Diet Doctor Podcast
with Dr. Kwadwo Kyeremanteng
Episode 55

Dr. Bret Scher: Welcome back to the Diet Doctor podcast I'm your host Dr. Bret Scher. Today I'm joined by Dr. Kwadwo Kyeremanteng. Now he is a pretty remarkable guy. He's an ICU, an intensive care unit doctor in Ottawa Canada. But he's also got a Masters of Health Administration, he's a podcast host, he runs the Resource Optimization Network, which is a research Institute with the goal of transforming healthcare and optimizing the use of health care resources

And he is a really passionate and powerful voice that I think really deserves to be listened to. We talk about a number of different things in this episode including Covid. I mean he is the epitome of a front-line Covid worker and his take on metabolic Health and prevention of of severe Covid infections and the importance of metabolic health is an important message that I think we all need to hear.

And also Ottawa is doing something really well with Covid, because he actually mentions that he hasn't seen many cases lately because they've done a good job of preventing it. But also we talk about so much more than that. We talk about low-carb; he is sort of new to the low-carb space, but what he sees as the benefit of it and how sort of his eyes were opened by it.

And we talk a lot about race in this city and socioeconomic class and how that impacts health care and sort of the steps that need to be taken to break that down, to reach more people and really spread the message of health promotion to prevent disease and promote health for all of us. Not just those who can afford it, not just Caucasians and upper socioeconomic classes, but for everybody. So we kind of run through the gamut here but I really think you're going to appreciate his enthusiasm, his passion and his message. So enjoy this episode with Dr. K.

Dr. Kwadwo Kyeremanteng, thank you so much for joining me on the DietDoctor podcast today.

Dr. Kwadwo Kyeremanteng: Bret, I got to tell you this is a true privilege. I've been jammed up and excited to do this for a while, so thanks for having me.

Bret: Well, I've got to say I've been looking forward to this because every time I hear you speak or watch your video, your energy is like so palpable that it just pumps me up, so I thought, well, there's going to be something about this interview that-- bring it up a notch and the energy level I think with you.

Kwadwo: I love it, thank you, buddy.

Bret: But, you are not just about energy, so let's talk about you a little bit. I mean you are an ICU

doc in Ottawa, you have your own podcast, you have your own research facility or research institute where your mission is no less than just to transform healthcare, which isn't exactly a small mission. You are a pretty motivated guy here. Tell us a little bit about your journey and how you got to this point of wanting to do your own podcast, having a voice that you want to be heard and having a mission to really impact healthcare.

Kwadwo: Oh, great question. Thanks for that, Bret. Honestly it came very earlier in my career where you would see how inefficient our healthcare system was and the deficits in the health care system. And I'll give you this quick story about a young trauma patient that was tricked, that was heavily reliant on getting chest physio to try and improve his oxygenation and so on... And we're going to a long weekend and it's an era of cuts and so... on the long weekend doesn't get his physiotherapy and ends up back in the ICU because of mucus plugging, an inability to clear his own secretions.

I remember thinking to myself... this is absolutely wrong. Like to think that we are cutting in areas that we know are beneficial. Like we need to do better. And so, my whole area of research... I looked at ways of making healthcare more sustainable and so we formed this resource optimization network and we've been productive. We were producing these papers and really proud of our group for doing this. It's a multidisciplinary team. And honestly, nothing was changing, Bret.

Like, we were saying, this is some evidence based practices that are going to help reduce spending and improve the well-being of our patients. Like what's happening? And so we thought, you know, maybe we got to change gears a bit. So, we started our podcast, Solving Healthcare and just thought, hey you know what? Shows like yours that are able to vocalize and express these novel ideas to people and have a bigger reach-- Like nobody's reading the journal of intensive care medicine.

Like my neighbor is not reading that, right? But it might be on Twitter... everyone listens to podcasts. So, we thought hey, let's get that reach. Let people know where our deficits are, what is working and motivate people to get things moving. And so, we started the podcast about a year ago and my life has changed ever since. It's been incredible.

Bret: Yeah, tell me how your life has changed.

Kwadwo: Well, you know, in so many ways... You know, for example I am meeting you for the first time today... like somebody I looked up to for a very long time.

Bret: Thank you.

