



Transcript of Accidental Intellectual Episode 5: Take a Stance

Air Date: 26/11/2019

Disclaimer: While every effort has been made to provide a faithful rendering of this episode, some transcription errors may have occurred. The original audio file is available at www.accidentalintellectual.com/saadia-sediqzadah-episode

[Intro Music]

Lee Propp 0:06

Hi, and welcome to the Accidental Intellectual, a podcast where we talk to people working in health related fields and get to know the human behind the expert. I'm Lee Propp joined today by Bronwyn Lamond.

Bronwyn Lamond 0:20

Hi everyone.

Lee Propp 0:21

In today's episode we sat down with Dr. Saadia Sediqzadah. Dr Sediqzadah is a PGY5 psychiatry resident at the University of Toronto, with a strong interest in psychotic illnesses.

Bronwyn Lamond 0:32

She recently graduated with a science masters of Health Policy and Management at the Harvard TH Chan School of Public Health. She also completed an equity, diversity, and inclusion fellowship at Harvard. Dr Sediqzadah proudly identifies as a daughter of Afghan refugees, and as a first generation Canadian. When she isn't in the clinic, she can be found by biking around the city, coffee shop hopping or dancing to Lizzo.

Lee Propp 0:57

We discussed Dr. Sediqzadah's personal connection to her research and practice, the role of activism in medicine, and our very accidental first contact with her on Twitter.

Bronwyn Lamond 1:07

We hope you enjoy it as much as we did.

[Interlude Music]

Lee Propp 1:16

Hi and welcome to the Accidental Intellectual. We're so excited that you're here today.

Saadia Sediqzadah 1:21

Thank you so much for having me. This is really exciting.

Lee Propp 1:24

Also, well— now that you're here. How do you say your last name?

Saadia Sediqzadah 1:29

Oh yeah, that's a great question, and even my first name. So Saadia [sah-dee-uh] is my first name, and my last name is pronounced ‘seh-deek-zuh-dah’.

Lee Propp and Bronwyn Lamond 1:36

Sediqzadah.

Saadia Sediqzadah 1:29

Yeah.

Lee Propp 1:40

It's a beautiful name. What does your last name mean?

Saadia Sediqzadah 1:41

Thank you very much. Yeah, that's a great question. Oh, we're gonna get deep. Already!

Bronwyn Lamond 1:47

That's the point!

Saadia Sediqzadah 1:49

Right at the start! No, so yeah my parents are both from Afghanistan. They came here as refugees during the early 1980s, escaping the Soviet invasion of Afghanistan. And my dad was the first one to arrive. I wasn't born yet, my parents weren't married at the time, my dad was single. And he arrived here and he said that he didn't really know what his last name was or that people back home didn't really use last names. You were more so a part of a tribe or ethnicity, and also largely you were the son of such and such, which is also very common in like Asian and Middle Eastern cultures. So he said that it was really interesting to him; he didn't know what his last name was so he decided to create one. So within the tradition of honoring your elders, he chose ‘Sediqzadah,’ which is very Persian, the ‘zadah’ apart. And my understanding is that means “family of” so, and then my grandfather's name was Sediq. So it's family of Sediq. Yeah, so I – I'm quite proud of it because I feel that it reflects, first of all my grandpa who I loved (may he rest in peace) and then also my culture and my heritage.

Lee Propp 3:08

Yeah. And you've shortened it on... [I did!] is that cause of like word count, like letter count?

Saadia Sediqzadah 3:14

No, not at all. I chose to shorten it... part of it was like partial anonymity. [Mhm, yeah] ...partial anonymity. And the other part was... I guess consistent with I also have an Instagram account, which is also public, and I, I feel like just I think kind of reflects the tension between: I do want something public facing, but also want some anonymity. Yeah, so I chose to sort of alter my... I guess it's like a stage name in a way.

Lee Propp 3:45

Yeah. No, I – that's actually what came to mind... was that you just sort of made it a little bit shorter [Right] because perhaps it was hard to pronounce. [Right.] But I know some people do that and I... yeah.

