

Jerry: Morning, Simon. how are you?

Simon Maltais: I'm doing well, thank you.

Jerry: Thanks for coming on this show. Why don't you take a moment and just introduce yourself to the audience?

Simon Maltais: Yeah. Uh, well, I'm Simon Maltais. I'm a, um, cardiac surgeon. I currently work in the United States. I'm originally from, uh, I'm French Canadian from, uh-

Jerry: Hmm.

Simon Maltais: ... from Montreal and, uh-

Jerry: Quebec.

Simon Maltais: Quebec. Exactly. (laughs)

Jerry: Mm-hmm (affirmative).

Simon Maltais: And I've been, uh, I've been in practice for about 12 years now, 13 years, um, in various sort of, um, institutions in the United States and still practice now-

Jerry: When you all reached out about coming on the show, I was really, uh, intrigued about the possibility because, um, in addition to being a surgeon, um, you spend a lot of time and I know you have a book, we'll talk about the book a bit later, but, um, you spent a lot of time thinking about this notion of burnout in the healthcare field.

Simon Maltais: Yeah.

Jerry: Am I characterizing that correctly?

Simon Maltais: Yeah. I mean, burnout is, I would say burnout, yes. I think a sense of, um, of inadequacy or being tired in the system is, is probably more the reflection.

Jerry: Hmm.

Simon Maltais: Um, I think there was some element of the burnout, but it's sort of there's, uh, there was this essence of like, something's not right, right? I'm supposed to be super happy and I'm supposed to be in this incredible job and, uh, and I'm not (laughs).

Jerry: You know, it's, it's interesting that your comment brought to mind something that a client, a long-time client of mine once said to me a long time ago, he said, uh, "I did everything thing right. I went to the right schools. I went to the right graduate school. You know, I got the right grades. Why do I feel so miserable?"

Simon Maltais: (laughs) Yeah.

Jerry: That resonate?

Simon Maltais: That's pretty much the essence of, of, of what brought me to, uh, to think about this over the past, you know, two years. Yeah.

Jerry: So tell us a story. Tell us a little bit about your story.

Simon Maltais: Yeah. I mean, my story, um, was a pretty, uh, I guess I'd say without failure one, you know.

Jerry: Mm-hmm (affirmative).

Simon Maltais: I, I was a pretty smart guy. I'm still am, I think. (laughs)

Jerry: We'll, we'll check with your wife on that one. (laughs)

Simon Maltais: Right. My school was easy. I was always, uh, the best at sports, nicest girlfriend. And, um, um, and then I, I, I got through medical school, I got to the best specialty I could ever do. I went and build, um, a fairly famous heart transplant program. Um, I went worked to the famous Mayo Clinic, um, and being from Quebec I thought it was sort of an accomplishment, but, um, but yet, you know, over, over, over time, uh, there was an accumulation of, of, of, uh, well, the last five or six years of failures, many failures and then bigger failures.

Jerry: Mm-hmm (affirmative).

Simon Maltais: Uh, both professionally and, and personally and it started kind of a subtle way. Um, and, you know, having the, sort of the bad reports or a couple of, of bad, uh, evaluations or maybe even just the patient, uh, um, satisfaction survey that wasn't quite right. And then it became a bit bigger where, you know, financially it wasn't that great. Um, I started to be a favorite at HR, you know. (laughs)

Jerry: Mm-hmm (affirmative).

Simon Maltais: Um, and, um, couple-

Jerry: Kinda like being called into the principal's office?

Simon Maltais: Right. Um, yeah. And sort of in a professional way, right? To say, "Well, you know, you, you're a bit angry there and, um, you're a bit sort of hard with people and, and you don't need to be like that." And, and then, and then it sort of translated into personal things as well, like, uh, family issues, friends issues, um, uh, where, and then finally, you know, divorce and things. And so, um, and then all of this in, in the name of, of trying to keep everything perfect, right?

Jerry: Mm-hmm (affirmative).

Simon Maltais: Because it always was, perfect was a very strong word for me-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... from very early on. And, um, and then, um, and then at some point I just, uh, I just, it got better a little bit. You know, you sort of try to get things better, and then it sort of kept coming down to, to bottoms that were, uh, that were bigger each time. And then finally, uh, really hit hard, hard, uh, rock bottom, you know, where, um, where I had to do something, where, I mean, I was forced to do something, um, not by others, by me, you know.

