

Fear Me Out Podcast

Episode 9

Hosted by Clinical Psychologist - Dana P. Saperstein PhD.

Guest Speaker

Dr. David Langer - Introspection

Dr. Dana 00:11

There are two basic motivating forces fear and love. When we're afraid, we pull back from life. When we're in love, we open up to all that life has to offer with passion, excitement, and acceptance.

Fear Me Out 00:30

Coming to you from our studio in Santa Barbara, California. This is the fear me out podcast. We're not your typical Self Help Program. Our show takes a deep dive into those psychological issues that affect us on a daily basis. We hope to shift your perspective and have you experiencing emotions differently. Now, here are your hosts Kim Fauskee and Dr. Dana Saperstein.

Kim Fauskee 00:52

apocrine he's one said, I'll remember that there is art to medicine as well as science and that warmth, sympathy and understanding may outweigh the surgeon's knife. On this episode, we welcome to our podcast studio, Dr. David Langer who is the chair of Neurosurgery at Lenox Hill Hospital in New York City and the star of the Netflix Docu series, Lenox Hill. So please join us as we speak with Dr. Langer on how he navigates through a myriad of emotions not only for his patients, but for himself personally, as he performs one of the most difficult and complex professions that only a few choose to do. Well, I'm gonna start by ask a question that I think the former may be easier for you to answer than the latter. But can you tell our listening audience who David Langer MD is and then tell our audience who David Langer is?

Dr, Langer 01:45

Well, well, on how to answer that. I mean, they're sort of, they're sort of the same person, there's maybe different personas, I would imagine. I think David Langer MD is a, someone who grew up in a middle class family, my dad was a doctor, my grandfather was a doctor, I never really thought about doing anything else and sort of fell into neurosurgery because my dad's illness was what attracted me to neuroscience and neurosurgery. But um, you know, I'm very ambitious, and I wanted to save the world and wanted to take care of sick people. And over the years living in New York City realized that just doing good often isn't enough that there's there challenges, you know, even if you're doing all the right things, that righteous anger is not not a good place to be. And, you know, professionally, I had a lot of challenges and failures and obstacles, both of my own doing outside of my control. And that had been very difficult. But also, by the same token, very gratifying. I think the output, the output of this led to the Netflix show, just purely random luck reasons, you sort of create your own luck, it was a series of

relationships that led to that, but um, it just, I think, was man, in my mind, that really was a manifestation of the effort that I've made to remain a human being as a neurosurgeon and express myself in a way that has changed over the years. And so the David Langer MD piece was manifest in that as both the technical effort I've made to be the best neurosurgeon, I can be by the same token, I think it also reflected the evolution I've gone in as a person as a physician. And going back to David Langer I think that I think that that's was it's similar. I mean, I think that it reflected me as a person, as much as as a doctor, the effort, I tried to be a great dad, I tried to be a good spouse, and, you know, be as balanced as possible in my life, whatever that means. But um, I think that the, the, the similarity with the two sides is that I think we face conflict, challenges, failures, both that like I said, that you some of you can control some of you can't and the the blessing of both sides of me as learned is that these experiences just if you, if you do it the right way, are actually really valuable. And that it can make you better. You actually can't, I think, maximize what you can contribute to the world and to your family and to yourself without having some really rough moments. And it's how you react to them. And how you overcome them, I think really defines you whether it's a professional, or as a as a as a human being. And so I think, I think that's the best way to answer that question.

Dr. Dana 04:44

David, one of the premises that Kim and I operate from is that fear is a normal part of life, and that it's actually healthy under certain circumstances, and it's how you react to fear that actually determines the outcome. I'm assuming that that's something that you're very well aware of and that is a big part of your professional life is how you manage your fear and the fear that your patients bring to the table.

Dr, Langer 05:08

It's funny I am. I actually met Alex Honnold at a, at a conference about two months ago. And what differences between us the fear we feel and say, a free climber has is he can die. Like, he physically if he makes a mistake, he's gonna die. Like, I'm never going to die from making a mistake. And so, you know, so fears, you know, kind of it's different kind of fear. It's, it's ego fear, it's an as a surgeon, what are people gonna think of me? What's the patient gonna think of me? Am I gonna get sued? But so I asked him, like, how we how do you overcome that? It was very simple. He said, Look, I just, I know, I'm good. I know, I'm, I've trained really hard I, I know, he's super confident in, he sees a climb. And it's, it doesn't dawn on him that, you know, he just can do it. It's like, he just shows up and he prepares for it. And so it really limits his fear. He said one time, the most scared he ever got was he got to within 10 feet of the top while he was training for the the Yosemite climb. He said, he got with it, and all of a sudden, he got lost. And it was the first time that he really thought he was gonna die. Like he he didn't, he didn't see a way out. And it really taught him the importance of preparation. And so you know, my take on that is, I can't say I've really felt fear. In that way. I felt anxiety about being prepared. And I've been in situations in the operating room that were fearful that required me to where I was afraid of losing a patient. But not myself, you know, in so that's a different kind of fear. It's more like, Oh, my God, you know, what have I done? And then how do I get out of this. And I think that all along, I really train as hard as I can, throughout my life, just to be the best I can be. And as I've gotten older, I go into cases, knowing that that I, I'm very confident that I'm doing things the right reason that I'm not really afraid, because I know that I've trained and that I can do that I do the best I can. Certain things are not in my control. There's very few people I think that are better at what they do than me, in the case of that I do it doesn't mean there are other nurses that are better at something, it's just a case of I do, I really