Kwadwo: But we start seeing more conversations are having at least locally about some important issues, like you know, we've interviewed people such as child psychologists, right, where we know childhood well-being, their anxiety, depression is increasing. And so we talk about ways that we could address that. And through that, you know, there's been some initiatives, we had a charity called Bridges Over Barriers that started.

And it was clear to the some of our listeners that if we were to invest in kids that are in need, like this would be a way of them getting past some of these obstacles. And so we started this charity; raised almost 70,000 so far. That's one example... I'm trying to think of things that have changed my life. Giving me a platform to talk about so many important issues, including, you know, obviously we were talking about low-carb and keto.

I've been quite active locally about BlackLivesMatter and Anti-Black Racism. I've recently been appointed on the board of a Children's Hospital which never would have happened without the podcast. And so, like really my life has changed in such a good way and I feel like our reach is so much more know.

Bret: Yeah, and I think that show is just how important your message or messages are. You have a lot to say about a number of different topics that really hit home in a number of different ways, and are timely and prescient and so needed. So I think that's why you're seeing these doors open, which is wonderful. Now you mentioned the Low-Carb Summit.

So you are an ICU doc, working in the intensive care unit, seeing the sickest of the sickest patients on breathing tubes, needing medications to support their blood pressure, I'm sure you have seen a ton of Covid patients and you've done a number of the episodes in your podcast about Covid, but then here you are doing a low-carb summit. So tell us about what brought you to the low-carb summit. What inspired you to do it and how that sort of connects to your medical practice?

Kwadwo: Yeah, great question. So it was very clear early on in my dealings in the pandemic in the intensive care unit that the risk factors of obesity, type 2 diabetes, hypertension were real. Absolutely real. You know, almost to the point where I even felt-- and this is anecdotally, just from what I was seeing that even more so than age, if people had this poor metabolic health, this was an issue. And so you know, I still remember one of my first patient was a guy my age, he was type 2 diabetic, but you know, very functional family man and he was so sick.

Ended up on the most amount of oxygen we could provide, needed to be on dialysis and I remember looking at our team... This was in the beginning of Covid and I was like, "We can't lose him. This is crazy. This is scary." And, you know, you go back weeks afterwards where things start to settle down and you look at what brings people here and it's the risk factors.

And I remember talking to a colleague and I'm saying like, now is that Covid locally in Ottawa timestamped... it's August 12 we're doing... or it's August 13... When we are doing this interview that there is very low incidence. Like for example in our ICU I hadn't seen a case in over three months.

Bret: Oh, wow!

Kwadwo: Yeah, exactly. And I'm telling myself why are we not sending a message to the public that we get healthier right now. You can reduce your risk of getting sick from Covid 19. And just to put some context in it, Bret, like I'm new to the nutrition space. Like I I'm not low-carb, I am not keto, I fast... that's my maybe... I've been doing that for two and a half years and then I'm learning about this stuff. You know, I'm learning from you guys.

I got Ivor on the show... and I'm learning that you can reverse-- And the context of this, to like-- I'm 15 years out of medical school and this is new concepts to me. You could get people off their antihypertensives, their diabetic meds in weeks and I had no idea... People are telling me this, I was going, "What?" And so then you go look into this and I'm like, this is an opportunity.

Are you kidding? Like when especially locally where Covid has settled down like in terms of, you know, sick patients coming into hospital or in the intensive care unit... I'm like, man, this is a story... Let's preach this. Let's get our patients healthier, metabolically sound and we could this in weeks. How is this not being screamed to the world? And once again I get paid to see... the more patients I see I get paid...

I don't want to see sick patients and this is such an easy, efficient and sustainable way of getting people healthier. I just got-- that baffled me. So then, because of this, I'm like let's do our part. We will have some guests on the podcast to talk about this... let's do a low-carb summit and really inform the public on ways that why this works. And this is like my mission right now... amongst many. But this is a big mission of mine right now. To spread the word.

Bret: I love that enthusiasm. I mean, that's what we need. That eye-opening enthusiasm of, "How did I not know this? And look at the impact we can have on people". But it's also the surprise and that's the surprise that so many doctors go through to say like how was this not taught to me? How where we basically taught the opposite of this? But here's this powerful intervention. And I need to touch on something you said that you said you get paid the more patients you see. And that's sort of our system, right?

Kwadwo: Yes.