Saadia Sediqzadah 3:55

Yeah, that's a good question. That's a good point. Like I think consciously that wasn't really my decision. I'm really proud of my last name, but I can't deny that there's probably a subconscious aspect of it. And actually this comes up a lot in medicine and my career, where, when I was in medical school, I'm just, I'm Saadia. [Yeah.] You know I never introducing myself as Dr Such-and-such, because I'm not a doctor yet. But then I found when I went into my first year of residency, I'm in psychiatry, you know, I remember right in the first week I was introducing myself still as Saadia and my supervisors are like, "No, no, no, no, no. You are Dr. Such-and-such now, so that's how you're going to introduce yourself." So that was kind of interesting. So for the first time in my life my last name really came into the forefront. And yeah, the reactions from clients, patients, whatever – I prefer clients – has been fascinating. [In what way?] [I can imagine.] Yeah, it's been a range of like most of the time: "where are – where are you from? Where's that from?" Most of the time, I feel like it comes from a good place and I'm happy to share. Sometimes I feel like the way that it's asked is a little bit belittling. Trying to see or undermine my expertise [Yeah.] because I may be from somewhere else. Although I was born and raised here. And then the other piece is... yeah... it does make me uncomfortable when people jumble up my last name. I completely recognize that it's not an Anglo Saxon name, it's not a European name. It's not a common name in North America. And in particular, it's like there's a 'Q' and a 'Z' in the middle of my last name and that I think throws people off. So I've you know often told clients that they can call me Dr. S or Dr. Sadiq to make it easier for them. Yeah, and for me when I think of my last name, it's the Sadiq part that stands out the most because, as I mentioned, I really – I love my grandpa (may he rest in peace). So I wanted to honor him.

Lee Propp 5:52

Yeah, I mean – I think the sort of not wanting to learn... like sometimes it comes from a place of like: "oh, you know, your last name can be so long like. Just give us something easier to say." Which is horrible. But I think the genuine place of like: "Please tell me how to say it. Please explain to me." And what's her name from Orange is the New Black? Do you watch that show?

Saadia Sediqzadah 6:14

I actually don't. But I've heard it's amazing.

Lee Propp 6:16

Okay her name is – her name is actually a lot longer and in an interview, she – people are like, "Oh, did you want to change your name?" Like I think like she had Zoe as has her name at one point. She was like, "If you know people can learn how to say like "Tchaikovsky," [Exactly. Yeah.] like, they could learn how to say Sediqzadah, which is a beautiful name [Thank you so much, I appreciate that.] and thank you for teaching us because now we can say properly in the credits. [Thank you for asking.] So I don't jumble, I mean, I forgot how to say my own last name in the credits when I'm recording it – that's a separate thing. So we did touch a little bit on Twitter, [Yes.] you said you had a Twitter and [Yes.] scrolling through a little bit in our homework... stalking, whatever we want to call it now, there's a lot of like great, like professional content like great articles – I've clipped some of those articles to read later, but you also show a little bit of your personal side, [Yeah.] so tell me about that.

Saadia Sediqzadah 7:14

Ooh, which parts?

Lee Propp 7:17

Uh, well you seem to be a big Drake fan.

Saadia Sadiqzadah 7:22

I am indeed a big Drake fan. There's a part of me that wants to say who isn't, but I recognize that, yeah, not everyone's a big Drake fan. But in my world everyone is. Yeah, I'm a huge Drake fan.

Bronwyn Lamond 7:34

And I think in your Twitter bio, it says, "Every day I say a prayer for Kanye."

Saadia Sadiqzadah 7:38

I do! So, yeah. So I am also very big Kanye fan. Yeah, that predates... Actually, I mean he does predate Drake, in terms of his music. I've been a huge fan of his for many, many years – talking about Kanye now – and I chose to actually include that in my bio because it's a combination of, well I want to show you a little bit of my personal side because a lot of the time our Twitter bios, particularly if you choose to use it more professionally – I'm choosing for it to be a mix of a professional and personal as you can notice from my tweets. And so, you know, my bio is like, "I'm a doctor. I'm a psychiatry resident. I recently finished this degree over at the Harvard School of Public Health." Like it sounds so formal and serious. So I thought I just add something a little more personal. And then in particular, why I chose that is because that line – that I made up – is that Kanye West, as we know, as he's trying to acknowledge more and more that he has a bipolar disorder. And I really admire the fact that he's become more open about it and acknowledging it. And, you know, when there was that whole thing where he interrupted Taylor Swift at the speech and everyone was like hating on him. I actually had always felt very protective of him, like, while I didn't like what happened and what he did, I could always tell that there was likely a mental health disorder that just hadn't been diagnosed yet or hadn't been acknowledged yet. So it's actually a huge relief to hear him talk about it more openly. He did an episode on David Letterman, like, my – My Guest Needs No Introduction, I think is what it's called, with David Letterman, and he talked a lot about his bipolar disorder and his experience. So it's a combination of, you know, something funny to make you laugh, something to get – like show you, like, a more personal side, and in keeping with my passion for mental health disorders. Yeah.

Bronwyn Lamond 9:30

Have you found any challenges with that blurring of the private and professional...

Saadia Sadiqzadah 9:34

Oh yeah.

Bronwyn Lamond 9:35

...on Twitter or elsewhere?

