to get into dialogue with these people because I think they just expect you to be so sedated from overwork that you just sit there and shove the chocolate mousse in your mouth and say, "Okay, I'll prescribe the new drug." I mean, that's kind of the weird mindset of these doctors. They're just completely dehumanized and sedated and knocked out.

Chris: The pharmaceutical companies know that if they keep giving free stuff to doctors, the doctors will like them as a company. Right? They'll have good feelings toward Pfizer because "Pfizer buys me steak dinners all the time. Pfizer gives me golf gloves. Pfizer caters my office for breakfast and lunch." And so, they start going, "Oh, I love Pfizer." And then like, "Oh, Pfizer's got a new drug? Yes. Let's prescribe it." I mean, they're very smart. They're very smart. They know how to infiltrate and get into the doctors' heart and mind and win them over, which then leads to prescribing their drugs. But yeah, I'm glad you brought up cholesterol. It's so true. I've seen so many people drop their cholesterol so fast.

Dr. Pamela: Yeah. Right.

Chris: Just by not eating cholesterol.

Dr. Pamela: That's the big breakthrough!

Chris: I know. It's like, can you believe it? Not eating cholesterol, lowered my cholesterol! And for anybody who doesn't know, animal foods all contain cholesterol. So, that means you have to stop eating animal foods.

Dr. Pamela: Yeah. It's crazy. And people who have super high cholesterol with blocked arteries in their heart, they'll ask me like what if they have just two eggs a week or whatever. Well, that's like saying, "Can you have a little bit of heroin just on Wednesday nights?" I just don't think it's a good idea.

Chris: I agree. Massive action produces massive results. If you want to get great results, you need to take some big action.

Dr. Pamela: Right, right.

Chris: Well Pamela, I just love you so much. You're awesome. I have so much respect for you. It just gives me so much more faith in humanity to know that you're out there doing what you're doing. And it's such a treat and a thrill to spend some time with you, and hear more of your story and your wisdom and insight. Just keep doing your awesome work.

Dr. Pamela: I will. I can't stop now. I'm on a roll.

Chris: That's me, too. Right. Can't stop now. So, everybody, we'll put links so you can connect with Pamela and find her. We'll put those in the show notes. So, it will be below the video if you're watching on YouTube or below the video on my blog. And please share this. I mean, wow. We've covered a lot of stuff, and the world really needs to know what Pamela is talking about. The world needs to know. So, please share this video far and wide. Help us spread the message. And thanks for watching. We'll see you on the next video.

Dr. Pamela: Alright, bye!

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