Bret: The sicker the patients, the more patients in the ICU, sort of the better it is for the hospital and the better it can be for the doctors. But that is the exact opposite incentive that we should have. We should have this incentive to keep people healthy and keep people out of the hospital.

Kwadwo: Absolutely.

Bret: Yeah, and I assume that's part of then what you're doing in your mission too... kind of revive healthcare and completely revolutionize healthcare, is focusing maybe more on the prevention. Is that something that you're trying to work on?

Kwadwo: Absolutely, because people have no idea how much... how costly coming into the intensive care unit is for example. So if I were to tell you that 1% of your gross domestic product goes to treating critically ill patients... And like 1% of a lot is a lot, okay? And to think that we could be, you know...

And I'm sure it's similar in the States, where our baby boomers again into primetime use age of healthcare, we're always looking at ways that we could make it more sustainable and, yes, I get paid the more patients I see but I don't want to see you. I really think... Because when you come to us it's not easy. We put our patients through a lot and their outcomes aren't as good as people think. Like we might be able to salvage your life, but functionally the person that you come out of your intensive care admission...

Like you're disabled, like mentally, physically, emotionally... PTSD, like all these bad things. And like we all got into this game of medicine to help people and honestly I don't think we talk about it enough, how we could prevent you from walking in our door. Like really save it for the people, like reduce the amount of people coming through. Because if you need to come through it's not an easy road, it's a difficult road.

And so I just really wish that in terms of even our studies, if you look at my world, the critical-care world, nothing's on prevention. It's all about, you know, this medicine... This approach reduced their days on the ventilator by 0.6 hours. You know what I'm saying? Like let's look at real outcomes. Think of measures that's preventing people from walking in our door.

Bret: Yeah, it's a great perspective and especially because... I mean... Look, I remember when I was a resident and a fellow starting out in cardiology and it was magical. The things you can do in intensive care unit for people who are basically almost dead and you can revive them and give

them their life back. It's sort of magical. But we don't necessarily see... is the life they're returning to is far from the life they started with.

And that's exactly what you're just alluding to. Month if not years of physical therapy and emotional therapy and they may never get back to the point that they were. So even though their life was saved, their life was dramatically changed, so if you can prevent that it's so much more powerful. So since we were talking about Covid and the definite risk factors of hyperglycemia and diabetes and obesity that worsen outcomes... I mean we have the evidence to support that.

We don't have the evidence to say that any preventive measures for lifestyle can therefore prevent Covid, just because it hasn't been studied. But you think it just makes sense that if we could get people to focus on metabolic health now, get them to reverse their metabolic syndrome, their prediabetes or diabetes, that we would see a fraction of the people in the ICU that we do now here in the United States and in other countries that are still seeing an uptick?

Kwadwo: I am so glad you brought that to the fore, because as you brought it up, Bret, like it isn't an evidence-based recommendation. It's just because it hasn't been done. But everything in the ICU is all about inflammation. It's all about, you know-- We see our patients that are diabetic... like aside from Covid. You come in obese, diabetic, hypertensive...

You do worse, period. Whether you have ARDS which is the acute respiratory distress syndrome, the inflammatory lung, you have severe infection like septic shock. All these-- you being metabolically poor, all results in poor outcomes. So even if I'm wrong here about Covid, if we're all wrong about improving metabolic health, you are still preventing other diseases... cancer, heart disease, all these other things.

So to me the narrative, you know, with Covid if we-- There's so little downside to adding that as part of the narrative. I just don't see why we're not doing it. That's where I come from. Like when you know-- Because I think we do talk about evidence-based a little bit too much in the sense that like there's... even in ICU... like not every single intervention we do is 100% evidence-based.

There is still that art elements of treating our patients. But there's something like this where the downside would be-- I mean I can't really appreciate a true downside of bringing up that message. And listen, Bret, I don't know if you could think of a significant downside.

Bret: I can't really, but you know... I guess if someone was going to dramatically try and change their lifestyle and start fasting and start a keto diet like when they are first acutely infected. You could say maybe that's too many changes going on in your body at once and too much stress at once.

But to do it from a preventive standpoint when you are well to say, you know, put myself in better condition if I do get this infection or getting a car accident or get septic shock or have open-heart surgery or whatever the case may be, if I can get rid of my metabolic syndrome and lose 30 pounds and improve my diabetes, my type 2 diabetes, and obviously you're in a better condition.

