

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/book-club/long-walk-out-of-the-woods-a-physicians-story-of-addiction-depression-hope-and-recovery/12172/>

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Long Walk Out of the Woods: A Physician's Story of Addiction, Depression, & Recovery

Dr. Russell:

A pediatric oncologist battles without alcoholism and depression and that leads him to face the ultimate decision. Welcome to ReachMD Book Club, I'm your host, Dr. John Russell. I'm joined today by Dr. Adam Hill, author of "Long Walk Out of the Woods". So, Dr. Hill, Adam, welcome to the show.

Dr. Hill:

Oh, thanks for having me, a pleasure to be here.

Dr. Russell:

So, your book is really a beautiful book, we did it for Book Club for my residency program. I really would love to see it as almost a mandatory read. I have a daughter as a first-year medical student and I would love if every first-year medical student around the country actually read your book, so, thank you so much, for being here. So, you grew up with a pretty normal, Midwest childhood, would you agree?

Dr. Hill:

I did. Small town, corn fields, small-type community, good small-town values.

Dr. Russell:

So, what is your job, right now?

Dr. Hill:

My day job is a pediatric palliative care physician. I work at Riley Hospital for children in Indianapolis, Indiana and you know, I have a back story of being a pediatric oncologist, first, but right now, my day-to-day is helping children and families navigate life-limiting medical conditions.

Dr. Russell:

So, I could imagine your job requires, you know, off-the-chart levels of empathy. When you look back at being a teenager, were you that kid, as well?

Dr. Hill:

You know I always, did feel deeply, for other people. It was something that I think is just part of who I am and was raised in a family that really taught me to care for other people, to serve communities, to reach out to other people in need, to give back and just, sort of, engrained in those values and it's part of what led me into what I do, today.

Dr. Russell:

So, your relationship with alcohol when you were in high school and college doesn't sound that atypical for, you know, lots of people. Do you agree?

Dr. Hill:

Yeah, you know, I think that, that's true to, to some extent that I had a binge relationship to alcohol through high school, one of social lubrication and one that was infrequent, at times. And, you know, I think it really evolved to a point where I was using it as self-medication, mainly for social anxiety, probably late in college, but you're right, on the exterior, I was a typical college kid who would go out once a week or go out on the weekends and drink with friends and it didn't seem so atypical. But how I was using and how it

manifested, ended up becoming a root of a problem for me.

Dr. Russell:

So, you went to University of Indiana for Medical School. I mean, how was that? You know, med school, horribly hard, but did you do okay through those years?

Dr. Hill:

You know, I did, and I didn't. I think that for much of my youth, I was a hustler for, for worthiness, for achievement. I tried to achieve because that's what I felt, my self-worth was directly tied to, so, I was top of my class student and really felt that that's who I was at my core identity as a performer. And so, you know, getting into medical school and then immediately feeling that I was middle of the pack, or even at the bottom of the pack, at times challenged that core identity as somebody who felt that I was a high achiever. I had mentally struggled with feeling like an imposter, feeling like I didn't belong, that I wasn't worthy enough of it and just being challenged to reassess who I was and what I was meant to be doing.

Dr. Russell:

And I know you spent a lot of time talking to medical students and in America, first-year medical student, before they show up in medical school are the most remarkable people you've ever met: smart, dynamic, crusaders, and we ruin them in medical school, 30/40% of them leave medical school feeling burned out and depressed and why do you think that?

Dr. Hill:

Yeah, you know we haven't had an honest, introspection about the cultural environment that we've created and you're right. You take individuals that have actually lower rates of depression/anxiety than the general population coming out of college and skyrocket to 30+ percent of depression within the first two years of medical school, well, that doesn't say something about the person, it says something about the space that we're putting those people in. And I don't think that we've really spent the time to analyze, as I was speaking before, how much that challenges people's identity when you redistribute them across the bell curve of achievement and say, we value Step 1 scores to the micro-percentage and tell people that that matters and that's all that matters, as opposed to what it means to be at the core of a caregiving profession and to show up and be there and be present and to give of yourself to other people, which, usually is the passion that drives most people to this field in the first place and then we beat it out of them by telling them they're not good enough.

Dr. Russell:

So, it strikes me going onto your pediatric residency, that, I think we would want people in pediatrics who were these amazingly empathic people, but one of the things that really struck me, is in the book that you talk about a lot of these ordinary accidents, heartbreaking for families, not necessarily a child, just as heart-breaking to have a cancer or a congenital heart, but that's a slower process than someone who drowned or choked and, in your residency, when these bad things would happen did they debrief at all? Would anyone ever talk about the emotions of, "Geez, you just coded a kid in the ER who drowned in a pool, how are you dealing with that?"

Dr. Hill:

Yeah, you know, we didn't and not in some formal structured way, and not really that much in informal ways. It wasn't something that we unpacked and I think more specifically it wasn't something we named or that was named for us. I think part of my recovery story has been to really, to name that and to work through that and to recognize it for what it is, that I had these very salient, powerful, traumatic events in my life that I was called to be in the presence of and I'm grateful that I had the opportunity to do so, but they are simply that and they need time, space and the data shows longitudinal follow-up with a counseling services to be able to continue to unpack that to prevent PTSD.

