

EEP 122- Andrea Nakayama: How The Empathy Trap Impacts Healthcare – and Leadership

SUMMARY KEYWORDS

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SPEAKERS

Maria Ross, Andrea Nakayama

Andrea Nakayama 00:01

We have to separate the problem from the solution. Oftentimes, we overlap the problem in the solution we spend five minutes on the problem and 45 minutes on the solution. And we actually have to flip that when we spend more time in the assessment, we better understand our road to a sustainable solution.

Maria Ross 01:11

If you've ever experienced the healthcare system due to a medical emergency or a chronic illness, then you know, the system is often set up to deliver cookie cutter outputs based on inputs. There's little room for true empathy. Even though many health care professionals truly want to help people in health care and in our workplaces and organizations, we tend to get empathy wrong. Empathy is not about being nice or quickly easing someone's pain or solving their problem. Empathy is about being with someone deeply listening and adapting based on their history, context and point of view. That's how you find root causes and effectively and collaboratively solve problems for the long term. Rather than band aiding challenges for the short term. It was a joy to speak to functional nutritionist Andrea Nakayama as the host of the 15-minute matrix podcast, and the founder of functional nutrition alliance. Andrea is leading 1000s of students and practitioners around the globe in a revolution to offer better solutions to the growing chronic illness epidemic. By highlighting the importance of systems biology, root cause methodology and therapeutic partnerships, she helps historically underserved individuals reclaim ownership of their health. We discuss how a personal tragedy when she was just seven weeks pregnant led her to the work of empowering health practitioners to rethink nutrition systems and care protocols. Andrea shares what the empathy trap is, and why so many of us fall into it, leading to negative results. Tune in if you say you're empathetic, but constantly feel anxious and overwhelmed. We discuss how to balance empathy with personal boundaries, through her art (A R T) framework for patient care, which is a powerful tool for any leader in any industry. Andrea also shared her perspective on the health conversations coming out of the pandemic around mental health and wellness. I had such an epiphany in this interview about how we can show empathy without losing ourselves and how to problem solve with empathy. Take a listen.

Maria Ross 03:31

Big welcome Andrea Nakayama, welcome to the empathy edge podcast to talk about.

Andrea Nakayama 03:36

Thank you, Maria.

Maria Ross 03:37

To talk about medicine and nutrition and the empathy trap and so many exciting things that I think are gonna be really useful for people, not only from a work perspective, but for their personal lives. So, I'm really excited to have this conversation.

Andrea Nakayama 03:52

Yeah, thank you so much for having me. I think I was telling you, I've been a fan. So, I'm here to talk about empathy.

Maria Ross 03:59

I love it. I love it. Okay, so tell us a little bit about your story. You're the founder of functional nutrition Alliance. You work with 1000s of students and practitioners around the globe. Tell us a little bit about your story and the work that you do what like what is functional nutrition? And also, what led you to this work?

Andrea Nakayama 04:19

Yeah, so I guess I'll start with the latter question. First, because I worked in a completely different career. I worked in book publishing for 15 years until my husband Isamu was diagnosed with a glioblastoma multiforme a that's a very aggressive stage for brain tumor. And he was diagnosed when I was just seven weeks pregnant with our only child. So, we hadn't even announced to anybody that we were pregnant yet. And we were first then letting them know that we had a brain tumor. So, what we experienced during that time, well was really phenomenal care at UCSF, we were in San Francisco at the time. And UCSF has one of the best brain tumor centers. So, we got phenomenal care. But it was a really big wake up in our early 30s, to world of real live medicine, you know, not just going for a flu or a cold or a broken arm, but really being entrenched in the system. And there were a number of wake ups for me during that period, which included watching my husband, my beloved treated like his diagnosis alone, instead of with the empathy and understanding that he was a young man who was about to be a father, and was a husband, and a brother, and a son, and a friend, and a software developer, and all of the things and a musician, all of the things he was, we're not really included in the care of him. To the extent that I saw people coming in, you know, in turns, looking at only the stitches on his head from his craniotomy, rather than speaking to him. So that was a big wake up for me. Our son who was given about six months to live, so not expected to see our son born. And he lived almost two and a half years. So yeah, we were able to extend his life through a lot of the things that I think of as my kind of boot camp in nutrition, I was looking into what can we influence in a situation where we still need to hand ourselves over to medical intervention to surgeries, and radiation and chemotherapy, and all of the above. And so that was like boot camp for me in terms of, there are other ways to support health care, that are not being delivered to us that are not being recommended. And that or not, nobody's actually diving into it. So, we saw lives two and a half years, he passed away when our son was 19 months old.

