Sana Goldberg, NP
Discusses Advocacy and Communication in the Doctor-Patient Relationship

Jennifer Cohen and Sana Goldberg

Jennifer Cohen 00:04

Welcome to the voices and bioethics Podcast. I'm Jennifer Cohen and it's my great pleasure to welcome author and nurse practitioner Sana Goldberg to the podcast. Thank you so much for joining us today.

Sana Goldberg 00:16

Thank you for having me.

Jennifer Cohen 00:18

Sana Goldberg has worked in Community Hospital and academic settings from the various perspectives of social worker, nurse, researcher and provider. A public health advocate, she's presented at World Congress, TEDxHarvard, and the Society for Neuroscience. And her work has been featured on NPR, PBS, and in publications ranging from the European Journal of Neuroscience to Real Simple. She's the author of How to Be a Patient: The Essential Guide to Navigating the World of Modern Medicine, published by HarperCollins in 2019. Selected by the National Library of Medicine as a 2019 Book of the Year, she received her graduate training from Yale University and currently practices in the Pacific Northwest. Sana, how did you decide to pursue medicine, become a nurse practitioner, and a public health advocate?

Sana Goldberg 01:06

Well, I grew up with a mother who was an OB GYN, which I talked about early on in the book. And it was funny because it did not prompt me to go into medicine. I think it probably deterred me from it, because she was paged to be on call and getting pages throughout the night. So I went to undergrad, and I studied psychology, got very interested in neuroscience and the brain and I worked in labs that I thought that was going to be the future, you know. I would get a PhD and study neuroscience. I was studying addiction with animal models and that was where I thought it was going to go. And then I became interested in nursing, sort of as a roundabout path, because I wanted to do clinical psychology and work directly with people. I wanted to kind of move out of the research realm. And then I realized that as a nurse practitioner, I could not only work in a therapy capacity, but I could prescribe medications as well. And I liked the idea of having all of those tools to work with and I also was intrigued by the idea of being a nurse and leading up to that. It just was so outside of anything I had studied and a different type of learning. And so, I decided to go back and become an RN. And then I worked for several years as a nurse before becoming a nurse practitioner and kind of seeing that all to completion.

Jennifer Cohen 02:30

Something you said to me, as we were discussing our talk for today really made an impression, you said, medicine

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is about disease [and] nursing is about disease in the context of life. Can you elaborate on what you mean by that distinction?

Sana Goldberg 02:44

Well, when I entered nursing school, I think one of the first things that became clear to me and I found so curious and interesting is that nurses, sort of the foundation of becoming a nurse is learning how to advocate for patients across these different types of medical settings, whether it's hospital or community health. And I realized that it was really nurses who are this conduit between this large maze of the medical system and the people interfacing with it. And you know whether that is just gathering all the context of a person's life that brings them into an appointment, whether it's just a routine visit, or a more urgent care visit. Nurses, I just saw them as these gatekeepers to everything involved in receiving healthcare. And so that was fascinating to me. I heard that the quote that you shared, I remember that landing because nurses are very much studying and learning how to engage with somebody in a way that incorporates kind of everything leading up to that moment, rather than just diagnosing the specific problem that brought them in.

Jennifer Cohen 03:58

So interesting. Okay, let's turn now to your 2019 book, How To Be A Patient: The Essential Guide to Navigating The World of Medicine, which I highly recommend. Someone who thought of themselves as a pretty savvy medical consumer, I found myself learning something new in each section of the book, constantly stopping to write down another resource you mentioned from, from medical dictionary apps to symptom tracker apps, you've done such a service putting all of this together for patients. What motivated you to write this book?