believe that I'm as confident in what I do as possible. And that really mitigates the fear, just like Alex Honnold mitigated his fear by just really training hard and, and making sure that you feel like you're capable of doing things that are that you're asked to do. I think when you get outside your bandwidth, and you start doing stuff that you shouldn't be doing, or that you're doing for money or for because, or ego or you want people to think you're great, rather than being great. That's very, that can create a lot of challenges. For for a normal person, in our business, we have a lot of narcissists. So they, they aren't even aware of that, you know, and that's, I'm not an artist, I don't think I'm narcissistic, you know, and I think that I, I compare myself now to when I first started, where I didn't have the skills I have now, and I probably having gone through some very anxious moments and getting out of trouble just realizing what I can do. And I know that I'll be in those situations, and I have more peace and calm now. And those things happen. Because I feel like I just have to, you know, pay attention to detail and rely on my experience and my skills, and don't put myself in harm's way and make the decisions along the way that are, you know, step wise to avoid doing things that might put me in harm's way as a surgeon. In fact, I trained in all these catheter techniques, interventional like after 10 years in practice, I went back and did another fellowship because I started to see the field changing. And I learned how to do all the catheter based treatment of vascular diseases. And I found that I wasn't as good. You know, I was older when I trained. I had partners that were better than me at it. And while I liked doing these things, I didn't get the same joy out of doing them that I did, as a surgeon, I was a little less patient with it. It wasn't as natural for me, I just stopped. You know, I don't even want to put on my suit because that's when you have fear. Like when you're not really prepared and you're not skilled enough. That's when I start to feel fear. Like I just really don't want to do those cases. I don't want to put myself in harm's way. I just stopped doing that. That type of work. And so I eliminated that from my bailiwick and that's okay, you know, you can't do everything and let someone else do it who's better than I am and I think that's really the secret sauce. When it comes to our businesses, knowing what your bandwidth is, know what your limitations are, whatever your bandwidth is, make sure you're damn good at what you do. It's your decision making sure based on money or ego or control or trying to prove you're better than someone asked for help, you know, assistance, ask for advice. And that really, I think, has solved a lot of this kind of fear that you might have. And it's been a great solution for me.

Dr. Dana 10:25

So David, you recognize that part of what you're talking about is that you developed an enormous amount of faith in yourself as a practitioner, and that you do everything that you can to sort of be as resourceful and resilient as possible.

Dr, Langer 10:42

Yeah, I think part of that manifests in being trying to be innovative. And if I, things aren't perfect, I'll try to make them better. I'll try new devices and new technologies. But that actually brings fear back, not fear, but anxiety, again, because now you're trying something new, and it doesn't work all the time. And so you sort of have to like, again, sort of stop yourself and take some deep breaths, and, okay, I'm gonna get through this, this isn't working right now. But there's a way around this. So it's kind of a never ending cycle. Because if you just, if you it's, it's, you never really want to plateau, you always want to kind of push yourself to make an interesting there, there's whole, this is, I think he's check, a check a psychologist who wrote about the flow state, you know, and you're the the, the, the way to stay in flow is that your, your skills match your match the degree of difficulty. So like, when you're first getting

started, as a medical student, I learned how to put an IV in for example, and, you know, back then, you know, put an IV and so you're, you're really stressed, like I don't put the tourniquet on, you don't want the patient to feel pain, you missed the first time you go to that hurt. And then, you know, but gradually, it gets easy. So you relax a little bit, it's a lot easier. And it's like, Nope, no problem, it's the same skill. But now your, your, your the difficulty of the problem matches your skill set. And after a while it gets boring, like I don't want to do IVs anymore, what the hell, I mean, let somebody else do it. And that really runs throughout the rest of your career to go from, you know, a lay student and then a medical student to a neurosurgeon do like aneurysm surgery, it's an incremental process, but all along the way, it's your skills, matching your anxiety. And the trouble is, if you don't, at least in my opinion, if you don't kind of push yourself along that way, you can get bored, just you know, if everything's easy, it's not life isn't as interesting, the case aren't as interesting. And so managing that and, and knowing when to stop, because it's not all about you being interested, you want to do the right thing for patients. And that requires this constant pressure against the skill set, and pressure against the difficulty, and then finding ways to do it easier, or technologies that make it easier. But each one of those, each one of those little incremental steps kind of pushes you out of your flow curve. Every now and then. And that's, that's, that's the challenge, like knowing what that point is, and staying there. And the way you overcome that my partner, John, works far, it's mindfulness and grit, you know, because you have to take a deep breath sometimes, and then rely back on your experience. So if there's fear, it's like getting too far out of your flow curve, in an anxiety area where that skill doesn't quite match the difficulty. And then the way you manage that is just not mindfulness. I think it's grit, and falling back on your experience of overcoming those obstacles before. And I think that really works. And I think that's really the secret to how I feel my, my success for myself, I don't, I don't look for external validation. When it comes to this, I have a lot of validation internally, myself, I know I'm doing the best I can all the time.

Dr. Dana 13:50

And how much does your intuition play a role in some of these situations where you're not exactly sure. In the moment, what the might with a technological answer might be, because you've never been in that position before with this particular person and their particular problem.