Saadia Sadiqzadah 9:37

So, like nothing overt or direct, no one's ever messaged me to say, you know, "you should probably take this down," or whatever. I will say that – okay, so I've had Twitter since 2012. However, I wasn't really active on it until probably 2018, 2019. In fact, I'm going to digress for a second and say the main reason why I got Twitter in the first place, in 2012 was, at that time, the then Conservative government, when I was in undergrad was making significant cuts to the interim federal health program, which effectively meant that a large group of people who we defined as refugees – I mean there's government defined and then what we define – were no longer eligible for health care. And that really hit close to home. My father... both my parents, but my father was the first one to arrive, came here as a refugee and I was like that just hits too close to home. I can't imagine him, at that time, not being able to have access to healthcare. So, that was when my first foray into activism came into fruition. And I – there was me and four other medical students in my class, we became super politically active. We were in Ottawa, it was

where I went to medical school, University of Ottawa. And like you can't help but be political there because it's like our capital and the House of Commons just around the corner. We staged a lot of protests. I've been told not to use the word "protests." I've been told to use "educational activities," but that feels so weird. They were totally protests. [Yeah.] Like, we wore white coats, we put on stethoscopes, we had big signs up. I was like, emailing MPs from the opposition parties to come out. And so I was in my early 20s at that time, I think I would have been 20 or 21, so this was a really formative experience for me. And I use Twitter to reach out to those MPs. I tried to like add Peter Mansbridge and like Rick Mercer. So I did that for a bit and then kind of fell off of Twitter. I came back into it, particularly because I was in the United States last year for my Master's degree. I did it in public health, at the Harvard School of Public Health. And Twitter's huge in the United States, like it's big here in Canada but it is huge in the US I find. And my research supervisor Dr. Ankur Pandya over at the Harvard School of Public Health, I followed him on Twitter and I saw how hilarious he was. So he's definitely using it for academic purposes but then also gives a tidbit of like personal life and funny tweets and I'm like, "Oh, you can do that!" Like I didn't think that was possible, everyone that I followed in medicine were so serious on Twitter and I thought that's the only way to go about it, and then maybe have a private account to really share what you're thinking. [Right.] So definitely he was inspiration for sharing more of my personal side, and I'm so glad for it because I mean you reached out.

Lee Propp 12:38

Yeah, like I will definitely follow him too. We'll find him. [Yeah. I'm sure he'll appreciate the follow.] So, there's so much and what you just said that I'd like to talk about, and I hope we get to all of it. So let's start at, sort of, you went to Harvard. [Yes.] That's pretty amazing! How long were you there for? Two years?

Saadia Sediqzadah 12:57

I was there actually for one academic year, so it was September to May. Yeah.

Lee Propp 13:02

And that's when you did your Master's? [I did, yeah.] Okay. And for the listeners and for us, can you give us, like, what your masters was about?

Saadia Sediqzadah 13:10

So yeah, so I did. I call it an MPH to be brief but I actually did a Master of Science and Health Policy and Management, at the School of Public Health. The subtle difference really is that largely the course content with the same, people who did an MPH – at least at Harvard – they do a practicum where they kind of volunteer their time to work with a public health organization. I chose instead to do an MSc or SM – they call it an SM at Harvard a 'Science Masters'. I have to, I feel like I need to spend the rest of my life explaining that. Cause people are like "What is an SM?" And so my understanding is only a Harvard and MIT call it a "Science Masters." [Of course, they do.] And it honestly, I mean, I don't know if Harvard's ever gonna listen to, this they prob- I don't know, maybe they will, maybe they won't. But it's a little hoity toity, just call it an MSc. [Yeah.] Keep it consistent. But anyway, so yes I did that in Health Policy and Management and the difference was that you do more of like a thesis project in addition to your coursework, whether that be research, or I don't know developing educational material. I chose to do research. And how things sort of came about was, you know, I knew that this degree was super short. It was only nine months, rather than two years, which is the – the usual program is two years. And I was like, I – I know that I want to do something in mental health, but I wasn't quite sure yet. And then I took this intro Decision Science course. I really, really enjoyed it so if I could briefly summarize what it is, if I can do it properly: Basically the idea is you have to make a decision about something, and you use all of the information that you have at hand. And how can you use that

information in a way that is efficient and leads to the best outcome, as you define it. So it was a lot of math, which is not my thing. But I found the concepts really fascinating. And then one sort of branch or Decision Science is Cost Effectiveness Analyses, which like sounds really cool, but like I had no idea really what it was. But the idea is, again, using the information that you have at hand. Let's say you're a governmental organization you have a set budget, you know, "what sort of healthcare intervention will I fund – Should I fund, that will lead to the best outcome?" And so I decided to use the skills that I learned from this class, reached out to Dr. Pandya and decided that we would work together on something in mental health and I told him that my heart was really, very much in psychotic illnesses. So I really could have done it in anything, that's the beauty of this, like, field. And so I married both my interest in health economics and early intervention in psychosis. Yeah, so then I use largely American data to answer the question, you know, "is early intervention and psychosis cost effective?" And I'm happy to say, "is it."

Lee Propp 16:07

Okay. So this kind of math and this kind of research is exactly what the government should be doing. Alright.

