

## **TRANSCRIPT: The Missing Middle in Healthcare—And Why It Matters | Part One**

### **Melody King: 00:00**

Everything rises and falls on leadership. The ability to lead well is fueled by living your cause and purpose. This podcast will equip you with the tools to do just that. Live and lead with cause and purpose. And now, author of the book *The Anatomy of Leadership*, and our host, Chris Comeaux.

### **Chris Comeaux: 00:22**

Hello and welcome. I'm so excited today. We actually have two guests. We have Sonya Dolan, who's the co-founder of Mettle Health, and Bridget Sumser, who's a director of counseling and programs. Welcome, ladies. It's so good to have both of you.

### **Sonya Dolan: 00:35**

Thank you so much for having us.

### **Bridget Sumser: 00:37**

Yeah, we're so excited to be here.

### **Chris Comeaux: 00:39**

Yeah, whenever we're in the green room talking about like the idea of today, you guys did not know. I was thinking about you. So, Bridget and Dr. BJ Miller, who uh is the founder of Mettle Health, um, they did an incredible podcast with Dr. Pete Attia, who's a bit of a hero of mine. His book, *Outlive*, is great. I've actually given it as a gift to many people. And then I heard both of you ladies on Meg Pekarske's kind of farewell podcast and thought I'm gonna reach out to them, and here we are today. And any of you have listened to those two amazing podcasts, hang out with us because this will be a slightly different take on the incredible work that they're both doing. But just before we jump in, ladies, I just want to introduce you to our listeners out there in the hospice and palliative care world. So let me introduce Bridget first. So, Bridget Sumser, she's an LCSW. She became a social work, helped people living with serious illness. And over the course of the last 10 years, she's worked across settings, providing support and companionship, patients, families, community members, and providers. Bridget received her MSW from NYU in 2012. She's been in private practice since 2019. She's worked in palliative and end-of-life care for over

a decade, which informs who she is and how she shows up as a support and a helper in a myriad of ways. In addition to her clinical work, she's a writer and educator. She's added to Palliative Care, a guide for health social workers, which was Oxford University Press in 2019. Her practice is rooted in commitment to social justice, understanding illness and caregiving within the context of unique life. Above all, she looks to promote connection and well-being. So again, it's so good to have you, Bridget. Thank you. And Sonia, so Sonia is the co-founder of Mettle Health. Her career in hospice and powered care was shaped by the loss of her mother. In fact, it's a beautiful story when she and I first met. She shared it with me and just saw that mutual passion for this work. This combined with her role as a caregiver, profoundly shaped her professional path. After transitioning from event management to hospice administration, she worked closely with clinicians, patients, and families to deliver care and support. Her hospice work also introduced her to her co-founder, BJ Miller, in Palliative Care. Her extensive experience in caring for those navigating illness and death, coupled with her journey as a breast cancer survivor, has provided Sonya with a deep understanding of both the strengths and the limitations of the health care system. Having journeyed that with a family member, Sonya, I totally know what you mean by that. She is particularly committed to working with empathy, compassion, learning from clinicians, and recognizing the essential role of heart-centered care in improving a patient and caregiver experience. So again, so good to introduce you to the hospice and palliative care world. I know you're pretty well known, but we do have a lot of listeners out there. So, ladies, I've prepared you for this first question, and you're gonna put a cool twist on it. So, what is your superpowers?

**Sonya Dolan: 03:25**

We're gonna answer for each other.

**Chris Comeaux: 03:27**

Which is so cool. Who's gonna go first?

**Bridget Sumser: 03:29**

I'm gonna go first? I think Sonya has a long list of superpowers. Um, but one um that really I think she utilizes every single day is the ability to help people feel or to make people feel deeply cared for in the small things. Um the practical details, the logistical exchanges, the way that she answers the phone emanates, love, acceptance, patience at all times. And it is something to really receive and to watch her facilitate for others. So

beautiful.