Dr, Langer 14:09

Like this morning I'm using this new way of imaging intraoperatively for a straightforward lumbar disc and lumbar disc surgery is like an hour and a half operation. It shouldn't. He's not very usually isn't very difficult, but it can be and I just was using some new technology today that isn't normally used for lumbar discs and if everything was fine, and then the navigation thing failed because when switch got turned off, and all of a sudden I was there for three and a half hours doing an hour and a half operation. You know, and it's frustrating you got to do that. Then you gotta do it the old fashioned way. Or x-ray and I got a roomful of people who are like What the hell's going on with this guy who got an anesthesiologist? The nurses like, why is it taking so long? I think part of it's just preparing yourself for those struggles. And realize you can always fall back on your old skills or your old way of doing business but you can't and I'd be lying if I say I care about what people think of me. I want people to think I'm skilled and think of a good surgeon or be or, or because I like taking care of people. And if you're our staff, you know, it sees you struggle or thinks you're not any good, that's gonna affect people's confidence and sending you patients. And so, you know, the way you overcome that is, it's okay. This is this new, it's, I I'm doing the best I can. It's not working right now, let's just go back to the

usual and customary and worked out, you know, and yet to have, try not to think too much about what people's opinions are of you when you do this. That's really challenging. You know, that takes work. But that's, I think, part of being internally driven to do the right thing. Even if people don't even realize it. You just have to just be focused on validating for yourself. I think that maybe the best way to answer that,

Kim Fauskee 15:59

dude, seeing yourself on TV, change you in any way.

Dr, Langer 16:03

Yeah, I mean, I think I wasn't really prepared for it. One thing I've been very proud of is, you know, John and I were very close. Before the show started, I was really the one that got the whole thing going. I spent the whole year of 2017. Kind of greasing the skids for this because there was a remarkable amount of resistance in our health system from Legal Marketing, HIPAA, police unions, you name it, you know, and I was very motivated for a variety of reasons. One, I, you know, we're in a very competitive market in New York City. We're like the upstart department, I knew that the attention would be a good thing. But I also was incredibly confident about who we were legit, like I knew the things we were doing. There's no, of course, we can let people and because there's nothing we're afraid of, like we're going to hide anything from anybody. And so I was very confident it would come out well, because I trusted the filmmakers. But I still wasn't really prepared for not just seeing myself but the exposure. And honestly, you know, John and I are closer now than we've ever been and there are many stories of when people get that much attention. You know, it was like a spike. It's really fallen off now for the most part, but, you know, all of a sudden, we're getting called by different magazines or different media to do interviews. And John, we get called and I wouldn't or I would get called and he wouldn't. And then the biggest manifestation of this is that we were interviewed by like, Entertainment Tonight or something. And the interviewee at the end was like, you know, we really think your buddy John is like Dr. McDreamy on Grey's Anatomy, that was like, Oh, really, who do they think I am? They're like, Oh, you're, you're the administrative guy, Richard, whatever his name is, and like, I like blew me away. It was like, Oh, my God, people think I'm like, you know, an administrator. I was, I was devastated. I'm sure. I actually, it was the best that could happen to me because I, you know, I talked to Adi, who's the part of the couple Adi Barish, who did all the filming. And he's like, look, Dave, you know, you're going to, you're going to be exposed, they're going to be public, you're in the public now. They're gonna be people who will think you're great. People think you suck, they're going to see you through your own eyes. And I really just let it go. And, and then I really, I kind of reveled in John's personal persona. And I really loved seeing him get attention, and the whole, all that shit went away, like completely. And it was so great, because we both have really enjoyed this process together. And we don't have any jealousy or, you know, there really is zero. Here. There are some times where I'm like, roll my eyes with John. But it's like a good way. Like, I teased him. And he teases me and it's been a really wonderful experience. And you can see what like rock bands break up, or athletes get all pissed off, and why teams fall apart. Because, you know, people can't stand sometimes when somebody else gets attention, and they don't. And so that was the first lesson I had. The other one was I was watching the show with my kids. And my daughter started to cry. And she's like, she was like, 16 at times, like, Molly, what's wrong, she was Daddy, I, I thought you're gonna be different. You are mean. And I was like, you know, my daughter was seeing me through the eyes differently. She'd never seen me at work. And I

think that she was like, love Grey's Anatomy and, like, she wanted to see me as like the doctor on Grey's Anatomy somehow that that would be it was like, the fictional side. And what she saw was, you know, the most part that's who I am I you know, I, I think that I have, you know, I can be serious I can be funny, I can have a sense of humor, but I also it's, it's, it's a difficult job and you know, you start I started a sense that, you know, the way people see you is different than maybe you see yourself and also, but I also was very humbled and really, the most remarkable observation I had is the ability to let people into your life was really humbling, and also really gratifying at the same time. And so, in the end, it was the first time you see yourself as kind of odd. But ultimately, if you compare, I think of myself for the very first episode, where I think I was a little uncomfortable with the cameras too quickly, very quickly, I just accepted that there wasn't like, I didn't think I didn't, I didn't pretend they weren't there. I knew they were there. I just didn't care. And so I evolved that way, with the way I looked at myself, too. It's like, at the beginning it was kind of weird, but then I just didn't care anymore. It's like, I'm just myself. I'm not trying to entertain anybody. Just I'm just being me. And I, when I saw myself, I was like, yeah, that's, that's me. Yeah, that's great. Like, it really came out. And so it really wasn't that bad. At the end, it was more or less the way other people reacted, that that was the harder part than actually my own reaction to myself, in a way.

Kim Fauskee 20:59

Most of most of your care, at least in the show, were patients that you had for quite a while, six months, a year, few years, I'm sure you provide a lot of episodic care as well. Again, the context of the conversation day about taking on other people's emotions. That has to be a fine line for you, you know, going through that period of getting to know a patient really well to becoming friends with them becoming friends with their family. And I think the show portrayed that very well, especially with that police officer from Tennessee where you got very close to and then I think there was a young teenage girl that wanted to be a physician and you got involved in her life as well there. I mean, it did an excellent job of showing you as a as a human taking, taking the doctor, the neurosurgeon, the god complex, whatever you want to say away from it and say, Okay, I can be this real person with this, these real emotions and really feel what you're going through there. So, for me, for the job that you do, I mean, in again, you do from head through spine. But there was a lot of neurosurgery in glioblastomas and other things that you were doing on the show there. How do you look at it? And there was a, there was a great moment, maybe it was a couple of times, you and Dr. Boockvar just you talking with your surgical team saying, hey, let's stand back. Let's close our eyes for 10 seconds. This is a human being in front of us here, which I thought was a very poignant moment for me, saying, Okay, we're taking this technical aspect of medicine out of this, and we're actually humanizing this, this whole experience right now. So for me is how do you not just look at it as a brain, but you're looking at it as a human that you're performing surgery on?