Saadia Sediqzadah 16:13

Right, right. That's the way I look at it. As you can already tell, like, I care a lot about advocacy. You know just leading up with my, you know discussion about my sort of activism within refugee health care. You know the way I look at it is: there are many ways that you can be an advocate, and I, I feel like I just want to gain more and more tools in my toolbox. And I think that – I believe that health economics and cost effectiveness analysis is another tool in the toolbox [Yeah.] for advocacy – for advocacy in general.

Lee Propp 16:45

Yeah I mean it's – well, I guess people do, but it's harder to argue with numbers. [Right.] Math is math. Math should be math. You shouldn't be able to muck around with it. [Yeah!]

Saadia Sediqzadah 16:53

Yeah, and I will say I think the, the most important learning point for me in doing this project, was considering the economic perspective that you take in answering question. So the idea is, traditionally, when we're asking questions within healthcare, we are only looking at a healthcare perspective, only. [Yeah.] And that means hospitalizations, doctor visits, ambulances, emergency visits, medications, you know, that being said the health care budget is – also there are also other budgets you have to keep in mind, like education, like here I am at OISE, education, you know, so it's all within a broader context. And there's a movement towards considering a broader societal perspective when asking these questions. So what I feel makes my project unique is that I'm not looking only at quote unquote traditional health outcomes; I'm also looking at things that impact quality of life for the individual with a psychotic illness, and has impacts at a societal level. So in my project I include things like, okay, so like the number of hospitalizations if you get early intervention versus standard care. I'm looking at how many years are you employed. Because the idea of Early Intervention is to help people with vocational training, [Yeah.] helping them stay in school and get a job. I really wanted to also incorporate incarceration. Because my hunch is that if you have early intervention psychosis, less people will be in prison. However, I just couldn't find reliable data, so that'll be the next step. [Okay.] And then also looking at suicide deaths. So yeah so you know when we look at more traditional projects in healthcare, it's like, if we think of cancer, it's like, what level or like how invasive the cancer or how many cancer deaths or, I don't know side effects of chemo. They're more like quote unquote traditional healthcare stuff. My project I feel is more

unique because I'm looking at healthcare, and I'm looking at employment and looking at, you know, other sort of quality of life outcomes.

Lee Propp 18:58

So there's like a trickle-down effect, right? [Yeah.] So you're saving money for the healthcare system but you're also increasing the productivity of the society, [Exactly.] and... all important things. And I guess for people in higher ups, people with power [Yes.] it's a nice argument to make for them, because not only are you saving money on your healthcare bills, but you're making more money because society is more productive...

Saadia Sadiqzadah 19:19

You know, it's interesting having presented these Grand Rounds and getting questions from the audience, you know, even though I presented this, some people will say like, "oh, but it still looks so expensive on paper, the early intervention programs." You know, because in addition to a physician, the idea is it's multidisciplinary and interdisciplinary, so it's like social workers, occupational therapists, nurses, it's like a whole team as opposed to a standard clinic which will mostly be one physician. And so on paper, at the outset, it can look really expensive. My argument is that, that's just to narrow a perspective, [100%] you know, if we take a broader perspective and look at income – sorry, outcomes like productivity, [Yeah.] like suicides averted, that it's actually not that expensive when we look at the larger picture.

Lee Propp 20:11

Yeah. Yeah, I think. You talked a little bit, and you sort of touched on why you chose your project and sort of your foray into advocacy... and the article you wrote for the New England Journal of Medicine. And so, this was a lovely article – we're going to post the link on our website for the listeners, you should all read it – but can you talk a little bit about that?

Saadia Sadiqzadah 20:33

Yeah. So yeah, I am... when I was in medical school, my family and I came to realize that one of my brothers was developing symptoms of a psychotic illness. And it was a very challenging time, it still is, but especially then because it came as a shock and, and also I was early in my medical training. I was a third year medical student. So, you know, I hadn't even done my psychiatry rotation yet. So, even my knowledge of these mental illnesses was on the lower side. Definitely not anywhere close to where it is now today. And yeah, I was quite afraid. I was quite afraid – I was afraid for his future, I was afraid of what this meant for our family, and more than anything I was like just, "how can I help?" And so, you know, I discussed in the article, which is called "Sister First, Doctor Second," I talked about the experience of wanting to save my brother and putting all this pressure on like solving the problem, quote unquote. So I remember like, I was in Ottawa at the time, like jumping on a train, you know, coming home right away. You know, trying to convince him to come and see – to see a psychiatrist. And I sort of described in the article, there was a bit of a chance, where like I felt like I took one step forward, he took one step back and we just kind of went back and forth like that for a couple of years, it was quite challenging to get him to see a physician. At that time, again, I just didn't really understand psychotic illnesses, but now in my level of training and what I understand is that a common challenge with this particular family of illnesses, the psychotic illnesses, is that the lack of insight is a big piece.