And I then continued to pursue this passion for nutrition. And there were other events, friends that encountered health challenges that made me realize this was my calling. And I put myself back through school, and I found my way through lots of nutrition study to the practice of functional medicine. And functional nutrition to answer your original question is in keeping with the practices of functional medicine, and three of the primary tenants of a functional practice, that I like to anchor on, are that we are creating a therapeutic partnership that we're looking for the root causes, not one root cause but root causes, and that we're taking a systems-based approach. And that systems-based approach for me is based on systems biology, meaning the gut and the brain are connected, the hormones and the liver are connected, but also systems thinking, how do we apply mental models to complex chronic cases, so that we can still bring empathy and care no matter what somebody is facing. So there's the long journey and the quick, the quick, like summation of what is a functional practice.

Maria Ross 08:41

Wow. And, you know, you and I were talking about, you know, experiences I love the way you said it, my first experience in the system of health care, without just going to my like, my yearly physical. And that was kind of it for me with my brain aneurysm was I used to just go to the doctor, once a year, I had the easiest health care history that took like 20 seconds to give people. Now it's done done that, you know, it's like a litany of stuff now, ever since I had my brain aneurysm and multiple surgeries. But yeah, it's that first experience in this system that you completely don't understand. And, you know, I was fortunate enough that at least my experience was a fairly good one, except for a few mishaps and I wrote about it in my book rebooting my brain, but the idea of patient and family centered care, which seems sort of ridiculous that it's a new thing. But, you know, putting the patient and the family at the center of the care experience and a big part of that, as we've talked about, is to operationalize empathy. Meaning, you don't just rely on hiring really nice people. It's what are we doing with our systems? What are we doing with our policies with our training with our communication? Are we thinking about the patient journey? Are we thinking about the patient's feelings? And are we measured and rewarded based on that? So, you know, that's how even the largest, most bureaucratic organizations like the hospital where I had my care, which was University of Washington Medical Center, they're able to do that. And that was, like I mentioned to you my first sort of seed of like empathy applied to business and applied to larger organizations. And, you know, your experience, my experience created something positive for me, sounds like your experience, in the end created something very positive for you, because you're impacting 1000s of people all over the world to basically ensure they don't get treated the way you and your husband got treated when he was having his care.

Andrea Nakayama 10:34

Yeah, and again, like he was treated in some ways, really, really well, I think that we are part of our medical system is an x for y system, this is what's going on, this is what we do about it. And that works about 80% of the time, but there are 20% of the population, there is 20%, for whom there needs to be more, I would say that 80% also needs more. And as we saw through the pandemic, and as we age, that 80% becomes the 20%. So it's a constantly growing population that needs more than we are able to deliver in the system of care. And one of the things I wanted to reflect Maria is you talk about patient centered care. And I have a lot of nurses that come through my training, that are kind of fed up with the system because they went in wanting patient centered care, and aren't able to deliver it. And the fun for me in training, you know, hundreds of nurses, registered nurses and nurse practitioners that are looking

for a revitalization of their career is that they are still stuck in the X for the why they don't want to be in the X for the Y. And by that I mean, you have Ms. You have Hashimotos here's what we do you have lupus, here's what we do you have cancer, here's what we do. But that is what they've been trained into. And I have to disentangle that to get them back to what they actually want, but have no training in. And so

Maria Ross 12:18

Exactly.

Andrea Nakayama 12:19

We just don't teach our providers to be in not just the care, empathy, but the clinical empathy.

