

0:00:04.9 Katie Berlin: Hi, welcome back to Central Line. I'm your host Dr. Katie Berlin and I have two guests with me here today, one you will only see if you're watching the YouTube version of this and trust me, he's worth it. He's very tiny and super cute, but the one you're going to hear is Dr. Lynn Hendrix. Dr. Lynn, welcome to Central Line and thank you for bringing your little buddy with you who I understand is named Pluto.

0:00:30.8 Lynn Hendrix: Yes, he's my new kitten and thank you Katie for having me on today. I'm very excited to be talking with you and being attacked by a cat. [laughter]

0:00:41.5 Katie Berlin: Yes, so if you hear Lynn involuntarily scream, it's because she's holding a kitten. We all know how that is and it's totally worth it, 'cause he is so stinking cute. It's too bad he's so dark that you can't really see him that well in the video, but when she holds him up, he's just like this little nugget just grabbing her hand. He's very, very cute and we're actually recording this on National Black Cat Appreciation Day, so I think it's only fitting. Anyway, Lynn, thank you so much for joining us. Before we get started, would you mind giving us a little bit of background about yourself and how you came to be here?

0:01:16.6 Lynn Hendrix: So I was an emergency doctor, kind of straight out of school and I did that for about 10 years and my last job was less than ideal and that sort of made me think about something that I wanted to do differently, leave the profession, etcetera. And I ended up deciding to start my own business and I started as a general practitioner. I had a business partner. We did that for about eight months and then she decided that it wasn't for her and we went our separate ways, and then I kind of focused on what I'm focused on now and that's end-of-life care. I started having an interest in end-of-life care and in 1993 when my mom passed away and that was my first experience with death in hospice and really thought that... At the time I was a vet tech and I thought **we're not really doing death right for our patients.**

Really it became about how can we do this better? How can we sort of bridge that gap between, oh, your animal has a terminal illness, your pet has a terminal illness, and euthanasia, because I saw so often, especially as a tech, people would drop them off at that time. And so I was trying to get into vet school and I was a tech, and I thought [chuckle] I would develop a business plan before vet school as a tech to do hospice like care.

0:04:06.4 Lynn Hendrix: And then I got into vet school and then I went into emergency medicine. [chuckle] So at that point, I really kind of diverted my attention. And since then I have, you know, I got involved with the IHPC. I was one of the co-authors of guidelines and I really took it from there.

0:05:40.2 Katie Berlin: So you've definitely carved out a niche for yourself in this industry. And that's great because that niche is really growing now, as I understand it. It seems like we're paying more and more attention to end-of-life care and also people in the industry are starting to realize that it can be a completely different way to use our skills in education. And I love that anything that we can do to increase that diverse career diversity in the profession and do right by our patients is good, is a good idea.

0:06:16.5 Lynn Hendrix: For sure. For sure. I mean, it's that whole bridging the gap, the gap of knowledge, the gap of education and that gap of communication skills around end-of-life care.

0:06:35.1 Katie Berlin: Yeah. And we are going to be talking about that today a lot because that's why we're speaking today. I really wanna hear a little bit more about the book you have that's coming out and also talk about how what you specialize in connects with what we talk about a lot on this podcast, which is how veterinary teams can work together. [chuckle] Little man is very sassy.

[laughter]

0:07:02.2 Lynn Hendrix: Yes. He has a strong opinion, yes.

0:07:05.1 Katie Berlin: Yes. He has a little tooth there. That's good. Yeah, the tinier they are, the angrier that little meow. But we, I think, can see a lot, can learn a lot of lessons from all the work that you've done in end-of-life and palliative care. But before we do that, I wanted to ask you a question because I always like to get to know our guests a little bit better. If you were a breed of dog or cat, let's be inclusive here, what breed would you be?

0:07:31.3 Lynn Hendrix: So whenever we talk, whenever I get this question [chuckle], I always talk about being a pit bull because I can grab onto something and hang on for dear life and I don't back down from a fight. [chuckle] So I definitely have that pit bull slash velociraptor in me.