It was either, you know, um, get better, make really sort of profound changes or, um, or just, or just lose everything. Um, and that start, and that's where I started to, you know, to really make an effort, to, to deal with those failures in a profound way. Um, and it's, I started to talk about it and that's not an easy thing to do for a heart surgeon that's always been very successful.

Jerry: Right. Or a high achiever who, uh, got a lot of pride in self-affirmation, had, uh, good grades and good school and building a great program at, you know, a clinic and all. Yeah.

Simon Maltais: Yeah. And then, and then you start, and, and then realizing at some point that, uh, well, first others are going through similar stuff that you're not alone. And then that, uh, perhaps for me the, um, the way I was living my life was not the way that I, that was fitting my best sort of happiness in-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... in some ways. Or the things I wanted to do with my professional career were at odds with my values, with my, um, with my health at the time. And so, um, and it takes a profound, um, intent to change that, uh, and a certain dose of humility (laughs)-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... um, to, uh, to start making those changes. And I, I still, it's still a daily (laughs), you know, a daily struggle, but I feel like I'm in a better, in a better, um, in a better moment.

Jerry: Yeah. The folks who listen to this show know a lot about, uh, my own story, you know, but I, I'll say this, I, I feel a kinship to the story that you tell, because while, uh, you know, my career path was through finance and not medicine, I was 38 when I was at that wreck. I mean, I had unexplained neurological problems. I had migraines. I was vastly overweight. Um, I was a wreck honestly. And the way I often described it is that the inner me did not match the outer me.

Simon Maltais: Right.

Jerry: Right? The outer me, interestingly, I, I wasn't in trouble with HR. I was too, too good a boy to do that. But, um, uh, the, what I was dealing with was the outer projection that people would place onto me of success.

Simon Maltais: Mm-hmm (affirmative).

Jerry: And then inwardly, I was grappling with deep, deep unresolved issues that really prevented me from being the man that I was born to be.

Simon Maltais: Right. Right.

Jerry: Does that resonate?

Simon Maltais: Yeah. Jerry, it does and, and I think the, um, the, uh, you know, I, I was listening to what you were saying and in some ways there's a lot of things that resonate. Uh, success for me was just a, um, it was an undefined measure. It was just this word that people used, right? And to me, it was objectively measured by the number of papers you were, uh, producing each year, the number of cases you could do, the accolades you had, the miles you travel every year.

Uh, and, and that, and, and was, uh, a constantly an unreachable goal, or reachable goal. You can always do more. You can always get further. And, uh, and I got to the point where, yeah, I was, uh, I was 60 pounds heavier. I was sick too. I was sleeping terribly. Um, I was drinking a lot of alcohol to forget all about it. And, um, and then quite frankly, I was not serving anybody. I thought I did. (laughs), you know.

Jerry: Mm-hmm (affirmative).

Simon Maltais: Uh, I thought I did and kept it all together. Um, but, uh, you know, but I was not serving anyone. My patients, my, uh, my family, my friends, myself, right? So, uh, so yeah, what you just described really resonates and I think, um, there's a lot of an unsaid story, unfortunately, in our, in our healthcare work force.

Jerry: Yeah. Uh, I just wanna pause and acknowledge what you've said, because, yeah, I'm feeling a kinship and, you know, your last comment that this is true in healthcare and in the healthcare workforce, I think that that's true. And I think it actually extends to a lot of folks in a lot of different fields. Like, I can hear the voices of people who are listening saying, "Yeah, I recognize that." And I'm going to be a little bit gendered in my response and say, I think this is, this can be particularly challenging for men, especially men who take their sense of self-worth and their meaning from the work that they do.

Simon Maltais: Absolutely. And, uh, you know, we, we have, um, I've had the chance to meet, uh, you know, through the book or through just my collaborations and just by

talking about my significant issues, other people in other domains, whether it's, um, music, uh, I have a good, my, one of my best friend is a soccer player, retired soccer player, and, um, you know, uh, professional athletes and, and mental health and professional athletes now is, is just, is all over the news.

And, um, and there are a lot of similar, similar themes, you know. So personalities teams, uh, themes that sort of, uh, cross path between, between those, uh, those sort of high achieving environments, right? Sort of, uh, uh, whether it's healthcare, and not only just doctors, I think people that work in this sort of high-intensity environments.

Jerry: Yeah. This language I use in my book, um, to describe some of the early belief systems that, um, set in when we're children that can, in a sense, feed and drive the ambition. And, and that, you know, you said it well, there's an almost ineffable yet, uh, incredibly seductive notion of success. Um, and I refer to it, you know, harkening back to, uh, software engineering as subroutines, the early layers of programming that define what the machine is supposed to do.