Maria Ross 12:28

Absolutely. And I think another piece of that is the expectations of patients, as well, because it should be you know, we live in a society of instant gratification. And instant I can Google an answer, right? Yeah. And so when a medical emergency arises, it's will immediately tell me the cause and tell me the prescription? Yes. And so I think a lot of that is also pressure on, you know, just our society, in our culture, not being willing to have that patients and in some cases, you know, to be fair, not being able to have the resources to be patient with that, what might be a longer journey and a more in depth journey to figure out what is going on for people. So it's almost like every side loses in that equation.

Andrea Nakayama 13:12

Yes, yes. And one of the things I try to really help the providers that I'm training understand is this isn't about playing Doctor, this is about serving the doctor, because our patients do expect more from our doctors than they're actually trained to do. We're asking them to do things that are out of scope. So I'll talk to patients who are like my doctor says my diet has nothing to do with x. And I'm like, they get 17 hours of nutrition training in there nearly 70,000 hours of training, we can't expect them to know what they don't know. And in times, they're not going to make recommendations that they don't know how to follow up on and Bravo. Like, let's have empathy for the perspective they're coming from. For me, the work that we do as functional nutrition counselors is a yes. And there's gaps in our healthcare system. And we need to fill those gaps.

Maria Ross 14:11

Is your field of functional nutrition different than just basic nutritionist?

Andrea Nakayama 14:16

Thousand percent.

Maria Ross 14:17

And what is that difference?

Andrea Nakayama 14:19

We are looking so I have a lot of systems that help us to understand what are we doing so it is in keeping with the therapeutic partnerships. So that's empathy, education, empowerment of the patient to

be a better advocate for themselves. It's understanding the root causes. So, we're not just asking what do I do that x for y, we're asking why is this happening? So, if you have an autoimmune condition, what are the roots of autoimmunity that we should be looking at so that we work in the soil, not just in the x for y and I can talk more about that. And then I have a functional nutrition matrix that helps us understand what I call the story, the soup and the skill, the patient's story is their antecedent. So, their genetics, their cultural background, the triggers throughout their life, whether those are traumatic events or even, you know, grad school could be traumatic, all different sorts of things that could be food poisoning, or a car accident, or some kind of neglect or abuse or a divorce or whatever. Looking at those triggers in life that have impacted us physiologically, even if we haven't put the pieces together. And our mediators are the things that help us feel better or worse that we know. And our job is to help to amplify the number of mediators we're aware of. So, what do I know for myself as a patient helps me feel better, or makes me feel worse, that's very empowering, when I understand that. So, the story is really diving into who are you. The soup, as I like to call it is that systems biology, it's that understanding that everything in the body is connected to each other. And so, we're not just saying, "oh, you have X V Y". We're really understanding the connections and how we make recommendations based on that deep assessment. And the skill, what we're recommending has different areas, you know, from sleep and relaxation, exercise and movement, nutrition and hydration, stress and resilience relationships, we're understanding how does the work around that relate to everything we understand about the individual. So culturally, we're understanding their background, we're not telling two people to eat the same diet or saying keto works for everybody, or everybody should be intermittent fasting, right? That's just not physiologically true. So, we're bringing empathy to bio individuality, which is that biochemical understanding of the individual.

Maria Ross 17:05

You know, as you're talking, I just can't help seeing parallels between so many other interviews and other research that I've done around empathy, even just an interview I did this morning around modern leadership and modern cultures in the workplace. And so much of it is about making people slow down, and really understand context and individuality.

Andrea Nakayama 17:29

Yeah.

Maria Ross 17:29

And so I'm just struck by the parallels of everything you're saying. I mean, I know you're talking specifically about nutrition and health. But it really speaks to the skills that all leaders in any kind of workplace.

Andrea Nakayama 17:42

Yes.