Dr, Langer 22:55

So I mean, I think that Mitzi's experience was unique for a couple of reasons. One, you know, for the most part, I meet a patient on a single day, and then recommend surgery or not, and then so I don't get to know them very well. I mean, there are cases that you follow for maybe once a year, and then they decide to operate. But the reason why Mitzi was unique was not so much the original time. I mean, I met her once you know, what, you didn't see that the first time I met her, you saw the day she was admitted to hospital, and was going to get the embolization. So part of it was that there was this lead up

to it, where she had a procedure before the mice first surgery, and then she was actually fine for 24 hours afterwards. And then she had this complication, and it was a stroke of all things, which is my dad had a stroke and I have a tremendous amount of kind of experience personally with stroke. And it just touches a certain side of me that, you know, if I had my dad had cancer and she and she had cancer, I probably feel the same way like John's John's dad died of leukemia. So, you know, I think that it was the nature and metsys the purse personality or husband, and also the time leading up the fact that she had and then there was a prolonged period of time before the SEC, my second surgery, where I was, you know, with her every day and seeing her get better and encouraging her and they they were up in Tennessee they were living in New York for like two months. And so there was a lot of prolonged notice and then I took her back to our house again, after spending like the last two months with her and that's a rare occurrence. So I think that and I still take it by the way, I still stay in touch with them and you know, her husband is different from me as a human being can be but yet, you know, we found this no relationship that's really amazing, actually. And so I think that was just kind of very unique for all those reasons. The fact that it got to Netflix, I mean, I told the film team was like how does this happen, it's like, it was just so lucky that that was one of the cases because that's not that's not that common. You know, on the other hand, I, I do, like, I think showing vulnerability is not a bad thing. I mean, it's, it's a human, I'm human. And I think that when you try to cover things up too much you don't, I think you lose an opportunity to have a relationship and lose, you lose the ability to, to, not just for your patients, but the people that nurses and your other. When people see that they're, they draw people closer to you, and they're more, they're more likely to work hard and try to make things better. And because they think they realize more of what's at stake, it's not just like making donuts. But I, you know, a lot of my colleagues, like how could you like, I could never be like that, like, I, you know, I can't do that. And look, I didn't come to become a physician just to be a mechanic, you know, I enjoy that aspect of my job I, I like like, the the social and the kind of spiritual aspect of being a physician and irrespective of neurosurgery, unfortunately, our field attracts a lot of people that don't have that ethic. And don't, don't even go into it, they just want to do it for the technical reasons, or the ego reasons, the money reasons, what have you. And so, you know, I try to maintain that component of myself and everything I do. It's not easy, sometimes, I mean, and there are times where I just can't, you know, I just have a difficult family, and I need to get some separation, or people just are too needy, and they just need too much. And you have to set up a boundary, but I give my patients all my patients, my cell phone. So, you know, they have access to me, but I have to know what I sometimes have to draw the line somewhere. But you know, that's why I have to choose your case wisely, and hopefully limit your complications. So that, you know, more often than not, it's a celebration, rather than a, you know, a dirge that you have to go through. But in general, I think some of those negative moments are what makes you that, you know, if you don't have those, those deep experiences of the people, and really feel the pain suffering that you may have caused, or may have contributed to, and actually deal with that personally, I think it makes you a much more kind of interesting person, interesting Doctor, I'm fact, Netflix came out in June in July, I probably had the worst complication of my life, and was just devastating. And so I didn't have a lot a lot of time to enjoy it. It really affected my kind of countenance and my overall mood during and plus code was going on, but you know it, because I take these things very hard I, I take the responsibility for what I do. And so I have to live with myself. And it takes me a long time to get over these things sometimes. And I think that came out a little bit with Mitzi. You know, luckily, I had time to get better than she got better. So it was, you know, it lifted me up. And she's doing great now. So that was a, you know, I was very, we were all very lucky about that.

Kim Fauskee 28:04

What do you do to get over those emotions? I mean, is there something not only professionally, but personally that you do that. You're feeling like I've internalized this person's pain, this person's grief, or sadness, or the family. I'm feeling that way right now. I still need to be able to do my job. And that's, it's affecting me in some way. So is there something that you do personally, that that kind of gets you away from that feeling?