For me, part of what drove me was a fear of not having enough money that stemmed from my childhood, that stemmed, and even a projection I had about my grandfather, Dominic Ido, who, uh, I often, uh, talk about the fact that he had a pantry in his kitchen and in the pantry was always a tin of lemon drops. And in my mind, these lemon drop candies became symbolic of having enough. And part of what drove me in my 30s was the pursuit of enough lemon drops to finally feel safe. So with that as just kind of background, I'm curious is, you know, you've clearly, you know, you hit this rock bottom as you described it.

Simon Maltais: Yeah.

Jerry: This physical and emotional collapse where the, where the things that you worked hard to create were either gone or threatened to be gone.

Simon Maltais: Right.

Jerry: Right? What, what were the subroutines for you? What was it that was driving you so hard?

Simon Maltais: Um, well, the, um, for me, there's probably two things. Um, you know, the, I call, I talked about in the book as being sparkle and be loved. I think that's the, um, from early age, um, it was to be looked at, um, I think maybe that my Gemini side of me, but it, it became this really strong sense that I had to be at the center of everything and people needed to love me and, um, and so, at all costs, right? So, um, and, and, um, and it, whether it was in, uh, training in residency, whether it was with my partners at work, whether it was with my friends, I always had to.

Simon Maltais: I just had to be the loudest person. I had to be the one that closed the lights at bars. Um, you know, the one that was, uh, was partying the hardest, working the

hardest, publishing the most, uh, was, um, you know, loving the most with his wife. And so, you know, I remember this, this sentence that one of my good friends said, um, this, uh, when I, um, when I finally sort of opened up to him and he said, "Well, you guys were like a power couple, you know. A heart surgeon that comes with his wife and they have a big house and everything seems to be like on steroids." And, uh, and the key in there is everything seemed to be, you know.

Jerry: Right.

Simon Maltais: And so this need of sparkle and be loved was, was one. And I would say that the other character traits that was, is probably the strongest within this whole, uh, path of mine was, um, was this need sort of the, to push always the boundaries to say, I'm invincible, right?

Jerry: Mm-hmm (affirmative).

Simon Maltais: So I can do this, I can party this, I can drink that much and still show up and do a good surgery. And I'm not afraid to say that, I can, I, I can be unfaithful with my wife and I won't get caught, you know.

Jerry: Right.

Simon Maltais: My ex-wife now, but, you know, sort of (laughs), but, um, sort of getting to those, uh, limits, you know, so that, um, and it's a really powerful combination when you think about it, right? Sparkle and be loved on one hand, right? You sort of want, want to be loved or people, you want people to look at you in a favorable way, in some ways, but then you are pushing the limits to, to create this sort of, um, um, mini secret, right? People wouldn't like you if they knew all that, right?

Jerry: It's a very complicated complex structure because the pursuit of being loved, you know, in my book I call it love safety and belonging, that pursuit of being admired, that pursuit of being adored, in some ways also led you to be, um, to hurt people-

Simon Maltais: Right.

Jerry: ... or, or to produce the opposite feeling in them.

Simon Maltais: Yeah, absolutely. And, and then to, and, and I was the chase, even sometimes, I'd say even push it even further. Um, if I wasn't nice with someone or someone I met or a colleague at work, then I would go out of my way to bring him back, right? To sort of this. So, and so there was this constant duality, um, and, and ultimately, you know, it was always like, uh, feeling like I was living, you know, on the edge or sort of this doom feeling that something would happen, will happen if people know, people heard, if people whatever. Um, and that's a tiring feeling to live with. (laughs)

Jerry: Yeah. Right. It's, it's tiring to live with from the outside and from the inside, right? I mean-

Simon Maltais: Right. Right.

Jerry: ... there's something about the whole construct that just, uh, no longer serves you. And, you know, what I often will share is that a lot of the systems that we put in place, and you're describing a complex set of systems that are designed to seduce and attract a kind of admiration, but at a moment, there's a moment when the, those systems collapse and they no longer work. And, um, there may be a physical manifestation of that. There may be, um, an emotional manifestation or a financial manifestation of that. Um, I'm curious if you know, the roots of that? What, you know, when we, when we pursue something the best school, the best career, oftentimes I think the motivation is 'cause we're moving away from the opposite of that.

Simon Maltais: Mm-hmm (affirmative)

Jerry: Right? So I pursued lemon drops because the feeling I did not want to have was the feeling I had, had as a kid, which was poverty.