[laughter]

0:07:58.2 Katie Berlin: So you're a mix, pit bull mix.

0:08:01.4 Lynn Hendrix: A little bit. But I mean, I obviously love cats. And as an introvert, I really feel more cat-like than dog-like. I like to hang out at home. I like to nap. Sitting in the sun is great, [chuckle] even if all black. And it's 110 degrees outside because I'm in California. And I have a particular affinity for black cats, obviously. I have two of them, one a teeny beanie bean, and [chuckle] he's about four weeks. And the other one is his big brother who hates his guts [chuckle] at this point.

0:08:46.1 Katie Berlin: For now.

[laughter]

0:08:46.2 Lynn Hendrix: Yes. They are both very opinionated little cats, big cats, one little, one big. Though I feel like even though I might share that with them as well, I am more open-minded maybe than they are.

0:09:01.3 Katie Berlin: You have a little more life experience under your belt too, to help.

0:09:05.3 Lynn Hendrix: I do. Yeah.

0:09:07.0 Katie Berlin: And your livelihood depends on being diplomatic sometimes, probably, though.

0:09:10.0 Lynn Hendrix: For sure.

0:09:12.1 Katie Berlin: They could just get away with saying whatever they want, which must be a nice gift. For those of you listening who aren't watching, Lynn is bottle feeding Pluto right now. This is such a typical vet moment here. It's like, yeah, we can multitask. It's totally fine. Just bottle feed this kitten. It's like the only time he's going to be quiet probably. Well, I like that.

0:09:32.2 Lynn Hendrix: He might go to sleep.

0:09:34.5 Katie Berlin: And I've met many, many pit bulls who probably wanted less to do with me, but loved being at home and loved their people. And so I think you could be introverted and still be a pit bull. But man, I love those dogs. So anyway, okay. Well, so let's hear about your book. You said you were asked to write a book. When does it come out? Do you know? And what's it about?

0:10:05.5 Lynn Hendrix: So the title of the book is *Animal Hospice and Palliative Medicine for the House Call Veterinarian*. It's a really long title, I know. The publisher had some keywords that they wanted for me to use. [chuckle]

0:10:24.0 Katie Berlin: You gotta have the SEO.

0:10:24.1 Lynn Hendrix: And then I added palliative medicine, 'cause it wasn't long enough [chuckle] for a title. Oh, he's almost out, which means he had a good meal. So, in all seriousness, veterinary palliative medicine has just become my passion. Again, bridging that gap. I really think that it helps bridge a gap between diagnosis and death, like I said before. And so often, and one of the reasons I wrote it is 'cause so often I hear that, from students and from colleagues, that they don't really feel prepared for those conversations coming out of vet school or for the conversations even now in practice. I'm sure older vets are probably more practiced at it, 'cause they've been, you know, they have more life experience, as you say. So, but really we, none of us really had education around end of life care. I mean, euthanasia was on the job training skill. You never got that in vet school, or if you did, it was rare. And you probably weren't on some of the conversations that the resident or the faculty member had with the client.

0:12:57.7 Lynn Hendrix: I know, at UC Davis, they do do education now where they bring in actors and they have some better education around conversations around euthanasia. But they're still not doing a lot of conversations about what happens if the client says, "I don't really see what you're seeing, or I don't really think that it's time for euthanasia, my dog's still eating, or I don't really think they're in pain. How can you convince me otherwise?" Right? **And we all we all call that denial. But it's not really denial. It's just a different perception of what's going on.**

0:14:20.1 Lynn Hendrix: So I... And I think we need better tools than we currently have too. I've just found, as I built my business, that we didn't, **I don't really like quality, a lot of the quality of life tools that we have, because they're general and basic. And the questions that we get around euthanasia are not general and basic, they're deep and emotional and meaningful.** And there's not just one party involved. There's multiple parties involved. So, other things that I think could be used for every veterinarian around it is the other end of life stuff. So symptom and disease management, pain management, euthanasia, palliative death, physical medicine. And then there's a bit on team building, and for end of life practices. So I think teams are essential. Not necessary to start. I started by myself. And so I didn't have the team that I have. The reason I can say here is 'cause I have a team out there working for me right now. And there's still more that we can do for my business. So

I think there's lots of ways to build a team around end of life care.