Dr, Langer 28:31

Yeah, I just show vulnerability. I'm honest. Like, if I tell my wife, I'll tell my kids. And even John are my partners. I mean, we all have complications and feel comfortable coming to one another. And no one could understand. My wife is an anesthesiologist, and she gets it, but no, my partners understand. And we have a culture here where it's okay to do that, you know, no one's going to come at you and say, Oh, I can't believe you did that you're an idiot, you know, and even if somebody makes a mistake, that they probably shouldn't have we, we recognize that. I think everyone here is trying to do the right thing. There's no one here and it's like a wing nut and just going off the deep end and doing things they shouldn't be doing. And so I think that we give, I give my partners I give myself the space to be able to be like that, if they see it coming from their leader, if I'm, if I go to one of them, I just have I could cry or, you know, things are really bad. Or I just say I'm just devastated by this. You know, they see that and they feel the same coming to me, I think and so I think though that shared experience, the ability to do that doesn't make it better, but I think you feel the support and it helps you get over it. Obviously getting back in the O R really helps us you know, getting some wins. To get over those stressors is helpful too. It's like getting back on the horse. And so it's a combination of those things. It can take a long time this you know, it could take months sometimes before you really feel yourself again when it's really bad, that's those types of complications have happened to me, you know, say three or four times in my life so far. And there are other ones that are less severe. But nonetheless, that if these things happen, and then that you've been through it before, you know that you're going to get better, you have confidence that this is a normal reaction, it's a grief reaction. It's like, it's a new half, you know, that your, what you're experiencing is temporary. But there, it's sort of it's appropriate in and if I didn't feel that, then what the hell am I doing, you know, if, if somebody really, you know, there's some death and destruction, you, you know, go out and have a couple of martinis and kick back and, and it doesn't affect you that you're in the wrong business, frankly, you know, you have to feel that or else you're not going to make yourself better. Because a big reason why you try to make yourself better is to avoid those things, you should know how painful it is. And so you just do everything you can to avoid that. If that doesn't penetrate you, you're not going to do those things. You can't have it both ways, you can't be impenetrable. And then try to be the best you can be because the failure that drives your ultimate makes you work harder and makes you be more creative. And so they're part and parcel the same thing.

Kim Fauskee 31:11

I want to circle back a little bit on a question Dana asked you earlier about intuition. And how that plays into you, as a professional. An example, you think you were working on a brain tumor on the show, and you're looking at different margins, or where the tumor was, and so on and so forth? And not quite sure

if you've got enough and whether do we need to go back in? Do we need to, you know, so on and so forth? How much does intuition play into what you do professionally?

Dr, Langer 31:45

Um, it still plays a big role. But in general, that's kind of, I think, not a good thing. You know, one of one of American medicine is that with a fee for the service system, there's such a perverse incentive to do more. And so a lot of people rely on intuition and make decisions. But intuition is still a soft science. And so, intuition is based on a lot of factors, you know, how tired you are, how much money you're making, you know, do I have dinner tonight, that I have to get home. And so I think data and hard data and the truth is important for what's really going on. And in fact, that particular case, since then, we have a new dye, we can give patients ahead of time, that can color the tumor in the or with a certain type of a filter on our, our our or microscope camera. So whatever is pink is a tumor. So yes, like, in the old days used to use intuition, like I think that's a tumor. But now you don't really have to do that anymore for for many for a certain type of tumor. And you should push your envelope and make sure you have that equipment, the O R, because there's no way your intuition is going to be good as something that's actually real. And so I think that's kind of the best good example of Yeah, you know, that looks like it's probably abnormally should go there, versus really knowing, you know, I tell my residence, you know, there's, there's no such thing as maybe in our business, yes or no, do you know it or you don't know it. And I think we do edge into this kind of gray area with things like to or margins or theory, even decision making, Should I do the surgery or not. But I think the onus is on us to make sure we really limit that stuff as much as possible. And then we adopt tools, and techniques. And we learn and we get enough data, so we really mitigate and limit them as much as we can. So our decision making is less based on intuition and more based on, you know, standard of care, you know, the what the historical data, the literature, or the literature's kind of screwed up, because a lot, a lot of that's biased. And so the way we overcome that is teams collaboration, other people's opinions, and technology as best we can to really overcome a lot of that decision making. It's purely intuitive. And I think that's it doesn't mean we don't still use it. And I think medical decision making is still there's still a fair amount of experience that comes with this. It's one of the reasons why AI hasn't really impacted document as healthcare as much as it probably should. And, frankly, the human brain may have to do with fear. You know, a computer can't feel fear yet. And the fear of failure, and the motion that goes into that does affect our decision making. And that's hard to know, program into computer still. Because we fear a future we fear death. For example, computers never die, you know, if you're never going to die, how would you live your life? And so those fears are built into this intuition. And that's why ai, ai can't, we're probably getting closer. But those decisions still play a role. So, now technology is getting better, but the human piece still is super valuable. And so it's a complicated interaction between these things. And we know when we're making a judgment call based on intuition versus the technology that might give us the answer. And so it's, there's still areas like that. But I think it's very important that you try to limit those when the technologies come out, and learn them adopt them, you know, find money to pay for them. So you can, you know, cut that back as much as possible.

Kim Fauskee 35:39

You made an interesting point about the fear of death. And Dana, and I've talked about that on a couple of episodes with some guests. Do you feel it's part of being a physician to prepare your patients and your patients' families, for death?

Dr, Langer 35:57

Not mine, my know, John, I think does have to do that. The vast majority of my patients survive for a long time, unless there's a bad complication. So, you know, I really don't talk about death routinely ahead of time, there are a handful of case every year prior to aneurysms, like ruptured aneurysm cases where you could theoretically, I mean, I'm not gonna win, I've never lost a patient the table but become close from massive bleeding and things like that. But um, in general, it's the complication after a big stroke, or, you know, or cerebral swelling, or some brain injury that leads to death. But that conversation we had kind of had afterwards. And I've had those conversations, I've taken care of patients that have come in basically brain dead and have to get a family from hope to know hope. And that that transition is hard. But John's more more every glioblastoma that he takes care of his going to die before John himself, you know, their life expectancy of the order of years or less. So he has to have that kind of that came out with Chris, you know, in, in, in the show, I think there was an extraordinary amount of time where John really wasn't talking about death, until it was kind of imminent. And I think that doctors who deal with a lot of cancer patients are kind of like that. Because you can imagine if every cancer patient or their doctor and they said you're gonna die, they'll go somewhere else, they want to have hope, they want to think there's a potential cure. And so there's, it's kind of truthy, like, you have to say, you know, there's hope here, I'm gonna really do everything I can, we're gonna, and so to bridge that gap of you're gonna die because this disease early as often, you know, that's probably not brought up as much as it should be. Because you wouldn't have a practice if you did. Because they'll just go to somebody else who says you have a chance. So they have, you have to be kind of honestly dishonest. And then when it gets to the point where they break through the therapy, then you have to start having those conversations. And John's remarkably good at that. And I think, I think you saw that in, in both the Chris part where all of a sudden, there was no more hope. Right? So even in the COVID episode, where he was dealing with this, a man from New Jersey that came in with COVID, was trying to give the guy a chance, and then basically had the conversation. As a dad, you know, he had kids, and, you know, John's a little different than I am, you know, but if I ever take care of John's patients, I'm like, rolling my eyes like, these people are smoking dope, like, they, this is a terrible disease, and they think they're going to, you know, get out of this. And I tend to have a little more frank, and then I am Dr. John Christie, you can't say that to them, you know, they're not ready. You know. And so there's this balance, and we have very different types of patients that we take care of. So I'm very honest, because John can't quite be that honest, especially until he has to be. It's not that he's being dishonest. He just has to choose the right time and place, I can probably do that a little more liberally, because I don't have to get people to that point. To be able to, for them to give me the the ability to operate on them.