And there's plenty of literature of people who were in the hospital, especially like after cardiac surgery and they do better when their blood sugar is under control. So everybody who comes out of the operating room after heart surgery is put on insulin of some sort to control their blood sugar, but they're also getting maybe IV fluids with sugar in it basically. D5W or...

Or they are getting enteral feeding where they are not eating yet, but they have a tube put in and

they're getting sort of a high carbohydrate type feeding. So it's like we are driving their blood sugar up only to give them insulin to bring it down. So I guess my point of bringing this up is, is there a better way potentially and can patients sort of be their own advocates?

Like, could someone come in and say, "I don't want sugar in my IV fluids, because I'm low-carb and I burn fat for fuel"? And if someone said that in a hospital would the surgeon or the ICU doctors sort of look at him sideways and say, "What are you talking about? Don't tell me how to do my job." Like what do you think about that whole concept of low-carb patients sort of advocating that way for themselves?

Kwadwo: I love that question. So, to start with in terms of what we're giving our patients... So, once again I'm new to the nutrition space and when I looked at some of the stuff that we're giving... Like enteral feed, so feeds from a tube that are going into the stomach... As you put, a lot of glucose, a lot of seed oil in there and like I said earlier, everything is inflamed in the ICU. They are a cause of inflammation.

So I find it actually quite eye-opening when you look at the content, what we're giving our patients. So actually we're actually bidding tomorrow... One of our small research group and our nutritionist... Because there are some enteral feeds actually that are low-carb, more high in fat content and asking ourselves maybe this might not be the right thing. Especially, too, like we also give-- when we feed in the ICU is 24 hours. It's not feeding during your normal circadian time. And I'm not sure where this came from.

And this is a place where delirium is high, poor sleep is high, you know, and it might be one of those things like medicine has slowly to adopt. Like it might be one of things that... this is the way we've done it. So this is the way we are doing it. And so like getting to your question of, you know, if a patient were to ask me like if I'm fat adapted... Like, why are you giving me this?

Because there are other approaches. For me... I tell you this much. Most docs are going to be looking at you like you are sideways, like something is wrong with you, right? This is not... Most docs aren't attuned to do this. My personal bias is, unless you could-- If I know it's clearly going to harm you that's one thing. If I don't think it's going to harm you and we can mutually agree that we're on uncharted waters, I'm okay.

And I don't know how much options you truly have when you're in the intensive care unit, but I do think personally, you're coming to the hospital, especially after you had your operation, you are post-op and you are, you know, relatively improving and you ask yourself, do I really need to eat what's on this tray? Or I can't see why you shouldn't do that.

You know what I'm saying?

Bret: Yeah. I think it's so interesting, because I do spend a lot of my time trying to help people communicate with their doctors. But it's all focused on an outpatient basis. And I hadn't really thought about it or talk to many people about what happens when you're in the hospital, how do you communicate with your doctor if you're in the hospital.

And it's going to be difficult, like you're saying, because people aren't used to that and people have their way of doing things and docs don't always like to think outside of the box. So, I don't know, is there any advice... I'm going to put you on the spot here, ...but any advice you could give to somebody to kind of make that conversation a little bit easier and to try and make that ICU doc or that surgeon sort of think... "Okay, maybe I do need to step outside of my bias here and listen

to what this person has to say"?

Kwadwo: Yeah, that's a great question. I think the way I I would approach it is always in the lens of like... it's like a mutual discussion, it's like a nonconfrontational discussion. It's, hey, you know, this is what I know about this when I look this up. I know I'm playing Dr. Google here or what have you, but just to be clear, like I'm fat adapted and this is where I would like to try.

Can you think of any downsides of me trying this method of providing nutrition to my body? And I would say most docs when you can clearly illustrate that, there's probably no harm in you trying and that you understand what the risks are. Most docs would be open to things. Like you're going to have resistance for sure. Nine times out of 10.

Bret: I like the way you said that. I think that's probably the take-home. Is saying, listen, help me. Can you see any downside to this? Not like, this is what I'm doing--

Kwadwo: Yes.

Bret: Prove to me there's no downside... not the confrontation, but like, help work with me. Can you see any downside to this? I like that approach. I think that was a great suggestion.