**Chris Comeaux: 04:07**

That's pretty cool. And I why I love asking this question, Bridget. And first to mirror it to someone else is even very profound. We actually do uh we're taping this, and the show will be actually a month or so after actual taping today. But the week after the actual taping, we do our leadership immersion course. And one of the we usually have about 60, 70 leaders at hospice in power care. This one, you'd be interested to know, we have a lot of hospital leaders in this one as well. But we have them share, we kind of mix and match, it's all virtual, so we use the breakout room function, but we have them share their superpowers with each other because by the end, number one, they could mirror it back to one another, but they also have this amazing connection with each other, going, I'm calling Bridget or I'm calling Sonya because this is their superpower. And the cool thing is that quite often, right, we see it more in others than we see it in ourselves, which is why it's such a difficult question for adults. So, high five, the first time I met Sonia, totally can see that's her superpower. So great job. Sonya, you want to go next?

**Sonya Dolan: 05:04**

Yeah, absolutely. Thank you, Bridget. It's also just nice to name someone else's superpower for them and introduce them to people. Same comment. Bridget has lots of superpowers, and the one that I'm gonna call out is her ability to see about, I think, five layers deeper than the average person on any one situation that involves a human being. So, Bridget has um completely changed and shaped the way I think about things like denial and a good death. And these are all um ideas and thoughts about the human beings in front of us and what is really going on for them. She has dissipated many misconceptions I have about things that I feel might be negative or um not a good thing. And she has been able to wrap her arms around every single human experience and explain them for what they are and put them into a much more positive light. And I am constantly learning from how she thinks about human interaction, what we need from each other. She is a deep thinker and feeler about the human condition and existence and how we relate to one another. And I have just really enjoyed like all of the time that I've had with Bridget, on top of just lovely friendship, is also um learning from her how to look at human beings in a completely different way and um see what's really going on for them and understand it for what it is. She has a beautiful gift in that.

**Chris Comeaux: 06:31**

Awesome. Well, Bridget, we'll do this, we'll do this in the second half of the show. Um, I wonder your thoughts about *The Madison*. Um, and so that'll give a little bit of a teaser. I don't know if you've actually seen it with Michelle Pfeiffer, which has been this rage. You've not. Oh my gosh. Well, we're gonna talk about in the second half of the show because we can talk about TV.

**Sonya Dolan: 06:51**

Amazing.

**Chris Comeaux: 06:52**

We could actually talk about, and this will point our listeners, it's a new pyramid and an incredible one to binge watch. But the cool thing is they've introduced grief in a way to Americans in a brilliant way. Um, cinematography, it's in beautiful Montana region, and so um kudos to Taylor Sheridan, because uh I'm thinking as hospice people we need to talk about a little bit more because it's we always struggle, right? How to talk about this stuff, which is a good segue.

**Chris Comeaux: 07:19**

So, let's actually talk about Mettle Health. So, Mettle Health grew out of the vision of Dr. BJ Miller, who's been just a powerful voice in the powder care movement. What gap did BJ see in the current system that convinced him something like Mettle Health needed to exist?

**Sonya Dolan: 07:36**

Yeah. I think we'll probably end up just to a note for all of us. Bridget and I probably have a little bit of something to add to every question, so I imagine we'll be going back and forth between them. But um when BJ and I were, you know, creating Mettle, it was really born out of his lived experience. And I think the lived experience of a lot of clinicians and palliative care in hospice and other spaces of um the reduction of time and human interaction between people providing the care in a healthcare setting and the people receiving that care. Um, and basing what we wanted to do off of the beauty of what palliative care is meant to be, this addressing of every type of human suffering. And if that's the goal, how can we really tend to all of that in 15-minute quote on counters?

There's not enough time to talk about how your diagnosis is affecting your sense of self, what it's doing to your relationships, how it's affecting your work, all of these things that are really important to us as humans outside of what is happening in our body. So, we really wanted to create a space where people could talk about how this was affecting them as a person, not just how it was affecting their physical self. So, it felt like there was so much more room to explore everything that a human might go through as a patient or a caregiver when they get a diagnosis, when they're living with a chronic illness, when they're at the end of a life. So, we wanted a space to accompany people, to set expectations, to give them guidance, to give them an emotional support source. Um, it's just healthcare was not set up to do those things, and it felt like an important missing gap. So that's what we wanted to do.