Sana Goldberg 04:30

It was actually when my grandfather was in the hospital, and it fell at an interesting time because I had just started nursing school. I think it was probably a year in [nursing school] and he had a series of medical things going on.][But] He was somebody who just avoided going to the doctor like the plague and so he you know, in true fashion, kind of left things up until the very last minute and you know, went to the emergency room and from there was admitted to the hospital. And I remember feeling so lost as to "what was going on with him?" It was several days before getting a diagnosis. I remember my grandmother and I just sitting in the waiting room over the course of a few days. And it was so confounding for me how to navigate that. [And] I thought, you know, if I'm somebody who's this far into nursing school, and I think I have my wits about me enough to try and advocate for him. Just feeling that loss, really, I thought, there should be a resource out there for somebody trying to navigate this. And so that was really what prompted me. But I think that aligned with learning so much of this during this program, about how to advocate for oneself or for a family member. [and] It was just this trove of information that I had never been exposed to. And I felt like, wow, the public should have access to that. Because if you don't go to nursing school, you don't have a chance to learn all of this. And so, I thought it would be good to share it in a more accessible way.

Jennifer Cohen 06:00

Absolutely. So, you talk a lot in the book about the need to address power dynamics in provider-patient relationships. And when you give tips, you often describe them as power moves. So, people might be familiar with power dynamics in an office, between a boss and an employee. In the medical context, people might think of an inequality for sure between the provider and patient in terms of knowledge, or experience. But can you explain what you mean by the power dynamic going on in a clinical setting?

Sana Goldberg 06:31

Well, I will start with a study that I read in working on this book that I thought was so profound. It was actually a linguistic study that looked at conversations between providers and patients. And I think this was many years ago, it was probably conducted in the 90s. And what it found was that the person on the lower end of the power differentials, so in this case the patient because they just have access to less medical knowledge, the more questions that they asked, the more the power differential shifted over the course of the conversation. And I thought that that was so interesting because what happens often is that when we go into a healthcare encounter, we're pressed for time, we're usually intimidated, we usually come in with a need – a pretty pressing need to have something addressed or to feel better. They're all these factors working against speaking up and asking questions or having much agency when you enter into this unknown landscape with unknown players and you're right there. I think you're just at a disadvantage in terms of your power and navigating that. And so that's really what I'm talking about. It is just the ability to bring agency, I think, to your health care overall, but to those specific encounters with the healthcare system,

Jennifer Cohen 07:46

You write as a long quote, but I think it's so important, quote, "Doctors can't make sure your wishes are respected until they know what they are. You have a choice at every turn to break down the power dynamic. It's essential to realize this. Patients don't hear it enough for it to hit home and even when they do hear it, they have trouble believing it. One of the greatest mental shifts required is to realize that providers are there to counsel you through decisions, not make them on your behalf, or worse act with such authority as to imply there are no decisions to be made. Right after that, quote, you tell a story where when you were working in an acute mental health setting, of watching a patient leave the hospital after a very lengthy discharge process and do something that really surprised you. Can you tell that story?

Sana Goldberg 08:32

I'm trying to think now which story this is. You know, there's so much, it's like, I went through the book, and much of it fled my mind.

Jennifer Cohen 08:38

This is the story about the young man who a number of people had to be called in to get him discharged. And then when finally he was discharged, he took his medication and threw them in the garbage as soon as he left the hospital, as you were sitting there eating lunch watching this play out.

Sana Goldberg 08:53

Yes, I was sitting on a bench, and I watched this happen. And it's just it's a humbling moment. And I think we all need it if we work in healthcare. You know, at your best you want people to enter the community again, they're going to go back to their lives, and you want to be able to set them up with a plan and resources to be able to maintain their health when they do that. And I think it sat with me because if there's this idea that you're all knowing and all powerful, I think it really illustrates the agency all of us have you can throw a prescription out, you don't have to pick it up. You can go get a second opinion, you can decide to schedule another appointment, say change my mind about this plan. I mean, you really, we all have agency, right, on anything we decide to do with our bodies. That's the ideal. So, I think it's just a good one to keep in mind.