Kwadwo: Thank you. My wife is a psychologist, so I'm always like learning from her.

Bret: Isn't that interesting? Like how psychologists might teach you to communicate with your spouse or with somebody else. It's the same as communicating with your patient, it's the same as the patient communicating with their doctor. It's just humans communicating with humans. So it's all about how you phrase it.

Kwadwo: Oh, my God, I can count how many times I've learned from her and it's literally affected how I communicate with patients. Like when they're frustrated and one of the key things is to like really bring up the emotions. It's just one thing that Kathy, a shot-out to my wife, really has helped me in terms of dealing with patients, because I also do palliative care too.

You know, it sounds like you are scared, sounds like you're angry here. Like tell me more about that. And you know it's all about creating report. And when you have that rapport, you have that trust, everything is better. And so, a shout-out to my wife there, Kathy. Can't do without you.

Bret: Sounds like she's done a good job. She's taught you well. That's good. So, while we're on the topic of metabolic health and trying to focus on prevention, as you're looking for ways to optimize health care and to do research and to really have your platform, why do you think there's such a barrier to focusing on prevention and to focusing on metabolic health?

And it just seems like hospitals and healthcare systems may sort of say they're interested, but there's really a barrier of making it a top priority. Why do you think that is and what can we as everyday people sort of help to break down that barrier?

Kwadwo: Yeah, that's a tough one. Like I think in terms of hospital's... like depending on... If you are in the States especially the more patience you see the more money you make. The sicker you are, the more money you make. And a lot of these policies are for profit. And when we come to pharmaceutical, when it comes to the industry...

When you could take a pill or three versus change your diet... There's is not incentive there, there's not that platform. That's one barrier. The other barrier too... and forgive my ignorance to a certain

degree, but when it comes to these studies, when it comes to nutrition, I personally find that they're all over the map. Like it's really hard to really know what's what, you know, based on not only the end result but the quality of the studies. Like a lot of these studies are often like surveys or it's based on memory.

And like how reliable is that? It's not too many RCTs on a lot of the concepts that we're talking about. And so I think from the medical point of view or among clinicians, you preach to the deaf... like evidence-based, evidence-based, evidence-based. And especially I'm thinking about you and your world in cardiology.

Like you mean everything is RCT... patients of like thousands when you're looking at things. And so I think that's our world and so I think that's a barrier too, but I think what needs to change is, you know, I'm wondering if there's a lot more opportunities for more rigorous studies like now that it's becoming more and more known about the benefits of some of these methods like low-carb and keto. I think also it's the continued testimonials.

Because you got to speak the language of your crowd. So like as docs, yes, you need that evidence-based, but our patients, our family, when they see the stories, when they see the, you know, Barry from across the street lost 30 pounds... Like one of the stories that I loved was... I was partnered when... that Covid patient I was talking about earlier, the really sick one, the diabetic one, one of my colleagues sees, you know, he had that poor metabolic profile and other intensives.

He saw what we saw and he was like, this is not to going to be me. He lost 30 pounds, mostly through fasting and a bit of low-carb. And we all see it; the nurses see it, his family sees it, and the amount of people that approach him talk about, what did you do? And talk about fasting, talk about low-carb and that was just such a beautiful trigger to start the dialogue and people to see it. I actually put him on the show just to say, like, hey guys, this is a guy that took it seriously and now he's improved his metabolic profiles significantly.

And so, you know, depending on your crowd, testimonials... And I do wonder if there's an opportunity still to do more rigorous research in terms of low-carb and keto, but you know, I'm still learning, I'm still trying to get my head around some of the studies.

Bret: Yeah, you bring up a lot of good points there. I mean you're right, nutritional science is all over the map and especially when we rely upon poor quality nutritional epidemiological studies and with healthy user bias, and food frequency questionnaires with inaccurate recall and tiny hazard ratios but yet somehow that gets pumped up to being sort of definitive evidence of proof. One way or the other.

And gets written in the guidelines when the strength of the evidence doesn't really support how loudly maybe people are screaming from the rooftops about these results. So I think that's a great point. And that's confusing. That definitely is confusing but then I love how you brought that back to leading by example. That doctor was leading by example, taking charge of himself and other people take notice.