Kim Fauskee 39:16

Has COVID significantly changed the way you've been able to practice medicine in the last three years.

Dr, Langer 39:23

I think it's affected us more on neurosurgeons that we still get to do our cases, because we're not really elective. So, you know, we were shut down for a couple of months, and then it all came back. I think it's made me more. You know, the story I tell is the ventilator we had a huge ventilator problem. And I basically got a hold of all these ventilators that I was going to try to bring into Lennox, while the plastic surgeons in the Upper East Side. They all have ventilators in their office. And we were running out. And

then the governor that same night, said that he was going to procure them as of Sunday night. And so I was like, Oh my God, we've been Gotta get these in, like right away. And I found out that our loading dock wasn't open on the weekends, I couldn't get these things delivered in time for the government procuring them. And I was like, devastated that I was going about to help the hospital and my cmo Basie system, you know, Dave, it's okay. You know, if just because one of our patients isn't getting one doesn't mean if somebody need it, it means they're not going to be here. And it just like, boom, like my head explodes. It's like, you know, I think that our healthcare system, and our incentives are so selfish. And that, I think the lesson was, you know, it's not just about me, and my patients and our department and our hospital, the COVID sort of took the lid off this whole, you know, health equity piece, and the lack of care and at risk communities. And I think it just made me more kind of you no more liberal minded about giving up things to get something, and to be open to not always having just what I need, you know, and not that I will always fight for my patients. But if there's someone else that needs something, more than me, or one of my patients, you know, what if somebody else's patient needs that ICU bed more than mine, or there's a piece of equipment that another doctor needs more than me, he can use it. And I just have a more at ease with that now that I was certainly before Before COVID, because could have more open to the idea that, you know, it's just because you're not using it doesn't mean you should be and you have to be, you know, almost like triaging the resource as best you can.

Kim Fauskee 41:41

I'm gonna throw you a big hypothetical here, if you were in charge of changing the landscape of healthcare in the United States. How would you change it?

Dr, Langer 41:51

It's super easy, actually. I think physicians should be salaried, I think that the incentives need to be changed. Now, the problem with that is that hospitals want volume. But like, we're very busy, and we're all salaried. So, you know, the problem is, who's going to do those cases no one wants to do and will care to suffer, because things that sort of suck, won't get done. I think that is a downside. But there's no perfect way of doing this, I just think the current way of doing it is way worse. I mean, just having people operate for no reason at all, just to get paid. And there are lawyers that pay doctors ahead of time. Because they know they're gonna get a settlement. And they'll pay the physician to operate, no matter what this film show. And physicians do that, because they're getting paid. And so I think that the on an imbalance, we'd be much better off to be salaried. And you then you have to choose your physicians differently, you have to make sure you have you know, you're choosing people for the right reasons, there are other incentives, you can build in based on outcome or based on patient quality, or, you know, the patient experience and things that are more soft, without making it all about how many case you're doing. And by the same token, everybody wants to make more money. And so you just have to spread out, I think the, you know, if you go from doing 10 cases a year to doing 500 cases a year, of course, you're gonna make more, but it shouldn't be a one to one process is that every three years or four or five years looked at and hey, you know, you're doing better, we'll pay you a little more more, you know, back next time, but hospitals are driven by fee for service doctors are driven by, you know, the fee for service and doing more to get paid more. That really is the inherent problem in our health in our healthcare system. I don't believe in single payer, because what single payer means is that everything's Medicare, and we would all the health system would collapse if everything was paid for by Medicare, because, and private insurers make a lot of money. And the they, but they pay us better. And they I

think it's necessary to attract the best and the brightest to go into health care if, if you were B if we were in America, with all the built in stuff, if you'll tell you why. If you're gonna do that, then you have to eliminate malpractice. Eliminate medical legal, you have to eliminate the cost of going to medical school, you have to make health college free medical school free. No malpractice premiums totally changed the medical legal framework. totally eliminate the bureaucracy of health care. It's impossible. You can't just attack the fee for service and say, that's the problem without fixing all those other things and say every there should be a single payer. That's a disaster. So I think the salary piece solves the problem because if you do more, you will get paid more over time. But not every case matters. It will prove that it would improve culture in hospitals Because you'd be nicer to one another, people aren't like competing with the guy down the hallway more than they're competing with a guy across the street, could could increase collaboration, and you make outcome and quality, the metric of being paid more. So Quality Matters, your outcome matters. And I think those are the ways that I would really push for and it would work.