Simon Maltais: Right. Right.

Jerry: What, what, what was fueling that drive for you?

Simon Maltais: Yeah. It's, uh, I thought about that because, you know, the story wasn't complete when I started to write about it and I'm like, "Well, what, what's the issue, you know?" And I, I thought, well, I had a pretty, pretty standard, raise and, um, it wasn't, I, I never needed something. I was loved a lot by my parents. And, and um, and I think the, what came as a conclusion is I wasn't able to face, I wasn't able to really sit down and ask myself who's Simon? I was always a projection, uh, of others. Does that make sense?

Jerry: It does.

Simon Maltais: There was no like, oh, okay. I'm, I'm, you know, I wanted to make money and, and, uh, and that was my issue, or I've lacked something during infants. I had this bad relationship with my father or some other explanation. It was, it was fairly straightforward as a, as a child. And so, and so as I got to think about this more, 'cause that's the essence, right? You want to push further and try to understand where you're at. It's, it's the fear to sort of look at myself in the mirror.

Jerry: Mm-hmm (affirmative).

Simon Maltais: And I think that, and even today, right? It's not, uh, I mean, I don't want it to be seen as everything's better and now I'm rosey sort of, you know, everything's go,

go lucky, but, um, I still at times look at the mirror and say, "Well, you know, you're sort of, are you really happy? Is that, were you happier before?" It's sort of this sense of, um, lost opportunities, but, um, when I, when I look at the overall picture though, uh, when I look at the overall path, um, it's, it's been fairly positive to step back and look myself in the mirror.

Jerry: Right.

Simon Maltais: Um, uh, yeah, so there's this fear of, of, of, of truly feeling Simon, I believe that was driving all that.

Jerry: You know, I really appreciate the way you're describing it. And that image of looking in the mirror makes me think about a corollary image of looking in the mirror and seeing nothing, you know. Kind of looking in and seeing a kind of an abyss because you look in the mirror to answer the question who am I?

Simon Maltais: Mm-hmm (affirmative).

Jerry: And you, and because the persona that you're operating under, I'm a heart surgeon, I'm a hard-driving, I can party all night and still be an exceptional transplant surgeon, that image is actually, uh, empty. And, and I, you know, I think that, um, I really want, I want you to hear something, you said something earlier on about the realization as you've been out talking to people about the concepts in your book.

Simon Maltais: Mm-hmm (affirmative).

Jerry: The realization that we're not alone in this, regardless of the fields that we're in. I want you to hear something from me right now, you are not alone.

Simon Maltais: Right.

Jerry: Right? The struggles that you are dealing with or dealt with and I love the fact that you are kind enough to re- to yourself to recognize that you're still a work in progress, (laughs) right?

Simon Maltais: Sometimes I'm a complete mess. Yeah, absolutely. It's-

Jerry: Some days you're a complete mess. Amen brother. Amen. And let's just acknowledge that there's a liberation in saying some days I'm a mess, especially for the guy who needed to define himself by perfection.

Simon Maltais: Right. Absolutely. And perfectionism is, is, uh, and I mean, I, I lived this sort of hate-love relationship with perfectionism because, um, perfectionism has allowed me to get where I'm at as, you know, so that, professionally. Um, and, and, but the negative of, uh, uh, aspects of perfectionism, the attention seeking, the self-criticism, the, has, has really, um, have, has really impeded my, my overall health and overall life in general.

And, um, and so realizing that perfectionism was the reason for which I started to drink to forget realizing that I couldn't cope with, with the failure, with the stress of the environment, the work, the too much work, um-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... um, was a hard realization to me. And it was, it was ingrained. And, and if I would've to make a link to my childhood, my mom was probably the model of perfectionism that I was-

Jerry: Yeah.

Simon Maltais: ... I would, I would look to. And then, when we, 'cause I, you know, I still see somebody to, to, to, to help me as a, as a coach on a, on a weekly basis. We talk about perfectionism a lot and how this image of, of my mom was executive flying with a pager-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... every week, you know, um, has influenced me to sort of feel like I can always take on more.

Jerry: Mm-hmm (affirmative).

Simon Maltais: And, uh, and, uh, and, and my mom went through a phase where she got a huge depression and that sort of did, uh, but at the time it was more of an event, as a single event than a sort of a cumulative issue, you know. I was too young to realize that. And, um-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... and, uh, and I think that's what I'm trying to, in some ways, put in the words as, um, as, as burnout and, and depression and addiction to substances or, or, or alcohol for me, uh, was an end result of something. It wasn't like an acute moment we need to deal with and then it's gone. It's, it's more of a profound, uh, continuum in some ways.