**Chris Comeaux: 09:21**

Bridget, what would you like to add?

**Bridget Sumser: 09:23**

Yeah, I think the piece that I think about, which is in some ways a restatement of what Sonya's sharing, is that you know what we came to know by being, you know, intensively integrated into the healthcare system and our own practices is it's that it's in the in-between times. It's in the stuff of everyday life that people figure out how to live with these realities, what they mean, how they change their relationships, how they learn to talk about it, what questions they have. And there's something really powerful in meeting people in those in-between moments with a lot of space to address exactly what's coming up free from the demands of the system that has its uh has its important agendas. Um, so it's really, it's not so much, I think it's evolved for us in many ways from being a critique of the healthcare system and really an honest, sober look at what is the healthcare system designed and built to do, and what do people need sort of desperately in between visits?

**Chris Comeaux: 10:29**

Good deal. Well, many families, and I feel like you're alluding to this with your answer, and I know some of our listeners are like leaning in, going, what is mental health? And the good thing is I think we're gonna put more meat on the bone. And I like going about it this way. So many families experience a huge gap between serious illness once one actually qualifies for hospice. How do you describe that missing middle and how does Mettle try to fill it?

**Bridget Sumser: 10:56**

So, Mettle Health provides virtual care and accompaniment for those facing illness, grief, and dying. And it's big. Like how you might identify yourself within any of those sorts of buckets is self-defined. So, we don't have eligibility criteria, we don't have timelines. It's really a sort of self-identified, I'm dealing with grief because I'm about to become a mom and my mom died when I was young. I am uh anticipating the aging of my parents. I'm in the thick of trying to interpret what I'm hearing from healthcare providers. So, you know, we're not defining when in the trajectories or experiences people should come to us, but creating a really open space to meet people where they are in these very different moments.

**Bridget Sumser: 11:48**

And we think about the domains of our work, you know, really born out of and inspired by the work of palliative care as sort of falling into four buckets. And those four buckets are the are the relational. So really taking care of like what's happening interpersonally, what's happening inside of a person, the practical, because we know that that volume is loud. And when the practical volume is loud, it is super hard to tend to this stuff of the rest of our lives that that is the most meaningful stuff usually. The existential, because this is the stuff of being a human that big that raises the really big questions that are hard to answer. And then the aesthetic. How do we use our senses? How do we find respite in beauty? How do we find respite in the physical experience to really ground us in the moment? So, we sort of think about illness, grief, and dying. We think about relational, practical, existential aesthetic, and we're really open to find to meeting people exactly in their configuration of those circles.

**Chris Comeaux: 12:56**

That's awesome. Sonya, do you want to add anything?

**Sonya Dolan: 12:59**

No, I think that's so beautiful. The only kind of um addition I'll say is that part of the, I think the middle that we also wanted to address is the caregiver experience. And that was really important for us was to say, caregivers, you are experiencing this as well. You're experiencing it in a different way. And there needs to be a place of dedicated support for you instead of just an add-on to the patient's experience, which is I think is how it's felt a

lot of times. So that was something that we wanted to do as well is say, caregivers, you don't need to, you don't need to bring the patient in to receive care. You can come and your experience is valid as receiving care and support from us.

**Sonya Dolan: 13:40**

And your ex yeah, I I think just one other thought on that is like um caregiver experience matters for caregivers' sake, right? So as opposed to I think a more traditional healthcare frame, which is very concerned for caregivers, although lacking any reimbursement structure to do anything sustainably about it, concerned about caregivers in service to how it impacts patient well-being, because the patient is the center of that model. Um, in our model, we get to be really flexible and move between, you know, people living with illness, caregivers, folks that are more tertiary than that, but still deeply affected. We get to care for them as whole circles, we get to care for them as individuals, um, and really think about how their experience matters in its own right.