Kim Fauskee 45:21

Do you think we'll ever get there? No, we're even close. No, no, I don't think so either.

Dr, Langer 45:29

No, we can do it in chunks. I mean, our department runs that way. The web, I mean, you can't create a world class department in eight years, let's do something special. We didn't exist eight years ago, now. We're top 50 in the world in Newsweek, and top, you know, 28 in the country in US News. I mean, you know, do that unless you're doing something unique. And that's the, that's the culture and the way we're paid is where it started. For sure. I'm 100%. Sure. And I think it's a small microcosm of the way this could work.

Kim Fauskee 46:04

Have you ever thought about the legacy that you want to leave professionally? And? And personally?

Dr, Langer 46:10

Um, yeah. I think that, um, the best answer to that is I never really thought about being a leader. As a young neurosurgeon, I just wanted to be the best neurosurgeon. I could be, I didn't think about being a chairman. And I, in fact, I kind of looked down on it, like, you know, that's just kind of, you know, there are two kinds of things. I learned. There's a woman if you Cal Berkeley, can't remember her name, who I interviewed once. And she, there's basically gold star leadership in North Star leadership. And your gold star leadership is when you're looking at things that give you credit, you know, you're on a committee or you got a certain score, or you were given a title. And that's unfortunately quite necessary in medicine, you know, you have to get good grades, you have to get good MCAT scores, you have to do well as a medical student to get a good residency. And so we're driven by Goldstar stuff, you know, until you're done, you're residency and all of a sudden, now you're attending. And people still focus on gold star things, money, titles, power, the, you know, these things that give them these positive feedback they can put in it's like, driven by your CV, basically, like what's on your CV? You know, when you die? Does your CV matter? The answer is no. So the Goldstar thing is stuff that's not necessarily on your CV in the same way where, you know, I really want to do that I'm gonna, I'm gonna, I'm gonna focus on this creative thing. And it's not necessarily something on your CV, maybe it will become

something if it's really successful, because then it's, it's basically like, it's a bit of a measure of some, some larger idea. And they're leaders like this. Elon Musk is a gold star guy, Steve Jobs, jobs a gold star guy. You know, Jamie Dimon is more of a gold. I mean, the North those guys in North Star Jamie diamond is kind of more of a gold star guy, you know, running a bank. I mean, it's hard to have you really Northstar doing something really in a conventional way. So healthcare, super gold star driven, everybody's gold star who are leaders for the most part. And I was never like that I just wanted, I kind of had this disturbance in my brain, like I always want to do creative stuff, and had a couple of failures along the way, had some really bad mentors, I had really bad chairman, guys who truly took advantage of me. And fast forward to 2010 I was living out, I was reverse commuting. I had been my third hospital. And I really wanted to get back in New York and just took this flyer on Linux and really had no idea what I was doing. And, you know, came in here thought I knew what I could. But all of a sudden, I realized that I had leadership skills, I really wanted to do that. Like I really wanted to be chairman. Now I really wanted to use my experiences to develop something great and be impactful to young neurosurgeons and not treat them the way I got treated. And really, that was very powerful, like not letting shit roll downhill and, and focusing on the big picture of building a great department. So you know, if there's a legacy, I want to leave it leave, it's the number one thing that I want to make sure my kids feel like they had the support they needed that I was a good influence on their life, and that I was a positive influence on them. I'm not a perfect dad, you know, I'm just not that I've made some mistakes, but that they realized that I really do the best I can for them. Firstly, and then the second thing is that I left you know, what I left behind was valuable and that and that people use that themselves to, to build on their lives, that that the junior guys that I've influenced that I've recruited and helped and to help develop and then I've set a standard and I've behaved a certain way that as they go along that they you know, adopt some of the some of the ideas and principles and behavioral things that I've initiated, that that it continues on after I'm gone. And, you know, maybe that'll slowly change healthcare in a way. So that's kind of, I think, in a very kind of small way. But there are other things like Netflix is a great legacy, our brain turns program with, like 16,000 kids doing, you know, virtual internship, the last few summers and kind of the feedback I've gotten from high school, college medical students wanting to become neurosurgeons want to go to medical school, you know, it's just, you start to have this be, it's, I enjoy having that influence and being impactful that way. And, and leaving the world behind like that, I look forward to when I'm done thinking that I might have, you know, influenced people to, you know, do the things that I'm doing. And that's, I guess, the best way to answer that question,

Kim Fauskee 50:52

in this question on the same line, when David Langer passes on, is there a word that you hope your friends describe you by?

Dr, Langer 51:06

Yeah, I mean, I hope it's more than one word is probably integrity, honesty, and grit. Ethics. I've always tried to do the right thing. So I think those are the things that I hope that they come away with. And again, you know, it's not what's on your CV. It just never is. And the sooner you realize that, you know, it really is very, it's very relaxing. And it doesn't mean you shouldn't do things that might contribute to that and write papers or, you know, get a title or, you know, try to make, you know, doing some mechanical things that might was like we I started a IT company called playback health, because I just

was pissed off, we were communicating with our patients and thought there's a much better way of doing that, you know, is that a gold star thing, it's a North Star thing that's become a gold star thing, like, wow, you have a frickin it give a company is like, well, it's not mine, it's like, we have a CEO and we, you know, we've been really successful, but it came from the idea of doing something differently, doing something better. And that's underlying what underlies success is that I think you have to focus on things that really get you excited, that turn you on, and you can't have any fear, just screw it, if it's, if it screws up, you know, you'll learn from it

Kim Fauskee 52:25

will be season two of Lenox Hill, we'll get to see Dr. Langer on TV again.