Jennifer Cohen 09:41

Yeah, I thought it was a great example of what you're describing. And you're very careful to say in the book, you don't recommend throwing prescription medicine in the garbage. You write that this guy should be a reminder that you never have to do anything you can walk out, say no, wait and see, or find someone else and start over. And to remind yourself that you're only obligated is to yourself. And you've mentioned a couple factors already of how disorienting the whole experience can be as a patient, but why do you think it's so easy to forget this idea that your obligation is only to yourself as a patient?

Sana Goldberg 10:15

Well, I think that we are taught how to be a patient. And what that model amounts to is, you know, you show up and you say, what the problem is. The black bag is opened up, you're given a medicine, the procedure takes shape. And then, you know, ideally, you're, you're healed, and everyone goes on about their way. But that model does not work for every health situation happening, you know, there's chronic illness, there's a complicated health care system we're dealing with now, which has evolved drastically over the centuries. And I think there's so many factors, and I think layering on to that, especially the one that we're so rushed. We're so rushed for time because of the way the system functions. When somebody feels rushed, when they feel that they are put in a role where the expectation is to be submissive and to take orders from somebody, then it doesn't set you up to feel like you have agency or to engage in any different way really than to just be on the receiving end of care.

Jennifer Cohen 11:19

So you've touched on this already, but so many of the challenges that patients face that you identify in the book are around communication. Communication between clinicians and patients and clinical settings, but also this lack of communication that you've mentioned, of helpful information, like apps and other resources, communication about how to navigate the system. And it's clear in your book, that you're not accusing clinicians of being deceitful or operating with bad intent. But as you say, something is clearly going wrong between patients and clinicians in so many of these settings. And you write about ways patients can improve communication. One is by, what you call, priming statements, instead of just answering a question. Do you remember what priming statements you mentioned and why those are important? What's the purpose that they serve?

Sana Goldberg 12:10

Sure, well, I talk about almost creating an elevator pitch when you go into an appointment, because they think that knowing that you have just finite amount of time and how you're going to maximize that is important to go into an encounter with. So those statements are really just summing up what is going on that brings you in whether that's routine, or for an ailment that's bringing you in. I think it's important to think more dynamically and have language to express what's going on kind of beyond just, you know, I have a pain here. So, one of the things that's really emphasized in nursing education is how to quantify and identify a symptom. And so being able to talk about, you know, not just I have pain here, but I have pain here — when was the onset of action? So did it start a year ago? Did it start three weeks ago? What have you tried to alleviate it? How would you describe it? You know, the book has lists of words to describe different physical sensations, because I think that can be hard to do. So, to have prompts for that it's helpful to talk about what you've done to alleviate it, what has worked, what hasn't. And so those are some ways, I think, just to think more dynamically about describing the symptoms that are bringing you in if it's for a specific ailment. So I think that's important. I think also being able to ask questions like I went over before. And that gets, you know, back to what we were speaking about earlier, which is that if you have an interaction with the healthcare provider, and they walk out the door, or you leave, and there were bits of that, that you didn't understand that you left either not really knowing what the follow up plan is, you know, it's often

will leave an appointment and think, okay, so if I get these test results back then, you know, do we have a follow up appointment? Do I need to go see a specialist. There's a lot of confusion about the steps that follow an appointment. So it is important to, in terms of that communication, to leave an appointment understanding what happened? What is the plan of action? What is my role, beyond, maybe, taking a medication? And what are the steps to communicating, you know, if the medication doesn't work or if the pain doesn't resolve or if the symptom returns? Yeah, I know, I'm probably digressing here because there's so much to say about that particular topic.