Because let's be honest, like when it comes to health, doctors are in a leadership position, whether you want to be or not. How we live our lives personally, how we represent our health personally is noticed by patients, is noticed by others and--

Kwadwo: Absolutely. Like how ironic is it when you are a getting diet advice from a 250 pounds

family doc? It's like, oh should be losing weight and I'm like, "What?"

Bret: Yeah.

Kwadwo: Like, and you are giving me advice right now? And the beautiful thing about when us clinician leaders are doing this stuff... The beautiful thing about being in this position is... so many people... Like we are under the lens of so many people... Our patients, our family, our colleagues... They all are seeing what's happening. And that's motivation for a lot of people. And so I do... I mean I won't lie to you like a lot of the stuff that we are doing is motivated to get our healthcare team healthier.

Like none of us want to get sick from Covid, none of us want to-- And we saw what has happened in New York, in Italy. And, you know, I got a colleague that's saying, hey, I heard you doing this summit. I'm sitting down and telling them why. And trying to getting again and saying what the benefits are and why we all collectively, especially as healthcare providers, could be an example in protecting ourselves.

Bret: Right. Now I've got to get back to this. You said you haven't seen any Covid patients in the ICU in months. What are you guys doing there that's working so well? Because we obviously need a lot of help here in the US.

Kwadwo: Oh my God.

Bret: So, tell us what to do. What are you doing that's working?

Kwadwo: So, you know, it's a very-- it's tough to put a finger on it but I think the number one thing that benefited Canada is that we saw what was happening in the rest of the world before it hit us. So Italy, New York, Washington state, all were getting hit and we were preparing beforehand. So like, you know, we already locked down really early. We put in measures, our hospitals increased capacity, we were doing all these things.

And then we didn't reopen until the... Like the curves were down trending. I think that was one of the key things that in my opinion led to the success of what's happening in our country. And I mean there's a lot of theories and I don't know what's what to be honest with you, but, you know, hearing the experts on the show about the population density, like we're the-- I forget... second or third largest country in the world and we have the same population of California. I think...

Bret: Right. Good point.

Kwadwo: ...that also helps us. But honestly I think it was just-- the main thing was that we had time to prepare based on seeing what other countries were going through.

Bret: Yeah, I think population density really does have a lot to say about that. And I remember you could look at the map of the US, where the cases where, and like Montana and Wyoming always had like the lowest cases. And I've always had this fantasy of becoming a rancher out in Montana and Wyoming. So, with Covid, it's like no is my time to go be a rancher out there.

Kwadwo: It's a beautiful part of the world too.

Bret: Oh yeah, for sure. I want to switch gears for a minute here because you've got such a fascinating story from so many different levels. But your background as a person... your parents came to Edmonton from Ghana. And you grew up then in Edmonton and you have been very

honest and emotional on your podcast about facing racism growing up and how you had to fight through that and some specific examples with your father.

And now here you are in a position of leadership, not just for medicine but also for racism in healthcare, racism in general and how to sort of help break down barriers to black communities, to lower socioeconomic communities, to underserved communities. So tell me a little bit about your journey from that standpoint and what you see as a good way to help people start to sort of break down those barriers, to reach those communities for preventive care and for better healthcare.

Kwadwo: Yeah, and thanks for bringing that up, Bret, because it's something that's very close to my heart. And, you know, after the George Floyd killing it brought so much emotion back. It brings back all the trauma you had as a youth, being called the N-word on ice, being, you know, jumped on by older kids and being called any name that you could think of and it was so hurtful, so anger provoking and at the end of it all, I remember telling myself, I haven't done enough.

Like I really haven't done enough. I am one of the very few black doctors in my hospital. Like our hospital is one of the largest hospitals in North America and I could think of maybe half a dozen black docs. And I remember thinking there was a patient I was-- No, I was just walking through the ICU and there was a black patient and it was a young guy and he looked towards me and asked the nurses, "Is that guy a doctor?"

And they were like, "Yeah" and he was like, "Wow, that's amazing!" And I remember thinking, you know, that's pride... you know, a bit of a role model, whatever, but then I was like, "What the hell actually? Why should that be surprising that a black man is a doctor in this hospital?" And so I like really got motivated, Bret, to do my part and part of it was just telling my story and just really illustrating what the struggles were.