Jerry: How old are you?

Simon Maltais: 42.

Jerry: So this is, you could argue that, that this was within the container of that moment when first adulthood is ending and second adulthood is looming?

Simon Maltais: Yeah. And, uh, and in healthcare, I think, you know, I, I think for a physician anyway, I can't speak from nursing and things.

Jerry: Mm-hmm (affirmative).

Simon Maltais: The adulthood is delayed a little bit, right? It, it's forced on you early on 'cause you're in school, you have responsibilities, you're seeing patients, you're seeing death a lot. You're-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... you're exposed to things probably a 20 some year old is not supposed to see. So your character traits are being, uh, pushed into you-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... uh, forced into you without the maturity of having to be able to construct around them.

Jerry: Mm-hmm (affirmative).

Simon Maltais: And, and when you get to 30, now you start your adult life as, uh, or 32 in my, in my case, your adult life in the workforce, um, you know, starting your career 'cause you've studied all these years. But all these years your studies have, um, has delayed a bit your maturation, I think, but forced-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... onto some of these character traits that are, that are potentially harmful, um, in the future. But I, I would say that, uh, I mean this, to answer your questions a bit more directly, over the last couple of years, I started to reflect a bit more on me and, and on my, on my life. So I would, I would say I spend most of my adulthood in this sort of constant rat racer, um, sort of this disconnect between my professional career and what I want to accomplish personally, um, you know, with a real sort of intent, if that I sense.

Jerry: It does. It does. And you know, you, you broaden the conversation to talk a little bit about the experience of being a doctor, being in the healthcare industry. I'd like to expand a little bit and talk a little bit more about that. Um, your insight that you just gave me was really helpful for me to understand. I can see that, that conflict that can arise. On the one hand, you're forced to grow up, on the other hand, you're not yet matured. [inaudible] and if you layer in a compulsion, which I think you're far from alone in, the pursuit of high achievement, the pursuit of perfection, uh, because unlike a lot of professions, which convey a sense of life and death scenario.

Simon Maltais: Yeah.

Jerry: If I don't get an investment memo, nobody's actually going to die. Whereas if you show up in the surgical ring, not at your best self, somebody could die.

Simon Maltais: Yep. Yep.

Jerry: And that, that, you know, we often talk about life and death and we use a metaphor. The truth is that this is real.

Simon Maltais: (laughs) Yeah. This is hard to speak about, but, um, the, and I wouldn't say this to, in a bad way, but everything becomes dull around you. That's what my experience was. Um, as a heart surgeon, early on, you're faced with, uh, yeah, if you make mistakes, people die. Um, you'll take on cases that, um, that you know are going to die, um, too, because their family wants to do it because... Um, so you are faced with, not in, uh, a conceptual way death, you know.

There are days where you lose two people and, and you have to come home to your family and friends and, and sort of act like nothing or, or deal with, "Well today, I couldn't really pick up the mail because, uh, um, uh, you know, because I don't know I had to do the grocery." So, I mean, when you come home, everything becomes like, uh, in slow motion. I mean, in some ways-

Jerry: Mm-hmm (affirmative).

Simon Maltais: ... right? So that, um, and then my ex-wife used to say, "Simon, you're not listening to me, you know. It's like, you're, uh, everything I say to you is boring." I'm like, "It's not boring. It's just, uh, the, it's like when you, um, you have a cold and then your friend is dealing with brain cancer, um, you know, it put things in perspective."

And so when you come home and, and your wife's like, "Well, I couldn't really reach the, I couldn't buy this thing on Amazon today, or I couldn't, uh, I couldn't get that dress I wanted." Um, and not because she didn't have anything to say that was interesting, but everything's sort of takes a perspective and the, and that's, and that's not normal, right?

Jerry: But I think, you know, I'll venture to guess, I could be wrong, but I think what you were doing was trying to protect your own heart.

Simon Maltais: In some ways yeah. You become the, you learn how to sort of just walk by, um, how to just go straight from the, um, from the hospital to the bar, right corner, have a couple of beers, and allowing you to do that, to say, "Well, that's okay. I had, I lost somebody today, so I'm gonna have a few shots, a few beers before I go home, right? That's normal."

Jerry: Well, it's, it's, you know, I think that a psychologist would call it disassociation.