Jennifer Cohen 14:27

Yeah, I thought the book was so helpful on the work it takes to prepare for a doctor's appointment and how important it is, as you said, to develop an elevator pitch. I think that's, you know, an elevator speech, that is a great way of phrasing it. If you're not thinking about it, and you're just gonna wing it at the appointment, chances are something will get lost. And having a set of questions in front of you to refer to is incredibly helpful because you're going to be nervous and as you say, the provider will be rushed and probably giving off that vibe. So all of that stuff was incredibly helpful. I think for me, definitely and for the people reading the book. You write, I never want to hear the term bedside manner again. What did you mean by that?

Sana Goldberg 15:12

Well, I think so often, you hear the word bedside manner when it's used as a qualifier or to justify, you know, this surgeon is great, but their bedside manner, you know, leaves something to be desired. And I think we use it sometimes to justify our relationship with a provider, or nurse or whoever it may be. and why I think we should do away with it is because it's really important to have a provider that speaks your language that you feel comfortable around. In order to do these things we're talking about like to speak up and ask questions and be responsible to yourself and to your needs, I think, it's really important to have somebody that you feel at ease speaking to. And that's a tall order. I think in with everything we've talked about, you know, just white coat syndrome of kind of blood leaving you in a group of doctors or walks into the room. So yeah, I think it's essential that you have somebody you feel that you trust, but also beyond that, that you can effectively talk to.

Jennifer Cohen 16:14

Yeah. So bioethics, there's this huge emphasis on the ethical principle of autonomy. And in the clinical setting, it's usually characterized as informed consent, where the provider conveys as much information that the patient needs, so that the patient can then weigh the pros and cons of treatment. And I read your books thesis as an argument for a much more active type of patient autonomy. An autonomy, centered around a patient, really assuming responsibility for one's care, certainly not the outcomes, but assuming much more of a responsible role for obtaining information and insisting that communications be done more equally, so that the patient is not just the recipient of information. Am I characterizing your position correctly?

Sana Goldberg 17:06

Yes, yeah, I think that that's accurate. Absolutely.

Jennifer Cohen 17:09

Okay, so let's look at some of the, we've already talked about them, but all the practical strategies and tips you provide you right in your book, if I could yell one thing from the rooftops, it would be "get yourself a primary care provider." You counsel people to set up interviews with providers before you decide on the doctor. Even that I

think is a great idea, and very rarely done. And you enumerate a number of traits people should look for in a primary care provider, can you talk about some of the qualities patients should be on the lookout for?

Sana Goldberg 17:36

Yes, when saying, which I've already spoken to a bit, but it's somebody who's a receptive listener who you feel comfortable around, when you enter into those interactions, you feel, okay, I understand this person, they're not speaking above me in a language they don't understand. They're willing to slow down and to explain their thinking to me. I think that's such a hallmark of a good provider is somebody who, you know, doesn't assume either that you wouldn't understand their thinking, or they don't have to explain their thought process. You know, sure, they're emergency situations or it won't happen, but I think that's really important quality to look for. I think somebody who's curious. I find that's a trait I've always been looking for in people just generally. But I think to find somebody who is curious, who's invested in understanding that context you bring, rather than just treating each person as just another prototype of the same patient. So I think curiosity is important. Someone who is a receptive listener. So you know, we've learned about when somebody is actively listening, you can tell. So you want somebody who's, yeah, not only listening, but able to repeat what you say in a way that makes you feel understood and also to ask questions accordingly to elicit the information they need from you. And you know, then I expand a bit in the book just to talk about the logistics and the environment of choosing a primary care provider because those things factor in as well. There are some settings in which you're going to have less time with a provider because it's maybe a larger healthcare system. And so, thinking about, you know, what kind of accessibility do you want to have with a provider, whether it's a specialist, mental health provider, a primary care provider, you know. Are you somebody who wants to prioritize having 45 minutes to an hour during an intake appointment to really be able to cover everything. So, thinking about that in different environments that make that possible and there are just different levels of accessibility to clinicians based on those settings. So, I think that's important going into it to think about what's ideal for you and to consider settings where that will be available to you.