0:16:03.0 Katie Berlin: So what do you think that veterinary teams in general... 'Cause we, I remember you saying something when we first talked, you said, "We all practice end of life care." So what you just... You have done it in such a specialized way, and really, in this book, broadened our own knowledge of how end of life care can and should be practiced. But what can veterinary teams in general learn from a book, or life lessons from somebody who's been working in this area of veterinary medicine for so long?

0:17:44.4 Lynn Hendrix: So, lessons in the book, basically, when I wrote about the teams, I started with who's on the team, veterinary technicians, mental health professionals, groomers, pet sitters, compounding pharmacies, regular pharmacies, online pharmacies. There's a plethora. Spiritual leaders, religious folks who can help people. So really your team can be quite large, and it can revolve around anything, anybody who can help the individual family and their pet. And so a lot of it is individualizing that, not only that, but crisis hotlines, pet law support hotlines, and mental health professionals for those who need additional support in bereavement.

0:18:42.8 Lynn Hendrix: And that's one of the things that we don't really talk about as far as palliative medicine, but there's bereavement after and a loss, any loss. But often with animals, it's disenfranchised grief, meaning that we don't have a lot of support in necessarily our community, things like, "Oh, it's just a dog, why are you still grieving? It's been three days." Those kind of commentary that people often get. And so really, it is building out that team. And when I started, that's what I did. I just found people in my community that could help support my clients so that they could really develop that for them as the individual and me, so that I didn't feel like I had to take on everything, which veterinarians tend to like to do, tend to like to do everything.

0:20:12.4 Katie Berlin: So you wouldn't have to take it all on yourself because veterinarians do that.

0:20:13.5 Lynn Hendrix: Yes. We... I have a degree in psychology. And I can handle a lot of issues that come up around end of life care and with clients but not every veterinarian even has that. Most do not. [chuckle] So that's... I know I have colleagues that do but that's not a common thing for veterinarians. In fact, one of the things I hear a lot about on VIN and other places I do consulting is, "How could we learn more about the psychology around end of life care." So there's starting to be programs around that. This is really a growing growing field because just like in human medicine 50 years ago, when they started, it was a nurse, Cicely Saunders who started thinking, this end of life care that we're doing for humans, it's not great.

They developed nursing, hospice nursing care, I think before they developed medical doctor, palliative care, or really palliative medicine. Palliative medicine here in this country has only been around since 2006. The specialty in palliative medicine.

0:22:38.9 Katie Berlin: For humans.

0:22:41.5 Lynn Hendrix: For humans, it's a subspecialty for humans. And so they're a specialist in another field, oncology, internal medicine, etcetera. Jennifer Temel, who wrote... Temel, it's Temel. I've been calling her Jennifer Temel for years [chuckle] but it's Temel, I just heard her talk on a podcast. Wrote one of the papers that changed the world of palliative medicine for humans, where

she found that going into palliative care early actually helped the quality of life of the person, but it also extended their life, which makes sense. We know stress influences pain, pain influences stress, and it's a vicious cycle and circle. So I... Really the book for team members can help them learn some of those skills or take some of the skills and help them develop those skills a little further to being able to do end of life care.

0:24:03.4 Lynn Hendrix: There's very little education out there for team members. Right now, there is a certification program for registered veterinary technicians here in the country.

And I would recommend if you're really very passionate about this to go and look at a human hospice, volunteer education, go and develop nursing, look at their nursing education, because I think that's really, you can go to human palliative care, conferences and things. So there's a lot more out there. And that's one of the things that I did with this book was I looked at what are they doing in human medicine? How can we translate that to veterinary medicine?