Maria Ross 17:42

Need to be able to shore up if they want to really be effective leaders in the 21st century, and that is about, there's no cookie cutter solutions, we have to obviously, we have to operationalize and process eyes, whatever we can, for efficiency sake. You know, especially in larger organizations that scale, but

at the same time, we need to understand that there are always exceptions to those rules. And we need to be okay with understanding that individuals thrive in different environments. We're going through this right now, with the whole return to office versus work from home. There's actually a lot of people who thrived, working from home, especially a lot of people from underrepresented communities, marginalized communities, they had a lot of pressure taken off of them, they weren't experiencing daily, you know, micro aggressions, and racism in their in their work life, and they actually performed really well working from home gives other people that, you know, really appreciated from a neuro diversity standpoint, the lack of distractions when they're at home, you know. And so, I think that that's really the key going forward for our culture and our society, work or not, is that we're finally we're finally waking up. I wouldn't say we're there yet. We're not exactly woken up to it. But this idea that everyone has different needs, and different experiences that need to be held into account in order for everyone to thrive and for everyone to reach the goals they're trying to reach. So no, that's like, super lofty, but no, that is what was coming up for me as you were talking.

Andrea Nakayama 19:12

And that's where I like to take the practice the clinical practice to that place where we're actually reframing the way we're thinking about healthcare. And we're recognizing that there are gaps that don't serve the individual needs. And for me, when I talk about that systems-based approach, and I talk about mental models, it's that understanding that you're talking about that even though we're bringing bio individuality and that understanding of each person, how do we work in a systems based approach that helps us to do our work efficiently and make the appropriate recommendations so that every time even though every patient or client is a new interaction, what are the systems we use to categorize and understand. And you know, in meant model thinking, Aristotle is who is attributed to first principle thinking. Right? First Principle thinking is get to the essence and categorize. So, you can problem solve complex questions. And for me, that's what it's all about how do we amplify and scale the ability to bring individualized care to health care, because it's missing. It is missing, no matter how much care people are bringing in right settings, they're just not thinking through the individualized realm. And those are different things like the compassion is different than the critical thinking, that helps the individual on a long-term healing journey.

Maria Ross 20:44

I love it. I love it. I actually interviewed a nurse back in June [...] who works on design thinking in health care, and she is a former nurse. And she really helps pull the right information and you know, bedside experience out of nurses to apply it to complex problems in the healthcare system. Yeah, you know, in her view, and I'll put a link in the show notes to her episode, because it was all about, you know, being able to tap into this resource of nurses being able to help problem solve the business challenges. Yeah, and making sure that that was recognized because they're on the ground with the patients experiencing this day to day, and they know the solutions that will help. And so, you know, even even in the situation you're describing, where, even if you get someone to be thinking about what is the individualized approach I can take with this patient? Are they supported by the systems in the environment, wherever they work, that they can deliver that they might not, they might know what the right thing to do is, but they're unable to do it.

Andrea Nakayama 21:47

Right. And I think it's why a lot of people are leaving the system, I think it is going to take a both and and I'm a real stand for making sure that everybody has access to the type of the type of care that I'm teaching and talking about. So, it doesn't have to be restricted to your means. I'm not talking about shopping at whole foods, I'm talking about a reframe, and a way into how we actually think about the care we give ourselves between our doctor's visits. So, if we're not in the hospital, like you said, we may see our doctor once a year, twice a year, maybe every three months, if we have a chronic condition, there's a lot of care that can happen in between those, those visits. And that's where patients need to be empowered to see that they actually do have an influence. And this isn't about right or wrong. It's not about bad or good. We have to again, understand, you know, this person who's being recommended that they let's say again, go on a ketogenic diet doesn't have a gallbladder and can't digest fats, that won't work, or they have a history of disordered eating. And we don't want to be too restrictive. And those are the elements that are not only missing from health care. We don't understand that history often. But understanding from nutrition, that understanding is lacking from nutrition, right hair as well.

Maria Ross 23:16

Well, I love this, we could probably do a whole a whole three episodes on nutrition and health care. So many questions. But I did want to get to this thing that you talk about which really intrigues me, and is one of the reasons I wanted to have you on the show, which is the empathy trap, and why so many wellness practitioners from physicians to psychologists fall into it with their patients. So, can you tell us what you mean about but by the empathy trap? Yeah, I