So actually, I'm going to take a second to explain psychosis, [Please do! Yeah.] because it is a super stigmatized term and stigmatized illness that I feel very passionately about. [Yes. Thank you.] You know, particularly with Hollywood, you know like, American Psycho, [Yes.] or like you know, even that movie I haven't even watched it – I refuse to watch it, the movie Split. I don't want to watch it. It's by M.

Night Shyamalan. It just like has really negative portrayals of people with mental health disorders, particularly psychotic illnesses. But essentially psychosis, the hallmark, sort of, defining way of describing it is that people having trouble telling what's real and what's not. Challenges with reality testing. So like, here I am talking to you, I see you, I hear you, you know, you are real to me. [Yeah.] And so when someone has a psychotic illness, they can also see things or hear things that feel very real to them. [Yeah.] I am here, I believe that I am at OISE, I believe that I'm here doing this podcast. Someone else can also believe very strongly that they are doing something, or going somewhere, but that may not actually be the case, but to them that is real. [Yeah.] So that is the huge challenge with this illness, is that if they believe their hallucinations or believe their delusions, then they don't – generally speaking – recognize or acknowledge that they have a mental health disorder. Right? And so if you don't acknowledge it, you don't think that there's a problem, the likelihood of you seeking care is quite low. So I feel very passionate about this because I will say in my day to day practice, sort of bread and butter, general practice, a lot of the time I'm seeing people with depression or anxiety, bipolar disorder, and then it starts dropping off when it comes to psychosis because for them to even come through the door is a big deal. And then of course maintaining treatment is also another aspect. And so having this lived experience of being a sister to someone who has this has definitely informed my career interests, my research interests, and just makes me that much more empathic, not only to the client themselves but also to their family members. Like I've made it, I made a promise to myself that I want to, as much as possible, with the clients permission, of course, incorporate family members and caregivers. I feel very strongly and I wrote this in the article as well, that antipsychotic medications are very valuable but they are not everything, and I do not believe that they supersede psychosocial supports, whether that be family members, whether it be friends, or whether there be more formally through social work, or nursing stuff physician, etc. I feel very strongly about that and that's definitely been our experience. And so, you know, I guess, I feel like it probably was around six years ago when we recognize that my brother had this illness. I wanted to share the story for a long time. It never really felt right. I also have to recognize... we talk a lot about stigma and I think that we talk a lot about the person who has the lived experience and the stigma that they have. I think that we – that they experience from others – I don't think that we talk enough about caregiver stigma as well. Because I think that was real. Like I didn't really acknowledge it at the time, but I remember like feeling nervous or shy or embarrassed to tell my classmates when I was in med school, because I had to go for a week one time to try to encourage him and people asked me, "why did you go home?" And some people I told and other people I didn't. And now I'm quite open about it, like here I am on a podcast, you know, it's definitely been a journey for me and my family and for my brother, where we feel more comfortable sharing the story.

And so, how it all came together, and so this is actually something that I wanted to highlight, thinking into – coming into today's podcast [Yeah, yes.], if the article came up. So a little bit of a tangent. But the response has been very interesting. [We were gonna ask you about that. Please tell.] So, I mean their response has been overwhelming. And I mean that a positive way, like, [I'm glad to hear that.] like really overwhelmingly positive. A lot of people from around the world, because my understanding is it is the top medical journal in the world, so it's a huge honor for them to, to publish me. Like I feel like I'm just this small fry. [It's a beautiful article though.] Thank you. Thank you. I really appreciate that but I will say there was major imposter syndrome, [I hear that, yes.] even when they were publishing it I was like, "Oh, god," like, "Who am I?" Like, you know, but anyway was a huge honor and then, yeah, because it's like international journal – what I mean is international readership – people from around the world had reached out, a lot of physicians, saying they had family members with psychotic illnesses, saying how much it meant to them. Someone reached out from South Africa. Someone reached out in East Asia. Someone more recently reached out from Harvard, we never crossed paths. So, you know, it's a huge honor. And then I also wanted to highlight a flip side, which is being in the academic world and navigating my early career in an academic space, [Yeah.] and also being, at that time, a fourth year

resident when I was done at Harvard, and now I'm a fifth year resident graduating, hoping to find a job, god willing. Hire me next summer! And, you know, so the response within the academic sort of community has also been kind of interesting, and I would say almost in a negative way. [Mm. Okay.] I don't think that people mean that in a negative way, I don't think it's meant in the negative way, but I would like to advise any listener who's listening. In particular, when, you know, identify... I'm a woman, I'm a cis-woman, and I am a woman of color. And I find that our representation within academic spaces, particularly in research, is low. And so, you know, I worry a little bit when older white... cis-white men ask me, "How did I publish in this paper – in this journal." A couple of people have asked me that question. And again, I don't think that they mean malice behind it. But I will say that you really do have to be careful asking people who are underrepresented in these spaces. I think the question shouldn't be: "How did you do it?" I think the question should have been: "I wish that we could have supported you to do it sooner."