Dr, Langer 52:30

You know, we were disappointed they decided not to do Lenox Hill too, but they are doing a show called NYC emergency with John and I are going to be a part of it's gonna be little shorter format, they, they wanted to take out some of the drama, the kind of long format patient things and focus more on things that really happen like one off so we're going to be in it. I think it's a we probably got a lot of viewership in a very a certain subtype of people, you know, the world would rather watch Tiger king or cheer or, you know, unfortunately, through Yeah, you know, and I, and I, you know, I love the fruits of the, the f1 show, on Netflix, frickin amazing. Like, you know, we would n't really do that and healthcare, you know, you can't quite do that. I think if, if there's no HIPAA, and absolutely, you know, no batteries in this, you can probably have a show that would completely, you know, blow your mind, you know, but that's not entertainment, you know, we're not here to entertain people. And you know, F1 is entertainment. So they can show everything, and they're probably some stupid things, they didn't show like financial things, or some of the shenanigans behind some of the hard business decisions they're making, but they're pretty much hanging it out there, you know, they're talking about one another, the egos come out the stresses between the different teams and stuff. And so that's what makes it so interesting. It's kind of like in our business, the cases aren't really what's interesting. You know, I really thought that the Oh, Ark, you know, scenes are going to be so amazing, especially with the exit scope. But you know, after a while, even the O R stuff gets kinda, you know, it's hard to really understand what we're doing. It's hard to get kind of, kind of get oriented enough. On the pictures. You see blood, you see your brain, okay, that's cool. Wow, it's really, it's really other stuff. It's why Grey's Anatomy is so successful. It's like, it's all the stories and like, what's really going on and how people think and the pain and suffering and the strategy and the ego and, you know, so we got a component of that, but we only got to a certain level, we don't have people yelling and screaming at each other or throwing, throwing shit or, you know, hating one another. And I think that that might take it to a different level, but Lennoxville appealed to people who wanted to see, you know, emotion doesn't want to see, you know, the value of doing good things to people. And that only goes so far. And so we got great viewership and people like you and we a lot of doctors saw a lot of medical students, people who are considering going to medical school are in the health care, hugely impactful, but it's still a small subset of the world, the average, you know, guy on the street, drinking a beer is not going to watch Lenox Hill. And frankly, if I was not in it, I'm not sure I would have watched it. Honestly, you know, I, you know, I'm looking to like, get, you know, skin emotional and see, I don't know, I'm not sure if I would have watched it, certainly not all nine episodes. Yeah, I

Kim Fauskee 55:41

mean, you're right. I mean, it made a lot of people uncomfortable, right? I mean, it was real life, real, real emotion, raw emotion. And that's why people don't tune into that they want to get that they want to get away from that in their life. Right? They don't want to watch that on TV. No, but but but that's what I appreciated myself about the show, because it was it was something that was real, I think, like you said, the or scenes completely played into, you know, the whole patient care, the emotions of the patient, the prognosis, the patient, and so on, so forth. And that kept me as a viewer through those nine, nine episodes, because I did want to see the follow through those patients, whether it was a good prognosis or poor prognosis where they were, they passed and evoked emotion from me. And that's, that's what I appreciated from

Dr, Langer 56:32

it. But I think you're not the typical. I've been told that even by my mother

Dr. Dana 56:39

and his friends. Well, I

Dr, Langer 56:41

think the people who, who not only watched it, but really that impacted were, you know, that's not the average person. It's not going to like, like, I watched the first episode of Tiger King, I had to turn it off. I was like, I can't watch this crap. You know, it's just like, it was kind of like, National Enquirer on steroids. And, but but that's, they don't, merican culture. And really, look, this went all over the world, we got feedback from people every year in Europe and South America, you know, Australia, but they're the same types of people in these environments that not only wanted to see this, but really benefited from that kind of watching something that wasn't just all, you know, kind of National Enquirer all the time. We're like, The Mask Singer, you know, but, you know, what sells in the world isn't necessarily what is valuable. And it's it wasn't like, it wasn't, like, easy to digest it was, it required an effort. And it, it didn't make you and made you think and it made you maybe even cry, and it made you feel maybe a little insecure about yourself and blah, blah, blah, but I was a little bit surprised that we weren't renewed. But when you really think about it's really not that surprising, especially when you see the things that drive these, these just companies, they just need ratings, and they need this is not built for that. And so, um, in the by the same token, who cares if, if they don't want to do it again, that's fine. You know, it's a lot of work. So we're, we're doing it'll be who knows how this one will turn out? We'll see.

Kim Fauskee 58:17

Well, we'll look forward to seeing you and John in the new series. And, again, we thank you for your time, it's been very insightful. Absolutely. And the conversation was very welcomed, it'll be welcomed by our listeners. I encourage our listeners if they haven't seen Linux sale on Netflix, to give it a shot. I think most of the people that listen to our podcasts will appreciate your show and appreciate the effort you put in. So David, thanks again. We're happy to host you in Santa Barbara. Next time you're out so just let us know and best of luck to you and and Lenox Hill Hospital.

Dr, Langer 58:53

Well, it's the fact that there are people like you guys, doing this kind of work is very gratifying. You know, it's in this in this time, the time we're living in, in the society and the culture we live in, it's, you know, it's probably more than the minority that are like you it's just they their voices aren't heard. And so I think it's important that there's a recognition of the recognition of stuff, but that we let it get out there because the alternative is terrible. And somehow we have to break through this morass we're in and hopefully you're doing your small part. I appreciate your thinking to me and reaching out and hopefully we get some listeners that will be impacted by the work you're doing.

Kim Fauskee 59:35

I think so on. Maybe we'll get to talk to you again, down the road. Be great. Thanks again. All right. All right, David, take care. Thanks so much.

Dr, Langer 59:42

Bye, guys. Take care.

Fear Me Out 59:44

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