Not only being called names but always having to take that extra step to prove your work. And this might seem extreme to some people, but when I look at my colleagues, I look at the journey that I've done to get to where I am, there's always been extra steps... always extra steps. And so I think you know as someone that got to be in a respectable position, now I feel like, hey, black community, you could do this, you could be here.

You could be in this spot. You don't look at me and say, hey, it's cool to see a black doc. We will need more of you. We need more of you to be able to treat other black patients and have that better understanding of what it's like for them, because we know that, you know, whether it's Covid, or it's other illnesses, as a minority, often the outcomes could be worse. And so to have that understanding, to have that advocacy, I just felt like there is a huge responsibility.

And so now, our group, we started a mentorship program for black youth, which I am really proud of and anytime I have a chance to speak on it I would always try and take up the opportunity and just to let our youth know that you can do this. And that one of the key messages too is the hustle is not easy. It's an uphill battle. But when you get here, when you go through that diversity, when you come out the other side, you are legend, you can handle so much. You will be "rise" and accomplishing wonderful things.

And I think of that when I-- I think of my boys, I think of that when I see other black youth and now I just feel like it's a responsibility. Because honestly Bret, this sounds... to a certain degree this might sound a bit extreme, but so many years you're just on survival mode.

Like you're just really on survival mode, you're trying to get through residency, you're trying to get through Fellowship, you're trying to prove your work when you are a new staff doc. But, personally, now is my time and collectively it's our time to really represent and be that advocate.

Bret: Yeah, that's a wonderful answer and really hits on a lot of different topics. I mean, you can think of whether it's business or whether it's medicine. Sort of the more you have to overcome, to succeed, kind of the more skills you have when you get there. And not just skills of, you know, how to put in an endotracheal tube or how to start an IV, but skills... how to survive in the world and how to interact with other people and how to rise above it. And those are such important lessons.

You can sense your motivation and your passion for teaching people that. But when it comes to helping people lead healthier lives, so they don't end up with diabetes, they don't end up with metabolic syndrome, end up with ICU with Covid or a severe infection and trying to impact their lives... there are so many barriers when somebody is in an underserved area and lower social and economic class and, you know, talking about eating your ear grass fed meat and your organic vegetables, I mean your organic cauliflower with your pasture raised eggs, like that message is just-- that's just gonna go right over their heads.

Because so many people are thinking 'where's my next meal?' 'Is it going to be a bag of potato chips or is it going to be at the local drive-in?' Sometimes it can be sort of just too intimidating. Like, where do you even start when you're in survival mode? Where do you even start to help people... start to prioritize their health and their nutrition? Like what kind of advice can you think of, to give people to start with?

Kwadwo: I want to see when you're in that situation, it's all about basic needs. It's like I know we are different countries that have different philosophies in terms of, you know, level of socialization, but, you know, when you don't have a house, a reliable income, you live in a poor environment, you got to grab whatever you could grab.

So I think the first and most important thing is to be able to have and provide through whatever means the basics: housing, knowing that you will have some form of income that you could not have to eat that bag of chips or whatever that's coming through the door. I think that's important. And, you know, honestly I don't mean to skirt the question a bit, but to answer your question directly, I don't know if that's where the focus should be.

Like when it comes to-- I'm all about efficiency. I am always all about like where we get the biggest bang for your buck. And I think when we think of people that are marginalized and are struggling to that extent, like I think the what they're eating is a bit too-- will go under deaf ears. But people that actually have the means, who are still eating the processed foods, that are still eating the fast food, that aren't getting out exercising, this is the market to me.

Bret: Yeah.

Kwadwo: But I do hear what you're saying. Like they all are obviously at risk too. But I think that there's so much-- there's so many issues there before talking about the specific type of food before getting there. So, I'm not answering that directly but--

Bret: No, that makes sense. If you're talking about like a teenager in that setting who is in basically survival mode... But then that teenager becomes the 25-year-old or the 30-year-old with the job, with the income, but they never got out of their old habits. Like that's the time to intervene,

it sounds like from what you're saying. Like that would be the better time to try and address that.

Kwadwo: Absolutely, and a lot of that too is like you always think about who do these kids look up to. Like role models that are being examples for, you know... advocating for adequate nutrition, advocating for being active.