0:25:14.4 Katie Berlin: So one of the things that you were talking about at the beginning there was how the team for you, especially starting out when it was just you, a team didn't mean you and your veterinary technician and your veterinary assistant and your CSR. It meant everybody involved in taking care of that pet. So that could be all the family members that may not even live with that pet. That could be a groomer or a close friend who's advising or the person at the... The pet sitter that comes in once a day and sees things the owner may not see, stuff like that. And we don't always think about that in general practice. And I think that's a really big lesson for us is that the healthcare team of that pet in the eyes of the people who live with the pet is so much larger than just the very insular world of our hospital. And I just wonder how do you handle relationships with those, with all of those team members when you don't get to talk to them directly? Like how do you handle what the pet sitter is saying to the client or how the client interprets what they hear at the groomer or whatever?

0:26:26.4 Lynn Hendrix: So I do check-ins with clients and that may be daily, maybe weekly, maybe monthly, maybe bi-weekly. It just depends on the disease process and what their needs are because they are directing this care to some extent. And so when we check in with them, we find out, we try to ask those kind of questions. What's been going on, or they will convey, "Hey, my groomer said my dog has an ear infection," right? They always find the ear infections for us. [chuckle]

0:27:05.3 Katie Berlin: The smelly ear with the stuff coming out of it like suddenly becomes apparent at the groomer.

0:27:14.1 Lynn Hendrix: Right. So they often will convey that information. I also, when I was building my outside team, when it was just me, the individual veterinarian, and I would interview people and see if I wanted to refer to them or not. Now I can't stop my clients from seeing other people, but if I had people that I could refer to that I felt comfortable that they were on the same kind of page, then I could feel comfortable of them going in. I mean, I had one pet sitting company that were fantastic. They would go in and they would call me immediately if there was something going on with the dog or cat.

0:28:00.7 Katie Berlin: That's great. So you really made an effort to connect with them and to make sure that even if you didn't have direct interactions with them, that you kind of knew what

was going on and what the clients were hearing or experiencing with other people. That's a very big lesson to me because we're so dismissive, I think, in general practice of those people. We think, well, the groomer can't possibly know more than us and the pet sitter probably isn't saying what we would say. And so we want the client to just listen to us. And A, that's never going to happen. [laughter] We're never going to be the only voice in that client's ear. But B, we really do discount, I think, sometimes what other people in other environments can see. And especially if that pet is in a different state of mind when they see that person or the client is in a different state of mind when they talk to that person, they might know something we don't.

0:29:00.3 Lynn Hendrix: Right. Well, I, you know, the client knows their pet best because they live with them. Right? And so most of the people that I would go and visit, do a consultation with, we would, I would set them up with tools. Here's what you're looking for for this particular disease. What do you understand about the disease? Let's talk about that for a little bit, and really start setting them up for, at least initially it was, here's when you need to call me. And I actually have...

0:29:35.8 Katie Berlin: Star, star, star.

[laughter]

0:29:37.6 Lynn Hendrix: I have a list that I developed of distress points, right? Everybody says every client in 11 years, plus years has said to me, "I don't want them to suffer. Every single one of them. Nobody has raised their hand and said, can I please sign my animal up for the suffering plan and not the non suffering plan?" They all want them not to suffer. But if I just walk away and say, well, call me when they are, which is one of the things I heard a lot, especially 10 years ago, that my vet said, "Call me when they're suffering," but I don't really know what that means. I still see them eating. I still see them doing things, what does it mean?

0:30:23.6 Lynn Hendrix: So I started developing tools just around that. What does that mean? And then it was really, how can I get you to call me if you're seeing things I want you to look for? So I have a paper white sheet that is just signs of distress. So if your animal is in distress, then we need to have a call. It may not be the end of that animal's life. Maybe we just need to adjust meds, right? Maybe they just had a flare up of pain or whatever, but I want you to call me, so we can have that conversation. Now that I have a team, we still utilize that because I want them to call in and say, "Hey, I'm seeing this thing." Now I've turned it into a checklist.

0:31:15.3 Katie Berlin: Oh, we love checklists.