Andrea Nakayama 23:43

have identified a number of gaps and traps that I see in healthcare and that traps are the places where well-meaning practitioners fall and can't get out of so I actually the very first module of my training used to be on empathy. And I found I had to remove it because people don't think they don't have empathy. They think that they're, you know, health care providers think that they have all the empathy they need, and they don't need any training in it. And my message was, you're doing empathy, all wrong, you're doing you know, being influenced by your client or patient's pain and then unable to solve their problem, and then their pain doesn't get better. And you're caught in this trap of trying to fix somebody in situations that are more complex than that. Also, in my field, if people are working outside the system, meaning they're solopreneurs I see a lot of people giving away their services or not really advocating for themselves in a business way, which is another way that they think I'm overly empathetic. I have too much empathy. By as you and I discussed and why I'm a fan of your podcast is because I really believe that there is a way to do empathy that helps us to, again back to the mental models systematize and catch ourselves in the desire to go what I call becoming the bridge, instead of building the bridge.

Maria Ross 25:22

Oh my gosh, exactly, exactly. And this is the thing I hear over and over from, from different leaders who do identify as empathic or being overly empathetic. And I did a whole thing on social media a couple months ago, where I was like, I think people are abusing the word empathy. And they're using it as an excuse to be completely honest and direct and mean to people. So, you know, be careful when you say, you're empathetic. And you know, of course, writing a book and having a podcast, everyone comes up to me, and they're like, oh, I'm so glad you did this, because I'm an empath. And I've struggled right, you know, but you hear the struggles of, of leaders and and contributors who want to bring their natural

empathy to the workplace to a business context, but feel like they will lose themselves as a result. And especially when I when I talk to health care companies, when I'm doing leadership workshops, for example, it's, I feel like I'm too empathetic. And I am tired all the time. I'm overworked. I'm stressed, I take on my patients' problems and their emotions, and all of that. And that's exactly to your point. That's actually not empathy. That's submission acquiescence. I don't know. The trap. Trap. Yeah. And so the most important piece I'd love for you to talk about is, you know, when I when I talked to them about that, it's about being confident enough to set boundaries, and you can still be empathetic within those guardrails. So can you talk about how you work with practitioners on how to stabilize their empathy so that it doesn't consume them?

Andrea Nakayama 26:57

Yeah, I think I, the acronym I have is art, assess, recommend and track and our assessments are very deep. So, we're actually honing the empathy by seeing the real individual, as opposed to feeling like we're rushing in to fix them. Those are two different things. So, the irony in what you're talking about, is that we're empathic and we're feeling so we want to fix, fix, and hold and help. But then we're actually not in a place where we can help, because we haven't stepped back in order to actually see who is this and what do they need from me. So, the matrix that I've created, helps us to not just see the story, the soup in the skill. So again, who is this what's going on with them physiologically, and what are their actions, but then put another layer on top of it, and those layers are there, situational, cultural, sociological, environmental, psychological, emotional, habitual, and genetic. And there are ways that the world has impacted those aspects of the person, like you talked about with micro aggressions, and there are ways that that person responds to those insults or impacts or whatever we want to call them. And we our job and being truly empathetic and seeing the individual is stepping back in order to collect that information. So that we're not making assumptions. I don't care how empathetic we think we are, there is a lot of information to gather from a person, and they will feel so appreciated to be heard, as opposed to being served in a way or that they you think you're pleasing them, as opposed to actually I should say we call it serving not pleasing. So, I think empathy often goes into the I'm going to please them because I think I know what they need. I am empathetic, but we haven't really assessed. And so, stepping back and looking at those different areas. As an example, if I look at the situation, a lot of my students will get eager to dive in if somebody has a cancer diagnosis. What do I do for this kind of cancer? What kind of nutrition what kind of diet and lifestyle modification, and we have to step back and look at the situation? Have they gone through surgery? Have they had organs or tissue removed? That might be a priority situationally before we're addressing the fact that yes, this person has cancer. And that's true of every one of those areas if we step back and allow ourselves to assess instead of assume.

Maria Ross 29:24

Right. Great, so that's the A in the acronym.