Lee Propp 29:13

Yes. So yeah, I thought you were going somewhere else with that. [Yeah.] But I'm really glad you said that. So it wasn't anything about the content, [Yeah] but more like, wow, like, how did you get into... and like probably maybe a little jealous? [I'm not sure. I'm not sure.] Like how did you get into the New England Journal of Medicine? But sort of like, "Oh, okay..."

Saadia Sadiqzadah 29:29

Yeah. Yeah. Kinda like, "How did YOU do it?" You know, and I was like, "Uh, I wrote it?" Yeah. I submitted it?

Bronwyn Lamond 29:38

Yeah. And it was valuable, good work. [Thank you.] That deserves to be there.

Saadia Sadiqzadah 29:41

Literally the steps were: I wrote it, I thought a lot about it, my friends I edited it, and I submitted it and hope for the best. And that's how it happened. [Yeah.] You know, so. Yeah. So anyway, anyone who's listening, please take that into mind, you know, just be careful about your questions.

Bronwyn Lamond 29:54

For listeners, just to want to confirm, most academic journals have a blind review process. So your name's not on it, there's not a picture for you on the article so it's really based on the quality of the work, and the content. So I think that's important to keep in mind. [Yeah.] And one thing that we were wondering, and we actually had written down here, was given that you're so close to the work, [Yeah.] do people ever question your clinical judgment after sharing the story? Is that a side effect – for lack of a better word – for sharing it?

Saadia Sadiqzadah 30:27

Yeah, so I mean, definitely, I had to think a lot about... because it is quite a personal disclosure. I had to think a lot about, you know, how this could affect me, could affect my family, could affect my brother. So there's a lot of conversation and dialogue that went before even attempting to submit it. The only way I would do it with it was my family's approval. That was the most important thing. And then, yeah, I would actually say that your question you're asking about, you know, "Will people question your clinical judgment?" That had actually come up to me a little bit earlier when I was applying to psychiatry residency programs, because I briefly sort of acknowledged that I had family history, slash a family member who had a mental illness and how I think this could make me a better psychiatrist – not think, believe. And one piece of feedback that I got from someone editing my essay was, you know, are you

sure you want to include that because perhaps someone could say that maybe you care too much or maybe it could affect your well-being, you know. And so that question that actually come up earlier in my career. I'm happy to say that no one has questioned my, my clinical judgment. That has not been the case. It has been more so, if anything, invitation for support. Because now more people are more aware of it, and are more so, checking in with me. Supervisors now, because they're aware of it, they check in with me. You know, like, personally privately, they'll say, you know, "That case probably hit a bit close to home; How are you?" You know and – and then I really, really appreciate that because they wouldn't have known that before I wouldn't have thought to ask. [Yeah.] So I think that it actually has been more positive than necessarily affecting my clinical judgment. Yeah.

Bronwyn Lamond 32:13

That's great to hear and we've I think we've had similar conversations with the other guests that have been on our podcast before because, I mean, the reason that we've invited people is because we think they have really fascinating personal stories. And we've asked everyone... and for the most part I think our guests have said, "No, if anything, it makes me stronger." And yeah it open – it does open up a lot of social support so I'm glad to hear that, that was similar in your case, too.

Lee Propp 32:39

I think the social support... I don't know if you had a similar experience of like... "Maybe if I share this it can help, it can help someone else."

Saadia Sediqzadah 32:44

Oh, yeah, absolutely. I mean, there's definitely an aspect of that. I also thought that it was important for physicians to know what it's like. [Yes.] Because, I mean schizophrenia is not a common disorder, it affects one percent of the global population. It's definitely not as common as say, depression. And so chances are that overwhelmingly people will have family members with mental illnesses, but it may not be schizophrenia per se. [Yeah.] So I felt that it was important for physicians to hear that side, because it is a medical journal that I have published it in. And the other thing is people actually did reach out and say that their empathy is so much more, like physicians reached out saying their empathy is so much more, and a couple people had actually suggested that this be incorporated into educational materials when teaching about schizophrenia to medical students and to residents. And I was like, "Wow, that's a huge honour." But definitely don't get me wrong, I mean that's pretty much why, exactly why I published it [Yeah.] was, because I was hoping that it'd be something helpful for others.

Lee Propp 33:52

Yeah, I think helpful and I think having people who share stories, it just add to sort of the tapestry of, of what we call the healthcare field so... I'm all for it.

Saadia Sediqzadah 34:01

Yeah totally agree. It also helps with burn out. [100%] I have to say it helps with burnout too. [Yes.] Writing something, sharing it with the world, having conversations being on this podcast, like all these things they just sort of add to the meaning of the work. [Yeah.] And so that helps protect against burnout.

Lee Propp 34:21

Yeah you have to find something. Yeah, it has to be a little bit of humanity in it or else... [Yes, totally agree. Yeah.] I think we might weave a little bit more of the article back into it, but I want to talk about what we talked about at the very beginning, about advocacy. [Yeah.] So, I know that there's a bit of a debate, there's been a lot of articles written about it in the past year or two, I've read a lot of information

about this: should doctors, should health care providers, be activists? [Oh, yeah.] Like there's a lot of, there's a lot of that with gun control to like "stay in your lane."