0:31:16.8 Lynn Hendrix: Yes. They now know what's a crisis, what... Are these a crisis moment? And the other aspect of that is developing that tool so that people start making their red lines in the sand, right? When am I going to make this decision? Well, I don't want them to have what I call brain distress or seizures. It's one of the things on the list of brain distress. So I don't wanna see... They've had one seizure. I don't wanna see another seizure. Can we put them on anti-seizure medication? Are you done? Are you at a stopping point now? So that's the kind of thing that I really started developing. One of the other tools that really was very helpful for me, and now that I have a team for other people, is an advanced directive. And I made it... Human advanced directives are all about the legal aspect of the end of life care. So I don't wanna go into the hospital. I don't wanna have... I wanna have a DNR. It's that kind of stuff. To me about advanced directives for pets was really about, "What do you wanna see him or them be able to do? And what don't you wanna see

them have to go through?"

0:32:36.4 Lynn Hendrix: But as I said earlier, quality of life skills to me are too basic, because it just focuses on the animal. And it doesn't focus on the whole picture. And really, end of life care, we tend to focus on the whole picture, not only the animal, but what's going on in the home, how's the home arranged? How can we make that better for the animal? What's going on with the family? Right? If they have little kids, and their focus is on the little kids, is it really fair to the animal to sit there and have a seizure while they're feeding the baby? And they can't really, then there's pulled both directions. So developing those tools, not only to focus on the pet, but to focus on the family. What do you wanna go through? What do you want? What do you not wanna have to go through? And then those legal issues, do you want to do a dental? Do you want to put them on a ventilator? Do you want to take them to the hospital and have them do CPR? So developing that those kind of tools for people really, I think is significant and important.

0:33:54.7 Lynn Hendrix: And I didn't put my proprietary information in the book. But I did develop other checklists. How can you... I actually have a really long checklist about dealing with the team and dealing with the pet, dealing with your team and dealing with the client, because the client, the animal and whether it's you or multiple people, those are all your team members. It also includes their general practitioner veterinarian, it also includes specialists that they go and see. And one of the big differences between palliative medicine and an animal hospice is that palliative medicine can be done anytime. Right, you can have a dog seeing the oncologist and still have a palliative medicine person on your side. We're there to support, we're there to build that relationship, we're there to take over as the curative medicine starts backing away.

0:35:26.3 Katie Berlin: Yeah. No, that does answer the question. Because I do feel like this is... It takes... Your area of veterinary medicine takes things that we consider more like soft skills, a lot of times in general practice, the things we are most likely to brush off when we're busy, or when we're not getting along super well with a client or having a bad day. And we kind of like push into the side and we're like, "Well, at least we're prescribing the medication or we're doing the surgery, or we're just getting the stuff done that's going to fix this pet." But what you're describing is how important those skills are, and really central to what you do and what your team does. But they really, they're... So much of what we talk about on this podcast is communication, we don't talk about the medicine very much on this podcast. This is a non-clinical show. And it's because the communication, to me, I hate, I hate it when people call it a soft skill, because it's the hardest thing that there is to do well. But also, so central to delivering that great care, whether it's just making sure that a person is comfortable with the decision to do nothing, and to wait, or to do everything.

0:36:51.2 Lynn Hendrix: So I like to say, do nothing is not what we do. I actually was writing a lecture one time and I wrote the words, we're so good at medicine that we don't know when to stop intervening. And then I realized, but I'm still intervening. [chuckle]

0:37:15.9 Katie Berlin: Intervening. It depends how you how you define intervening, right?

0:37:20.4 Lynn Hendrix: Well. It's a shift in thinking. So it's a shift in thinking, I'm here to cure this animal. And shifting it to I'm here to comfort that animal. We still... I mean, most of medicine provides comfort, right? It provides comfort in that we're curing something that is making an animal or person ill, in medicine. And so it's really just a shift in thinking. But it's hard, I think, for for most of my colleagues out there who are practicing general medicine, or even most of my colleagues who

are out there doing specialty medicine. When you're in practice, and you're seeing patients, whether it's 10, 15, 30 minute appointments, it's not enough time, you have enough time to focus on the animal and get in and get out, and be done with that. And you can't, it's hard to build a good relationship with any human if you've spent 15 minutes, it's like speed dating.