Jennifer Cohen 19:52

Such good advice. And you also highly recommend people coming to appointments with advocates, not just for surgeries and hospital admissions, but for regular appointments. You write that "making a paradigm shift so that everyone has access to an advocate is a social justice issue." Can you explain what you mean by "patient advocate" and why having one is a social justice issue?

Sana Goldberg 20:18

Well, this gets back to all of the reasons we talked about that lead to it being hard to communicate and to take in information or to get out everything you need to during an appointment, especially when the stakes are higher. You know, when I worked on this, I was thinking more about people who go in and receive a diagnosis or who are waiting for test results to come back, who are struggling with a chronic illness and are maybe at their 10th appointment that month. There's a lot of fatigue and overwhelm that comes with that, and especially nerves when the stakes are higher. And I think in all of that on the table, it's important to have somebody there who their role can be to take down information to be getting those details about a follow up plan. That piece, I think specifically, when I wrote about it, I was thinking about legislature that required women who received a breast cancer diagnosis to be able to have written documentation of a follow up care plan when they leave the visit if they're not there with anybody. I mean, they do either way, but I think it just speaks to how important it is to have somebody there. I also think this is extremely important in mental health care settings to have somebody to advocate. You

know, I've seen that both in inpatient and outpatient care. Sometimes, and, that's just to provide the health care role. We call it collateral, which is just somebody being able to give more context to help a provider understand the circumstances of what's bringing a person in. I'm just getting to the second part of your question, which is, and I think I go back again, you know, most of my training is in in psychiatric care. But I think about all of the people who would be in hospital settings that did not have anybody there, and they did not have an advocate. And I think, you know, my larger hope, in drawing focus to this, is that that becomes a more commonplace practice. Just day to day that that will have a trickle-down effect, and that we can hope that down the road that everybody can have access to that even if there are public systems in place to support that. I think it's really crucial for someone to have that. And I'm going to digress here, too, for a sec. But I was, I think where that idea really hit home for me was when I was taking a public health course and working in refugee health. And our role as nursing students was to serve as that advocate, you know, on top of the language barrier and other things that were serving as obstacles to care. I just saw how important that was. And I really firmly believe that everybody should have access to that. And there should be public support in place for that, especially if people want it.

Jennifer Cohen 22:51

Do you think advocates have to have health care experience? Should this be a paid position? Or can family members fill that role?

Sana Goldberg 23:00

It ranges and there absolutely are advocates in hospital systems now. And those are paid positions. I think they're vital. They can become so relevant when somebody is dealing with an illness where they're having a lot of interfacing with different professionals. And so yes, that rule exists. I think if this is for anything that falls outside of that, no, it can be anybody. I think the role is really to be able to take down information, you know, bringing paper and pen and just taking down what you hear. It doesn't need to be somebody with healthcare experience. I think the only caveat might be that sometimes it's more difficult for somebody to choose a family member, it's easier, especially in acute care settings, you know, somebody in the hospital, it can be easier to kind of appoint a person who's not a family member, if that's just based on dynamics, that's easier for your circle of people. So I think that would be the only reason to distinctly choose someone.

Jennifer Cohen 23:56

So you also, again, following this thread of patient empowerment and sort of a more aggressive stance towards autonomy, you also stress it everyone needs a copy of their medical records. How Why isn't it a good idea for me just to let the hospital and my doctor keep my record?

Sana Goldberg 24:13

Well, I realized and I, for so long, had the same belief that there was sort of, you know, behind the curtain, all of this organized communication happening so that if I showed up at an urgent care, you know, this idea that they would have access to my vaccines from when I was five. And of course, that's not the case. We work with so many different — well, we've shifted first of all since I was getting my first vaccines over to electronic medical record keeping. And so that is wonderful because the communication is so improved because of that. But there's several different types of these medical record systems and they don't all communicate with each other and so I think that sort of being the underlying infrastructure. But then another layer to that is that providers in the short period of time that they have with you are not able to review all of your records, even considering what they have access to, you know, I ideally, they're going to get all of the basic things that they need. But for you to have access to that I'm