Simon Maltais: Right.

Jerry: And that kind of splitting off is a defense mechanism.

Simon Maltais: Yeah.

Jerry: And, you know, I wanna be clear, I hear a profound sense of responsibility in you for taking responsibility for your own behavior. But I also want to give you the ability to sort of look at this behavior in the part of anybody who's listening and say, what, what is in fact going on? It's a survival strategy, which to me speaks to the need for mental health support throughout the healthcare industry.

Simon Maltais: Absolutely. And, um, and that's one of the things I, I talked a bit in the book to say, we tend to see the event of, you know, um, whether it's burnout, depression, mental illness has as, uh, as a moment in time. And there's structures and things that light up when you're at the hospital that, you know, you'll get sent to some program or you'll have to go to HR 'cause you know, even sometimes when you say, you know, dealing with emotions becomes so hard that it comes down a certain way. Uh, being angry at work was, was pretty much, I was known for being an angry, heart surgeon, which is not an uncommon thing in our profession, fortunately.

Jerry: Mm-hmm (affirmative).

Simon Maltais: But being angry all the time is not normal, right? It's, it's, uh, it's the, it's like crying, right? It's like, uh, it's like, it's, it's, it's an emotion that comes out because you can't deal with it personally, whether it's the failure, the view of others, the whatever it is. So being angry was a mechanism for me to say, well, it's okay to just, you know, pound opinions to a nurse that's taking care of my patient, that's her fault the patient's dead.

Jerry: Right.

Simon Maltais: Um, and, um, and it's okay. So you allow yourself to have some of these, some of these reactions, but, but it's, but it's not okay. And so the system has things in place to deal with angry surgeons, to deal with, uh, burnout or depression and, and anxiety. They'll send you to some program. They'll have you do things to check boxes and they put you right back in, um, and then, and then see.

They rarely adjust the system. They rarely have ways to sort of, um, monitor the progress of, of things throughout even like med school, you know. There is things that, I mean, I've, I've had, every year it's like a thing, but every co- every, um, cohorts, I'd say, It's four years of, of classes in medicine. You usually see one or two people that commit suicide.

Jerry: Slow down, slow down. Wait a minute. Every year, one or two commit suicide?

Simon Maltais: Not every year, but every cohort.

Jerry: Every cohort.

Simon Maltais: I'd say for me, it was like a five your medical school years. Like they were like one to five.

Jerry: Right.

Simon Maltais: It's rare that you go through a four, five year time without seeing someone, um, someone committing suicide [inaudible].

Jerry: That's heartbreaking.

Simon Maltais: It is. And the rate of depression is, is, that's all published data is, is, is the highest in med school and residency with, it reaches, almost half people would, would, would quit if they could.

Jerry: Mm-hmm (affirmative).

Simon Maltais: I had at least known two people in medical school when I was training that committed suicide.

Jerry: Oh God.

Simon Maltais: And, and that's again, that's, uh, so it's present, right? From early on. Um, and, uh, and you hear those stories, you know, on, on, on, uh, on the news, right? Nurses and, and doctors, you know, most recent two doctors committing suicide. So there's, it's there. And so, yeah, the system has to be better as to not to respond to something, but detect things earlier and be proactive and to sort of incorporating mental health and, and support throughout the journey. Cause, um-

Jerry: Right. Right. I'm, I'm reminded of something my friend Parker Palmer says, he, he says violence is what we do when we don't know what to do with suffering. And whether it's the angry surgeon or the depressed and suicidal resident, they're both expressions of violence.

Simon Maltais: Right.

Jerry: And the resilience that's necessary in the healthcare system seems to be the capacity to deal with suffering.

Simon Maltais: Right. And like I said, because then, then, you know, it's suffering at all level, personal suffering, but suffering from others. It's hard to explain how to deal with this or how to... So you, you want to establish systems where you don't have people reach that point, right? So they realize that, you know, they have ways to speak up and things and, uh, and it's even stronger than that.

And I, (laughs) you know, and I talk about this in the book too, but the, um, um, it's also... So angry heart surgeon is, is, is a pretty common thing in, in heart

surgery. And I know if it's because of the personalities or the extent of life and death that we deal with or the stressful environment, but it, it takes us a certain type of people to do this job. And it brings also certain types of people that are a bit abrupt, a bit, a bit sort of particular.