Dr. Russell:

So, probably to treat a little bit of this emotional pain, this trauma, alcohol became a very convenient medication, correct?

Dr. Hill:

It became the most dynamic solution and the most readily available and the most, effective, one that I had at my fingertips and so, I viewed it as a really, powerful, you know, tool to numb myself away from those experiences, to be able to wake up the next day and put on a face and do the job to perform tasks when I was, really feeling deeply scarred inside. And so, it did serve that role for me.

Dr. Russell:

If you're just tuning in, you're listening to ReachMD Book Club. I'm your host, Dr. John Russell, I'm speaking with author, Dr. Adam Hill, author of "Long Walk Out of the Woods". So, alcohol, depression, all of this stuff ultimately pushes you down an avenue of depression and then you even jump into a more painful potentially, I would think, fellowship in doing hematology/oncology for kids and eventually it spirals to a feeling so desperate to have an attempted suicide that your wife eventually gets you into therapy, one of the things that really

shocks me about the book is, in certain ways, your journey after you started into treatment and sobriety, in many ways was just as painful as before, correct?

Dr. Hill:

That's right. You know, in talking to people in recovery and the message I share is that, for me, the first year was a deep unpacking and retrospection of my life and to reestablish my core identity and who I was and who I wanted to be and to make amends and to come to terms with, and find a space for self-compassion. It was an awakening, that often times, just ripped open new wounds before other ones could close and so, I sit here today and, talking to you, almost 10 years removed from the, suicide attempt and 7 years in sobriety and can look back now and see the beautiful arc of that journey and that road and all the blessings that my life been filled with and just look back with such immense gratitude. But it's hard work and you have to show up every day with a willingness to be changed, as the book alludes to, a long walk that continues, and will continue for the rest of my life.

Dr. Russell:

So, suicide, as a lot of people who are not in medicine would not believe, the profession that has the highest suicide rate. What are some of the things that you think that we didn't talk about, so far, that are all leading towards that, very sad outcome for about 400 physicians a year?

Dr. Hill:

It's a sobering reality and especially now and more than ever, we're in the midst of a mental health crisis in the medical work-force, it expands way beyond physicians and, every discipline of the work and living and working and surviving through a pandemic. I deeply worry about so many people who have unmet needs who are just grinding and trying to push through 'til the calendar turned January 1<sup>st</sup> or until this pandemic ends and, what the fallout is going to be for our profession, because I think that so many people aren't seeking the help that they need or taking the time and space that they need to actually take care of them, themselves.

Dr. Russell:

And lastly, is just, how do we de-stigmatize in organized medicine, if someone is in recovery, if someone has gotten treatment for a mental health problem, which is more common than diabetes, how do we de-stigmatize that for people joining medical staffs, for people going on with their life?

Dr. Hill:

I love the beautiful footnote that you put in there, I mean, that is the truth that there are enormous amount of individuals that have addiction and recovery stories that work in medicine every day. You know, my approach to specific de-stigmatization, I think is, two-fold and the way that I've always viewed it in and one is, I came to this realization in 2016 that I sat in a room of grieving colleagues that were processing a suicide death of a friend and a colleague and, and I felt so disingenuous, I felt that I wasn't there in the moment with them. I felt some guilt of the colleagues that I've lost in my career, which is 6 colleagues to suicide that, for me, it became this revelation that to keep what I have in recovery is to give it away and to live vulnerably and authentically and openly and to share my truth and hopefully talking about it on, in Grand Rounds and lectures and writings and on Twitter, normalizes some conversation that it opens one door for one person who may have not reached out for help. And, and the second is then there's really in hierarchical institution space for, breaking down access barriers to normalizing treatments, to making it easier. I'm profoundly proud of the work that I've been able to participate in and some colleagues that removing mental health and addiction questions from licensing and credentialing processes, to lobbying on state and national levels for that, as well, for creating opt-out counseling programs where you just make it normal that everybody has a counseling appointment in the residency program and if people go, they go and if they don't that's their choice, and there's no repercussions but it creates this environment where to say, a colleague can walk by another in the hallways and say, "Yeah, I'm going to my counseling appointment.", and then you just keep on walking, right, as just a normal part of the day. And I think that the more voices that we add to that movement and the more, we just engrain it into the everything that we do, that hopefully it just keeps chipping away at stigma.

Dr. Russell:

Well, Adam, thank you for being on the show, your book is a beautiful gift to anyone in medicine, anyone who loves anyone in medicine. The book is a "Long Walk Out of the Woods". Thank you, so much for being on the show, today.

Dr. Hill:

I appreciate it, so much. Thank you.

Dr. Russell:

For more information on other books in this series, please visit [ReachMD.com/BookClub](https://ReachMD.com/BookClub). And thanks for tuning into ReachMD where you're part of the knowledge.