sure you know, most of us have been an appointment where a specific question is asked about if you know, a symptom occurred in the past, maybe it was 10 years ago, and we did go in for it. But we don't remember the specifics, or what tests were actually run and what the results were. So if you have access to those, you're really able to cover more ground in an appointment, because it's not just a matter, of course, that somebody will be able to find all of those things and put them all together. So if you can have those, I think it's so helpful to get a better portrait yourself of kind of what has gone on with your healthcare over time. Like to get that aerial view, I don't think many of us have that. So it's good to review it just for yourself.

Jennifer Cohen 26:01

One of your tips really struck me, you said that if you have serious allergies, you should ask to see your chart to make sure they're entered correctly. As for most people, I think that would take a lot of courage and speaks to this idea that medical records in most patients minds are the property of the clinician, you know, not the patient. How do you think clinicians react to patients asking to see "Did you chart that properly? Can I take a look at my chart?" And do you think patients should do that more regularly?

Sana Goldberg 26:30

Yeah, I do think we should do it more regularly, especially if you have a really severe allergy. I just think it's important. It's a good example of it. Because as providers, and as nurses, we're trained to, you know, ask every single time review allergies, and it usually always happens. But I think it's just one area where there can be air, I think probably because we ask it so often and you know, it can become rote. And so, yeah, and of course, there's a way to ask that that is benign and easygoing. And then there's, there's a difficult way to ask it. So I think having the comfort to do that, you know, just say, "Hey, can I double check? I have this really serious allergy, I want to be sure it's on file. The other one I still think is really important is when you're in the hospital, if you're in the hospital to ask each day, I mean, this is even more, this is even more type A. You really get insight into my control issue when I'm writing this book. But ask to see what's called the MAR, which is the documentation with the medications that you're prescribed and when you're receiving them. And you can ask a nurse for if you're in the hospital and want access to that. And your advocate could do that, which just allows you to kind of see what medications you're taking to be familiar with them. So if you have questions about them, or when you're getting them, you have a document of that. And I also just my last PSA is I tell my patients this all the time, never ever take something, whether you picked a bottle up from the pharmacy, or you're being given something in hospital. You should know what you're taking, you should know what it is, and what it's for, and what the dose is. Oftentimes, a patient might write me because they actually took 200 milligrams of something because the capsule was written as a 20 milligram script. And then it actually was 80. And so they took over what their dose was supposed to be. So always just because there is air at the level of the provider and the pharmacy and in the hospital setting, just know what it is that you're going to take before you take it.

Jennifer Cohen 28:22

So important. You have so much of that type of just practical advice that is just incredibly important to remember such as when to make appointments, you advocate that for routine visits that should be done during the spring and summer, before 1pm Wednesdays, if possible. And one tip that might be surprising to people take the time to dress well. Can you explain why that is important when you go in to see a doctor?

Sana Goldberg 28:51

Well, I think part of my hope with this was to help people harness some internal power and confidence when they

go into these settings. Because I really do think it sort of strips you of a lot of your resources in the day to day world. And people across the board experience those people across levels of education. I have certainly experienced it. And I still find it coming up for myself all the time, too. But this is traversing this landscape that is so unfamiliar that when we're in a new and foreign place, you know, it's a new set of rules. It's a new language. And so I think anything you can do to bolster your confidence and to just sort of communicate to yourself and to the people around you, you're taking it seriously, you know. I think I don't think it can hurt. I don't think it's like less than number one. And certainly if you don't feel well to go and sweat. But yeah, that's my take on that.

Jennifer Cohen 29:46

In one of the sections of the book, you talk about implicit biases in medicine. It's the section titled "When You're Not A Straight White Male". And in that section you talk about how medicine has historically been Built around the model of the patient as male, young, white, straight, English speaking, not poor. And that's obviously going to overlook the needs of a lot of other types of patients. I'd like to ask you about some of the specific issues you bring up one section is called ": Pain and the Gender Gap". What does the research show on that subject?