Andrea Nakayama 29:59

A is assess, the R is recommend. So, we only make recommendations once we've done a very, very thorough assessment of who we're talking to, and what's going on. And the T is for tracking. And that tracking leads us backs in a circular way to assess. And I would say that's a great way of practicing empathy in the way that I'm talking about it, that's clinically useful, because we are always in that

therapeutic partnership. We're not making assessments based on a seven-minute conversation, we're spending the time to fully understand making recommendations based on that that are appropriate for them culturally, sociologically, socioeconomically based on everything, and then we're tracking how'd that go for you, and we're in that relationship. To me, that's empathy and care.

Maria Ross 30:56

Okay, you could do business trainings on that on art. Because I think that is the key whether you are in healthcare or not, this idea of assessing, stepping back and assessing and not assuming, and then recommending based on that specific situation, and then tracking what I call the checking in after. You know, the follow up the, you know, if you're, if you're taking it in terms of like a dei initiative or something, what are the results? What are we, you know, where are we how are people feeling that you should take that to businesses and leaders, because

Andrea Nakayama 31:32

I've been able to build a business.

Maria Ross 31:35

Right?

Andrea Nakayama 31:35

Why I've been able to build a business and an online school, because that same thinking, I'm always telling my team, we have to separate the problem from the solution. Oftentimes, we overlap the problem and the solution, we spend five minutes on the problem, and 45 minutes on the solution. And we actually have to flip that when we spend more time in the assessment, we better understand our road to a sustainable solution.

Maria Ross 32:05

I love it. Oh, my gosh. You have so many great quotes in this. I don't even know what we're going to use. But I want to get back to this because again, the role of empathy in this why this is an empathetic approach is because as you said, most people are doing empathy wrong. And so, empathy is not just being nice, it's not just agreeing with people. And it is, you know, at its core empathy is being with someone, but it's also a method of information gathering so that you can understand their point of view and their experience. And that requires a lot more listening than it does talking. It implies a lot more assessment than it does solving. Right. So, all of this is just like blowing my mind, because it's just so closely linked to this idea of like, if you're doing these things, you are also being empathetic.

Andrea Nakayama 32:56

Yeah.

Maria Ross 32:57

And you can still feel with someone you can still, but the important parts of empathy are not the give the person what they want, or ease their pain, that's actually not the most important part of empathy. The most important part of empathy is allowing somebody to be seen and heard and listened to and valued and they don't feel alone and they feel like you are really focusing on them. That's, that's the empathy

we're talking about. And so, I just, I don't even know where I'm going with that. I'm just so excited by what you just shared. And I'll just say yes, yes. And what do you what do you say to, you know, in your world, it's practitioners and wellness professionals. But again, anyone who is saying like, I'm so overwhelmed and stressed because I'm so empathetic. Are you helping them apply this? This model? Yeah, I think what you're really doing is not empathy, what you're feeling is a lack of boundaries.

Andrea Nakayama 33:53

absolutely. And again, as a teacher, you know, as somebody who's instructing so many people and a leader in the field, I actually had to take that training and move it to much later because people aren't ready to hear it until they have some of the tools in their hands to use that actually help them to see the reframe. So, they're still caught, we are caught in our confirmation bias of who we are and how we believe we're empathetic and that that's serving us and that's part of our, it's, it's part of who we are. It's this huge part of people's identities, especially in the wellness industry, that they're empathetic. And I think it's hard for them to hear that they're doing it wrong until they have some tools and can see and practice it differently. So that was an interesting experience for me to realize this is where this is a number one, like empathy and leadership are where we have to start in clinical care. But wait a minute. People need to start with digestion because they actually can and even hear me in the importance of this until they have some other tools and understanding in place. So, I'm constantly reframing the way that they're thinking and the teaching, and in, you know, live q&a opportunities, but it's hard work to get practice.