Saadia Sediqzadah 34:51

Yeah, so I think because it came up recently with JAMA as well, which is the Journal for the American Medical Association, which was a really high impact journal. They had recently did a tweet, in the last couple of days, I think it was in response to another... I don't want to misquote where it came from, but it was another sort of big pop culture piece. And then JAMA and I think in response or was sort of like, "this is the topic of the day, this is a hot issue so let's do this tweet." So the tweet was basically a poll. [Yeah.] and I believe it's something to the effect of, "we need more clinician investigators and less clinician activists." [I saw something like that.] Clinician advocacy? Or something like that, kind of like a dichotomy between being a clinician researcher and investigator versus a clinician activist. And so, it caused a lot of uproar. [Assuming that they're separate things.] Exactly. It's a false dichotomy, I think, very much so. So, if they wanted to get lots of attention and get lots of conversation, then they were successful. But I have to say, I found the question quite offensive. Yeah, but it foster a lot of conversation and so yeah like I, I feel very strongly that... oh man, I, you know, I've definitely seen things like from medical organizations saying, you know, "we don't want to take a political stance on this." And I get frustrated by that. Cuz, you know, even in the world of decision science, one of the things that I learned, philosophically, is that not making a decision is a decision in and of itself. So in my opinion, by not taking a political stance you are actually taking a political stance, in that you would like things to be the status quo. [Yes.] Right? Yeah, so I have a huge problem with that. Yeah. So in my opinion the two things are not dichotomous and in my opinion, like how can you not take a stance on – on things that affect the well-being and the health of your clients, your patient, you know, I just don't think it can be separated. I think that we have a responsibility as physicians to turn to our government and hold them accountable for the social determinants of health. You know, I think that we focus, way too much on the end game of like trying to keep people alive, or trying to treat a mental illness while it's very active... when really we should be... I agree we should focus on that, don't get me wrong... and we should be investing a lot of our time, energy and money in preventing them from happening in the first place. [Yeah.] And that includes things like stable housing. That includes things good education. That includes things like feeling safe in your community. So, you know, I just don't understand how you can't take a political stance on these things. And in my opinion, I feel that my clients relate to me more when they see online that I have taken these political views. They see, I feel like it builds our rapport that much more [Yeah.] when they say that "I saw that you talked about this thing." Because sometimes that does happen, not always but sometimes like "I've Google you or read about..." And I think that it actually builds our relationship that much more because they see that I'm not... unfortunately, psychiatrists can be perceived as being quick to just write a prescription and good-bye. I'm hoping to not be like that, it is not my intention or why I pursued this field. And I say, for the most part, we're not actually like that but there will be a few. And, you know, I think, rapport is the most important thing, therapeutic alliance with the client is the most important thing, and so when they see that I have taken a stance on this, I think they see me as more of a person than just this doctor who's writing me a prescription.

Bronwyn Lamond 38:40

I guess, not as a counterpoint because I'm, I'm with you on this [Yeah, yeah, yeah!] what would you say to people, that a client has a huge difference of opinion. [Yeah, right.] has that happened? How do you navigate that situation? I can imagine that, from a therapeutic alliance, so how while you're getting along with each other and trust each other perspective, that can be really challenging. Yeah, so I just wonder has that been a problem?

Saadia Sadiqzadah 39:04

Yeah. So, so far, knock on wood, I haven't gotten that from clients yet. I, when people do push back, I just want to ask, "Where does that come from?" A lot of time, it comes from the money, you know, "Where's all the money going to come from?" "There isn't infinite amounts of money." And I'm like okay but let's actually look at it though. And then alternative is wait – is too much of like responding to fires and emergencies, [Yeah.] when really if we could just put in that money to invest before.. [yeah] and, you know, I actually would argue that, that I'm also arguing of being fiscally conservative, too. In a way! [Yeah because we are we're saving money] Because we are saving money.

Bronwyn Lamond 39:42

Well it's things like nurse-family partnerships from infancy or even pre- the baby even being born, that are the things that actually save the most money, which on the surface could look very expensive, so yeah.

Lee Propp 39:56

I'd ask you to give a note to our listeners. We've asked this to a number of other guests before, as we wrap things up... if people are interested in getting involved in advocacy work from a healthcare provider lens, or from not. What would you tell them? How should they – could they do something? [Ooo. Okay, that's a good question.] What can they do? If you had one or two things they could do, like actionable items.