Sana Goldberg 30:22

The research shows that women are much less likely to be taken seriously when they communicate pain, especially in emergency care settings. And so I can extend a chronic illness as well. But it's just more likely across the board. Leslie Jamison has an essay about female pain, I believe it's called "The Woman Who Cried Wolf", but it is about the way that when pain is communicated, especially with women, it is chalked up to be anxiety or some other sort of psychological phenomenon. And I think that can be traced back to this concept of hysteria. And you know, we think that we're our past it, but the research shows that, yeah, pain medication is denied to women is denied to children who are not white in emergency care settings. I mean, the way that we deal with pain, it demonstrates I think, a lot of the inequities in society, which is an important thing to know that you're up against that when you're entering healthcare system, or you have a kid who is.

Jennifer Cohen 31:29

Yeah, one of the specific ways that plays out, which is so frightening. You talked about women experiencing heart attacks as chest pressure rather than chest pain. And if you don't use the phrase chest pain, you know, when you come into the ER, that might mean that a lot of tests that are necessary might not get run. That was a frightening example of the different ways different things register. Let me ask about another type of minority that you discussed the non-English speaker; what kinds of things can a non-English speaker do to ensure they're getting the information they need?

Sana Goldberg 32:06

Right, so one of the things that I found just so remarkable is that it's a civil right as a patient to have a medical interpreter. And this came up a lot when I was working in refugee health, because there were just cases that came up frequently, where people were denied a medical interpreter or not offered medical interpreter, which you know, in a way is just the same, I think obstacle to care if you don't know you can ask for one. Another example to that is the language used on medication bottles. I have a colleague who is former professor of mine, and a mentor, Kristin Byers-Jones, who worked on legislature here in Oregon to have a law passed to increase the number of languages that prescription bottles are written in, which is so important if you think about that. Because how are you supposed to take a medication effectively if you don't speak English and that's what's on the bottle? I mean, it seems so simple but I think in many states, there's maybe two or three languages that these are printed in. And

that leaves so many people to their own resources to do that, which I think is pretty basic, right and need when you're taking a medication.

Jennifer Cohen 33:19

Yeah. And I want to ask you about another minority group you mentioned, which will lead us into another aspect of your work the patient who has a history of substance abuse disorder, what kind of issues should that patient be on the lookout for in terms of possible implicit biases he or she might face?

Sana Goldberg 33:38

That's when I feel really passionately about and I think part of it is because as a healthcare system at large, you know, we've done a disservice to the public, and to patients today because of the opioid epidemic, and, you know, have a substantial role in that. And I think that part of the backlash to that to the opioid epidemic is that we, I think, generally prescribe more conservatively, and are really on the lookout for what at times is abuse of medications. And so when somebody has a history of addiction or substance abuse and they're coming up against that it's really difficult. Because I think with that conservative approach to prescribing, it's often just leaving people out of accessing care, assuming you know, that they're drug seeking, assuming that they're, you know, not using medication appropriately. And so I think if you are coming to the healthcare system with a person with that history, and you know, you're brave enough to be bringing that up in a system that doesn't always, you know, respect that, then it's just important, I think, to know that that's something you can be up against and the more context you can provide about your needs and your experiences and where you're coming from. I think it's just important to give yourself more context to be able to navigate that most effectively.

Jennifer Cohen 35:00

Let's switch gears from your book now to your clinical practice and the work you've done on addiction. And with patients suffering from substance use disorders, you've been developing a new sort of model for that type of care, correct?

Sana Goldberg 35:14

Yes, not specifically for substance use disorders but for just mental health, psychiatric care, at large. But I do also treat substance use disorder as well.