Now, that being said, um, it's not some, I wasn't always angry, you know. (laughs) And, um, and I, so, but when you look at, um, uh, your mentors, right? Or the people in the past that have made it, there was, it was sort of rite of passage to be angry, to be yelled at, to be sort of, um, you know, to do a hundred hours a week and then beaten up at the end saying things like, I, I, I had somebody told me, "You're the worst resident in this program I've ever seen ever." You know, so there's like, uh-

Jerry: Right.

Simon Maltais: ... it's So, and then, so when you finish, you feel like you have to be that way, sort of this sort of unconscious bias to say, "Well, I'm done. It's my turn to sort of give this sort of justice, you know"

Jerry: Sure. Sure. It's like there's a lineage of anger.

Simon Maltais: Right.

Jerry: Or to put it another way, there's a lineage of the way to deal with the suffering, the way to drive the perfection in the profession is to berate those who are behind you.

Simon Maltais: Right. And even, and, and it's not only entirely their fault. It's how the system was at the time, is they, you know, they had to be like that, um, or they thought they had to be like that. But then when you look at, even today on TV, right? The images of the heart surgeon and the neurosurgeon or the famous doctor on these shows, I mean, Dr. House, um, is not a particularly, uh, fun guy. A very smart dude (laughs)-

Jerry: Right.

Simon Maltais: ... you know. And then look at Dr. Austin and these shows like the residents, the guy is an animal. I mean, he's, he's, he's been thrown in from jobs to job from HR, a phenomenal surgeon, but. So, you know, you go to work as a, as a young doctor to learn how to be a heart surgeon and then you learn from, um, being berated a little it and then you look on TV, how should I be? Well, I should be like this surgeon, (laughs) you know?

Jerry: Right. Right.

Simon Maltais: So how do you expect people to come out on the other side and, and be any different, you know?

Jerry: But, you know, there's an analogy in the tech industry which is where most of my clients are, which is, we look at say, the success of, uh, Steve Jobs. And many people loved Steve and many people were berated by Steve.

Simon Maltais: Mm-hmm (affirmative).

Jerry: Right? And so that sets up this anti-hero structure.

Simon Maltais: Yeah.

Jerry: Uh, and, and it becomes the model. I, I wanna, I, I feel we would be remiss if we did not speak to the current times. And, you know, depending on where you are geographically, we're in the middle or at the beginning or towards the end of a pandemic. And that has had a profound effect on the healthcare system throughout the world, but I'm cognizant of that here in North America.

Simon Maltais: Right.

Jerry: I'm curious about your thoughts about what's happening, uh, now, and, and, and, um, maybe we'll start to think about, move towards a question I have, which is how can those of us who are not in the healthcare industry provide support beyond banging pots at seven o'clock at night to those in the healthcare industry?

Simon Maltais: Right. Um, I think COVID is, is, has put everything on steroids. It has, uh, and I, and I mean, all the issues that were there before, whether it's resources, whether it's mental illness, whether it's, um, access to resources, limitation of treatments, um, sort of, um, issues with patient pathways, everything has been sort of been, um, exposed, so to speak.

Jerry: Mm-hmm (affirmative).

Simon Maltais: I mean, the resources were a problem, the waiting time or a problem, the access to, to healthcare was a problem. But the particulars about COVID and I think, I think when we look back at history about this time is, is the, how lengthy it is.

Jerry: Mm-hmm (affirmative).

Simon Maltais: I mean, and then, so you add another layer of exhaustion. You, you add another layer of, um, of just, uh, being tired or want to, the resilience of human beings, I think has a, has a, has a limited capacity, I mean, for, for a lot of people. So you could say, okay, I'm resilient. I adapt to something and things, uh, but when you have to adapt, uh, over two year time period, plus, I mean, you can't be on par all the time. And so it has fluctuations of people, either being, getting sick, or even leaving all behind.

I mean, the aftermath to me of COVID, uh, where the so-called heroes, um, will, will have to deal with the ramifications of and the impact of the disease on the system is, is going to be for the next decade. And, uh, and, and we'll see hospitals, uh, you know, close, we'll see hospitals fire people and we've seen that already. Um, we'll see, we already see, there was a study that was just published in heart surgery where the volume has gone down by 50%. I mean, these people are still there, but the mortality that is observed, is 60% higher for the same type of procedures that are supposed to have a certain degree of mortality.

So patients are dying more, uh, that means, I mean, cost. That means, um, and we don't talk about that enough, but, um, just this past, uh, four weeks ago, I lost two patients the same day. And, um, and then in this article, they talk about the mortality and how the surgery's getting harder and things, but they never talk about the impact of coming to your office and have two deaths and have to go back home or get back on the hospital the next day and do the same thing over again.