0:38:29.9 Lynn Hendrix: You can't, you're not really learning a lot about that person in that period of time. And so when I go do a consultation, it's three hours and that's not something that... I say that to people, and they go, "I don't have time to do that." I go, "Well, you charge for it, you make the that time." I actually had... I talked to a veterinarian somewhere in Eastern Europe. I want to say Estonia, but I could be wrong. And if you're listening, I'm sorry. [laughter] But we had a conversation one time about a case that she had. And I said, this is really at least a two hour conversation that you need to have with these people. If you're gonna present them with everything that they need. And she's told me after she had the appointment that she did take two hours, that she charged them for it, that they were incredibly grateful, which is what I find, is people are incredibly grateful and overwhelmed, often in three hours, 'cause it's a lot of time. But I leave also a booklet of information so they can go back and review it, which they do.

0:39:49.3 Katie Berlin: Well, I'm thinking about behavior consults at the university, that school, it wasn't uncommon for behavior consult to come and stay three hours, 'cause they go through students and residents and maybe an attending veterinarian and we'd observe and there'd be questionnaires and there'd be follow up and then we'd have to write the discharge statement. And I mean, it was like an afternoon, full afternoon. And that was, then they had to come in to do it. And so for you to come to someone's house and try to understand how their life works and what their goals are for this pet that they love so much, when they're probably feeling a whole lot of conflicting emotions too, at the same time. Three hours to me seems like that that is a reasonable ask for trying to get the lay of the land in that way and be able to help them the best you can. But you're right. That's not something we can do in general practice. But...

0:40:48.7 Lynn Hendrix: We could. We could.

0:40:51.1 Katie Berlin: We could. I think right now, most of the people who are turning people away, because they're so overbooked, would say that now is not a great time to start instituting that, unless you have somebody who's just doing that. But yeah, we could. And we used to say we couldn't do 30 minute appointments. And now that's standard in many, many hospitals. So you just, you never know what will end up speaking to you and be the right fit for your hospital and team and clients.

But I wanted to ask you one more question, Lynn, which is you were talking a lot about support, as end of life palliative medicine provider, you are very used to giving support to pet owners and to the pets and to all the people around them. Do you see parallels between how you provide that support to these people and these pets and how we could support our veterinary teams in general practice?

0:41:52.3 Lynn Hendrix: Yes, absolutely. I think that out of all the questions, I think this is more significant because we don't always see that in general practice. In fact, oftentimes we see the opposite, we're overwhelmed, and they're overwhelmed, and we don't know how to build that support. I see palliative medicine is really not only about supporting people and the pet, comforting them and connecting with them. So it's not just about the support, it's about the connection that we build. And that's a connection that we can't do in 10 minutes. [chuckle] We can't.

0:42:48.6 Katie Berlin: And we can't do in a five-minute pizza break in the break room on a busy day, right?

0:42:56.3 Lynn Hendrix: Right. In palliative medicine, we're emotionally, psychologically, physically, and spiritually supporting these people. And we don't have to do all that, we can build a team. Just in case you're feeling like, "Oh, God, Lynn just said I have to do all of those things." You don't. You do, you come at it from who you are, and where you're at in the moment. And you build from there. And I think basically, meeting people where they are. It's also my tagline for my business. **We meet people where they are.** And that of course has two meanings. But also meeting them for who they are in the moment. And I think that if we can do that for our team members, that is going to build a team better and stronger than maybe we currently have. So, I think in veterinary medicine, we have some unique stressors.

0:44:13.8 Lynn Hendrix: We have mental health issues that we're starting to deal with, but haven't really delved into a lot. We have a system that tends to set us up for being overwhelmed and for failure. And we often, or sometimes develop into an adversarial relationship with clients, and with team members. I feel like we could take some of that and back off and do better. And I'll give you an example of how I've grown, how I've shifted my thinking, because I came from emergency medicine, which is probably one of the highest stress fields that we have, because we're just going, going, going, going, going, right? We got out and always go. And I came out of that and went into doing what I do now, which I purposefully started shifting how I thought about what I did on a daily basis. But I still had the system built in, right? I still had all the mentors, all the people I'd dealt with through the years.