**Chris Comeaux: 14:33**

So, there are three things you remind me of. This is so cool. Um, that's why I love doing these podcasts because you just never quite know where these conversations are going to go if you just ask legitimate questions. Um, but number one, I don't know if you know this, the six-month prognosis for hospice, you would think, right, evidence-based medicine, all these research studies. I actually have a paper, Tom Hoyer, the original what was today we call CMS. Um, he actually they asked and said, where did that come from? And it's like it was literally down to the 12th hour, the hospice benefit becoming a benefit. And they're like, wait a minute, we can't just leave this wide open. And so six months was literally kind of pulled out of the air. So that's where the six-month prior, and you think about how that has spawned all these regulations and audits and challenges. Second thing is so the longtime organization I was blessed to be the CEO of was *Four Seasons* in the Asheville, North Carolina area. And the lady who was our matriarch who birthed the hospice in her living room over soup and sandwiches, I had to interview with her in the chaplain, even though she was not the board chair, she was just the matriarch, the founder, and just beautiful, amazing woman. She died at 95, was my hero, kind of became my adopted grandmother. But in that interview, she said something to me that was profound. She said, you know, we didn't become Medicare certified till 88. 1983, we know was when the benefit. So, five years they journeyed. And my judgmental self was thinking, oh, that's so sad. They were too simplistic to go and go through the hoops to become

Medicare certified. No, no, young man. We actually saw these broader needs, and we saw the hospice benefit would be good, but we also saw there were huge gaps in where this might go. I feel like she was being prophetic for the whole palliative care movement that later came about, and in some respects, prophetic of even mental health of the world kind of being birthed, because, well, I think the hospice benefit is a beautiful thing, an amazing thing. But as you guys, I think, have identified, there are some things that it just actually doesn't. And the last thing are what you guys would probably love this. Have you ever heard of a constellation exercise before? It's very Asheville. Um, we have this amazing good friend that's taken us several times, but it's like an unchoreographed play, and you give your team members certain roles, and I think you'll love this, Bridget. So, we actually, so we had Medicare, we had payers, we had the patient and the family, and the facilitator sits there and asks questions, and you go where the energy moves you. It's an unchoreographed play that's unlocking this wisdom, and then afterwards you debrief. Well, the constellation, so the whole constellation had its back to the patient. In fact, my good friend Dr. Janet Bull, who both of you might know, she and BJ were good friends, was the patient. And she was actually on the ground kind of huddled. And by the end of the exercise, the constellation had rearranged itself around the patient, and it was such a poignant moment. Like I literally could still see it in my mind's eye, because today it's really not the case. The patient is not, I do believe that's the beauty of hospice, taking that wisdom, the path of care. But when we look at the broader healthcare system, quite often that does get lost. And then the caregiver, even maybe more so. Does that resonate with you guys and like kind of align like why you've done some of the things you've done?

**Bridget Sumser: 17:58**

Yeah, very much.

**Sonya Dolan: 18:00**

Absolutely. Very much.

**Bridget Sumser: 18:01**

I think, you know, that, that, the anecdote about, you know, the hospice benefit. It's, um, it's a key part of my teaching, actually, about hospice every time I sort of introduce hospice to a group of learners because, um, not only has it informed regulation, um, and access to services, but it's informed our collective psyche about what the end of life is.

**Bridget Sumser: 18:23**

We know the hospice benefit is underutilized. We know it's utilized most commonly in the last month of life, but it's limited end of life to six months or less, right? And it's created a sort of arbitrary time around an entire developmental stage of human experience, right? There's, there's, there's huge implications for that in terms of how we talk about it, when we think we're supposed to approach these topics. Um, and it was, it was simply because they did not feel like they would pass it for a year. Right. That the thing that was gonna make it most likely to become a solid thing in the world was six months. This was not based on data or fact or even human experience, you know.