And so I think the time for which COVID has been present has, will have a significant impact.

Jerry: You know, I think, um, I'm wired to be an optimist, even when I'm a mess.

Simon Maltais: Right.

Jerry: And, and, uh, even in my own struggles with depression, I eventually tend towards optimism. And my hope, I've said this before about the pandemic, generally, my hope has been that the cracks in the system that were revealed, whether it's racial injustice, economic inequity, healthcare inequity, the cracks in the system that got revealed by this will be answered by some of the things that we came to understand, which is that my personal health choices impact you and your personal health choices impact me. And the fact is, you know, you may or may not know this about me, but I'm a Buddhist. And one of the most important precepts in Buddhism is interdependence. I need you to take care of you and you need me to take care of me-

Simon Maltais: Right.

Jerry: ... because we depend upon each other. And, and your story about the healthcare industry, my hope is that we have a reckoning with the system where that, that goes way back to college, where we start training people who, you know, that college freshman, who says, "You know, I think I'm gonna major in biology 'cause someday I wanna be a doctor."

Simon Maltais: Right.

Jerry: Right? All the way to the end of the system where we're teaching end of life care, we're teaching compassion. I mean, I gotta be honest with you Simon. I know that you're a little bit rough on yourself these days because when you look backward you see, but I'll tell you this much, the Simon that exists today, I'd rather you be my heart surgeon-

Simon Maltais: Right.

Jerry: ... than the guy who was perfect four years ago.

Simon Maltais: Oh absolutely. You don't want that guy. (laughs) I mean, he was real good. He thought he was better than he thought, he thought he was.

Jerry: I want this guy.

Simon Maltais: Right. Right. And, um-

Jerry: Because this, this guy's got humility, this guy's got compassion, this guy gives a shit that two of his patients died in the same all day.

Simon Maltais: It was actually objective evidence that I'm actually a better doctor now that used to be, you know.

Jerry: Well, I'll, I'll give you a little Buddhist teaching and I'll speak a little bit like your older brother, 'cause I am older than you. (laughs) One of the most profound and important teachings and uh, Roshi Joan Halifax, is one of my teachers. She, she, uh, is the, uh, founder of, uh, center called Upaya in New Mexico. And she does a lot of work teaching healthcare resilience or teaching resilience to healthcare workers. Um, I highly recommend her books. She has helped me see this, is that training in the cultivation of compassion creates resilience in people. This is a bit of a mind fuck.

Simon Maltais: Right.

Jerry: Meaning the more I open myself to other people suffering-

Simon Maltais: Mm-hmm (affirmative).

Jerry: ... the stronger I am.

Simon Maltais: Absolutely. And it's, uh, but it's hard to measure, you know, but it's, it's something you feel. And, uh, I see, I see people now coming to me to sit down in my office and have a little therapy. Tell me what, I mean, tell me what I should do to make this a bit better? I had someone recently that came and, um, every time I come to work, uh, I don't want to come. I'm, I'm getting scared of being yelled at by some of my colleagues and things. Help me, uh, achieve what you've achieved. And so that to me now is even a more, I'd say probably rewarding

'cause you don't do this for reward, but more satisfying, um, than doing four heart transplants in a row without complications, you know.

Jerry: Simon, I wanna thank you for coming up on the show and for reaching out and sharing your story with honesty and authenticity. It really means a lot and I know that folks are gonna resonate with the story. The book is called *Healthcare Anonymous* and, um, I think that, uh, uh, folks will find it compelling, not just, uh, those who are in the healthcare fields, but those outside as well. Thank you for coming on the show My friend.

Simon Maltais: Certainly. Thank you, Jerry. It was, uh, it was a bit of a therapy to come to your show. It was great. (laughs)

Jerry: Everybody says that. don't worry. You'll get my bill in the morning. (laughs)

Simon Maltais: Exactly. No. So we, we create a website, you know, healthcareanonymous.com, uh, where people can have more information about the book. We do have, we, the hope is, I mean, the book is one thing. I don't, I didn't do that to sell books. I, I did this to create a community of people to start speaking up.

Jerry: Mm-hmm (affirmative).

Simon Maltais: And I think people talking about issues with mental illness and healthcare and others on these sort of high-intensity environments will hopefully help others. And so if my story can help anyone, that will be, that'll be one, one thing achieved, right?

Jerry: It's the height of service. Isn't it?

Simon Maltais: Yeah.