0:45:37.9 Lynn Hendrix: Just how the medical system is built, that you gotta see every single person that comes your way, that you have to... When we were writing guidelines, we talked about writing them for being available 24/7, which I was so strongly against, because I was an individual practitioner, me personally. And I knew that at the time, especially in 2013, when we wrote and published them, most veterinarians who were doing this work were solo practitioners. And that's still probably the case, almost 10 years later, is that the vast majority maybe have one team member that can help them, but they're not a big giant team. And so shifting my thinking of, **I don't have to take on every case. People have other options.** I know things have changed in vet med since the pandemic, and going curbside and all of that. But really shifting, what really shifted... One of my big shifts was, I was having lunch with one of my colleagues in the area who does what I do. And she said to me, "Yeah, I only take on like one or two cases a day, 'cause that's what I want to do." And it was like mind blowing.

[laughter]

0:47:10.2 Lynn Hendrix: Like, "I don't have to take on every case that... I don't have to work all of those hours." I was going out at nine o'clock at night, I was trying to be 24/7, because we had this conversation and stuck with me. And now I'm an advocate. I'm like, you don't have to be 24/7 in order to be a hospice or a palliative practitioner. You do not have to do that as a solo person. You know who does that? Teams, teams of humans in human medicine.

0:47:42.3 Katie Berlin: That's right.

0:47:42.4 Lynn Hendrix: And they're a big team and you need a team. You the individual do not have to be on 24/7. And please put that out everywhere. [chuckle]

0:47:54.1 Katie Berlin: That's your billboard. That's your tweet to the profession.

[laughter]

0:47:56.7 Lynn Hendrix: We cannot be available 24/7.

0:48:01.2 Katie Berlin: Yeah.

0:48:01.3 Lynn Hendrix: As practitioners, we just...

0:48:03.6 Katie Berlin: And I think sometimes we get stuck in thinking about those, sort of the James Herriot picture of like, this is what being a vet is, is being available 24/7. Well, people didn't have cell phones then. And it was harder. You had to really want to get a hold of your veterinarian at 3:00 AM. And I think now we forget how easy it is for people to reach us and how easy we make it for them to reach us sometimes. So I really like that message. And I think even if that means you can't help everyone, it means you're helping yourself. And in the long run, you're gonna do a lot more damage to yourself and to those around you, if you're trying to do it all yourself, because I almost didn't become a vet, because the horse vet, the equine vet that I was riding along with my senior year of high school, I'd wanted to be a vet for years. I was that kid, you know?

0:49:01.4 Katie Berlin: And the equine vet that I rode along with my senior year of high school hated her life. She had just taken on an associate for the first time, but she'd been on call solo for like 20 years. And she was so burned out and and just she basically talked me out of it. I didn't... I was an art history major because of her, [chuckle] which I'm very grateful for now. It was a great, great time. But I was like, "Wow, this is really hard." And that really makes me sad because she could have had help, or she could have at least not taken on quite so much. And now that would be acceptable. And then it wasn't. She felt like that's what she had to do.

0:49:47.4 Lynn Hendrix: Absolutely. I mean, one of the things that I advocate for with the profession is to set boundaries to take care of yourself. Easier said than done. I can go around and go, "Well, you just need to set boundaries." But if I don't give people practical skills on how to do that, then it's just lip service, right? We can say it all we want to. What we really need to do is work on that shift of thinking, in our own selves. Another thing that happened to me to shift my thinking was my daughter was little at the time. And I was dropping her off to go to an appointment at a friend's house. And she said, "Why don't you want to spend any time with me?". Oh, heart...

0:50:41.4 Katie Berlin: Gut punch.

0:50:42.4 Lynn Hendrix: Heart breaking. I might tear up now just thinking about it, because that was not my goal at all. My goal was to be for there for her and to not... So I did things for me to start scheduling myself, time to be just me. Put it on my schedule.

0:51:16.1 Katie Berlin: Yeah, you gotta do that.