Like those are very formative years, you bring up a good point actually to be able to provide that information during those years, knowing that-- I'm taking of like a 15-year-old athlete future hockey player, future basketball player and some of these role models are saying this is why I eat the way I eat... They are not going to forget that.

You know, kids, they see--- I know it's mostly American fans, but, Connor McDavid, number one hockey player around... If he is saying, yeah, this is the reason why I'm eating low-carb, the boys are jumping on that train.

Bret: Sure, that's a great point... influencers like that and who the people look up to. And if they're promoting taking care of yourselves in certain ways, people are going to notice. In here in the US it's like Lebron James. You know, what he says is gospel. So... who was that hockey player again?

Kwadwo: Connor McDavid.

Bret: Connor McDavid... I got to look him up.

Kwadwo: Yeah, he is a legend.

Bret: Got to educate myself in hockey. By the way, I like the Oilers flyer in the background there.

Kwadwo: Yeah, you better believe it. But I hate to say it, they are out of the playoffs now. But we're die-hard in this house.

Bret: Kind of crazy to see hockey going on in August with Covid, at least they're trying and they're getting it done I guess.

Kwadwo: Yeah, the MLB is making me nervous. So I don't know if you're a baseball fan but—

Bret: Oh yeah, Padres all the way... come on!

Kwadwo: Yeah, that's fair enough.

Bret: Yeah, the teams having to-- so many teams with like 14, 15, 16 positive tests in one team and having to shut down their games and I don't think the season is going to last personally, but I sure hope it does. It's nice to have something... just a distraction, you know. There's so much bad news, especially here in the US are so much bad news. And to me that's the power of sports.

To get your mind away from the bad news and get it on human achievements. And yeah, we can still argue that athletes are paid too much money in there, they're put on too high of a pedestal, when it should be people like you and it should be teachers and it should be public servants. But there's something to be said for entertainment and taking your mind off of things. And sports really plays that role.

Kwadwo: I've been loving it. I don't know if that's politically correct to say it, but I've been loving the distraction personally. It's been so refreshing. If you think about all that we've gone through in the last few months, like it's been a beautiful thing to see.

Bret: Yeah, if we ever need one big huge pick-me-up as a world and certainly as a country now is the time. But it seems like there's such an opportunity to impact people's lives especially when they're in underserved communities.

But there's so many barriers in the way so I mean we need voices like yours and we need role models like you to help lead the way and that's why I think it's so great what you're doing with your podcast and with your research Institute and with your job as a physician and just getting your message out there and sharing your energy and your passion.

And it may not be a, 'here's what you have to do... ABC and D' and it all gets done... it's not that easy. If it was, we would've done it. But it starts with people like you and energy like yours, so thank you for doing that.

Kwadwo: Bret, I really appreciate the kind words and I got to tell you... What you're doing too, my friend, like getting the word out in a the very clear to think message, it's powerful. And I really commend you for continuing to push this agenda and I know deep down these conversations are going to impact.

And I honestly always have a bit of urgency when it comes to this because, honestly deep down I think this will impact lives. I really do think the people will benefit from improving their metabolic health whatever form... low-carb, fasting, keto... I don't care... but the fact that there have been these opportunities through these conversations, through these podcasts, through this platform, I think you're doing the world a good.

And I got to tell you, you got a good like interview flow too, buddy. Like as a podcast-er, you notice these things, but you got like a good interview game, my friend.

Bret: Well, I appreciate that. Like I always say it's the guest, you know. If you're having a great conversation like I don't want these to stop. I just want the conversation to keep going and the thing I've enjoyed most about being a podcast host is just being to have these amazing conversations with amazing people, so thank you for taking the time to come on today.

And I know you're in a lot of different things. So you've got your podcast, you're on Twitter, you've got a website. Where would you direct people to go to kind of hear more about you and hear what you're doing?

Kwadwo: Thanks for asking, buddy. It's solvinghealthcare.ca, you'll find everything. Our most recent online summit is solvinghealthcare\low-carb. We are on Twitter, Instagram, YouTube at Kwadcast. Also on Facebook and our YouTube channel as well. So yeah, we are a bit all over the place, but don't hesitate to connect with us. And once again, Bret, this has been amazing. Thank you so much for this opportunity.

Bret: My pleasure Dr. Kwadwo. Thank you very much and keep up the great work.

Kwadwo: You too.