Jennifer Cohen 35:25

Can you talk about the new ways you're bringing access to patient?

Sana Goldberg 35:31

Yeah, one of the things that and I know we spoke about this earlier is that with COVID, think there's so few silver linings to the pandemic, but I think that one is that it is increased access to care for a lot of people. It's increased access to medication to assisted treatment for addiction. It has increased access across the board to therapy and mental health care, which is so important because we have a dearth of mental health providers in this country. And so, you know, accessing them is difficult in a timely way when you need care. So, I think that's important. And I have been pretty solely focused on expanding access to telemedicine as I started working in this field. And so that's, you know, one aspect of it, but I run a pretty nontraditional practice, I guess, because I'm the only it's just me, I guess, it's the easiest way to say it, I don't have a receptionist, I don't have I have an amazing biller who helps with insurance companies, but outside of that is just myself. So, people can, you know, write me directly. And it

eliminates all of I think these middle players that increases you know, stress when you're trying to get in touch with the provider who's actually the one kind of making a decision that you need to have addressed. And so yeah, it's been an experiment, it's newer. I thought it would actually be really difficult and impossible, but it's proving to, I think, be a little easier than I thought, because they're just things I can address without there being this kind of crew of people before somebody is able to get to me and get their needs met or their question answered. It's just collapsed that, but I've actually found it's made things for me at least I think, for my patients less stress inducing.

Jennifer Cohen 37:17

So interesting. So as most of the are the sessions, then online?

Sana Goldberg 37:22

Yes, it's all telehealth right now. I'm in Oregon, and we're just sort of waiting out, you know, the next phases of pandemic and how it's gonna go. I do miss, there's a lot of miss about in person, but I'm so glad to have this as another limb to offer, even you know, and hopefully, we're able to return to in person.

Jennifer Cohen 37:39

Let me pick up on something you just said about the one silver lining of the pandemic being an increased access to care in the mental health sphere. And it seems to me that there has been a trend now since the pandemic started in more patient empowerment that we have all learned about variants of concern and mRNA and viral load, and maybe some of us now have OXImeters at our house and just out of necessity, not being able to get into hospitals treating ourselves at home. Do you think that another silver lining from the pandemic might be a sort of patient empowerment movement coming out of this?

Sana Goldberg 38:21

Yes, I do. I was just thinking, while you're saying that it's such a — I haven't had that thought the way that you phrased it. And I think that that is so true. Because I think one thing and I really found this even came up when I was writing this book, like, is anybody even gonna want to read this? Because I think when it comes to, you know, our mortality and aging and health care, and being sick, these are all things, you know, we want to keep at bay. Like they're not things we want to engage with day to day because they're unpleasant and often, you know, frightening to think about. But the pandemic, I think, has really served to put those things forefront for everybody in a mass way that, you know, at the time I was writing this a mass epidemic like this was nowhere near my realm of thinking. But it really has, I think, brought that front and center for all of us. And so, in a way it's just prompted people to treat it, I think with more seriousness that this is my life and my health. But I think that that's so true. And it's just brought that to the forefront

Jennifer Cohen 39:19

And my last questions on what is next in store for you? Do you have another book you want to write or another research project you want to embark on?

Sana Goldberg 39:28

Well, now I am busy seeing patients and I think that will be the case for the near future. But I have thought a lot. This came up when I was working on this book. But I've thought a great deal about writing something, a similar book but specifically for women. Because there was so much, they came up writing this and the research for it but also just in my day to day practice that moves me in that direction to just be able to write about women and their

experiences, patients and the different factors that go into it. So, maybe and then if I don't tire out then maybe in the next few years so work on that.

Jennifer Cohen 40:06

Sana Goldberg, thank you for your wonderful work with patients, your terrific book, and for a fascinating discussion today. And best of luck in the future.

Sana Goldberg 40:15

Thank you. I'm so happy to do this and grateful so I appreciate it. Thank you