**Chris Comeaux: 19:06**

Right. Yeah, it's definitely it is now, and I someone was gonna throw something at me as my listeners, always love their feedback. It is now a \$30 billion industry that has now attracted private equity and for-profit. And that is one of the key hinge moments that it was, you know, and there are other things in history, like the whole um the uh the demilitarized zone between South and North Korea was like literally it wasn't like this big research. It was these guys late at night and they're like, we got to separate it, and they kind of drew a line, and now you have this whole thing, even in you know, global politics and strategy, that like two guys in the middle of the night, there's the line. I think that's actually similar to the six-month prognosis.

**Chris Comeaux: 19:48**

So

**Sonya Dolan: 19:49**

it's also it's so it's sad, I guess, is the word for me, because I think, Bridget, to your point, it also informs how people think about their own dying. So, there's this misconception that if I sign on to hospice, somehow this six-month thing applies to me, that I am signing up to die in six months or less, when in fact this was a a choice that was just pulled out for a program. So, I hear all the time people saying, like they think that that's what this means, that there's a science, a deep, deep science behind it, and that when they sign on, it means that they have six months or less to live, and that that's what they are agreeing to. So, there's a real disconnect, you know, between this kind of administrative choice and how people think about the end of their lives.

**Chris Comeaux: 20:35**

That's so good. I there's a whole nother tangent. I may come back to that towards the end. Um, so hospice and palliative care, as we just talked about within the U.S. is largely structured around that Medicare reimbursement. But the cool thing about this innovation that you guys are birthing, operating moving forward, operates on more of a private pay model. So, what advantages does that give you and what challenges does it also create?

**Sonya Dolan: 20:57**

Yeah, it's both. You know, there's a be there's the beautiful part of it, which is anyone can come here. You do not need a referral, you don't need a note from your doctor, you can come to our website and sign up and receive care like next week. So that was really important to us to remove a lot of the what feels like red tape for access to this type of care and say anyone should be able to access this. It does not necessarily have to live in the medical bucket, it can live in the human bucket, and we can talk about humanity here. So there's something really great about that, and their financial considerations are real. So that's that can be difficult, and that's something that we are constantly thinking about and trying to work into what it is we offer and how we offer care. And that type of care might be a one on one consultation, that care might be community, that care might be watching videos and reading more information about the issue at hand. So we're also wanting to expand what. It means to care for people and have that be at different it sounds so gross to talk about price points, so that people can access it and you know find something that's really helpful. So we're wanting to expand from beyond this just okay, we're talking between us to something larger where more people can access it, where there is care in different formats. But there's a beauty of being outside of the system. We get to kind of be this place where people know that we don't have any connection to their doctor, to their electronic medical record, that what they say in this space only lives in this space, that they can speak their fears, um, that they can say the things that frighten them or that they're worried about or that they're mad about, that this is a place that's not connected to anything else. And we hear that from them, that this is a place where they feel like they can be very honest. So that being outside of the healthcare system and not being part of reimbursement helps us access a space that I think um is difficult to find in a lot of other spaces.

**Chris Comeaux: 23:01**

Bridget, what would you add?

**Bridget Sumser: 23:03**

Yeah, I think the piece that I would add is that all of our practitioners are medically fluent, meaning they've all spent a lot of time in the healthcare system because what we know is so important in these spaces is reducing the burden on the folks coming to us for care to have to overexplain their circumstances, right? So, coming into a room and knowing that someone's gonna have a sense of what you're talking about when you share a specific diagnosis or intervention or your upcoming ostomy reversal, right? Like not having to explain that is really essential to the space that we provide. So, while we are separate and outside of the healthcare system and sort of freed from the requirements and expectations of that system, we're deeply linked to it because I think we often are bridge building, bridge building back to resources in the healthcare system, bridging understanding back and forth. Um, and we're very open to collaboration across the system. And it's felt important to us to be um much more like a community resource.

**Sonya Dolan: 24:14**

Yeah.

**Chris Comeaux: 24:15**

I didn't tell you I was gonna ask this, but given both of your answers, and again, I love that we're doing this because I love the podcast with Meg, but I I walked away with a lot of questions. I was like, I'm not sure I understand what metal is yet, but where where's the name metal come from? Mettle Health. I figure there's a story there. Is there not?