Saadia Sadiqzadah 40:25

So, you know, they may not be satisfied with this answer, but I feel like, first thing's first, is educating yourself. I think that we shouldn't react right away. I think it's important to look at history and context, and just make sure that you've really done your research into the issue that you're concerned about, and please consider other perspectives. [Yes.] I think that's also super, super important. And so by that I mean like, okay, so take an issue and then ask someone who comes from a lower socioeconomic status versus a higher socioeconomic status, about the same issue. Or an issue and asking someone who is a person of color or asking someone who is trans or asking someone... you know, some other perspectives I think is super, super important, to have a more wholesome and fulsome view. And then, you know, once you feel like you have a better understanding, I think there – that will inform what you're going to do next, after that. Another sort of piece of advice that I would offer is that I would also look into what already exists in terms of advocacy organizations that already exist. I think that often, you know, because a lot of us, you know, we want to be leaders, we want to be new, we want to be innovative and then we want to reinvent the wheel. And I have a hard time with that because from like a societal efficiency perspective...

Lee Propp 41:49

Yeah. The numbers don't make sense

Saadia Sadiqzadah 41:50

Yeah it doesn't make sense! Like, go and support, another group that have already put in that time and the energy and help boost them. And then I would also add that, when looking at those organizations please keep an eye out for organizations that take a perspective of a group that's people of color, particularly black organizations or LGBTQ organizations, more marginalized groups. Please, if, especially if you have a prominent voice, please use your power and privilege to support these other organizations. I think those were – would be my biggest pieces of advice.

Lee Propp 42:27

So thank you so much for coming. [Thank you!] This was wonderful.

Saadia Sediqzadah 42:31

I had a great time! Wow, I was so nervous! It actually went really well!

Lee Propp 42:35

This went by so fast. I feel like we could keep talking! But thank you.

Bronwyn Lamond 42:38

Thank you so much.

Saadia Sediqzadah 42:39

Thank you so much, ladies.

[Interlude Music]

Lee Propp 42:47

That was a really wonderful conversation we just had with Dr Sediqzadah.

Bronwyn Lamond 42:51

I love talking to her, and I think we all said we could have talked to her probably for the rest of the day but unfortunately she had to go, you know, be a doctor.

Lee Propp 42:59

Yeah, she was, she was going to be on call. But graced us with her presence here at OISE for an hour, and the conversation was wonderful. We hope you enjoyed and I think that I almost feel like there's these themes that I'm pulling out that people of such different professional and personal backgrounds, but the shared humanity that is coming out of these interviews, is really beautiful and touching. But there's these common themes that bring us together as human beings.

Bronwyn Lamond 43:31

Yeah, and I mean we – we talked about this a little bit about how medicine is changing and I think that's a huge thing that we've talked over and over about, again, bringing humanity into medicine and not having it be such a black box, in a way. And when people come in and they don't really know what happens and comes out, you know, we talked about following a patient through the different... as they navigate the healthcare system and in this case, you know, bringing some more personal opinions and your personal self into psychiatry, which was – I thought was really interesting. And that discussion was probably one of my favorite parts of the conversation.

Lee Propp 44:08

Yeah, and I think the, not having the need to be this sort of dispassionate clinician. I find myself saying this all but like our doctors, psychologists, the trainees, nurses... they're human beings. Like we talked about this with Saadia briefly about how, you know, she has a personal connection to the music that she likes. But even in her bio and she shares, you know, I love dancing around to Lizzo and like who doesn't? Right? Like she's, she might be the doctor and someone else might be the client or the patient

and, but there's – there's that share common ground and I think that it makes the culture of medicine and the culture of health, a lot more healing, in a sense.

Bronwyn Lamond 44:50

Yeah and it brings it brings people together in a way, being a big part of our discussion today was talking about activism and – and politics and how that interacts with medicine and, you know, there it is part of those common grounds that can help bring those opposing views together, so...

Lee Propp 45:05

Yeah and having conversations like these... I mean, the richness of other people's opinions are what make it better and I just think we need to be better at listening to them.

Bronwyn Lamond 45:16

I think that's a huge privilege of getting this platform or, you know, creating this platform for ourselves, whatever it is, is the ability to talk to so many different people. And as we continue to interview people I think it'll be really interesting to – to pull more views in and learn from each other and, yeah, I can't wait.

Lee Propp 45:35

I'm excited. And we hope you enjoy this has been fun.

Bronwyn Lamond 45:40

Thanks for listening. We'll see you next time.

[Outro Theme Music]

Lee Propp 46:18

You've been listening to the Accidental Intellectual. Today's guest was Dr. Saadia Sediqzadah, interviewed by me, Lee Propp, and Bronwyn Lamond. Our podcast is produced by Bronwyn Lamond, Rachael Lyon, Harrison McNaughton, Stephanie Morris, Lee Propp, and Ariana Simone. Our theme music is by Alexandra Willett and our branding by Maxwell McNaughton. You can check us out on Twitter [@accidental_pod](#) and on Instagram [@accidentalintellectual](#). Our website is [www.accidentalintellectual.com](#). We'll be back next time with more stories from the humans behind the experts.

[Interlude Music]