0:51:18.6 Lynn Hendrix: And then I had to get in my own head and say, because people will call,

people will call and they'll say I want you there 24/7. And I got the words, "My next available appointment is..." down. Because my next available appointment, it didn't matter if I was sitting in my bed eating bonbons watching a movie. It didn't matter if I was hanging out with my daughter at a school play. It didn't matter what I was scheduled for. I was scheduled. And I had to get there in my own head. And that's the key really for each individual is that we have to develop whatever tool works for us. But that's those are one of the things that I did for me was to just develop those tools, so that I stopped scheduling myself during times that were important to me, because that just takes away from who you are. It starts pulling pieces of your heart out, your heartstrings out.

0:52:31.1 Lynn Hendrix: And nobody... I mean, one of the things that I've learned working around death and dying, and reading about death and dying, and all those books behind me are about death and dying. There's more on the other side. [chuckle] I just sit around and read about it all day long. But one of the things that I have learned being around death is about life. Nobody goes to their deathbed saying, gosh darn, I wish I made more money. Gosh darn, I wish I had spent more time at work. Gosh darn, I wish I'd saved that one last dog or cat, horse or spider, whatever species they're seeing. They say, I wish I spent more time with friends and family. That's their big regret. I wish I had more time to travel. Big regret. I wish I had spent more time not working. And if... It's another gut punch to me is to realize that I can die at any moment. I drive around for a living.

0:53:43.4 Lynn Hendrix: Car accidents, big cause of death, especially for younger people. Luckily, knock on wood, I haven't gotten into any problems. But I could have a heart attack, I could, things could happen. So if I want to live my life in the moment and I wanna live my life for my family, I need to do things to create that and spend time with my family. It's not an easy journey. And it's a constant journey. It's constant shift in thinking and how we can do better. And being overwhelmed, 100%, you can't get there if you're being overwhelmed all the time. And that's what I see now. The drive for corporations and money, the drive for trying to help every single pet who comes your way, the drive to do better. Those are all built in things that we strive for but those are not things that will go to our deathbed wishing we'd done. I'm gonna stop there. [chuckle]

0:55:01.3 Katie Berlin: I think that's a mic drop right there and I totally agree with you. I don't think we can do any better than that, honestly. That's the essence of why we're talking today. And I really think there's a message in there that our profession really needs to hear over and over and over again, because that's my personal philosophy too. I lost my mom very early. She was just a little older than I am now. And so I think my whole adult life I've thought about that is what would it be like if this was, you know, if she had known that that was all the time she got. And so we have to, we have to think first about ourselves and our families and what we really want to be saying at the end of that, wherever it might come. And I don't think that's morbid - I think it's hopeful and beautiful because it means you're not going to waste time doing things that aren't right for you than maybe that could be hurting you in the long run.

0:56:00.4 Lynn Hendrix: Right. Right. We have to have money in order to survive. We have to have basic care needs. So if you meet those, then you can start working on other things.

0:56:57.1 Katie Berlin: Yeah. Yeah. Yep. We all remember that. Right. We all learned that at some point, but you're so right. Lynn, I just thank you for that. I feel like somebody listening needed to hear that today. So thank you for driving that home. I hope somebody is like driving to the clinic, listening to this and thinking, okay, at least for today, I'm gonna try to know where my boundaries are. Lynn Hendrix, thank you so much for joining us on Central Line.

0:57:33.7 Lynn Hendrix: Thank you, Katie.

0:57:33.8 Katie Berlin: I'll put some links in the show notes to... I know you are involved in a few different groups and also if there's a link to preorder your book, we'll put that in the show notes as well. And I hope everyone listening that you, if you wanna know more about this subject, if you want to learn more about some of the things Lynn talked about today, please do check out her book whenever it comes out. We'll hope that's soon.

0:58:01.7 Lynn Hendrix: Hopefully that's soon.

0:58:02.6 Katie Berlin: Yeah. Thank you Lynn again.

0:58:04.0 Lynn Hendrix: You're welcome.

0:58:04.1 Katie Berlin: And thank you all so much for listening.

0:58:08.3 Lynn Hendrix: Thank you.

0:58:10.5 Katie Berlin: We'll catch you next time on Central Line.

[music]