**Sonya Dolan: 24:33**

There is, and it it's a pretty big it's a pretty basic one. You know, we started what was this service, and we didn't have a name, and there was just lots of discussion and talk and figuring out okay, is it this or is it this? And the definition of metal, finding one's own resilience during difficult times, that's what I think we are actively trying to do. We are not trying to become the place that does the thing for you. We are not trying to become the place that gives you the answer. We are trying to become the place that helps you build a new muscle to cope with difficulty when you experience it. So, our hope is that through any interaction with us, there's a new way of thinking formed, a different way of coping formed, um, a change in some capacity that hopefully will help you in this moment, but might also help you in a later moment. So, any person who's coming to us now as a

caregiver might come back to us years from now as a patient, but they have those skills built in them from that original experience. So that's really what we're trying to do is say, this is within you. We're just gonna help accompany you and bring that out. A lot of us don't have these coping skills. It's not part of what we've been taught or what we think about. This illness, this diagnosis is new to each person who receives it. It's a whole new experience for them. But for us, we've seen patterns, we've seen things that have happened. So, we want to help take our information, our expertise, and provide it to them and say, put this up against what you're experiencing and help build this coping mechanism within you. And we hope that this will be helpful. And it's a nod to the fact that this is inherently hard. This is hard stuff. So, it is important to build this capacity against the hard stuff. Not everything is going to be fixable or made better, and we want to be able to sit with people in those moments as well. So, the definition of Mettle really felt perfect for that moment. But I think I, if I remember correctly, and BJ might remember more than I do, is we're just, you know, is it this, is it this, is it this? And then Mettle was the one, and we were just like, yeah, yeah, that's it. That's us.

**Chris Comeaux: 26:38**

That's so cool.

**Bridget Sumser: 26:39**

I was just gonna say, I think it's also, you know, this focus on like coping and skill building is an important differentiator because um, you know, I think in loving ways, we have a lot of conversations with healthcare providers that are like, but how are you different from us? And I already do that, right? Because we are surrounded by colleagues who deeply love their patients and they spend more time than they really have, and they go extra miles and they use um in-between moments to make connections and get resources, right? Like the healthcare system is filled with people that are incredibly devoted to other human beings. And so, we get this sort of tender and sometimes really edgy, like I I think I do that. And the truth is the seeds are often sown in doctors' appointments. And clinic rooms, tele-health zone rooms, hospital rooms are anxiety chambers. They are intense places and they're not often the places that people build new skills, right? And it would be sort of wild to expect them to. Its why psychotherapy doesn't happen in inpatient settings generally, right? It's the environment is not conducive to the kind of reflection and vulnerability um required for skill building. And that is a lot of the stuff that we do, including the skill to be with I can't fix this. It's incredibly uncertain. I'm really scared. And

I'm here.

**Chris Comeaux: 28:22**

That's really good. And I also uh maybe BJ might not like this, but it's actually a compliment. I also see where BJ's own story is actually in that. Um, I believe it was a TED Talk, right? Was it a TED Talk? Yeah, it was Ted. Um and that's where he became very well known as a founder. So even his life story is reflective of that. And I think really good founders, right? We put our our imprint, but Sonya, you shared a little bit of your own story um of how you got there. So, I love the fact that each of you are kind of woven into that as well, and how you're paying it forward to the world.

**Chris Comeaux: 28:56**

Well, I think this is probably another good segue question. So, hospice really did pioneer the interdisciplinary team model. How does Mettle Health think about team composition and roles when supporting people with serious illness outside of this traditional hospice benefit that you guys are serving?