Maria Ross 35:18

It's hard. But you know what, that is empathetic, right there is you're meeting people where they are. That's that's the point of what we're trying to say. It's not just giving people what they want. It's assessing and hearing what they're saying, and then figuring out a way to meet them where they are. So that's the way you're designing your curriculum and your work is empathetic. I want to talk about this kind of a curveball question, which I like to do sometimes, depending on where the conversation goes, with all the with all the advice. And let me let me reframe this. The silver lining, which I hate saying of the pandemic is one of the Silver Linings is that we are finally talking about mental health. We are talking about worker burnout, we're talking about overwhelm, we're talking about the crisis in child care, we're talking about all the stressors that have come to the forefront, because of COVID. There's also been a lot of prescription around that, like what companies have done to help with the mental health of their employees or to help ease anxiety. I'm curious, given your expertise. Do you think that these organizations because they want so desperately to act and to help people now do you think they're doing enough of the assessment, and the recommendation to determine if they're even doing the right things and implementing the right policies and providing the right resources? And the I have no bias on the answer? I'm just Yes. What No, it's a trick when you're when you hear when you hear those lists, and you hear these reports about this is what companies are doing to combat you know, mental health issues. What do you think about that?

Andrea Nakayama 36:55

I mean, I think it's great that action is being taken, I think sometimes we have to act, and then be willing to shift what we're doing. And so there were situations that called for some urgent and immediate action. And I think that that's, that's one thing in and of itself, my hope is that we then step back and

look and assess. And I know that from my lens with a passion for people who have chronic health conditions that the pandemic also illuminated a lot about underlying conditions that we very quickly buried, we buried conversations about vitamin D. We buried conversations that were coming to the surface when we didn't have answers. And then when we had a quick fix, got very quickly buried. And I'm not I have no stake either in what those supposing quick fixes are. I just believe that some things were being surfaced that deserve more attention, based on socioeconomic status based on racial status based on people with underlying conditions who are more susceptible, that we are not having any more I'm having, right we as a culture are no longer having. And so that concerns me how quickly we as a culture slip slide back into the quick fixes instead of the inquiry and investigation that lead us to more sustainable solutions. And there are more people now because of long haul situations experiencing what those with autoimmunity or chronic lyme, or any chronic conditions always have always experienced. And we're still not talking about it appropriately, it's getting more attention. But it's not getting the kind of attention where we again ask why is this happening? Not just what do we do about it? And how do we actually bring a different kind of care and attention to that "why". So, I think certain things surface to answer your question that were necessary, and got some immediate and urgent attention. And I think certain things just got, like, surfaced and got quickly buried again, that actually do need our consistent attention. And that I find frustrating from an empathy perspective.

Maria Ross 37:00

Yeah, yeah. Well, you've mentioned before that, you know, a big part of why people are not getting the health care they need other than access and cost and all the problems that we have especially specific to this country, because I know this podcast is heard in other countries as well. Do you really believe that that lack of empathy or lack of the ability to apply empathy is the culprit to some of that?

Andrea Nakayama 39:49

I think it's a culprit. I never, you know, think there was one thing but I think yeah, I think it's a culprit because I think empathy is trained out of for most of our medical providers, the kind of empathy we're talking about, which is about curiosity and inquiry, because the training is about the X or the Y. And you know what that is fine, as long as we recognize the need for a new kind of or another kind of practitioner who can help in a different area. So, I think we just need to broaden our perspective of what healthcare is what a health care team is how we give people access to different kinds of support, that don't necessarily have access. So I think the solution is multi-dimensional. And I'm just trying to do my part by training as many people as I can to go into their corners of the universe and address addiction and Cancer and Lyme and Alzheimer's and ADHD and Autism and just go do their thing with the thinking and the training that hopefully, hopefully puts the systems for deep empathy back into a practice.

Maria Ross 41:08

I love it so applicable beyond health care beyond wellness. So, thank you so much for your insights today. We'll have all your links in the show notes. But where you know, for people on the go, are exercising right now are going on their daily walk? where can folks connect with you and learn more about you?

Andrea Nakayama 41:25

Yeah, thank you for asking, you can always find me at [Andrea Nakayama.com](https://AndreaNakayama.com). That'll lead you to all the places. And if you're interested in the training FX nutrition.com is a great place to go.

Maria Ross 41:38

Wonderful. Thank you so much for your time today, Andrea. Thank you. And thank you everyone for listening. As always, I hope you enjoyed another thought-provoking podcast with a wonderful guest. Please make sure you're telling friends and colleagues about the podcast and when you get a chance, please leave a rating and a review because those really help. In the meantime, until next time, remember that cash flow, creativity and compassion are not mutually exclusive. Take care and be kind.