**Sonya Dolan: 29:16**

I feel like I'll have a little bit of a note on inception and then Bridget will have a note on how it actually works in real life. Um, when we started Mettle, you know, wanting to build a space that made this made more time for patient and caregiver navigation and lived experiences was one really important part. And the other really important part was recognizing that different disciplines all have important skill sets that they are adding to a patient and caregiver experience. So, for us, we wanted to say a chaplain next to a doctor, next to a nurse, next to a social worker, next to an occupational therapist, next to an RN, that all of these things are equally. There is not a hierarchy here, that each one brings a different unique set of skills and experiences and viewpoints to the person in front of them, and that we should recognize each of those as having value. So, for us, that was really, really important to say yes to team, and everyone on this team has something unique and important to bring. And we, each of us, need to be able to take in that learning from that person. So really wanting to do away with the hierarchy that exists within a lot of the healthcare system of doctors up here and then we go down, and that that felt really important to us.

**Bridget Sumser: 30:33**

I think our practice um proudly stands and like humbly in the lineage of what hospice brought to life in evolving teams from multidisciplinary teams to interdisciplinary teams and this like radical idea of transdisciplinary practice. And you know, I I sort of wish that um us hospice and palliative care folks like owned that a little more healthcare system-wide, as like team-based care has sort of expanded. Like that's the stuff of our that's ours. We started that, you know. Um we we're the people that know what that actually means and do the hard sort of up, continue to in 2026 do the hard upstream work of, oh no, a social worker has just as much to say as a physician and sometimes more, and that can be a dance. Um I think one of the things that we have played with is sort of like trans disciplinary practice, but beyond, which is really multiple professions in the same role. So, instead of everybody being in their profession-specific role and, you know, sharing a little bit of the space, you know, in a generalist way and then having their expertise in doing this dance, our setup is that doctors, nurses, social workers, mental health OTs, spiritual care and chaplains, and beyond do the same job of accompanying patients and families.

**Bridget Sumser: 32:14**

Right.

**Bridget Sumser: 32:14**

And so it's just it's it's born out of that lineage. We could not do it without the decades of team development and education that has come out of this field. And our spin on it is I do the same job as BJ, and BJ does the same job as Heather, our chaplain. Um, and so we're really identified in the job of accompanier or accompaniment as opposed to our profession first.

**Chris Comeaux: 32:41**

It's cool. Have you come up with a term for that, Bridget? Is is this like um transdisciplinary to the second power?

**Bridget Sumser: 32:50**

Yeah, you know, we spend a lot of time every day thinking about the right words for what we do, as everybody in our field does and has for decades and decades and decades. And and it's a good push. We actually like haven't I we haven't come up for the word. I think the word we have landed on for our for, you know, are we clinicians, are we professions, is that we think of ourselves as practitioners of accompaniment. Um uh, but I'll get back to

you.

**Chris Comeaux: 33:20**

My mentor was a guy named Dr. Lee Thayer, and he actually was all about lexicon. And I'm like, I never even heard like what the hell does that word even mean? But it's actually people that take the time and richly define words because this was kind of his core principle in life. We create the worlds we exist in based on the words that we use. That and that's why I love I'm already a great fan of you guys because I could tell you're very deliberate about your language, so are we in the organization I work with, which makes it really fun, right? Because you're always crafting I will use the movie Inception, Sonya used that word earlier, that Leonardo DiCaprio movie, remember where they're dreaming worlds, as a metaphor that you're doing that with your language, and being very thoughtful about it brings it hopefully about. And so, I've noticed all throughout you're very deliberate with your language, which again I'm a huge fan of.

**Bridget Sumser: 34:12**

So good for succeeding.

**Sonya Dolan: 34:14**

Yeah, yeah, great. I know it's good to hear. Yeah, words, words matter. It's actually one of the things that I learned very deeply from working with this team, from working with BJ, from watching palliative and hospice care practitioners do their jobs, is that words really matter. It really does. And it's a beautiful craft that I think um is kind of one of the misunderstood pieces of what palliative care and hospice does is that there's a whole beautiful language and communication piece of this that I don't think gets the time and attention and valuation that it deserves because all of us think, well, I have a mouth and I can talk, so therefore I can communicate. And this is an upper level of that, and it is actually very stunning and beautiful to watch when someone knows how to do it. Like, well.

**Chris Comeaux: 34:59**

Well said.

**Jeff Haffner: 34:59**

Don't miss Part Two of this episode, coming this Friday.